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No. 7

## Senate

The Senate was not in session today. Its next meeting will be held on Tuesday, January 25, 2011, at 10 a.m.

## House of Representatives

WEDNESDAY, JANUARY 19, 2011

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. ROGERS of Alabama).

### DESIGNATION OF THE SPEAKER PRO TEMPORE

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

WASHINGTON, DC,  
January 19, 2011.

I hereby appoint the Honorable MIKE ROGERS to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,  
*Speaker of the House of Representatives.*

### PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer: The psalmist understands we all approach God in different ways.

Some feel distant and lament: "How long, O Lord, will You forget us? How long will You hide Your face from us? How long must we be burdened with grief, going about sorrowful all day and throughout the night? How long will our oppression last?"

Then some forget self and readily turn to the Lord:

"Look now and answer us, O Lord our God. Give light to our eyes lest we seem asleep, no longer fully alive but like the dead, lest our opponents say, 'We have overpowered them' and laugh at our downfall."

Still others like ourselves will trust in the Lord:

"For our part, we will trust in Your faithful love. Our hearts will rejoice,

for You will set us free. We will sing of Your goodness to us and bless Your Holy Name, Most High, both now and forever."

Amen.

### THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

### PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from New Mexico (Mr. HEINRICH) come forward and lead the House in the Pledge of Allegiance.

Mr. HEINRICH led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 15 requests for 1-minute speeches on each side of the aisle.

### PASSING THE REPEALING THE JOB-KILLING HEALTH CARE LAW ACT

(Mr. WILSON of South Carolina asked and was given permission to ad-

dress the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, today, the voice of the American people will be heard. The current administration's unconstitutional health care takeover is not the will of the people.

Tea party participants have made a difference.

The current law would cost taxpayers over \$2.6 trillion. It adds to the rising health care cost. The health care takeover is not workable. The National Federation of Independent Business, NFIB, America's largest organization of small businesses, estimates it will eliminate 1.6 million jobs.

Today's vote on Repealing the Job-Killing Health Care Law Act promotes a commonsense approach to the health care issues facing our country. Instead of forcing Americans to comply with a Big Government takeover of health care, repeal will open the discussion of providing affordable care to families, preserving the doctor-patient relationship and protecting jobs.

This is what the American people want the new Congress to achieve. Now is the time to repeal the takeover and to forward a plan that provides for access and affordability.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

### THE JOBS LOOPHOLE IN OUR FREEDOM CONSTRUCT

Mr. JACKSON of Illinois. Mr. Speaker, I ask unanimous consent to speak

☐ 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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H257

for 1 minute, to revise and extend my remarks, to enter relevant materials into the RECORD at taxpayers' expense.

The SPEAKER pro tempore. Without objection, the gentleman is recognized for 1 minute.

There was no objection.

Mr. JACKSON of Illinois. Mr. Speaker, on January 11, 1944, in his third term, President Franklin D. Roosevelt recognized the limitations of the Presidency and Congress in addressing the Nation's most serious problem: unemployment.

So he proposed changing the only vehicle capable of eliminating unemployment: the Constitution.

Roosevelt suggested that adding fundamental economic rights to the Constitution was the only way to truly address our unemployment problem.

Sixty-seven years later, to dramatize the shameful condition that our Nation and the marketplace tolerates, I have asked the Nation's unemployed, underemployed, and economically insecure to send their resumes to me at:

resumesforAmerica@mail.house.gov. I will then submit those records to the CONGRESSIONAL RECORD, on their behalf, as a means of protesting the unaddressed, shameful unemployment problem.

I am not promising anyone a job. I believe that the wealthiest Nation in the world should do something about the jobs loophole in our freedom construct.

Until Democrats and Republicans in this Congress and in the White House eliminate the fear of unemployment from our freedom and liberty construct, I will continue this peaceful demonstration at: resumesforAmerica@mail.house.gov.

#### HEALTH CARE REFORM

(Mr. LAMBORN asked and was given permission to address the House for 1 minute.)

Mr. LAMBORN. Mr. Speaker, I rise today in support of this historic effort to bring back our health care system from the grip of a massive, unprecedented government takeover.

Overwhelmingly, my constituents in Colorado, like the majority of Americans, know that ObamaCare increases costs, explodes the deficit, raises taxes, hurts job-creators and, most importantly, gives the government control over personal health care decisions.

To force every American to buy a private product like health insurance is unconstitutional.

By using budgetary gimmicks, like counting 10 years of tax hikes against 6 years of spending, Democrats rigged ObamaCare to get a misleading score from the Congressional Budget Office. Realistic accounting shows that this law is a budget buster. ObamaCare creates so much new bureaucracy and spending that it took 2,800 pages to create it while the bill to repeal is only two pages.

Republicans will work to craft better solutions that empower patients and

families to make their own health care decisions.

#### AN ASSAULT ON NEW HEALTH CARE FREEDOMS

(Mr. BLUMENAUER asked and was given permission to address the House for 1 minute.)

Mr. BLUMENAUER. Mr. Speaker, you may miss it in the rhetoric, but both parties agree the current path of Medicare threatens to bankrupt the country.

Some parts of America are spending twice as much per Medicare patient as we spend in Portland, Oregon, for example, but deliver inferior care. We know what to do.

This is why the reform act can give better care for less cost, but it's not guaranteed. The Republican plan would strip away the reforms, the protections and the cost savings.

But this is not just an assault on new health care freedoms. It represents the triumph of politics over adult fiscal supervision. The Republican leadership doesn't just ignore, they discredit, the nonpartisan professionals who, for 36 years, helped keep politicians in both parties honest.

Without this impartial referee, the long, difficult road to fiscal health becomes longer, becomes harder, and becomes less likely to be traveled.

#### SCRAPPING THE GOVERNMENT TAKEOVER OF HEALTH CARE

(Mr. PENCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PENCE. Mr. Speaker, there is a lot of talk these days around here about where Members of Congress are going to sit during the State of the Union Address. Well, I've been in Congress for 10 years, and I learned a long time ago that it doesn't really matter where you sit; it matters where you stand.

Today, House Republicans are going to stand with the American people and are going to vote to repeal the government takeover of health care—lock, stock, and barrel.

Now, I know the other side and some liberals in the media don't like us using that term "government takeover of health care," but let me break it down for you:

When you mandate that every American purchase health insurance, whether they want it or need it or not; when you mandate that every business provide health insurance or send people to a government-run exchange; when you pay for it with hundreds of billions of dollars and higher taxes and mandates; and when you throw in public funding of abortion against the wishes of the overwhelming majority of the American people, that is the government takeover of health care. And the American people know it.

I urge all of my colleagues in both political parties to join us today as we

keep our promise to the American people, as we scrap this health care reform bill of last year and start over with health care reform that will lower the cost of health insurance without growing the size of government.

□ 1010

#### FOR-PROFIT HEALTH CARE MODEL IS THE WRONG MODEL

(Mr. KUCINICH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KUCINICH. The for-profit health care system is the problem. Eight hundred billion dollars every year is spent on corporate profits, stock options, executive salaries, advertising, marketing, and the cost of paperwork.

In the for-profit system that we have, nearly 1 out of every 3 dollars goes for things not related to health care. If we took that \$800 billion and spent it on care for people, we would have enough money to cover all medically necessary needs in addition to dental care, vision care, mental health care, prescription drugs, and long-term care.

We now have a situation where 50 million Americans don't have any health insurance. Americans wouldn't have to worry about losing everything they've worked a lifetime for because there is an illness in the family.

This debate is the wrong debate. A for-profit model is the wrong model. We should be talking about universal health care, single-payer, not-for-profit health care, Medicare for all, quality health care for all Americans.

#### HONORING SARGENT SHRIVER

(Mr. DREIER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, "one of the brightest lights of the greatest generation," that's how President Obama correctly described Sargent Shriver, who we all know passed away yesterday.

Sargent Shriver gave new meaning to the term "public service." He never held elective service, and yet he launched the Peace Corps, was a member of the Diplomatic Corps, and he and his wife started the great Special Olympics.

In fact, I first got to know him in 1997 when I happened to be traveling with President Clinton in Latin America. We were in Buenos Aires, and it just so happened that that night Sargent Shriver was there holding an event to raise funds for the Special Olympics. He, by virtue of his public service, was able to touch lives not just here in the United States, but because of his service, he was able to touch lives all over the globe.

Our thoughts and prayers are with his wonderful children and all the members of his family.

### LET'S NOT RETURN TO A BROKEN HEALTH CARE SYSTEM

(Mr. HEINRICH asked and was given permission to address the House for 1 minute.)

Mr. HEINRICH. Mr. Speaker, last year we took a desperately needed stand for America's families and small businesses over the insurance companies. We took a stand against insurance company abuses like discrimination against the sick, lifetime limits, the prescription drug doughnut hole, and a resulting \$1 trillion increase to our deficit.

We took a stand for hardworking Americans like Vicky Farrar, who moved to Albuquerque only to discover that to reenroll in a health insurance plan she would end up spending close to a third of her income because of her preexisting condition, high blood pressure. That kind of skyrocketing cost burden has stunted the dreams of American families and small businesses while lining the pockets of insurance company CEOs. But thanks to the American Affordable Care Act, Vicky and her doctor will be put back in charge of her health care and able to choose an affordable insurance policy.

I urge my colleagues to vote against a return to the broken health care system that we spent decades trying to fix.

### SHOTS ACROSS THE BORDER

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, recently, in the border ghost town of Fort Quitman, Texas, a county road crew came under automatic weapon fire. The four Hudspeth County workers reported at least eight shots were fired at them from across the border in Mexico.

The Rio Grande is very narrow in this isolated region and is used by armed drug smugglers to bring drugs into the United States. Speculation by the Texas Rangers is the shooter was trying to protect the drug route from the workers. This newest attack on the road crew is yet another example of the brazen, violent determination of outlaws to invade the United States.

The United States protects the borders of other nations. Why doesn't the Federal Government do its constitutional duty and really protect our border from foreign invaders? Are border States going to have to not only give road crews shovels but rifles to protect them from the drug cartels?

It's time to be serious and protect Americans and put more National Guard troops on the border. Meanwhile, Washington seems to be whistling by the graveyard of indifference.

And that's just the way it is.

### HEALTH CARE REPEAL

(Ms. WASSERMAN SCHULTZ asked and was given permission to address

the House for 1 minute and to revise and extend her remarks.)

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise to share the story of Patricia Maisch. Pat, as her friends call her, lives outside Tucson and has been fittingly hailed as one of the heroes during the tragic shooting of our colleague and friend GABBY GIFFORDS. Pat actually knocked the second gun clip out of the shooter's hand as he was attempting to reload, very likely saving the lives of more innocent people.

She was in line to talk to her Congresswoman, to share that she thought that the title of the health care repeal bill was disingenuous and because Pat and her husband own a small business north of Tucson. The spouse of one of their employees has a preexisting condition and they have been unable to find affordable coverage to cover her. Pat wanted to tell Congresswoman GIFFORDS that the health reform law will help them provide health insurance for this employee. She wanted to ask Gabby to stand up to attempts to repeal health reform.

Pat was unable to deliver her message to her Representative, but she asked me to share it with you now. Heed the words of Pat Maisch. Heed the words of millions of Americans needing health care. Don't repeal vital health care reform.

### REPEAL GOVERNMENT TAKEOVER OF HEALTH CARE

(Mr. DENHAM asked and was given permission to address the House for 1 minute.)

Mr. DENHAM. Mr. Speaker, I rise today to speak in favor of repealing the government takeover of health care forced through Congress without the input of the American people.

This country is currently in the midst of a terrible recession and it's clear that shouldering America's small businesses with heavier tax burdens and increased regulation will only prolong our road to recovery.

By mandating that small businesses and individuals carry government-approved health care, the Federal Government has dramatically overstepped the boundaries of personal freedom guaranteed by our Constitution. It infringes on the rights of the States by forcing new requirements upon them and penalizing them should they choose to opt out of the Federal mandate.

The American people were misled. A government-run health care plan will limit access and choice, and millions of Americans will lose their coverage because of mandates from bureaucrats in Washington.

### REPEAL OF THE PATIENTS' BILL OF RIGHTS

(Mr. BUTTERFIELD asked and was given permission to address the House for 1 minute.)

Mr. BUTTERFIELD. Mr. Speaker, today we continue debate on the Re-

publicans' most unfortunate effort to repeal health care reform that we passed during the last Congress. This repeal will increase the deficit by \$230 billion. No one disagrees with that but Republicans. That's why the Republican majority exempted this legislation from pay-as-you-go budgeting. You know this repeal will increase the deficit.

Keeping the law in its present form not only decreases the deficit but will provide 32 million uninsured Americans the opportunity to obtain insurance and provide dependable coverage for their families; it allows children to remain on their family's policy to age 26; it closes the doughnut hole, and it does so much more.

Mr. Speaker, I can usually see both sides of an issue, but for the life of me, I can't see what the Republicans are trying to achieve but to score political points with their right-wing base.

I call on my friends to abandon your efforts and let's concentrate on putting Americans to work. That's what my constituents are demanding and your constituents as well.

### HISTORIC DAY—REPEAL OF OBAMACARE

(Mr. GRAVES of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GRAVES of Georgia. Mr. Speaker, today is a historic day in America. Acting on the will of the voters and the majority of all Americans, today we will vote to repeal ObamaCare.

Now, while the Senate appears less interested in following suit, here in the House this vote marks the beginning of round two of a vigorous and spirited national debate on health care. Over the coming months and weeks, this debate will go from Congress to kitchen tables all across this country. So as we reengage in this debate, the party on the left questions: Why do the American people want this policy repealed so bad? So let's revisit some of those areas.

Number one, the employee mandate, penalizing and punishing businesses for not having government-approved health care; the individual mandate, punishing and taxing Americans who choose not to have government-approved health care; the \$569 billion in new taxes on the American people; jobs being lost; the cost of the bill, \$2.6 trillion with a \$700 billion deficit over the first 10 years of its life; and, yes, 222 corporations already exempt and waived from this policy. That's why.

It's time to reopen the debate, debunk the myths, and replace this law with less costly, market-driven solutions that truly expand access and affordability, and above all, preserve our individual liberties.

□ 1020

## HEALTH CARE REFORM

(Ms. PINGREE of Maine asked and was given permission to address the House for 1 minute.)

Ms. PINGREE of Maine. Mr. Speaker, repealing the historic health care legislation that we passed last year would pull the rug out from under millions of Americans and add billions to the deficit.

We can and should talk about CBO scores, tax credits, and unemployment numbers. But what this health care reform is really about is improving the lives of millions of Americans. It's about children with preexisting conditions who can no longer be denied coverage. It's about senior citizens who can now afford to get screened for diabetes or get a mammogram. It's about working families that no longer have to worry that their insurance will be canceled if they get sick.

It's about people like GERALYN from South Portland, Maine, who wrote to me. She said, "My son turned 19 last May and promptly lost his insurance coverage. He has high blood pressure and had to go to the doctor a number of times to get his medication right. It was a struggle to keep up with the bills. He works two part-time jobs, and that doesn't get him health care. As of December 1, I was able to get him back on my insurance and it is a relief knowing he is covered. If this was repealed, it would hurt my son's health."

That's why we need to stick with the health care plan and vote "no."

## HEALTH CARE REFORM REPEAL

(Mr. FINCHER asked and was given permission to address the House for 1 minute.)

Mr. FINCHER. When the Congress passed the Patient Protection and Affordable Care Act last year, it was promised that Americans would have better access, more affordable and higher quality care. Instead, ObamaCare created what we all despise and know won't work—more government bureaucracy at taxpayer expense: \$500 billion in new taxes, \$500 billion in Medicare cuts, more government bureaucracy, thousands of new IRS employees.

What we need for the American people is transparency and accountability. Do I need to remind our colleagues that the approval rating of Congress is at an all-time low because we're not listening to the folks?

We were sent here in November to do a job, and that's exactly what we're going to do. We're going to keep our promises we made to the American people, and we're going to hold true to that.

So I stand in favor of repealing the health care bill. We have to create jobs and get our economy moving. If we allow this health care bill to stay in effect, that will not do.

## HEALTH CARE REFORM

(Mr. DEFAZIO asked and was given permission to address the House for 1 minute.)

Mr. DEFAZIO. The gentleman that spoke before me talked about transparency and accountability. Let's talk about the insurance industry pre-reform. They could cancel your policy if you got sick even though you had been paying the premiums for years. They could refuse to sell you a policy if they don't like the way you look or if you've had a minor health problem. We changed that. People can now get health insurance and keep their health insurance if they've been paying their premiums.

But now they want to go back to those bad old days, and they talk about transparency and accountability. How accountable is an industry that is exempt from antitrust law? Health insurance companies can and do collude to exclude people from coverage, to red line, to drive up premiums, to not sell in one State, not compete with one another. There's no free market and competition and transparency and accountability.

If the Republicans really wanted to do something today, and if they want to showboat with this repeal, they could at least replace it by making the industry comply with the same competitive rules as every other industry in America except for professional sports, and that is they would be subject to antitrust law restrictions.

## HEALTH CARE REFORM REPEAL

(Mr. BILIRAKIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BILIRAKIS. Mr. Speaker, we all want to increase access to quality, affordable health care. We know that in this troubled economy, Americans are concerned about making ends meet and ensuring that they are covered in the event of a health care emergency.

However, the misguided health care effort that was pushed through this House during the last Congress is doing much more harm than good. The hard-working families and seniors and small businesses in my district cannot afford this health care overhaul that is costing jobs, increasing red tape, spending trillions of dollars, and actually increasing health care costs.

This week the House is listening to and acting upon the message that Americans sent to Washington this past fall. We will replace the overreaching health care law with common-sense solutions that will lower costs and increase access to insurance while keeping Americans in charge of their own health care.

## HEALTH CARE REFORM

(Ms. HANABUSA asked and was given permission to address the House for 1 minute.)

Ms. HANABUSA. Mr. Speaker, when the Health Care Reform Act was passed, it had in it section 1560. That section recognizes the Hawaii Prepaid Health Care Act. Why? Because we have the lowest premiums in the Nation and we have one of the best coverages afforded for that. And why is that? Because we recognized very early on that you need to do a series of things. One, you need to share risks; two, you need to cover everyone; and, three, you need to make things available. Health care has to be available. And for that, we have a great system, a system that still needs to be tweaked, a system that will benefit from the Affordable Health Care Act.

What does that tell you? It took us 36 years to get it right, and we're still working on it. And my colleagues across the aisle want to repeal something that hasn't been around for a year.

Now, the American people do not want that. They want us to learn from when things are done right. Look at what we've done—36 years and we're getting it right. But it's still not perfect. We've got to keep listening, and we've got to hear the people.

## HEALTH CARE REFORM

(Mr. CICILLINE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CICILLINE. Mr. Speaker, just yesterday I had the privilege of hearing from a Rhode Islander, Alex Lataille, who spoke at the one and only hearing Congress had to discuss the negative effects of repealing the new health care law.

Alex graduated last May with two bachelor's degrees, and while looking for a job after graduation, he is able to afford health insurance because he can stay on his parents' policy. Repealing this law means Alex and millions of Americans will lose their coverage.

I also recently spoke to Beth, a woman from Woonsocket, Rhode Island. She told me she's an insurance agent. She sells insurance every single day, but she's denied access to coverage because of her preexisting condition. Repealing this law would mean she would again be denied access to health care. She said, Please do not let them take my health care.

I was sent here to find practical solutions to solve the problems facing Rhode Island families. Let's work to improve this law, not repeal it.

## HEALTH CARE REFORM

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Mr. Speaker, over the course of the last year and a half as we worked to pass incredibly important protections to Americans, opponents of health care reform continued to try to scare people about what we

were doing. And now with this vote today, where the Republican plan is basically to remove all of those protections that we have offered the American public, there are a lot of people out there who will think that after the vote today that these protections are going to go away.

So I want to assure the constituents in my district, the Third District of Kentucky—almost 300,000 of them with preexisting conditions—your protection against discrimination will not go away. Those 15,700 small businesses in my district that will now get benefits to provide coverage for their employees, don't worry about that vote. Those protections are not going to go away.

For those seniors in the doughnut hole, almost 10,000 in my district who have had their prescription drug costs lowered because of what we did last year, this vote today will not take them away.

And as for those 24,000 individuals in my district who will now have access to insurance for the first time, the vote today will not take them away.

□ 1030

#### OPPOSING REPEAL OF HEALTH CARE REFORM

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, I rise today in opposition to repealing health care reform. The reason is simple: It does not create jobs, it does not protect the middle class, and it balloons the deficit.

Since March of 2010, the economy has created a total of 1.1 million new private-sector jobs. Over 200,000 of these jobs were in the health care sector alone. Health care reform is helping to create jobs, not take them away. Health care reform helps the middle class. In my district alone, 439,000 individuals who currently have health insurance now have protections and benefits that they did not have before the reform. 113,000 of my senior constituents are able to access preventive care and screenings for free because of reform. Tax credits are available for up to 14,500 small businesses in the capital region of New York.

These are real changes that benefit real people. Repeal would eliminate all of them, thoughtlessly and with great harm to the middle class of my district. Finally, repeal would increase the debt by trillions of dollars. In fact, 20 years from now, repeal would cost us more than \$1.2 trillion, ballooning the deficit and severely threatening our Nation's debt.

#### BUSTING MYTHS

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. Mr. Speaker, thank you so very much. I look forward to working with you.

It's time to bust a number of myths. It's time to really tell the Americans the truth. As we begin another series of 5-hour debates on repealing a life-saving initiative, it's really time to tell the truth. Maybe it's time to tell the truth about this senior citizen, who had pneumonia and didn't know she had it. But if she had not had "a government-run health system," Medicare, she wouldn't be laying up in a sophisticated medical facility, providing her with the opportunity to live. Any of you know about pneumonia—walking pneumonia can kill you. It killed my grandfather, who did not have access to this quality health care because he did not have Medicare.

It's time to bust the myths. It's time to tell our physicians that Democrats worked hard to build up your reimbursement. We were the leaders on it. This has nothing to do with the Patient Protection and Affordable Care Act, because as this bill grows with research dollars, we also have the opportunity, with the President, to work on reimbursement. This bill is a bill to save lives. And those in Texas know it, Mr. Speaker, because the Texas insurance agency said it is a good bill.

#### FREEDOMS AND HEALTH CARE REFORM

(Mr. PERLMUTTER asked and was given permission to address the House for 1 minute.)

Mr. PERLMUTTER. Mr. Speaker, we are here today to again debate the repeal of the health care legislation passed last year. Democrats provided in that bill various freedoms: Freedom from discrimination for preexisting conditions, freedom from cancellation because you get sick, freedom to move from job to job without losing your insurance. Those freedoms are part of the legislation of America today. They are all based on the equal protection laws of the 14th Amendment.

The Republicans, in a very radical and extreme move, want to have Americans forfeit these freedoms. We can't have that done. This is about saving money, \$230 billion. Republicans talk about saving money. But they are prepared to repeal an act that saves America \$230 billion.

We want to make sure that we have manufacturing in this country, we make it in America. We're not competitive with the rest of the world. We can't allow this repeal to take place. I urge a "no" vote.

#### OPPOSING REPEAL OF THE AFFORDABLE HEALTH CARE ACT

(Mr. CARNEY asked and was given permission to address the House for 1 minute.)

Mr. CARNEY. Mr. Speaker, I rise today to oppose this counterproductive effort to repeal the Affordable Care

Act. Instead, we ought to focus on how we can move forward together, Democrats and Republicans, to address the very serious challenge of rising health care costs. Among developed nations, the United States spends twice as much as a share of GDP on health care; yet we rank near the bottom in health outcomes.

Insurance premiums more than doubled in the last decade. Absent reform, they are on pace to double again by 2020. These costs are unsustainable for Delaware families and for the Federal budget. There can't be serious conversation about deficit reduction without talking about health care cost containment. Medicare, Medicaid, and SCHIP alone consume one-quarter of the Federal budget. The Affordable Care Act will curb health care cost growth, but there is a lot more that needs to be done.

I came to Congress to make the tough, thoughtful decisions necessary to improve the Affordable Care Act, not repeal it. And I look forward to working with my colleagues to do just that.

#### ELECTING MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. LARSON of Connecticut. Mr. Speaker, by direction of the Democratic Caucus, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 39

*Resolved*, That the following named Members be and are hereby elected to the following standing committees of the House of Representatives:

(1) COMMITTEE ON AGRICULTURE.—Mr. Holden, Mr. McIntyre, Mr. Boswell, Mr. Baca, Mr. Cardoza, Mr. David Scott of Georgia, Mr. Cuellar, Mr. Costa, Mr. Walz of Minnesota, Mr. Schrader, Mr. Kissell, Mr. Owens, Ms. Pingree of Maine, Mr. Courtney, Mr. Welch, Ms. Fudge, Mr. Sablan, Ms. Sewell, and Mr. McGovern.

(2) COMMITTEE ON ARMED SERVICES.—Mr. Reyes, Ms. Loretta Sanchez of California, Mr. McIntyre, Mr. Brady of Pennsylvania, Mr. Andrews, Mrs. Davis of California, Mr. Langevin, Mr. Larsen of Washington, Mr. Cooper, Ms. Bordallo, Mr. Courtney, Mr. Loeb sack, Ms. Giffords, Ms. Tsongas, Ms. Pingree of Maine, Mr. Kissell, Mr. Heinrich, Mr. Owens, Mr. Garamendi, Mr. Critz, Mr. Ryan of Ohio, Mr. Ruppersberger, Mr. Johnson of Georgia, Ms. Castor of Florida, Ms. Sutton, and Ms. Hanabusa.

(3) COMMITTEE ON EDUCATION AND THE WORKFORCE.—Mr. Kildee, Mr. Payne, Mr. Andrews, Mr. Scott of Virginia, Ms. Woolsey, Mr. Hinojosa, Mrs. McCarthy of New York, Mr. Tierney, Mr. Kucinich, Mr. Wu, Mr. Holt, Mrs. Davis of California, Mr. Grijalva, Mr. Bishop of New York, Mr. Loeb sack, and Ms. Hirono.

(4) COMMITTEE ON FINANCIAL SERVICES.—Ms. Waters, Mrs. Maloney, Mr. Gutierrez, Ms. Velázquez, Mr. Watt, Mr. Ackerman, Mr. Sherman, Mr. Meeks, Mr. Capuano, Mr. Hinojosa, Mr. Clay, Mrs. McCarthy of New York, Mr. Baca, Mr. Lynch, Mr. Miller of North Carolina, Mr. David Scott of Georgia, Mr. Al Green of Texas, Mr. Cleaver, Ms.

Moore, Mr. Ellison, Mr. Perlmutter, Mr. Donnelly of Indiana, Mr. Carson of Indiana, Mr. Himes, Mr. Peters, and Mr. Carney.

(5) COMMITTEE ON FOREIGN AFFAIRS.—Mr. Ackerman, Mr. Faleomavaega, Mr. Payne, Mr. Sherman, Mr. Engel, Mr. Meeks, Mr. Carnahan, Mr. Sires, Mr. Connolly of Virginia, Mr. Deutch, Mr. Cardoza, Mr. Chandler, Mr. Higgins, Mr. Murphy of Connecticut, Ms. Wilson of Florida, Ms. Bass of California, Mr. Keating, and Mr. Cicilline.

(6) COMMITTEE ON HOMELAND SECURITY.—Ms. Loretta Sanchez of California, Ms. Harman, Ms. Jackson Lee of Texas, Mr. Cuellar, Ms. Clarke of New York, Ms. Richardson, Mrs. Christensen, Mr. Davis of Illinois, Mr. Higgins, Ms. Speier, Mr. Richmond of Louisiana, Mr. Clarke of Michigan, and Mr. Keating.

(7) COMMITTEE ON THE JUDICIARY.—Mr. Berman, Mr. Nadler, Mr. Scott of Virginia, Mr. Watt, Ms. Zoe Lofgren of California, Ms. Jackson Lee of Texas, Ms. Waters, Mr. Cohen, Mr. Johnson of Georgia, Mr. Pierluisi, Mr. Quigley, Ms. Chu, Mr. Deutch, Ms. Linda T. Sánchez of California, and Ms. Wasserman Schultz.

(8) COMMITTEE ON NATURAL RESOURCES.—Mr. Kildee, Mr. DeFazio, Mr. Faleomavaega, Mr. Pallone, Mrs. Napolitano, Mr. Holt, Mr. Grijalva, Ms. Bordallo, Mr. Costa, Mr. Boren, Mr. Sablan, Mr. Heinrich, Mr. Luján, Mrs. Christensen, Mr. Sarbanes, Ms. Sutton, Ms. Tsongas, Mr. Pierluisi, Mr. Garamendi, and Ms. Hanabusa.

(9) COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM.—Mr. Towns, Mrs. Maloney, Ms. Norton, Mr. Kucinich, Mr. Tierney, Mr. Clay, Mr. Lynch, Mr. Cooper, Mr. Connolly of Virginia, Mr. Quigley, Mr. Davis of Illinois, Mr. Braley of Iowa, Mr. Welch, Mr. Yarmuth, Mr. Murphy of Connecticut, and Ms. Speier.

(10) COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY.—Mr. Costello, Ms. Woolsey, Ms. Zoe Lofgren of California, Mr. Wu, Mr. Miller of North Carolina, Mr. Lipinski, Ms. Giffords, Ms. Edwards, Ms. Fudge, Mr. Luján, Mr. Tonko, Mr. McNERNEY, Mr. Sarbanes, Ms. Sewell, Ms. Wilson of Florida, and Mr. Clarke of Michigan.

(11) COMMITTEE ON SMALL BUSINESS.—Mr. Shuler, Mr. Schrader, Mr. Critz, Mr. Altmire, Ms. Clarke of New York, Ms. Chu, Mr. Cicilline, and Mr. Richmond.

(12) COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE.—Mr. DeFazio, Mr. Costello, Ms. Norton, Mr. Nadler, Ms. Brown of Florida, Mr. Filner, Ms. Eddie Bernice Johnson of Texas, Mr. Cummings, Mr. Boswell, Mr. Holden, Mr. Larsen of Washington, Mr. Capuano, Mr. Bishop of New York, Mr. Michaud, Mr. Carnahan, Mrs. Napolitano, Mr. Lipinski, Ms. Hirono, Mr. Altmire, Mr. Walz of Minnesota, Mr. Shuler, Mr. Cohen, Ms. Richardson, Mr. Sires, and Ms. Edwards.

(13) COMMITTEE ON VETERANS' AFFAIRS.—Ms. Brown of Florida, Mr. Reyes, Mr. Michaud, Mr. Braley of Iowa, and Mr. McNERNEY.

Mr. LARSON of Connecticut (during the reading). Mr. Speaker, I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

## REPEALING THE JOB-KILLING HEALTH CARE LAW ACT

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, proceedings will now resume on the bill (H.R. 2) to repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act of 2010.

The Clerk read the title of the bill.

The SPEAKER pro tempore. When consideration was postponed on Tuesday, January 18, 2011, 5 hours of debate remained on the bill, with 30 minutes equally divided and controlled by the majority leader and minority leader or their designees, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means.

The Chair recognizes the gentleman from Minnesota.

Mr. KLINE. Mr. Speaker, I rise in support of H.R. 2, and I yield myself such time as I may consume.

Mr. Speaker, for 20 consecutive months more than 14 million Americans have been unemployed. As much as we would like to solve this problem, the Federal Government cannot legislate or regulate our way to job creation. We can, however, foster economic certainty that will encourage families, businesses, and entrepreneurs to spend, hire, and invest. And that is what we will try to do today.

Almost 1 year ago, Democrats launched a nearly \$1 trillion government takeover of health care that increases national health care spending by \$311 billion over 10 years and levies more than \$500 billion in new taxes on individuals, consumers, and businesses. The 2,700-page law has led to more than 4,000 pages of new rules and regulations, and the law is only 10 months old. The uncertainty of what this all means for individuals and businesses today, and in the months and years to come, is having a chilling effect on the country's job creators.

A number of provisions of the law will undermine job creation and economic growth, but perhaps none is as alarming as the employer mandate. For the first time in the Nation's history, employers with more than 50 workers are required to provide government-approved health care coverage. Those who do not or cannot afford to will be forced to pay a \$2,000 penalty for every worker beyond the first 30. If you are a small business owner with 50 workers and you cannot afford to provide government-approved health insurance for your workers, adding one additional employee to the payroll will result in a \$42,000 penalty.

□ 1040

Some refer to the employer mandate as shared sacrifice. They argue that ex-

panding coverage to every individual means everyone must pay, but the cost of this provision will result in more than lost dollars and cents. Hiring new workers will be more expensive, creating a disincentive for job creators to put Americans back to work.

The employer mandate isn't the only challenge facing employers. Last year the administration released a regulation on the so-called grandfather provision, a provision intended to protect current plans against the law's costly and complex requirements. It is also central to the President's promise that, if you like your current health care plan, you can keep it.

Unfortunately, the regulation falls far short of the President's promise. By the administration's own estimates, up to 69 percent of all employer plans and 80 percent of small business plans will be denied grandfathered status in just 2 years. One estimate indicates 87 million Americans will face changes to their current health care plans.

Instead of keeping what they already have, individuals and employers will have to pay more for something new and unfamiliar. The more costly it is for employers to provide coverage, the more likely existing health plans will be eliminated and the need for government assistance will grow. And as the rolls for government programs expand, the cost to taxpayers will skyrocket.

At a time when every job creator should be encouraged to grow and hire, the Democrats' health care law instead forces employers to choose between rising health care costs and government penalties. It is time to end the uncertainty facing families, employers, and workers. It is time to push ObamaCare aside so America's job creators, both large and small, can move forward with the confidence they need to hire new workers.

Mr. Speaker, I urge my colleagues to support the bill.

I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield myself 4 minutes.

Mr. Speaker, I rise in strong opposition to H.R. 2, the Republican Patients' Rights Repeal Act.

The question is just simply fundamental here, whether or not people will be able to have control over their health care needs and their health insurance needs, or whether or not we will go back to the chaos of the previous system that is dictated by the insurance companies where people are thrown off of policies willy nilly, where people are not reimbursed for costs willy nilly, given excuses, paperwork back and forth, where young people are thrown off their parents' policy when they graduate from high school, and whether or not they will have insurance or not, or whether people will have the freedom to make the choices, to have insurance that will cover them, that will get rid of the preexisting conditions that eliminate their coverage, that will get rid of the lifetime caps so that those people who contract cancer

or other chronic diseases find out they have run out of insurance at the exact moment they need it. No longer will that be the case under the current law.

Now, the choice is to repeal that law and to make it more difficult for small businesses to provide insurance. Since the enactment of the tax credit under this law, we now see that hundreds of thousands of employees have been extended health insurance by small businesses employing 50 workers or less because of that tax credit, a tax credit that is scheduled to increase.

So we already see the hundreds of thousands of employees that did not have access to insurance because they worked for small businesses today have insurance. That's not the reporting of the government. That's the reporting of the health insurance companies where people and businesses are making applications for insurance.

So what we see now is young people are once again covered and can have the security that they will have health insurance while they go to school or while they start a new job that may not have health insurance with that coverage. We now see that people who may have had a bout of cancer early on know that that will not disqualify them from having insurance as they go out and continue to work to provide for their families.

We now see that after 2014 when people change their jobs or they lose their jobs, they will have insurance so they will not have to go to the poor house because of the insurance costs that they will not be able to provide for because they are unemployed. They will not be locked into a job that they don't want. They will be able to be entrepreneurial and go out and seek a new job knowing that they will have health insurance. That's the certainty of this legislation.

We can now choose the chaos of the current insurance system. We can choose the chaos of people getting a letter saying you no longer have insurance, getting a letter saying your child is no longer covered, getting a letter saying your premium is up 59 percent, as they did last year in California. We have seen health insurance premiums jump dramatically over the cost of living over the last decade and over the last decade have seen more and more businesses shed coverage for their employees.

The Republicans want to believe that there is certainty in that. The Republicans want to believe that that's a comfort to the American working family. The Republicans want to believe that that's a comfort to grandparents who see their grandchildren thrown off their parents' policies.

That's not a comfort. What is a comfort is the freedom to know that never again will you have to contest the arbitrary rulings of an insurance company about your preexisting conditions, about the coverage of your child's health care. Never again will you have to contest whether or not you will get

help paying for your pharmaceuticals if you are a senior. Never again will you have to pay for preventive medical checkups to try to keep you healthy if you are a senior. That's the certainty that this legislation presents.

Last night I had a telephone town hall meeting with over a thousand seniors in my district, and all of them—almost all of them, I would say there were three or four in the call—almost all of them wanted the certainty of knowing they were going to get help with their pharmaceutical payments. They struggle with the doughnut hole.

They were appreciative of the \$250 check they got last year, and they were appreciative of the help they were going to get paying for their pharmaceuticals this year. That's the certainty that we ought to reject by rejecting repeal of the health care act.

Mr. KLINE. Mr. Speaker, I yield 1 minute to a member of the committee, the gentleman from Wisconsin (Mr. PETRI).

Mr. PETRI. Today I rise in support of H.R. 2, legislation which would repeal the health care law passed last year. Even if it is unlikely that this bill will pass the Senate, I think it's important for the House majority to state its position in the clearest possible terms to encourage a general reevaluation of the new law.

Make no mistake. My colleagues and I support health care reform which would ensure that all Americans, including those with preexisting conditions, have access to affordable coverage. However, the health care law that passed last year takes a fundamentally wrong approach to achieving that goal and will only make worse our skyrocketing health care costs and Federal deficits.

My State of Wisconsin is a leader in terms of providing efficient, high-quality care; and I have been meeting and will continue to work with medical providers in my State as well as my colleagues on both sides of the aisle to develop proposals which will reward high-quality, low-cost medical services instead of simply giving government more control over our health care.

Only by implementing proposals that rein in out-of-control health care costs will we be able to make affordable coverage available to all Americans. I look forward to working with my colleagues on this important issue.

Mr. GEORGE MILLER of California. I yield 4 minutes to the gentleman from New Jersey (Mr. ANDREWS).

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. I thank the chairman for yielding.

As we sit here this morning, there are millions of Americans sitting in front of computers or the want ads desperately looking for their next job, 15 million unemployed Americans. The question they are asking this Congress is why don't you work together to help small businesses and entrepreneurs create jobs for our country?

The answer the majority gives them is we will get to that someday. What they are doing today raises some real questions as well.

A mother has two 4-year-old twins who are diagnosed with leukemia and tries to buy health insurance. The insurance company says we won't sell it to you because your children have leukemia, or we will charge you five times as much.

We say that should be illegal and the law today the majority tries to repeal says differently. A "yes" vote for repeal means she is told, Sorry, no insurance.

A person who has faithfully paid his premiums for years and suddenly needs a quadruple bypass heart operation receives a letter from his insurance company that says, Sorry, we are rescinding your coverage. We say, and the law says, that should be illegal. But a vote for repeal says, Sorry, you are on your own.

A pregnant woman who has a very difficult pregnancy and gives birth to a child with severe impairments that cost hundreds of thousands of dollars each month, the law says, and we say, that the insurance company should be legally obligated to pay her bills as long as she and her baby need it, no lifetime policy limits.

□ 1050

But a vote for repeal says she's on her own.

A senior citizen who runs out of prescription drug coverage the Fourth of July or Labor Day, the law says, and the bill says, they should get some help to continue to buy their prescriptions for the rest of the year. But a vote for repeal says she's on her own. We're all on our own on paying the debt. Our President is meeting with the President of China today; and as we do that, the majority is adding over \$1 trillion to the national debt with this vote.

Ladies and gentlemen of the House, this bill doesn't create jobs for the middle class. It creates pain for the middle class. The right vote is "no" on this repeal. The right course is get back to the job of creating jobs for the American people. Vote "no."

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another member of the committee, the gentleman from South Carolina (Mr. WILSON).

Mr. WILSON of South Carolina. Thank you, Mr. Chairman, for your leadership.

Mr. Speaker, one of the many threats of this unconstitutional health care takeover is the unfunded State mandates. In my home State of South Carolina, newly inaugurated Governor Nikki Haley has correctly warned that the Palmetto State cannot afford the health care mandate. Governor Haley even went so far as to ask the President to opt out of this unfunded mandate. The reason is because the health care takeover calls for an additional \$1 billion in new State spending.

The takeover will cripple small businesses. A recent study by the National Federation of Independent Business, NFIB, America's largest organization of small businesses, has indicated that the mandate will lead to the elimination of 1.6 million jobs.

This law imposes burdens on all Americans. It's a threat to senior citizens in that it will lead to waiting lists, deferral services, and rationing. It's a threat to our Nation's youth in that it burdens them with excessive debt.

Mr. Speaker, the liberal health care takeover destroys jobs, limits freedoms, and expands Big Government.

Mr. GEORGE MILLER of California. I yield 2 minutes to the gentlewoman from California (Ms. WOOLSEY), a member of the committee.

Ms. WOOLSEY. Mr. Speaker, I rise to speak out in emphatic opposition to H.R. 2, the repeal of the Affordable Care Act.

Mr. Speaker, one of my sons, the father of two and a wonderful husband, came home last week to Petaluma from 6½ weeks in the hospital. He has many, many more weeks' recovery ahead of him, but I can tell you that this family that still has a huge challenge ahead of them would not have a chance without health care, the health care coverage that they have.

This bill, by the way, goes in precisely the wrong direction. Just when we should be strengthening the historic reform we passed last year, my colleagues on the other side of the aisle want to tear it apart. Have you never experienced another person that had the needs that my family has today even if it wasn't in your family?

Repeal, we know, would leave millions out in the cold, stripping them of access to affordable health coverage. In fact, Blue Shield of California recently announced a rate increase of as much as 59 percent—59 percent—for some 200,000 policyholders. Does the majority not see the problem with runaway costs that are passed on to middle class families already burdened by a deep recession? Do you want to return to the broken health care system that had people crying out for reform in the first place?

The claim that cutting government spending is the most important of all flies in the face of the CBO that has concluded that their bill would add \$230 billion—your bill, the Republican bill—\$230 billion to the Nation's debt by 2021. Do not vote for this.

Mr. KLINE. Mr. Speaker, I am pleased to yield 2 minutes to my friend and colleague, a member of the committee, the gentlewoman from North Carolina (Ms. FOXX).

Ms. FOXX. I thank my friend for yielding me time.

I rise today in support of H.R. 2, which repeals the job-destroying government takeover of health care.

Voters rejected the "government knows best" philosophy in November. In contrast, Republicans believe that

American innovation and reduced government control are keys to successful health reform that reduces health care costs. For instance, it's estimated that 1 percent of the most seriously ill account for more than 25 percent of all health care expenditures. What if we could improve the care of these patients and at the same time reduce costs?

We can. We can by harnessing the power of innovation and health research in fields like regenerative medicine. Regenerative medicine develops technologies to replace or regenerate organs and tissues using the patient's own cells. These treatments could reduce the cost of chronic diseases by \$275 billion a year. Consider the fact that Dr. Anthony Atala at the Institute for Regenerative Medicine at Wake Forest University has been able successfully to grow bladders for bladder replacement surgeries from the recipient's own cells. Yet despite several successful bladder transplants, the FDA insists he go through additional clinical trials on animals and spend millions of dollars in testing that is clearly unnecessary based on his success with the human transplant surgeries.

The Federal Government's regulatory burden is stifling innovation in America, and the government takeover of health care, passed by the ruling Democrats last year, will impose more job and innovation-destroying regulations on health research. Therefore, I urge my colleagues to vote in favor of investing in new health technology and research by voting "yes" on H.R. 2.

Mr. GEORGE MILLER of California. I yield 2 minutes to the gentleman from Texas (Mr. HINOJOSA), a member of the committee.

(Mr. HINOJOSA asked and was given permission to revise and extend his remarks.)

Mr. HINOJOSA. Mr. Speaker, I rise today in strong opposition to H.R. 2.

Over one-third of my constituents in the 15th Congressional District of Texas are currently uninsured. With passage of the Affordable Care Act, that number, which has risen year after year, is finally coming down. I project that the percentage of uninsured individuals could drop to only 10 percent.

Right now, thanks to the Affordable Care Act, children who are 26 and under can stay on their parents' policy as they finish school and search for a job. With the passage of health care reform in 2010, senior citizens who hit the doughnut hole are now going to receive rebates and small businesses have had their taxes cut, all the result of the Affordable Care Act. If the proposed health care act repeal were to pass, it will destroy this progress I have seen in my district and in my State.

The families and businesses in my district cannot afford more uncertainty. They cannot afford to go back to the old health care system that was not working for millions of Americans

and whose spiraling costs were driving our Federal budget into the abyss.

Right now, the Affordable Care Act is extending affordable health care insurance to millions of Americans. However, here in Congress, the majority party is asking the House to repeal the law we passed without holding hearings and without offering a meaningful alternative to the American people who are working, who are presently without insurance, or who have preexisting medical conditions. Those Americans were struggling to pay for hefty premiums to insurers. If there are some things that need to be fixed in the present law, we can fix them, but throwing out all the progress we have made is not the answer.

The focus of this new Congress should be reducing the staggeringly high 9½ percent unemployment rate. Instead, we have a bill before us today that makes it harder for businesses to provide benefits to the employees that eliminate the hundreds of thousands of new jobs that were being created in the health and medical fields.

The Affordable Care Act doesn't reduce jobs; it saves lives. I strongly urge my colleagues to vote "no" on H.R. 2.

Mr. KLINE. Mr. Speaker, I am pleased to yield 5 minutes to a physician on the committee, the gentleman from Tennessee, Dr. ROE.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Mr. Speaker, I rise today to support H.R. 2, the repeal of ObamaCare. For the past 30 years, I haven't been a politician but a physician treating patients and delivering babies in rural east Tennessee. And I can say without hesitation that we have the finest health care system in the world.

Health care should not be a partisan issue, and I personally have never operated on a Democrat or Republican cancer in my life. You can't spend \$1 trillion and have a bill that's over 2,500 pages long and not have something good come out of it. This bill is not, however, good medicine for our country.

The repeal of ObamaCare doesn't mean that we aren't for health care reform. Quite the contrary. What I discovered in my own practice of 30 years was health care was becoming more and more unaffordable for our citizens. And we had a group of patients, a group of citizens, who didn't have affordable health insurance coverage. This we need to address.

This bill does increase the number of people having insurance, but does nothing to control the costs. The other side says that if we repeal ObamaCare, it will increase the costs and decrease access.

□ 1100

Let's take a look at three government-run plans. One is TennCare, my State's Medicaid program; the Massachusetts Care; and Medicare.

In TennCare, we had a plan that had competing interests. It would compete



for your business. It was supposed to hold costs down. We saw our costs in Tennessee from 1993 until 2004 and 2005 go from \$2.6 billion to \$8 billion. It tripled. And what we found was that half the people who went on the government plan had private health insurance and dropped it and got on the government plan. This plan took up almost every new dollar our State took in. We balanced this on the backs of college students. We have less highway patrolmen in our State than we had 30 years ago, and we have 2 million more people. What our Democratic Governor did was rationed care by cutting the rolls of TennCare patients and also limiting the access to physicians to eight visits per year.

Let's look at Massachusetts Care where there is a mandate right now. You are required to buy a good or service and the government decides what the right good or service is, not you as the consumer. So what happens is it hasn't held the costs down there either. They have the highest private insurance premiums in America in Massachusetts. Emergency room visits are not down. And why is that? The same as TennCare. These plans don't pay for the cost of the care, shifting more cost over to the private sector, making it more and more expensive.

The second thing this mandate does is it empowers lobbyists. How it does that is you will see the lobbyists come to us, the politicians, and say, Hey, we want this medicine or this device on our plan. And these are the people that write the checks to the politicians, so you are empowering them.

Let's finally look at Medicare, a program that started in 1965 as a \$3 billion program. The government estimators at that time said in 25 years this will be a \$15 billion program. It was over a \$100 billion program. Today, it is over \$400 billion.

So we have three examples where costs are out of control in the government-run plans.

The senior citizens understand this. When you take \$500 billion out of a plan, and in the next 10 years we are going to add 36 million seniors, three things are going to happen when you have got more patients chasing fewer dollars: You will have decreased access, you will have decreased quality, and you will have increased costs. That is a given.

We had the President say last year, I will go over this bill line by line.

I have read this bill. I wanted to go over it. I wanted to have meaningful health care reform but was denied that privilege.

Without exception, our States are almost broke, every one of them. And we are adding another unfunded Federal mandate to require them to pay and implement a plan that is already breaking them, the expansion of Medicaid, which is an entitlement.

Businesses get it also. If this is such a great plan, why have, to date, 222 businesses opted out, including McDon-

ald's and, of all people, the SEIU, the government's employee union who fought for this and then opted themselves out? I find that ridiculous when you see that.

The doctors get it. The doctor fix, the SGR fix is not in this bill. It is a cost that was hidden. As doctors are squeezed, they cannot see patients that cannot pay the cost of the care.

Malpractice is not in this bill. I can tell you as an OB-GYN doctor, it is over the top. It is almost unaffordable for us.

So the American people get it. The people of Tennessee get it. And we as elected representatives get it. We got that in the election of November 2.

I want to encourage my colleagues to vote to repeal ObamaCare.

Mr. GEORGE MILLER of California. I yield myself 30 seconds.

I would just say to the gentleman from Tennessee it is universally recognized that there was no worse-designed health care plan than TennCare; that all you did was extend the benefits and no cost containment and no pay-fors, and it damn near bankrupted the State.

It is also recognized that nowhere have health care costs gone up faster than in the private sector, much faster than Medicare because, once again, there is not much in the way of cost containment. You just reimburse people for the cost.

This legislation has cost containment, and that is why CBO says, if you repeal it, you will drive up the short-term deficit to \$30 billion and long-term deficit to \$1.2 trillion. That is the difference.

I yield 2 minutes to the gentlewoman from New York (Mrs. MCCARTHY), a member of the committee.

Mrs. MCCARTHY of New York. I appreciate the gentleman's yielding me this time.

Mr. Speaker, I rise today in opposition to H.R. 2, a bill that would repeal the Patient Protection and Affordable Care Act.

The Affordable Care Act, signed into law in March of 2010, is an important first step in reforming our health insurance system, a system that everyone knows is broken. The Affordable Care Act provides access to the insurance market for millions of Americans, puts in place important consumer protections, and reduces our country's deficit.

This new Congress was elected promising a transparent process with input from all Members. This repeal bill, however, has not even been considered by a single committee in the House. Members are also being shut out of the process.

I cosponsored four amendments submitted to the Rules Committee; none were accepted.

I cosponsored an amendment to ensure that women continue to receive the protections provided by the Affordable Care Act. The Republicans did not allow this amendment to come up to the floor.

I cosponsored an amendment to ensure that all seniors will continue to receive the increased benefits in Medicare and that the doughnut hole will continue to be closed. The Republicans did not allow this amendment to come up for a vote.

I cosponsored an amendment to ensure that small businesses continue to receive the tax cuts provided for in the Affordable Care Act. The Republicans didn't allow this amendment to come up for a vote.

I cosponsored an amendment to ensure that we are responsible stewards of our Federal budget and to prevent this repeal bill from adding to the deficit. The Republicans did not allow the amendment to come up for a vote.

This new Congress ran on a campaign of lower taxes on small businesses and reducing the Federal budget deficit. This bill, however, would raise taxes on small businesses and individuals and add a trillion dollars to the deficit.

Just to be clear, a vote for this bill will be a vote for higher taxes and increases in the deficit. Although there is an effort to bring this repeal bill to the floor today, what is being proposed in place of affordable care? Nothing.

My office has dealt with this for years. Please, vote "no" on this bill.

Mr. KLINE. I yield 30 seconds to the gentleman from Tennessee (Mr. ROE) to respond to the gentleman from California's comments.

Mr. ROE of Tennessee. Mr. Speaker, just to address my colleague from California, I would argue that Tennessee has thought this plan well out; and the problem with this plan is, when you have more services chasing fewer dollars, you are going to create waits in a situation where you shifted the cost.

You talked about the private health insurance costs going up. That is true. There is innovation, liability. There are a lot of reasons for that, Congressman, but one of the main reasons is an overpromise by government programs that shifts costs. We saw that in our State. We can do better.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Michigan (Mr. WALBERG), a member of the committee.

Mr. WALBERG. Mr. Speaker, I rise today in support of the repeal of the government's takeover of health care.

We are well aware of how the health care law created hundreds of billions of dollars in new taxes while doing little to drive down costs and causing millions to lose access to health coverage. Even more troubling is how dramatically this law grows government and constricts individual freedom and American exceptionalism.

When this laws was passed, the Democrats said it would create 4 million new jobs. Instead, we got over 2,000 pages of job-killing new taxes and less choice. This law was clearly an overreach of government control.

In place of government-run health care, true reform can be achieved through multiple patient-centered alternatives, including expanding HSAs,

association health plans, and allowing the purchase of health insurance across State lines.

Americans agree. A Gallup/USA Today poll this week confirms that only 13 percent of Americans support the current law. Simply put, the American people want this law repealed, and so do I, as I promised.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Speaker, my mother always told me that if you have your health, you have everything, which is why I have always believed every American should have access to the care they need to be healthy.

Now my colleagues want to repeal health care without an alternative. Well, it is easy to say you are against something, but it is much harder to come up with solutions. Americans deserve to know how my colleagues' plan will protect patients.

Specifically, women shouldn't get denied care based on gender or have to pay hundreds more in insurance premiums than men, nor should they need a permission slip to see an OB-GYN.

The 32 million Americans without insurance need access to coverage.

Insurers shouldn't deny children coverage because they have been sick.

□ 1110

Medicare must be kept solvent over the long term, and seniors should have access to affordable prescriptions. Americans shouldn't face outrageous annual premium hikes, such as the 59 percent increase many of my own constituents are looking at today.

The health care reform bill addresses each of these problems and many more. It is irresponsible to repeal without a plan to fix the issues in our health care system. Further, thanks to Governor Schwarzenegger's efforts before leaving office, California is leading the way in implementing reforms already authorizing health insurance exchange marketplaces to buy affordable insurance. Repeal will cripple health reform efforts in my State and leave it without direction going forward.

I can't support legislation that does not offer solutions and goes backward. Let's focus on creating jobs and not taking away health care from patients.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to a new member of the committee, the gentleman from New York (Mr. HANNA).

Mr. HANNA. Mr. Speaker, I rise today in support of H.R. 2 so that we may replace the well-intentioned but ill-conceived health care law signed last year with reforms that increase access to care and lower costs.

We know that the current law raises premiums. We know that it cuts Medicare by more than \$500 billion. That's unacceptable to the over 120,000 seniors in my district who rely on Medicare benefits. We know it raises taxes, im-

poses costs on small businesses, and will substantially burden New York taxpayers.

Tomorrow I will vote to instruct committees, including the Education and Workforce Committee, to produce thoughtful and improved legislation. I look forward to supporting reforms that lower premiums through competition; allow folks with preexisting conditions access to affordable health care; reform the medical liability system; preserve a patient's ability to keep their own plan; and expand incentives to encourage personal responsibility for health care coverage and costs.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. HOLT), a member of the committee.

Mr. HOLT. Mr. Speaker, I rise in strong opposition to the budget-busting legislation that fails to create one new job and returns our health decisions to insurance companies rather than doctors.

Repealing the health reform law would be a big mistake. Instead of focusing on job creation or retirement security or fair taxes, we're debating repealing a law that protects Americans from insurance company abuses and provides fairer and more accessible health care for children, for veterans, for seniors, for employees, for employers. The law saves the average taxpayer money, and it saves the insured money.

On Monday, we celebrated Dr. Martin Luther King, Jr. Day. Dr. King fought for an America where everyone regardless of race or class background had access to the American opportunity. He said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Today, the new majority is trying to repeal the health reform law that we enacted just one year ago. That historic law provides secure health insurance coverage to almost all Americans and lowers the deficit. The days of "you're on your own" are past now. The law ensures that health insurance companies actually have to provide health insurance, not just in name, but it requires that they spend your premium dollars on actually providing health care.

If this reform law were repealed, Anna's 24-year-old son in Kendall Park, New Jersey would become uninsured; Todd from Eatontown would not be able to get insurance due to his preexisting condition; and thousands of seniors on Medicare, like Howard from Monroe, would not be able to afford his lifesaving prescriptions.

Matthew from West Windsor wrote me to say, "I just graduated from college, and I'm working at a job with no health care." He's grateful now that he can be on his parents' health insurance plan, but he's concerned if this is repealed. He says, "I have a preexisting condition, and shockingly, I truly would be without insurance and in deep trouble if this law were reversed."

I urge my colleagues to vote no on repealing the health care reform law.

Mr. KLINE. Mr. Speaker, I am very pleased to yield 1 minute to another new member of the committee, the gentleman from Indiana (Mr. ROKITA).

(Mr. ROKITA asked and was given permission to revise and extend his remarks.)

Mr. ROKITA. I thank the gentleman from Minnesota for yielding me time.

Mr. Speaker, I rise in support of freedom for every American and against the expansion of government. The people of Indiana sent me to Washington, D.C. with very specific instructions: Get the government out of our lives.

Therefore, I will be voting yes on H.R. 2. Every honest person in this debate knows that this law doesn't solve the problems in our health care system. Its solution, to destroy the best health care system in the world and replace it with even more inefficiencies, government controls, loss of personal freedom and trillions in new costs to the taxpayers, will fail.

And let's not forget that there are programs already in place that are supposed to do many of the things the President has talked about his law doing. We should start with reforming those. Also, health savings accounts, insurance across State lines, covering preexisting conditions, and even subsidizing the poor's purchase of a private policy should all be implemented.

Health care is not a right, and if we are not careful, the feel-good, empty promises made in this law will bankrupt our country and leave our grandkids to pay for it.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from Arizona (Mr. GRIJALVA), a member of the committee.

Mr. GRIJALVA. Thank you, Mr. MILLER.

I rise today in opposition to a regressive and unfair piece of legislation, H.R. 2. We must protect the American people from the Republican NoCare agenda. Their agenda for America is simple:

NoCare if you lose your job.

NoCare if you or your child has a preexisting condition.

NoCare if you are a senior in the doughnut hole.

NoCare if you're under 26 and on your parents' plan.

NoCare if you get sick and your insurer drops your coverage.

NoCare if your insurer hikes your premiums higher than you can afford.

NoCare for Indian health care services reauthorization.

NoCare for community health centers.

NoCare for closing the disparity gap in America's health care delivery system.

I urge my colleagues to vote against this repeal that would take away the progress that we are making to protect our constituents. I urge my colleagues to stop protecting insurance companies

and, finally, finally, take a step toward empowering the American people.

Mr. KLINE. Mr. Speaker, I am very pleased to yield 1 minute to another new member of the committee, a physician, the gentleman from Indiana, Dr. BUCSHON.

Mr. BUCSHON. Thank you, Chairman KLINE.

Mr. Speaker, I rise today in support of H.R. 2, the repeal of the Affordable Care Act. I consider this one of the most crucial votes in this Congress. As a cardiothoracic surgeon, I can speak from the perspective of a physician who has dealt with the growing need for health care reform in our country.

We all know there are too many uninsured; too many underinsured. But a government solution is the wrong approach. This law does nothing to address the critical issue in health care today, and that's the rising cost of health care.

Now let's touch on my patients. Sixty to 70 percent of my patients are in Medicare. A \$500 billion cut in the funding of Medicare and decreasing reimbursement for physicians, for hospitals and other providers over the course of time will lead to what it has led to in every other country that has a government health care system—rationing of health care for some of the most vulnerable people in our society, our American seniors.

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

Mr. BUCSHON. Thank you.

Mr. GEORGE MILLER of California. I yield 2 minutes to the gentleman from Virginia (Mr. SCOTT), a member of the committee.

Mr. SCOTT of Virginia. Thank you.

Mr. Speaker, it is important that we focus attention on the substance of the debate on health care. Some think that just calling repealing health care reform ObamaCare or calling it a job killer when it will actually create jobs, or even calling it a government takeover when it doesn't even include a public option constitutes the discussion.

But we need to talk about what is actually in the bill and what is actually going to be repealed, because we need to talk about what's going to happen to those under 26 that are now able to stay on their parents' policies. Repeal will kick them off of those policies.

We need to talk about what's going to happen to those with preexisting conditions. We need to talk about what is happening to those who can now get checkups, annual checkups and preventive care with no copays and deductibles.

□ 1120

We need to talk about the fact that we are digging senior citizens out of the doughnut hole and that repeal will keep them in the doughnut hole.

Insurance reform: No rescissions, no cutting off insurance in the middle of a treatment.

We need to talk about what we are doing as to unreasonable increases.

That's what you're going to be repealing if you repeal health care reform.

Affordability: All Americans under health care reform in 2014 will be able to afford health care. We will be giving tax credits to businesses to encourage them to provide health care.

This bill will create jobs. You will be destroying jobs. And you say nothing about the deficits. The CBO has already calculated that you will significantly increase the deficit if this bill passes.

Mr. Speaker, health care reform is a matter of life and death. If Republicans want to repeal health care, they ought to be clear and tell the public what will actually happen to young adults, those with preexisting conditions, seniors, what is going to happen to the doughnut hole or insurance abuses or the future of the affordability of health care.

We should not just be resorting to labels and slogans. We have to be clear as to what we are doing to the public.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another new member of the committee, the gentleman from South Carolina (Mr. GOWDY).

Mr. GOWDY. Thank you, Mr. Chairman.

Mr. Speaker, the Constitution of the United States has limits.

Surely one of those limits must be that Congress cannot compel a private citizen to engage in a private commercial transaction.

Surely the Congress of the United States cannot compel a person to purchase life insurance, because generational debt is a bad thing.

Surely the Congress of the United States cannot compel someone to purchase vision insurance or dental insurance.

The Constitution of the United States places limits on Congress, and it is time that this body honored those limits envisioned by our Forefathers. To ask for self-restraint or respect for the Constitution should not invite challenges to our humanity or accusations of moral acquiescence.

I am from the upstate of South Carolina; and every time I go home, I hear about the need for health reform and about the fear that people have with respect to preexisting conditions; but I support a solution that is patient centered and not government centered. I support a solution that is affordable and not generational embezzlement, and I support a solution that is consistent with the Constitution.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to a member of the committee, the gentleman from Massachusetts (Mr. TIERNEY).

(Mr. TIERNEY asked and was given permission to revise and extend his remarks.)

Mr. TIERNEY. Mr. Speaker, it is deeply disappointing that, following last week's near universal calls for unity and cooperation and amidst all of the calls to lower the temperature of

political discourse and to move to working together to solve America's pressing issues, the new Republican majority is moving full steam ahead with an attempt to repeal the Affordable Care Act.

The health care law may not be perfect—that prospect would always certainly be open to debate and suggestions on how it might be improved might also be open to debate—but instead of working together and building on the work that has been done and the progress that has been made, we find ourselves here today, debating and voting on a bill, which, while it may pass the House, most certainly will never become law—nor should it.

Some may call it political catharsis. Others may call it pure theater, plain and simple; but let's be clear: the positive impact the existing health care reform law is having on millions of residents and families in all of our districts is very real, and the law's important, commonsense consumer protections are very popular.

Specifically, this misguided legislation will spell the end of one meaningful consumer protection which I and others fought to get into the law. This protection, the medical loss ratio requirement, holds insurance companies accountable and ensures consumers are receiving the health services for which they are paying top dollar.

In 1993, many private companies routinely spent 95 cents of every dollar on health services. By 2008, in the absence of regulation otherwise, many had reduced their spending on health services to below 75 percent, some to even less than 60 percent of those premium dollars. That meant that companies could spend up to 43 cents of your premium dollar on executive salaries, advertising, lobbyists, bonuses, dividends, and other administrative costs instead of using it for what you had contracted for—health care.

To keep their excessive profits up, you may have been charged ever-higher premiums or may have been denied care through a number of anticonsumer gimmicks. You might have been denied coverage because you or your family member had a preexisting condition or because you had coverage capped annually or in a lifetime, stopping coverage when it was most needed, or, as a parent, you were refused coverage for your children under 26 even if they were still unemployed or were working someplace where coverage wasn't available.

All of these injustices are addressed in the bill. Its repeal would reverse that. I ask that this misguided bill fail, and I ask my colleagues to vote against it.

Mr. KLINE. May I inquire of the Speaker how much time is remaining on each side.

The SPEAKER pro tempore. The gentleman from Minnesota has 26½ minutes remaining. The gentleman from California has 22 minutes remaining.

Mr. KLINE. Mr. Speaker, at this time I am very pleased to yield 1 minute to

another new member of the committee, the gentlelady from Alabama (Mrs. ROBY).

Mrs. ROBY. Thank you, Mr. Chairman.

Mr. Speaker, I rise today to stand with my colleagues in support of H.R. 2 that will repeal the Health Care Reform Act.

Sadly, this law is less about providing health care for all citizens and more about expanding Federal Government.

It translates into substantial cost, over \$500 billion, that must be paid for by hardworking, tax-paying Americans. In economic hard times, it is our responsibility to ensure that this does not occur. If we do not repeal this law, our inaction will serve as nothing less than gross fiscal irresponsibility. This must not happen.

I want to tell you about the owner of the Pizza Hut in Headland, Alabama, who will be forced to close his doors due to the costs associated with this law. Then there is the gentleman who owns pharmacies throughout the Southeast, who told me he has the ability to create two jobs but who cannot do so because he doesn't know what the Federal Government is going to do to him next.

Just like our forefathers answered the call to right wrongs, we too must answer a call. The citizens in our districts have spoken, and in their words, We must repeal this law.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. BISHOP).

Mr. BISHOP of New York. Mr. Speaker, I believe it is time that this Congress does what President Obama called on Americans to do last week: approach our debates and our differences with civility and honesty.

We appear to be doing reasonably well with regard to civility, but less so with honesty. Once again, we tackle health care, and the debate is sliding back to one-line attacks and misrepresentation instead of the new health care law's merits or its actual impact on real Americans.

The Affordable Care Act has been referred to as a "job-crushing law." This is simply not honest as my colleagues across the aisle disregard the fact that, since it was signed into law last March, over 1 million private sector jobs have been added to the economy, with 207,000 of those jobs coming from the health care sector.

Some speak of the repeal as if eliminating health care reform would have no meaningful fiscal consequences. This, too, is not honest. The Congressional Budget Office has estimated full repeal would increase the deficit by \$230 billion over 10 years and another \$1.2 trillion in the following decade.

Some argue that repeal will, in fact, reduce the deficit. If this is true, why have we yet to see a positive score that affirms such a point?

Repeal does nothing, absolutely nothing, other than leaving families

with real health issues no place to go for help.

What do I tell the parents of the 9,000 children in my district with pre-existing conditions who will be unable to access coverage when the ban on discriminating against children with pre-existing conditions is repealed?

When insurance companies can claim cancer or pregnancy as a preexisting condition, what will survivors and mothers do for health coverage?

What will the 126,000 so affected individuals on eastern Long Island do?

What will the 2,400 young adults who have been able to stay on or to rejoin their parents' health insurance on eastern Long Island do if repeal is successful?

What will the 112,000 Medicare beneficiaries who can now receive free cancer screenings and other preventive care do?

What about the 8,500 part D prescription drug plan recipients who can no longer count on the doughnut hole being closed and who will, once again, face higher drug costs if repeal is successful?

Mr. Speaker, simply replacing the positive impact the Affordable Care Act has had on American families with inaccurate arguments does not solve our problem. I urge my colleagues to vote "no" on the legislation.

Mr. KLINE. Mr. Speaker, I am very pleased to yield 2 minutes to another new member of the committee, a physician, the gentleman from Nevada, Dr. HECK.

Mr. HECK. Mr. Speaker, increasing access to high-quality health care while reducing costs, that was the goal of the recently enacted health care law. But no matter how well-intentioned, very few now stand by that law in its entirety. The new health care law will cost money that taxpayers don't have, and it will cost jobs we can't afford to lose.

Now is the time to reexamine this misguided law before young families are forced to buy something they can't afford or face fines from their government, before seniors are forced to find new doctors or lose the kind of insurance plans they enjoy now, before small businesses shed jobs or are forced to close their doors due to budget-busting regulations.

□ 1130

More access, lower cost. It's safe to say that every American supports that idea. As an emergency medicine doctor, I know that I do. And working on the front lines of health care I've seen what works and what doesn't. Forcing people to buy insurance or fining them, eliminating seniors' access to Medicare Advantage, and burdening small businesses with onerous taxes don't work.

What the American people want are solutions that don't cost more taxpayer money and don't prevent small businesses from hiring new employees; making sure people don't lose their coverage once they get sick; letting de-

pendent children stay on their parents' insurance until they turn 26; making sure anyone who wants to buy insurance can purchase a policy regardless of preexisting condition; and allowing consumers choice while creating incentives to purchase insurance that fits their needs works. Some of these solutions are there, but there is more wrong with this bill than there is right.

So let's repeal this law that doesn't work. Let's repair those pieces that could work. Let's replace it with patient-centered solutions that will work. And let's give the American people the health care they deserve.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentlewoman from Hawaii (Ms. HIRONO), a member of the committee.

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

Ms. HIRONO. Mr. Speaker, Democrats' top priority is creating jobs. We want to work with Republicans to achieve this goal, but instead of focusing on jobs and growing the economy the new leadership has decided to start by debating H.R. 2, which will repeal patients' rights, put insurance companies back in charge, and add to the deficit.

Yesterday, the Democratic Steering and Policy Committee held the only hearing the new Congress will have on this bill. We heard from families from Maine to Florida, from Rhode Island to Missouri, real people, real stories. Freedom was a common thread in their stories. Because of health care reform, these families are free from worrying about being denied coverage because of a preexisting condition and free from worrying about escalating medical debt because of lifetime caps on their insurance plans. These families now have a sense of security and peace of mind.

For over 37 years, thanks to Hawaii's landmark Prepaid Health Care Act, our families have largely been protected from some of the most unfair insurance company practices, but health care reform is still helping thousands of families and small businesses across my State. A mother in Kailua, Hawaii contacted me to tell me that she can now add her 21-year-old son and 24-year-old daughter to her work-sponsored insurance plan. This mom used to pay \$900 a month for just her daughter's health insurance and prescription drugs. Now she pays \$300 a month to cover both of her children under her company's plan. This family used to spend \$10,800 a year for health care for one child; now they spend \$3,600 a year for health care for the entire family.

I recently heard from a senior in Waimea on Hawaii Island who referred to her \$250 Medicare doughnut hole rebate check as a blessing in these tough economic times. Let's be clear: The Patients' Rights Repeal Act will hurt, not help, middle class families and small businesses in Hawaii and across our Nation.

I urge my colleagues to join me in voting against H.R. 2.

Mr. Speaker, listen to Stacie Ritter's story. Stacie is the mother of twin daughters, Hannah and Madeline, now 11, who were diagnosed with leukemia at the age of 4. Stacie has always worried about her daughters' health and having health insurance to cover the stem cell transplants and other cancer treatments. Because of health care reform, Stacie doesn't have to worry about the twins being denied coverage because of a pre-existing condition. This repeal bill will allow insurance companies to deny Hannah and Madeline health insurance for the rest of their lives. The 19.4 million children in our country with pre-existing conditions would face the same fate.

Listen to Dr. Odette Cohen, from Willingboro, New Jersey, a small business owner. The small business tax credits in the health care reform law not only lower the cost for her to provide good health insurance for her employees, but they also give her the flexibility to hire another nurse practitioner. She'll be seeing more patients and growing her business and helping the economy.

According to Forbes Magazine, major health insurance companies around the country are reporting a significant increase in small businesses offering health care benefits to their employees. Repeal would either force small businesses to drop their employees' coverage or businesses would bear the full cost of insurance themselves.

Speaker BOEHNER has pledged to listen to the people. Because of Hawaii's landmark Prepaid Health Care Act of 1974, which mandates that employers provide insurance coverage for their full-time employees, Hawaii's families have largely been spared from some of the most unfair insurance practices. But health care reform still helps thousands of families across our state.

A mother in Kailua, Hawaii contacted me to thank us because she could now add her 21-year-old son and 24-year-old daughter to her work-sponsored insurance plan. This mom used to pay \$700 a month for her daughter's health insurance and \$200 a month out-of-pocket for her prescription drugs.

Now, this mother pays just \$300 a month to cover both of her children under her company's health plan. This family used to spend \$10,800 a year for health care for one child. Now, they spend \$3,600 a year for health care for the whole family. This family is using the money saved on health insurance for other household needs, including paying down past medical debt.

Middle class families are saving money because of health care reform. Young adults, many of whom are having a hard time finding jobs, now have health insurance. Under H.R. 2, thousands of young adults will lose their insurance coverage, including 2,500 in Hawaii.

Here's what else repealing health care reform will do to the people of Hawaii:

193,000 seniors in Hawaii who have Medicare coverage would be forced to pay a co-pay to receive important preventive services, like mammograms and colonoscopies.

Medicare would no longer pay for an annual check-up visit, so 193,000 seniors in Hawaii who have Medicare coverage would have to pay extra if they want to stay healthy by getting regular check-ups.

In Hawaii, 17,959 Medicare beneficiaries received a one-time, tax-free \$250 rebate to

help pay for prescription drugs in the "donut hole" coverage gap in 2010. I recently heard from a senior in Waimea on the island of Hawaii who referred to this check as a blessing. She was able to use that money to pay for her other medical bills.

Medicare beneficiaries who fall into the "donut hole" in 2011 will be eligible for 50 percent discounts on covered brand name prescription drugs. Closing the Medicare donut hole is an especially critical issue for Hawaii as we are home to the Nation's largest percentage—36 percent compared to 26 percent—of Medicare beneficiaries that fall into this gap of prescription drug coverage. Without repeal, the burden of high prescription drug costs would hurt millions of Medicare beneficiaries across the country.

An estimated 28,700 small businesses in Hawaii would no longer be eligible for the new federal tax credits that will help make providing health care coverage for their employees more affordable.

Let's be clear, the Patients' Rights Repeal Act will hurt, not help middle class families in Hawaii and across our Nation. That's bad enough. But this repeal also expands the federal deficit. The non-partisan Congressional Budget Office reported that repealing the health reform law would increase the federal deficit by \$230 billion over the next ten years and more than \$1.2 trillion in the following decade.

At a time when our focus needs to be on jobs, bills should pass the following 3-pronged test: 1) Does it create jobs? 2) Does it strengthen America's middle class? and 3) Does it reduce the deficit? On all counts, H.R. 2 is a resounding failure. I urge my colleagues to join me in voting against H.R. 2.

Mahalo nui loa (thank you very much).

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another new member of the committee, the gentleman from Florida (Mr. ROSS).

Mr. ROSS of Florida. Mr. Speaker, today I rise in support of repealing and replacing the recently enacted health care law that nationalizes nearly one-sixth of our country's gross domestic product.

This past November, the American people sent a resounding message to Congress and to this administration that they do not want to pay higher taxes for a one-size-fits-all health care system that replaces doctors with bureaucrats. Instead, the American people want complete control of their health care dollars and health care decisions, and they want to be able to take their policies with them from job to job without being penalized by the Federal Government.

Americans need privatized health care that forces competition in order to achieve affordability, choice, and innovation. As a small business owner, I understand that adding \$104 billion in taxes and compliance costs to our unstable job market creates a massive burden on our taxpayers and is not the best way to encourage economic growth.

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

Mr. KLINE. I yield the gentleman an additional 15 seconds.

Mr. ROSS of Florida. Imposing new regulations on small businesses by mandating employers provide health insurance stifles economic growth and makes it difficult for businesses to survive.

We can bring down costs and increase affordability by allowing the free market to create robust competition. One commonsense reform is to allow for the interstate sale of health insurance. By breaking down the barriers to the sale of health insurance, American citizens will have the ability to choose the plan that best fits their needs at a rate that is affordable to them. By allowing competition, we bring costs down and provide the best possible product for the American people.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, in 1986 over 66 percent of America's employers provided retiree health insurance. In 2009, that number had collapsed to 29 percent. What the health care bill did was use a tried and true method of setting up a reinsurance program that we use for flood insurance, terrorism insurance, and to insure the nuclear energy industry.

This fund, which will cost-share and cost-spread the high claims of older 55-plus Americans, is a program that employers have stamped into. Over 4,700 employers have entered into this program. Over half the Fortune 500, many whose corporate logos are right here—something that Coke and Pepsi and AT&T and Comcast can come together on—are voting with their feet because this is a program that works.

Mr. Speaker, public employers are also taking advantage. This map shows yellow States who have not entered the program. If you notice, no yellow States have not entered the program. All 50 States with Republican governors and Democratic governors have entered into this program, States who are suing the Federal Government to overturn the health care bill—they know a program that's going to work to make sure that their health care costs are going to be controlled and spread. This means that police officers, teachers, people working in corporations who are 55 and up can retire with confidence, opening up opportunities for young Americans which clearly the prior system was not going to allow.

Mr. Speaker, this bill will blow up this program, which employers who are voting with their feet say will work. That is not creating jobs. This program creates jobs. It lowers costs for employers and provides an avenue for young people to have a future in this country.

We should vote "no" on this legislation. Let's grow America's economy. Let's preserve the Early Retiree Reinsurance Program.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another physician, the gentleman from Louisiana, Dr. FLEMING.

Mr. FLEMING. I thank the gentleman from Minnesota.

Mr. Speaker, repealing ObamaCare is an imperative for four reasons. First, while it increases the numbers under coverage, it will ultimately sharply reduce access to care. Like Canada and Britain, socialized medicine will mean carrying an insurance card that will entitle you only to less choice, longer waits, and rationing.

Second, while the health care system is now hard to navigate, under ObamaCare it will be a nightmare. With over 150 new mandates and agencies controlled by unelected, unaccountable bureaucrats and IRS agents, to whom will we turn when the system fails us?

Third, as yet another entitlement program financed through a Disney fantasy of accounting, it will add to the current entitlement fiasco in Washington, exploding the budget for many generations to come.

And finally, with higher taxes and more restrictions on businesses, employed Americans will continue to decline or become an endangered species altogether.

Let's repeal the worst legislation in a generation, ObamaCare.

Mr. GEORGE MILLER of California. Can I just say to the gentleman from Minnesota, I think I'm starting to understand the physician shortage in the country; most of them are in the Congress, apparently.

Mr. KLINE. And we're so happy to have them.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from New York (Mr. TONKO).

□ 1140

Mr. TONKO. Mr. Speaker, I am committed to working with my colleagues to create jobs. But here we are, debating repeal of health care reform instead of focusing on job creation. In fact, health care reform was a good start. Since enactment in March of 2010, private-sector job growth has grown by some 1.1 million jobs. Among those, over 200,000 jobs were created in the health care sector alone. That is why my top priority remains job creation and growing our economy—not obsessing on repealing a bill that is working.

If my friends on the other side of the aisle are successful, then seniors, young people, and small businesses in the capital region of New York would be hurt. Take my constituent Tim from Albany, New York, for example. Tim is forced to dig into his pocket to pay for prescription drugs even though he is a retired pharmacist on Medicare. However, health care reform provides Tim extra assistance in paying for his prescriptions and ensures that the so-called doughnut hole payment will be no more in the very near future.

Mr. KLINE. Mr. Speaker, I am really pleased, following the comments of the gentleman from California, to yield 1 minute to another physician, a new

member of the committee, the gentleman from Tennessee, Dr. DESJARLAIS.

Mr. DESJARLAIS. Mr. Speaker, I rise today in support of H.R. 2. As a practicing physician for nearly two decades in Tennessee, I stand before you as an expert witness to failures of a government-run health care model. ObamaCare takes the problems I've seen in my home State and expands them to a national level.

This bill raises taxes, increases spending, and will add \$701 billion to the Federal deficit. Most importantly, ObamaCare will ultimately end up restricting patients' access to quality health care by placing Washington bureaucrats between patients and their doctors.

Moving forward, we do offer solutions. We must work towards reducing waste, fraud, and abuse in Medicare, instituting meaningful tort reform—thus reducing the practice of defensive medicine. We can accomplish these goals without the creation of a giant, new Federal bureaucracy.

By voting to repeal this unnecessary health care bill we will effectively put a stop to the creation of a massive entitlement program that we did not want, we do not need, and we cannot afford.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from California (Ms. BASS).

Ms. BASS of California. Mr. Speaker, I rise in opposition to H.R. 2.

In survey after survey, the number one issue facing our country is jobs. Last year, my colleagues on the other side of the aisle said the number one issue we should be working on is jobs. Well, the health care reform act is a jobs bill.

In the seventies and eighties I worked in several hospitals in the Los Angeles area. During those years, there was such a severe shortage of health care providers that hospitals recruited nurses from Canada and the Philippines. Right now, there is an estimated shortage of 400,000 nurses nationally. Right now, there is an estimated shortage of 50,000 doctors. Right now, there are waiting lists of several years to get a slot in nursing schools and other allied health professions.

So if there is a shortage of medical personnel right now and health care reform expands coverage to 30 million people, then can someone explain to me how health care reform is not a jobs bill?

Mr. KLINE. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Indiana (Mr. PENCE).

(Mr. PENCE asked and was given permission to revise and extend his remarks.)

Mr. PENCE. Mr. Speaker, I rise in strong support of H.R. 2, repealing the government takeover of health care passed by the 111th Congress.

Now, I know my colleagues on the other side of the aisle and many of their supporters in the mainstream

press don't like us to use that term, but let me defend it for a moment. When you order every American to buy health insurance—whether they want it or need it or not—that's a government takeover of health care. When you order almost every business to provide government-approved health insurance or pay higher taxes and send their employees to government-run health exchange programs, that's a government takeover of health care. When you pass legislation that makes it all run with hundreds of billions of dollars in higher taxes, mandates, bureaucracy, and even public funding of abortion against the wills of the overwhelming majority of the American people, that's a government takeover of health care—and the American people know it.

Last year, House Republicans pledged that if the American people gave us a second chance to lead this Congress, we would repeal and replace their health care reform with health care reform that focuses on lowering the cost of health care insurance without growing the size of government. And we're keeping that promise today.

Now, some in the cynical political class are saying this is a gimmick, it's an empty gesture. Well, we have another term for it on our side of the aisle—it's a promise kept. And House Republicans are here to stand with the American people and say with one voice, We can do better. We can do better than their government takeover of health care. We can pass legislation that will be market-based, patient-centered. But it all begins with today.

So I urge my colleagues to join us in repealing this government takeover of health care before it ever takes effect and then work with us as we build health care reform that is worthy of the American people.

Mr. GEORGE MILLER of California. I yield 30 seconds to the gentleman from New Jersey (Mr. ANDREWS).

Mr. ANDREWS. Mr. Speaker, I wanted to explore one of the aspects of this repeal promise that's being kept.

Thus far, there are hundreds of thousands of seniors who have gotten \$250 rebate checks to help them pay for prescription drugs. I would ask anyone on the other side, what does the legislation say about whether or not the seniors will have to repay those checks to the government?

I would yield to anyone who can answer.

Mr. KLINE. I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1½ minutes to the gentleman from New Jersey (Mr. PAYNE).

Mr. PAYNE. Mr. Speaker, I rise in strong opposition to the Patients' Rights Repeal Act.

Proponents of this bill contend that the current health care law will destroy jobs, but CBO estimates of \$230 billion support the fact that it is the repeal being debated today, not the health care law, that would harm jobs

and drain funds from potential job-building appropriations.

Essentially what is being repealed are the protections afforded to taxpayers through the recently enacted health care legislation, the relief given to American taxpayers who were for so long paying the bills for uncompensated health care costs—which we never hear mentioned over there—and the progress our country made last year to come out of the dark ages as one of the only three developed countries in the world that do not provide universal health care.

Forty-eight hundred seniors in my district and over 1 million seniors in the country were relieved last year by the doughnut hole rebate. But repeal would reintroduce that stress. Nearly 44 percent of non-elderly constituents in New Jersey and 134 million Americans nationwide have preexisting conditions.

Repeal would reintroduce the hopelessness these Americans felt in the past as health coverage denied and stole their ability to access quality health care. Repeal would remove nearly 1.2 million young adults from their parents' health care plan—including my grandson who's 23 and is on his mother's plan—and remove their ability to take preventative measures now to avoid becoming a burden to the system.

I urge defeat of this bill.

Mr. KLINE. Mr. Speaker, before I yield to the gentleman from Pennsylvania, I'll take about 10 seconds to respond to my friend, the gentleman from New Jersey, about the \$250. It's not contemplated in the legislation, nor is it our understanding of the scoring that there is any intention of that \$250 being brought back from those seniors.

I yield 2 minutes to the gentleman from Pennsylvania (Mr. THOMPSON).

Mr. THOMPSON of Pennsylvania. Mr. Speaker, as a health care professional for almost 30 years, I actually sat down and read all 2,000 pages of the health care bill. And as I read through the measure, I became increasingly alarmed at the level of control over an individual's health that would be vested in the Federal Government.

I've spent my life working with those facing life-altering disabilities and diseases. And I've been quick to point out that while we have the best health system in the world, there must be improvements. That is why I am supporting the repeal of the Patient Protection and Affordable Care Act—and I believe there are plenty of reasons for my colleagues to join me.

The law mandates purchase of a government-defined insurance plan, a mandate that the President opposed on several occasions when running for office. As a result of failing to live up to this promise, the Justice Department is now attempting to defend the mandate on the grounds that it is a tax.

According to the nonpartisan Medicare Actuary, because of the law, na-

tional spending will increase by more than \$310 billion over the first 10 years. The law will not lower health care costs, despite numerous claims that we've heard.

According to a Congressional Budget Office analysis, health insurance premiums could rise by an average of \$2,100 per family. This increase comes despite promises of lower premiums.

□ 1150

Mr. Speaker, if this law remains in place, up to 35 million people could lose health care access. According to the former CBO Budget Director, the health care law, quote, "provides strong incentives for employers, with the agreement of their employees, to drop employer-sponsored health insurance for as many as 35 million Americans."

The National Taxpayer Advocate issued a report that suggests 40 million businesses will be impacted by the new IRS 1099 filing requirements. This will require vendors and small businesses to do paperwork on any transaction over \$600. In addition, the Taxpayer Advocate does not believe that this will result in improved tax compliance. This provision is so unrealistic that even the President's Small Business Administrator has called for its repeal.

Mr. Speaker, we must repeal and replace this law and continue together as the entire Congress, not just two parties, and move forward with common-sense ideas that will include better access, affordability, quality, and promote patient choice. I encourage my colleagues to join me and vote for repeal.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. I am going to cite two Republicans who give good reasons to oppose this legislation and keep health care reform. One of the new Republicans, when he didn't think he was going to get his insurance immediately, said, "What am I, not supposed to have health care? It's a practicality. I'm not going to become a burden for the State because I don't have health care, and God forbid I get into an accident and I can't afford the operation. That can happen to anyone." He succinctly summed up the reason why everyone should have the same opportunities as Members of Congress have to have health care.

But more importantly, in a more intentional way, one of the most revered doctors in the world, former Republican majority leader, Senator Bill Frist, said yesterday that he urged the Republicans to drop the charade and build on the legislation. He said if he would have been here, he would have voted for the bill. And it was important to consider the bill the "law of the land" and move on from there. "It is the platform, the fundamental platform, upon which all future efforts to make the system better for the patient and the family will be based." And that

is a fact. It has strong elements. I support Dr. Frist.

Mr. KLINE. Mr. Speaker, I yield 1 minute to a member of the committee, the gentleman from Pennsylvania (Mr. PLATTS).

Mr. PLATTS. Mr. Speaker, I appreciate the gentleman yielding.

I rise today in support of House Bill 2. This simple two-page bill seeks to repeal the new unconstitutional health care law that will create a massive new entitlement program, cost taxpayers more than \$2 trillion per decade, increase taxes, and impose job-destroying mandates on businesses, cut Medicare by hundreds of billions of dollars, and further increase health care premiums for individuals by more than 10 percent.

The goal is not only to repeal the new health care law, but also to replace it with real reforms, debated openly through the ordinary legislative process, that are truly about reducing health care costs—reforms such as allowing small businesses and individuals to join together in national group plans to cut premium costs; allowing individuals to purchase health insurance across State lines, thereby increasing competition for their businesses; and enacting medical malpractice liability reform legislation.

I will continue to push for common-sense reforms that are focused on truly reducing health care costs for all Americans. I urge my colleagues to support H.R. 2.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Michigan (Mr. PETERS).

Mr. PETERS. Mr. Speaker, with unemployment in Michigan at over 12 percent, I am not going to support a bill that raises taxes on small businesses. Let us be clear. Voting for the Patients' Rights Repeal Act will eliminate the Small Business Health Care Tax Credit. Small businesses have faced outrageous increases in their health care costs over the past decade. This tax credit helps reduce that burden and is already making a real difference.

The L.A. Times reported that small businesses are signing up for health care coverage for their employees, despite the bad economy, since the tax credit took effect. Among firms with three to nine employees, there has been a 46 percent increase in the number offering health benefits. But this bill would put a stop to that.

The Detroit News reported that last week more than 126,000 small businesses in Michigan would lose the tax credit under this bill. The last thing that small businesses in Michigan and across the country need right now is higher taxes. But that's exactly what this bill would deliver.

Mr. Speaker, I urge my colleagues to vote "no" and join me in standing up for our small businesses.

Mr. KLINE. Mr. Speaker, I yield 1 minute to a new member of the committee, the gentleman from Pennsylvania (Mr. BARLETTA).

Mr. BARLETTA. I thank the chairman for yielding.

Mr. Speaker, I rise today in support of repealing the health care law. I believe everyone should have access to affordable, quality health care. However, the law passed last year does the contrary. It makes health care less affordable; it diminishes the quality of care; it forces seniors out of their Medicare drug coverage, and it prevents small businesses from getting Americans back to work.

In my district, we have the highest number of seniors in Pennsylvania, and the \$206 billion in cuts in Medicare Advantage will cause 7.5 million seniors to lose their retiree drug coverage by 2016. Small businesses face a \$2,000 fine per employee if their plans do not meet a bureaucrat-approved standard.

At a time when the unemployment level in my district is over 9 percent, Congress must not discourage job creation by placing mandates and levying penalties on those who will get us back on track towards a more prosperous Nation.

I urge my colleagues to vote "yes" on H.R. 2.

Mr. GEORGE MILLER of California. I yield 1½ minutes to the gentleman from Oregon (Mr. WU).

Mr. WU. Mr. Speaker, while America desperately wants more and better jobs, Washington Republicans want to waste time today debating a health care repeal charade. But let's look at what health care reform repeal would actually do.

In my congressional district alone, repealing this law would allow insurance companies to deny coverage for up to 360,000 individuals with preexisting conditions, including up to 45,000 children. Let's mend this act, don't end it.

A repeal would eliminate health care tax credits for up to 19,000 small businesses and 164,000 families. Mend it, don't end it.

A repeal would eliminate new health care coverage options for 3,100 uninsured young adults. It is time to mend it and not to end it.

In 50 years, Mr. Speaker, health care reform will stand beside Social Security, the GI bill, and Medicare as a pillar of American health care and humane values. The people of that time will not understand why it was hard to pass in the first place or why we are spending time today rehashing old business. It's time to fix health care reform's remaining deficits and to mend it, not to end it.

Mr. GEORGE MILLER of California. Mr. Speaker, may I inquire of the time remaining?

The SPEAKER pro tempore. The gentleman from California has 8½ minutes; the gentleman from Minnesota has 15 minutes.

Mr. KLINE. Mr. Speaker, I yield 1 minute to another new member of the committee, the gentleman from Pennsylvania (Mr. KELLY).

Mr. KELLY. I thank the gentleman for yielding time.

Mr. Speaker, last week Federal Reserve Chairman Ben Bernanke said that the economy cannot begin to recover until small businesses prosper. Well, the overreaching and burdensome requirements of ObamaCare will hurt small businesses. And their benefits are not even certain. Small companies, which account for over half of the private sector economy, are more likely to struggle than survive under this law.

If I had followed the plan prescribed for my dealership after the government takeover of General Motors, I would have lost the business that my father started 57 years ago. We need to address the years of hard work and the spirit of entrepreneurship that will be destroyed under this law.

Small employers have limited autonomy under ObamaCare. The Federal Government is dictating what benefits they must offer and then punishing them for expanding their operations or paying their people more.

The choices for small business under ObamaCare are: provide government-mandated health care and face ruinous costs, or drop the coverage and pay fines just to keep those folks employed.

If we burden small businesses with the requirements set forth in this law, we hamper the recovery of the U.S. economy and damage the spirit of free enterprise that has made America great for over two centuries. ObamaCare should be replaced with a smaller, more commonsense program.

Mr. KLINE. Mr. Speaker, in an effort to balance the time here—we have an embarrassment of riches in numbers of speakers; that's what happened in November—I yield 1 minute to a member of the committee, the gentlelady from Illinois (Mrs. BIGGERT).

□ 1200

Mrs. BIGGERT. I thank the gentleman for yielding.

Mr. Speaker, I rise today to voice my support for H.R. 2, repealing last year's misguided health care law.

Whether it's dropped coverage, higher costs or lost jobs, the unintended consequences of the administration's plan have piled up. I don't think the law is salvageable. We must craft a bipartisan replacement that actually lowers costs and expands access to care without raising taxes and slashing Medicare.

Americans want consensus-minded reforms to expand coverage for preexisting conditions and prevent insurers from imposing unfair caps or canceling policies. They want reforms that provide more choice over how to spend their health care dollars, like purchasing health insurance across State lines and expanded health savings accounts. And they want commonsense legislation to curb junk lawsuits and to stop the costly practice of defensive medicine.

I urge my colleagues to join me in fulfilling the wishes of voters and repealing ObamaCare. Then we can work

together on reforms that deliver the high-quality, low-cost care the American people deserve.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the chairman of the Financial Services Committee, the gentleman from Alabama (Mr. BACHUS).

Mr. BACHUS. Mr. Speaker, the first rule of the physician is "do no harm." The government takeover of health care does a lot of harm, and the damage will get worse.

Just on pure economics, it's a bitter pill. Small businesses are bracing for tax increases and higher costs. They are dropping coverage; they are holding off on new hires. The Federal Government is taking on a new open-ended entitlement it can't afford, and that at a time of historically high deficits, annual deficits and a national debt. Washington yet again is building a new bureaucracy to tell people what to do.

The Federal Government has no business making private medical decisions that ought to be between you and the doctor. It violates the principles on which this country was established, American exceptionalism. America is not Europe. Our system is based on the individual, on choice, on freedom, on individual initiative and competition.

The mandate that asks individuals to buy health insurance is an intrusion on our personal liberty and a violation of our constitutional principles.

Allowing taxpayer money to pay for abortions is reprehensible and cannot be allowed to stand.

We can address the issues in our health care system without the government running everything and spending uncontrollably. We heard what the American people said last November and in our town halls. To get health care right, we have to start by repealing a misguided law that is bad policy and bad medicine.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from California (Mr. MCNERNEY).

Mr. MCNERNEY. Mr. Speaker, I rise today in support of the health care law and in opposition to its repeal. The health care reform, which was signed into law last year, is clearly not perfect and could be improved. However, the law as enacted will have significant benefits to millions of American citizens, to businesses, to local governments, and to the country as a whole.

The benefits to individuals in need of health care with preexisting conditions, the seniors, the young adults under 26 years of age, and many other groups are well known and will be missed if the law is repealed.

But most significantly, the law will drive down the cost of health care by encouraging and incentivizing quality care and good outcomes in health care treatments instead of encouraging potentially unnecessary procedures. It rewards quality rather than quantity of health care. This will ultimately reduce the cost, both public and private, of health care in this country.

Because of these reasons, I strongly oppose repeal of health care reform.



Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from California (Mr. ROYCE).

Mr. ROYCE. Mr. Speaker, the claim that this new health care law will somehow cut our budget deficit is proof that logic does not always prevail here in Washington, DC.

This is a \$2 trillion additional entitlement; and just like past entitlement programs, this one will be far more costly than projected.

As a result, our budget deficit is going to increase unless we repeal this. It's going to increase our dependence on China and Japan to finance our debt.

The credit-rating agencies say we are on the verge of losing our AAA credit rating and this debt contagion, you all see it, is continuing to spread across Europe. Let us take this important step. Repeal this \$2 trillion fiscal train wreck and begin work on market-based solutions that will actually lower health care costs.

This will give us some hope in the future of bringing that budget into balance and not hitting that fiscal train wreck.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to a new Member of this body, the gentleman from Wisconsin (Mr. DUFFY).

Mr. DUFFY. Mr. Speaker, Americans have wanted health care reform for some time now, but they don't want what passed last spring.

This is a 2,000-page bill that gives us more mandates and more regulation. It doesn't accomplish the goal of reducing cost and increasing access; and it puts our health care decisions in the hands of bureaucrats, not in the hands of patients and family members where it belongs.

There is a better way. With today's repeal, this is the first step. Tomorrow we begin the process of replacement with commonsense market-based solutions that are going to bring costs down, solutions like competition across State lines, portability, price transparency, tax parity, and allowing folks who have preexisting conditions to obtain coverage.

I look forward, starting tomorrow, to working with not only my friends here on the right but also my colleagues here on the left to craft a bill that's going to work for the American people.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Washington (Mr. LARSEN).

Mr. LARSEN of Washington. Mr. Speaker, I rise today to speak in opposition to this patients' rights repeal and deficit explosion act.

The bill before us today, according to the nonpartisan CBO, is going to add \$230 billion to our national debt. We should not stand for that. The bill before us today is going to repeal efforts that we put in place to be sure that young adults can get on to their parents' insurance plans. If we repeal this, it is going to knock 20,000 young adults in Washington State alone off their parents' plans.

If we repeal this bill today, it's going to take away help for 45,000 seniors in Washington State who are relying on the efforts that we have done over the last couple of years to be sure that we are closing the Medicare doughnut hole. Repeal of the health care reform law is going to put those folks back into the doughnut hole.

Finally, we ought to oppose repeal of this bill because of the simple fact that there is a young woman in my district who has severe mental health illness and her family was able to take her onto their health care plan because of the provisions we have put in there about preexisting conditions. That family is now saving \$10,000 a year out of pocket.

I am asking folks to oppose the repeal of this bill.

Mr. KLINE. Mr. Speaker, could I inquire again as to the time remaining on each side, please.

The SPEAKER pro tempore (Mr. LUCAS). The gentleman from Minnesota has 10 minutes remaining, and the gentleman from California has 6½ minutes remaining.

Mr. KLINE. Mr. Speaker, then at this time I am pleased to yield 1 minute to the gentleman from Missouri (Mr. LONG).

Mr. LONG. Mr. Speaker, I rise in support of H.R. 2. In this country, we have the finest doctors, the finest nurses, the finest protocols, the finest facilities in the world. That's not a government-run system.

I swore to uphold the Constitution 2 weeks ago today in this, the people's House.

The people have spoken, and they don't want Washington bureaucrats coming between them and their doctors. They would like to make their own decisions.

You can't make a silk purse out of a sow's ear, but that's exactly what the majority tried to do last year by using 10 years of taxes to pay for a 6-year program, increasing spending by \$2.6 trillion. Now, that's not what I would call affordable when it's one-sixth of this Nation's economy.

When I think of the 2,000-page bill, I think of a big block of cheese out there, pretty tempting looking. Well, the Americans I hear from, they don't want that cheese. They want out of the trap of government-run health care.

□ 1210

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Virginia (Mr. MORAN).

Mr. MORAN. I appreciate the leadership of the gentleman from California.

So we have several dozen new Republican Members of this House, and as a result, the first thing we are going to do is to attempt to repeal health care.

Let me review what has happened. These new Members came into office, and they were all given the opportunity to sign up for health insurance coverage for their own families; and unless they had better coverage, most

of them took that opportunity. But now in the very first legislative act of this new Congress, they are going to deny that opportunity for coverage for their own constituents.

So their children are covered—their spouses are covered—but what about the children of their constituents? What about their loved ones? What about their businesses? They have full employment now. But what about their constituents whose employers will not be able to provide coverage for their own constituents when they repeal this law? This law was modeled after the plan that Members of Congress have now and that our new colleagues were only too happy to sign up for.

I think this is the height of hypocrisy. Do unto others as you would do unto yourselves. Treat your constituents as you have treated yourselves.

Thank you, Mr. Chairman.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Illinois (Mr. DOLD).

Mr. DOLD. Mr. Speaker, today I rise in support of H.R. 2. And what we've heard today on both sides of the aisle is how this is going to affect small business. Well, I run a small business. That's where I came from. And let me tell you that this is going to have a devastating impact on small business.

What this law did is it addressed access to insurance. It does not address cost or quality. These are the things that we need to address. My health insurance rates for the people that I work with each and every day last year went up 44 percent—44 percent.

There is no question that we need reform. We need a healthy debate. We need openness in this body to actually discuss what needs to be going forward in health care. What we had last year was anything but. There was no bipartisanship in what happened last year. The only bipartisanship in last year's bill was the opposition to it.

I welcome the opportunity to reach across the aisle to Members on the other side, to work with them to craft a bill, one that will talk about malpractice reform, one where the government will not come in between a decision that you make with your physician.

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

Mr. KLINE. I yield the gentleman an additional 15 seconds.

Mr. DOLD. We have an opportunity here, an opportunity for real reform. We want that. We need that. The American people have demanded it. From American businesses and people all across the United States, they demand it.

And from the other side who said we came in and had health care reform, I did not take the congressional plan. We know we can do better, and I ask my colleagues on the other side to support H.R. 2.

Mr. GEORGE MILLER of California. Mr. Speaker, we have two remaining speakers.

Mr. KLINE. We're in that time of trying to balance here.

At this time, I will yield 1 minute to the gentlelady from Florida (Mrs. ADAMS).

Mrs. ADAMS. Mr. Speaker, I rise today in support of repealing the government takeover of health care and replacing it with commonsense reforms that will reduce the costs and increase the access to quality, affordable health care for especially my constituents in Florida.

The American people have soundly—soundly—rejected the Democrats' flawed government takeover of health care, and it is time to show them that their voices have been heard.

The existing health care law moves this country in the wrong direction by raising taxes, cutting Medicare, restricting private-sector job creation, and putting power into the hands of Washington bureaucrats rather than into the hands of individuals themselves. Individuals want to make their own health care decisions. They don't want government making them for them.

Repealing the current health care law is the first step towards keeping our pledge to the American people that we are serious about cutting spending, creating jobs, and limiting—limiting—the government's role in our everyday lives.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Florida (Mr. SOUTHERLAND).

(Mr. SOUTHERLAND asked and was given permission to revise and extend his remarks.)

Mr. SOUTHERLAND. I thank the gentleman from Minnesota for yielding me this time.

I rise in support of this legislation. As a third-generation small business owner following the footsteps of my father and my grandfather, I understand how crushing the tax burden is going to be upon small business.

The NFIB estimates that 1.6 million jobs will be lost by 2014 due to this insurance mandate; 66 percent of those job losses will occur in small business. James Edens, the owner of Edens Heating and Air in Tallahassee, stated to me that he will not hire, he cannot hire additional staff, due to the uncertainty.

Repealing this legislation will provide much-needed certainty to small businesses around this country, allowing them to hire and invest in their employees.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from New Jersey (Mr. RUNYAN).

Mr. RUNYAN. Mr. Speaker, I rise in support of H.R. 2 to repeal the 2010 health care legislation. The law that we seek to repeal today is not the best way to provide cost-effective, quality health care for all Americans.

I support enacting incremental reforms such as enabling individuals to purchase coverage across State lines,

allowing small businesses to pool together to purchase more affordable coverage, and prohibiting insurance companies from denying coverage to those with preexisting conditions.

I urge my colleagues to support H.R. 2. Let's work together on reforms that truly reduce costs and provide quality health care.

Mr. GEORGE MILLER of California. May I inquire of the Chair how much time is remaining?

The SPEAKER pro tempore. The gentleman from Minnesota has 5 minutes remaining; the gentleman from California has 5½ minutes remaining.

Mr. GEORGE MILLER of California. I yield 3 minutes to the gentleman from New Jersey (Mr. ANDREWS).

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. So in the hours that we've spent thus far during this debate, we could have been debating ways to help small businesses and entrepreneurs create jobs for the American people, but we did not. Instead, we have gotten the slogan, "job-killing health care bill." The slogan is very much at odds with the facts.

The fact is that since the health care bill was signed by the President, the private sector has generated 1.1 million new jobs. The fact is that the chief economist for Barclays says he believes that the economy is on track to add many, many jobs this year, probably 200,000 or so per month is his projection.

We've heard about protecting the children and grandchildren of the country against mounting debt. For years, there has been an understanding here that the referee in budget disputes has been the Congressional Budget Office, through Republican and Democratic majorities. Republican, Democratic, and Independents, they are the referee who decides what the rules are. So the Congressional Budget Office was asked by Speaker BOEHNER to score this repeal, and they came back and said, Well, Mr. Speaker, this is going to add over \$1 trillion to the national debt over the next 20 years. The majority didn't like what they said, so they just chose to ignore it and make up the rules as they go along.

But what they haven't done as they've gone along is still answer the fundamental question we started with this morning. When a mother of two 4-year-old twins goes to buy health insurance and the health insurer says, "I'm sorry, we won't insure your family because your 4-year-olds have leukemia," should that be legal or not? That's the question.

The law the President signed in March says it should be illegal. This repeal says, let's go back to the good old days where the insurance companies made that decision.

We are not going back. We should go forward as a country to create jobs for our people and end the charade we've seen on the House floor here this morning.

Mr. KLINE. Mr. Speaker, I had two more speakers en route. They are not here. So I plan to close, and I will reserve the balance of my time.

Mr. GEORGE MILLER of California. I thank the gentleman.

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

I want to thank all of our colleagues who participated in this debate today. I think it has shown some fundamental disagreements and some fundamental differences.

First of all, there is the strong suggestion here from an NFIB study that was done before this law was ever written, that has nothing to do with this law, saying you might lose jobs. But what do we see since the law has passed? We see that for employers of under 10 employees, health care coverage has risen by 10 percent because we've made it less expensive for small businesses to offer that health insurance.

□ 1220

That is not a self-interested study. What you see from United Health Care, the largest health insurer in the country, 75,000 new customers to their health plans from employees of small businesses because the small businesses find it affordable to extend health insurance as a benefit of working for that small business.

Blue Cross/Blue Shield of Kansas City says the number of small businesses buying insurance since April, the first month after the legislation was signed, has jumped 58 percent.

Small business employers are for the first time able to extend affordable insurance to their employees, and that is why the job creation that Mr. ANDREWS referred to of a million jobs since the passage of this bill has continued and expected to continue. That is why it is different than the history prior to the Obama administration where over 8 years almost 800,000 jobs were lost during those years of the Bush administration.

But there is something more important in this legislation, and that is whether or not families will have the control of their health insurance destiny, whether they will have the freedom to make these choices. Many on the other side of the aisle said this is a bureaucratic system. Has anybody, any family in America, any single mother, any spouse, any child, any grandparent, met a more bureaucratic system than the American health insurance system? There is no more bureaucratic system.

When you send in your premium, they tell you you sent it to the wrong place. When you send in your bill, you sent it to the wrong person. When you send it to the right person, they say that person has left their job. When you say, I went to the doctor, they say you should've called us first. When you say, I had emergency surgery, they say, you should've called us first; we're not covering it.

You want to talk about bureaucracy, ladies and gentlemen, and that is why this legislation is growing in popularity, because small businesses see, senior citizens see, parents with children under 26, they see a chance to liberate themselves from the most arbitrary, the most capricious system in our entire free economy, and that is the insurance companies. Everybody has been run around the block by their insurance company. It is something that they all share.

It is almost the same problems they share with their cable company, not quite. That is not as dramatic as here because this is life and death. This is the security of your family. This is whether or not you can change jobs. This is whether or not your children will be protected. This is whether or not your parents will be able to afford their prescription drugs, because that is what this legislation enables and gives the freedom to American families to have.

Repeal, we go back into the clutches, the clutches of these bureaucrats spread across the world. In the insurance company, you call for help and you reach somebody in another country, in another time zone with no understanding of the emergency that your family, your child, your parent, your grandparent faces. Nobody wants to go back there, ladies and gentlemen. Nobody. They have been there for 50 years, and health care costs have gone up faster than any other segment in our economy. Faster than anything you can imagine. Faster than a speeding rocket, faster than a speeding airplane. Faster than Superman, health care costs have gone up because of insurance bureaucracies.

Mr. KLINE. Mr. Speaker, in closing, I actually don't know anybody who is supporting the red tape of the insurance company. What I find interesting is that we think it is a better solution to add thousands of pages of new government regulations and thousands of new government bureaucrats on top of that system and think somehow it is going to be better.

Let me address a couple of things that have come up in this debate and some things that we discussed in the past. One of them is the cost of this bill. Other committees have talked about it and will again.

There have been claims today that repeal will cost the taxpayers variously \$230 billion or a trillion dollars based on what the CBO has said. We find that incredible that repealing this job-killing legislation is actually going to cost us money. So the question comes why are these things different.

It turns out there is a wonderful piece in The Wall Street Journal today that addresses that specifically. I will just quote it. It says: How then does the Affordable Care Act magically convert a trillion dollars in new spending into painless deficit reduction? It is all about budget gimmicks, deceptive accounting and implausible assumptions

used to create the false impression of fiscal discipline.

We heard some words today addressing that fact. Some of our physicians pointed out that in order to get the numbers to add up, you have to assume that we are going to continue to punish physicians who are providing Medicare services. And there is nobody in this body who believes we are actually going to do that. Nor did they believe that we were going to do it when that sort of gimmicky accounting was used to justify the cost in the first place.

We have heard discussions about how this is a very good deal for businesses large and small; and yet if you look at associations, organizations that represent businesses across America, they are saying today, not just 6 months ago or a year ago, but saying today that they support repeal of this job-killing legislation. And a short list, just some of them are the National Federation of Independent Businesses, the National Retail Federation, the National Restaurant Association, the U.S. Chamber of Commerce, the International Franchise Association, the America Bankers Association, American Hotel and Lodging Association, the National Stove and Gravel Association, and on and on. Businesses do not like this government takeover of health care, and they support repeal. This is not a good deal for businesses.

My colleagues on the other side of the aisle chose to focus their remarks on a handful of provisions included in the law that are more attractive than tax hikes, penalties imposed on employers, and higher health care costs. And no one is disputing that such provisions exist, but it is wrong to suggest that the only way to reform health care is to bankrupt our Nation with this albatross.

I believe we can improve health care without orchestrating a government takeover. That is why I look forward to casting my vote to repeal this law so we can move forward to carry out the wishes of our constituents. Repeal is the first step toward the right kind of reform.

Mr. Speaker, I yield back the balance of my time, and I ask unanimous consent that any minute or two that I have left be granted to the chairman of the Energy and Commerce Committee during that portion of the debate.

The SPEAKER pro tempore. Without objection, the gentleman from Michigan will control the time.

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings is in violation of the rules of the House.

Mr. UPTON. Mr. Speaker, if I may just ask how much extra time I might have been given by the gentleman from Minnesota.

The SPEAKER pro tempore. The gentleman has 1½ additional minutes.

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

Mr. Speaker, today we take a step toward compassionate, innovative, and job-creating health care. It is ironic we must end something to realize a new beginning, but that is exactly what ObamaCare has compelled us to do; and that is precisely what we will do today.

It's time to be honest with the American people. Remember the Hippocratic oath? First, do no harm.

ObamaCare produces the opposite of growth, compassion, and innovation in health care. It destroys jobs, busts budgets, creates an unsustainable set of mandates on individuals, employers, and States. It will stifle innovation and the development of life-saving medicines. It will make health care more expensive, not more affordable.

Mr. Speaker, that is not compassionate. That won't produce innovation, and that's why repeal is the first step toward a better beginning. What is compassionate about forcing employers to provide insurance that they cannot afford to employees who will lose their jobs due to ObamaCare? What is compassionate about creating a rigid new entitlement that States are commanded to fund with money that they simply do not have? What is compassionate about cutting over \$200 billion from the Medicare Advantage program, leaving seniors with fewer services, higher co-pays, and more out-of-pocket expenses? What is compassionate about shackling more Americans with greater government dependence?

ObamaCare was created—erected—on a foundation of false promises: if you like your health insurance, you can keep it; health care premiums will go down; employers will not drop coverage; seniors won't see any changes in their Medicare benefits.

Today we know that those were only slogans—sound bites in a cynical sales pitch—and certainly not promises kept. Yes, today repeal will pass in the House. We will then embark on reform that I believe can be supported by both Republicans and Democrats.

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

Mr. UPTON. I yield myself an additional 1 minute.

Ensuring those with preexisting conditions have access to affordable coverage, we'll do that. Allowing families to include their children up to 26, we'll do that. Medical liability reform to reduce the unneeded cost of defensive medicine, we'll do that. Provide incentives for employers rather than penalties and mandates that will cost jobs and depress wages, we will provide those incentives. Yes, we will.

□ 1230

Those are just some of the principles that I believe we can agree on with both sides of the aisle.

So first is repeal; then replace. I'm ready for the challenge to put real health reform back together that is bipartisan rather than partisan and

achieves the goal of lower health care costs for every American family.

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

Mr. WAXMAN. Mr. Speaker, I yield myself 3 minutes.

I strongly oppose this effort to repeal the health care bill. Millions of Americans are already benefiting from this legislation: insurers have stopped discriminating against sick children; seniors are saving money on prescription drugs; and small businesses are receiving billions of dollars in tax credits to provide health care coverage. Repeal will roll back these benefits.

The repeal bill reminds me of the story of Robin Hood, but in reverse. Repeal will take essential health benefits from millions of struggling American families and give new powers and profits to the insurance companies. If we repeal health reform, there will be no prohibition on discrimination against over 100 million Americans with preexisting conditions; no prohibition on insurance companies canceling your coverage when you get sick; no prohibition on lifetime caps and annual limits; no required coverage for young adults on their parents' policies; no assistance to seniors struggling to afford the cost of drugs in the doughnut hole; no free annual checkups and preventive care in Medicare; no tax credits for families and small businesses to pay for health insurance.

These changes will affect every congressional district in the country. My staff has been analyzing what the impacts of repeal will be in each district. These are now available on our Web site. They tell a compelling story.

We have a new Member on our committee from West Virginia. In his district, repeal will mean increasing prescription drug costs for 12,000 seniors and taking new preventive care benefits from over 100,000 Medicare beneficiaries.

We have another new Member on our committee from New Hampshire. In his district, repeal will mean eliminating tax credits for nearly 17,000 small businesses. In my own district, repeal would mean over 50,000 constituents would lose protections against rescissions. And these aren't just statistics. Behind every number is a real person with real problems, like diabetes or breast cancer or a child with special needs.

Repeal is a boon for the insurance companies but an enormous setback for American families. If we pass this bill, the insurance companies can raise their rates, discriminate against millions of Americans with preexisting conditions, and cut off coverage when someone becomes sick.

There are many reasons to oppose repeal. The health reform bill is creating thousands of new jobs. It will cut the deficit by curbing the growth of health care costs, saving taxpayers over a trillion dollars.

This is why I urge Members to vote "no" on this legislation. If there's a

change the Republicans want to make, let them propose it. But don't throw it all out the window and say they're going to do all these things we've already done.

I urge Members to oppose this legislation.

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

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the chairman emeritus of the Energy and Commerce Committee, JOE BARTON, whose State could lose perhaps 64 hospitals that would close with the continuing of ObamaCare.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. I thank the gentleman and look forward to working with him as the chairman of the committee.

Mr. Speaker, before I begin to discuss health care, I would like to say that our prayers continue to go out to Congresswoman GIFFORDS in Arizona. We are very gratified to learn of her continuing progress. We hope that some time in this Congress she does come back to the House floor and give her voice to the voice for her constituency. We all miss her and we wish her the very best.

Mr. Speaker, we are here today because the existing law of the land on health care is fatally flawed. Most of us think it is unconstitutional. We think it is overreaching. We think the Federal Government is intervening more and more into the daily practice of health care between the doctor-patient relationship. And we think it needs to be repealed before it does irreparable harm to our health care system, which is the best in the world.

We think that on basic principles it's unconstitutional. We believe that you shouldn't have the Federal Government mandate that an individual has to have health insurance, whether he or she wants it. That particular constitutional question is wending its way through the courts and we hope soon to have an answer to that question.

We want to repeal today so that we can begin to replace tomorrow. We want to deliver on our Pledge to America that we meant it when we said if the American voters gave us the majority, we would repeal this existing law, and that is step one. But step two is to replace it. I see that my good friend from California, Congresswoman ESHOO, is on the floor. She and I have an amendment in the new law on biosimilars that passed with a huge bipartisan majority, and we hope that that's one of the things that will be kept. We do believe that we should be able to do something on preexisting conditions. We do believe that children should be allowed to stay on their parents' plans until the age of 26. So there are some things in the new law that we think are worth keeping. But until you sweep away the bad things, we cannot begin to work on the good things.

So, Mr. Speaker, with all due respect, we hope that we can repeal it on a bi-

partisan basis in the House and, under the leadership of Mr. UPTON and Mr. CAMP and others, begin to replace it tomorrow.

Please vote to repeal this law today.

Mr. WAXMAN. Mr. Speaker, I yield the control of the balance of the time of the Energy and Commerce Committee to the distinguished gentleman from New Jersey who chaired the Health Subcommittee in the last Congress and who has done a great deal to advance this legislation, Mr. FRANK PALLONE.

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey will control the balance of the time.

There was no objection.

Mr. PALLONE. At this time, Mr. Speaker, I would like to yield 2 minutes to the dean of the House of Representatives and the House sponsor of the health reform legislation, the gentleman from Michigan (Mr. DINGELL).

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. I thank my good friend.

Well, so much for openness and transparency. We're going to do all this without any hearings, without knowing what's going on. But I'm going to tell you a little bit on my Republican side of the aisle here about what this is really going to do:

Insurance companies will be able to deny 292,000 individuals in my district, including 33,000 children, an opportunity to have health insurance, and this will be because of preexisting conditions. They're going to increase the number of uninsured in my district, the 15th of Michigan, by 20,000. They will increase the costs to hospitals of providing uncompensated care in the 15th District alone by \$182 million. They're going to cost each American \$1,000 more because the uninsured are going to go in and get health care anyhow.

I want to tell you what is going to happen with one young lady who has a terrible condition called endometriosis. She is going to receive now health insurance through the legislation passed because that insurance will flow to her until she is 26 on her father's insurance. But you're going to take that away from her. And you're going to see to it that the doughnut hole doesn't close because of the fact that you are saying no longer is this law going to be in effect.

We want to see to it that the American people benefit from this. The repeal that you're talking about today will see to it that they do not. What's it going to do to the deficit? Add \$1.4 trillion to the deficit. It's going to do more than that. It's going to add \$230 billion to the annual deficit. And it's going to see to it that Americans can no longer be assured that they are going to not have their health insurance canceled because of a sickness which occurs to them. It is going to

hurt small business because it's going to take billions in tax benefits away from small business who would do this.

I urge the House to vote down this outrageous piece of legislation.

□ 1240

Mr. UPTON. Mr. Speaker, I yield 1 minute to the chairman of the Oversight and Investigations Subcommittee, the gentleman from Florida, Mr. CLIFF STEARNS.

(Mr. STEARNS asked and was given permission to revise and extend his remarks.)

Mr. STEARNS. Mr. Speaker, let me give you some important reasons why we need to repeal this law.

Yes, you will create jobs—but in an ever-expanding Federal bureaucracy. The Joint Economic Committee reported this bill creates over 150 new Federal offices. With that, of course, small businesses must comply, are mandated to comply, with all the new and many regulations.

Now, if this bill is so good, why is the Obama administration giving a pass to over 220 organizations and corporations that have received exemptions from this law, including many, many unions?

With the proposed \$500 billion cut in Medicare and the increase in taxes that is already occurring, this law is simply not credible. With record unemployment, this law will hurt small businesses and prevent job creation, adding burdensome taxes, and it will not increase growth in this country.

Republicans will replace this bill with a health care law based upon choice, competition, and the traditional American exceptional value system, which is compassion—but compassion with accountability. We need to repeal this law.

Mr. PALLONE. I yield myself 2 minutes.

Mr. Speaker, I wanted to thank my colleague from Florida, who just spoke, for saying and admitting that health care reform does create jobs, because, if you listen to the Republicans, they have been saying over and over again that that's not the case. But he finally said, yes, it does create jobs.

That's what we really should be doing here. We should be creating jobs and improving the economy, not talking about repealing health care reform, which already is providing so many benefits to many Americans.

Yesterday, I saw a statement from our former Republican majority leader, Senator Frist from Tennessee, who said that we shouldn't do the repeal. He recognized the fact that this legislation, this health care reform, is actually making a difference in people's lives and that we should build upon it, as Senator Frist said, a Republican, rather than just trying to do an outright repeal, which is a complete waste of time.

Now what I am hearing from my constituents is that they like the benefits that are already coming out from

health care reform, whether it is eliminating all the discriminatory practices, like lifetime caps or preexisting conditions or annual caps, or being able to put your children up to age 26 on your policies. These benefits have already kicked in, and Americans actually like the benefits. They understand why they are helpful to them.

The only group I can think of that actually would benefit from repeal is the big insurance companies. Unfortunately, that is the bidding, if you will, that the Republicans are doing, the other side of the aisle. The insurance companies want to continue to increase premiums by more than double digits. They don't want to cut into their profits.

One of the things that kicked in on January 1 is a provision that says that 80 percent of your premiums have to actually go to provide benefits. They can't go to the shareholders or to the profits of the insurance companies. The insurance companies are the only ones that benefit from repeal because they can raise premiums, they can have discriminatory practices, and they can just increase their profits.

I will use an example. I think the gentlewoman from New York (Ms. SLAUGHTER) used this example before about someone who has breast cancer.

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

Mr. PALLONE. Mr. Speaker, I yield myself an additional 15 seconds.

Now, because of the policies of the health insurance reform, if people have breast cancer and there are recurrences, they will not experience lifetime caps or annual caps. They will be able to go back and have chemotherapy or whatever is necessary.

Those are the types of benefits that have kicked in, and they should continue. We should oppose repeal.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Kentucky (Mr. WHITFIELD), I yield 30 seconds to the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. I thank my colleague.

Mr. Speaker, perhaps the gentleman from New Jersey didn't listen to me when I just spoke.

It's creating 150 new government agencies, and these are all government jobs. So, if you're talking about increasing jobs, they're government jobs.

It also includes \$500 billion in taxes, burdensome 1099 paperwork requirements, according to a study by the Nation's largest small business association, the NFIB. I would like you to talk about that 1099.

These employer mandates that are in the health care bill are terrible, and it is estimated they will wipe out 1.6 million jobs over just 5 years.

So I caution the gentleman from New Jersey to listen carefully to my speech.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Mr. Speaker, I am delighted we have the opportunity

today to revisit the health care bill that was passed last year.

I am delighted because, first of all, when it came to the floor last year, this bill affected every aspect of health care in America, and we did not have the opportunity to offer one amendment on the floor. In addition to that, this bill takes \$500 billion out of Medicare, which means less money to nursing homes, hospitals, and Medicare beneficiaries. Then the claim that this would reduce the deficit by \$138 billion was calculated by including 10 years of tax revenues under this bill but only 6 years of expenditures.

How can you claim that we are supporting insurance companies by repealing this bill when the insurance companies supported the bill, and they supported the bill because it mandates that small businesses and individuals buy health insurance?

So I would urge the repeal of this legislation, and then we can fix health care the way it should be fixed.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY. I thank the gentleman.

Mr. Speaker, this Republican bill is the wrong prescription for our country. It isn't just a repeal; it's a bad deal.

It's a bad deal for small businesses and middle class families, who would lose tax credits included in the new law to help them pay for health insurance.

It's a bad deal for grandma, who will face higher costs for the life-saving medications she needs. It's a bad deal for pregnant women, who could be denied coverage when they need it the most.

Lydia Swan, my constituent, shared her story with me during the health care debate last year. Lydia was pregnant when her husband switched jobs. Her new insurance company said her pregnancy was a preexisting condition, and they wouldn't pay any expenses. So Lydia was insured, but she wasn't covered.

That is wrong. It is just plain wrong.

Mr. Speaker, a newborn child should be a pleasure and not a preexisting condition. New parents expect some sleepless nights. They don't expect their insurance company to deny coverage for the pregnancy. New parents should worry about the baby and not about the medical bills.

The new health care law closes the book on these kinds of insurance company abuses. Let us not today reopen it once again. Say "no" to this Republican bad deal that takes away patients' rights and freedoms, and say "yes" to a health care system that protects American families.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Illinois (Mr. SHIMKUS), I yield 30 seconds to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman for yielding.

Mr. Speaker, the gentleman from Massachusetts must not be familiar

with a waiver under the Medicaid program called Katie Beckett—the poster that he showed us of the young child with preexisting conditions. This program Katie Beckett still exists. There is a waiver. There is opportunity for children with preexisting conditions to get coverage.

The Democrats are also disingenuous when they claim credit for immediately covering children with preexisting conditions. ObamaCare got it wrong. They did not guarantee that children would have their preexisting conditions covered. It is ironic that this legislation was actually drafted incorrectly.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. SHIMKUS).

(Mr. SHIMKUS asked and was given permission to revise and extend his remarks.)

Mr. SHIMKUS. Mr. Speaker, my friends on the Democrat side are supporting this bill based on 10 pages of the legislation: immediate access to insurance for the uninsured, an extension of dependent coverage, no lifetime or annual caps. Ten pages. This health care law was 2,990 pages. This is only volume 1.

What do you find when you go through the entire bill? This is what they are defending their bill on? This is only volume 1 of 4. And what's in here?—a \$500 billion cut to Medicare, a \$500 billion cut to Medicare for our seniors.

□ 1250

What else is in here? Five hundred billion dollars of tax increases. What else is in here? Six years of benefits for 10 years of cost. What else is in here? A new entitlement program.

Our Nation is broke. It is broke because of our entitlement program, and this law added a new entitlement.

Mr. PALLONE. I yield 2 minutes to the gentleman from California (Ms. ESHOO).

Ms. ESHOO. I thank the chairman.

Mr. Speaker, I rise in opposition to what I think is really an unwise, unwarranted, and unfair effort to repeal the historic health care law which has brought much-needed insurance reforms to the American people.

For the first time in our Nation's history, Congress passed legislation to ensure that every American has a comprehensive health insurance plan just as Members of Congress have. We've reduced the deficit by \$143 billion over 10 years and \$1.2 trillion over 20.

I want to tell an important story which I think underscores why repeal is wrong.

Ronit Bryant in my district was battling stage four breast cancer—that's the worst—when her HMO decided to stop paying for her treatment. In the middle of her treacherous ordeal through a mastectomy, chemotherapy, a bone marrow transplant, and radiation, she was also battling her insurance company in Federal court where

she had to listen to lawyers argue over whether her life was worth saving or not. A woman of less strength would never have made it through this. I am proud to say that Ronit made a full recovery. She watched her children grow, and she went on to become the mayor of one of the major cities in my district, Mountain View, California.

So a 50 percent discount on prescription drugs for seniors makes sense. Prohibiting rescissions—what was done to Ronit, eliminating that makes sense. Allowing children to stay on their parents' insurance policy until the age of 26 makes sense. Thirty-five percent tax credits for small businesses make sense.

What the Republicans are doing today does not make sense. It's wrong for America; it's bad for Americans, and I urge my colleagues to reject it.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the chairman of the Health Subcommittee, the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. Mr. Speaker, I might just respond: ObamaCare spends over \$1 trillion but leaves 23 million people uninsured.

Mr. Speaker, my colleagues on the other side of the aisle have been arguing that we can't afford to repeal ObamaCare. I would argue just the opposite. Our country cannot bear the true cost of ObamaCare, and it must be repealed.

Our repeal would mean that Americans with employer-provided health coverage will keep their current plan, yet the administration estimates that seven out of 10 individuals will lose their current coverage under ObamaCare.

Our repeal means that half of all employers—as many as 80 percent of small businesses—will be able to keep their current plan rather than lose it over the next 2 years. The administration's estimates reveal that their own onerous regulations will force most businesses to give up their current plans, subjecting them to costly new mandates that will increase premiums.

Our repeal means that 7.4 million more seniors will participate in Medicare Advantage plans, according to the Medicare actuary. Our repeal also means that the Medicare Advantage beneficiaries will not face an average increase of \$873 per year in out-of-pocket costs between now and 2019.

Our repeal means that individual health insurance premiums will not increase by \$2,100.

Our repeal means that taxpayers will not face \$569 billion in tax increases scheduled to take effect over the coming years.

Our repeal means that the economy would keep an estimated 750,000 jobs that will be lost because the incentives included in ObamaCare actually discourage individuals from working, according to the CBO.

Our repeal means that national health spending will go down by \$310 billion, according to the Medicare actuary.

Our repeal means that seniors' part D premiums won't increase by 4 percent in 2011 or rise up to 9 percent in 2019 as CBO estimates would happen under the current law.

Without repeal, employer retiree drug coverage will drop from 20 percent of retirees to 2 percent by 2016, according to the Medicare Trustees Report.

Finally, repeal means that States will avoid a massive forced expansion of their Medicaid programs, at a cost of \$20 billion to the States, at a time when they cannot sustain Medicaid.

The costs of leaving this job-slashing health care law in effect are much too high. It must be repealed.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank the gentleman for yielding to me.

I am very, very sorry that my Republican friends have chosen to put this repeal bill through. In light of the events in Tucson, we all say we are going to work together. The American people want us to work together. This is not the way to do it. If there's a problem with the bill, we should tweak it or change it. We shouldn't repeal it. If there is a problem and things need to be changed, we should put our heads together and try to do it.

The Republicans say that they want to cut costs in government. The CBO says that this bill will save us \$230 billion over 10 years and \$1.2 trillion over 20 years; and the first thing the Republicans bring up is to repeal this bill, which will add to the deficit.

This is political theater. It's a charade. This isn't going to be repealed. Let us put our heads together and figure out what makes sense.

All important bills that were put in in the past 50 or 60 years, from Medicare to Medicaid to Social Security to the civil rights bills of the 1960s, they needed to be tweaked as we saw what the problems were. I'm willing to change the bill, but repealing it is the absolutely wrong way to do it.

I am delighted to revisit this issue because we can finally get the truth out. The American people understand that right now, if they have a preexisting condition, they cannot be denied coverage. An insurance company right now, with this bill, cannot say, "Sorry, you have a lifetime cap or an annual cap and we're not going to insure you." The insurance company now can't deny your 24- or 25- or 26-year-old child insurance to be on your plan. We are finally closing the doughnut hole to put more money in the hands of senior citizens.

This is what the Republicans would repeal. They say that this is a government takeover of health care. No, it isn't. And if they had better plans for health care, they were in power for 6 years with the President and both Houses of Congress and they did nothing to make health care affordable for the American people.

Let's work together. Let's change the bill. Let's tweak the bill. Don't repeal it.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the vice chair of the full committee, the gentlelady from North Carolina, SUE MYRICK.

Mrs. MYRICK. Mr. Speaker, we oppose this health care law for many reasons. I'm especially concerned about the negative effect it may have on the ability of our doctors to care for their patients as they see fit.

It creates well over 156 bureaucracies, programs, and regulatory systems which will further regulate and control the way medicine is practiced, paid for, and allocated. Doctors who practice medicine as small business owners are already forced to dedicate significant resources and manpower to keep up with the bureaucracy of reimbursement alone.

This law does nothing to slow the growth of Medicare and Medicaid programs—we know those are two huge problems we have to deal with—but it will surely add to the regulatory burdens faced by doctors, patients, and, most importantly, the American people, who are going to have to foot the bill.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Mr. Speaker, as a Member of Congress from Texas, I supported the health care reform law proudly. Texas has some of the highest rates of uninsured in the United States.

□ 1300

Twenty-six percent of our Texans are uninsured—6.4 million residents—compared with the national average of only 16.7 percent. Over the past 8 years in Texas, employer-based insurance coverage has dropped 18 percent. Now, only 48 percent of Texans have health insurance provided by their employers—well below the national average.

Texas has some of the highest health insurance premiums in the U.S. A family of four making \$44,000, the average premium out-of-pocket is \$6,548—almost 15 percent of their income. In Texas, our State Department of Insurance report to the legislature acknowledged the positive impact of the Affordable Care Act.

The State of Texas Department of Insurance concluded the Affordable Care Act will have a positive impact on the State and help Texans gain access to private insurance coverage. As the Department of Insurance report states, "the removal of underwriting restrictions, new premium rating reforms, availability of subsidies and limitations on out-of-pocket expenses for low- and middle-income families should make it easier for many low-income Texans to obtain private insurance."

In our district in Houston and Harris County, 40 percent of my constituents were uninsured when we passed the Affordable Care Act in March of last year. Repeal, H.R. 2, would be a major setback to what we're trying to do in our own district.

To cite a few local statistics from the repeal on my constituents: increase the number of people without insurance by almost 217,000; allow insurance companies to deny coverage to at least 102,000 people in our district, including at least 12,000 children with preexisting conditions; eliminate health care tax credits for 14,600 small businesses and 177,000 people; increase prescription drug costs for 4,400 seniors in my district who fell into that doughnut hole except for health care reform.

My Republican colleagues want to work on improving it. I'm here to do it, but repeal is not the answer.

BIENNIAL REPORT OF THE TEXAS DEPARTMENT OF INSURANCE TO THE 82ND LEGISLATURE (December 2010)

(Mike Geeslin, Commissioner of Insurance)  
TEXAS DEPARTMENT OF INSURANCE,  
Austin, Texas, December 31, 2010

Hon. RICK PERRY, Governor,  
Hon. DAVID DEWHURST, Lieutenant Governor,  
Hon. JOE STRAUS, III, Speaker.

DEAR GOVERNORS AND SPEAKER: In accordance with Section 32.022, Texas Insurance Code, I am pleased to submit the biennial report of the Texas Department of Insurance (Department or TDI). The report summarizes needed changes in the laws relating to regulation of the insurance industry, provides information on market conditions, and includes reviews required by Senate Bill 1 (81st Legislature, Regular Session).

The Department is available to discuss any of the issues contained in the report and to provide technical assistance. Please contact me or Carol Cates, Associate Commissioner of Government Relations, with any questions or if you need additional information. Thank you for your consideration.

Respectfully Submitted,  
MIKE GEESLIN,  
Commissioner of Insurance.

TEXAS DEPARTMENT OF INSURANCE: SECURING THE FUTURE OF TEXAS

MISSION

To protect insurance consumers by: regulating the industry fairly and diligently promoting a stable and competitive market providing information that makes a difference.

VALUES

We have a passionate commitment to service in the public interest. We are:

Responsible Stewards: accountable, efficient, effective "Using resources wisely".

Professional: knowledgeable and fair "Adhering to the highest ethical standards".

Collaborative: cooperative, inclusive, diverse "Respecting others' opinions and expertise".

Resilient and Creative: open-minded and proactive "Learning from the past to enhance the future".

Balanced: fulfilled and well-rounded "Celebrating personal and professional successes".

SENATE BILL 1—RIDER 18: REVIEW OF HEALTH INSURANCE AVAILABILITY AND AFFORDABILITY

The 81st Legislature included in Senate Bill 1 a directive to the Texas Department of Insurance to conduct a review of "the accessibility of health benefit plan coverage for and the affordability of health benefit plan premiums for low-income families and families not eligible for employer-sponsored insurance." Following is a summary of the results of the review.

Like many states, Texas has struggled with increasing healthcare costs and insurance premiums that have prohibited many individuals from obtaining affordable health insurance. The rising cost of insurance af-

fects individuals at all income levels and employers of all sizes but is particularly challenging for low income workers and small business owners. In 2009, the U.S. Census Bureau Current Population Survey (CPS) reports that 6.4 million Texans were uninsured for the entire year (Table One). Of the Texans who have health insurance, slightly more than half (53.8 percent) have private coverage, down from 56.9 percent in 2007 and lower than the national average of 63.9 percent. Texas workers are less likely to have employer-sponsored coverage with 48.2 percent of Texans enrolled in employment-based plans compared to a national average of 55.8 percent.

TABLE 1: SOURCES OF HEALTH INSURANCE—2009

Source of insurance	Number	Texas percentage	National average (percent)
Private Insurance .....	13,257,000	53.8	63.9
Employment .....	11,893,000	48.2	55.8
Individual .....	1,531,000	6.2	8.9
Government Insurance .....	6,925,000	28.1	30.6
Medicaid .....	3,951,000	16.0	15.7
Medicare .....	2,730,000	11.1	14.3
Military .....	1,052,000	4.3	4.1
Total Insured .....	18,224,000	73.9	83.3
Total Uninsured .....	6,433,000	26.1	16.7

Source: U.S. Census Bureau, Current Population Survey, 2010 Annual Social and Economic Supplement.  
(Note: Numbers may not add up to totals as some people have more than one type of insurance.)

Like other states, the majority of uninsured in Texas live in families with low to moderate incomes (Table 2). Detailed analysis of 2008 CPS data shows that 59 percent of the uninsured (3.5 million people) reported family incomes below 200 percent of the federal poverty level (FPL). Another 12 percent had incomes between 200 and 249 percent FPL. The data also confirms that individuals with lower incomes were much more likely to be uninsured than those with higher incomes. Forty-five percent of individuals under 50 percent of FPL were uninsured compared to only 14 percent of individuals at 250 percent or higher.

TABLE 2: UNINSURED RATES BY POVERTY LEVEL—2008

Income as a percentage of poverty level	Number uninsured	Percent of total uninsured	Percent uninsured within income category
Under 50% .....	817,821	13.5	45.5
51% to 99% .....	793,071	13.1	39.0
100% to 149% .....	1,064,129	17.5	37.0
150% to 199% .....	897,803	14.8	33.7
200% to 249% .....	703,379	11.61	31.9
250% or Higher .....	1,800,667	29.7	14.3
Total .....	6,076,870	100	25.1

Source: U.S. Census Bureau, Current Population Survey, 2009 Annual Social and Economic Supplement.

While most states have experienced declining rates of employer-sponsored coverage in recent years, the decline in Texas is more pronounced. Since 2001, the percentage of Texans with employer coverage has dropped from 58.5 percent to the current rate of 48.2 percent, an 18 percent decrease in eight years. Additional data from the annual Medical Expenditure Panel Survey—Insurance Component (MEPS-IC) indicates that even when firms offer insurance, many employees are ineligible or choose not to purchase coverage. The MEPS-IC survey, administered by the federal Health Resources and Services Administration (HRSA) collects detailed information on employer-sponsored insurance, including data for both large firms (defined as 50 or more employees) and small businesses (2–49 employees). Table 3 summarizes information on both insurance offer rates and participation rates for large and small businesses and clearly indicates important differences based on firm size. Some of the more significant findings are:

Most large firms (94 percent) offer health insurance compared to only 34.2 percent of small firms.

Nearly half (49.1 percent) of employees in small firms work for an employer offering coverage, compared to 95.7 percent of employees in large firms.

Of those employees with employer-sponsored health coverage, more than 3.8 million work in large firms compared to 653,162 workers in small firms.

More than 1.3 million workers have access to coverage in a large or small firm but are not enrolled. Not all are uninsured; some have other coverage, such as a spouse's employer-sponsored plan. However, a large number of these eligible workers are uninsured and have not enrolled due primarily to costs.

Although most large employers offer coverage, many workers are not eligible. More than one million workers in large firms do not qualify for their employer-sponsored plan because they work part time, are temporary or contract workers, or have not worked long enough to meet the required waiting period. Again, however, not all of these workers are uninsured.

More than one million employees in small firms also do not have access to coverage. Most of these workers (1,038,936) are employed in firms that do not offer coverage. Another 169,415 workers are not eligible for coverage offered by their employer.

TABLE 3: EMPLOYER SPONSORED INSURANCE: OFFER AND PARTICIPATION DATA—2009

Texas Insurance Enrollment Data	Small firms	Large firms
1. Total number of firms .....	324,554	125,685
2. Total number of employees .....	2,041,132	6,375,152
3. Percentage of firms that offer insurance .....	34.2%	94.0%
4. Number of firms that do offer insurance .....	110,997	118,144
5. Number of firms that do not offer insurance .....	213,557	7,541
6. Number of employees working in firms that offer insurance .....	1,002,196	6,101,020
7. Percentage of employees working in firms that offer insurance .....	49.1%	95.7%
8. Number of employees working in firms that do not offer insurance .....	1,038,936	274,132
9. Number of employees eligible for coverage .....	832,781	4,947,118
10. Number of employees who are enrolled .....	653,162	3,818,716
11. Percentage of all employees that have employer-sponsored coverage .....	32%	60%
12. Number of employees who have access to coverage but are not enrolled .....	179,619	1,128,402
13. Number of employees who do not have access to coverage .....	1,208,351	1,428,034

Source: Agency for Healthcare Research and Quality, 2009 Medical Expenditure Panel Survey-Insurance Component.

Of those employers that do not offer coverage, extensive research shows the most common reason cited is the increasing cost of insurance. Consistent with national trends, Texas employers and employees have experienced significant premium rate increases over the past ten years, despite a number of programs and industry efforts to hold down costs. As Table 4 below indicates, average premium costs across all firms (including both fully insured and self-funded) have more than doubled in the past ten years.

TABLE 4: AVERAGE EMPLOYER-SPONSORED INSURANCE PREMIUM COSTS

Year	Average annual premium for single coverage	Average annual premium for single coverage
1999 .....	\$2,336	\$6,208
2000 .....	2,627	6,638

TABLE 4: AVERAGE EMPLOYER-SPONSORED INSURANCE PREMIUM COSTS—Continued

Year	Average annual premium for single coverage	Average annual premium for single coverage
2001 .....	2,924	7,486
2002 .....	3,268	8,837
2003 .....	3,400	9,575
2004 .....	3,781	10,110
2005 .....	4,108	11,680
2006 .....	4,133	11,680
2008 .....	4,205	11,967
2009 .....	4,499	13,221

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey-Insurance Component 1997–2006, 2008–2009 (No survey available for 2007).

Though most employers are challenged by significant premium increases, higher rates are usually more difficult for small firms (those with 2–50 employees) to absorb. Because a small employer's rates are based on the age, gender and health status of the employer's workers and their dependent enrollees, rates can vary significantly from the average cost based on a group's specific demographics. Generally, groups with younger, healthier employees will pay lower premiums while groups with older, less healthy workers will pay higher rates. An employer with even one worker with a pre-existing condition may see their group rates increase by up to 67 percent based on health status underwriting factors. TDI data shows groups that are subject to a combination of the highest allowed rating factors may see premium rates for individual employees in excess of \$20,000 a year, a cost that is higher than maximum rates charged for coverage in the Texas Health Insurance Pool for individuals who are uninsurable in the individual market.

Over the last 10 years, the Department of Insurance has conducted significant research to collect information on uninsured Texans and uninsured small businesses, why they have no coverage, how much they can afford, and options to assist them with purchasing coverage. Through a federal State Planning Grant administered by HRSA, TDI conducted multiple focus groups, surveys, and community events across the state. Though some of the study findings are somewhat dated, many of the conclusions are likely still applicable given the high cost of insurance and continued high uninsured rate.

Beginning in 2002 and continuing through 2006, TDI hosted more than 60 focus group sessions with individuals, small business owners and their employees in 20 different cities across Texas representing all of the major geographical areas of the state. Focus group sessions were attended by uninsured individuals or small employers who were unable to provide insurance for their employees. The personal stories expressed at these focus group sessions underscored the challenges many consumers face when trying to find affordable health coverage. (For additional information on the research findings, please see TDI reports at: <http://www.tdi.state.tx.us/health/spg.html>.)

The primary conclusion from these discussion sessions was that health insurance remains unaffordable for many of these individuals and employers. The vast majority of participants expressed willingness to pay for insurance, and most had attempted to buy coverage within the past year but could not find a benefit plan that was affordable. More than 90 percent of the attendees were employed or owned their own business, and many participants expressed frustration with the fact that “average, working, re-

sponsible citizens” could not afford coverage.

Even when employer coverage is offered, many employees decline to enroll due to employee premium payments and cost sharing requirements. While the majority of employers pay at least half the cost of the premium for employee-only coverage, employer contributions for both employee and dependent coverage have declined as more employers struggle to keep up with increasing premium costs and other economic pressures. Employees increasingly are asked to share more of the cost of coverage through increased premium contributions and higher cost-sharing policy provisions, particularly in the small group market. In 2009, the MEPS-IC data show small employers in Texas reported the third highest individual deductible levels in the country at \$1,634, compared to a national average of \$1,283. Large employers had the sixth highest individual deductible at \$990 compared to a national average of \$882. For family deductibles, small employers reported the sixth highest average (\$3,210 compared to \$2,652 nationally), and large firms were at the second highest level (\$1,883 in Texas compared to \$1,610 nationally).

In addition to premium contributions and deductibles, enrollees in group health plans face other out-of-pocket expenses, including co-payments and coinsurance, which vary depending on the type of service provided (i.e., primary care visits, specialist visits, emergency room services, hospital admissions, etc.). The data included in Table 5 illustrates average costs for some of the most common cost-sharing provisions in 2009 but is not inclusive of all expenses an enrollee pays under a typical health plan.

These data underscore the relatively high cost low income families incur to enroll their families in employer-sponsored benefit plans. While some workers may find employee-only coverage affordable depending on the employer's actual contribution rate and the employee's overall financial circumstances, adding family coverage would likely be cost-prohibitive for most low-income workers up to 200 percent of poverty, and for many even above those income levels. Add these premium contribution requirements to high family deductibles and other coinsurance expenses, and most low income families are likely unable to afford employer sponsored coverage. Table 6 shows the cost of the average employee contribution for individual and family coverage as a percentage of the 2010 income levels for each poverty level listed (100, 150, and 200 percent of federal poverty level, FPL). For workers with health plans that require higher employee premium payments than the average, the cost of coverage as a percentage of income will be even higher.

TABLE 5: AVERAGE COST SHARING REQUIREMENTS FOR EMPLOYER-SPONSORED INSURANCE, 2009

	Small firms	Large firms
Average Total Employee-Only Premium .....	\$4,391	\$4,523
Average Total Family Total Premium .....	\$12,674	\$13,288
Average Individual Deductible .....	\$1,634	\$990
Average Family Deductible .....	\$3,210	\$1,883
Average Co-payment for an Office Visit ..	\$26.03	\$23.44
Average Percentage Coinsurance for an Office Visit .....	19.08%	18.0%
Average Employee Payment for Employee-Only Coverage .....	\$588	\$1079
Average Employee Payment for Family Coverage .....	\$3,924	\$4036

Source: Agency for Healthcare Research and Quality, 2009 Medical Expenditure Panel Survey-Insurance Component.



TABLE 6: AVERAGE EMPLOYEE PREMIUM CONTRIBUTIONS AS A PERCENTAGE OF INCOME BY FEDERAL POVERTY LEVEL (FPL)—2009

Small firms						
Family size	Avg. employee contribution for employee-only coverage (\$588) as percentage of family income by FPL			Avg. employee contribution for family coverage (\$3,924) as a percentage of family income by FPL		
	Poverty level					
	100% FPL	150% FPL	200% FPL	100% FPL	150% FPL	200% FPL
Family of 1 .....	5.4%	3.6%	2.7%	—	—	—
Family of 2 .....	4.0%	2.7%	2.0%	26.9%	18.0%	13.4%
Family of 3 .....	3.2%	2.1%	1.6%	21.4%	14.3%	10.7%
Family of 4 .....	2.7%	1.8%	1.3%	17.8%	11.9%	8.9%

  

Large firms						
Family size	Avg. employee contribution for employee-only coverage (\$1,079) as percentage of family income by FPL			Avg. employee contribution for family coverage (\$4,036) as a percentage of family income by FPL		
	Poverty level					
	100% FPL	150% FPL	200% FPL	100% FPL	150% FPL	200% FPL
Family of 1 .....	10.0%	6.6%	5.0%	—	—	—
Family of 2 .....	7.4%	4.9%	3.7%	27.7%	18.5%	13.8%
Family of 3 .....	5.9%	3.9%	2.9%	22%	14.7%	11.0%
Family of 4 .....	4.9%	3.3%	2.4%	18.3%	12.2%	9.2%

While premium amounts alone exceed the budgets of many Texas families, out-of-pocket expenses (co-pays, co-insurance, and deductibles) add to the burden. Using 2007 MEPS-IC data for average costs of out-of-pocket expenses for non-elderly enrollees adjusted for private coverage in Texas, Texans pay an average of \$631 annually per person in out-of-pocket expenses. Table 7 illustrates this with examples.

TABLE 7: IMPACT OF HEALTH COSTS ON TEXAS FAMILIES

Example A: Family of four with a household income of 200% FPL:	
Annual income .....	\$44,100
Average annual premium .....	\$13,221
Average annual employer premium contribution ...	(\$9,197)
Average annual employee premium responsibility	\$4,024
Average annual cost of out-of-pocket expenses ...	\$2,524
Average annual cost to family (% of income)	\$6,548 (14.8%)
Example B: Individual with an income of 200% FPL:	
Annual income .....	\$21,660
Average annual premium .....	\$4,499
Average annual employer premium contribution ...	(\$3,508)
Average annual employee premium responsibility	\$991
Average annual cost of out-of-pocket expenses ...	\$631
Average annual cost to individual (% of income)	\$1,622 (7.5%)

While the vast majority of Texans with private insurance coverage are enrolled in an employer-sponsored benefit plan, an estimated 1.5 million residents have purchased some type of individual medical insurance. The individual market offers a wide variety of options designed to meet varying healthcare needs. Some policies provide comprehensive coverage similar to benefits included in an employer-sponsored plan while others provide more limited benefits. Other plans provide supplemental coverage to Medicare or only cover certain diseases, such as cancer. People shopping in the individual market have the opportunity to choose the plan that best fits their needs and financial situation, which vary widely among consumers.

Unlike the group market, it is important to note that individual health insurance is subject to strict medical underwriting requirements that determine whether or not a person is eligible to purchase coverage. People with pre-existing health conditions or a past history of health problems are often declined coverage or may receive plans that exclude coverage for certain services related to their pre-existing condition. Premiums are based on the applicant's medical status, age, gender, and area of residency, and are usually significantly higher for older applicants or people with health conditions.

Although TDI does not collect detailed enrollment or premium cost data on the individual market and is unable to determine the number of enrollees by type of plan, the insurance association America's Health Insurance Plans (AHIP) conducted a survey in

2009 of insurers participating in the individual health insurance market. Limited data on state-specific results show that average annual premiums in Texas for a comprehensive health insurance policy were \$3,208 for single coverage (i.e., one person) and \$6,459 for family coverage. Single policies had an average annual out-of-pocket maximum limit (the maximum amount a person would pay for eligible healthcare services) of \$5,000, while family policies had an annual limit of \$10,000.

Because the individual market allows carriers to medically underwrite applicants and select only those individuals that meet the carrier's specific requirements, some applicants will be unable to purchase individual coverage at any price from any carrier. Though the federal Patient Protection and Affordable Care Act (PPACA) of 2010 prohibits carriers from denying coverage of dependents based on health conditions beginning with new policies issued on or after September 23, 2010, this provision does not extend to adults until 2014. Individuals who cannot obtain coverage in the individual market and have no access to group coverage may obtain insurance from the Texas Health Insurance Pool (THIP, formerly Texas Health Insurance Risk Pool) or the newly created federal Pre-Existing Condition Insurance Plan (PCIP).

THIP was created by the Texas Legislature to provide insurance for individuals who are unable to obtain coverage from the commercial market. It also serves as the Texas alternative for individual health insurance coverage under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), guaranteeing insurance to qualified individuals who lose coverage under an employer-based plan. Eligibility and premium rating requirements are established by law.

The federally operated PCIP was created under the recently enacted federal healthcare reform legislation, PPACA. Beginning in 2014, PPACA requires insurers to accept all applicants regardless of health status. To assist individuals with health conditions who cannot obtain commercial coverage prior to 2014, PPACA includes provisions for federally or state run insurance programs. Texas opted for the federally operated insurance pool, PCIP. The PCIP functions in many ways like the THIP, but there are some critical distinctions which significantly affect cost, eligibility and covered benefits.

Both THIP and PCIP provide comprehensive health coverage for individuals with previous health conditions. To enroll, individuals must be legal U.S. citizens and a resident of the state, and must provide evidence that they were declined coverage for insurance or have a current or previous medical condition that makes them uninsurable.

However, PCIP requires an individual be uninsured for at least six months before they are eligible to enroll. This provision precludes enrollees in the THIP from enrolling in the PCIP.

Premium rates for coverage in THIP and PCIP vary dramatically. Rates for THIP are set at twice the average rate (200 percent) for standard coverage offered in the commercial market and are adjusted semi-annually to reflect changes in the market rates. Rates also are adjusted based on the age, gender, and geographic location of the enrollee, which reflects variations in local healthcare costs and expected healthcare utilization. Rates are higher for individuals with a history of tobacco use. Enrollees may choose from a range of deductible options and plan cost-sharing limits, with annual deductibles from \$1,000 up to \$7,500. Higher deductibles will lower the premium rate for the enrollee. Due to the variability of rating factors, monthly premium costs vary widely from a low of \$160 a month for an individual age 18 or lower with a deductible of \$7,500 to a high of \$2,207 a month for a male age 60-64 with a deductible of \$1,000. In 2009, 13 percent of THIP enrollees selected a \$1,000 deductible, 38 percent a \$2,500 deductible, 37 percent a \$5,000 deductible and 10 percent a \$7,500 deductible. The average monthly premium was \$620.

Premium rates for PCIP are set at the average standard rate in the commercial market and vary based on the age of the applicant and the plan they select. Monthly premiums for Texas enrollees beginning January 1, 2011 are as follows:

Plan type	Age 0-18	Age 19-34	Age 35-44	Age 45-54	Age 55+
Standard .....	\$174	\$261	\$313	\$400	\$567
Extended .....	\$234	\$351	\$422	\$539	\$749
HSA .....	\$181	\$271	\$325	\$416	\$578

Note: Plan descriptions available at [www.pcip.gov/PCIP\\_%20pamphlet\\_benefits\\_summary.pdf](http://www.pcip.gov/PCIP_%20pamphlet_benefits_summary.pdf).

While both programs (PCIP and THIP) provide comprehensive coverage, PCIP has no waiting period for treatment of pre-existing conditions, an important benefit for this population since all enrollees have some pre-existing medical condition as a condition of eligibility. By contrast, the THIP includes a 12 month pre-existing condition exclusion waiting period for most new enrollees (with exceptions for enrollees with creditable coverage and some enrollees with continued coverage under a previous employer plan). This means that, while individuals in PCIP are immediately eligible for benefits for their pre-existing condition, enrollees in THIP must wait 12 months before pre-existing conditions are covered.

IMPACT OF FEDERAL HEALTH REFORM

The federal health reform Patient Protection and Affordable Care Act includes significant private insurance market provisions

that will dramatically alter the insurance market in Texas and other states. The law includes a series of reform requirements that begin in 2010, with the most dramatic changes occurring in 2014. With a few exceptions, most of the initial reforms effective in 2010 through 2013 will primarily affect individuals who already have insurance coverage and will have little impact effect on individuals who are uninsured or who are enrolled in public plans. However, beginning in 2014, several federal requirements should significantly assist lower income families and employees obtain affordable health insurance, including the following:

Advanceable tax credits will be available to families earning up to 400 percent of federal poverty level to purchase affordable health insurance;

Insurance plans must meet certain benefit requirements and cost-sharing provisions designed to ensure benefit plans provide comprehensive services with limited out-of-pocket costs to enrollees;

Most large employers will be required to offer health insurance benefits that meet minimum requirements or may face penalty payments;

Insurance plans are prohibited from denying coverage based on an individual's health status;

Insurance plans will not be able to increase premiums based on an individual's health status or gender, and premium rates for older individuals are limited; and

Insurance Exchanges will provide access to health insurance plans that meet standard benefit requirements and provide simplified application and enrollment procedures for individuals, small businesses and Medicaid/CHIP enrollees.

The provisions listed above will require federal regulations and, in some cases, state legislative and/or regulatory action to fully implement. Until the details of these requirements are finalized, it is impossible to predict the long-term impact on the affordability of insurance coverage. However, the removal of underwriting restrictions; new premium rating reforms, availability of subsidies and limitations on out of pocket expenses for low and middle income families should make it easier for many low-income Texans to obtain private insurance.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. WALDEN), whose State would be devastated with the Medicare Advantage cuts.

Mr. WALDEN. Mr. Speaker, 42.7 percent of Oregon's seniors—that's about 200,000 in Oregon, nearly 41,000 in my district—were enrolled, at the time this law was established, in Medicare Advantage programs.

You know, under this bill, under this new law, Medicare gets whacked by \$500 billion, and the reports indicate one out of two seniors might lose their Medicare Advantage across the country.

Look, I want a patient-centered health care system. It's your life. It's your health. You should have the right to choose your doctor and your hospital and make those decisions. We will address, with our replacement bill, pre-existing conditions, making sure kids who are in college or up to 26 or whatever the age is decided by the committee are going to be able to be covered by your insurance.

But I'll tell you what. In the law that is on the books today, it drives up the

cost of health care, it drives up premiums, and it adds to the Nation's debt when you look at it in the long term, according to CBO.

The manager at Taurus Freight, a small freight logistics business in Bend, Oregon, told me recently, because of the 1099 reporting provision in this bill, she's going to quit buying from various businesses, consolidate. It's going to cost jobs and put new headaches on small businesses.

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

Mr. UPTON. I yield the gentleman an additional 30 seconds.

Mr. WALDEN. And I think that's one of the big arguments here that I get from the people out in my district is: Why did the government take over this, put all of these other provisions in, ram a bill through the House that creates this new trillion dollar entitlement that costs jobs and doesn't drive down the cost of health care?

We can do better than this, given the chance. And under the Republicans, the committees will actually have a chance to work on a bill for replacement and everybody can participate from both sides of the aisle. And we will get it right and get to a patient-centered health care system in America that does reform the current system and drives down costs.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the distinguished ranking member of the Rules Committee, the gentlewoman from New York (Ms. SLAUGHTER).

Ms. SLAUGHTER. Mr. Speaker, I speak to you today on behalf of the women of America, the millions of whom I will never meet but are set to receive countless protections from the Affordable Care Act by the time it is fully implemented in 2014.

Health care reform is a major victory for women, and any attempt to repeal or defund this legislation is simply unfair to us, our daughters, our mothers, and our grandmothers. The fact of the matter is that the Affordable Care Act ends the widespread discrimination that has existed and will come back against women in the health care system.

It took us decades until we passed this bill to make it illegal, finally, for insurance companies to charge women higher premiums and stop the egregious practice of charging them 48 percent more and to not cover domestic violence victims. Yes, that's right. In eight States and the District of Columbia, insurance would not cover victims of domestic violence on the grounds, I assume, that it might happen again.

Equally egregious, women were routinely denied health insurance if they had children. In many places pregnancy was considered a preexisting condition, as were D&Cs. But both of those reprehensible practices are outlawed in the passage of the Affordable Health Care.

Thanks to the new law, women do not have to worry any more about

being treated as second-class citizens or being discriminated against for being a woman.

But that's not where the benefits end. When it's fully implemented, all maternity services will be included in health insurance plans. They will no longer be able to deny coverage or charge higher premiums for people who have had C-sections or pregnancy.

I speak to you today on behalf of the women of America, the millions whom I will never meet, but are set to receive countless protections from the Affordable Care Act by the time it is fully implemented in 2014. Health care reform is a major victory for women and any attempt to repeal or defund the legislation is simply unfair to us, our daughters, our mothers, and our grandmothers.

The fact of the matter is that the Affordable Care Act ends widespread discrimination against women within the healthcare system. Now the Republican Majority is proposing to replace this legislation with a resolution, another promise to America. What do they promise? Quite simply, that they will figure out a new healthcare plan at some point in the future, and in the meantime you're on your own.

It took us decades to finally make it illegal for insurance companies to charge women higher premiums, and to stop the egregious practice of discrimination against domestic violence victims. It is unfathomable to take these protections away in exchange for a vague promise of some help down the road.

Prior to passage of the Affordable Care Act, women faced severe discrimination from health insurance companies. Through a practice known as "gender rating," women who purchased insurance on the individual market faced the prospect of paying 48 percent more in premium costs than men.

Equally egregious, women were routinely denied health insurance coverage if they had been victims of domestic violence. Shocking as it is, insurance companies often classified domestic violence as a "pre-existing condition" and it was completely legal for insurance companies to deny coverage to domestic violence victims in eight states and the District of Columbia.

No more. Both of these morally reprehensible practices are outlawed with the passage of the Affordable Care Act. Thanks to the new law, women no longer have to worry about being discriminated against for being born a woman.

This is not where benefits for women end. By the time the Affordable Care Act is fully implemented in 2014:

Maternity services will be included in all health insurance plans offered as part of the health insurance exchanges.

Insurance companies will no longer be allowed to deny coverage or charge higher premiums for women with "pre-existing conditions" like C-sections or pregnancy.

Insurance companies will no longer be allowed to place "lifetime limits" on health benefits for women, and end care when it is needed the most.

Women who do not have access to insurance through employers will be able to obtain insurance through health insurance exchanges. These exchanges are being designed as we speak to offer a wide selection of health insurance plans at competitive rates.

Women will receive free preventative health services, from mammograms to pap smears.

The “donut hole” in Medicare Part D will be closed through the Affordable Care Act, helping women pay for healthcare as they grow older.

All these benefits and protections are provided to women while lowering our Nation’s deficit—a priority of both parties.

The choice is clear. For the health and well-being of our Nation’s women, we must end this ill-advised attempt at repeal, and implement the valuable protections of the Affordable Care Act.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Oklahoma (Mr. SULLIVAN), I yield 30 seconds to the gentlelady from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, in reference to the comments that were just made about women in the health care law, I would just remind the body one of our primary concerns with this legislation was the way in which women would be adversely impacted when you look at the comparative results board and the fact that they were going to change the ratings that were coming from the task forces, and it would be more difficult for women under the age of 50 and over the age of 75 to get mammograms. And I use that as an example.

We need this bill off the books.

Mr. UPTON. Again, I yield 1 minute to the gentleman from Oklahoma (Mr. SULLIVAN).

Mr. SULLIVAN. Mr. Speaker, I rise today in support of legislation to repeal ObamaCare. This health care law is bad for patients, bad for doctors, bad for small businesses, and terrible for our troubled economy.

I hear from small business owners across the First Congressional District every day. Many are being forced to cut back on health benefits. They can’t afford to hire new employees, and they are scared to death that ObamaCare will put them out of business.

Not only is this unconstitutional to force the American people to purchase government-approved health insurance, but this prescription for disaster has put our Nation on a path to bankruptcy by adding billions of dollars to our already record-setting deficit.

In addition, ObamaCare actually reverses over 30 years of bipartisan efforts to keep tax dollars from funding abortions, which I find reprehensible.

Mr. Speaker, repealing ObamaCare is not the end of the debate over reforming our health care system. It’s the first step in implementing a health care system that works for all Americans without costly, unconstitutional government mandates that destroy jobs.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, over and over today I’ve heard supporters of this bill saying it is just the first step, then maybe they’ll think about fixing the bill. Well, tell that to the millions of Americans who are now reaping the benefits of the legislation, who, if this

actually became law, would lose what they have only just now gained: Citizens whose children suffer from diabetes or asthma and have finally been able to get coverage; citizens like the small business owners I met with last fall in Denver who, because of the health reform law’s tax credits, are finally able to get health insurance for their employees; and citizens like the next generation of our country’s leaders, like my young neighbor who has type 1 diabetes and is going to college but knows he will have insurance and he can stay on his parents’ insurance.

I keep hearing “repeal and replace,” but, frankly, Mr. Speaker, that’s not what we’re doing today. We’re repealing these benefits that help millions of Americans and we are replacing them with nothing.

If the proponents of this bill really intended to cover these things, why didn’t they just put the 10 pages that my colleague talked about in the bill? The reason is because, if you want to give benefits like this to millions of Americans, to young people, to women with gender disparity, and to small businesses, you have to have comprehensive reform.

□ 1310

We all know it. And that’s why we need to resist this effort. We need to resist repealing this legislation. And we need to work together across the aisle to implement it in a way that helps every single American.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Nebraska (Mr. TERRY), I yield 30 seconds to the gentleman from Texas, Dr. BURGESS.

Mr. BURGESS. I thank the gentleman for yielding.

You know, the fact is on those tax credits for small business, they are so confusing—and I hear this from my small businesses all the time back home—no one understands how to actually make those benefits work. And they are time limited. They will soon expire.

But here’s the real deal. If you really wanted to help small business, let’s repeal that 1099 provision. Why was it even in there? Well, one reason, so the IRS could enforce the mandate. But the other reason was maybe they’re going to need a value-added tax in order to pay for this monstrosity. Let’s repeal it and get it done the right way.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. TERRY).

Mr. TERRY. Mr. Speaker, I embrace this opportunity to repeal this trillion-dollar tragedy. That’s the cost of it over 6 years; yet in order to make their numbers work so they can come here and argue that this is deficit neutral, they only have benefits for 6 years. It’s full of gimmicks like that. The reality is that it’s raising taxes to the amount of \$569 billion. That is a job killer. And it hurts senior health care by taking \$523 billion out of Medicare over the

next 10 years and puts bureaucrats in charge of your health care. That’s wrong. That’s a tragedy.

What we will do right is in the next phase. Starting very soon in our committee, we will begin an open process, not the one that was used where a bill was written in the Speaker’s office and then driven to the House floor with no amendments allowed. We will do this right. We will have the people involved. This whole body will be involved. Even the other side of the party is going to be involved in our committee, which we weren’t allowed before. So we will do this right and do it right for the American citizens.

Mr. PALLONE. Mr. Speaker, I yield myself 15 seconds.

Mr. Speaker, I have heard talk on the other side of the aisle about small business, but I would point out that repeal would eliminate tax credits for small businesses. In Mr. BURGESS’s district, there are up to 13,600 small businesses that are eligible for the tax credit, and repeal would force these small businesses to drop coverage or bear the full costs of coverage themselves.

I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I rise in strong opposition to this misguided and costly legislation. First, I think we should be spending our time here on creating jobs instead of rehashing settled law. Secondly, I want to speak on behalf of the millions of Americans already benefiting from the strong consumer protections in this law. Across the country, parents now know that their children can be insured after graduation from high school or college.

Seniors in the dreaded doughnut hole have received help to pay for prescription drugs and now can have a free physical each year. And women no longer have to worry about paying higher premiums, because insurance companies often consider females a preexisting condition. And all Americans are now eligible for free preventive screenings. People already sick can no longer be dropped from their plans. Lifetime and annual coverage limits, that fine print that can thrust a family into bankruptcy just because someone gets sick, these are gone. Because the law bans insurance companies from excluding folks from preexisting conditions, people who need insurance the most can now have access to it.

For some of my colleagues, these important provisions may seem abstract; but for my constituent Gwendolyn Strong and her family, this law means everything. Before, the Strongs lived in constant fear that Gwendolyn, diagnosed with spinal muscular atrophy, would reach her policy’s lifetime limit and then become uninsurable because she has a preexisting condition. But the consumer protections in the Affordable Care Act mean that Gwendolyn will receive the care that she needs, and her family is protected from bankruptcies.

A vote for this misguided bill will put the future of the Strong family and millions of other families at risk again. The impact is real. In my district, Medicare benefits will be taken from 100,000 seniors. It will raise taxes on over 16,000 small businesses. And none of us can afford the \$230 billion that repeal will add to our deficit. That's why I am urging my colleagues on both sides of the aisle, for the sake of the Strong family, for the sake of all families, vote "no" on H.R. 2.

Mr. UPTON. Mr. Speaker, I yield 1½ minutes to the gentleman from Pennsylvania, Dr. MURPHY.

Mr. MURPHY of Pennsylvania. Mr. Speaker, Republicans agree, and we want families to keep their kids on their plans if they wish. And last Congress that's why we offered proposals that would have allowed dependent children to stay on their parents' plans. But once again, the other side is trying to hide 3,000 pages of a law by discussing only 10 pages. We all want to work on this, and we will achieve this in the replacement bill.

But the other side also fails to mention the other part of this 2,900 pages that will ignore what's going to cause health insurance premiums to go up 17 percent because of this care plan. What good is coverage on a policy if a family can't afford it?

On another issue, chronic illness consumes 70 percent of health care costs and 90 percent of Medicare. The health care bill, however, cuts \$500 billion from Medicare, and much of that by eliminating chronic care management that otherwise could save lives and money. So for 7.4 million seniors on Medicare Advantage, if you like your plan, you can't keep it.

So what does chronic disease management do? UPMC in Pittsburgh reduced hospitalization rates for diabetics by 75 percent. Washington Hospital in Pennsylvania cut readmission rates 50 percent for heart disease. And Gateway Health Plan reduced asthma readmissions by 28 percent. It's better care at lower cost; but the health care bill says if you're sick, you're on your own.

Tragically, it pays to amputate the feet of a diabetic, but won't pay a nurse \$5 to make sure you are following up on prescriptions, therapies, diets, and treatments. The new law does have a pilot and grant program to be sure, but you will find no reimbursement code for disease management. That's why we must repeal and replace this bill for the sake of our seniors and for the sake of our children.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. DOYLE).

Mr. DOYLE. Mr. Speaker, I rise in opposition to H.R. 2, the Patients' Rights Repeal Act.

Day after day, new studies are showing just what's at stake in this debate over health care reform. The Department of Health and Human Services released a staggering report stating that

up to 129 million Americans with pre-existing medical conditions could lose their newly enacted protection from insurance company discrimination. The CBO has reported that this Republican repeal bill would add \$230 billion to the Federal debt. The Centers for Medicare and Medicaid found that repealing health care reform would reduce the solvency of the Medicare program by 12 years.

Repeal of last year's health care reforms would raise insurance costs for people in my home district of Pittsburgh, Pennsylvania, and across the country, whether they are small business owners, retirees, working Americans, or recent college graduates. Health care reform took power away from the insurance companies and gave it back to the American consumers. Repeal of this reform would allow private health insurance companies to go back to the practice of cherry-picking low-risk customers and sticking it to the rest of us. What's more, it would increase prescription drug costs for seniors who fall into the doughnut hole, raising the average cost of prescription drugs for these seniors by over \$500 this year and by over \$3,000 in 2020.

In a nutshell, the Republican repeal means this: children with preexisting conditions denied coverage; young people up to age 26 can't stay on their parents' plans; pregnant women and breast and prostate cancer patients could be thrown off their insurance policies; seniors will pay more for their drugs; the deficit will increase by \$230 billion; small businesses pay higher taxes.

That doesn't sound very good to me. Repeal helps no one, no one but the insurance industry. I adamantly oppose this effort to repeal this health care reform bill.

□ 1320

Mr. UPTON. Mr. Speaker, before I yield 2 minutes to the gentleman from Texas, Dr. BURGESS, I yield 30 seconds to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Mr. Speaker, with my slow drawl, I don't think in 30 seconds I can refute everything the gentleman from Pennsylvania had to say—but 120 million people with pre-existing conditions, they would all have to have hang nails and fever blisters to have preexisting conditions. And if you believe those statistics, I've got a beach I can sell you in Pennsylvania.

This business about \$230 billion savings, we've already discussed that. They use 10 years of revenue and 6 years of charges. It's smoke and mirrors.

And, finally, on the issue of the doughnut hole, the drug companies have already solved that problem.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Texas, Dr. BURGESS, the vice chair of the Health Subcommittee.

Mr. BURGESS. I thank the gentleman for yielding.

Mr. Speaker, it is important that we have this vote today, and it is important that we vote to repeal this legislation. Let me be clear: I was for and supportive of reforming the health care system, but the law that was passed does not do what was necessary to be done.

We heard from our constituents over and over again in the summer of 2009: don't mess up what we all have and please do something to help us with costs. We ignored them on both counts.

I am troubled because of the drafting errors in this law. I am troubled because we have had not a single oversight hearing in the 10 months since this law was passed. And I am troubled because from the start the government takeover of health care has provided numerous red flags to which Congress has not responded.

Secret deals: what about the five groups of health care providers, doctors, insurance companies, medical device manufacturers, drug companies, who were all invited down to the White House, along with a labor union, to kind of come up with some ideas for health care reform. They came out to the Rose Garden and said, We saved \$2 trillion. I simply asked for that information in a committee hearing and was denied. \$2 trillion in savings, and I am asked to believe that no one wrote anything down?

This was not transparency; this was a photo op. How could we ever be expected to be legislators if we are not even knowing that the ending was written before the bill was even on the floor?

The President promised the American people that there would be open hearings and meetings that would be televised on C-SPAN, but that didn't happen.

Amendment after amendment was offered in committee. Some were, in fact, accepted by Chairman WAXMAN and the Democrats, but then the bill went to the Speaker's office. The Speaker, along with the White House, rewrote the bill. It doubled in size, it came to the floor, and it was pushed through.

Why even have the committee hearings if Speaker PELOSI and the White House are going to rewrite the bill to suit their needs?

Inattentive construction was all over the place in this legislation. The President kept saying, if you like what you have, you can keep it. But apparently that's only true for some people.

Now, many people felt that Members of Congress actually ought to take what they were forcing the American people to take.

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

Mr. UPTON. I yield the gentleman an additional 30 seconds.

Mr. BURGESS. But, in fact, that was not true. Members of Congress are required now to be covered under the exchange. Their staffs are required to be covered under the exchange.

But are there exemptions? Yes, committee staff and senior leadership staff

are not required to be covered under the exchanges; neither are the White House occupants. It ought to be the same for everyone. These loopholes need to be closed.

The difficulties in this bill are just too legion to mention. If it could have fixed the problem, I would have been for it; but it is a destructive and pernicious blight, and the expansion of the Federal debt truly does threaten the very fabric of our Republic.

Mr. PALLONE. I yield myself 15 seconds.

Mr. Speaker, I just wanted to mention the gentleman from Texas was decrying the HHS study about preexisting conditions. These are very serious preexisting conditions: heart disease, cancer, asthma, arthritis, high blood pressure. They are people that have had their policies canceled or they couldn't get insurance because of these preexisting conditions. I don't think they should be belittled.

I yield 2 minutes to the gentlewoman from California (Ms. HARMAN).

Ms. HARMAN. Mr. Speaker, today's health care repeal debate reminds me of tennis great John McEnroe's famous rant, "You can't be serious."

Everyone knows this vote is symbolic, putting off for another day the hard work of revising portions of this historic law that need attention, or adding provisions that would greatly improve the law.

There is no disagreement about the need to repeal the 1099 requirement for small business, but we should also add provisions to allow the government to bargain for lower drug prices and create more competition among health care plans. To me, that's what the public option was for.

Health care changes already in effect are helping people in my district. Five thousand seniors received \$250 last year to help cover the doughnut hole portion of their Medicare prescription drug costs, and they will get 50 percent drug discounts this year; 49,000 people under age 26 are now covered by their parents' insurance plans; 1,100 local families who went bankrupt due to health care expenses before the law was enacted no longer fear lifetime limits on insurance coverage; people like Elleni M., who suffers from Graves' disease and has gone without health insurance since 2000, can no longer be denied coverage.

There are similar statistics and stories in every congressional district.

But let me highlight one more issue brought into stark relief by the recent rampage in Tucson. Our colleague, GABBY GIFFORDS, and other shooting victims received top-notch, timely care at the University of Arizona Medical Center's level 1 trauma facility. Such facilities give victims of severe injuries a 25 percent greater chance of survival. The law the House is poised to repeal expands level 1 trauma care through Medicaid and discretionary grants.

My home is home to the Harbor-UCLA Medical Center level 1 trauma

center, and that's where victims of a natural disaster, a terrorist attack, or another Tucson-like massacre will be brought. We can't be serious if we cut aid to level 1 trauma centers.

Mr. Speaker, bipartisanship is hard, and it sadly won't start with this vote.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, I rise in support of the repeal of this measure. The health care law this body passed last year means well, but we all know that it will never deliver on the promises that my colleagues have made.

Let me tell you why this is not a rant and why we are serious. Earlier, the gentleman from Tennessee (Mr. ROE) spoke to the body on this. ObamaCare makes the same fundamental mistakes that TennCare in Tennessee made. Do we not learn from our mistakes?

ObamaCare and TennCare bet that the near-term cost incurred by Washington's health care mandates will be made up by long-term savings. That's 10 years of revenue for 6 years of expenses. Tennessee lost that bet, and it nearly bankrupted the State. Unless we repeal ObamaCare, America will go down the same road.

We know hundreds of mandates, thousands of mandates, and hundreds of bureaucracies don't add up to a savings. By repealing and replacing, we can keep the promises we made last year, better care at lower cost; but we can do it in a way that will deliver through competition, not mandates.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, yesterday I met with everyday Americans in Chicago who shared with me their personal stories, tragic stories but common stories, about how our flawed health care system has devastated their lives. At its core, access to health care is a moral issue.

Midge Hough told me how her 24-year-old daughter-in-law, Jennifer, and her unborn child both died because Jennifer could not find health insurance because of a preexisting condition. Her preexisting condition? A prior pregnancy.

By the time emergency health care was mobilized, it was too late for Jennifer and her baby. She left behind her husband and a 2-year-old.

Today, the Affordable Care Act mandates that pregnancy is no longer considered a preexisting condition.

David Zoltan has diabetes, and because of his preexisting condition he couldn't get insurance after losing his job 2 years ago. He is holding the insulin that he needs to live; but thanks to the Affordable Care Act, David has coverage under Illinois' preexisting-condition plan and no longer ends up in the emergency room to get his lifesaving insulin.

The Republican plan puts the insurance companies right back in the driv-

er's seat to decide who they will and won't insure based on profitability, how much they will charge, what benefits they will cover.

The Affordable Care Act ends insurance company abuses, creates rules of the road, and puts Americans in charge.

□ 1330

The Republican plan is not health care. For millions of Americans, it means no care.

Mr. UPTON. I yield 15 seconds to the gentleman from Louisiana (Mr. SCALISE).

Mr. SCALISE. Mr. Speaker, prevention of discrimination against people with preexisting conditions was something we presented last year. It is something that's going to be one of the hallmarks of our replace bill. I hope the gentlelady supports us in preventing discrimination against preexisting conditions. That's part of the actual replacement that we are going to put forward that is real reform.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the Member from New Hampshire (Mr. BASS).

Mr. BASS of New Hampshire. I thank the distinguished chairman of the Energy and Commerce Committee. Mr. Speaker, this health care reform bill was a bad bill passed at the wrong moment. It is, in my opinion, one of the major reasons why we face such economic uncertainty in this country. Businesses don't know what it will cost to hire somebody. Businesses don't know what's coming down. Employers don't know what the world is going to be like. And consumers feel the same way.

Now, in the course of this debate, we've talked about the issue of preexisting conditions and how the Republicans are not going to allow for preexisting conditions to be included in their alternative. Nothing could be farther from the truth. Republicans have consistently offered proposals to give individuals with preexisting conditions medical access to affordable health care coverage; but we will do it in a way that will be predictable, it will be fair, it will be competitive, it will save costs, it will make health care transparent, and it will keep premiums down. We have an opportunity now to make changes that should have been made from the very beginning.

Mr. PALLONE. Mr. Speaker, could I ask again about the time remaining on each side.

The SPEAKER pro tempore. The gentleman from New Jersey has 18½ minutes remaining. The gentleman from Michigan has 23¼ minutes remaining.

Mr. PALLONE. At this time I yield 2 minutes to the gentleman from Texas (Mr. GONZALEZ).

Mr. GONZALEZ. Mr. Speaker, I rise in opposition to this bill. My first observation is, after hearing my colleagues on the other side of the aisle this morning, it reminds me of the movie "Groundhog Day," the same

thing over and over again, same old same old.

My advice would be that taking your notes from 2009 and 2010 are stale and irrelevant today. Now some, I guess the cynics out there, are wondering why you would proceed with this measure as soon as you took over the majority. Some would say that it is just political theater, but I venture to guess that there's another reason: time is not on your side. The more time you allow for this bill and its full implementation, you lose your argument because you're wrong.

You said it was a government take-over of health care. Wrong. Time has proven you wrong. You said it would be costing thousands and thousands of jobs by now. You were wrong. And with the passage of more time, that only will be solidified that you misread it.

I'm not questioning your intent or sincerity, but you just were simply wrong. Because what happened in the interim? People found out that they were able to get insurance for their children despite preexisting conditions. They could keep their children up to age 26 years on their policies. Seniors were helped with the problems they faced with the doughnut hole. That's what's happened. So I understand.

You were in charge for 12 years and did nothing. We moved forward with something meaningful, and all you can think of is to go back to the inaction.

And you say "replace." Then why do you force repeal without a discussion to the American people of what you want to replace it with? Isn't that a fair assumption? You were wrong in 2009. You were wrong in 2010. And you are wrong today.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind all Members to address their remarks to the Chair.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to Dr. GINGREY of Georgia, I would like to yield 15 seconds to Dr. BURGESS of Texas.

Mr. BURGESS. I thank the chairman. And I would address to the chairman: the gentleman who previously spoke must understand that this legislation was litigated in front of the American people for the last 2 years. They rendered their verdict, and the jury verdict in November was, "We reject what you have done. We want something better." That's what this process is about today.

Mr. UPTON. Mr. Speaker, I would yield 1 minute to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Mr. Speaker, the gentleman from Texas who just spoke was right about not causing thousands of job losses. It cost 4 million lost jobs since the Democrats took over in 2007.

Mr. Speaker, I have seen a number of posters here this morning showing really fairly well-to-do people struggling with health care issues. I don't have a poster; but if I had one, it would show men and women all over this

country in cities holding soup cans in line waiting, hoping desperately to get a job. And I will guarantee you, every one of them would take those jobs even if they didn't have health insurance.

The point here, Mr. Speaker, is the Democratic priority was entirely wrong. Yes, it's something they've been wanting to do since the 1930s; and, yes, it's something the American people didn't want since the 1930s. Every time it's come up, the American people don't want the government to take over health care. They have rejected it time and time again.

We will vote for H.R. 2 and pass it. And if the Senate and the President want to ignore the will of the American people, they do it at their own peril.

Mr. PALLONE. Mr. Speaker, I yield myself 15 seconds.

I hear talk on the other side of the aisle about jobs, but I would point out that under Democratic policies, including health reform, there's been a strong private sector job growth this past year. In 2010, there have been 12 straight months of private sector job growth. And under the Obama administration overall this past year, we have created a total of 1.3 million new private sector jobs.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. SCALISE).

Mr. SCALISE. Mr. Speaker, with the exception of a liberal in Congress, the only person that would suggest that this ObamaCare law would actually reduce the deficit has got to be an Enron accountant.

If you look at this bill, it rations care, it raises health care costs for families—yes, that was scored to raise the cost of health care. It's actually pushing thousands of doctors out of the practice of medicine.

This job-killing bill is not reform. What we need to do is go back to the table and actually repeal this and replace it with real reform. But if all of my colleagues on the other side are correct in what they're saying about what's good about this, then why is it that when this bill was in committee, we actually brought up an amendment that said, if this is so good, all the Members of Congress have to join the government option. Guess what happened, Mr. Speaker? Every single member of the committee who voted for this bill voted to exempt themselves from it. So clearly that tells you, if you're not willing to put your money where your mouth is, it's not good law.

Let's repeal this and start over with real reforms that actually lower the cost of health care, that address real problems like making sure people with a preexisting condition can't be discriminated against. Let's restore the doctor-patient relationship. That starts with repeal.

Mr. PALLONE. I yield 2 minutes to the gentleman from Washington (Mr. INSLEE).

(Mr. INSLEE asked and was given permission to revise and extend his remarks.)

Mr. INSLEE. Mr. Speaker, I'm opposed to this effort to repeal a bill, a reform bill without anything to replace it at hand. It's asking Americans to jump without a parachute and without a net. And it's the wrong thing to do because we are a country that has always moved forward.

I want to mention two ways this bill moves forward which we should not repeal. One is that we have finally addressed this horrific geographic disparity where physicians and hospitals get treated differently, unfairly around the country. We finally are fixing that, long, long overdue.

And, second, this bill really helps us move forward to reduce waste in our medical industry. A Dartmouth study suggested as much as 30 percent of all the things we do have been wasted in health care because we haven't had the right incentives.

Where I come from in Washington State, we're doing things that we need to export around the country to stop waste in medicine. At Virginia Mason they just won the national Leapfrog to the Top Award, where they've saved over \$1 million a year just by bringing efficiencies in how you provide supplies. At GroupHealth, they've reduced the readmission rate by about one-third by bringing efficiencies to the system.

At the Providence-Everett Hospital, I was so impressed when I met a Dr. Brevig, a cardiac physician, who brought some efficiencies in how they handle cardiac patients. So instead of moving the patient all around, they bring the physicians to the patient. Do you know what? They've knocked almost a full day off the time you have to be in a hospital, and they've reduced the infection rate by almost one-half, improving quality.

□ 1340

At Children's Hospital, they are building a hospital which uses 30 percent less square footage than the average hospital.

These are the types of efficiencies that we need to reduce the rate of medical inflation. This is one of the reasons that the Congressional Budget Office found that this bill will actually reduce the deficit by \$230 billion. Let's keep moving forward and not go backwards. Defeat this bill.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. LATTA).

Mr. LATTA. Mr. Speaker, I rise to express my strong opposition to ObamaCare. ObamaCare will single-handedly have more negative ramifications on the American economy than any bill passed in our Nation's history. If not repealed, the \$1.2 trillion government takeover of health care will increase the cost of care, eliminate jobs, and cause budget deficits and the national debt to explode.

The Democrats' health care takeover contains \$569 billion in taxes, increased government spending, a half-trillion-

dollar cut in Medicare, increased costs to the States, and mandates on businesses. All of these are hurting the economy and making it harder for small businesses to create jobs and get people back to work. We need greater competition and more choices for consumers.

Since this bill became law last spring, I have heard the same message across the Fifth Congressional District: Businesses aren't hiring new employees, buying new machinery, or expanding their businesses because of increases in costs under the legislation. Imposing these higher costs on businesses will lead to lower wages and fewer workers.

Mr. PALLONE. I yield myself 15 seconds.

Mr. Speaker, I heard the gentleman from Louisiana say that Members of Congress were not in the exchange, and that is simply not the case. And I don't want to hear it repeated from the other side of the aisle. This current bill that we passed says that Members of Congress have to go into the exchange and have the same health care benefits through the exchange as any other American. So don't keep repeating that because it is simply not true.

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

Mr. UPTON. I yield 30 seconds to the gentleman from Texas (Mr. BURGESS) to respond to that.

Mr. BURGESS. Mr. Speaker, it is important that Members of Congress understand the parameters here. Indeed, we are required to buy our health insurance in the insurance exchanges as provided under the health care law. There are no insurance exchanges as they exist right now, so it is anybody's guess. We are probably still under the Federal Employees Health Benefits Plan, but nobody is actually certain about that. What is certain is that there were exemptions. There were exemptions for senior staff, senior leadership staff, committee staff, the White House, and political appointees in the Federal agencies. Everyone should be treated equally. Some are not more equal than others.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Iowa (Mr. LATHAM).

Mr. LATHAM. I thank the chairman of the Energy and Commerce Committee.

Mr. Speaker, I think it is important to understand and remember how we got here. When the Senate passed their bill on Christmas Eve of 2009, there was not a soul on either side of the aisle in the House of Representatives who thought that that turkey would work. The bill that they passed, everybody knew it was bad. So when it became procedurally impossible to change it, the Democrats decided to push for this bill that everyone understood would not work, and that is what we are dealing with today.

I think it is very promising that now—Iowa just yesterday joined a law-

suit so there is a majority of the States in this country that now say let's repeal this, that the individual mandate is unconstitutional.

So not only are we stuck with a horrible bill, an unconstitutional bill that everyone knows and understood back then would never work, now they want to preserve this. We have got to repeal this and replace it with commonsense reforms that will actually work for the American people.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, how much time is remaining on both sides?

The SPEAKER pro tempore. The gentleman from New Jersey has 14½ minutes and the gentleman from Michigan has 18½ minutes.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Mrs. McMORRIS RODGERS).

Mrs. McMORRIS RODGERS. Mr. Speaker, we can do better. There are many reasons to start over on health care reform. Do it right, and listen to the American people.

Number one, the current bill further destroys jobs at a time when we need jobs.

Number two, it actually increases our health care costs.

Three, it increases government spending.

Four, it raises taxes on hardworking families and small businesses.

Five, it takes away our choice of physicians.

Six, it cuts Medicare for seniors. Good-bye Medicare Advantage.

Seven, it threatens our world-class quality health care system.

Eight, it will add to our already growing budget deficit.

Nine, it includes taxpayer funding for abortions.

Ten, it is unconstitutional. And there are many, many more.

I encourage my colleagues to join me in supporting H.R. 2, and let's start the process of repealing this bill, the current health care reform bill, and replacing it with a bill that America deserves and America wants.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. Mr. Speaker, I rise today on behalf of hundreds of thousands of Wisconsin families who have already begun to benefit from health care reform. I am mindful of the children, young adults, and seniors who would lose access to affordable health care coverage should the measure Republicans are pushing today to repeal our recently passed health care law come to pass.

Over the years, I have heard thousands of stories from constituents about their struggles to find access to affordable health coverage. This year, my constituents' calls and letters have changed. They have transformed into stories of thanks and gratitude.

I think of Kate of Fitchburg, Wisconsin, whose family has already seen

the benefits of this law in the short time its provisions have been in effect. Kate recently shared with me how her 16-year-old daughter, Maggie, had been unable to receive affordable health care coverage because she was born prematurely with a genetic anomaly that requires frequent doctors' visits. However, as a result of health care reform, Maggie is no longer denied health coverage because of her preexisting condition. Kate also has the peace of mind knowing that once her daughter becomes an adult, she can remain on Kate's health insurance until she turns 26.

Additionally, Kate's parents are both on Medicare and have fallen into the prescription drug doughnut hole. As a result of our recently passed health care law, they have already received additional help to pay for their medications.

Unfortunately, Kate's family would no longer enjoy these benefits should this measure we are considering today to repeal the health care reform law succeed. And Kate's family isn't alone. Under repeal, 147,000 young adults in Wisconsin would stand to lose their insurance coverage through their parents' health care plans. And once again, people would be discriminated against because of preexisting conditions. And 46,000 Wisconsin seniors would face higher prescription drug costs. I urge my colleagues to oppose this measure.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Mississippi (Mr. HARPER).

Mr. HARPER. Mr. Speaker, the so-called Affordable Care Act is nothing short of politics above economics. This penalizing law is loaded with excessive constraints and oppressive Federal mandates on States. As Medicaid rolls rise, State revenues continue to fall, and this law only increases the challenges governors face in their attempts to balance their budgets.

Instead of granting State executives the authority to tailor their Medicaid programs to their State's diverse populations, the Affordable Care Act implements a one-size-fits-all maintenance of effort provision which restricts States from changing their Medicaid programs.

Republicans want to provide States with the flexibility they need to manage their health programs. This is simply one reason why I am committed to repealing this carelessly crafted health care law and replacing it with reforms centered on decreasing costs and protecting our middle class jobs.

Mr. PALLONE. I reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. LANCE).

□ 1350

Mr. LANCE. Mr. Speaker, I rise today in support of H.R. 2, an important first step toward implementing sustainable health care reform that our Nation can afford.

The health care law passed last year includes sleights of hand to mask the true cost of the measure. For example, 6 years of entitlements and subsidies are paid by 10 years of taxes, and premiums are collected for the first 10 years for a long-term care program with no benefits during that period.

Douglas Holtz-Eakin said it best when he wrote in today's Wall Street Journal that the health care law is "all about budget gimmicks, deceptive accounting, and implausible assumptions used to create the false impression of fiscal discipline."

Failure to repeal the health care law will add an additional \$700 billion to our national deficit in the next 10 years. However, we can work together in a bipartisan capacity to enact commonsense health care solutions that lower health care costs without raising taxes or adding to our national debt.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana, Dr. Cassidy.

Mr. CASSIDY. Mr. Speaker, I discuss this bill as a doctor who has been treating the uninsured for 20 years.

Now, opponents of repeal argue that this gives Americans insurance, but what in truth it often gives is Medicaid. Now, Medicaid is a Federal-State program, which is often called "welfare medicine," and it is a program which is destroying State budgets.

Last spring, the New York Times spoke about how this has implications for patient care. They spoke of a woman on Michigan Medicaid with metastatic cancer who could not find an oncologist because Michigan Medicaid had been cut so much because of Michigan's budget problems.

Carol died a week after the article. That's Medicaid.

Now, the supporters of the ObamaCare bill believe that more people on Medicaid is good. Republicans disagree because what happened in Michigan is happening across the Nation.

Last year, before this bill was passed, 20 States cut Medicaid payments, and 39 cut provider payments. This is threatening to bankrupt them. Now imagine what happens when their rolls double. Mandating that 16 million more Americans get put on Medicaid is not health care; it is a way around State budgets. It is the illusion of coverage for patients.

Let's repeal this law and pass real reform.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I believe the health care bill passed last year will not only burden American families but will also bankrupt already struggling State governments.

It has been estimated that the health care bill will saddle Kentucky with a \$303 million unfunded mandate. This burden will leave fewer resources available for public education, infrastructure projects, and other worthwhile State efforts.

It is not just Kentucky. States all across the Nation face the same dilemma. They are facing already difficult budget situations, and will soon be strapped with higher Medicaid costs as a result of the health care law. Further, the law prohibits States from altering their Medicaid offerings, essentially removing their ability to contain the rising costs.

We must stop this law from going into effect and from further burdening our State governments and American families. I urge my colleagues to vote "yes."

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. Let me thank the ranking member for the time and certainly thank him for his leadership on our committee.

Mr. Speaker, as we debate the Republican proposal to repeal health care reform, I hope—I truly hope—that the American people will open their eyes and realize that this legislation will put insurance companies back in charge of their health care.

I don't know about my friends on the other side. I don't know what kind of districts you represent, but I represent a low-wealth rural district in eastern North Carolina. My constituents need affordable health insurance. They need access to health care now.

In my district, this repeal would allow insurance companies to deny coverage to 261,000 individuals with pre-existing conditions. It would eliminate health care tax credits for up to 11,600 small businesses and 193,000 families. The number of people without health insurance in my district would grow by 56,000 people. It would increase the costs to hospitals for uncompensated care by more than \$65 million, and it would increase prescription drug costs for 7,300 seniors who hit the Medicare drug doughnut hole.

So I take great offense to any effort to repeal health care reform. This repeal would only lead to bigger Federal deficits and higher taxes for small businesses. Children, students, seniors, and small businesses owners would be devastated by losing these protections.

Mr. Speaker, I urge my Republican colleagues to stop playing politics with health care.

Open your eyes, and see the pain of America's working families. Listen to the silent majority in your districts, not the loudest people in your districts. Reject this repeal effort, and let's debate ways and means of creating jobs in America.

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

Mr. OLSON. I thank my colleague from Michigan.

I rise in strong support of H.R. 2.

Mr. Speaker, many of my colleagues have come to this floor tonight to highlight the numerous job-destroying provisions in this new health care law. They have outlined serious threats to our health care system and our economy.

Now I would like to highlight something that was not included in the law—medical liability reform.

My home State of Texas has implemented liability reform with positive results. It is a model for America to follow. Before reform in Texas, doctors could not afford to stay in practice. Frivolous lawsuits were forcing them to close their doors. Now, with reform, they are flocking—flocking—to Texas.

Here is the proof:

Since implementation in 2003, we have seen a 60 percent increase in the number of doctors practicing in our State—60 percent—and a 27 percent drop in the cost of medical liability insurance premiums.

We must repeal and replace this economy-busting health care bill by enacting meaningful health care reform. On November 2, we made a promise to the American people. Today, it is a promise kept.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from West Virginia (Mr. MCKINLEY).

Mr. MCKINLEY. Mr. Speaker, this law needs to be repealed for a host of reasons, especially because of its impact on small businesses and seniors.

Recently, I spoke to an owner of a coal mine in West Virginia which has 24 employees. She told me the act has caused her annual premiums to increase by \$84,000.

It was the wrong approach, and it will cost jobs.

Let's not lose sight, though, of our most vulnerable citizens in our society—senior citizens. The law's \$500 billion in cuts to Medicare is unconscionable. Reducing benefits for some senior citizens and jeopardizing access to other care is unacceptable to those of our Greatest Generation.

Congress should never have broken its promise that it made decades ago by cutting the health care senior citizens deserve. Let's repeal it and replace it with something that is bipartisan, that lowers costs, that saves jobs, and that protects our senior citizens.

Mr. PALLONE. I yield myself 15 seconds, Mr. Speaker.

Mr. MCKINLEY mentioned seniors.

I would point out that, beginning in 2011, the health care reform provides a 50 percent discount for prescription drugs for Medicare beneficiaries. There are 12,100 Medicare beneficiaries in Representative MCKINLEY's district who benefit from these provisions. Seniors benefit from this bill, and if you repeal the bill, those seniors are going to have a loss.

I reserve the balance of my time.



The SPEAKER pro tempore. The Chair would like to note, at the present time, the gentleman from Michigan has 11½ minutes remaining; the gentleman from New Jersey has 10¼ minutes remaining.

Mr. UPTON. I would just say I was hoping I was going to get a few extra seconds from people yielding back their time, but that apparently is not the case.

Mr. Speaker, I yield 1 minute to a member of the committee, the gentleman from Colorado, Mr. CORY GARDNER.

□ 1400

Mr. GARDNER. I thank the gentleman from Michigan.

Mr. Speaker, I am here to talk about jobs. I want to highlight a story about what is happening to one company in my district when it comes to this health care bill, one company in my district that employs 130 people, a manufacturing a company, one of the few left in the country. Even during the worst of the recession, this company kept every single employee employed by having them paint houses and rake leaves instead of firing them, because they felt obligated to their employees.

Without this health care bill, they predicted that their health care costs would increase by about 5 percent. With this health care bill, their cost will increase by 20 percent—an additional \$200,000 a year—to afford the cost of the health care bill. That's six people that they could have employed and hired and put to work, providing them with benefits, but instead we passed a job-destroying health care bill.

It is time for this Congress to act to fulfill the promise it made to America, the promise to repeal this bill and to put in its place solutions that will actually increase the quality of care and decrease the cost of care. The time is now. Let's act before we lose one more job.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. I thank the gentleman for yielding me time.

Madam Speaker, I rise in strong opposition to the bill before us. This bill would cost the American small business owner dearly.

In Sacramento, over 88,000 small businesses are eligible to take advantage of the tax credits provided under the current law to help offer and afford meaningful health insurance coverage.

Gordon, the owner of a communications firm in midtown Sacramento, covers 100 percent of his 13 employees' health insurance premiums. This is the firm's second highest expense next to payroll. As a result of the tax credits in the Affordable Care Act, Gordon's company is expecting to save roughly 25 percent in employee premiums. This frees up much-needed capital so Gordon's business can prosper and expand.

Another small business that will grow as a result of the tax credits is a small cafe owned by Pat and Kim in downtown Sacramento. They currently employ four full-time employees who receive full benefits and 25 part-time employees. With the savings they are planning to see from the tax credits, Pat and Kim will be able to hire another full-time employee.

This is the type of job creation that we need to help repair our economy and see small businesses thrive again. That is why repeal is so dangerous and why the Affordable Care Act is so critical to small businesses in Sacramento and throughout our country.

For these small businesses, I urge my colleagues to vote "no" on this bill.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from Kansas (Mr. POMPEO).

Mr. POMPEO. Madam Speaker, last week, Kansas Attorney General Derek Schmidt filed to join a Federal lawsuit challenging the constitutionality of ObamaCare, and I want to applaud Attorney General Schmidt, Governor Sam Brownback, and the 25 other States that have taken on the duty of correcting what this Congress did unconstitutionally last cycle.

Our Nation was founded on liberty, and that liberty was enshrined in our Constitution. They gave to us, as Members of Congress, certain powers, enumerated and very limited. The ObamaCare law strikes at the heart of that constitutional principle and for the first time requires every citizen of America and Kansas to buy a health care product or face a stiff penalty. Never before has Congress required anyone to buy a private product in this way. It can't be right. If that power were to exist in Congress, our power would be unlimited, and that's not how our Founders intended it.

I urge every one of my fellow colleagues to take aim at this law which threatens our liberty, our health care system, and jobs in America and Kansas.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. I thank the gentleman. Madam Speaker, about a year ago, I got a call from Donna, a mother who lives in Plainfield, Vermont, and this was her story:

She has a son who had his first job. It paid like 9 bucks an hour and it came with no health care, but they were excited that her son was getting out in the workforce, learning discipline, learning self-responsibility. But he lost the health care because he was no longer on her policy. He got into an accident. He's fine, but he has \$20,000 in medical bills that were uncovered. That is a burden on him and it's a burden on the family. When she learned that we passed health care that included coverage for her 21-year-old son, she was ecstatic. It relieved an enormous burden on this family because they knew that their son would have coverage.

This repeal bill is taking away that coverage for Donna's son. Why?

The question that we have is different from the campaign where we made our arguments. We now are in Congress and we have a mutual responsibility to decide whether we are going to spend our time here continuing to make partisan political points or making practical progress for the American people.

You have some good arguments about the health care bill and about what reforms we need, and we've got to wrestle with the cost of health care. No matter how we pay for it, the cost can't go up higher than wages and salaries. But what we should do is improve what we have, correct what must be corrected, and get rid of what doesn't work. But to throw it all out, all these insurance reforms—health care for Donna's son, preexisting conditions, preventive care for seniors where by getting care in time it's going to save us money—that's the wrong thing to do.

When does it make sense to toss out the good rather than correct the bad?

Mr. UPTON. Madam Speaker, I yield myself 15 seconds.

I appreciate what the gentleman from Vermont just said. I want to assure him that as we look at the replace piece of this, that element—to make sure children under the age of 26—will, in fact, be covered. I made that point in the Rules Committee 2 weeks ago, and we will be doing that again in the days to come.

Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. KINZINGER).

Mr. KINZINGER of Illinois. Madam Speaker, for the last 10 months, I have traveled around my district and I've heard from people through the campaign and then now as a Member. I heard from people that we need to repeal this health care bill. The folks back home get it. They understand that this is a budget-busting bill that is going to add mountains of debt on our children, and it's job killing to the tune of hundreds of thousands of jobs a year.

Recently, 200 economists came out and recognized that this is a "major barrier to job growth" and "creates massive spending increases and a crushing debt burden." The path to affordable health care starts with being able to buy insurance across State lines, providing reduced premiums, and also we have to have lawsuit abuse reform. That is a key element to getting health care costs down. Ultimately, we have to have reforms, though, that will protect the doctor-patient relationship that is so sacred in America and in medicine.

So today we begin working to carry out the voice of the people by implementing health care solutions that will reduce costs, increase accessibility, and protect American jobs. Today we begin advocating for the next generations of Americans, not advocating for the next election in America.

Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

Madam Speaker, I would just like to point out again—we've said it over and over again—that the CBO, which gives the official estimate, says that over the next 10 years the health care reform saves \$230 billion, and after that, for 10 years, over \$1 trillion.

The Republicans can't get away from the fact that if they repeal this bill, all that is going to do is increase the deficit significantly, because our bill, the current law, actually reduces the deficit.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from Virginia, MORGAN GRIFFITH.

Mr. GRIFFITH of Virginia. Madam Speaker, I believe the minimum essential coverage provision penalty is unconstitutional.

I took an oath to uphold the Constitution. This time last year, as a member of the Virginia House of Delegates defending that Constitution, I was proud to cast my vote for House Bill 10, which mandated no Virginian shall be required to buy health insurance.

□ 1410

Our attorney general has joined the fray and filed suit in court and is winning. As Virginians, we did not accept the change of George III, nor will we accept the change of ObamaCare.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time at this point.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from the great State of Michigan, Dr. BENISHEK.

Mr. BENISHEK. Madam Speaker, before coming to this House, I have actually been taking care of patients for the last 30 years, and as a surgeon, I work with patients to provide care and earn their trust. The doctor-patient relationship is the very foundation of the practice of medicine. Unfortunately, the health care law passed in the last Congress does not build the doctor-patient relationship; it undermines it. Full of hidden costs and red tape, the law overregulates and limits patient choices.

We need to repeal this bill, start over, and craft health care legislation that actually puts patients first and puts them in charge of their care. Repealing this bill is not the end of health care reform. This gives us a second chance to tackle the problems of our system while focusing on what makes our system great.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I thank the ranking member of the Health Subcommittee and my colleagues.

You know, we're at about the half-way mark of this debate today. So I think it's time for us to kind of take a little review and also offer people listening at home kind of a viewer's guide to what they have heard and what they are likely to hear coming forward.

There are basically three formations of the argument by the Republicans:

First, they start by making stuff up. You kind of have to wonder if any of them actually read the bill: 137 new agencies—not true; new IRS agents—not true; death panels—not true; Members aren't covered—not true; no tort reform in it—not true.

You know, I want to just advise people watching at home playing that now popular drinking game of you take a shot whenever the Republicans say something that's not true, please assign a designated driver. This is going to be a long afternoon.

Then there are my colleagues on the Republican side of the aisle that are basically pursuing the "we don't really mean it" strategy. My good friend, the new chairman, Mr. UPTON, started his remarks with this long litany of things they are going to do in the new bill. They're going to have coverage for pre-existing conditions. They're going to have help for the doughnut hole. They're going to make sure there are incentives for small businesses to offer insurance. You know what they call that, my colleagues? They call that the bill they're repealing. It sounds very strange, but they want to repeal the bill but they still want to give it a big hug and embrace as if they support the things.

And then, of course, there is the old fallback, and this is a particularly powerful one for the newer Members who are just joining us. It's kind of the bogymen strategy. You know, you pull those canards out of the sky: It's socialized medicine. Socialized medicine? Giving people incentives to go to private insurance companies? How is that socialized medicine? If that's the case, you all have socialized medicine.

Now, it's worth noting that this is the same Republican Party who last year in their budget alternative and this year in their campaign manifesto said, We want to end the Medicare program as we know it. I mean, they don't talk about it much, but that's their philosophy. And we have a fundamental disagreement about it. They say there is going to be a government takeover of health care. Really? Who's taking over what health care plan?

We're offering people tax incentives, small businesses tax incentives to go buy private insurance plans. You know, this was a proposal first made by Republicans that was adopted. We decided that that was the way to go.

But stay tuned, ladies and gentlemen. This is the sign of a philosophical division. You have one side that stands up for patients and for citizens and for businesses and the other side which is a wholly owned subsidiary of the health insurance industry.

But we've seen it. Whether they're making up things, whether they're creating bogymen, or whether they're saying, Well, no, we don't really mean it, this is a harbinger.

And I would say to Americans watching at home, think what side you're on.

If you're in love with insurance companies and want them to succeed and you don't care about anything else, by all means, this is your team. These are your guys. But if you believe that we need to make sure that people get health insurance, that they're not passing along their bills to the taxpayers each and every single day, that you believe in programs like Social Security and Medicare, these are your guys.

This is kind of your half-time wrap-up for the debate that we're having here today. And those are the two sides. Ladies and gentlemen, pick your side.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE  
The SPEAKER pro tempore (Mrs. MILLER of Michigan). Members will address all of their remarks to the Chair.

Mr. UPTON. Madam Speaker, I yield 1¼ minutes to the gentleman from Texas, Dr. BURGESS.

Mr. BURGESS. I thank the chairman.

Remarks to the Speaker.

All right, Madam Speaker, who loves insurance companies? Was it the party that gave them a constitutional mandate that drilled their stock prices through the roof last March 23? Maybe it was.

We talk about new agencies and that the Republicans are misleading the American people on how many new agencies are created. Your own Congressional Research Service said the actual number of new agencies is in excess of 150 but the actual number is unknowable. They took a phrase from former Secretary Rumsfeld in that regard.

What about the new agencies? What about the Office of Consumer Information of Insurance Oversight? Where did that come from? Authorized in the bill? I think not. Appropriations in the bill? Your guess is as good as mine, but they're out there today hiring people and renting space.

The Independent Payment Advisory Board. Is that just a canard or is that a real phenomenon that threatens the financial solvency of every hospital, public or private, in this country?

Exchanges. Good idea? Bad idea? We can have that debate. But it is the subsidies within the exchanges that are intolerably high and paid for by taking the money out of our seniors' Medicare system.

These are the problems. These are the issues that should be debated. We're talking about modest changes on the margins.

The real fundamentals of this bill are so deeply flawed and the risk to the American public because of the expansion of the deficit is so real, it requires the repeal of OB taken today.

Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

Madam Speaker, again, Dr. BURGESS talked about impact on hospitals. I want to point out that the health care reform law benefits hospitals by covering more Americans and thereby reducing the costs of providing care to

the uninsured. Repeal would undo this benefit, increasing the costs of uncompensated care by \$249 million annually for hospitals in his district.

I yield 15 seconds to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I want my colleagues to understand, to say that you're not going to give them insurance, who do you think then pays for those uninsured? Who do you think then comes in and pays? It is your citizens in your towns, States, and cities. That's who pays for the uninsured and all of us who wind up footing the bill.

You talk about responsibility. What about the responsibility not to pass the bill along to everyone else?

Mr. UPTON. May I inquire how much time is left.

The SPEAKER pro tempore. The gentleman from Michigan has 5 minutes remaining; the gentleman from New Jersey has 2½ minutes remaining.

Mr. UPTON. I yield 1 minute to the gentleman from Texas (Mr. CANSECO).

Mr. CANSECO. I thank the gentleman from Michigan.

Madam Speaker, I rise in support of repealing the \$2.6 trillion Washington takeover of health care.

I spent the past year speaking with thousands of Texans in the 23rd District. The message I received was explicit and distinct: Repeal and replace the jobs-destroying health care law.

We must reform health care in America. However, we must do so in a way that doesn't destroy jobs but ensures the American people can get the health care that they need when they need it, at a price they can afford, and doesn't put Washington bureaucrats in charge of America's health care.

Mr. PALLONE. I continue to reserve the balance of my time.

Mr. UPTON. I yield 1 minute to the gentleman from South Carolina (Mr. DUNCAN).

Mr. DUNCAN of South Carolina. The first time I stood on the floor to speak, I spoke to read the United States Constitution. Now I rise to defend this great document that I carry with me every day by advocating for the repeal of the unconstitutional health care bill, ObamaCare.

Let me convey the thoughts and feelings of the people from my home State, South Carolina.

To the last Congress I ask: Where in this document, the United States Constitution, or in the writings of our Founding Fathers leads you to believe that we as free Americans should not be able to choose and pick our own doctors? What leads you to believe that the government takeover of health care is even constitutional? And why didn't you listen to the millions of Americans who yelled at the top of their lungs that we don't need or want the government to be in control of our health care decisions?

□ 1420

I think it's time we return this House to the people, and we can start by re-

pealing the job-killing, socialistic, and out-of-touch health care bill.

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Madam Speaker, I want to respond, because if the Constitution means anything, it also shows that as Members of the House and the Senate, the legislative branch, it's not our job to decide constitutionality. My opinion is just as important as yours. It's the nine people over in the Supreme Court that the Constitution gives that authority to.

And I think the health care law is constitutional, because all those companies serve all of our States. It's across State lines. The commerce clause works that way. So hiding behind the Constitution—and we read it here on the floor—this bill will be constitutional because Social Security's constitutional, mandatory insurance in our States is constitutional. So we can have that argument. It doesn't do any good.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from New Hampshire (Mr. GUNTA).

Mr. GUNTA. I thank the chairman from Michigan for yielding the time.

Madam Speaker, I rise to add my voice to those calling for repeal of last year's misguided overhaul of our national health care system. Seldom has a well-intentioned desire, in this case making the system work better, strayed so disastrously off course.

The new law destroys existing jobs, inserts government between you and your family doctor, and allows Washington to still spend more money, more borrowed money. Even worse, it fails to accomplish its primary goal. Instead of making health insurance more affordable, premiums today remain sky high for individuals and employers.

Now we have a two-part opportunity before this Congress. First, we must repeal last year's unconstitutional legislation. Then we need to begin the process of delivering what Americans are demanding, a patient-centered health care system that is effective, efficient, and simply reduces costs.

Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

The gentleman from New Hampshire, if he votes for this repeal, he is eliminating new health care coverage options for 1,900 uninsured young adults, increasing the number of people without health insurance by 24,000 individuals, and increasing the cost to hospitals of providing uncompensated care by \$35 million annually in his district.

Mr. UPTON. Madam Speaker, may I inquire of the time remaining.

The SPEAKER pro tempore. The gentleman from Michigan has 2 minutes. The gentleman from New Jersey has 1¾ minutes.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from Maryland, Dr. HARRIS.

Mr. HARRIS. Madam Speaker, as a physician delivering care in labor and

delivery for 26 years, I know that the last thing we need is a new government bureaucrat looking over our shoulders when I am in that delivery room administering an anesthetic to a mother for an emergency cesarean section to save her baby's life. But that's exactly what ObamaCare will do if we don't repeal it.

Instead of the last Congress making sure that the baby born that day has a real chance at the American Dream by creating jobs and solving America's long-term fiscal crisis, they added over \$2 trillion to our children's and grandchildren's debt with that job-destroying ObamaCare bill. That's why we should repeal it today.

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

Madam Speaker, in this debate the truth should be told about the Republican repeal. In fact, the Republican bill should come up with a health warning that their measure is dangerous to America's health. For many people, the issue of having health coverage is a matter of life and death, and I would say there are so many benefits that we have pointed out during this debate that already exist for the average American that to talk about repeal at this time and eliminate those benefits for those people that have pre-existing conditions that wouldn't be able to get coverage, or would face lifetime caps or rescissions, it simply needs to be told that the fact of the matter is that right now there are tremendous benefits that are coming to the average American from this legislation. And to repeal it at this point makes absolutely no sense. It's completely a waste of time.

We have no indication that this repeal would ever go to the Senate or ever be considered by the President. And I just wish that my colleagues on the other side of the aisle, instead of wasting their time talking about this repeal that is going nowhere, would instead focus on the economy. Focus on jobs. When I talk to my constituents, that's what they want us to deal with.

We just began this session of Congress about 2 weeks ago. The focus should be on the economy, on jobs, on trying to do what we can to improve the lives of the average American. We have tremendous benefits that exist under this health care legislation now. Why focus our attention, in this first 2 or 3 weeks of the Congress, on this repeal? It makes absolutely no sense.

And I would ask my colleagues, after today, please, let's focus on jobs. Let's focus on what we can do to improve the economy. Let's not continue this debate on health care, because actually what my constituents want is they want this bill to unfold. They like the benefits that have already come forward. And a lot more benefits will accrue. Most Americans will ultimately be covered by health insurance, and that's the key. Let's focus on jobs and the economy and stop this ruse about health care repeal.

Mr. UPTON. Madam Speaker, to close our debate, I yield the balance of my time to the gentleman from Illinois (Mr. HULTGREN).

Mr. HULTGREN. I thank the chairman from Michigan for yielding.

Madam Speaker, the so-called Affordable Care Act has clearly failed to make health care more affordable. Since the passage of this law, I have heard from local families throughout my community concerned about what this will mean to their pocketbooks and from small business owners who are concerned about how they will keep their doors open.

Making health care affordable requires that we address out-of-control costs, such as lawsuit abuse reform. This issue was completely and inexplicably ignored in this act. The act has also created paralyzing uncertainty and new layers of bureaucracy, putting new demands on businesses in the form of mandates and new taxes, forcing them to comply with yet-to-be-written regulations that prevent them from hiring and stalls the economic recovery that we need so dearly.

After this vote, I look forward to working with all of my colleagues to find ways of lowering the cost of health care, maintaining a patient-focused system, making health care more accessible to all Americans, and working with families and businesses to find quality insurance. This act failed to accomplish such commonsense goals. In fact, it made matters worse. Therefore, I will vote for its repeal, and I encourage all of my colleagues to join with me on both sides of the aisle and vote "yes."

Mr. CAMP. Madam Speaker, I yield myself 4½ minutes.

The Democrats' health care law is fundamentally flawed; and we will, having listened to the will of the American people, vote to repeal it today. The problem with this law, among its many faults, is it puts government at the center of health care decisions, not doctors and patients. Instead of families deciding what coverage is best for them, this law has the Secretary of Health and Human Services making that choice. Instead of families and employers deciding how much they can afford, the IRS is making that decision.

□ 1430

Instead of families and employers deciding if they need health insurance, the government is mandating they purchase it.

This is all about the government. It's Washington knows best, and it's wrong. By virtually every measure, this law is a failure. The health care law fails to control costs. It fails to let Americans keep the insurance they have and like. It fails to protect jobs and, in fact, hurts job creation at a time when the unemployment rate has remained above 9 percent for 20 months. It fails to ensure seniors have access to their doctors and hospitals, and it fails to

prevent tax increases from hitting middle class families.

Let's review the facts. The health care law makes health insurance more expensive for millions of Americans. Well, according to the nonpartisan Congressional Budget Office, the Democrats' health law will increase premiums for millions of families by up to \$2,100 on average by 2016—\$2,100 more expensive than it would have been if Congress had done nothing, almost \$3,200 more expensive than the Republican alternative we offered last Congress.

The Democrats' health care law forces millions of Americans out of the health care plan they have and like. The Obama administration has predicted that as many as 7 out of 10 employers will have to change the coverage they offer their employees because of the Democrats' health care law.

The health care law discourages employers from hiring new workers, increasing wages, or retaining existing employees. There are over \$500 billion in new job-destroying taxes, many of which hit middle class families.

With all these taxes and new regulations, it's no wonder that major employer groups such as the National Federation of Independent Business, the National Association of Manufacturers, the U.S. Chamber of Commerce, as well as Business Roundtable and The Business Council call the Democrats' health care law destructive and dangerous.

The health care law jeopardizes seniors' health care. Again according to the Obama administration's own actuaries at CMS, the massive Medicare cuts contained in the Democrats' health law could threaten seniors' access to care and cause providers to stop treating Medicare patients.

Entitlement expansion is not health care reform, and giving new powers and regulations to departments like HHS and letting the IRS hire up to 16,000 new auditors, agents, and other employees is not the same as empowering doctors and patients, and it isn't the job creation America needs.

The American people know that like a tree that's rotten at the center, we must cut it down and put something new in its place. That's what we are doing today, cutting the government out of the waiting room, out of the doctor's office and out of your medicine cabinet.

Once we have done that, we will begin tomorrow to implement step-by-step commonsense reforms that actually lower the cost of health care and actually respect the doctor-patient relationship. This House, this majority, Republicans, have heard the American people loud and clear, and we will not let government dictate your health care coverage. We will repeal this law, and we will continue our effort until Americans are again free to choose their health insurance plan, to choose their doctor and to choose what is best

for them, their family, and their business. This is a Congress dedicated to empowering the American people, not increasing the size, scope, and cost of the Federal Government.

I urge my colleagues to vote with me to repeal this job-destroying and cost-increasing health care law.

I reserve the balance of my time.

Mr. LEVIN. I yield myself 4 minutes.

Madam Speaker, health care reform is an American family law. Repealing it would hurt families all across our Nation. Repeal would mean rescission, taking away benefits from millions of Americans, giving power back to health insurance.

Let's be clear: This law is working. Repealing it would have real-life consequences for millions of Americans.

As many as 19 million kids in our country have health problems considered preexisting conditions. In the past it could have led health insurance companies to drop their coverage. This new law changed that. One example—there are millions: One mother in my district, Felicia Tisdale, said she has been anxious about her daughter's health insurance since she was diagnosed with diabetes at age 3. Ms. Tisdale and others like her no longer have to worry about their children being denied coverage.

More than 1 million young adults are already benefiting from the provision that allows them to stay on their parents' plan until they turn 26. Just one example: A constituent, Sean McCarthy, an auto worker, told me in a letter that his two children, ages 19 and 23, could not afford to stay in college, but he was grateful that the new law at least enabled them to get health insurance by joining his plan.

And then seniors, millions, millions have seen their out-of-pocket drug costs go down under this new law. Nearly 3 million Medicare recipients have received a reimbursement check in the mail in the last year relating to the doughnut hole.

One gentleman who I represent, Harry Wimble of Warren, Michigan, wrote to me, thankfully, that his wife received \$250 that she otherwise would not have. He said his wife paid thousands of dollars out of pocket in 2010 because of the doughnut hole.

Repeal would mean releasing insurance companies once again to impose unreasonable premium increases, to deny insurance to whomever they please whenever they please, to set annual lifetime benefit limits, to discriminate against women through higher rates and arbitrary definitions of preexisting conditions. Repeal would mean retreat, retreat, from moving America ahead.

We will fight that retreat. It will not happen.

I reserve the balance of my time.

Mr. CAMP. I yield 3 minutes to a distinguished member of the Ways and Means Committee, the gentleman from California (Mr. HERGER).

Mr. HERGER. I rise in strong support of this legislation to repeal ObamaCare.

Madam Speaker, Americans expect a new Congress to make job creation a priority and get our country back on the path of fiscal responsibility. Any serious plan to achieve these goals must begin with repeal of ObamaCare.

Madam Speaker, I represent 10 rural counties in northern California with chronically high unemployment rates. Last year I spoke with the owner of a restaurant chain based in Redding, California. He had originally planned to open 10 new locations this year, creating hundreds of new jobs. But because of the higher labor costs imposed by ObamaCare, he has decided not to expand at all.

At the other end of my district in California's Capay Valley, I have heard from a family-owned farm that delivers fresh produce to residents across the State. They are facing a staggering \$1.7 million in costs from the new health care mandates. Add these to thousands of similar stories across the country, and it's clear that this law will have a devastating impact on workers and employers alike.

That's why the National Federation of Independent Business and the U.S. Chamber of Commerce are urging Congress to vote "yes" on repeal. My friends on the other side claim that ObamaCare will reduce the deficit. Yet no one truly believes that a new trillion-dollar government entitlement is the solution to a deficit crisis caused by reckless spending.

As 200 respected economists wrote just this week, the assertion that ObamaCare is "paid for" is "based on omitted costs, budgetary gimmicks, shifted premiums from other entitlements, and unsustainable spending cuts and revenue increases."

These economists conclude that ObamaCare could actually increase the deficit by more than \$500 billion the first decade and by nearly \$1.5 trillion the following decade.

□ 1440

Madam Speaker, Republicans are committed to advancing genuine reforms that reduce the cost of health care, but we must begin by doing away with this bad law that moves our health care system in the wrong direction.

Vote "yes" on repeal.

Mr. LEVIN. I now yield 2 minutes to the very distinguished gentleman from New York (Mr. RANGEL).

Mr. RANGEL. Thank you so much. I wish when the dust settles and we have an opportunity to sit together with our Republican friends that we can come up with a reform called "truth in advertising" as we label these bills.

What was a national bill and has been signed into law now is being referred to as the "Democrat ObamaCare job-killing threat to your natural life" bill. And of course this is misleading perhaps to a lot of new Members because they should know, as the listeners to this debate should know, that this ain't repealing nothing.

It's an obligation that some people feel that they made to their constituency who elected them who thought perhaps that that's all you had to do was put in a bill.

But under 2 minutes, I can't get into this how to repeal a law; but it starts off with a vote in the House, then you have to get a vote in the Senate, and then you have to override a veto by the President of the United States.

So if this is done for political reasons, I have always been able to find some good, no matter how this thing is misconstrued, in letting people who follow debate know this is not going to take away the benefits that you received under the Affordable Care Act, that you will continue to receive these preliminary benefits now, and as the years go forward and you find that you're in need of service or some one of your dear ones, you would find that the bill that people were screaming had to be repealed that we would have joined in recognizing that this is the political theater part about it, but we will be forced to review the bill, improve it if we can, and at the same time be able to say that it's not a Democrat bill, but the Congress in support of the President of the United States saw fit after all of these decades of not recognizing the right of our citizens to have health care to come together and have a bipartisan effort to provide this care.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a true American hero, a distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. SAM JOHNSON).

Mr. SAM JOHNSON of Texas. Thank you, Mr. Chairman.

I rise in support of freedom and free enterprise. This is America where the Constitution and freedom and free enterprise are the hallmarks of this great democracy. I think one of the most compelling reasons people went to the ballot box last fall and cast their vote was they felt angry that those in power were disregarding personal liberties and trampling the U.S. Constitution.

As you know, under ObamaCare the Federal Government forces freedom-loving Americans to hand over their hard-earned money for a mandatory product, in this case health insurance.

That's just not how it should be done in a democracy. In a democracy, you have the freedom to choose if you want to buy something. In a democracy, you have the freedom to choose if you want to purchase health insurance. In a democracy, you have the freedom to choose just to say no.

This vote is about freedom and free enterprise and what's best for the future of America. As a constitutional conservative, I say vote for freedom and repeal ObamaCare.

I will close with some words from Patrick Henry: "The Constitution is not an instrument for the government to restrain the people. It is an instrument for the people to restrain the government—lest it come to dominate our lives and our interests."

Let's stand up for freedom and repeal ObamaCare.

Mr. LEVIN. I yield myself 10 seconds.

Almost 50 million people have no health insurance. For most of them, there is no freedom to choose. There's no ability to obtain it.

It is now my privilege to yield 2 minutes to a fighter for health care for many, many decades, Mr. STARK of California.

Mr. STARK. I thank the gentleman for yielding.

Madam Speaker, I rise today in strong opposition to repealing health reform. Instead of focusing on job creation, my friends across the aisle want to refight the health reform debate and take away patient protections that are already helping people get the health care they need.

It bears repeating: health reform is already helping millions of people in America. These aren't just numbers; they are real people. In my community, I received a letter from a young woman named Stephanie Blazin from Castro Valley, California. Stephanie recently graduated from college, married and moved to California where her husband was pursuing a graduate degree. She was lucky and quickly got a job. Then within her first few weeks of the job, she found she was pregnant. This should have been an exciting time for a young couple to start a family. Instead, she learned that her pregnancy was a preexisting condition and she had obtained no coverage for any medical needs surrounding it. She said to me, The first thought through our minds were tainted by how we were going to financially handle this pregnancy and a baby.

Fortunately, because health reform is law and she is under age 26, Stephanie was able to quickly change her health insurance to obtain coverage on her father's health insurance. She now has full coverage for her pregnancy.

Under the Republicans' plan, Stephanie would be stuck with NoCare. That's the Republican plan. By repealing health reform, the GOP plan would provide no protections for people's health, NoCare if you lose your job, NoCare if you have a preexisting condition, NoCare if you are a senior in the doughnut hole, NoCare if your insurer hikes your premiums and you can't afford it.

The Affordable Care Act has finally enacted fair rules for insurance companies. The Republicans want to take those protections away and put the insurance industry back in charge.

I urge my colleagues to vote "no" on the Republican NoCare bill.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. BRADY).

Mr. BRADY of Texas. Mr. Speaker, to those middle class Americans listening to the debate today, let me speak to you. This is your life. This is your health. You deserve the right to make your own decisions about your health

care rather than being forced into some government-run plan that is centered around what Washington needs and not what you need.

Thanks to the last Congress, this is your new health care plan. We had our staff spend 4 months, weekends and evenings, going through all 2,801 pages of that bill, and we just said, tell us how it works. And this is the answer. We couldn't even fit the whole bill on one page. This is one-third of all the new bureaucracies. At the bottom line, 159 new Federal Government agencies, commissions and bureaucracies in between you and your doctor.

Now, is this the health care reform you were hoping for? If ObamaCare is so great for families, why are health care costs going up and going to go up even higher? If it's so great for small businesses, why are they here today in Washington pleading for us to stop it? And if it's so great for seniors, why have so many been forced out of their Medicare Advantage plan? They can't even see a local doctor anymore because so many local doctors can't see them. They can't afford to cover Medicare senior patients.

Health care is too important to get wrong, and ObamaCare got it wrong. American families, our seniors and our businesses deserve better; and the right place to start is to start over. Repeal ObamaCare and let's come back with some commonsense reforms America can embrace.

Mr. LEVIN. It is now my privilege to yield 2 minutes to another long-time fighter for health care for Americans, Mr. McDERMOTT of Washington.

(Mr. McDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. McDERMOTT. Madam Speaker, a very famous Republican 100 years ago proposed that we have national health insurance in this country. And he also said this—his name was Teddy Roosevelt by the way—“It's not the critic who counts; not the man who points out how the strong man or woman stumbles, or where the doer of deeds could have done them better.

“The credit belongs to the man or the woman who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes up short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows the great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

□ 1450

Now, I have been here for 23 years, and since the Republicans defeated the efforts of the Clintons in 1993-1994, I

have waited for 16 years for my cold and timid friends to make one proposal that will deal with the preexisting condition question. We have 125 million Americans who cannot go out and get insurance, who cannot leave their job if they have insurance through their job because they have a preexisting condition, and you have been silent for 16 years. Now you want to come up and throw this away.

Why don't we just settle down and we can make some amendments to this bill. I think there are some things wrong with it. There is a lot of stuff that I didn't get into it when it came through this House. I am sure that there are some things that you would like. But throwing it away is a political farce. You know it isn't going to work. You have admitted it isn't going to work. It is never going to pass, and so we go through.

Let's get the vote out of the way. Vote “no.”

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are advised to address their remarks to the Chair.

Mr. CAMP. I yield 2 minutes to the gentleman from California (Mr. NUNES), a distinguished member of the Ways and Means Committee.

Mr. NUNES. Madam Speaker, at enormous cost and in the face of tremendous opposition across the country, the previous majority in Congress forced on the American people a great socialist experiment in government health care. No area of the American health care system was left untouched by ObamaCare.

In the name of reform, the Democrat majority expanded a broken government program, Medicaid. They cut funding from what is already the Nation's largest unfunded liability, Medicare. And then, basking in their glory, they added a whole new entitlement program to our catastrophic national debt.

The American people were never told the truth. They were promised health care choices but saw them taken away. They were promised they would save money but saw their health care get more expensive. The most in need were promised access to health care through Medicaid, a program that is not only bankrupting the Federal Government but the State governments as well.

Madam Speaker, the clock was unfortunately turned back last year. Failed socialist policies reemerged from the dust bin of history, and it was a dark chapter for our Nation. Instead of improving the lives of all Americans by fixing our broken health care system, starting with Medicare and Medicaid, the Democratic majority subjected the American people to class warfare, anti-capitalist hate speech and vitriolic rhetoric. Bathed in excesses of power, they passed a bill that, by their own admission, they hadn't read, and then lectured the American people claiming that we have to pass the bill first so we can find out what was in it.

Madam Speaker, the American people have read the bill, and they have rejected it. Today the House will repeal ObamaCare, and we will ensure that this renaissance of socialism in America is the shortest living political era in our Nation's history.

Mr. LEVIN. Madam Speaker, I yield myself 10 seconds.

I am disappointed that this diatribe about socialism comes to the floor today.

Madam Speaker, I yield now for a unanimous consent request to the gentleman from California (Mr. BACA).

(Mr. BACA asked and was given permission to revise and extend his remarks.)

Mr. BACA. Madam Speaker, I oppose this repeal of the health bill that is good for my district.

Madam Speaker, right now, Democrats and Republicans should be coming together to create new jobs, help struggling middle class families, and reduce the deficit. But instead of dealing with the problems of today, our Republican friends want to turn back the clock. Now is the time for job creation, not job elimination.

We have heard some say that health reform will bankrupt our Nation. But we know that is not true. In fact the Congressional Budget Office has confirmed that health reform lowers the deficit by over \$1 trillion.

We have heard some say that the business community cannot afford health care reform. But we know that repealing reform actually increases taxes on America's small businesses, by eliminating health care tax credits.

Repealing the health care reform law means:

Discrimination against individuals with pre-existing conditions—jeopardizing coverage for up to 305 thousand individuals in my District;

Gender discrimination that allows insurance companies to charge women higher premiums than men for the same coverage; and

Higher prescription drug costs for seniors on Medicare—including over 5 thousand seniors in my District who will be thrown back into the “Donut Hole.”

Hospitals in my District are already busting at the seams. They can't afford the \$146 million in uncompensated care costs that repeal would bring.

I refuse to go back home and tell parents in my District that 56 thousand of their children will no longer be able to find insurance because of pre-existing health conditions.

We must continue to move forward and focus on job creation. Now is not the time to return to the failed policies of the past.

Let's stand with American families and say “no” to more insurance company control; “no” to increasing the deficit; and “no” to all efforts to repeal health reform.

Mr. LEVIN. I yield for a unanimous consent request to the gentleman from Arizona (Mr. PASTOR).

(Mr. PASTOR of Arizona asked and was given permission to revise and extend his remarks.)

Mr. PASTOR of Arizona. I thank the gentleman for yielding.

Madam Speaker, I rise today in opposition of H.R. 2 and I am disappointed that the House has acted to repeal the landmark health reform legislation we passed last year.

This act represents a huge step backwards in ensuring that everyone has access to affordable health care. This bill flies in the face of the idea that health care is a right and that everyone deserves access to care.

The repeal of the Patient Protection and Affordable Care Act (P.L. 111-142) and the health provisions in the Health Care and Education Reconciliation Act (P.L. 111-152) will have a major impact on the people in my district. Without maintaining the strong protections enacted under these laws, hundreds of thousands of people in the 4th district, including 60,000 children, could be denied coverage because of a preexisting condition. Additionally, nearly 5,000 seniors on Medicare will face immediate increases in the cost of their medication, while an additional 58,000 will be forced to pay out of pocket for preventive screenings for conditions such as breast and colon cancer. And with our economy struggling to get back on track, repealing health care will deny hundreds of small businesses and thousands of families in my district crucial tax credits to help offset the cost of coverage.

I have long supported the idea that health care is a right, not a privilege. It is with that in mind that I strongly oppose this misguided action.

Mr. LEVIN. Madam Speaker, it is now my privilege to yield 2 minutes to the gentleman from Georgia (Mr. LEWIS), another fighter for what matters to Americans.

Mr. LEWIS of Georgia. I want to thank the gentleman from Michigan for yielding me this time.

Madam Speaker, it is unbelievable that with so many people out of work and millions of people uninsured that the first item of this new Congress is to take health care away from people who just got coverage. More people have insurance today because of the Affordable Care Act; more small businesses are offering health insurance to their workers. For the first time in the history of our Nation, we are headed in the right direction. We are making health care a right and not a privilege.

The repeal will force seniors to pay for more drugs. It would kick young people off of their parents' insurance. We will go back to a time when insurance companies were allowed to discriminate. And once again it will allow insurance companies to put profits above patients' health.

We must not turn back. We have come too far. We cannot go back. The American people are counting on us to do what is right, what is just, what is fair. We made a promise of health care to the American people. We must keep that promise. Vote "no." Keep the promise of health care for all of our citizens.

Mr. CAMP. Madam Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. TIBERI), a distinguished member of the Ways and Means Committee.

Mr. TIBERI. Madam Speaker, I rise in favor of this bill to repeal the government health care law that was passed in 2009. This issue was front and center of my campaign, as I am sure it was in many of the campaigns of the people in this body today. Most of my

constituents in central Ohio opposed the 2,000-page bill that became law, and are just beginning to find out what's in it. Sure, they knew about some of the good things like dealing with pre-existing conditions, which most of us on this side of the aisle support doing something with as well. But they didn't know about the medicine cabinet tax, for instance. That's right, flexible savings account changes. No more over-the-counter medicines for moms who are buying that infant Motrin for their babies. And next year, a cap of \$2,500 for that flexible savings account. They didn't know about the health savings account withdrawal tax that will impact many Americans across our country.

A majority of my constituents want a patient-centered approach, not a government-centered approach; an approach where doctors and nurses are at the center of the process, not government bureaucrats in Washington, D.C.

In addition, Madam Speaker, a third of my seniors who are on Medicare Advantage like the health care they have. Apparently, they won't be able to keep it under this provision of the law.

So, today we have an opportunity, and the debate is over whether we change what we have, repeal it and replace it with something better, something that is patient centered and patient focused.

Mr. LEVIN. I yield 2 minutes to the gentleman from Massachusetts (Mr. NEAL), a member of our committee.

Mr. NEAL. During the course of the campaign, we heard that this was going to be repeal and replace. What we have in front of us is simply repeal, because there has never been a credible alternative offered for replace.

This legislation is modeled after a modest, market-driven proposal offered by that left-winger, Mitt Romney; that left-wing advocate, Bob Dole; and, yes, that champion of liberal causes, Richard Nixon.

□ 1500

This is an amalgamation of a series of proposals offered over many years. But what do we hear? The usual scare tactics: "ObamaCare"—16 years ago, it was "ClintonCare"—"government takeover," "socialism," and the best one of all, "death panels."

People wonder why the language here is so charged, why it is so incendiary. It is because of the lexicon it has chosen for the purpose of scaring the American people. As President Bush said, if you need health care, go to the emergency room.

Remember what this proposal does: It removes 57 million people with pre-existing conditions from insurance. It eliminates provisions for 2.4 million young adults to maintain health care on their parents' coverage until they are 26. This bill would allow a return to discrimination toward a woman based on higher premiums if she has had breast cancer or perhaps even if she has been a victim of domestic violence or had a child.

This bill that is proposed by our friends on the other side would get rid of a lifetime cap on out-of-pocket expenses. Why is that important? I dare them to challenge the following statistic: Half the bankruptcies in America are health care related. People lose their jobs. They lose their homes. They lose everything because they get sick.

I hope we oppose this repeal measure or at least until we hear a replace proposal.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Kentucky (Mr. DAVIS).

Mr. DAVIS of Kentucky. Madam Speaker, the Democrats' health care law has only been in place for 10 months. Yet the problems and negative effects are already painfully clear and well documented. The American people stood against it when it was forced through Congress last year, and they took out their frustrations on this bill at the ballot box, in November, with a mandate to repeal it.

This government takeover of our health care system will not improve access to health care or lower costs for families and small businesses. It is just not in the math if we use the same math that is used by the rest of the country.

Since this law was passed, premiums have increased again, putting more families in the difficult position of choosing between keeping their health insurance, paying their heating bills, or putting food on their tables.

In addition to failing to achieve any key goals of health care reform, this law imposes new taxes, penalties, fees, and paperwork burdens on small businesses that drive our economy. The National Federation of Independent Business has found the employer mandate alone will cost 1.6 million jobs, with about half of those lost by small businesses.

Face it. ObamaCare massively increases taxes. It massively cuts senior benefits. It creates over 100 new agencies, commissions, and boards, and that will massively increase costs. Over 100 new agencies mean more Federal employees, more tax dollars required, more complications in access to health care, and it brings the IRS into your private health care decisions for the first time—without addressing the key drivers of health care costs. Adding more taxes and regulations on job creators will only serve to prolong the economic problems and high unemployment rates we are experiencing.

This is too big of a burden for our economy to wait. We need to start over by repealing this bad law now and by beginning the process of producing commonsense reforms and fiscally responsible solutions. We can reform health care in a way that improves quality, reduces costs, and increases access, all without burdening our economy or increasing the debt that will be owed by our children and grandchildren.

As a member of the Ways and Means Committee, I look forward to following through on our promise to replace the current law with proposals that actually accomplish these goals of reforming Washington, bringing private market reforms, reducing costs, and dealing with defensive medicine through real debate, real hearings, real mark-ups, and bipartisan input.

As an original cosponsor of H.R. 2, I urge all of my colleagues to join me in supporting this repeal.

Mr. LEVIN. Madam Speaker, I yield 2 minutes to another distinguished member of our committee, the gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. Madam Speaker, I rise in opposition to the repeal of the Patients' Bill of Rights.

As Congress debates this legislation to repeal the historic health care reform law, it is important that our constituents know what working families, small businesses, and seniors stand to lose.

Repealing the health care reform law would remove new protections for 57 million Americans with preexisting conditions. That includes over 8,000 children in my district. It will end the chance for 2.5 million young adults to remain on their parents' plans until they are 26 years of age. In my district, over 4,000 young people will lose this coverage. It will increase prescription drug costs for more than 10,000 seniors in my district who hit the Medicare part D doughnut hole. These seniors will pay another \$500 this year and, between now and 2020, another \$3,000. Some 16,000 small businesses in my district alone will pay higher taxes.

Repeal will increase the deficit by \$230 billion over the next 10 years and more than \$1.2 trillion over the following decade. Repeal will shorten the life of the Medicare program by 12 years, putting Medicare benefits and the seniors who depend on it at great risk.

So when you consider these facts, it is clear that repealing the health care reform law is bad for families, bad for small businesses, and bad for seniors in my district and across our great country. I urge a "no" vote.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Washington (Mr. REICHERT).

Mr. REICHERT. I thank the gentleman for yielding.

Madam Speaker, I am here today to say that I am going to vote "yes" to repeal this health care bill because I think the American people deserve better.

There were promises made in this bill—promises, promises, promises. There were promises made and, unfortunately, promises that were broken. Think back to last year. Think back to what the American people were promised in this bill. Three promises come to mind: One, Americans were told that

the overhaul would make health care more affordable. Two, they were told that this would make health care more efficient. Three, they were told that they could keep their health care if they liked it.

The American people deserve to hear the truth, and the American people deserve better. It is their health. It is their life. Here is the truth: Over \$500 million worth of taxes on small businesses and American families across this country and \$500 billion cut from Medicare.

Here are some examples: a 2.3 percent tax on medical devices, wheelchairs, and walkers; a 3.8 percent tax on employers; an additional tax penalty on employers who don't provide a certain amount of health care for their workers; a 40 percent tax on so-called "Cadillac" health care plans—and government paperwork bureaucracy.

There is a requirement that you fill out a 1099 form for employees, requiring the hiring of 16,000 IRS workers. Who is going to pay for that?

Remember this promise President Obama made and others made: You can keep your health care if you like it? President Obama himself said, Well, there might have been some language snuck into this bill that runs contrary to that promise.

Madam Speaker, the American people deserve better. The American people deserve the truth. It is their health and it is their life.

Mr. LEVIN. I yield myself 5 seconds. The truth is we moved to repeal 1099. It was opposed by the now majority.

Madam Speaker, I now yield 2 minutes to the very distinguished gentleman from Oregon (Mr. BLUMENAUER), a member of our committee.

Mr. BLUMENAUER. I thank the gentleman.

People deserve a serious debate on a serious subject. Unfortunately, while serious in tone, what we are hearing from my colleagues is not serious in content. I have listened to people come to the floor repeatedly, talking about a government takeover of health care, which was judged by Politifax to be the political lie of the year for 2010.

Indeed, we instead built upon the current system that is a balance to meet the needs of the American people.

We had another serious element that has crept into the approach from my Republican friends—the disregard of Congress' nonpartisan budget referee. It is reckless and unprecedented. It has never happened in 34 years. These are the people who provide impartial information, which is being imagined away by our friends on the other side of the aisle.

Yes, it will require Congress to follow through on the legislation to realize the savings, but the answer is not to turn our backs on reform; it is to make reform work. The current bill builds on the current system. It incorporates elements of reform that have been supported on a bipartisan basis for years.

□ 1510

Now all of a sudden there is the disregard we heard for a proposal signed into law by Republican Governor Mitt Romney.

Instead of repealing reform, we should be focusing on strengthening it. Americans deserve a serious debate about a serious subject, hard work to make reform work, not a ritual of going through the motions of repeal which everybody in this Chamber knows will still be in effect at the end of debate, at the end of the year, at the end of the Congress. The American people deserve better.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Louisiana, Dr. BOUSTANY.

Mr. BOUSTANY. Madam Speaker, I rise in favor of repeal of this bill because it's going to fail on cost, it's going to fail on coverage, and it's going to fail on quality.

First, cost. Premiums are going up. In fact, they're going up even higher and at a faster rate than they would have if we had done nothing in many cases.

With regard to the deficit, there are a number of gimmicks in this bill: double counting, excluding the doc fix, creating new entitlements, such as the CLASS Act, which is a Ponzi scheme. And, finally, it does not account for the discretionary spending for this massive increase in the bureaucracy that's going to be created. Taxes are going to go up on innovation, especially medical innovation.

On coverage. What kind of coverage are we expanding? Medicaid coverage. That's a ticket to the emergency room. It doesn't lead to a good doctor-patient relationship, and it's ultimately the most expensive and inefficient way to provide health care. And those costs are going to be passed on to the States.

And on quality. Let me relate an instance from my own medical practice as a cardiovascular surgeon. I was once called to see a patient who was 101 years old. He had carotid artery blockage and was getting ready to have a stroke. He had imminent symptoms. I was skeptical. I went to see the guy. This fellow was vigorous, strong handshake, lived by himself, independent, worked in his own yard, took care of himself without any help, and so I chose to do the carotid operation on him. Thankfully, it was successful, and it gave him 6 more years of a high-quality life as a result of this. He died from some unrelated cause later. But in the absence of that, he would have had a stroke. He would have been in rehab, in a nursing home, acute care, lots of expense, no quality to his life.

Madam Speaker, there is an art and a science to medicine, and the art involves the doctor-patient relationship. It's built on mutual trust and understanding, knowledge of the patient, trust on both the patient and the doctor's part to do what's in the best interest of the patient. But not only



that; the doctor-patient relationship is where costs are incurred and quality occurs. This gentleman would not have had the quality of life if he had not had this operation and if this law had been in existence, which would have delayed or prohibited such treatment.

Mr. LEVIN. Could I ask you, Madam Speaker, how much time there is remaining on each side of the Ways and Means Committee.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) has 28¾ minutes remaining. The gentleman from Michigan (Mr. CAMP) has 24½ minutes remaining.

Mr. LEVIN. Madam Speaker, I yield myself 10 seconds.

What the reform did was to make sure that the doctor-patient relationship was maintained and that there would be millions more patients in the United States of America.

I now yield 2 minutes to another distinguished member of the Ways and Means Committee, the gentleman from Wisconsin (Mr. KIND).

(Mr. KIND asked and was given permission to revise and extend his remarks.)

Mr. KIND. I thank the gentleman for yielding me this time.

Madam Speaker, shortly after passage of the Affordable Care Act, a young mother in my congressional district, Beth Ferstl, wrote me a letter, and she wrote it on behalf of her 13-month-old son Henry. In it she wrote: "My son had a stroke before he was even born. He wanted to personally thank you for passing this historic health care bill, but he's only 13 months old; and between juggling neurologists, OT, PT and speech therapy, he hasn't found the time. Let me be his voice. As a voter, as your constituent, as a mother, thank you."

I contacted Beth to find out what her family's situation was in this particular case. She told me that because little Henry had a stroke before he was born, literally by the time he took his first breath in life, he was uninsurable because he had a preexisting condition.

Now, I've been to Iraq four times, I've been to Afghanistan twice, I've met with our troops in the field. I thought I met the bravest people in the whole world, our men and women in uniform who are laying their lives on the line every day for us to better secure and make safe our Nation. But if my Republican colleagues can move forward on this repeal today and look into the eyes of little Henry Ferstl and not only say to him, not only do we have the ability to do something to help you but chose not to, but today we choose to take it away from you, then you guys have got to be the bravest people in the world because I can't do that. No one should be able to do that to the 20 million children that have preexisting conditions throughout this country that this bill fixed.

A young man, 21 years old, in Black River Falls came up to me after the vote and thanked me. I asked him why,

is there something in particular that he was most concerned about in this bill? He said, Yeah. A couple of years ago my younger brother needed a kidney so I donated him one of mine. Because I did, even though I am perfectly healthy today, every insurance company I've contacted is treating me as if I have a preexisting condition and they will not insure me.

We can do better than that. That is what the Affordable Care Act is all about, to address these injustices. I encourage my colleagues to vote "no" on repeal.

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

Mr. LEVIN. Madam Speaker, it is my pleasure to yield 2 minutes to the distinguished gentleman from New Jersey, a joyful member of our committee, Mr. PASCARELL.

Mr. PASCARELL. I thank the gentleman for yielding.

There is not one Member of Congress in these distinguished Halls that has not been called upon to help a constituent who has been threatened to have their insurance taken away from them. Whether it was heart disease, whether it was cancer, asthma, high blood pressure—I've been through many of them. And isn't it interesting that when the congressional office intervenes, they give things a second thought. It should not be that way.

Who are the 2,000 economists we're talking about that are wondering about this health care act? Are they the same ones who predicted enormous increases in the economy of the United States in the last 10 years? Oh, those 10 years we wish to forget, we have amnesia.

Whether it be in town halls or small groups, when I have asked individuals to raise their hands if they were against closing the Medicare doughnut hole, allowing children to stay on a family's health plan until 26, ensuring Americans are not denied insurance for preexisting conditions, no one raises their hand. In the last debate I had, Madam Speaker, just before the election, my opponent didn't raise his hand and I went through 18 of these very specific parts of the health care legislation.

In my district alone, repeal will increase the number of uninsured by 66,000. I can't vote for this repeal. I can't let them down or their insurance will go up.

How about the business person? Sixty percent of businesses who go into bankruptcy it's because of the health care bills they can't afford. I can't let them down either.

Before I conclude, I want to make this point, Madam Speaker: last October, Federal Judge Steeh found the mandate constitutional because by forgoing insurance, individuals are making an economic decision to pay for their health care costs later out of pocket. That's how we get stuck with the bill. We need to end this.

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

Mr. LEVIN. I yield the gentleman an additional 10 seconds.

Mr. PASCARELL. That means that the people of Texas pay, the people of New Jersey pay, the people of California pay. In essence, everyone pays for those who don't have insurance. Let's get straight on this. We can't afford this, and we must reject repeal.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Nevada (Mr. HELLER).

□ 1520

Mr. HELLER. I thank the gentleman for yielding.

I rise in support of H.R. 2.

Last year the previous Speaker of the House told Members that we needed to pass the health care bill so that we could find out what was in it. Now Members and the American people have had the opportunity to read it, and they don't like it. What they have found includes a \$1.2 trillion price tag and more than 100 new Federal programs and onerous mandates that reflect how out of touch the previous majority was with the American people.

This Congress will reject these policies, replace them with market-based reforms that will provide greater access and affordability of health care. Repealing the bill would help more Nevada employers and their workers keep the insurance that they currently enjoy. An estimated half of all employers and 80 percent of small businesses will be forced to give up their coverage under current law, which I find unacceptable.

Uncertainty in the business community means fewer jobs created. In my home State, where unemployment persists at more than 14 percent, it also means thousands of Nevadans continue depending on unemployment benefits when what they want is a decent job to provide for their families.

Furthermore, we must act to prevent last year's bill from further impacting the pocketbooks of hardworking Americans who are already struggling. Repealing this bill will protect Nevadans from predictable health care premium increases of at least \$2,100, block a \$570 billion tax increase on all Americans, and keep Nevada's seniors in their current Medicare Advantage plan while preventing higher prescription drug prices.

Madam Speaker, this Congress is in the business of cutting red tape, not creating it. I strongly support passage of H.R. 2. I look forward to working with my colleagues to pass meaningful legislation that will promote better, more affordable medical care.

Mr. LEVIN. It is my pleasure to yield 2 minutes to a valued member of our committee, the gentlewoman from Nevada (Ms. BERKLEY).

Ms. BERKLEY. I thank the chairman for yielding.

Madam Speaker, I rise in strong opposition to this legislative stunt to repeal health care reform, and I'm going to tell you why.

There are 600,000 of my fellow Nevadans who have no health insurance. This doesn't mean that they don't get sick. It means that they wait until they're very sick and then they go to the emergency rooms to get care. Every hospital in southern Nevada is operating in the red. Why is that? Because the cost of providing health care to the uninsured in emergency rooms is astronomical.

But there's more. If we repeal this bill, we will be eliminating the pre-existing condition ban. If you have a preexisting condition, which at least 129,000 people in my congressional district have, you will not be able to get any insurance at all.

If we repeal this bill, all of those 20-somethings who are living at home and because of the economy they can't find a job, they're not going to be able to stay on their parents' health care plan. That's 26,000 people in my congressional district, including my two children.

The health care reform bill eliminates lifetime caps. Ask Jazelle Scott, age 8, or Michael Braun, age 5. They both have juvenile diabetes and they both have already exceeded their lifetime caps. Better yet, why don't you ask their mothers how they're going to be able to afford the lifesaving medication for their children if this bill is repealed.

And what should we tell our seniors, the millions that fall into the doughnut hole that this law starts to close? We changed our minds? And who's going to ask the 8,900 seniors in my district who received the \$250 check last year to help with the high cost of their medications to return the check? I'm not going to do that. Or the discount that they're going to be receiving this year on prescription medication, it's not going to be available? I'm not going to do that to them. And are we going to take away the preventative health care benefits that will help 90,000 seniors in my congressional district alone? I won't do that.

And what about the 16,000 small businesses who will now be eligible for health care tax credits? We're saying small businesses don't want that? I know at least one. Thousands more have contacted my office. Ron Nolson has a small family business. He also wants to be able to provide health care insurance for his employees.

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

Mr. LEVIN. I yield the gentlewoman an additional 15 seconds.

Ms. BERKLEY. Finally, for those who are truly concerned about the deficit, the CBO, the nonpartisan arm of Congress, explicitly stated that repeal will cost \$260 billion over 10 years. It appears that those who shout the loudest about the deficit want to add to it.

Let's fix what needs fixing, and let's not repeal this lifesaving, life-enhancing legislation. And we need to do the doctors fix, too.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and

Means Committee and deputy whip, the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. I thank the gentleman for yielding.

You know, the past year we have had an incredible national conversation about this issue, health care, and it has been robust and dynamic, and it has brought about a sense of clarity. You know, oftentimes we tell people, look, if you want to participate, participate in the ballot box. Make your voice heard. And I really don't think there's any arguing that last November people made their voices heard, and they said with real clarity that they want this bill repealed and they want it replaced with something that brings health care costs down and deals with preexisting conditions.

Employers in my home State, Madam Speaker, just got hit hard with the new tax increase that got jammed through by the Illinois General Assembly. Seventy-four percent of employers in the Midwest have recently, in surveys, said that this bill that we're talking about repealing would have an adverse impact on their hiring decisions.

Now, it's with no sense of irony that now-Minority Leader NANCY PELOSI, when she was Speaker, said that we have to pass the bill so that you can see what's in it. Well, she did, and we do. And the American public does. And the American public said, Enough. They understand that what has to happen is that businesses have to be able to thrive and to hire and to grow and be dynamic.

If we repeal this and replace this with the type of thoughtful health care initiative that is going to be forthcoming, I think we will do a world of service to everybody that we're trying to help, and that is to change this economy so that people want to hire again.

Mr. LEVIN. I yield 2 minutes to another distinguished member of the Ways and Means Committee, the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. I thank my friend from Michigan for yielding the time.

Madam Speaker, today we consider the first major piece of legislation of the 112th Congress—the first.

Does this legislation create one job? Not one single job will be created by this legislation. In fact, if this bill were to become law, over 4 million jobs that will be created over the next 10 years will not come to fruition.

Does this bill reduce the deficit? This bill does not reduce the deficit by one penny. In fact, if it became law, it would increase the deficit by \$230 billion.

Does it strengthen our middle class? No, this bill will not strengthen our middle class. It will devastate the lives of millions of Americans who are finally free from the fear that they or their children will not have health insurance.

I've heard from so many throughout my constituency and throughout this country of the importance of what this

bill has done for their lives. I'm not going to go back and tell them today that that's all undone.

And despite what you may say on the other side of the aisle, if this bill becomes law, 3 million people in this country who have received checks for \$250 will have to pay that money back. There is no alternative. You can say what you want. But as this law is written, that's exactly what will happen.

For the 20 million children who now have insurance, who's going to pay the costs for what they have incurred so far? Are their parents going to pay it? Are they responsible for it?

Republicans are not offering a single solution to this problem. They can't even tell you what their secret plan is. It's part of the Harry Houdini health care strategy—now you have health care, now you don't. Our constituents deserve better.

But don't just take my word for it. Independent sources have confirmed the danger that repeal will cause to our country—stopping job creation, exploding the deficit, and even shortening the life of the Medicare trust fund by 12 years.

This bill is clearly wrong for our economy and it's clearly wrong for our country. We cannot go backwards, no way, no how, not now, not ever.

Mr. CAMP. I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Pennsylvania (Mr. GERLACH).

Mr. GERLACH. I thank the gentleman.

Madam Speaker, it's been almost 1 year since many of us here in the House offered a sobering prognosis about the devastating side effects the massive \$2.4 trillion health care plan would have on our small businesses, our seniors, and our families.

Last year many warned that concocting a scheme centered on expensive government mandates, \$500 billion in new taxes, and bigger bureaucracy would weaken our economy and is simply the wrong prescription for bringing about meaningful change to a health care system that truly needs a strong dose of reform.

□ 1530

Well, that prognosis has turned out to be painfully accurate. Small business owners are furious over the ever-increasing insurance premiums that continue to this day, and the 1099 mandate, which requires them to send a slip of paper to the IRS for every business transaction of \$600 or more. A new 2.3 percent tax on innovators in our thriving medical device industry is also choking off investment and hurting job growth. And that's jeopardizing approximately 20,000 jobs in Pennsylvania alone.

And all the enactments, tax hikes, and mandates could put an estimated 700,000 Americans out of work at a time when unemployment hovers at 10 percent. Let there be no mistake: Reform is needed. But not big government,

high tax solutions. No, we need commonsense ideas, ideas that would lower costs by creating more competition among insurance companies, allowing greater freedom of choice for consumers to buy insurance across State lines, and eliminating lawsuit abuses that drive up costs by as much as \$150 billion every year.

We have the opportunity, starting with a “yes” vote today, to begin working on true reforms that will lower costs and increase affordability and accessibility of health insurance. So let’s start that process with the right reforms today, together.

Mr. LEVIN. It is my special privilege to yield 1 minute to our very distinguished leader, the gentlewoman from the State of California (Ms. PELOSI).

Ms. PELOSI. I thank the gentleman for yielding.

Madam Speaker, today a bill has come to the floor to repeal patients’ rights, to put insurance companies back in charge of the health of the American people, and to balloon the deficit. Yesterday, in the one and only hearing on this very important bill, the repeal of patients’ rights, Democrats heard from Americans benefiting from the health care reform. Nothing speaks more eloquently to the success of health care reform than their own personal stories.

After hearing from seven of them yesterday, I said I wished the entire Congress could hear your stories. I wish our Republican colleagues would have had a hearing so they could hear from you the difference this has made in your lives and the difference it’s making in the lives of millions of Americans. So I told them that I would share their stories with you.

First, we heard from a young woman, Vernal Branch, who was diagnosed with breast cancer 15 years ago. The good news is that Vernal survived breast cancer. The not so good news is that she has a preexisting medical condition for the rest of her life. As she told us yesterday, the Affordable Care Act changed all that. What she said was the Affordable Care Act, “represents protection from the uncertainty and fear that came with being denied health insurance coverage because of my past disease.” She said, “It represents freedom for my husband and me to make important choices about our lives and careers.”

Repeal of the patients’ rights that is being proposed today would mean that 129 million Americans under the age of 65 like Vernal would lose their health insurance because they have preexisting medical conditions.

Next we heard from a mom, Lori Bresnan. She has a 22-year-old son suffering from celiac disease. Still a student, he was facing the prospect of finishing school and entering the workforce without insurance but with a preexisting medical condition. Because of the law, Lori said, “We are thrilled we have the option to keep him on our insurance in this interim when families

so often struggle to keep their kids covered.”

In a similar vein, Alexander Lataille, a new graduate, struggling to find work in this economy even though he has two degrees, one in atmospheric science and one in social science—he wants to be a meteorologist—said that if he lost his ability to stay on his parents’ insurance plan until age 26, he would be faced with a choice, “either to pay my student loans or to get health insurance.” He actually said, “I would have little choice in the matter. I would need to pay down my college loans first and go uninsured.”

Repeal, as being suggested by our Republican colleagues, would mean that over 1.2 million young Americans like Lori’s son and Alexander would lose their insurance coverage that they received through their parents’ plans.

We next heard from Ed Burke, who has testified before. He told me he had testified at the invitation of Speaker Gingrich years ago. For much of his life, Ed Burke has suffered from hemophilia. Two of his brothers do too. They have three brothers with hemophilia. Though he has health insurance, he has faced the constant worry that his treatments could surpass the plan’s lifetime cap. Repealing patients’ rights has a clear impact for Ed. As he said, “I will lose the freedom to keep my job if efforts to repeal my protections are successful.”

Repeal, as is being suggested today, would mean that over 165 million Americans with private insurance coverage like Ed would again find themselves subject to lifetime limits on how much insurance companies will spend on their health care.

Next we heard from a small businesswoman, a doctor. Dr. Odette Cohen is a small business owner from Willingboro, New Jersey. She said she will be better able to afford to give her employees health care coverage because of the reform. But she also told us a very personal story, it was very powerful, about her two cousins, Rhonda and Roger. Both of them were diagnosed with cancer about the same time. Rhonda worked for a large corporation. She had health care. She had an early intervention. And she received aggressive care and life-giving care. Roger, however, received only pain treatment in the emergency room. He worked for a small business that didn’t have health insurance. So he couldn’t have that early intervention. Rhonda is alive and well. Roger died.

As Dr. Cohen said, “The choice to work for a small business versus a large company should not be a choice between life and death in the United States. But it was the choice for my cousin.” Repeal, as is being suggested today, would mean that more than four million small businesses like Odette’s, Dr. Cohen’s, would lose the opportunity to receive tax credits to provide health insurance to their employees. As we know, small businesses are the engine of job creation in our country.

Odette told us that she wanted to attract the best talent, and she wanted to have health insurance for them in order to do that.

We next heard from Claudette Therriault. She and her husband, Richard, are seniors on Medicare. Richard is a diabetic, and his insulin alone costs \$1,000 a month. When Claudette and Richard fell into the doughnut hole, she said, “We had to choose between defaulting on our loan for our home or my husband’s health. Well, we chose my husband’s health.” she said. “But changes made are starting to end the doughnut hole, so families like ours aren’t forced to choose between staying healthy and paying the mortgage.”

Repeal would mean that over 2.7 million Medicare beneficiaries would again fall into the doughnut hole, and Medicare would no longer pay for an annual checkup for 44.1 million seniors.

One of the most powerful testimonials—I say this as a mother and a grandmother—was from Stacie Ritter. Stacie has 12-year-old twin daughters, Hannah and Madeleine. Well, they are 11, almost 12. Can you imagine having these beautiful daughters, Hannah and Madeleine? They are 12 now. When they were 4 years old they were both diagnosed with cancer. Both of them, the twins.

□ 1540

At 4 years old, diagnosed with leukemia, Hannah and Madeline faced stem cell transplants, chemotherapy and total body irradiation. But as their mother, Stacie, said, “We were very fortunate at the time. My husband had full coverage through his employer.” But because of the additional cost of health care, “We ended up bankrupt, even with full insurance coverage.”

She told the stories about how the insurance company refused to do this, that and the other thing. But in any event, today Hannah and Madeline are healthy, happy 12-year-olds; but they still have a preexisting condition. According to Stacie, “My children now have protections from insurance discrimination based on their preexisting cancer condition. They will never have to fear the rescission of their insurance policy if they get sick. They can look forward to lower health insurance costs and preventive care.”

The repeal suggested today would mean that 17 million American children with a preexisting medical condition could lose their health insurance because they have preexisting conditions. It would change everything for Hannah and for Madeline.

In Congress, on behalf of these Americans, Democrats have made a firm commitment that we will judge every proposal that comes to the floor by whether it creates jobs, strengthens the middle class, and reduces the deficit.

The repeal of patients’ rights fails on all three counts. In fact, consider the cost to our Federal budget. According

to the nonpartisan Congressional Budget Office, repeal would add \$230 billion to the deficit over the next decade.

Just less than a year ago on this floor I quoted the late Senator Kennedy, many of us did, our inspiration in all of this, calling health care reform “the great unfinished business of our society.” By completing that great unfinished business of our society, now patients and their doctors are in charge of their health, not insurance companies.

Because of the wonderful testimony that we had yesterday, which was representative of what Members of Congress have told the Rules Committee, told our colleagues and told us from our districts across the country, because of their stories of success of this bill only being in force for a few months—these provisions, most of them, only went into effect since September—because of them, because of Hannah and Madeline, because repeal would be devastating to so many Americans, I am pleased to join a broad coalition in opposing it, every organization from the AARP to the UAW and everything in between, the Catholic Health Association, Easter Seals and the NAACP.

I think we should send a strong message today with a great vote against this repeal, which is so harmful to the health of the American people, which is so damaging to our fiscal health as well, and to have people know that we want to have what is best for them.

We all want them to think that in order for them to have the same kind of access to health care that we do, we should say to them, “Run for Congress.” We want them to have it because Congress has acted upon their needs, their strengths and the strength of our country.

I urge a “no” on the repeal.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Georgia, Dr. PRICE.

Mr. PRICE of Georgia. I thank the gentleman.

Madam Speaker, over the past 4 years the previous majority took every opportunity to expand the reach and the scope of the Federal Government. You see, they believe in government solutions. We believe in people.

We believe in solutions that embrace people and individuals. Now, as a physician with countless personal stories, those solutions in health care mean patient-centered solutions, not government-centered solutions.

It's important to repeal this bill for many reasons, but two very specific reasons. First, it's exactly what we said we were going to do. If given the privilege of leading once again, we would vote to repeal this bill. And, second, it's the principled thing to do. If you think about it, all of the principles that we hold dear in health care, whether it's accessibility or affordability or quality, or responsiveness of the system, or innovation of the sys-

tem so that we have the highest quality, or choices, choices for patients—none of them, none of them are improved by the current law or the bill. Premiums are increasing, jobs are being lost because of the bill. Quality is being defined by bureaucrats, not by patients or families or doctors.

The good news is that there are positive solutions that embrace fundamental American principles that allow us to solve these challenges without putting the government in charge, and that's exactly where we will lead over the coming months and, yes, over the coming years.

Madam Speaker, the status quo in health care is unacceptable. The bill that was passed is destructive to both principle and to patients. The work we will begin tomorrow, after we vote to repeal today, will be focused on patients, on people, and not the government.

Mr. LEVIN. Madam Speaker, I yield 2 minutes to an active former member of our committee, the distinguished gentleman from New York (Mr. HIGGINS).

Mr. HIGGINS. I thank the gentleman for yielding.

Madam Speaker, since 1970, health care costs have increased an average of 9.9 percent a year, far outpacing inflation and creating a drag on our economy by increasing the expense of new hiring and undermining new business investment in this Nation.

This trend is unsustainable. Yet while costs are increasing, the quality of coverage is declining. Last year, the inability to pay medical bills caused 62 percent of all personal bankruptcies in this country, even though the filer had health insurance in 75 percent of these cases.

That is 868,000 American families who went broke last year simply because they got sick, did not have insurance or their insurer refused to cover their bills. This is unacceptable.

I often say that health care reform needed a start, not a finish, and that we will be amending and improving the law for years to come.

However, the bill before us today takes us back, not forward, with no persuasive plan to reduce costs, improve quality and coverage. This challenge deserves a more serious response.

I urge opposition to the bill.

Mr. CAMP. Madam Speaker, I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Florida (Mr. BUCHANAN).

Mr. BUCHANAN. Madam Speaker, I stand before you today as a self-made businessman with 30 years of experience. I have been fortunate to create thousands of jobs, meet payrolls, and balance budgets.

As the past chairman of the Florida Chamber, which represents 137,000 businesses across Florida, the number one issue 7 years ago when I was chairman and the number one issue today is affordable health care for small businesses.

They are the job creators. They create 70 percent of the jobs. The Business Roundtable says today that the average employee for their family of four is \$10,000. This bill does nothing to bring down the costs. In fact, in the next 10 years it's going to go from \$10,000 to \$30,000.

I was with a pharmacist the other day, a private pharmacist. He employs about 20 to 30 people. We talked about various things. I didn't go there to talk to him about health care; but he brought out his health care bill, just got it, it went up another 22 percent. It went up 20 percent the year before.

I don't know who my friends on the other side are talking to, but most small businesses in Florida that I know, they are very, very concerned about health care and the escalation of the costs going forward. It's a job killer.

With a national unemployment rate at 9.5 and even higher in our State of Florida, this law is going in the wrong direction. We need to be working with small businesses on solutions to help them grow, succeed and provide health care at affordable cost.

They do create, as I mentioned before, 70 percent of the jobs. You can't get the job unless we can help small businesses obtain affordable health care.

□ 1550

Mr. LEVIN. Madam Speaker, it is now my privilege to yield 2 minutes to another distinguished former member of our committee, Ms. SÁNCHEZ of California.

Ms. LINDA T. SÁNCHEZ of California. Madam Speaker, it's no secret that our economy is still sluggish. So our top priority in this Congress should be about creating jobs. It's certainly my top priority. And I want to work with Republicans to meet that goal. Instead, House Republicans are focused on repealing patients' rights, putting insurance companies back in charge and ballooning the deficit. American families have suffered and waited far too long for the freedom and security that affordable health care provides. And now the Republican majority is trying to take that freedom and snatch that security away.

If Republicans have their way, families will once again lose their benefits when insurers unfairly cancel or cap their coverage. If Republicans have their way, children with disabilities and pregnant women won't be safe from discrimination by insurers. If Republicans have their way, seniors in my district will be forced to return the \$250 in prescription assistance they received under the Democratic health care reform bill, and millions of hard-working Americans will lose the freedom to start their own business because they will be afraid of giving up the health insurance tied to their current job.

This is a costly plan for seniors, children, and families in my district and

for the taxpayers of America. To stand up for families that deserve and need our help, we must reject this plan. I urge everybody to vote “no” on the repeal of health care. I thank the gentleman from Michigan.

Mr. CAMP. I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Nebraska (Mr. SMITH).

Mr. SMITH of Nebraska. Madam Speaker, I would like to share a perspective from an employer in my district. Visiting this small business, actually a few hundred employees but still considered a small business, we toured the plant. He shared with me the benefit plans for the employees. He went on to say that orders are coming in, but they are refraining from hiring new people because of the uncertainty of the cost of hiring a new employee. This shows that the health care bill, primarily, is causing uncertainty in the employment sector and causing employers to hold back on hiring new people. This is not good for our economy. It's not good for our deficit. Most importantly, it's not good for the American people. And that's why I'm extremely concerned with the \$20 billion tax on medical device makers that will just increase the cost of cutting-edge medical technology for consumers and patients themselves.

Madam Speaker, we need a patient-centered health care plan, one that does not depend on new government programs, one that focuses more on patients, and one that will cause a lot of the problems to go away.

Mr. LEVIN. Could you please tell us, Madam Speaker, the time remaining on each side for our committee?

The SPEAKER pro tempore. Mr. LEVIN of Michigan has 15½ minutes remaining. Mr. CAMP of Michigan has 15 minutes remaining.

Mr. LEVIN. It is now my privilege to yield 1½ minutes to the very distinguished gentlewoman from California (Ms. LEE).

Ms. LEE of California. I want to thank the gentleman for yielding.

Madam Speaker, I rise in strong opposition to this bill. Every time we take on this bill to repeal the very important freedoms provided by the health care reform law, it's really a critical minute that we are not focusing on jobs. We should be debating how to create jobs, how to get our economy going and how to reduce the deficit. Instead, Republicans want to add \$230 billion to the deficit and to empower health insurance companies—mind you, health insurance companies—to take away patients' rights in their own health decisions that they should be making with themselves and their health care physicians, nurses, and providers.

This repeal gives insurance companies much, much, much too much power. Literally, their idea is to return to the same failed system that has left 50 million people, including 7½ million children, without health care. In the

current economic environment, where more people are without coverage and where jobs are scarce, making it more difficult for people to access health care or to keep their health care coverage is downright wrong. Repeal of the law would set us back where once again health care would be a privilege for those who can afford it rather than a basic human right for each and every American.

When I voted for health care reform, I said it was in the memory of all of those who died prematurely because they had no health care and also in honor of and support for those who will now live longer and healthier lives because they would have health care. Repealing this health care law really is morally wrong, and it's fiscally irresponsible.

Mr. CAMP. Madam Speaker, I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Illinois (Mr. SCHOCK).

Mr. SCHOCK. Madam Speaker, I rise today in strong support of the repeal of this job-killing health care law. How many times as American citizens did we hear the President say on national television, “If you like your health care coverage, you can keep it?” But for the rest of the Americans, let me talk to you. Well, ladies and gentlemen, wake up, because if you are one of the 80 percent of Americans who have an employer-provided health care plan that you like, you're about to lose it.

Simply put, the burdens placed on employers by this new law are too costly. The estimated cost for an employer to provide the “minimum essential benefits” package as prescribed by this bill will cost them per full-time employee \$12,250 a year. As we speak, businesses all across America are crunching the numbers and figuring out that it's financially more beneficial for them as companies to pay the \$2,000 per employee penalty and dump their employees into the government-run health care plan. The result, of course, will be that the 80 percent of Americans who currently like their health care coverage will be put in a government-run system that, of course, will be riddled with inefficiencies and limited options. Think the DMV or FEMA for your health care plan.

Additionally, this health care legislation is riddled with job-destroying regulations, burdens, and tax increases that will stifle private-sector growth and smother economic recovery in this country.

According to the National Federation of Independent Business and the Chamber of Commerce, this will cost 1.6 million jobs as it currently stands. I urge passage of this repeal.

Mr. LEVIN. It is now my privilege to yield 1½ minutes to the gentleman from Georgia (Mr. SCOTT).

Mr. DAVID SCOTT of Georgia. Thank you very much, Chairman LEVIN. I really appreciate it so very much.

I have listened for the last 2 days, and I have heard my friends from the

other side refer to this as ObamaCare, so derisively, mean-spiritedly. But let me assure you what we're talking about that is the law of the land today is not ObamaCare. It is America's health care for all the American people. It is the health care for that senior citizen who is sitting down at her kitchen table thankful that she now has a 50 percent discount on all of her prescription drugs, and she does not want to see this repealed. It's for that youngster who can now be on his parents' insurance until he's 26 years old in these tough economic times. The American people want this and do not want to see it repealed.

And I want to say to the American people, have no fear, let not your heart be troubled. This law will not be repealed. Yes, they will vote for it today. But it's not going to be taken up in the Senate, and it's not going to be signed by the President. So what do the American people say about this? They want us to be concerned about jobs. And certainly if we have to deal with this health care, why should we not be dealing with some of the critical issues? The American people do not want this bill, this law, repealed. They want it fixed. They'd love to see Democrats and Republicans working together on the 1099s. Sure, there's too much paperwork for small businesses. Let us work on that. This medical liability issue, the number one reason why kids are not going into medicine, let us work on that. And the reimbursement rate for our physicians. The American people want us to fix it, not repeal it.

Mr. CAMP. I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from New York (Mr. LEE).

Mr. LEE of New York. Madam Speaker, today we are doing what we promised the American people we would do after the November election. We will vote to repeal last year's massive health care law. Most importantly, we will also vote to begin replacing this massive new government entitlement with commonsense reforms that actually remove costs from our health care system.

□ 1600

We can all agree our current health care system is unsustainable. It is ripe for reform.

Passing last year's 2,300-page monstrosity will raise health care costs by \$311 billion over the next decade, according to the administration's own actuaries. It will raise health care costs for seniors and cut more than \$500 billion for Medicare and Medicare Advantage, which are both very popular plans.

It will cause employers to simply drop the insurance they offer employees because they have done the math and they understand that it's cheaper to just pay the penalty than pay for the insurance, leading to struggling Americans being kicked out of their current plan they have and they like.

That is not the reform Americans deserve. We need to include medical liability reform. The CBO has scored that at a \$54 billion savings.

Meaningful reform will allow western New Yorkers to start buying insurance across State lines to encourage competition. And meaningful reform will empower small businesses to group together to cut costs and provide coverage to their employees.

Republicans are pursuing these commonsense reforms because we made a promise to the American people and because we believe health care reforms need to address both affordability and accessibility. It can be done, and we are committed to making it happen.

Mr. LEVIN. I now yield 1½ minutes to the gentlewoman from New York (Mrs. MALONEY).

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

Mrs. MALONEY. Mr. Speaker, I rise in strong opposition to the Republican bill which would take health care away from millions of Americans, children, families, and individuals.

I have heard my Republican colleagues mention cost throughout this day. Well, make no mistake, there would also be a cost in leaving tens of millions of Americans uninsured.

According to a recent study published by the American Journal of Public Health, uninsured working age Americans have a 40 percent higher risk of death than their privately insured counterparts. The study estimates that lack of health insurance causes over 44,000 excess deaths annually. That works out to about one death every 12 minutes from lack of health insurance. My colleagues, let us not forget to count those lives as a very real and continuing cost: over 44,000 deaths a year, one every 12 minutes.

I urge my colleagues to support the Democratic plan, lifesaving legislation, and vote against the Republican repeal of health care. It is wrong for America. I urge a "no" vote.

Mr. Speaker, I rise in strong opposition to this harmful, ill-conceived bill.

When the Republican Majority said it was going to make the deficit their defining issue this Congress, most of us did not realize it was to make the deficit bigger. But according to the Congressional Budget Office, their first act to repeal health care would do just that—add \$230 billion to the deficit while making Americans pay more for health care.

Instead of focusing on job creation, Republicans are running up our deficit, jeopardizing the health of millions of Americans, and threatening the creation of new jobs.

Under the Republican repeal effort:

Insurance companies will once again be able to drop people when they get sick—exactly when coverage is needed most;

Children with pre-existing conditions will be denied coverage, while insurance companies would again impose devastating annual and lifetime caps;

Young people will not be able to stay on their parents' plans until age 26;

Pregnant women and breast cancer survivors can be denied coverage;

Seniors will face an increase in their prescription drug costs—millions thrown back into the Medicare Part D Donut Hole. Repeal would deny seniors a 50 percent discount on prescription drugs, re-creating the devastating coverage gap.

Each of these things will disappear if Republicans are able to repeal the historic health reform law.

In my home state of New York, repealing the Affordable Care Act would be devastating. New York residents, providers, small businesses and other employers would be denied critical new benefits of the law, from protections against insurance industry abuses to new coverage options and millions of dollars in support so states like New York can deliver quality, affordable health care options to all of its residents.

Without the Affordable Care Act, New York will suffer:

77,800 young adults would lose their insurance coverage through their parents' health plans, sometimes just after they finish school and as they are looking for a job. Families across New York would lose the peace of mind the Affordable Care Act provides by making sure that young adults can stay on their parents plan to age 26 if they do not have coverage of their own.

More than 10 million residents of New York with private insurance coverage would suddenly find themselves vulnerable again to having lifetime limits placed on how much insurance companies will spend on their health care.

Insurance companies would once again be allowed to cut off someone's coverage unexpectedly when they are in an accident or become sick, because of a simple mistake on an application. This would leave 734,000 people in New York at risk of losing their insurance at the moment they need it most, as one of the worst abuses of the insurance industry would become legal again.

New insurance plans would no longer be required to cover recommended preventive services, like mammograms and flu shots, without cost sharing, nor would they have to guarantee enrollees the right to choose any available primary care provider in the network or see an OB-GYN without a referral.

Nearly 2.9 million seniors in New York who have Medicare coverage would be forced to pay a co-pay to receive important preventive services, like mammograms and colonoscopies.

Medicare would no longer pay for an annual check-up visit, so nearly 2.9 million seniors in New York who have Medicare coverage would have to pay extra if they want to stay healthy by getting check-ups regularly.

192,596 on Medicare would see significantly higher prescription drug costs: In New York, 192,596 Medicare beneficiaries received a one-time, tax-free \$250 rebate to help pay for prescription drugs in the "donut hole" coverage gap in 2010. Medicare beneficiaries who fall into the "donut hole" in 2011 will be eligible for 50 percent discounts on covered brand name prescription drugs. Without the law, the burden of high prescription drug costs would hurt millions of Medicare beneficiaries across the country.

For the sake of argument, if we remove the moral obligation of providing health care to 32

million Americans who would lose coverage with this repeal, we are still left with a compelling fiscal reason for opposing the repeal of this law:

Repeal adds \$230 billion to the deficit over the first 10 years and more than \$1.2 trillion in the second decade (around one-half percent of GDP).

Americans purchasing health insurance on their own will see their costs rise.

Americans will get fewer health benefits for their money.

Mr. Speaker, I urge my colleagues to oppose this bill that will balloon the deficit, burden our children and grandchildren, halt the creation of jobs, and compromise the health of millions of Americans.

Mr. CAMP. I yield 1½ minutes to the gentlewoman from Kansas (Ms. JENKINS), a distinguished member of the Ways and Means Committee.

Ms. JENKINS. Mr. Speaker, I thank the chairman for yielding.

Last March I voted against ObamaCare. Rather than bringing down health care costs for all Americans, helping small businesses provide health care for their employees, and preserving Medicare for our Nation's seniors, this law will result in higher premiums for families, costly unfunded mandates, including an absurd 1099 requirement, additional job-killing taxes, and more than half a trillion dollars in cuts to Medicare.

It was irresponsible to pass this massive job-killing plan by means of arm twisting and gimmicks, and it is even more irresponsible to allow implementation to begin given our national debt is over \$14 trillion, unemployment rates are still over 9 percent, and many States remain on the verge of bankruptcy.

Not only is the bill unaffordable, but it is such an overreach of the Federal Government's power, a U.S. district judge has already deemed it unconstitutional.

Americans want reforms to our health care system, but they have spoken clearly: This bill is not the change they wanted.

I will be voting in support of H.R. 2, voting to repeal this government takeover of our health care system, just as I promised my constituents I would.

Let's repeal this bill so we can go to work replacing it with reforms the American people want and support. I encourage all of my colleagues in the House to listen to their constituents and join me in voting "yes."

Mr. LEVIN. I now yield 1½ minutes to Ms. EDWARDS from Maryland.

Ms. EDWARDS. Mr. Speaker, I stand today in strong opposition to Republican attempts to repeal and dismantle our health care law, the law that Congress has passed to give health care to the American people.

Mr. Speaker, this repeal bill may fulfill an empty campaign promise, but it fails to put the key American objectives of creating jobs and reducing the deficit at the top of the agenda. In fact, the independent Congressional Budget Office estimates that this repeal will

increase the deficit by \$230 billion over the next 10 years. In Maryland, by contrast, we will save \$800 million in 10 years with the new law.

We have heard the debate, but now it is time to hear the stories of countless millions of Americans who have a chance at real health care. I know these stories because I hear them every day, Mr. Speaker, stories like Chuck, an engineer from Hyattsville, Maryland, who suffers from chronic thyroid condition and believes he will be denied health care coverage should health care reform be repealed; Nancy, a mother in Germantown, Maryland, who is grateful that the health care law has allowed her 20-something daughter currently in graduate school to stay on her mother's health insurance policy. I have even heard from constituents of some of our Republican colleagues, afraid about having to repay the money because they slipped into the doughnut hole. And I want to tell you about Annie, a friend of mine, 28 years old, diagnosed with leukemia, who would have reached lifetime caps because she and her parents are trying to save her life.

Mr. Speaker, it is unfortunate we are here today. Let's create jobs and stop this theater.

Mr. CAMP. I yield 1½ minutes to the gentleman from Minnesota (Mr. PAULSEN), a distinguished member of the Ways and Means Committee.

Mr. PAULSEN. Mr. Speaker, I rise in support of this effort to repeal the job-destroying health care law that a majority of Americans oppose.

Now, last year Congress put job creation on the back burner and instead pushed a very partisan, trillion-dollar overhaul of our health care system. Last year, at the Democrat leadership's request, Congress passed the bill to "find out what is in it." Well, here is what we found: a laundry list of tax increases and job-crushing mandates that will make it harder for small businesses to make ends meet and further delay an economic recovery. This problem is so serious that the National Federation of Independent Business, an advocacy organization representing countless small businesses that drive the engine of our economy, found that the new employer mandate could cost 1.6 million jobs.

In and around my district, hundreds of medical technology companies are now facing higher taxes to the tune of \$20 billion. We are penalizing innovation when we should be encouraging it. We are preventing lifesaving technologies from coming to market when we should be promoting them. This is unacceptable.

The American people deserve health care reform that doesn't break the bank. We need health care reform that lowers costs and doesn't increase premiums. We should repeal this law now and replace it with commonsense, patient-centered alternatives; otherwise, our economy will stagnate, our small businesses will not be able to expand,

and the medical device industry in my district will continue to suffer.

Mr. LEVIN. I yield 1½ minutes to the gentleman from California (Ms. SPEIER).

Ms. SPEIER. Mr. Speaker, I thank the gentleman for yielding.

You know, the real question is who is supporting this repeal of health reform. Are the doctors of America supporting the repeal? No; the American Medical Association opposes it.

Is AARP supporting a repeal? No; they are opposed to it.

Are the hospitals supporting a repeal? No; they are opposed to it as well.

Who supports a repeal of health care reform? The National Chamber of Commerce, period.

So what do our constituents really want? They want the costs to be brought down. There is not one of us who hasn't heard a complaint from a constituent saying, I can't afford it anymore.

Well, health care reform requires that 80 percent of the premium go to providing health care. It is starting to put a governor on the costs of health insurance.

The second thing that people are concerned about is access for their kids and for themselves. Well, let's talk about these children.

In my district there are 30,000 children with preexisting conditions, and I know you have gotten the same phone calls I have gotten; a parent calling, crying on the phone, talking about the leukemia their child has or the asthma their child has and their fear if their spouse loses their job they won't have health insurance and they will go to the individual market and there will be no health insurance.

Let me tell you about Sophie O'Riley, who, at 5 years of age, had very serious asthma. Her parents went to every insurer in the individual market and could not get insurance. So what did they do? They went bare for a year in order to be able to access insurance.

H.R. 2 is bad medicine. I urge a "no" vote.

□ 1610

Mr. CAMP. Mr. Speaker, I yield 1 minute to a distinguished member of the Ways and Means Committee, the gentleman from North Dakota (Mr. BERG).

Mr. BERG. Mr. Speaker, I rise today in firm support of repealing this job-killing health care law.

This is a \$500 billion tax that will hurt small businesses at a time when we need these job creators to help put our country back on track. America's small businesses cannot grow with the tax hikes and government mandates in this law. Medicare payroll taxes will increase. Costly penalties will be imposed on small businesses, and there will be increased health care costs.

Repealing this law and removing these barriers will provide businesses with the certainty they need to help get America back on track.

My wife is a family practice doctor, and when this law first passed, our first concern was this puts government between patients and their doctors. We need to repeal this law and put those health care decisions back between the patients directly and their doctors.

I urge my colleagues to support this legislation.

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

Mr. PRICE of North Carolina. Mr. Speaker, this bill lays bare what this new Republican majority is all about. They would repeal benefits and protections that have already dramatically improved health care for families and small businesses, with no credible assurance they would put anything in their place.

A "yes" vote would take away tax credits available to up to 17,000 small businesses in my district alone—credits that will let them offer their employees insurance coverage just like their larger competitors do.

A "yes" vote on repeal would increase the average cost of prescription drugs for seniors in the "doughnut hole" coverage gap by more than \$500 this year and more than \$3,000 by 2020. What seniors on fixed incomes can afford this kind of price hike?

A "yes" vote on repeal would say to parents, who now for the first time can get affordable coverage for their children with preexisting conditions: Once again, you can be denied coverage altogether.

This legislation is flying under disgracefully false colors. Fiscally sound? The Congressional Budget Office says it will increase deficits by \$230 billion over the next 10 years. Republicans like to call health insurance reform "job killing." But their repeal bill would cost as many as 4 million jobs over the next decade.

Our Republican colleagues have put their tea party base above everything else, including the health care needs of the American people. We must recognize their cynical political gesture for what it is. This House can and must do better.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Ohio (Mr. BOEHNER), the Speaker of the House.

Mr. BOEHNER. I thank my colleague for yielding.

I am going to thank all the Members of this body for a spirited but respectful debate on what is a critical issue to the American people.

Both sides of the aisle have very different viewpoints on what government's role in this health care issue should be, and if there is one thing that we do agree on, it is that this health care law needs improvement. The President said as much yesterday.

Why does it need improvement? One only needs to look at the facts.

Yesterday, 200 economists and experts put out a letter calling this health care bill "a barrier to job

growth." The letter talks about how employers are struggling to keep up with all the mandates and tax hikes in this law, flooding the job market with additional uncertainty.

The one thing the American people wanted out of health care reform was lower costs, which the authors of this law promised; but according to these economists, this law will increase spending by nearly \$1 trillion—and that is a minimum number—and add nearly \$1.5 trillion to the national debt.

So, if we agree that this law needs improving, why would we keep it on the books? Why would we keep one hand tied behind our backs when we are dealing with 10 percent unemployment and a \$14 trillion national debt?

Now, let me be clear about what repealing this health care law means for families, small businesses, and taxpayers:

Repeal means preventing more than \$770 billion in tax hikes and eliminating all the mandates and penalties so that small businesses can grow and hire new workers.

Repeal means reducing spending by \$540 billion, another step in tackling the massive debt that faces our kids and grandkids.

Repeal means protecting more than 7 million seniors from losing or being denied coverage under Medicare Advantage—a program they like.

Repeal means paving the way for better solutions that will lower costs without destroying jobs or bankrupting our government.

And repeal means keeping a promise. This is what we said we would do. We listened to the people. We made a commitment to them—a pledge to make their priorities our priorities. When you look at the facts and when you listen to the people, this is a promise worth keeping.

Let's stop payment on this check before it can destroy more jobs and put us into a deeper hole. Then let's work together to put in place reforms that lower the costs without destroying jobs or bankrupting our government.

Let's challenge ourselves to do better.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. REYES).

Mr. REYES. I thank the gentleman for yielding.

Mr. Speaker, I rise to express my strong opposition to H.R. 2, which seeks to dismantle the Patient Protection and Affordable Care Act.

Repealing this law would be detrimental to districts like the one I represent, which have unsustainably high rates of people without health insurance. Nationally, about one in five people is without health insurance. The problem in my district means one in three is without basic health coverage. That's 230,000 people in my district alone.

When these individuals can't get preventative care and they get sick, they

wind up in the emergency room, which is the most expensive kind of health care there is. According to the latest figures from our county hospital, more than \$500 million of local property tax dollars have been used to cover the costs of those who could not pay for treatment and services—\$500 million.

We passed the Patient Protection and Affordable Care Act to help address this problem and provide affordable health care insurance to those who currently are uninsured.

I urge my colleagues to vote against H.R. 2.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Florida (Mr. CRENSHAW).

Mr. CRENSHAW. I thank the gentleman for yielding, and I thank him for his great leadership.

Mr. Speaker, I plan to vote to repeal this health care law and replace it with some commonsense, workable solutions. Why? Because I've been listening to my constituents—listening to what they have to say, what they ask for.

I can tell you they are not asking for a bill that weakens our economy and causes jobs to disappear. They are not asking for a brand new entitlement and then pretending only partly to pay for it. They are not asking for a bill that takes away the rights of seniors to have a choice in the Medicare program, and they are certainly not asking for new taxes—but that's what they're getting under this health care bill unless it's replaced.

What they are asking for is the right to choose their own doctors and the right to get the treatment they need when they need it. That's what they're asking for. They're asking that we bring down the cost, to make some commonsense reforms, to make it more affordable, more accessible.

That's what we should focus on.

Mr. LEVIN. Mr. Speaker, it is now my privilege to yield 1½ minutes to a former, very distinguished member of our committee, the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Thank you very much, Mr. Chairman.

Under no circumstances would I vote to repeal the most effective, most meaningful, most sensitive health legislation that has been passed in this country since the Medicare-Medicaid provisions of the 1960s. Under no circumstances would I vote to repeal legislation that would provide the 107,000 individuals in my congressional district who have preexisting conditions.

□ 1620

Would I vote to repeal health insurance for more than 32 million Americans who otherwise would have no coverage? No way.

Vote this legislation down. Let's support the American people, keep them with health care.

The Seventh Congressional District of Illinois includes some of the most medically underserved communities in America. Census data revealed that 24 percent of families and

44 percent of children under 18 live below the poverty line. As a result, many of these individuals are susceptible to an anomaly of diseases and poor health. In fact, some communities on Chicago's west side experience infant mortality rates comparable with third-world countries. By repealing Public Law 111-148, the Patient Protection and Affordable Care Act will take away support for community health centers, which provide critical resources for millions of Americans in every state and territory. In my district, there are many Medicare and Medicaid recipients that have established community health centers as their medical homes. Medicaid beneficiaries that rely on health centers for usual care were 19 percent less likely to use the emergency room at a hospital than other providers for non-emergency and usual care services. Overall, health centers save the health care system between \$9.9 billion and \$17.6 billion annually.

Community health centers provide high quality health care regardless of the ability to pay, and health centers in Illinois have a tremendous impact on our economy and employment. In 2008, 40 health centers operated over 350 sites, contributed almost one billion dollars to the Illinois economy, and directly employed almost 6,000 Illinoisans. Indeed, for every 10 people employed by an Illinois health center, an additional 4 jobs were created in their surrounding communities. Illinois health centers served over 1.1 million patients—nearly 80% of whom fell below the federal poverty level and 30% who had no health insurance, helping them cope with chronic health conditions and general health issues to be able to work and care for their families.

Repeal of the health care law would eliminate \$11 billion in support for community health centers over the next 5 years, funding that will nearly double the number of patients served today and greatly strengthen Illinois's economy. Repealing the health care law would dramatically harm the health of hundreds of thousands of citizens in Chicago and Illinois.

Repeal of the health care law would greatly increase an already high level of health disparities among African-Americans and Hispanics. In a recent study, comparing health outcomes among African-Americans and Caucasians found that the gap in health disparities across the Nation was narrowing across ten (10) indicators; however, in Chicago, the reverse was occurring in health disparities among African-Americans and Caucasians are widening. Given all that has been stated above, the reversal of health care reform would have tremendous negative impact on Chicago when considering the unemployment rate, the crisis in the housing market and the abundance of the urban poor that exists within our communities. Most affected will be the working poor who are most commonly uninsured as their company provides little or no medical benefits. The middle aged childless individual who is not eligible for Illinois public aid and naturally men without children who are not veterans or eligible to be covered through Illinois public aid are affected as well. Lastly, we must consider the devastating impact the burden of the uninsured has placed on the healthcare delivery system, specifically hospitals who avoid caring for uninsured patients and resulting in the lack of access to primary and specialty care. The funding from the Affordable Care Act would assist community



health centers to stay on track to add 20 million new patients (for a total of 40 million patients) over the next 5 years.

Repeal of the health care law would eliminate health coverage for young people up to age 26 who would not be allowed to stay on their parents' plans. Repeal would force 2,600 young adults in my district to find other coverage or returned to the ranks of the uninsured.

Repeal would deny tax credits to buy health insurance coverage for 158,000 families in my district. Additionally, it would increase the number of uninsured residents to 48,000 in my district.

There are 107,000 to 282,000 residents in my district with pre-existing conditions like diabetes, heart disease, or cancer, including 7,000 to 30,000 children that the repeal legislation if passed would encourage health insurance companies to discriminate based on pre-existing conditions.

Repeal would eliminate tax credits for health insurance up to 14,100 small businesses in my district. These tax credits under the current law would provide small businesses up to 35% of the cost of providing health insurance.

The health care law is critical to Chicago and Illinois. Community health centers are vital partners in the health and economic well-being of Chicago and Illinois. For this reason, I do not support H.R. 2, Repeal the Job-Killing Health Care Law and Health care related provisions in the Health Care and Education Reconciliation Act of 2010.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Alabama (Mr. BROOKS).

Mr. BROOKS. Mr. Speaker, Americans enjoy the best health care in the world. Every year, profit motive and American ingenuity create new and better diagnostic tools and treatments. Yes, there are ways to improve America's health care, but President Obama's socialized medicine is not it. For example, we can cut health care costs by implementing tort reform, by forcing health care competition, and by removing illegal aliens from America who get free health care at our cost.

Socialized medicine strangles creativity and obstructs life-saving medical advances. It is care rationed by bureaucrats with mind-numbing regulations. Simply stated, socialized medicine pulls all America down to health care mediocrity.

Lives and freedom are at stake. We must repeal this job-killing government takeover of America's health care. Today, I will proudly vote to do exactly that.

Mr. LEVIN. It is my privilege to yield 1½ minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

(Mr. LANGEVIN asked and was given permission to revise and extend his remarks.)

Mr. LANGEVIN. Mr. Speaker, I rise today in opposition to the Patients' Rights Repeal Bill, and I find it absolutely regrettable that my Republican colleagues have made this their first priority of the new Congress.

Rhode Islanders sent me here with a clear purpose to create jobs, strengthen our economy, and reduce the Federal

deficit. Those are the issues we need to address, and doing so should be our first order of business and our top priority. Instead, we are considering a bill that will increase already skyrocketing health care premiums for Rhode Island families and businesses, give insurers back the power to deny or drop coverage when people get sick, and raise the deficit by an additional \$230 billion over the next 10 years and over \$1 trillion the decade after that.

Pressing the reset button on health reform will not only bring our progress toward affordable and accessible health care to a screeching halt, it will force us to repeal the rights of patients and rescind tax breaks to the very small businesses that fuel our economy.

I urge my colleagues to oppose this bill and join me in getting to work on the people's priorities—job creation, economic innovation, and deficit reduction. We have come such a long way.

We have already seen the benefits of health care reform in covering children with preexisting conditions, allowing adult children to stay on their parents' health care coverage, and eliminating the yearly and lifetime caps. These are major steps forward in health care reform. All that goes away if we repeal this health care law that we've seen put into effect. Please oppose this Republican bill that's before us today.

Mr. Speaker, the Affordable Care Act is just beginning to ease costs and increase access to care for thousands of Rhode Islanders. Almost 10,000 seniors have already received a \$250 rebate check for their prescription drugs to cover the Medicare Part D "donut hole." That's one small but important step toward making prescription drugs affordable. Over 3,500 young adults now have access to their parents' health plans, giving them peace of mind knowing that they can remain covered until age 26. Additionally, over 18,000 small businesses in Rhode Island have already received information from the IRS on the tax credit to help provide coverage to employees. These tax credits will help ease the burden of rising health care costs on private sector job growth.

Health reform is about more than just statistics or economics; it is about helping real people who are just trying to make it day to day. It is about the grandmother in Cranston whose life will be saved because her breast cancer was detected earlier through a free preventive health screening; it is about the father in Coventry who works for a small business and will finally have health coverage to manage his diabetes; and it is about the mother in Warwick who won't face bankruptcy to treat her daughter's Multiple Sclerosis because of lifetime insurance caps.

These are just some of the examples of how the Affordable Care Act is beginning to make a positive difference in people's lives. As I've said in the past, this law is not perfect, and I look forward to working with my colleagues to improve it where changes need to be made. However, pressing the reset button will not only bring our progress toward affordable and accessible health care to a screeching halt, it will literally force us to repeal the rights of patients and rescind tax breaks to the very small businesses that fuel our economy.

I urge my colleagues to oppose this bill and join me in getting to work on our immediate challenges—job creation, economic innovation and deficit reduction.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Mississippi (Mr. PALAZZO).

Mr. PALAZZO. Mr. Speaker, I rise today to express my strong support for the repeal of this health care monstrosity. It was a bill passed over the objections of most Mississippians, built on unconstitutional individual mandates and unprecedented burdens for State governments. In short, this government takeover is poised to destroy the greatest health care system in the world. Don't take my word for it, but look at how some of the most ardent backers have been quietly working to obtain special waivers so they will not be held to the same standards most small businesses face.

Mr. Speaker, it's time we give all Americans the same relief the President's political friends have worked so hard to get—relief from this job-destroying legislation—by voting in favor of this repeal. I am proud that the first speech I have given in this Chamber and the first bill I have co-sponsored in this Congress is one to repeal this 2,700-page monstrosity.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the gentlelady from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise to share the story of Patricia Maisch.

Pat, as her friends call her, lives outside Tucson and has been fittingly hailed as one of the heroes during the tragic shooting of our colleague, GABBY GIFFORDS. Pat actually knocked the second gun clip out of the shooter's hand as he was attempting to reload, very likely saving the lives of more innocent people.

She was in line to talk to her Congresswoman to share that she thought that the title of the repeal bill was disingenuous, and because Pat and her husband own a small business north of Tucson. The spouse of one of their employees has a preexisting condition, and they have been unable to find affordable insurance to cover her. Pat wanted to tell Congresswoman GIFFORDS that the health reform law will help them provide insurance for this employee. She wanted GABBY to stand up to attempts to repeal health care reform. Pat was unable to deliver her message to her representative but asked that I share it with you now.

Heed the words of Pat Maisch. Heed the words of millions of Americans needing health care. Don't repeal health care reform.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Texas (Mr. FLORES).

Mr. FLORES. Mr. Speaker, back in September of last year, one of the owners of a small Waco, Texas, software company showed me a notice he had just received from his health insurance provider. This notice showed that as a

result of ObamaCare he was faced with a 30 percent increase in his health insurance premiums. Now he has to deal with the harsh reality of cutting the size of his workforce to deal with this increase, or worse, to cancel coverage altogether.

What is even more disturbing is that this is just the beginning of what is to come under ObamaCare. All across our Nation this cost-increasing, job-killing, tax-hiking bill is inflicting irreversible damage on American employers and families. Rather than learn from this in the outcome of the mid-term elections, Democrats choose to oppose and dismiss Republican efforts to repeal ObamaCare and to replace it with something better. There are solutions and clear alternatives to improving our health care system, and the first step is to repeal ObamaCare.

Mr. LEVIN. I yield for the purpose of making an unanimous consent request to the gentleman from New York (Mr. ACKERMAN).

(Mr. ACKERMAN asked and was given permission to revise and extend his remarks.)

Mr. ACKERMAN. I rise in strong opposition to repealing the Patients' Bill of Rights.

Today, the House will vote to take away new health-care freedoms from my constituents and give that power right back to the big health-insurance companies. Repeal of the health-care law puts insurance companies right back into the driver's seat of rationing health-care decisions for the rest of us. Repeal means they get to decide who is denied health coverage because of a pre-existing condition in my district; which young adults in my district can and cannot remain on their parents' plans; and which constituents who are sick in my district would have their plans rescinded just because they got sick in the first place. And the list of lost health-care freedoms goes on and on and on.

Mr. Speaker, what specifically does repealing the health-care law mean for the 5th congressional district of New York? Repeal would mean as many as 311,000 people could be denied health coverage, including up to 37,000 children, because of a pre-existing condition. Repeal would mean that 2,400 young adults up to age 26 in my district would no longer be able to choose to stay on their parents' plans until they get that first job with health insurance. And repeal would mean that 335,000 constituents in my district would lose the most vital consumer freedoms, such as protection from unreasonable policy rescissions and the prohibition of annual and lifetime spending limits.

Already, my constituents and millions of others across the country are benefiting from the new health care law. Seniors in the Medicare prescription-drug "donut hole" received a \$250 payment last year and are scheduled to receive a 50 percent discount on their drugs this year; children are now no longer being denied health coverage because of pre-existing conditions, repeal and they will be denied again; and young adults have been able to keep coverage through their parents' plans. Turning back the clock, to repeal the new law, as if it never happened is not only harmful, but costly: according to the independent and non-par-

tisan Congressional Budget Office, repeal would add \$230 billion to the deficit.

Last year, on this very floor, upon passing the Affordable Care Act, I said that we were acknowledging the moral and economic costs we pay every day for our failure to make health coverage affordable and accessible to everyone; that we were recognizing that having more people with quality coverage saves both lives and costs; that we were unequivocally stating that people in this country shouldn't have to go bankrupt to pay their medical bills; and that no one, no one, should ever have to go to an emergency room just to receive routine medical care. Let us not undo the good we have done.

Mr. Speaker, I urge all my colleagues to support access for all Americans to health care and to oppose this bill.

Mr. LEVIN. Mr. Speaker, could I inquire as to how much time is remaining on both sides for Ways and Means?

The SPEAKER pro tempore (Mr. THORNBERRY). The gentleman from Michigan (Mr. LEVIN) has 2 minutes remaining. The gentleman from Michigan (Mr. CAMP) has 3 minutes remaining.

Mr. LEVIN. Mr. Speaker, I reserve.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Michigan (Mr. HUIZENGA).

Mr. HUIZENGA of Michigan. I thank the gentleman for yielding.

Mr. Speaker, I rise in support of H.R. 2.

A lot has been said during this debate about what the American people want. Some have said the American people want ObamaCare, many others have said that they want a repeal of it. Well, I was not in Washington over this past year, I was in Michigan hearing complaint after complaint from regular citizens and small business owners about the cost and unreasonable mandates that are in ObamaCare. I told them to stay tuned. Well, the American people have spoken. And over the past week, I've had an opportunity to engage my constituents even more, including hosting three telephone town hall meetings. We did a survey as part of those town halls, and over two-thirds of the more than 1,000 people that took part in this survey agreed with my position of repealing ObamaCare. I understand the real concerns and health issues that people have, but we will address these issues in the replace portion that you will be seeing soon, so please stay tuned.

I am also a small business owner, and I have been talking to other small business owners, and they, too, are frustrated. Provisions like the costly mandate requiring them to file additional 1099 forms have made them angry.

We cannot continue to have legislation that forces small business—job creators—and future generations to foot the bill. Our replacement plans bring hope, so stay tuned.

Mr. Speaker, I ask all of my colleagues to join me in voting to replace this bill.

□ 1630

Mr. CAMP. I yield 1 minute to the distinguished gentleman from Mississippi (Mr. NUNNELEE).

Mr. NUNNELEE. I thank the gentleman for yielding.

As a former Member of the Appropriations Committee in the Mississippi State Senate, I was responsible for balancing our State's budget. The Affordable Care Act will push added costs to already strapped States and will ultimately require tax increases at the State level.

The overall cost to implement health reform in Mississippi is \$1.7 billion over 10 years. From fiscal years 2014 to 2020, this dramatic increase in enrollment will cost our taxpayers an extra \$225 million to \$250 million a year. Approximately 400,000 new individuals will be added to our Medicaid rolls because of the expansion, meaning one in three Mississippians will be on Medicaid.

More money devoted to Medicaid means less funding for other necessary State services and added financial burdens on our taxpayers in Mississippi, as well as the rest of the taxpayers of this Nation that will further stifle job creation.

So because of that, I will proudly vote to repeal this law.

Mr. LEVIN. I regret this bill is being brought up today, but there are at least two silver linings.

Number one, this bill will not become law. Health care reform remains the law of this land. And, secondly, and most importantly, it gives us Democrats a further chance to talk sense with the American people.

We on this side are on the offensive on this issue. We are going everywhere. We are an American truth squad. There will be a vote today on this bill. It may well pass. It will not prevail.

MORE THAN 200 ORGANIZATIONS OPPOSED TO H.R. 2, PATIENTS' RIGHTS REPEAL ACT

AARP  
 AFL-CIO  
 AFSCME  
 AIDS United  
 Alliance For A Just Society  
 Alliance for Children and Families  
 Alliance for Retired Americans  
 American Academy of Child and Adolescent Psychiatry  
 American Academy of Family Physicians  
 American Art Therapy Association  
 American Association for Geriatric Psychiatry  
 American Association for Psychosocial Rehabilitation  
 American Association of Pastoral Counselors  
 American Association of University Women (AAUW)  
 American Association on Health and Disability  
 American Cancer Society Cancer Action Network  
 American Counseling Association  
 American Dance Therapy Association  
 American Diabetes Association  
 American Federation of Teachers  
 American Foundation for Suicide Prevention/SPAN USA  
 American Group Psychotherapy Association  
 American Heart Association

- American Lung Association
- American Mental Health Counselors Association
- American Muslim Health Professionals
- American Nurses Association
- American Psychiatric Association
- American Psychiatric Nurses Association
- American Psychological Association
- American Public Health Association
- American Small Business League
- Anxiety Disorders Association of America
- Asian & Pacific Islander American Health Forum
- Association for Ambulatory Behavioral Healthcare
- Association for Community Affiliated Plans
- Association for the Advancement of Psychology
- Association of University Centers on Disabilities
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Bazon Center for Mental Health Law
- Black Women's Health Imperative
- B'nai B'rith International
- California Primary Care Association
- California Rural Indian Health Board
- Campaign for Tobacco-Free Kids
- Campus Progress
- Catholic Health Association
- Catholics United
- Center for American Progress Action Fund
- Center for Clinical Social Work
- Center for Community Change
- Center for Integrated Behavioral Health Policy
- Center for Medicare Advocacy
- Center for Reproductive Rights
- Center on Budget and Policy Priorities
- Centers for Community Change
- CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder, Inc.)
- Child Welfare League of America
- Childbirth Connection
- Children's Defense Fund
- Children's Dental Health Project
- Children's Health Fund
- Clinical Social Work Association
- Clinical Social Work Guild 49, OPEIU
- Coalition on Human Needs
- CommonHealth ACTION
- Communication Workers of America
- Community Action Partnership
- Community Catalyst
- Community Organizations in Action
- Consumer Action
- Consumers Union
- Corporation for Supportive Housing
- Cystic Fibrosis Foundation
- Depression and Bipolar Support Alliance
- Direct Care Alliance
- Disability Rights Wisconsin
- Doctors for America
- Easter Seals
- Eating Disorders Coalition for Research, Policy & Action
- Every Child Matters Education Fund
- Faith in Public Life
- Faithful America
- Faithful Reform in Health Care
- Families USA
- Health Care for America Now
- Herndon Alliance
- HIV Health and Human Services Planning Council of New York (Planning Council)
- Japanese American Citizens League
- Jewish Women International
- Labor Council for Latin American Advancement
- Leadership Council on Aging Organizations (65 organizations)
- Leadership Council on Civil and Human Rights
- League of Women Voters of the U.S.
- LiveStrong
- Main Street Alliance
- Maryland Women's Coalition for Health Care Reform
- Mautner Project: The National Lesbian Health Organization
- Medicare Rights Center
- Mental Health America
- MomsRising
- Montana Women Vote
- NAACP
- NAADAC, the Association for Addiction Professionals
- NARAL Pro-Choice America
- National Alliance on Mental Illness
- National Asian Pacific American Women's Forum
- National Association for Children's Behavioral Health
- National Association for Rural Mental Health
- National Association of Anorexia Nervosa and Associated Disorders—ANAD
- National Association of Area Agencies on Aging (n4a)
- National Association of Chronic Disease Directors
- National Association of Community Health Centers
- National Association of County Behavioral Health and Developmental Disability Directors
- National Association of Mental Health Planning & Advisory Councils
- National Association of Pediatric Nurse Practitioners
- National Association of Public Hospitals and Health Systems
- National Association of Social Workers
- National Association of State Mental Health Program Directors
- National Black Leadership Commission on AIDS
- National Coalition for LGBT Health
- National Coalition for Mental Health Recovery
- National Coalition on Health Care
- National Committee to Preserve Social Security and Medicare
- National Consumers League
- National Council for Community Behavioral Healthcare
- National Council of API Physicians
- National Council of Asian Pacific Americans
- National Council of Jewish Women
- National Council of La Raza
- National Council of Urban Indian Health
- National Council on Aging
- National Council on Problem Gambling
- National Disability Rights Network
- National Education Association
- National Farmers Union
- National Federation of Families for Children's Mental Health
- National Foundation for Mental Health
- National Gay & Lesbian Task Force Action Fund
- National Health Law Program
- National Hemophilia Foundation
- National Hispanic Medical Association
- National Indian Health Board
- National Institute for Reproductive Health
- National Latina Health Network
- National Latina Institute for Reproductive Health
- National Medical Association
- National Minority AIDS Council
- National Network of Public Health Institutes
- National Organization for Women
- National Partnership for Women and Families
- National Physicians Alliance
- National Puerto Rican Coalition
- National Research Center for Women & Families/Cancer Prevention and Treatment Fund
- National Senior Citizens Law Center
- National Spinal Cord Injury Association
- National Viral Hepatitis Roundtable
- National WIC Association
- National Women's Health Network
- National Women's Law Center (and 37 other orgs)
- NETWORK
- Out of Many, One
- Paralyzed Veterans of America
- Partnership for Prevention
- PHI (Paraprofessional Healthcare Institute)
- Physicians for Reproductive Choice and Health
- PICO
- Planned Parenthood Federation of America
- Prevention Institute
- Preventive Cardiovascular Nurses Association
- Progressive States Action
- Raising Women's Voices for the Health Care We Need
- Religious Action Center of Reform Judaism
- Religious Coalition for Reproductive Choice
- Safe States Alliance
- Sargent Shriver National Center on Poverty Law
- School Social Work Association of America
- SEIU
- Small Business Majority
- Society for Adolescent Health and Medicine
- Summit Health Institute for Research and Education, Inc.
- The AIDS Institute
- The Arc
- The Association for Community Affiliated Plans (ACAP)
- The Greenlining Institute
- The Ministry of Caring, Inc
- The National Consumer Voice for Quality Long-Term Care
- The Patients' Union
- Therapeutic Communities of America
- Third Way
- Treatment Access Expansion Project
- Trust for America's Health
- U.S. PIRG
- U.S. Positive Women's Network
- U.S. Psychiatric Rehabilitation Association
- Union for Reform Judaism
- United Autoworkers
- United Cerebral Palsy
- United Methodist Church General Board of Church and Society
- United Neighborhood Centers of America
- United Spinal Association
- United Steel Workers
- Universal Health Care Action Network
- Universal Health Care Foundation of Connecticut
- Vermont Legal Aid—Office of Health Care Ombudsman
- Voices for America's Children
- Witness Justice
- WomenHeart: The National Coalition for Women with Heart Disease
- Young Democrats of America
- Young Invincibles
- YWCA USA

I yield back the balance of my time.  
 Mr. CAMP. I yield the balance of my time to the distinguished gentleman from Ohio (Mr. JOHNSON).  
 Mr. JOHNSON of Ohio. I thank the gentleman for yielding.  
 Mr. Speaker, today we're debating the repeal of economically damaging legislation that punishes job creators and does nothing to control rising health care costs. We can't afford the \$1.2 trillion price tag on the government takeover of health care while our national debt stands at \$14 trillion.

Today, we can right a serious wrong and still achieve the goals we share, like ensuring access to quality, affordable health care for all Americans; real health care reforms that control costs; and ensuring that Americans with pre-existing conditions get the care they need at a price they can afford.

In my district in eastern and south-eastern Ohio, more than 26,000 senior citizens currently enrolled in Medicare Advantage are at risk of losing this program because of the \$200 billion in cuts to Medicare required by this job-destroying health care law.

Later today we will vote to repeal the government takeover giving us the opportunity to start over and enact real patient-focused health care reforms.

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

Ms. BUERKLE. Mr. Speaker, I rise in support of H.R. 2 because I believe that the American people deserve health care reform that will actually reduce costs and improve access without damaging the quality of our health care. Last year's enacted health care reform was a victory for Big Government and an affront to our Constitution. This law is so fundamentally flawed, it must be repealed.

When our Founders envisioned this legislative process, it was meant to be a deliberative one—thoughtful and respectful of the American citizens' freedom. Last year, that vision faltered; and Congress failed in its duties to the American people when they enacted this Affordable Care Act.

As a registered nurse and an attorney who represented a major teaching hospital, I am aware of the problems of our current system, in particular, the problems arising from government restrictions on the purchase of health insurance, government regulations on hospitals and businesses, and tort liability issues.

Unfortunately, this Affordable Care Act does not alleviate these problems and will further damage an overburdened system. According to the Health Care Association of New York State, my home State, we will face a \$15 billion reduction in Medicare and Medicaid—affecting our hospitals, our skilled nursing facilities, our home health agencies and hospices over the next 10 years.

We need to implement true health care reform in a manner that preserves patient choice, protects access to health care, and controls costs without hurting job growth.

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

Mr. Speaker, in 1966 Dr. Martin Luther King, Jr., whose life and legacy we just finished celebrating, expressed his concerns about health care. He stated, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Those words were brought home to me last year when a constituent from

Florence, South Carolina, told me that she had just been informed by her insurance carrier that because of her 8-year-old daughter's cancer treatments, her family had reached their lifetime benefits limit.

What could be more inhumane than repealing this law's patients' rights and telling that mother that the life-saving treatments for her daughter must end?

What could be more shocking than the injustice suffered by the middle-aged woman who called into a radio program to complain that although she had paid her premiums her entire adult life, she was dropped by her insurer when she contracted breast cancer. How can we repeal the remedy for this injustice?

Dr. King also taught us that the time is always ripe to do right. After nearly a century of debate, last March the time was ripe. And getting rid of these discriminatory practices was the right thing to do. And that is the reason I called the bill the Civil Rights Act of the 21st Century.

Interestingly, today we are hearing some of the same rhetoric about repeal of patients' rights that we heard regarding voting rights.

Do I feel that changes should not be made? Absolutely not.

When the Civil Rights Act was passed in 1964, it did not cover public employees.

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

Mr. CLYBURN. I yield myself an additional 30 seconds.

When the 1965 Voting Rights Act became law, it did not cover congressional and legislative redistricting.

The Fair Housing Law wasn't perfect when it was passed.

Bipartisan changes were made to improve all of these measures. I sincerely hope that we can develop some bipartisan modifications that increase efficiency and effectiveness and decrease costs and duplication—none of which will be achieved through repeal.

I reserve the balance of my time.

□ 1640

Mr. CANTOR. I yield 1½ minutes to the gentlelady from Minnesota (Mrs. BACHMANN).

Mrs. BACHMANN. I thank the gentleman from Virginia for yielding.

ObamaCare, as we know, is the crown jewel of socialism. It is socialized medicine. The American people spoke soundly and clearly at the ballot box in November. And they said to us, Mr. Speaker, in no uncertain terms, repeal this bill. And so today this body will cast a vote to repeal ObamaCare.

And to those across the United States who think this may be a symbolic act, we have a message for them: this is not symbolic. This is why we were sent here, and we will not stop until we repeal a President and put a President in the position of the White House who will repeal this bill, until we repeal the current Senate, put in a

Senate that will listen to the American people and repeal this bill.

Because what has been the result, Mr. Speaker? It's been this: it's been job loss, it's been increases on costs to the American people. I have seen everything from 26 percent increases on health insurance to 45 percent increases on health insurance. This will break the bank, and we won't let that happen to our country.

So make no mistake, Mr. Speaker. We are here to stay and our resolve is firm. We will continue this fight until ObamaCare is no longer the law of the land and until we can actually pass reform that will cut the costs of health care.

Mr. CLYBURN. Mr. Speaker, I yield 2 minutes to the chair of the Democratic Caucus, the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. I thank the gentleman for yielding.

Equal protection under the law is the cornerstone of our Constitution. That is why we as Nation strive to form a more perfect Union in a commonsense way of looking out for one another. No one can prepare for a birth defect, catastrophe, or accident of life that may await any one of us. This Congress cannot disenfranchise the 129 million Americans with preexisting conditions impacted by this repeal proposal. The proposal that is before us is not worthy of the party of Lincoln or the tea party. Repeal, repeal, repeal is not a plan. It is an empty political refrain.

My colleagues on the other side of the aisle are honorable people. I cannot accept that they are indifferent to the 129 million Americans with preexisting conditions who would continue to be denied coverage and forced to pay higher rates with repeal. I cannot accept that they are indifferent to millions of children who would once again face denial of health care coverage. I don't believe they are indifferent to the millions of seniors who would be facing higher prescription drug costs because of repeal. I cannot accept that they are indifferent to the families that face cancer diagnosis and would once again be subject to lifetime limits on coverage and possible bankruptcy because of repeal. Addressing these fundamental issues of fairness was what the health care legislation and law is all about.

In this Chamber, and clearly down the hall, we understand the charade of this repeal legislation. But it is not lost on the 129 million Americans with preexisting conditions that are counting on us.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the gentlelady from South Dakota (Mrs. NOEM).

Mrs. NOEM. I thank the gentleman for yielding.

Mr. Speaker, I rise today for the first time on the floor of the United States House of Representatives to make a case for a very important piece of legislation, namely H.R. 2, the health care repeal bill.

Mr. Speaker, there are a multitude of reasons why this law should be repealed, but the most important is because it is a major impediment to job creation for small businesses and job creators in South Dakota and across this country. According to one study, an employer mandate alone could lead to the elimination of 1.6 million jobs between 2009 and 2014, with 66 percent of those coming from small businesses.

Mr. Speaker, one of the most important jobs and job-creation measures that we can do this year is to repeal this bill and to replace it with commonsense policies that actually lower costs for families and for small businesses, expand access for affordable care, and protect American jobs. What I heard time and time again on the campaign trail last year from South Dakota's small business owners is that they are simply waiting. They are waiting to hire another worker or to invest in new technology because of the looming threat of this health care law.

Whether it's a foundry owner in northeastern South Dakota or a motorcycle parts manufacturer in central South Dakota, the refrain is the same: get the government off our backs, and we'll be the small business job-creation engine that this country so desperately needs right now.

Mr. Speaker, I urge my colleagues to listen to the citizens of this great country on this important issue.

Mr. CLYBURN. Mr. Speaker, I am proud to yield 2 minutes to the gentlelady from Connecticut (Ms. DELAURO), the chair of our policy committee.

Ms. DELAURO. Yesterday, men and women from all across America came here to tell us what the repeal of health care would mean for them. Stacie Ritter of Lancaster, Pennsylvania, told us how her 11-year-old twin daughters were both diagnosed with leukemia at age 4. She explained how the Affordable Care Act finally ensured her daughters could get coverage and the care that they need.

Claudette Therriault of Sabbattus, Maine, told us how health care reform had given her access to critical preventive care, the type of care that saves money and saves lives. Ed Burke of Palm Harbor, Florida, told us how the prohibition on lifetime caps had brought security and peace of mind after years of living with hemophilia.

We hear stories like this every day in my district and all across America. Yesterday, a report found that up to 129 million Americans under age 65 have preexisting conditions and could lose their coverage if reform is repealed. I understand their fears. I too have a preexisting condition. I am an ovarian cancer survivor.

The Center for American Progress reports that repeal would add almost \$2,000 a year to family insurance premiums, destroy up to 400,000 jobs a year over the next decade. And the Congressional Budget Office says repeal would add \$230 billion to the deficit. Repeal

will take away valuable benefits, destroy jobs, cause premiums to rise, and add billions to the deficit.

If my colleagues across the aisle will not listen to the facts and the numbers, then listen to the poignant stories of their and our constituents. What will happen to Stacie's twins, Claudette, Ed, and millions of other Americans if health care reform is repealed? What will happen to children with preexisting conditions, to seniors in the doughnut hole, to small businesses trying to help their employees find quality health insurance? Repeal is a mistake. We should work to further strengthen our health care system; and we should do that, not roll back hard-won progress. Health care should not be a political game.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the secretary of the Republican Conference, the gentleman from Texas (Mr. CARTER).

Mr. CARTER. Mr. Speaker, I am delighted to find that the President has finally found common ground with the conservatives. The President wrote in *The Wall Street Journal* yesterday that he issued an executive order calling for all agencies to identify job-killing and costly red tape that could be eliminated. We should help him resolve this by eliminating thousands of new regulations that will be dumped on individuals and businesses over the next 4 years by this bad health care law. The Federal Register contains 6,123 pages of requirements for the new health care rules created by this law.

□ 1650

The Center for Health Transformation lists 159 new Federal agencies created by this law.

We can replace this bad bill with bipartisan reforms that can let the people both keep their job and their health insurance.

Mr. Speaker, let's support the President's initiative and reduce bad regulations by repealing this bad law.

Mr. CLYBURN. Mr. Speaker, may I inquire as to how many more speakers there are on the other side?

Mr. CANTOR. Mr. Speaker, we have five remaining speakers.

Mr. CLYBURN. I have two speakers remaining.

I reserve the balance of my time.

Mr. CANTOR. Mr. Speaker, I yield 2 minutes to the chairman of the Republican Conference, the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, let me offer 1.6 million reasons why we should repeal ObamaCare. That's the number of jobs that will be lost from just one provision, the employer mandate, according to the NFIB, the largest small business organization in America. The half a trillion dollars in new taxes, the 1099 form, the minimum benefit standard, all job-crushing regulations. Mr. Speaker, when it comes to ObamaCare, you cannot help the job seeker by punishing the job creator.

Let me offer 2.6 trillion more reasons that we must repeal ObamaCare. That

is the true cost of this legislation; \$700 billion more added to the deficit.

Now, I know my friends on the other side of the aisle will contend something else, but somehow in their accounting they left out the \$115 billion it costs to implement. They double-counted almost half a trillion dollars in taxes, Social Security, cutting Medicare by half a billion, the sleight of hand of 10 years of taxes, 6 years of spending. Mr. Speaker, you cannot improve the health care of a nation by impoverishing its children.

Here is one more reason, Mr. Speaker. The American people don't want it. It's personal.

Here is my story. Two days ago I was in San Antonio, Texas. My mother had a large tumor removed from her head. They wheeled her away at 7:20 in the morning. By noon, I was talking to her, along with the rest of our family. It proved benign. Thanks to a lot of prayers and good doctors at the Methodist Hospital in San Antonio, my mother is fine. I am not sure that would be the outcome in Canada, the UK, anywhere in Europe.

No disrespect to the President, but when it comes to the health of my mother, I don't want this President, or any President, or his bureaucrats or commissions making decisions for my loved ones. Let's repeal it today, repeal it tomorrow.

Mr. CLYBURN. I continue to reserve the balance of my time.

Mr. CANTOR. Mr. Speaker, it is now my pleasure to yield 2 minutes to the majority whip, the gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY of California. Let me thank the gentleman for yielding.

First of all, let me say I respect my friends on the other side of the aisle. I do believe you all, like us, want to improve America's health care system. Congressional Republicans and Democrats don't differ on that goal.

Where we differ, and differ quite drastically, is on how to accomplish this goal. And the American people's opinion on health care reform radically differs from that, Mr. Speaker, of President Obama and the congressional Democrats.

Americans understand that our health care system, warts and all, is still the very best in the world. We have the best doctors, nurses, hospitals, and health innovators in the world.

We should be working together to improve the system rather than turning it over to thousands of health care bureaucrats who believe they can make better choices than patients and doctors.

The debate today is a little different than the debate that I remember when this bill was passed, Mr. Speaker. Members are not held over for a weekend vote. There are not protesters outside rallying, wanting, Mr. Speaker, to have their voices heard. Today is an open, cordial discussion.

That's what the American people asked for, a health care system that

works, that doesn't deter, a health care system devised by the patient and doctor.

Mr. Speaker, our families deserve better, our small businesses deserve better, and to all my colleagues, America deserves better.

Let's repeal this health care bill, start to replace it with an open and an honest debate, where the American people are involved, patients are involved, doctors are involved, and the American public can have a health care bill that lowers the cost without destroying jobs and a health care system that keeps the innovation we know so well.

Mr. CLYBURN. Mr. Speaker, I yield 2 minutes to the vice chair of the Democratic Caucus, the gentleman from California (Mr. BECERRA).

Mr. BECERRA. I thank the gentleman for yielding.

Listening to this debate, I can understand why Americans might be confused about the direction of health care in this Nation. But let me thank my Republican colleagues for producing at least one important result by debating this misguided Republican plan to repeal patients' health care rights.

Millions of Americans are now beginning to understand the valuable rights and freedoms they secured when the Affordable Health Care Act became law last year. Last year, when Eric, a self-employed architect in my district, wrote to me that he and his wife were in a terrible bind, he explained something. They had insurance, but they could only secure the most costly of insurance with the highest deductibles. But the real bind wasn't that. The real bind was that their insurance company refused to include, within their health insurance policy, their 8-year-old son because their 8-year-old son had suffered from a stroke.

Now, for Eric and his wife and his son, health care reform was real. Today, Eric and his family can get insurance for their son because today Eric and his wife have a right to be insured and to have their son insured because no insurance company today can discriminate against any child for a preexisting condition.

That's what health care reform was all about. It was also about making sure that today America's businesses could afford to offer health insurance to their employees.

Health insurance reform was about reducing the cost of health care, and that's why the impartial referee that we use here in Congress, the Congressional Budget Office, has said that this health reform that was passed last year will save us money, despite all the rhetoric that you hear.

My Republican friends say repeal these health care rights and protections that were extended last year. Do that today, and in the future we will restore those rights and make them prettier as well.

Well, we have a bird in the hand. We don't want to go after two in the bush.

For 12 years, they had control of the Congress. For 6 years, they had a Republican President to work with. They never once did it.

Let's keep that bird in the hand and move forward for the rest of America.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the gentleman from South Carolina (Mr. SCOTT).

Mr. SCOTT of South Carolina. Mr. Speaker, this health care bill is a job-destroying bill.

Shifting who pays simply does not reduce the cost of health insurance. As a matter of fact, when you look at it, the CMS says over the next 10 years we will see an increase of \$311 billion in the cost of health care. This is \$2.3 trillion of new taxes on Americans.

The deficit: Over the first decade, over \$500 billion of new deficit spending; \$1.5 trillion in the second decade.

Massive bureaucracy: 68 new programs, 47 new bureaucratic entities, and 29 pilot programs as a part of this bill.

It destroys the relationship, the intimate relationship between a patient and a physician.

The NFIB, the National Federation of Independent Business, says that over the next 10 years we will lose 1.6 million jobs in America because of this bill. By destroying the bill that destroys jobs, we've made progress.

□ 1700

Finally, we already have a \$76 trillion hole in unfunded entitlements. By increasing the number of entitlements, we've simply increased the hole, another \$2.7 trillion expansion in entitlement spending. The 10 years' revenue simply does not pay for the 6 years of benefits.

Mr. CLYBURN. Mr. Speaker, I yield 2 minutes to the chair of the Democratic Congressional Campaign Committee, Mr. STEVE ISRAEL of New York.

Mr. ISRAEL. I thank my friend.

Mr. Speaker, I rise to oppose this bill. This vote establishes who you are for. Are you for insurance company profits, or are you for the middle class? I'm for Hannah Watson of Bay Shore, Long Island. Hannah was born with spina bifida. She had multiple surgeries and a kidney transplant before the age of 12. At 12 years old, 3 months after her last surgery, her insurance company told her that she had reached her annual cap and they would not pay for additional treatment. Thanks to the Affordable Care Act, Hannah was able to finally get on her parents' insurance at an affordable rate with no lifetime caps.

This health care act was for Hannah Watson. Well, I hear people saying, do you know what? I don't have spina bifida. Why should I care? Well, Hannah did not choose to have spina bifida. Nobody makes that choice. The health care act helped Hannah. It helped her neighbors. It helped others. Why would you want to look at Hannah and say, We are repealing those protections, Hannah?

I'm for Catherine Marquardt of North Babylon. Catherine had breast cancer; and as she was recovering from breast cancer, her insurance company told her that it was a preexisting condition and they would no longer pay for her treatment. Now, I hear people say, well, why should I care? I'm not Catherine Marquardt. I don't have breast cancer. One out of every nine women in America has breast cancer. You know somebody who has breast cancer. Why would you want to say to them, That is repealed, that consumer protection is repealed, you are on your own?

And finally, Mr. Speaker, I understand the notion that this is not a perfect bill, and there are things that we can improve. My friends on the Republican side are in the majority; and if they can think of ways to improve it, I believe we should work with them. But this is not improving it. This is repealing it. This is repealing every word of it. This is repealing every vowel of it. This is repealing every consumer protection of it. This is repealing it for every one of us, for Hannah and Catherine, for one out of every nine women who has breast cancer and for all Americans with preexisting conditions. And it ought not be repealed.

I thank the gentleman.

Mr. CANTOR. Mr. Speaker, I now yield 1½ minutes to the gentleman from Texas (Mr. SESSIONS).

Mr. SESSIONS. I want to thank the majority leader, the gentleman, Mr. CANTOR.

Mr. Speaker, I believe that the Democrats' health care law will do for health care what the stimulus did for jobs. My colleagues on the other side of the aisle promised the American people greater access to quality affordable health care. Well, the only problem is that the law does not increase quality and does not save Americans one dime on their health care cost. In fact, what is known as ObamaCare will end up costing every single American more in health care premiums and in taxes to pay for the \$1.2 trillion gross expansion of the Federal Government.

Mr. Speaker, the Democrats' health care law is about taxes, it's about mandates, it's cuts to Medicare, job losses, deficit spending, and new Federal bureaucracies. The reality is that we cannot pay for the health care entitlements we have, much less a new government takeover of health care that adds trillions of dollars to our existing liabilities, driving up costs even further and puts the Federal Government in charge of health care decision-making.

The path to greater choice for patients and lower costs all must be a part of an answer that is about repealing this costly health care bill. I support the repeal today and will vote tomorrow for the resolution to replace it with the promise of real solutions.

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

The SPEAKER pro tempore. The gentleman from South Carolina has 4½

minutes remaining. The majority leader has 2½ minutes remaining.

Mr. CLYBURN. Mr. Speaker, I yield the balance of my time to the Democratic whip, Mr. HOYER from Maryland.

Mr. HOYER. I thank the gentleman for yielding. I rise in opposition to this bill to repeal.

Last year, we acted to reform health care in America to make it easier for small businesses to cover their employees, to take important steps to bring down costs, and to stop insurance company abuses that bankrupt sick Americans and deny them coverage. We acted in the face of a crisis, a cost crisis, which saw premiums more than double over the last decade; a coverage crisis, which saw more than 40 million Americans without health care insurance; and a fiscal crisis, which saw the cost of health care driving our country deeper and deeper into the red.

A constituent of mine from southern Maryland recently wrote to thank us for health reform that now lets her carry her 21-year-old daughter on her insurance, but she wrote that something else also inspired her to support this piece of legislation, seeing “a lot of other people who are hardworking, honest people who were going bankrupt because of unexpected medical expenses.” Those were the stories we had in mind last year when we passed the health reform law—and today, as we fight to protect it.

Nonpartisan observers tell us it will reduce the rise in premiums for millions, cover 95 percent of Americans, and contribute to reducing our deficit. The opponents of health care reform have spent more than a year painting it in apocalyptic terms, but they can't erase the history that proves that bringing affordable care to all Americans has long been the goal of both parties.

Just yesterday, former Senate Majority Leader Bill Frist, a Republican, said that the Affordable Care Act “is the law of the land, the fundamental platform upon which all future efforts to make that system better will be based.” That was Senator Republican leader of the Senate, Bill Frist from Tennessee, one of the great medical practitioners in this country, a doctor. In 2008, Senator JOHN MCCAIN said this: “We should have available and affordable health care to every American citizen.”

There has been no alternative offered to accomplish that objective. And in 2006, when signing a State bill remarkably similar to the Affordable Care Act, Governor Mitt Romney, Republican, a leading candidate for President of the United States in the Republican Party, said this of that bill, almost exactly like this one: “An achievement like this comes around once in a generation.”

While our Republican colleagues in Congress failed to take action on health care during a decade of doubling premiums and mounting debt, Congress acted last year.

Now my Republican friends have come to the floor with a plan to put insurance companies back in charge of American health care and to strip Americans of their hard-won freedom to make health choices for themselves.

Once again, families would face insurance companies' unfair caps on their coverage—or find their coverage canceled altogether. Once again, insurance companies could discriminate against children with disabilities and pregnant women. Once again, prescription drug costs for our seniors will go up. And once again, small businesses will be without any help to cover their employees in a world of skyrocketing premiums.

There's no arguing with the facts: repeal would cost our economy as many as 400,000 jobs per year, notwithstanding the rhetoric on the other side. They would be lost under the burden of crushing health care costs, and repeal would pile up over \$1.2 trillion of additional debt on our children over the next two decades.

I urge my colleagues, preserve Americans' freedoms to control their own care. Join together to protect a system that meets the objectives set by generations of American Presidents: Truman, Kennedy, Johnson, Nixon, Ford, Carter, George H.W. Bush, Clinton and George W. Bush, as well as President Obama.

Oppose this repeal bill.

The SPEAKER pro tempore. All time of the gentleman from South Carolina has expired.

Mr. CANTOR. I yield myself the remaining time.

Mr. Speaker, America did not become great by accident. We are a great country because we continue to strive toward the protection and expansion of individual liberties in a way that people cannot find anywhere else in the world. Our system of free enterprise inspires people to pursue opportunity, to take responsibility for their lives, and to achieve success. Yet for the past 2 years, Congress and the administration have pushed an agenda that moves America in the opposite direction by eroding individual freedoms.

□ 1710

It is part of a philosophy premised upon government siphoning more money, control, and power out of the private sector. And the health care bill we seek to repeal today is the tip of the spear.

Mr. Speaker, let's make something clear: Both parties care deeply about health care. Likewise, Republicans have rejected the status quo. We simply disagree with our counterparts on the other side of the aisle that excessive government regulation and sweeping mandates on individuals and businesses are the right way to go about effecting the reforms that Americans want.

The construct of this bill is fundamentally unworkable. Instead of preserving the doctor-patient relationship,

this legislation we seek to repeal is rooted in having Federal bureaucrats come between patients and their doctors, limiting choices.

If you go back to the health care debate last Congress, the President, then-Speaker PELOSI, and then-Leader REID often spoke of two goals: one, we should strive to lower costs; and, two, if Americans liked the health insurance coverage they had, they should be able to keep it.

Mr. Speaker, we believe in the aftermath of this bill's passage these goals have not and cannot be met. Therefore, doesn't it stand to reason that we must repeal this bill and begin an honest debate about a better way forward? Of all the most disingenuous myths in this town, perhaps the biggest is the notion that repealing the health care bill will increase the deficit. Let's remember here, we are adding an open-ended entitlement. The new law is riddled with budget gimmicks that double-count savings, offset 6 years of benefits with 10 years of tax increases, and rely on cuts to Medicare and tax increases to fund a new entitlement.

The nonpartisan Congressional Budget Office works hard to provide accurate accounting; but it is only able to score the legislation put in front of them, even if it includes budget gimmicks and fiscal shell games designed to hide its true cost. The reality is this trillion-dollar new government entitlement will lead to a one-size-fits-all cure and put our country and our States on a path to bankruptcy. At a time when we need to do everything in our power to encourage job creation, the health care bill hangs around the necks of businesses and serves as a barrier to job creation.

Mr. Speaker, if we want to deliver real results, the right way to go about health care reform is to lower costs and improve access. That is why, after the House passes this repeal of ObamaCare, we will begin a two-step process of: first, conducting oversight of the law and the impact it has had on our economy and our health care system; and, two, beginning work on a new vision to improve health care without bankrupting our country and taking away the health care that most Americans want and like.

This majority is dedicated to achieving results for the American people. As we have said before, Mr. Speaker, we are a cut-and-grow Congress. We will cut spending and job-destroying regulation and grow private-sector jobs and the economy. Repealing last year's health care law is a critical step. Mr. Speaker, we can do better, we will do better, and I urge my colleagues to support repeal.

Mr. SMITH of New Jersey. Mr. Speaker, I respectfully ask that my colleagues listen to the American people and vote for H.R. 2, legislation to repeal Obamacare and, in essence, open the door to the passage of replacement legislation that offers needed, meaningful and bipartisan health care reform.

Considered in its entirety, Obamacare is a crippling blow to both health care in America

and our economy. Not only will Obamacare over time erode and undermine the quality of health care in America, it will to a progressively greater extent increase the deficit, drag down the economy, hurt businesses, and destroy jobs.

The near total lack of transparency and misuse of power last year by the then-majority in forcing through Obamacare's passage, makes it the quintessential example of how a bad bill can become law. The American people are rightfully angry, and we in Congress had better listen to them.

Obamacare, which would create nearly 160 boards, commissions and programs and would vest sweeping powers on bureaucrats to determine what benefits are covered and not and at what cost, is so fundamentally flawed that it needs to be repealed and replaced.

The American people want and I support meaningful and sensible health care reform, but it shouldn't be paid for by giving the government control of our health care system, with new unconstitutional mandates, massive tax hikes, and \$2.6 trillion in new government spending.

Rest assured that if Obamacare were sound and prudent policy—fiscally and morally—and an efficacious way of facilitating quality health care coverage, the American people, as well as Members of Congress from both sides of the aisle and across the ideological spectrum, would be strongly supporting it. If it were a good law, honest explanations, not subterfuge and granting of special favors and treatments, would convince a large majority of the American public to embrace it.

Government should not be about strong arming through a policy or law and then using every trick, gimmick, and unholy alliance to defend that law or policy at any cost. What were missing in passing and promoting Obamacare and are the foremost conditions that must be employed moving forward are honesty and transparency.

The selling of Obamacare has been replete with misleading figures on costs and savings. While claims are made that the health care law will cost \$940 billion over ten years and reduce the deficit \$143 billion over the same period, those figures can be readily demonstrated to be unrealistic. In actuality, best estimates are that the new law will cost taxpayers \$2.6 trillion over ten years when fully implemented and will add \$701 billion to the deficit in its first ten years.

Why the gross discrepancies? For one, the drafters of the law took full advantage of the fact that the Congressional Budget Office, CBO, evaluates legislation over a ten year window. Significant benefits of the law don't take effect for four years, meaning that the law requires ten years of tax increases and ten years of Medicare cuts to pay for six years of spending. When all provisions of the law are fully implemented, the ten year cost rises to \$2.6 trillion.

Additionally, a \$143 billion savings turns into a \$701 billion deficit when adjustments are made for budget gimmicks: \$53 billion in claimed savings by increasing social security payroll taxes are already spoken for by social security beneficiaries; \$70 billion in claimed savings from the new Community Assistance Services and Support (CLASS) program are the result of benefits not being paid out for five years—while eventually benefits will exceed premiums collected—even Democratic Sen-

ator KENT CONRAD called the CLASS program a ponzi scheme of the first order; \$398 billion in claimed savings from the Medicare Hospital Insurance Trust Fund are double-counted to pay Medicare benefits and to be used for other programs; \$115 billion in new government spending needed to implement the law were not counted in initial estimates; and \$208 billion for the fix to avoid pending Medicare payments reductions to physicians were not counted.

CBO warns that the current trajectory of federal borrowing is unsustainable and could lead to slower economic growth in the long run as debt rises as a percentage of GDP. The federal debt is currently over \$14 trillion. The total federal deficit rose from \$455 billion in FY2008 to \$1,413 billion in FY2009, and is estimated to be \$1,342 billion for FY2010. A realistic assessment is that Obamacare will exacerbate our nation's debt.

At a time when unemployment is at record highs (currently 9.4 percent nationally and 9.2 percent in New Jersey), Obamacare will cause significant job losses for the U.S. economy. The National Federation of Independent Businesses (NFIB) found that the mandate for employers to provide health insurance could lead to the elimination of 1.6 million jobs through 2014, with 66 percent of those jobs coming from small businesses. Two-thirds of new U.S. jobs are created by small businesses and even President Obama has called small businesses the "backbone of our Nation's economy." However, Obamacare hurts small businesses with mandates, new taxes, onerous paperwork burdens, and higher health care costs.

Rather than reducing the costs of health care, Obamacare will increase total health care spending by \$311 billion over the next ten years over what it would have been absent Obamacare, according to Medicare's chief actuary.

Obamacare requires employers with 50 or more employees to provide government-approved health care, and to pay a \$2000 penalty per employee (after the first 30 employees) if they do not provide coverage. Perversely, the small business tax credit in the law, with the purpose of aiding small businesses, actually will act as a disincentive to small business owners who otherwise might increase wages and hire additional workers. The small business tax credit is only temporary, and, additionally, it starts to phase out for companies that pay their employees more than \$25,000 or employ more than 25 workers. Many business owners, particularly in high cost states, would get no benefit. CBO estimated that only 12 percent of small business workers would benefit.

The law also has an onerous requirement for businesses to file a report with the IRS for every vendor with which it has more than \$600 in transactions in a year. This will be an enormous paperwork burden on all businesses, but may be particularly troublesome for small businesses to comply.

Mr. Speaker, for the first time ever, Obamacare forces Americans to acquire an approved health plan or pay a stiff penalty—like they committed a crime. The penalty is significant—the greater of \$750 per person per year (up to \$2,250 per family) or 2 percent of household income. No person in America should be coerced into buying medical insurance. Just this week, a motion was filed to

add six additional states to the lawsuit, which is challenging the healthcare reform law as unconstitutional because of the law's individual mandate requiring the purchase of health insurance. Twenty-six states are now part of that lawsuit. Virginia had filed a separate lawsuit on similar grounds, and last month received a favorable ruling.

Under Obamacare, premiums for non-group family insurance will increase by as much as \$2,100 per year. The CBO estimated that by 2016, premiums will increase by 10–13 percent over what would happen under current law.

Obamacare, which directs reductions of more than one-half trillion from Medicare, will take away certain benefits from senior citizens and disabled persons. Medicare Advantage is used by over 11 million people nationwide including 15,983 people in my Congressional district alone. Obamacare's \$206 billion in cuts to Medicare Advantage plans will result in millions either losing that coverage or being denied the opportunity to enroll in a Medicare Advantage plan. Further limiting patient choice, actuaries at the Centers for Medicare and Medicaid Services warned that Medicare cuts in the law are so drastic that providers might end their participation in the program. So much for the President's promise that if you like your health plan, you can keep it; no you can't! And so much for his promise that if you like your doctor, you keep seeing your doctor; you might not be able to.

Obamacare also will add more than 16 million people to the Medicaid program, which—in addition to threatening the participation of physicians in the program that reimburses doctors only 56 percent of the market rate for medical procedures—also further endangers already strained state budgets.

On January 7, 2011, 33 Governors and Governors-elect wrote to the President, HHS Secretary Sebelius, and leadership in Congress regarding the excessive constraints placed on the states by healthcare-related federal mandates. The Governors note that the federal requirements will force states to cut other programs, such as education, in order to fund a "one-size-fits-all" approach to Medicaid.

Additionally, Obamacare fails to institute real medical liability reforms to end junk lawsuits and curb the costs of defensive medicine—these have long been identified as significant forces in driving up health costs.

Finally, it is a tragic flaw that, even though President Obama told a joint session of Congress that "no Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place," his legislation constitutes the largest expansion of abortion since *Roe v. Wade* itself, and makes a mockery of that pledge.

Repeal of Obamacare will pave the way for implementation of better health care solutions that will lower costs, increase access, and improve quality without destroying jobs or bankrupting our government.

Goals of responsible health care reform should be to provide credible health insurance coverage and access for everyone, strengthen the health care safety net so that no one is left out, and incentivize quality and innovation, as well as healthy behaviors and prevention. Indisputably, the private health insurance market has to be reformed to put patients first, and eliminate denials of pre-existing conditions and



lifetime caps and promote portability between jobs and geographic areas, including across state lines. Reform should also include revision of the tax code to promote affordability and individual control. Medicare reforms are necessary to make it more efficient and responsive, with sustainable payment rates.

Of course, responsible health care reform will respect basic principles of justice: it will put patients and their doctors in charge of medical decisions, not insurance companies or government bureaucrats. It will also ensure that the lives and health of all persons are respected regardless of stage of development, age or disability.

Mr. KUCINICH. Mr. Speaker, today the House of Representatives is debating whether to take a giant step backward by repealing the Affordable Care Act. If we are not going to debate how to improve the health care bill, we should be working to strengthen our economy.

A good place to help Americans out of a bad economy is to look at the number one cause of bankruptcies in the U.S.: medical bills. Specifically, over 62 percent of all bankruptcies are from medical bills. It is tempting to conclude from that statistic that most of those bills are due to the uninsured not being able to pay their bills. That would be wrong. In 78 percent of those medical bankruptcy cases, the victims had health insurance. That means that about half of all bankruptcies in the U.S. happen to people who have health insurance.

This is what happens when insurance companies make money by not providing care. Their job is to make someone other than them pay the bills—even if it is you or me, and even if we already have insurance. They make us pay the bills by selling cheaper insurance policies that do not actually cover us when we get sick.

We must eliminate the predatory for-profit health insurance industry by enacting H.R. 676, Medicare for All. No copayments, no deductibles, no premiums. For the same costs or less than we are paying now.

Mr. VAN HOLLEN. Mr. Speaker, many of us believe we should focus our efforts and energy on measures to help put people back to work rather than on a bill that takes away important patient and consumer protections. And we don't think it makes much sense to debate a bill that thankfully will go nowhere in the Senate and would certainly be vetoed by the President. However, the new Republican majority is certainly entitled to use its time here as it chooses. And while many of us believe our time would be better spent focusing on jobs, I do believe that this debate may help clear up many of the myths and misinformation about the health care law signed by President Obama.

The issue of health care is personal to every American individual and family. That is why this debate can become so emotional and heated. Let us have a vigorous, spirited debate. But let us work to ensure the debate generates more light than heat, and illuminates rather than obscures the key issues.

The insurance reforms that have taken effect since last March are already making a huge and positive difference in the lives of millions of American families. We wish our Republican colleagues would have taken a least a few days, a few hours to have Congressional hearings to listen to those individuals and families. The new Republican majority said it wanted to listen, but you have not in-

vented a single American outside of this Congress to a hearing to testify on the repeal bill we are debating here today. As a result, those of us who oppose the efforts to strip away important patient protections had to organize an unofficial hearing to listen to testimony from our fellow Americans. We heard stories from across America about why it is such a bad idea to repeal, to take away the many protections patients and consumers finally have to fight the abusive practices of some insurance companies.

We heard the moms and dads of young people tell you how relieved they are that their sons and daughters are no longer kicked off their health insurance policies at age 19 or when they graduate from college, but can now stay on their parents' plan until age 26. As a result, if their 22-year-old gets very sick or gets into a terrible accident, that 22-year-old can get care they need without the family going bankrupt.

We heard from moms and dads with kids who have cancer, asthma, or diabetes or other pre-existing conditions tell how relieved they are that insurance companies can no longer deny coverage to those kids.

We heard senior citizens who were unable to pay huge bills for essential prescription drugs tell you how relieved they are that—as of January 1st—they are now paying less and can afford the medicines their doctors say they need.

We heard from small businesses that are already using the tax credits to be able to purchase affordable health care coverage for their employees. And as a result of being able to purchase more affordable health care, small businesses have been able to hire more employees.

Now the new Republican majority has used a lot of supercharged and inaccurate rhetoric to support their claims. They even named their bill the "Repealing the Job-Killing Health Care Law Act"—as if putting those words in the title and saying them over and over somehow makes it true. It doesn't and they aren't.

Let me be clear—there is only one job that will no longer be available as a result of the health reform bill, and that is the job of the guy at the insurance company who was told to examine the fine print in your insurance policy—the kind you can only read with a magnifying glass—and come up with reasons why the insurance company will not pay for the care you need when you need it, even though you had been dutifully paying your premiums all along. The reform bill signed by the president banned those abuses. With that solitary exception, the health insurance reform law will create jobs. More people will be providing more cost effective health care services to ensure that more Americans are healthy and productive at work. And the health reform bill—when it fully kicks-in in 2014—will finally give Americans the freedom to move from job to job without fear of losing their coverage. That means more Americans will be able to pursue their entrepreneurial dreams and start their own businesses without fear of losing their health insurance.

Now, we all recognize that ever rising health insurance premiums are making insurance less affordable for millions of Americans. Indeed, between the years 2000 and 2006, health insurance premiums doubled—went up 100 percent—and the profits of the major health insurance companies quadrupled. The

insurance industry loved that pattern. What did the Congress do during those years to stop those skyrocketing premiums? Nothing. By contrast, the health reform bill signed by President Obama finally provides the chance to stop those skyrocketing premiums. That's why it was so bitterly fought by the insurance industry and why they would like to see it repealed.

Now some critics claim that the continued rise in health insurance premiums this year is proof that the health care bill is not working. But that claim exploits widespread confusion about how the bill works. Anyone who has read the bill—and I do encourage all Members to read the bill—knows that the key insurance market reforms in the bill don't even take effect until the year 2014. That is because the market reforms cannot be implemented overnight without disruption to the system. But when those reforms are fully implemented in 2014, premiums will no longer accelerate at warp speed.

Those reforms will change the very inefficient system that contributes to rising premiums. As of today, all of us who have health insurance coverage—we pick up the tab for those who don't. We pay higher premiums because of those who pay none, but get their primary care in the emergency room. That broken system results in less preventive care and higher premiums. Those premiums will come down in 2014 once everyone takes personal responsibility for purchasing their own coverage and the risks are pooled throughout the population.

Now, when market reforms kick-in fully in 2014, the non-partisan, independent CBO has indicated that individuals and families will be able to pay less for their health coverage. In their letter to Speaker BOEHNER, CBO projects that premiums for employer based coverage will rise if you repeal the bill. And CBO indicates that the majority of people in the individual market will get fewer benefits and pay more for coverage if you repeal the bill—because you eliminate the tax credits.

The non-partisan Congressional Budget Office—the CBO—has also said something else about the health care bill signed by President Obama. They have calculated that it will reduce our national deficit by over \$1.4 trillion over the next twenty years. Now many people ask how that can be possible. How can a health reform bill that provides more affordable access to health care for millions of Americans reduce the deficit? The answer is simple: those expansions were more than paid for by eliminating huge taxpayer subsidies that were flowing to certain health insurance companies, by incentivizing more efficient care, and by having the top 2% income earners contribute more in payroll taxes.

That is the budget math of the health care reform bill. This means that by repealing the bill signed by President Obama, Republicans would add over \$1.4 trillion to the deficit, adding to our debt to China and others.

Now, because they don't like the CBO deficit numbers they have tried to discredit them. But these criticisms are coming from the same people who praised many of the CBO's earlier estimates during the debate on the health care bill. In other words, when they like what the CBO has to say, they endorse their numbers, but when the CBO presents an inconvenient budget truth, they trash the numbers.

CBO is the independent budget referee for the Congress. Just as in football, sometimes

you agree with the referee; sometimes you don't. But you don't get to kick the referee off the field and substitute your own call. Yet that is exactly what our Republican colleagues seek to do. Only this is not a sports game; they are playing these games with the federal budget. It is unprecedented and fiscally reckless. It is Enron-style accounting that will lead to budget anarchy and fiscal chaos.

So much for fiscal accountability. Mr. Speaker, those of us who support the health care reform law know that it is not perfect and certain adjustments should be made as we implement the reforms. In fact, last year this House tried to remove the burdensome 1099 provisions, and the Senate was unable to pass similar legislation.

But making necessary adjustments is one thing. Completely eliminating important patient and consumer protections that are currently benefiting millions of American families would be a historic mistake. The insurance industry would celebrate at the expense of the American people. Let's put health care providers in charge of health care decisions, not the insurance industry.

We have seen this narrative play out at other times in our history. After the historic passage of Social Security in 1935, its Republican opponents called it "a cruel hoax" and "a fraud on the working man." After the historic passage of Medicare in 1965, we heard the same distortions.

Mr. Speaker, let us not make the mistake of repealing health care reform. I urge my colleagues to oppose this misguided and mislabeled bill.

Mr. Speaker, this House is a place to have great debates where we can openly air differences of opinion. But we should try in the process to separate differences of opinion from the facts of the case.

Earlier this month, with the passage of the Rules package, there was an effort to provide a whole new approach to accounting when it comes to the budget deficit. In essence, what the rules say is that we are going to exempt the budgetary effects of certain measures, including repealing the Patient Protection and Affordable Care Act. The majority has written into the governing rules of the House a mechanism to disguise the true budget deficit impact of repealing this legislation. And as a result, today the Chairman of the House Budget Committee inserted a statement into the CONGRESSIONAL RECORD which asserts that H.R. 2, the bill to repeal the Affordable Care Act, will have no budgetary effect at all. In fact, CBO's preliminary estimate of the bill is that it would increase the deficit by \$230 billion over ten years. What the majority is doing is rank budget gimmickry of the worst kind.

It is the job of the nonpartisan Congressional Budget Office to inform us of the deficit impact of legislation we pass in this House. Sometimes we agree with their estimates, sometimes we disagree. But the whole budget process will collapse in chaos if we decide to write the political budget estimates of individual Members of Congress into these bills and ignore the estimates of the professionals. It is like being at a football game and when the referee makes a call, and you don't like the call, you throw the referee off of the field and think that your team gets to make the call instead.

We should all recognize, as Republicans and Democrats, that we will have budget anar-

chy if we think that we can have Members of Congress in a politically charged environment substitute their own judgment for that of CBO. With this action, the majority is committing budget malpractice. It is a sure-fire way to run up the red ink in this country over a period of time.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON THE BUDGET,  
Washington, DC, January 19, 2011.  
Budgetary Effects of Legislation

MR. SPEAKER: Pursuant to Public Law 111-139, I hereby submit prior to the vote on passage, the attached estimate of the budgetary effects of H.R. 2, "Repealing the Job-Killing Health Care Law Act," for printing in the Congressional Record.

REP. PAUL RYAN,  
Chairman.

ESTIMATE OF THE STATUTORY PAY-AS-YOU-GO EFFECTS FOR H.R. 2—REPEALING THE JOB-KILLING HEALTH CARE LAW ACT—(AS INTRODUCED IN THE HOUSE ON JANUARY 5, 2011)

(Billions of dollars, by fiscal year)

	Statutory Pay-As-You-Go Impact
	2012-2021
Net Increase or Decrease (–) in the On-Budget Deficit* .....	+230
Less:	
Adjustments Pursuant to Sec. 4 (d)(6) of P.L. 111-139 <sup>b</sup> (Community Living Assistance Services and Supports Act) .....	N/A
Adjustments Pursuant to H. Res. 5, 112th Congress <sup>c</sup> .....	–230
Statutory Pay-As-You-Go Impact .....	0

Source: House Budget Committee Estimates.  
Memorandum:

\*As of January 18, 2011 the Congressional Budget Office could not produce a detailed year-by-year estimate of the statutory paygo effects of enacting H.R. 2—Repealing the Job-Killing Healthcare Law Act. The estimate above was provided in a CBO letter dated January 6, 2011 to Speaker of the House, John Boehner.

<sup>b</sup>P.L. 111-139 (the Statutory Pay-as-you-go Act of 2010) requires that the budgetary effects of enactment of the Community Living Assistance Services and Supports Act (CLASS) not be counted on OMB's statutory paygo scorecard. CBO initially estimated the CLASS Act would reduce the deficit by \$70 billion; therefore, repeal of the CLASS Act, which would become effective upon enactment of H.R. 2, would not be counted as increasing the deficit under statutory paygo. CBO was unable to produce an updated estimate of the deficit impact of repealing the CLASS Act as of January 18, 2011.

<sup>c</sup>Sec. 3 (h)(1)(C) of H. Res. 5 provides authority for the Chairman of the Committee on the Budget to exempt the budgetary effects of any measure that repeals the Patient Protection & Affordable Care Act and subtitle B of title II of the Health Care and Education Affordability Reconciliation Act of 2010.

Mr. SCHIFF. Mr. Speaker, I rise today in support of the progress we've made towards meaningful health care reform, and I stand in strong opposition to the Majority's efforts to retract much needed provisions that have since gone into effect for millions of Americans.

Our economy's slow recovery from what's been the deepest recession in modern history has highlighted the wide and growing gaps in our health care system. We've seen too many families who've lost their insurance coverage when a provider in the household becomes unemployed, leaving the whole family unprotected and at risk to fall through those widening cracks—unable to afford COBRA, ineligible for public coverage, and precluded by high and growing premiums or pre-existing conditions from obtaining private insurance.

In California, we've been aggressive in moving forward with implementation, and will continue to lead the way in improving our ability to provide access to quality, affordable care, instead of retreating into the broken status quo of the past. We recognize what a vote for repealing the Affordable Care Act means to the uninsured and underinsured: increasing health care costs for millions of Americans, causing many families to lose coverage, and increasing the national debt by over \$1 trillion.

This is a repeal vote that has real implications, and will mean a great deal in the day-

to-day lives of the people I have the privilege of representing. If you're a senior who fell into the "donut hole" of prescription drug coverage and needed help covering that cost, this is a vote to take that assistance away. If you're a young adult who can benefit from staying on your parents' insurance until age 26, this is a vote to take you off that coverage. If you've ever worried about your insurer dropping your coverage unexpectedly if you or someone on your policy gets sick, this is a vote to bring back those worries. If you're a small-business owner trying to compete with large employers while doing right by providing insurance to your employees, this is a vote to make that nearly impossible for you. And, if you're a taxpayer worried about the national deficit, this is a vote telling you that your Representatives are not serious about our nation's budget woes.

A report released just this week brought to light the pressing need for the kind of protections the Affordable Care Act brings about. According to the report, an analysis by HHS, 50 to 129 million Americans under the age of 65 have some type of pre-existing health condition. And one in five of those—25 million individuals—is uninsured. As the number of uninsured who are denied coverage has grown considerably over the last few years, thanks to the ACA, starting in 2014, these Americans cannot be denied coverage, be charged significantly higher premiums, be subjected to an extended waiting period, or have their benefits curtailed by insurance companies.

At a time when this country is looking for those willing to make the tough decisions that lead us into a more prosperous, future, a vote for repeal is a vote to take a step, not forward, but backward. I urge my colleagues to vote no on this bill.

Mr. POSEY. Mr. Speaker, I rise to express my support for the bill before us, H.R. 2, which would repeal the health care reform law that was enacted last year. While we need to address shortcomings in our Nation's health care system, this law is the wrong prescription and that is why I am a cosponsor of H.R. 2.

Prior to the passage of this new law, the American people were told that if they liked their current health care plan, they could keep it. However, shortly after its passage, the Administration issued regulations finding that nearly half of all workers would lose their current health care plan and be required to sign up for one of the new plans authorized by the government.

It's a system that mandates that every American buy government approved health insurance or pay a fine, which a Virginia Court ruled recently as unconstitutional. The approach outlined by the new health care law limits choices and phases-out other options to health coverage such as health savings accounts, which are enjoyed by some 8 million Americans.

The American people were told that passage of this legislation would lower health insurance premiums by \$2,500 for the average family. However, health insurance premiums have continued to rise, and studies indicate that the new health care law is contributing to these increases. This bill also fails to guarantee that Federal tax dollars will not be used to pay for elective abortions.

The American people were told this new health care law would stimulate job growth. But this 2,000-page bill has created more uncertainty and raised the cost of doing business

in America. Imposing new mandates and higher taxes on small businesses continues to hamper our economic recovery and slows job-creation. Repealing this law will provide greater certainty.

Finally, in my view this bill is fiscally irresponsible. The cost of this law continues to climb. During the House floor debate on this bill last year I stated that the overall costs of the legislation were being underestimated by more than \$500 billion. That is proving to be the case as the hidden costs of the bill continue to be uncovered.

Mr. Speaker, we have a national debt of \$14 trillion and rising. Our Federal budget situation is fiscally unsustainable, and if we don't make tough choices now, we will saddle future generations with a mountain of debt that can never be repaid. It is time to face the reality of our budget situation and that includes recognizing that the real cost of this health care law will far exceed our ability to pay for it.

While everyone can point to various aspects of the new law that they support—including me—I believe that the best way to move forward is to start anew and replace the current law with one that preserves individual choice and economic freedom, directly tackles increasing costs and allows Americans to keep their current health care plan if they like it. And let's do so in a fiscally responsible manner.

Mr. HONDA. Mr. Speaker, I rise today in fervent opposition to this reckless effort to repeal the Affordable Care Act and put insurance companies back in charge of our healthcare system, rather than patients and their doctors. The Affordable Care Act, landmark healthcare reform legislation enacted just last year, makes health care more affordable by immediately providing small businesses with a tax credit to provide insurance coverage, and in 2014, by providing tax credits to those who need help buying insurance—representing the largest middle class tax cut for health care in history. Once the Affordable Care Act is fully implemented, Americans will have access to affordable health coverage in a new competitive private health insurance market through state exchanges.

Many critical benefits have already gone into effect, including bans on the worst insurance company abuses and coverage options for many Americans who have previously been locked out of the insurance market because of a preexisting condition. Indeed, millions of American families and businesses are already feeling the positive effects of the Affordable Care Act, and many more will benefit as the final provisions are phased in over the next few years.

The bill under consideration today, the Patients' Rights Repeal Act (H.R. 2), would completely eliminate the Affordable Care Act with no consideration for the wellbeing of the millions of Americans for whom it will improve healthcare. H.R. 2 was expedited for a vote without taking the testimony from a single witness or holding a single hearing on the issue, and there was no committee consideration of the bill, in direct contrast to the campaign rhetoric espoused by the new Republican majority.

Opponents of the Affordable Care Act have used questionable arguments to validate their repeal efforts, including claims that it would inflate the national debt. In truth, the Affordable Care Act helps to reduce the national debt by minimizing waste, fraud, and abuse in the

health care system and preventing the rampant growth of health care costs. According to the nonpartisan Congressional Budget Office, repealing the law would increase the deficit by \$230 billion over the next decade and over \$1 trillion in the following decade. Now, that is a difficult pill to swallow, with long-lasting effects on our nation's fiscal health.

Repeal of the Affordable Care Act has direct consequences to the diverse congressional district that I am proud to represent, California's 15th district. The Patients' Rights Repeal Act would:

Increase the number of my constituents without health insurance by 17,000 individuals;

Allow insurance companies to deny coverage to as many as 307,000 individuals, including up to 40,000 children, with pre-existing conditions;

Rescind consumer protections for 484,000 individuals who have health insurance through their employer or the market for private insurance;

Eliminate health care tax credits for up to 14,900 small businesses and 86,000 families;

Increase prescription drug costs for 8,000 seniors who hit the Part D drug "donut hole" and deny new preventive care benefits to 76,000 seniors;

Increase the costs of early retiree coverage for up to 7,600 early retirees;

Eliminate new health care coverage options for 2,900 uninsured young adults; and Increase the costs to hospitals of providing uncompensated care by \$113 million annually.

Furthermore, as Chair of the Congressional Asian Pacific American Caucus (CAPAC), I am proud of CAPAC's partnership efforts through the Tri-Caucus and with community advocacy groups to ensure that the Affordable Care Act benefits all of our communities, including the Asian American and Pacific Islander (AAPI) community—roughly one in five of whom are uninsured. For instance, the Affordable Care Act helps to address traditional AAPI health disparities in vaccinations, cancer screenings, and infant mortality rates through increased access to preventative care services. Further, new federal regulations on data collection, disaggregation, and oversampling on certain minority populations will help to identify and ensure comprehensive coverage of all AAPI health disparities. These hard-fought benefits for our communities would be completely eliminated if Republicans were to succeed in enacting H.R. 2.

Mr. Speaker, for these reasons, I continue to support the Affordable Care Act, as it is vital to the wellbeing of every community in our nation. I urge my colleagues to stand against this reckless repeal of critical healthcare reform and vote against the Patients' Rights Repeal Act.

Mr. TOWNS. Mr. Speaker, I rise today in strong opposition to H.R. 2, the Patient's Rights Repeal Act. In the 112th Congress, the American people were promised a focus on our economy. Today however, rather than discussing legislation that would strengthen our economy, legislation that would create jobs, or even legislation that would reduce our nation's deficit, we are discussing the repeal of legislation that protects more than 500 families in my district from bankruptcy due to the costs of healthcare. We are discussing the repeal of legislation that would give tax credits to 117,000 families in my district and a 35% tax credit to the 11,400 small businesses in my

district who choose to offer coverage. If our intent here is truly to create jobs, why would we repeal legislation that since its enactment, has contributed to the creation of more than one million private sector jobs, including more than 200,000 jobs in the healthcare industry?

Mr. Speaker, I am not here to represent the insurance industry or the pharmaceutical industry. I am here to represent the interests of the ordinary Americans that reform will protect. Repealing the Affordable Care Act would be in direct opposition to those interests by increasing our national deficit by one trillion dollars over the next two decades and preventing tens of millions of uninsured Americans from gaining coverage. In my district alone, 37,500 people will receive coverage under this law, and 75,000 seniors on Medicare will receive improved care, giving them full access to our healthcare system, which is the "best in the world."

Mr. Speaker, I ask you, what is the point in having the "best healthcare system in the world" if more than thirty million Americans, including the 37,500 in my district, do not have full access to its benefits? What is the point of having the "best healthcare system in the world" if insurance companies are allowed to deny people coverage when they need it the most, based on "pre-existing conditions." It is wrong. You know it's wrong. This law has corrected it and we should not mess with it.

There may be weaknesses in the health reform law, but based on an average of 117,000 private sector jobs created per month since its passage, I strongly believe that it is a good starting point for efforts to make our nation stronger. The Affordable Care Act is good for not only our seniors and the uninsured, but all Americans who not only deserve, but need access to quality, affordable healthcare. In the name of the hundreds of thousands of constituents in my district, in the name of the Bedford Stuyvesant Family Health Center and 30 other community health centers that will receive increased funding to provide my district with better care, and in the name of the tens of millions of Americans that we fought so hard for in passing reform, I will vote no on this bill, and any other efforts to undermine the legislation passed last year. Instead I hope we can begin a meaningful conversation about moving forward, using this established framework to continue to strengthen our nation.

Mr. HOLT. Mr. Speaker, I rise in strong opposition to the budget busting legislation that fails to create one new job and returns our health decisions to insurance companies rather than doctors.

Repealing health reform would be a mistake. Instead of focusing on job creation or retirement security or tax relief, we are debating repealing a law that protects Americans from insurance company abuses and provides fairer and more accessible health care for children, veterans, seniors, employees, and employers.

On Monday, we celebrated Dr. Martin Luther King, Jr.'s life of service. Dr. King fought for an America where everyone, regardless of their racial, ethnic, or class background, would have access to opportunity. Access to health care was important to Dr. King who said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane".

Today, the new majority is trying to repeal the health reform legislation that we enacted just one year ago. That historic law provides secure health insurance coverage to almost all

Americans and lowers the deficit by \$143 billion in the first ten years. Today, the majority is trying to repeal these patient protections and return them to insurance company bean counters.

A new analysis by the Department of Health and Human Services that was released this week reported that as many as 129 million non-elderly Americans have some type of pre-existing health conditions. In my district alone, there are as many as 310,000 individuals with a pre-existing condition, including 39,000 children. Due to health reform, those children can no longer be denied coverage and starting in 2014, adults with pre-existing conditions will no longer be denied health coverage. If health reform is repealed, these individuals will again be denied insurance and lose health coverage, which will lead to higher health costs for all Americans.

To understand how important health reform is, here is a picture of what my district would look like if health reform was repealed. Over 2,000 young adults would become uninsured after losing coverage through their parents' insurance; over 17,000 small businesses would lose tax credits that help provide health insurance to their employees; over 9,000 early retirees might lose benefits through the early retiree reinsurance program; over 100,000 seniors would have to pay for wellness visits and preventive services, like mammograms and colonoscopies; and over 8,000 seniors in the Medicare donut hole would see significantly higher prescription drugs.

Just saying that health reform "kills jobs" does not make it so. In fact, health reform not only provides benefits to Americans, it creates jobs. Since health reform was passed, an additional 207,000 jobs have been created in the health care sector. Over the next 10 years, health reform will create up to 4 million jobs by investing in the health care workforce and lowering costs for businesses.

Further, Americans do not support repealing health reform. In fact, according to the latest AP poll, only 26 percent of Americans think health reform should be repealed. Instead, 43 percent of Americans want more reforms to health care.

Passing health reform last year began the process of ending the injustice in health care access that Dr. King thought was shocking and inhumane. We owe all Americans access to affordable, comprehensive health coverage. We cannot let them down. As the late, great Senator Ted Kennedy often said, "decent, quality health care is a fundamental right and not a privilege." I strongly urge my colleagues to vote no on repealing health reform.

Mr. HASTINGS of Washington. Mr. Speaker, I come to the floor today to speak in support of the repeal of the job-killing health care law.

Today's vote is part of what will be an ongoing effort by House Republicans to repeal President Obama's health care law and replace it with solutions that protect jobs and preserve health care choices—without driving our nation deeper into debt.

Today we put the focus back where it belongs—jobs, affordable health care, and smaller government.

Mr. Speaker, last year, the Democrat controlled Congress pushed through a government takeover of health care using a closed approach that blocked any input from our side of the aisle. Almost as soon as the bill was

signed into law, the extensive reach of the strong arm of government was felt by the American people.

Many were forced out of their existing health plans—even if they liked it—including many of our nation's seniors who will be pushed out of their current Medicare Advantage plans.

Our nation's businesses were hit with a costly job-killing paperwork requirement—and they still face other new mandates, fines and taxes.

All Americans have been hit by a mandate requiring individuals, regardless of their personal circumstances, to purchase government-approved insurance or pay a penalty. The constitutionality of this mandate is currently being challenged by a number of states including my home state of Washington.

And, hospitals like the Wenatchee Valley Medical Center in a rural, medically underserved part of my district face new restrictions simply because they are owned by doctors.

The American people spoke in volumes in November and it is time to respond to their message.

The time has come to fulfill our promise to the American people and take steps to repeal this law that is bad for families, seniors and employers. I look forward to getting down to work on real solutions that will preserve the patient-doctor relationship, increase choices and reduce health costs.

Ms. RICHARDSON. Mr. Speaker, I rise today in strong opposition to the rule providing for consideration of H.R. 2, the "Patient Rights Repeal Act of 2011." This bill is a giant step backwards for our country. By repealing the landmark achievement of the Affordable Care Act we would be taking away affordable coverage and financial security from thousands of my constituents and millions more across the country.

A vote in support of this bill is a vote for insurance companies over everyday Americans; it is a vote to return us to the days when fine print was used to cancel coverage for hard-working people; and it is a vote to take away parents' peace of mind, who will no longer know if their children will be able see a doctor when they get sick.

Mr. Speaker, at a time when Americans will soon finally be free from the fear that affordable coverage will not be available to them and their families when they need it the most, repealing the Affordable Care Act would be devastating. Without the Affordable Care Act:

196,000 young adults would lose their insurance coverage through their parents' health plans;

Insurance companies would once again be allowed to cut off someone's coverage unexpectedly when they are in an accident or become sick because of a simple mistake on an application;

New insurance plans would no longer be required to cover recommended preventive services, like mammograms and flu shots, without cost sharing; and

269,623 on Medicare would see significantly higher prescription drug costs

Mr. Speaker, every time that I go home to my district, I meet with constituents who thank me for voting for the Affordable Care Act. They explain to me the peace of mind that they feel knowing that they will be able to afford the prescription drugs that they need; that their children can see a doctor when they get sick or break a bone; that their breast cancer

treatment will be covered on their policy, rather than being written off as a preexisting condition. Health care reform provided the following benefits for the residents of my district:

Gave tax credits and other assistance to up to 146,000 families 15,100 small businesses have seen 50% tax credits to provide health care for employees.

Over 16,000 additional small businesses have been made eligible for health care exchanges that make insurance more affordable.

Help for small businesses are help for working families. Small businesses are the engine of the economy of my district and of our nation.

Improved Medicare for 63,000 beneficiaries, including closing the donut hole

Extended coverage to 88,000 uninsured residents

Guaranteed that 17,500 residents with pre-existing conditions can obtain coverage

Protected 1,100 families from bankruptcy due to unaffordable health care costs

I refuse to vote for a piece of legislation that will reverse these benefits and harm so many of the people that I represent. Health care reform is a moral obligation to the American people and a critical part of our long-term economic recovery. It represents the largest middle-class tax cut in history and is projected to cut the deficit by \$138 trillion over 20 years.

Mr. Speaker, anyone who is serious about deficit reduction cannot in good conscience vote for this legislation. In addition to being the wrong thing to do to hard-working families, single-mothers, and senior citizens across the country, it is fiscally irresponsible. In fact, I would call this bill fiscally irrational—H.R. 2 would cost \$1.3 trillion to repeal a piece of legislation that promises to cut the budget deficit by \$138 trillion in the long-term. This does not make any fiscal sense; it is the exact opposite of what we should be doing and it is an unfair burden to place on future generations.

I oppose this bill because it threatens the peace of mind, financial security, and physical wellbeing of seniors, parents, and children across the country. I oppose this bill because I would rather side with everyday Americans than insurance company executives. I stand with the single moms, who no longer have to stay up all night worrying about how to pay the premiums to cover their child's illness. I stand with the senior citizens who built our roads and bridges and fought our wars and now can finally afford the prescriptions drugs that they need.

For all of these hard-working, middle class people, I strongly urge my colleagues to join me in opposing the rule providing for the consideration of H.R. 2.

Mr. FARR. Mr. Speaker, I rise today in strong opposition of the Republican Health Reform Repeal Bill.

The reason is simple.

The bill before us is not about creating jobs. It's not about strengthening our middle class.

And it's not about reducing our national deficit.

It is however, about denying coverage for up to 284,000 individuals with pre-existing conditions in my district.

It is about increasing prescription drug costs for 6,400 seniors on California's Central Coast.

And it is about increasing the number of uninsured individuals by 80,000 and increasing

the costs to our local hospitals for providing uncompensated care.

Open your eyes, and welcome to reality.

American families are struggling to make ends meet.

They are struggling to stay in their homes.

They are living without proper health care.

And are they going broke paying for medical bills.

So why is this chamber spending their time debating health care reform that has extended coverage and increased protections to millions of Americans, and created 207,000 jobs in the Health Care Industry.

Truth of the matter is—while we run circles around this issue, millions of Americans walk out their front door every morning to look for work, only to return with less hope and more worries.

Everyday Americans across the country are worried sick about losing their homes.

About not being able to adequately provide for their families.

And now Republicans want them to worry about losing their health care coverage.

Please open your eyes, and take a deep look at Americans' dire reality.

I urge all Members to oppose the Patients' Rights Repeal Act.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today to speak in strong opposition to H.R. 2, the "Patient's Rights Repeal Act".

Repealing the law would take us back to the days when big insurance companies had the power to decide what patients can receive—allowing them to once again deny coverage to children with pre-existing conditions, cancel coverage when people get sick, place limits on the amount of care people can get, or overcharge for insurance just to boost their profits.

The Texas Department of Insurance issued a recent report that noted nearly 26.1 percent of Texans are without health coverage—compared to the national average of 16.7 percent, who are uninsured.

Without the Affordable Care Act, Texans stand to lose:

Critical Consumer Protections that ban health insurance plans from denying coverage based on an individual's health status would be lost;

Young adults under the age of 26 would lose their coverage through their parents' health plans;

Patients with private insurance coverage would suddenly find themselves vulnerable to annual and lifetime limits;

New insurance plans would no longer be required to cover recommended preventive services, like flu shots;

Seniors who have Medicare coverage would be forced to pay a co-payment to receive important preventive services, like mammograms and colonoscopies; and

Small businesses would lose tax credit assistance to help families purchase affordable health insurance.

Early retirees between the ages of 55 and 64 would lose health coverage through their employers for them and their families.

I am confident that if we repeal Affordable Care Act, we present a grave, unhealthy danger to the lives of all Americans by playing politics.

I urge my Republican colleagues to revisit the thought of repealing the Affordable Care Act by working with eager Democrats to continue building a bridge to a healthier America.

Mr. ADERHOLT. Mr. Speaker, I, along with so many of my colleagues, support H.R. 2, the repeal of President Obama's healthcare law. This legislation will further harm our economy at a time when we desperately need a robust recovery.

The healthcare law is a prime example of how the tax hikes, spending sprees, and government mandates are hurting our economy and making it harder for small businesses to create jobs. That's one reason why we must repeal and replace the law with a common-sense, responsible solution that tries to address the cost of healthcare and provide more coverage to Americans without killing jobs. Removing these barriers will provide the businesses that create new jobs with the certainty they need to hire new employees and get our economy back on track.

Instead of encouraging America's leading job creators, last year's Democrat government takeover of healthcare has and will continue to hurt small businesses with more mandates, new taxes and administrative burdens, as well as higher healthcare costs. For example, the healthcare law requires businesses with more than 50 employees to provide government-approved health care. Businesses that fail to do so will be forced to pay a \$2,000 penalty per employee (after the first 30 employees). For a small business employing 50 workers without providing government-approved health insurance, adding one additional worker to the payroll will result in \$42,000 in new government penalties.

Over the last 15 years roughly 65 percent of new private-sector jobs have been created by small businesses. A study by the nation's largest small business association, NFIB, estimates that the employer mandate in the healthcare law will destroy 1.6 million jobs. This healthcare law is not the way to help our small business job creators.

In addition, rather than adopting common-sense policies to lower the cost of healthcare, last year's law, will increase costs. The chief actuary for Medicare estimates total healthcare spending will increase by \$311 billion over the next decade, more than it would have been without the healthcare law.

With federal spending at the highest level in American history, the economy in a severe recession, and unemployment remaining stubbornly high—another massive government program with more spending, more borrowing and higher taxes will only hurt already struggling American families—not help them. The American people deserve a better plan.

Also, this law doesn't protect the unborn because it doesn't include clear and direct provisions that would prohibit federal funding of abortions. We need statutory language in the law, not an easily changed Executive Order, to prevent abortions. We have already learned that the law will allow \$11 billion in taxpayer funds to be used for abortions at Community Health Centers. We must repeal and replace this law so we can end government-funded elective abortion coverage under this massive new government funding stream.

Congress should start over and consider the common-sense bipartisan solutions that Republicans have to offer. It's time to repeal the health care law and it's time for a patient-focused health bill that will help the economy and get us back to smaller government.

Mr. BISHOP of Georgia. Mr. Speaker, I cannot in good conscience support today's mis-

guided efforts to repeal the new health reform law. It would be a significant step backwards both for the citizens of Southwest Georgia whom I represent as well as the entire nation.

Repealing the law will mean that insurance companies will continue to place lifetime limits on the coverage they provide, drop people from coverage when they get sick, and refuse children affordable health care because of a pre-existing condition.

Repealing the law also will increase prescription drug costs for seniors. It will deny Medicare enrollees free preventive services like colorectal cancer screenings, mammograms, and an annual wellness visit without copayments, co-insurance, or deductibles.

In addition, repealing the law will mean that children under age 26 will no longer be covered under their parents' plan; new small business tax credits that make it easier for businesses to provide coverage to their workers and make premiums more affordable will disappear; and there will be no further expansion of community health centers which are vital to the health care needs of rural Southwest Georgia.

A recent report by the Center for American Progress also found that repealing the law would add up to \$2,000 annually to family premiums and prevent 250,000 to 400,000 jobs from being created annually over the next decade. Furthermore, according to the non-partisan Congressional Budget Office, a repeal of the law will add \$230 billion to the federal debt by 2021.

Mr. Speaker, we cannot let this happen. We cannot and we must not turn back the clock.

Ms. MCCOLLUM. Mr. Speaker, the Patient Protection and Affordable Care Act passed in 2010 is the law of the land. It extends historic protections to millions of Americans, ensuring access to quality health care. I voted for this law and I am grateful for the support I received from my constituents in Minnesota's Fourth District for my work on reforming our nation's broken health care system.

Access to quality health care is essential for all Americans. I firmly believe health care should be a right for our citizens, not a privilege or a luxury only for the most fortunate who can afford it. I am committed to working to ensure all Americans have the health protections they need and access to the quality health care they deserve. The health reform law we have in place does this.

Today the U.S. House is debating the repeal of the Affordable Care Act. The Republican-Tea Party majority officially titled the bill before us, H.R. 2, the "Repealing the Job-Killing Health Care Law Act." They use the word "killing" five times in a bill that isn't even two pages long. Not only is the bill's title offensive and disrespectful, it is untrue. The fact is the health reform law does not kill jobs, its patient protections saves lives and creates jobs. More than 200,000 health care related jobs have been created since the law passed in March of last year.

This Tea Party Republican bill strips away patient protections for children, seniors, and adults with pre-existing medical conditions. It replaces tough legal protections for patients with a uniquely Republican solution—nothing. Republicans strip away protections for millions of Americans, add \$230 billion to the federal budget deficit according to the non-partisan Congressional Budget Office, and restore a

broken health care system that empowers insurance companies to make health care decisions, not patients.

I want Minnesotans to know exactly what repealing the existing health reform law would do. If this Republican bill were to become law it would mean:

Stripping 32 millions of Americans of health insurance and new consumer protections;

Allowing insurers to deny coverage to children with pre-existing conditions, apply restrictive lifetime coverage limits, impose cost sharing on preventative care, and retroactively cancel policies when an individual gets sick;

Eliminating tax credits for as many as 99,000 Minnesota small businesses providing their employees health insurance;

Refusing 11,400 young adults in Minnesota the option to remain on their parents' health insurance until they turn 26;

Maintaining a perverse payment system that rewards providers for the volume of services delivered, rather than the quality of those services;

Jeopardizing the early retiree health coverage provided by 210 Minnesota employers and unions currently receiving financial assistance through the 'The Early Retiree Reinsurance Program'; and

Risking the Medicare benefits and prescription drug coverage seniors and people with disabilities depend on to meet their health needs.

H.R. 2 is more than political posturing. It is legislation that sends a clear message to the American people—Republicans care more about protecting insurance company profits than protecting the rights of patients. I will oppose this bill and I will oppose and battle against every effort made in the 112th Congress to defund, sidetrack, or stall the full implementation of the Affordable Care Act.

I am not alone in opposing H.R. 2. Hundreds of national organizations and dozens of Minnesota groups oppose this blatantly partisan effort to repeal health reform. Here are a few excerpts from a letter I received over the past few days.

The Minnesota Medical Association: "the MMA opposes efforts to repeal the ACA (Patient Protection and Affordable Care Act) and urges you to vote against it."

Catholic Hospital Association of Minnesota: "I strongly urge you to maintain support for efforts to improve and strengthen our nation's health care system by opposing the legislation before the House to repeal the Affordable Care Act (ACA)."

Epilepsy Foundation of Minnesota: "We strongly encourage you to vote against repeal of the ACA (Affordable Care Act) and work toward ensuring that implementation includes the needs of people with epilepsy and other chronic health conditions."

Minnesota Hospital Association: "On behalf of the 148 hospital and 17 health system members of the Minnesota Hospital Association, I am writing to express our opposition to legislation that would repeal the Patient Protection and Affordable Care Act (ACA)."

Today, as the debate on this ill conceived and mean-spirited bill is taking place, I received the following message from a consortium of small business leaders from across the country:

"The House of Representative's introduction of a bill to repeal the Patient Protection and Affordable Care Act is an affront to our nation's small business community.

"The country's 28 million small businesses stand to benefit greatly from many provisions of the new healthcare law, particularly the tax credits and health insurance exchanges. These two provisions will help drive down costs and offer small business owners more choices when purchasing insurance. These critical provisions and many others would be abolished if the Affordable Care Act is repealed.

"This would be a huge setback to entrepreneurs who need solutions to the broken healthcare system, not a continuation of it. America's 22 million self-employed would also suffer, as a repeal of the ACA would deny them the opportunity to pool together and purchase insurance at an affordable price through state exchanges."

It is important to remember that the Republican's dangerous and destructive health repeal agenda can only work if Americans are silent and passive, allowing live-saving rights and protections to be stripped away. Repeal will not happen today, even if this bill is passed, but over the course of the next two years Republicans and their corporate benefactors will use every legal and political channel available to deny citizens their health care rights. They will not stop.

But I will not stop either. I will not stop fighting for the health care rights for all Americans.

I urge all Minnesotans and all Americans to stand up and join me in the fight to protect the historic patient rights all citizens have gained through the Affordable Care Act and that starts with a vote against H.R. 2.

Mr. GENE GREEN of Texas. Mr. Speaker, I submit the following:

[From The Baytown Sun, Jan. 4, 2011]

PREPARE TO DIE FOR LACK OF MONEY

(By Gene Lyons of the Arkansas Democrat-Gazette)

As polemics on the Obama administration's health care reforms re-emerge, I often ruminate about a horse.

Lucky was an American Standard Bred gelding I owned. Compared to his quarter horse stable-mate, Lucky was unathletic and halfway clumsy. But he was also a sweetheart. As long as he could follow his buddy, anybody could ride him. Regardless of age or experience, Lucky would carry them carefully and bring them home safe. It's hard not to love such an animal.

By the time I found him colicked in the barn, it was probably already too late. He'd been down for some time. I gave him an injection for the pain and walked him, but nothing worked. After a while, he lay down and refused to move. By the time the vet arrived, I'd been sitting wedged against his back for hours to prevent him from rolling and twisting his gut.

After Lucky proved unresponsive to treatment, the vet asked me a hard question: "Is this a \$6,000 horse?"

He explained that there was an equine hospital over in Oklahoma that could perform potentially life-saving surgery. It cost \$6,000 cash, up front. He warned that survival was chancy, and might leave my horse an invalid.

I'd paid \$1,000 dollars for Lucky; he was 25 years old, almost elderly. After a long night of IV fluids and pain meds, there was no avoiding the inevitable. Because there are some things a man must do for himself, I administered a lethal injection and ended up having to put a bullet into his brain.

We buried him in his pasture.

It was a hard, hard thing to do. This was two years ago, and it's a rare day I don't

think about Lucky and his stable mate Rusty, who also died that year. I pray that I never outlive another horse.

Long introduction, brief polemical point: Observing Republicans gear up to try to undo "Obamacare," I suspect the only thing that will satisfy some is to make medical care in the United States work like veterinary care. You get what you can pay for. Otherwise, tough luck.

Who would have thought that after Sarah Palin's imaginary "death panels"—chosen by Politifacts.com, the fact-checking website, as its 2009 "Lie of the Year"—Arizona Republicans would be denying heart, lung and liver transplants to Medicaid patients because Gov. Jan Brewer says the State can't afford them?

To save a lousy \$1.4 million (out of a \$9 billion budget), Arizona's Health Care Cost Containment System has decreed an end to organ transplants. Maybe the bitterest irony is that the inhumane policy won't actually save any money. One of the roughly 100 citizens affected explained to Arizona Republic columnist E.J. Montini:

"I can't work anymore, and we ran out of (insurance) coverage a while back," he said. "It's terrible needing help. It's not what I wanted. But when you run out of money, what can you do? If I don't get a transplant, I guess the state won't have to pay for me or worry about me until I walk into an emergency room close to dying. They can't turn me away then."

No, they can't. Human hospitals can't refuse patients for lack of cash. Meanwhile, not a peep of protest from Palin, Rep. John Boehner or any of the Republicans who waxed hysterical over the absurd allegation that "Obamacare" would lead to government-sponsored euthanasia.

But if people die for lack of money, that's the GOP way.

Too bitter? Maybe so. Nevertheless, avoiding medical and economic reality has been the party's response ever since Obama adopted much of the conservative Heritage Foundation's health care proposals as his own. It's all to do with partisanship, nothing else. Consider the legalistic, angels-on-the-head-of-a-pin arguments GOP savants have made against the bill's unpopular health insurance mandate.

Precisely because hospitals can't turn patients away, it's impossible to make private insurance companies cover pre-existing conditions (i.e. sick people) without encouraging deadbeats to game the system by not buying insurance until they need it. This defeats the whole purpose of a risk pool.

Somebody's got to pay, and absent an insurance mandate, that somebody's you—one reason the United States has long had the most expensive, least efficient health care system in the world.

Ah, but in GOP Dreamworld, everybody's Huck Finn, an independent actor in a 19th-century free-enterprise paradise. They claim the Constitution forbids government from making citizens buy something they don't want.

Alas, in the real world, people can't not participate in the health care system.

Ms. BROWN of Florida. Mr. Speaker, the Republican House Majority's effort to repeal the historic health care reform law that Democrats passed last year is merely a charade. And thanks to Democratic control of the Senate, the Republican bill will never cross the President's desk. Indeed, a vote for repeal will only scare those who have come to rely on the law's benefits.

I was first elected to Congress in 1992, and in all my years of service, I have worked to make affordable, quality health care available

for all Americans. Indeed, for nearly a century, leaders from all over the political spectrum, beginning with President Franklin Delano Roosevelt, have fought for health care and health insurance reform. In the words of the great former President Roosevelt, "the health of the people is a public concern; ill health is a major cause of suffering, economic loss, and dependency; good health is essential to the security and progress of the Nation." In 1935, President Roosevelt signed the Social Security Act into law, which made him the first President ever to advocate on behalf of federal assistance for the elderly.

Yet it wasn't until 75 years later that our nation finally came together and passed the "Patient Protection and Affordable Care Act," which provides health care access for all Americans. Prior to this, nearly one in five citizens in the wealthiest country in the world were uninsured. I applaud President Obama for his persistent, hard work on this issue, and I was a proud cosponsor of the original Health Care legislation when it was first introduced in the House of Representatives. And although there is no such thing as a perfect bill, this law is a great start, and it needs to be left up to the medical specialists to make slight changes to make it better, not politicians in the Republican Party who want to repeal the law entirely. Yet today, even though it would be nearly impossible to accomplish, the Republican Party wants to take our country in the opposite direction and eviscerate this law. If this were ever accomplished, it would have drastic effects on the constituents in Florida's third congressional district, as well as for Americans across the country. In fact, the Republican bill would take our Nation back to a system in which:

Children with pre-existing conditions, including 8,000–40,000 in my congressional district, were denied coverage;

Young people age 26 cannot stay on their parents' plans (for district 3 in Florida, their plan would eliminate health care coverage for nearly 4,000 young adults);

A system where Seniors pay more for prescription drugs, including 6,600 senior citizens who hit the Part D drug "donut hole" in my district, and would be forced to pay out of pocket costs, as well as 93,000 more Florida district 3 seniors who would be denied new preventive care benefits;

It also would force small businesses to pay higher taxes;

And increase the deficit by \$230 billion, according to the nonpartisan Congressional Budget Office.

The cost of returning to the prior system is too great. For too long, health care has been a privilege, not a right in America. To return to a system in which nearly 20 percent of Americans do not have access to the greatest health care available in the world would not only be a tremendous step backwards, but outright insensitive to the needs of millions of Americans.

Mr. THOMPSON of Mississippi. Mr. Speaker now is the time to protect American families—uphold the Affordable Care Act and oppose H.R. 2, the Republican repeal of health care. A vote to repeal the Affordable Care Act will leave millions of Americans at risk of losing their health coverage; children will face discrimination because of pre-existing conditions and seniors will be left scrambling to pay full price for prescription drugs.

In fact, there is a deep concern about the practicality of repealing the Affordable Care Act and the detrimental impact repeal will have on women, children and older Americans. When Republicans wrote a Medicare prescription plan that created a "gap" in their coverage, seniors across the country were forced to pay full price for their prescription drugs. The Affordable Care Act eliminated the "donut hole", allowing millions of seniors to buy life saving medications.

Prior to the passage of the Affordable Care Act, many Americans families were uninsured and underinsured. Families were forced to choose between paying for coverage for children with pre-existing conditions or feeding them. Passage of the Affordable Care Act gave them back their dignity. Today, those children are guaranteed coverage regardless of pre-existing conditions and are allowed to remain covered under their parent's insurance plans until the age of 26.

All 23 counties in the 2nd District are medically underserved and many of my constituents are unable to afford health coverage. Under the Affordable Care Act, 315,000, resident's health insurance coverage will improve; 95,000 uninsured residents in my district will be extended coverage; and 16,500 residents with pre-existing conditions can obtain coverage. We cannot and should not be considering repeal of a sound policy that millions of Americans are currently benefiting from and countless more stand to benefit when fully implemented.

A vote in favor of this appeal would strip American families of their dignity and force them to go back to choosing between paying for health coverage or putting food on their tables. We must continue to build on our efforts to expand accessible and affordable health coverage for all Americans. Today, I strongly urge my colleagues to oppose H.R. 2.

Mr. BERMAN. Mr. Speaker, I rise in strong opposition to H.R. 2, a bill to repeal patients' rights and empower health insurance companies at the expense of consumers.

I am proud to have voted for the Patient Protection and Affordable Care Act, landmark legislation to reform our country's health insurance system and expand opportunities for quality, affordable health care to millions of people who otherwise go without.

In my district, in the heart of California's San Fernando Valley, rolling back reforms would have devastating consequences for my constituents. This repeal would leave an additional 116,000 of my constituents without health insurance. It would increase prescription drug costs for 5,600 seniors in the Medicare D "doughnut hole" and deny new preventive care benefits to 64,000 seniors. It would expose over 100,000 of my constituents—and perhaps as many as 290,000 people in my district—to the possibility of being denied coverage because they have pre-existing conditions.

I have heard from thousands of my constituents who support the Patient Protection and Affordable Care Act, many of whom feel strongly enough to share their stories with me. Some are thankful that their child's pre-existing condition is no longer a barrier to getting coverage. Others are relieved that treatment of their chronic illness is no longer subject to a lifetime spending cap. But some are simply the parents of uninsured young adults who live with the day-to-day worry that their kids are

one accident away from financial ruin or that they won't be able to access the care they need. I'd like to share one of these stories with you.

Diane, a constituent in Valley Village, wrote me last October to tell me about her daughter's experience with the health insurance reform bill. Her daughter graduated from a prestigious university in 2008 and got a job but still couldn't afford health insurance. She left her job after two years. Two weeks later, she was in a serious car accident. Her car was totaled but she, luckily, was not hurt. At age 24, this young woman found herself unemployed and without health insurance, having narrowly escaped every parent's nightmare. Diane writes, "And then, two weeks ago . . . she was able to be covered under the plan of her father and stepmother. I wanted to share this story because we want you [to know] that this change has already had a huge impact on our lives. As a mother, I now have one less major issue to worry about."

On behalf of Diane and her family, and on behalf of children, young adults, parents, seniors, small business owners, small business employees, people with pre-existing conditions, hospitals that provide uncompensated care, and everyone else who benefits from the Patient Protection and Affordable Care Act, I stand strongly against H.R. 2 and urge my colleagues to join me in voting against repeal.

Mr. COSTELLO. Mr. Speaker, I rise in opposition to H.R. 2, the Patients Rights Repeal Act of 2011.

Less than one year ago, the 111th Congress achieved a major milestone in the decades-long effort to ensure access to quality health care for all Americans by passing the Affordable Care Act and reforming our broken health care system. Since the Affordable Care Act was signed into law, I have seen its benefits first hand in the district I am privileged to represent. Over 9,800 seniors in Southwestern and Southern Illinois will see a 50 percent discount on their medications when they enter the Medicare Part D coverage gap, saving them \$5.1 million. An additional 112,000 seniors will receive free preventive care, including cancer and diabetes screenings. As of September 2010, up to 37,000 children in my district with pre-existing conditions are no longer denied coverage by insurance companies and in 2014 up to 238,000 adults will have the same protection. In the St. Louis Metro area, 13,600 young adults will remain on their parents' health insurance plans up to age 26 and maintain their access to affordable care, and the 2.4 million individuals with private health insurance are protected from predatory practices of insurance companies and arbitrary premium rate increases.

Despite this significant progress, today we are considering the Patients' Rights Repeal Act, which will strip my constituents of these new benefits and return us to the broken, expensive health care system that left 47 million Americans uninsured.

Just as our constituents cannot afford to lose these benefits, we cannot afford the Patients' Rights Repeal Act. According to the nonpartisan Congressional Budget Office, CBO, passing this legislation will increase the deficit by \$230 billion over 10 years and by more than \$1.2 trillion over 20 years. The CBO also estimates that this bill will increase premiums and out-of-pocket expenses for everyone enrolled in private insurance plans.

Further, despite the claims of my Republican colleagues, there is no evidence that repealing health care reform will create new jobs or spur economic growth. Since the passage of the Affordable Care Act, we have added 1.1 million new private sector jobs to the economy. Further, a study by the Kaiser Family Foundation indicates the Affordable Care Act will create 4 million additional new jobs in the next 10 years by lowering costs and investing in the health care workforce. These new, good-paying jobs will disappear with the passage of repeal.

The Affordable Care Act is not a perfect bill. Provisions, including the unworkable 1099 reporting requirements for small businesses, will be adjusted or replaced as we move forward to implement the bill. Just as we have changed Medicare and Social Security over the last several decades to ensure those programs achieve their goals, we will work together to adapt the Affordable Care Act and keep health care affordable and accessible for millions of Americans. I will work with my colleagues on both sides of the aisles to adopt strong alternatives.

However, just as we have never repealed Medicare or Social Security, I will not vote to repeal the Affordable Care Act and return to a health care system that is unsustainable, inefficient, and massively expensive. We must continue to move forward and ensure that our health care system works for all Americans.

Mr. Speaker, passing the Patients' Rights Repeal Act will dramatically expand the deficit, slow job creation, increase the cost of health care, and deny millions of Americans access to health coverage. I urge my colleagues to oppose the Patients' Rights Repeal Act.

Mr. FATTAH. Mr. Speaker, I rise today in opposition to H.R. 2, a bill to repeal the Affordable Care Act. In March of last year I was honored to cast a vote in favor of the Patient Protection and Affordable Care Act. This law ensures that my constituents, and all Americans, have access to the medical care they need. The measure we consider on this House floor today is not an effort to improve upon that law. It is not an alternative strategy to protect patients' access to care. It is simply an effort to undo the admirable work undertaken over many years and months by the Members and staff of this body, committed patient advocates, uninsured Americans and hard-working medical professionals. I find it unfortunate that, as our Nation faces many deep and intransigent challenges, the House is debating a proposal which is premised on misinformation and disingenuous posturing. I am hopeful that we will now return to the real work of the people.

Mr. MARINO. Mr. Speaker, we have heard a lot of rhetoric from my colleagues across the aisle opposing this legislation because of a select number of insurance market provisions included in the massive, overreaching health care law. As a two-time cancer survivor and the father of a daughter living with cystic fibrosis, what is rhetorical for many of my colleagues is a reality for my family. There is no doubt that reforms are needed to ensure that individuals with pre-existing conditions have access to affordable insurance. In fact, we can probably all agree that there are many aspects of the health care system that were and are in desperate need of reform.

However, the law enacted nearly a year ago is the wrong solution to our health care sys-

tem's numerous problems. The law will raise taxes by over \$500 billion. It includes an unconstitutional individual mandate on all Americans requiring the purchase of health insurance coverage. The law will cost millions of American jobs and hits small businesses with more paperwork, more bureaucratic red tape, and less opportunity for growth. Finally, the law cuts Medicare by about half a trillion dollars which, even the President's own actuaries have said, could jeopardize access for seniors.

America has sent a clear message to Washington, and today we will show that we have heard that message. We must repeal the detrimental health care law and focus on the real problem facing our nation's health care system, the issue of cost. We can reduce health care costs by enacting meaningful medical liability reform, allowing people to purchase insurance across state lines, and giving individuals the same tax relief as corporations for the purchase of health insurance. Once the health care law is repealed, I look forward to moving forward with alternative health care reform legislation that will achieve these goals. If we focus our efforts on reforms, such as these, that lower costs, we will expand access to affordable care without jeopardizing the system which has allowed our nation to have the best health care in the entire world. I urge my colleagues to support H.R. 2 and H. Res. 9 and begin the process of enacting true health care reform.

Mr. JACKSON of Illinois. Mr. Speaker, I rise in strong opposition to the H.R. 2 legislation that will repeal health care for nearly 32 million Americans. I have listened to my colleagues from the other side of the aisle in press conferences and throughout this debate state that the Affordable Care Act is "job destroying" and "budget busting." We know from numerous reports that these statements are blatantly untrue.

Since President Obama signed this legislation into law in March, the Department of Labor reports nearly 1 million new jobs were created in the private sector, including over 200,000 in health care related fields. Furthermore the non-partisan Congressional Budget Office, CBO, said that the Affordable Care Act will reduce the deficit over the next 10 years. In fact, on January 6 the CBO stated that the repeal would increase the deficit by \$230 billion over the next 10 years.

As we prepare to vote on this legislation, I'd like to inform my constituents as I did for them at countless town hall presentations I hosted on the Affordable Care Act, what repeal means for the people of Illinois' Second District.

Health Care Repeal will rescind the vital Patient's Bill of Rights consumer protections provided under the Affordable Care Act for the 336,000 individuals in the Second Congressional District who have health insurance through their employer or the market for private insurance. Passage of repeal will lift the limitations placed on insurance companies for rate increases and out of pocket expenses. Repealing health care reform would eliminate the requirement that insurance companies limit administrative costs by spending a minimum of 80 percent of the premiums they collect on actual healthcare. Repealing the Affordable Care Act will allow insurance companies to drop or rescind coverage when people get sick, place annual and lifetime limits on cov-

erage and charge you for cost-saving preventative services and screenings.

According to a report released by the Department of Health and Human Services, up to 129 million Americans under the age of 65 have some type of pre-existing condition and could be excluded from insurance plans if this health care repeal were signed into law. This would affect 263,000 individuals, including up to 40,000 children in the Second Congressional District who have a pre-existing condition.

Repeal would eliminate the requirement that health insurance plans allow young adults to remain on their parents' insurance policies up to the age of 26, cutting coverage to the estimated 2,000 young adults that are expected to take advantage of this benefit in the Second District.

Through the Affordable Care Act, middle class families with incomes up to \$88,000 for a family of four and small businesses would be eligible for affordability tax credits. Repeal would cut access for 157,000 families and 14,200 small businesses in my district.

For Second District seniors, repeal will increase drug costs for the 6,700 seniors who fall into the Part D prescription drug "donut hole" this year and will deny access to free preventative services and health screenings to the 93,000 seniors on Medicare in the Second District.

Finally, under the Affordable Care Act, an estimated 94 percent of Americans would be provided access to health care through their employer, the Health Care Exchange or through Medicaid. With repeal, 61,000 of my constituents would lose this new coverage. Hospitals in my district spend nearly \$40 million each year providing coverage to the uninsured which gets passed on to the consumer, and the average American family pays an additional \$1,100 per year for covering the cost of uncompensated care for the unemployed.

Before the Affordable Care Act, skyrocketing health care costs were hurting families, forcing businesses to cut or drop health benefits, and straining state budgets. The people of Illinois' Second District and all Americans need and deserve better.

While some of my colleagues may be willing to pass legislation that (1) rescinds important consumer health care protections, (2) cuts tax credits for middle class families and small businesses, (3) forces our nation's seniors to pay more for prescription drugs and cost-saving preventative care and (4) passes the problem of steadily rising health care costs onto the next generation—I plan to vote for making health care affordable and accessible for up to 94 percent of Americans, not against it.

That's why I will vote no on Repeal.

Mr. GRIMM. Mr. Speaker, healthcare reform is a real issue facing many Americans. In spite of protests heard around the country, last spring the Democrats pushed through a 2,000 page bill full of mandates, and taxes that do not address the growing expense of health care, and continues a reckless spending habit that has resulted in a \$14 trillion deficit.

The 2010 Midterm elections has allowed the 112th Congress to fulfill a promise to repeal the Affordable Care Act, and replace it with common sense solutions that address the rising cost, and the importance of providing affordable, accessible, quality care. In light of repealing this massive government takeover of the healthcare industry, it is our responsibility



to replace it with thoughtful reforms that help insure the uninsured, protect those with pre-existing conditions, lower the growing cost of health coverage, and preserve the doctor-patient relationship.

Instead of encouraging America's small business to grow and create jobs, the current healthcare plan will hurt small business by imposing burdensome regulations that will lead to lower wages, fewer workers, or both.

The Affordable Care Act is projected to add \$701 billion to the deficit over the next ten years, and is likely to pass on a \$2.6 trillion price tag to our children and grandchildren. While forcing young Americans into a government-run health care exchange, we are requiring them to pay for minimal services for an unlimited amount of time, with no promise of a sustainable program that will be available to them as they age. The bottom line is the American people deserve better than this budget-busting, job killing legislation, and most importantly they deserve open and honest legislation not the gimmicks used to cover up the cost and damage of "Obamacare."

Mr. CANTOR. I yield back the balance of my time.

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

Pursuant to House Resolution 26, the previous question is ordered on the bill, as amended.

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.

#### MOTION TO RECOMMIT

Mr. ANDREWS. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. ANDREWS. I am.

Mr. CANTOR. Mr. Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Andrews moves to recommit the bill H.R. 2 to the Committees on Energy and Commerce, Ways and Means, and Education and the Workforce with instructions to report the same to the House forthwith with the following amendment:

Add at the end the following new section:  
**SEC. 3. HEALTH CARE REPEAL SHALL NOT TAKE EFFECT UNLESS A MAJORITY OF MEMBERS OF U.S. HOUSE OF REPRESENTATIVES AND A MAJORITY OF U.S. SENATORS WAIVE FEHBP BENEFITS.**

Section 2 (including the repeal of the Patient Protection and Affordable Care Act (Public Law 111-148)) shall not take effect unless and until the Director of the Office of Personnel Management certifies to the Congress that a majority of the Members of the House of Representatives and a majority of Members of the Senate have, as of the date that is 30 days after the date of initial passage of this Act in the respective House, voluntarily and permanently withdrawn from any participation, and waived all rights to participate, as such a Member in the federally funded Federal employees health benefits program (FEHBP) under chapter 89 of title 5, United States Code, effective with the first month after the date of execution of such a withdrawal and waiver.

The SPEAKER pro tempore.

The Chair recognizes the gentleman from New Jersey for 5 minutes in support of his motion.

Mr. ANDREWS. Mr. Speaker, I think we should begin by thanking Speaker BOEHNER and Leader PELOSI for leading us through such a civil debate at such an important hour of our country's history; a moment of consequence. Unfortunately, one of the consequences of this debate is that we did not debate the issue that is most on the minds of the American people, which is unemployment and 15 million of our neighbors being unemployed.

Having said that, there are lots of consequences to this repeal bill, and Members should be aware of each one of them.

If a woman with breast cancer or a man with diabetes loses his or her job and tries to get another job, under the law that is in effect, the insurance company can't deny them coverage or charge them more for it because of their preexisting condition. This bill repeals that protection. It makes it legal for the insurance company to say, "We're sorry, we are not going to sell you health insurance because you have breast cancer. We're sorry, we are going to raise your premiums fivefold because you have diabetes. These are serious, unwelcomed consequences."

Another consequence of serving in this institution is that we are the people's House. We are the elected people who are closest to the people; and, therefore, we are expected to most understand the shoes in which they walk every day. Many of us say these things at our town meetings. I have heard this from Republicans, from Democrats, from tea party members, from Independents: Congress should live by the same rules it imposes on everyone else. I don't think you can go to a district in this country that people wouldn't embrace that idea. Indeed, on the Web site of our Speaker from the last term in the Congress, in his biography you can read the following. It refers to the Congressional Accountability Act which requires Congress to "live under the same rules and regulations as the rest of the Nation." It bears the unmistakable imprint of Speaker BOEHNER's drive to reform the House: live under the same rules and regulations as the rest of the Nation.

So this motion to recommit says the following: In the spirit of that principle, Members who support the repeal should live with its consequences. This repeal will become effective when a majority of this House and a majority of the other body are dismissed from membership in the Federal Employees Health Benefits Program that the taxpayers fund for the Members of the House.

There are serious consequences of this bill. We believe that repealing it is unfair and wrong, just plain wrong. But it would be even more plain wrong for those who support repeal to live by a different standard.

□ 1720

So I would say to the Members the next time you are in a town meeting, the next time you encounter your constituents in your district and they say, "Don't you agree that if you agree to impose a certain set of rules on me that those same set of rules should apply to you?," this will be the answer to their question:

If you vote "no," you are saying that the repeal that denies coverage for pre-existing conditions to others doesn't apply to you.

If you vote "no," you are saying that the repeal that lets insurance companies impose lifetime caps on your constituents' benefits imposes no caps on your benefits.

If you believe that the consequences of our actions should be visited upon those we represent equally and on ourselves as well, then your vote should be "yes."

In the spirit of the people's House, in the spirit of walking in the shoes of those we are here to represent, the right vote on this motion to recommit is "yes."

Mr. CANTOR. Mr. Speaker, I withdraw my reservation, and I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman is recognized for 5 minutes.

Mr. CANTOR. I yield myself such time as I may consume.

Mr. Speaker, in beginning to respond to the minority's motion to recommit, all I can say is this is an attempt to derail the repeal of the ObamaCare bill—without question.

The positing of this motion to recommit and the substance of that recommit is also inexplicable if one could be deemed to be offering a legitimate policy proposal. The notion that somehow the repeal position that the majority has taken and that, frankly, the majority of the American people desire is somehow connected with denying a better way forward, again, is inexplicable. I think, again, Mr. Speaker, I would say it is not a serious attempt to add towards how we get to a better way in health care.

Now, the question before this body is simple: Do you support the new health care law? Yes or no.

The motion to recommit is simply an effort to protect ObamaCare from being repealed, period.

If you think the new health care law will improve how health care is delivered in the U.S., then support the motion to recommit.

But if you believe, as most Americans do, that the new health care law will put America on the wrong path—that the open-ended entitlement design of the new law will contribute to putting us on a path to bankruptcy, that the policies in the law will deny patients access to the care that they want and need, if you believe that the new law will increase health care costs, not lower them, and that the new law is generating great uncertainty for our businesses, is hurting our economy and

that the new law is unconstitutional—then vote against the motion to recommit.

Voting against the motion to recommit is a vote to repeal the health care law, and I urge its defeat.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—yeas 185, nays 245, not voting 4, as follows:

[Roll No. 13]

YEAS—185

Ackerman	Fattah	Moore
Altmire	Filner	Moran
Andrews	Frank (MA)	Murphy (CT)
Baca	Fudge	Nadler
Baldwin	Garamendi	Napolitano
Barrow	Gonzalez	Neal
Bass (CA)	Green, Al	Olver
Becerra	Green, Gene	Owens
Berkley	Grijalva	Pallone
Berman	Gutierrez	Pascarell
Bishop (GA)	Hanabusa	Pastor (AZ)
Bishop (NY)	Harman	Payne
Blumenauer	Hastings (FL)	Pelosi
Boswell	Heinrich	Perlmutter
Brady (PA)	Higgins	Peters
Braley (IA)	Himes	Peterson
Brown (FL)	Hinchee	Pingree (ME)
Butterfield	Hinojosa	Polis
Capps	Holden	Price (NC)
Capuano	Holt	Quigley
Cardoza	Honda	Rahall
Carnahan	Inslie	Rangel
Carney	Israel	Reyes
Carson (IN)	Jackson (IL)	Richardson
Castor (FL)	Jackson Lee	Richmond
Chandler	(TX)	Rothman (NJ)
Chu	Johnson (GA)	Royal-Allard
Ciциlline	Johnson, E. B.	Rush
Clarke (MI)	Kaptur	Ryan (OH)
Clarke (NY)	Keating	Sánchez, Linda
Clay	Kildee	T.
Cleaver	Kind	Sanchez, Loretta
Clyburn	Kissell	Sarbanes
Cohen	Kucinich	Schakowsky
Connolly (VA)	Langevin	Schiff
Conyers	Larsen (WA)	Schrader
Cooper	Larson (CT)	Schwartz
Costa	Lee (CA)	Scott (VA)
Costello	Levin	Scott, David
Courtney	Lewis (GA)	Serrano
Critz	Lipinski	Sewell
Crowley	Loeb sack	Sherman
Cuellar	Lofgren, Zoe	Sires
Cummings	Lowey	Slaughter
Davis (CA)	Luján	Smith (WA)
Davis (IL)	Lynch	Speier
DeFazio	Maloney	Stark
DeGette	Markey	Sutton
DeLauro	Matheson	Thompson (CA)
Deutch	Matsui	Thompson (MS)
Dicks	McCarthy (NY)	Tierney
Dingell	McCollum	Tonko
Doggett	McDermott	Towns
Donnelly (IN)	McGovern	Tsongas
Doyle	McIntyre	Van Hollen
Edwards	McNerney	Velázquez
Ellison	Meeks	Visclosky
Engel	Michaud	Walz (MN)
Eshoo	Miller (NC)	Wasserman
Farr	Miller, George	Schultz

Waters  
Watt  
Waxman

Weiner  
Welch  
Woolsey

Wu  
Yarmuth

NAYS—245

Adams	Gowdy	Olson
Aderholt	Granger	Palazzo
Akin	Graves (GA)	Paul
Alexander	Graves (MO)	Paulsen
Amash	Griffin (AR)	Pearce
Austria	Griffith (VA)	Pence
Bachmann	Grimm	Petri
Bachus	Guinta	Pitts
Barletta	Guthrie	Platts
Bartlett	Hall	Poe (TX)
Barton (TX)	Hanna	Pompeo
Bass (NH)	Harper	Posey
Benishek	Harris	Price (GA)
Berg	Hartzler	Quayle
Biggert	Hastings (WA)	Reed
Bilbray	Hayworth	Rehberg
Bilirakis	Heck	Reichert
Bishop (UT)	Heller	Renacci
Black	Hensarling	Ribble
Blackburn	Herger	Rigell
Bonner	Herrera Beutler	Rivera
Bono Mack	Hoyer	Roby
Boren	Huelskamp	Roe (TN)
Boustany	Huizenga (MI)	Rogers (AL)
Brady (TX)	Hultgren	Rogers (KY)
Brooks	Hunter	Rogers (MI)
Broun (GA)	Hurt	Rohrabacher
Buchanan	Issa	Rokita
Bucshon	Jenkins	Rooney
Buerkle	Johnson (IL)	Ros-Lehtinen
Burgess	Johnson (OH)	Roskam
Burton (IN)	Johnson, Sam	Ross (AR)
Calvert	Jones	Ross (FL)
Camp	Jordan	Royce
Campbell	Kelly	Runyan
Canseco	King (IA)	Ruppersberger
Cantor	King (NY)	Ryan (WI)
Capito	Kingston	Scalise
Carter	Kinzinger (IL)	Schilling
Cassidy	Kline	Schmidt
Chabot	Labrador	Schock
Chaffetz	Lamborn	Schweikert
Coble	Lance	Scott (SC)
Coffman (CO)	Landry	Scott, Austin
Cole	Lankford	Sensenbrenner
Conaway	Latham	Sessions
Cravaack	LaTourrette	Latta
Crawford	Lee (NY)	Shimkus
Crenshaw	Lewis (CA)	Shuler
Culberson	LoBiondo	Shuster
Davis (KY)	Long	Simpson
Denham	Lucas	Smith (NE)
Dent	Luetkemeyer	Smith (NJ)
DesJarlais	Lummis	Smith (TX)
Diaz-Balart	Lungren, Daniel	Southerland
Dold	E.	Stearns
Dreier	Mack	Stivers
Duffy	Manzullo	Stutzman
Duncan (SC)	Marchant	Sullivan
Duncan (TN)	Marino	Terry
Ellmers	McCarthy (CA)	Thompson (PA)
Emerson	McCauley	Thornberry
Farenthold	McClintock	Tiberi
Fincher	McCotter	Tipton
Fitzpatrick	McHenry	Turner
Flake	McKeon	Upton
Fleischmann	McKinley	Walberg
Fleming	McMorris	Walden
Flores	Rodgers	Walsh (IL)
Forbes	Meehan	Webster
Fortenberry	Mica	West
Fox	Miller (FL)	Westmoreland
Franks (AZ)	Miller (MI)	Whitfield
Frelinghuysen	Miller, Gary	Wilson (SC)
Gallely	Mulvaney	Wittman
Gardner	Murphy (PA)	Wolf
Gerlach	Myrick	Womack
Gibbs	Neugebauer	Woodall
Gibson	Noem	Yoder
Gingrey (GA)	Nugent	Young (AK)
Gohmert	Nunes	Young (FL)
Goodlatte	Nunnelee	Young (IN)
Gosar		

NOT VOTING—4

Garrett Hirono  
Giffords Wilson (FL)

□ 1746

Messrs. NEUGEBAUER and SHULER changed their vote from “yea” to “nay.”

Mr. WELCH, Ms. CLARKE of New York, Ms. SPEIER, and Mr. AL GREEN of Texas changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated for:

Ms. HIRONO. Mr. Speaker, on rollcall No. 13, had I been present, I would have voted “yea.”

Stated against:

Mr. GARRETT. Mr. Speaker, on rollcall No. 13, had I been present, I would have voted “nay.”

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.

RECORDED VOTE

Mr. CANTOR. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 245, noes 189, not voting 1, as follows:

[Roll No. 14]

AYES—245

Adams	Dreier	Johnson (OH)
Aderholt	Duffy	Johnson, Sam
Akin	Duncan (SC)	Jones
Alexander	Duncan (TN)	Jordan
Amash	Ellmers	Kelly
Austria	Emerson	King (IA)
Bachmann	Farenthold	King (NY)
Bachus	Fincher	Kingston
Barletta	Fitzpatrick	Kinzing (IL)
Bartlett	Flake	Kline
Barton (TX)	Fleischmann	Labrador
Bass (NH)	Fleming	Lamborn
Benishek	Flores	Lance
Berg	Forbes	Landry
Biggert	Fortenberry	Lankford
Bilbray	Fox	Latham
Bilirakis	Franks (AZ)	LaTourrette
Bishop (UT)	Frelinghuysen	Latta
Black	Gallely	Lee (NY)
Blackburn	Gardner	Lewis (CA)
Boehner	Garrett	LoBiondo
Bonner	Gerlach	Long
Bono Mack	Gibbs	Lucas
Boren	Gibson	Luetkemeyer
Boustany	Gingrey (GA)	Lummis
Brady (TX)	Gohmert	Lungren, Daniel
Brooks	Goodlatte	E.
Broun (GA)	Gosar	Mack
Buchanan	Gowdy	Manzullo
Bucshon	Granger	Marchant
Buerkle	Graves (GA)	Marino
Burgess	Graves (MO)	McCarthy (CA)
Burton (IN)	Griffin (AR)	McCauley
Calvert	Griffith (VA)	McClintock
Camp	Grimm	McCotter
Campbell	Guinta	McHenry
Canseco	Guthrie	McIntyre
Cantor	Hall	McKeon
Capito	Hanna	McKinley
Carter	Harper	McMorris
Cassidy	Harris	Rodgers
Chabot	Hartzler	Meehan
Chaffetz	Hastings (WA)	Mica
Coble	Hayworth	Miller (FL)
Coffman (CO)	Heck	Miller (MI)
Cole	Heller	Miller, Gary
Conaway	Hensarling	Mulvaney
Cravaack	Herger	Murphy (PA)
Crawford	Herrera Beutler	Myrick
Crenshaw	Huelskamp	Neugebauer
Culberson	Huizenga (MI)	Noem
Davis (KY)	Hultgren	Nugent
Denham	Hunter	Nunes
Dent	Hurt	Nunnelee
DesJarlais	Issa	Olson
Diaz-Balart	Jenkins	Palazzo
Dold	Johnson (IL)	Paul

Paulsen  
Pearce  
Pence  
Petri  
Pitts  
Platts  
Poe (TX)  
Pompeo  
Posey  
Price (GA)  
Quayle  
Reed  
Rehberg  
Reichert  
Renacci  
Ribble  
Rigell  
Rivera  
Roby  
Roe (TN)  
Rogers (AL)  
Rogers (KY)  
Rogers (MI)  
Rohrabacher  
Rokita  
Rooney

Ros-Lehtinen  
Roskam  
Ross (AR)  
Ross (FL)  
Royce  
Runyan  
Ryan (WI)  
Scalise  
Schilling  
Schmidt  
Schock  
Schweikert  
Scott (SC)  
Scott, Austin  
Sensenbrenner  
Sessions  
Shimkus  
Shuster  
Simpson  
Smith (NE)  
Smith (NJ)  
Smith (TX)  
Southerland  
Stearns  
Stivers  
Stutzman

Sullivan  
Terry  
Thompson (PA)  
Thornberry  
Tiberi  
Tipton  
Turner  
Upton  
Walberg  
Walden  
Walsh (IL)  
Webster  
West  
Westmoreland  
Whitfield  
Wilson (SC)  
Wittman  
Wolf  
Womack  
Woodall  
Yoder  
Young (AK)  
Young (FL)  
Young (IN)

□ 1753

Ms. WATERS and Ms. JACKSON LEE of Texas changed their vote from “aye” to “no.”

So the bill was passed.  
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER  
PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind all persons in the gallery they are here as guests of the House and that any manifestation of approval or disapproval of the proceedings is in violation of the rules of the House.

ELECTING MEMBERS TO CERTAIN  
STANDING COMMITTEES OF THE  
HOUSE OF REPRESENTATIVES

Mr. HENSARLING. Mr. Speaker, by direction of the Republican Conference, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 42

*Resolved*, That the following named Members be and are hereby elected to the following standing committees of the House of Representatives:

- (1) COMMITTEE ON ENERGY AND COMMERCE.—Mrs. Blackburn, to rank immediately after Mr. Burgess.
- (2) COMMITTEE ON HOMELAND SECURITY.—Mr. Farenthold.
- (3) COMMITTEE ON SMALL BUSINESS.—Mr. Landry, to rank immediately after Mr. Fleischmann.

Mr. HENSARLING (during the reading). Mr. Speaker, I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

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

There was no objection.  
The resolution was agreed to.  
A motion to reconsider was laid on the table.

HOOR OF MEETING ON TOMORROW

Ms. ROS-LEHTINEN. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

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

There was no objection.

APPOINTMENTS—OFFICE OF  
CONGRESSIONAL ETHICS

The SPEAKER pro tempore. Pursuant to section 4(c) of House Resolution 5, 112th Congress, and the order of the House of January 5, 2011, the Chair announces the reappointment of the following individuals to serve as the Governing Board of the Office of Congressional Ethics:

Nominated by the Speaker with the concurrence of the minority leader:

- Mr. Porter J. Goss, Florida, Chairman;
- Mr. James M. Eagen, III, Colorado, subject to section 1(b)(6)(B);
- Ms. Allison R. Hayward, Virginia, subject to section 1(b)(6)(B);
- Mr. Bill Frenzel, Virginia, Alternate;
- Nominated by the minority leader with the concurrence of the Speaker:
- Mr. David Skaggs, Colorado, Co-Chairman;
- Mrs. Yvonne Brathwaite Burke, California, subject to section 1(b)(6)(B);
- Ms. Karan English, Arizona, subject to section 1(b)(6)(B);
- Mr. Abner Mikva, Illinois, Alternate.

□ 1800

HOMELESS DUE TO MEDICAL  
BILLS

(Mr. CLARKE of Michigan asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CLARKE of Michigan. Mr. Speaker, I recently received a phone call from my childhood friend who told me he needed a place to stay. He was homeless; homeless because he was a diabetic and because he couldn't afford to pay for his hospital bills, he was put out of his home, he was evicted; homeless because he was middle-aged and couldn't find an insurance company to provide him with coverage he could afford.

I am asking the American people to contact the U.S. Senate to let them know that this repeal of the health care reform law cannot stand. Our American people need this protection.

The very nature of health insurance is to spread the risk. The more people that are insured, the lower the cost of health insurance for all of us. We have got to maintain the health reform law.

HEALTH CARE REFORM

(Mr. MORAN asked and was given permission to address the House for 1 minute.)

Mr. MORAN. Mr. Speaker, many Members on the Democratic side of the aisle, when we were considering health care reform, wanted a public option where the Federal Government would run it. It would ultimately save hundreds of billions of dollars more and, in fact, it would not be subject to the profit incentive of private insurance companies, but we decided ultimately not to do that.

What we did is to decide to model our health care reform after the Federal Employees Health Benefits Plan, where private insurance firms provide the coverage; you sign up for it; you have competition. We have competition now nationally and within the States in this plan, but it's modeled after what we ourselves provided for ourselves as Members of Congress.

Now the majority of the Members of Congress, both Democratic and Republican, have this plan for themselves.

Ackerman  
Altmire  
Andrews  
Baca  
Baldwin  
Barrow  
Bass (CA)  
Becerra  
Berkley  
Berman  
Bishop (GA)  
Bishop (NY)  
Blumenauer  
Boswell  
Brady (PA)  
Braley (IA)  
Brown (FL)  
Butterfield  
Capps  
Capuano  
Cardoza  
Carnahan  
Carney  
Carson (IN)  
Castor (FL)  
Chandler  
Chu  
Ciocline  
Clarke (MI)  
Clarke (NY)  
Clay  
Cleaver  
Clyburn  
Cohen  
Connolly (VA)  
Conyers  
Cooper  
Costa  
Costello  
Courtney  
Critz  
Crowley  
Cuellar  
Cummings  
Davis (CA)  
Davis (IL)  
DeFazio  
DeGette  
DeLauro  
Deutch  
Dicks  
Dingell  
Doggett  
Donnelly (IN)  
Doyle  
Edwards  
Ellison  
Engel  
Eshoo  
Farr  
Fattah  
Filner  
Frank (MA)  
Fudge

NOES—189

Garamendi  
Gonzalez  
Green, Al  
Green, Gene  
Grijalva  
Gutierrez  
Hanabusa  
Harman  
Hastings (FL)  
Heinrich  
Higgins  
Himes  
Hinchey  
Hinojosa  
Hirono  
Holden  
Holt  
Honda  
Hoyer  
Inlee  
Israel  
Jackson (IL)  
Jackson Lee  
(TX)  
Johnson (GA)  
Johnson, E. B.  
Kaptur  
Keating  
Kildee  
Kind  
Kissell  
Kucinich  
Langevin  
Larsen (WA)  
Larson (CT)  
Lee (CA)  
Levin  
Lewis (GA)  
Lipinski  
Loeb sack  
Lofgren, Zoe  
Lowey  
Lujan  
Lynch  
Maloney  
Markey  
Matheson  
Matsui  
McCarthy (NY)  
McCollum  
McDermott  
McGovern  
McNerney  
Meeks  
Michaud  
Miller (NC)  
Miller, George  
Moore  
Moran  
Murphy (CT)  
Nadler  
Napolitano  
Neal  
Oliver

Owens  
Pallone  
Pascarell  
Pastor (AZ)  
Payne  
Pelosi  
Perlmutter  
Peters  
Peterson  
Pingree (ME)  
Polis  
Price (NC)  
Quigley  
Rahall  
Rangel  
Reyes  
Richardson  
Richmond  
Rothman (NJ)  
Roybal-Allard  
Ruppersberger  
Rush  
Ryan (OH)  
Sánchez, Linda  
T.  
Sanchez, Loretta  
Sarbanes  
Schakowsky  
Schiff  
Schrader  
Schwartz  
Scott (VA)  
Scott, David  
Serrano  
Sewell  
Sherman  
Shuler  
Sires  
Slaughter  
Smith (WA)  
Speier  
Stark  
Sutton  
Thompson (CA)  
Thompson (MS)  
Tierney  
Tonko  
Townsend  
Tsongas  
Van Hollen  
Velázquez  
Visclosky  
Walz (MN)  
Wasserman  
Schultz  
Waters  
Watt  
Waxman  
Weiner  
Welch  
Wilson (FL)  
Woolsey  
Wu  
Yarmuth

NOT VOTING—1  
Giffords

We just had a recommittal motion where we had the opportunity to say, if you vote against this plan for your constituents, then you ought to decline it for yourselves. A vast majority of Members took it for themselves but declined to provide it for their constituents.

That's hypocrisy, Mr. Speaker.

#### SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. MCDERMOTT) is recognized for 5 minutes.

(Mr. MCDERMOTT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### HONORING SARGENT SHRIVER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. GARAMENDI) is recognized for 5 minutes.

Mr. GARAMENDI. Mr. Speaker, Members, yesterday we lost a great American, a real hero when Sargent Shriver passed away.

My wife, Patti, and I were honored to be able to call Sarge our friend. He was a great mentor to both of us. Our lives were shaped, inspired, improved by the extraordinary vision and talent of Sargent Shriver when he built the Peace Corps.

We had the awesome experience to join the Peace Corps in its third year and to be assigned to Ethiopia. Were it not for Shriver's leadership, this iconic and pure American program would never exist.

Sargent Shriver became our close friend as the years went by. With each meeting, our love for Sarge grew, as did our respect for his endless enthusiasm and desire to improve the status of all.

In the 1990s, Patti had the opportunity to work closely with Sargent Shriver to spread the Peace Corps to Eastern Europe, Asia, and South Africa. His enthusiasm once again motivated Americans to join the Peace Corps and serve men, women, and children in every part of the globe.

America and the world will miss this compassionate and talented man.

Patti and I send our prayers and condolences to his family, and we will personally miss this amazing individual.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### AFGHANISTAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES. Mr. Speaker, last night I stood here and spoke about my experience visiting Bethesda Naval Hospital and seeing the broken bodies of our country's young men and women.

After that visit, I was very pleased to see an article this morning about Grover Norquist speaking out and encouraging fellow conservatives to speak out against the war in Afghanistan.

The article is from The Huffington Post on January 12, and one sentence in particular came to my mind. Norquist also suggested that many prominent conservatives privately hold the view that the war in Afghanistan should end quickly.

It is time for them to speak out publicly, Mr. Speaker. We need to become more engaged in the issue and make our feelings known.

Mr. Speaker, I had mentioned before that a retired military general has been my adviser on Afghanistan for the past year. I would like to share two points that he made in a recent email.

The first point he made is: "What is the end state we are looking to achieve? What are the measures of effectiveness? What is our exit strategy? Same old questions. No answers."

□ 1810

The second point that the general made in his email to me: "What do we say to the mother and father, to the wife of the last soldier or marine killed to support a corrupt government and corrupt leader in a war that cannot be won?"

Mr. Speaker, I'm going to repeat that very quickly. From the retired general: "What do we say to the mother and father, to the wife of the last soldier or marine killed to support a corrupt government and corrupt leader in a war that cannot be won?"

These are valid points that we must think about. It is time that Congress and the American people look at what is really going on and what war really means. I would like to thank prominent conservative, Grover Norquist, for speaking out on Afghanistan. I hope this inspires others to do the same. History has shown that we cannot fix Afghanistan. It is in our best interest to learn from what history is trying to teach us, that no country has ever conquered Afghanistan.

Mr. Speaker, I have beside me "The Pain of War: A Broken Body." It's a young soldier who has lost both legs and an arm, and his young wife taking him into a room in a wheelchair. This party of mine, which I'm very proud to be a Republican, needs to learn, and again I want to thank Grover Norquist for speaking out and saying to conservatives, stop sending our boys and girls over there to come back with broken bodies or to come back in a coffin. It is time to end the war in Afghanistan. It

is time for Mr. Obama to keep his word to the American people, and that is to bring them out in July of 2011.

Mr. Speaker, before closing, I would like to say, as I always do, God please continue to bless our men and women in uniform. God please in Your loving arms hold the families who have given a child dying in Afghanistan and Iraq. God, please bless the House and Senate that we will do what is right in Your eyes for Your people. God, please give strength, wisdom, and courage to the President of the United States that he will do what is right for Your people. And God, three times I will ask, please, please, please God, continue to bless America.

#### REPORT ON RESOLUTION REDUCING NON-SECURITY SPENDING TO FISCAL YEAR 2008 LEVELS OR LESS

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 112-3) on the resolution (H. Res. 38) to reduce spending through a transition to non-security spending at fiscal year 2008 levels, which was referred to the House Calendar and ordered to be printed.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF HOUSE RESOLUTION 38, REDUCING NON-SECURITY SPENDING TO FISCAL YEAR 2008 LEVELS OR LESS

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 112-4) on the resolution (H. Res. 43) providing for consideration of the resolution (H. Res. 38) to reduce spending through a transition to non-security spending at fiscal year 2008 levels, which was referred to the House Calendar and ordered to be printed.

#### THE TRUTH WILL SET US FREE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. AL GREEN) is recognized for 5 minutes.

Mr. AL GREEN of Texas. Mr. Speaker, it has been written many centuries ago that if we know the truth, the truth will set us free. The truth is, Mr. Speaker, that repeal of the current health care law means that we will reinstate conditions that existed prior to the repeal. The truth is that prior to the law that we currently have, we were spending \$2.5 trillion a year on health care. That's \$79,000 a second. That's 17.6 percent of GDP.

The truth is that if we had continued at that pace, we would spend by 2018 \$4.4 trillion per year, more than 20 percent of GDP, \$139,000 per second. The truth is that health care was going to bankrupt this country. CBO has estimated that this bill that currently passed that is in place now and is law, the health care bill that's law, saves

about \$1 trillion over a 20-year period, more than \$1 trillion, to be more appropriate.

This bill, if it becomes law, will reinstate the past that we have tried to overcome. This bill will bring back, reinstate, preexisting conditions. And as has been said, and for edification purposes, pregnancy is a preexisting condition. This bill will reinstate the doughnut hole that we have been trying to close to help seniors with their pharmaceuticals. This bill will reinstate kicking children off of the policies that they're on now with their parents until they are 26 years of age. This bill will reinstate a condition wherein approximately 45,000 persons per year were dying from a lack of insurance. That's one person every 12 minutes. This bill will take us back in my State to 6 million persons being uninsured without the possibility of having insurance, will take us back to 1.1 million persons in Harris County, Texas, being uninsured, 20 percent of the children in the State of Texas are uninsured. This bill will take us back to a time and the place that we tried to escape.

And I thank God that this so-called repeal will not become law because I believe that this bill, if it becomes law, will hurt too many people. And there are some I have actually heard say, it would be good for it to become law because then people could understand the pain that this bill will invoke. I don't agree. I do not agree because I don't want people to suffer unnecessarily. I believe we do have a duty to be our brother's keeper. And by the way, it's easy to be your brother's keeper when you don't have to keep your brother. It is difficult to do the right thing to make sure that every American has health care. In a country wherein we will take the bank robber who is harmed in the process of robbing a bank and give him aid and comfort, in a country wherein we will give our enemies in mortal combat aid and comfort if they should become wounded, in a country wherein we will give the person on death row who is to meet his Maker next week aid and comfort if he gets sick this week and then send him to meet his Maker next week, in this country, the richest country in the world, if we can give aid and comfort to the bank robber, if we can give aid and comfort to the mortal enemy of this country, if we can give aid and comfort to those who are on death row, we can give aid and comfort to those who are among the least, the last, and the lost.

I believe that we've made a mistake today. This is why I voted against repeal.

#### RENEWED INTEREST IN THE CONSTITUTION

The SPEAKER pro tempore (Mr. BARLETTA). Under a previous order of the House, the gentleman from Texas (Mr. PAUL) is recognized for 5 minutes.

Mr. PAUL. Mr. Speaker, I am pleased that the Constitution has received a

lot of attention in recent weeks, thanks to the tea party movement. It goes without saying that Members of Congress should have read the Constitution many times, and we should continue to study it.

Citing the particular clause of the Constitution that authorizes newly introduced legislation is a reasonable suggestion, yet in reality it will do little to restrain unconstitutional growth of Federal Government. We have had such rules in the past and no benefit came of it.

The laws that are passed reflect the preferences of those in charge, who promote their personal agenda. For too long that agenda has expanded government at the expense of personal liberty, regardless of which political party was in charge. Generally this trend was supported by voters, who rewarded most Members of Congress with reelection.

For many of us, this expansion of government clearly violated the Constitution, yet it was always argued that the program somehow conformed to that "living" document.

By misinterpreting the general welfare clause, the interstate commerce clause, and the "necessary and proper" clause, Congress has justified every conceivable expansion of the Federal Government. Congress also has misinterpreted the 14th Amendment and legislated as though it had repealed the 10th Amendment. Sadly, Congress has also systematically abdicated its prerogatives and responsibilities to the executive branch over many decades.

Too many people, in and out of Congress, grew up being taught that the Constitution was malleable. This has allowed judicial, legislative, and executive flexibility to make the Constitution "a modern living document." Though the authors allowed for "flexibility" through the amendment process, this process has been ignored for the sake of speed and convenience.

□ 1820

As a result, the Constitution now has little meaning since most Members pay only lip service when taking their oath to obey it.

But I am encouraged by our growing grassroots interest in the Constitution, especially among the younger generation. I am glad Congress is becoming aware of it.

Our Constitution should be viewed as law, and Members of Congress should be expected to follow the rule of law. But a document is just that, and it is only as good as the character of those who represent us and promise to obey it.

Distorted interpretations come easily when the goal is opposite of what the original authors intended and what the plain text provides.

If true liberty is not our goal, persistent efforts to rationalize misinterpretations and circumvent the Constitution will continue.

Without men and women of character in Congress, respect for the rule of law

and a love of liberty, the Constitution becomes but a worthless piece of paper. Celebrating the Constitution without this understanding will do nothing to restore the greatness of America.

Simply praising the document detracts from the need for Members to gain the courage to resist special interests; political self-interests; emergency needs in times of crisis; fear-based economic myths; and the persistent temptation to seek security over liberty while ignoring personal responsibility and self-reliance.

Providing instruction in the Constitution for staff and/or Members begs the question: Who will be the teacher?

I wonder, will this welcomed renewed interest in the Constitution lead to a healthy reassessment of all of our policies?

Will there be no more wars without an actual congressional declaration?

Will the Federal Reserve Act be repealed?

Will only gold and silver be called legal tender?

Will we end all of the unconstitutional Federal departments, including the Department of Energy, Education, Agriculture, Commerce, Health and Human Services, Homeland Security, and Labor?

Will the Patriot Act be repealed and all of the warrantless searches stopped?

Will TSA be restrained or abolished?

Will the IRS's unconstitutional collection powers end?

Will executive and judicial quasi-legislative powers be ended?

Will we end the Federal war on drugs?

Will we end the Federal Government's involvement in medical care?

Will we end all of the Federal Government's illusionary insurance programs?

Will we ban secret prisons, trials without due process, and assassinations?

Will we end our foreign policy of invasion and occupation?

For America to once again become the standard for a free society, our love of liberty and desire for peace must far surpass any public display of fidelity to the Constitution. We must first look to strong moral character, respect for the rule of law, and an understanding of the proper role of government in a free society.

#### REMEMBERING SARGENT SHRIVER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. FARR) is recognized for 5 minutes.

Mr. FARR. Mr. Speaker, I rise tonight very sadly to talk a little bit about one of the greatest Americans of our generation, a true American hero, in my view, Sargent Shriver.

I really have to say I am also very upset that the Republican leadership wouldn't allow for a moment of silence in today's session for such a distinguished American.

I rise today in honor of his life and legacy.

I got to meet Sargent Shriver when I was a Peace Corps trainee in 1963, about 22 years old in a small, little town in New Mexico, Questa, New Mexico, and I was in awe that I, as a trainee, could meet the first Director of the Peace Corps.

He embodied the relentless spirit of public service that makes America great. He will forever hold a special place in our country's history. I remember just the vitality and spirit that he had that drove me to want to be a Peace Corps volunteer at a time when nobody really knew what they did because they hadn't come home yet. It was a risk, an adventure, and I was really not sure that it was the best thing to do. And yet I look back with pride and admiration and what a privilege it was to serve under his leadership.

With the Peace Corps, Sargent Shriver took President Kennedy's vision of service and optimism and built it into one of America's best institutions. After 3 years as Director of the agency, the Peace Corps had more than 6,500 volunteers serving in more than 50 developing countries. He once told me the story that in those days, with the President's own budgeting, they were able to place Peace Corps volunteers in Latin America and Africa before Congress ever got around to authorizing the program.

These volunteers showed the world the true American values of peace, prosperity, and opportunity that had been eclipsed by the Cold War.

Over the past 50 years, through war and conflict, Sarge's foundational work of the Peace Corps has enabled volunteers to show the world a hopeful, uplifting side of America that reflects our fundamental values of service and tolerance.

Today, Sarge's legacy lives on in a quarter million Americans who have served as Peace Corps volunteers in 139 countries around the world, all in the name of peace and goodwill.

Beyond the Peace Corps, Sargent Shriver was actively engaged in civic society. He served as Ambassador to France; leader of the War on Poverty as the first Director of the Office of Economic Opportunity, which began the Head Start program, which began VISTA, Volunteers in Service to America; and as a Vice Presidential candidate. His touch can be found on some of our Nation's finest efforts, including the Special Olympics and racial integration.

But above all, Sarge's devotion to public service was beyond reproach. Like his wife, Eunice, who really started the Special Olympics—and I might add that the Special Olympics is now in more countries than is the Peace Corps—I can't think of a married couple in America who have done more worldwide than Eunice Shriver and Sargent Shriver to help people in need.

I will always hold my special memories of sharing Peace Corps stories with

Sargent Shriver—or Sarge, as we called him. At various events that honored the agency, we both got to speak. And one of my most significant moments of my life was the privilege of being presented with a Peace Corps Public Service Award in 2006 by Sargent Shriver.

To all who knew him, Sargent Shriver was a man of tremendous heart and vision who leaves behind a living legacy of service and hope. That legacy of public service lives on in the lives of his children. Their mother died in 2009, but today we have daughter Maria, who is the first lady of California. We have their four other children: son Robert Shriver of Santa Monica, who is an activist in California; former Maryland delegate, Mark Shriver of Bethesda, Maryland; Tim Perry Shriver of Chevy Chase—both involved in Special Olympics; and Anthony Paul Shriver of Miami. Most of all, they have 19 children.

Sargent Shriver's life reminds us of the value of distinguished public service, and that it is incumbent upon all of us to renew his vision of a better America for future generations.

My thoughts and prayers are with his children and grandchildren and the entire Shriver and Kennedy families.

[From Vanity Fair, Jan. 19, 2011]

SARGENT SHRIVER'S LASTING IMPACT: AN APPRECIATION

(By Maureen Orth)

At a Saint Patrick's Day party at the White House during Clinton's first term, I bumped into Sargent Shriver and introduced him to my husband as "the George Washington of the Peace Corps." Shriver corrected me. "No," he said, holding out his arm waist high. "George Washington was here." Then he raised his arm above his head and said, "In the Peace Corps, I'm here!" He laughed so easily and so frequently, and he had such enthusiasm and energy, that he made the idea of service pure fun. And he was right about where he stood with so many of us former Peace Corps volunteers—he was our founding father, an icon. All you had to do was utter his name—Sarge—and it immediately stood for giving your all and being your best.

I was recruited into the Peace Corps at age 20, right off the Berkeley campus, by a loud southern guy with a bullhorn—he was to become the NBC reporter Douglas Kiker (years later we met as colleagues). Sarge had the ability to bring together all sorts of talented and sometimes offbeat people, and to convince them to try something they weren't really planning to do.

I served in the Peace Corps for two years in Medellin, Colombia, and have remained involved with the community. I was in Medellin last week to help set up a third school for poor kids that is run by a foundation I created several years ago to provide students at all three schools with computers and training in English and leadership. It is a way for me to continue the work I did in the Peace Corps, and I thank Sarge for giving me the means to get along in exotic places, to speak Spanish, and to be a much better journalist, because I learned in the Peace Corps how to observe acutely and to understand issues from other people's points of view.

Sarge was both brilliant and selfless—too selfless, some might argue, when it came to his own political career. His parents were Catholic intellectuals from aristocratic Maryland stock. They lost their money dur-

ing the Depression and ended up running a Catholic bookstore where the ideas of social activists such as Sarge's heroine, Dorothy Day, were profoundly influential. Sarge managed to go to Yale for both his undergraduate and law degrees, but he was often like the proverbial kid with his nose pressed against the candy-store window—although he was drop-dead handsome, everybody else had a lot more goodies.

After serving heroically in World War II as a naval gunnery officer—he was a deadly marksman whose ship, in one Pacific battle, shot down 32 Japanese planes in three hours—Sarge dropped law to become an assistant editor at Newsweek. During that job he met Joe Kennedy, who asked him to run "this building I just bought in Chicago"—it was the Merchandise Mart, the largest commercial building in the world at the time. By then he had met the forceful Eunice Kennedy, one of Joe's nine children, by whom he had been immediately smitten, but she gave him a hard time for years before they finally married, in 1953.

There wasn't a tough job that Sarge did not do well. When John F. Kennedy asked him to run the Peace Corps, he joked that J.F.K. had no choice but to give the job to a brother-in-law due to its enormous potential for failure. A few years later, Jacqueline Kennedy asked Sarge to arrange her husband's funeral, and he did so flawlessly. After heading the Chicago school board and becoming a leading civil-rights advocate, he was frequently mentioned as both an Illinois gubernatorial and senate candidate. In 1964, Lyndon Johnson very much wanted Sarge to be his running mate, but the Kennedys said absolutely not—it was Bobby's turn first. Then it was Teddy's turn.

Sarge loved running the very popular Peace Corps, but he reluctantly quit when L.B.J. twisted his arm to head the War on Poverty. Democrat George McGovern turned to Sarge to run with him as vice president, in 1972, after Tom Eagleton dropped out when it was revealed that he had undergone psychiatric treatment, but they lost big-time. Sarge also served as ambassador to France, and in the last decades of his life he and Eunice founded the Special Olympics and made it a worldwide force for the intellectually disabled. He was the kind of husband who seriously thought his wife should be canonized by the Catholic Church; Sarge himself was so devout that even as he was ravaged by Alzheimer's in his later years, the two things he never forgot were his prayers and his manners. "You're a good looking kid," he said to my son a few years ago as he stuck out his hand in greeting. "Are you my son?"

I loved spending time with Sarge—he was a wonderful father to Bobby, Maria, Tim, Mark, and Anthony Shriver, all of whom have distinguished themselves in service to others. For years they had to share him with thousands of Peace Corps volunteers for whom he was both a touchstone and an idealized father figure. It is hard to believe that today we can no longer have Sarge among us, exhorting us to "serve, serve, serve!"

[From the New York Times, Jan. 18, 2011]

R. SARGENT SHRIVER, PEACE CORPS LEADER, DIES AT 95

(By Robert D. McFadden)

R. Sargent Shriver, the Kennedy in-law who became the founding director of the Peace Corps, the architect of President Lyndon B. Johnson's war on poverty, a United States ambassador to France and the Democratic candidate for vice president in 1972, died on Tuesday in Bethesda, Md. He was 95.

His family announced his death in a statement.

Mr. Shriver was found to have Alzheimer's disease in 2003 and on Sunday was admitted to Suburban Hospital in Bethesda, where he died. He had been in hospice care in recent months after his estate in Potomac, Md., was sold last year.

White-haired and elegantly attired, he attended the inauguration of his son-in-law, Arnold Schwarzenegger, as the Republican governor of California in the fall of 2003. Mr. Schwarzenegger is married to Maria Shriver, a former NBC News correspondent.

But in recent years, as his condition deteriorated, Mr. Shriver was seldom seen in public. He emerged in one instance to attend the funeral of his wife of 56 years, Eunice Kennedy Shriver, a sister of John F. Kennedy; she died in 2009 in Hyannis, Mass., at the age of 88.

As a Kennedy brother-in-law, Mr. Shriver was bound inextricably to one of the nation's most powerful political dynasties. It was an association with enormous advantages, thrusting him to prominence in a series of seemingly altruistic missions. But it came with handicaps, relegating him to the political background and to a subordinate role in the family history.

"Shriver's relationship with the Kennedys was complex," Scott Stossel wrote in "Sarge: The Life and Times of Sargent Shriver," a 2004 biography. "They buoyed him up to heights and achievements he would never otherwise have attained—and they held him back, thwarting his political advancement."

The book, as well as reports in *The New York Times*, *The Washington Post* and other publications, suggested that Mr. Shriver's hopes to run for governor of Illinois in 1960 and vice president in 1964 and 1968 were abandoned to help promote, or at least not compete with, Kennedy aspirations. Mr. Shriver's vice-presidential race in 1972, on a ticket with Senator George S. McGovern, and a brief primary run for president in 1976 were crushed by the voters.

Mr. Shriver was never elected to any national office. To political insiders, his calls for public service in the 1960s seemed quixotic at a time when America was caught up in a war in Vietnam, a cold war with the Soviet Union and civil rights struggles and urban riots at home. But when the fogs of war and chaos cleared years later, he was remembered by many as a last vestige of Kennedy-era idealism.

"Sarge came to embody the idea of public service," President Obama said in a statement.

Mr. Shriver's impact on American life was significant. On the stage of social change for decades, he brought President Kennedy's proposal for the Peace Corps to fruition in 1961 and served as the organization's director until 1966. He tapped into a spirit of volunteerism, and within a few years thousands of young Americans were teaching and working on public health and development projects in poorer countries around the world.

After the president's assassination in 1963, Mr. Shriver's decision to remain in the Johnson administration alienated many of the Kennedys, especially Robert, who remained as the United States attorney general for months but whose animus toward his brother's successor was profound. Mr. Shriver's responsibilities deepened, however. In 1964, Johnson persuaded him to take on the administration's war on poverty, a campaign embodied in a vast new bureaucracy, the Office of Economic Opportunity.

From 1965 to 1968, Mr. Shriver, who disdained bureaucracies as wasteful and inefficient, was director of that agency, a post he held simultaneously with his Peace Corps job until 1966. The agency created antipoverty

programs like Head Start, the Job Corps, Volunteers in Service to America, the Community Action Program and Legal Services for the Poor. (The Office of Economic Opportunity was dismantled in 1973, but many of its programs survived in other agencies.)

In 1968, Johnson named Mr. Shriver ambassador to France. It was a time of strained relations. President Charles de Gaulle had recognized Communist China, withdrawn French forces from NATO's integrated military command and denounced American involvement in Indochina. But Mr. Shriver established a working rapport with de Gaulle and was credited with helping to improve relations.

Mr. Shriver returned to the United States in 1970 to work for Democrats in the midterm elections and to reassess his own political prospects. His long-awaited break came two years later when Senator McGovern, the Democratic presidential nominee, picked him as his running mate. Mr. McGovern's first choice, Senator Thomas F. Eagleton, was dropped after revelations that he had received electroshock therapy for depression.

The McGovern-Shriver ticket lost in a landslide to the incumbent Republicans, Richard M. Nixon and Spiro T. Agnew. Four years later, Mr. Shriver ran for the Democratic presidential nomination, pledging a renewal of ethics after the Watergate scandal that drove Nixon from the White House. But Mr. Shriver was knocked out in the primaries and ended his political career.

In later years, he was a rainmaker for an international law firm, Fried, Frank, Harris, Shriver & Jacobson, retiring in 1986. He was also active in the Special Olympics, founded by his wife for mentally disabled athletes, and he continued his work with the Sargent Shriver National Center on Poverty Law, an advocacy organization he founded in Chicago in 1967 as the National Clearinghouse for Legal Services.

In 1994, President Bill Clinton awarded Mr. Shriver the Presidential Medal of Freedom. Ten years earlier, President Ronald Reagan conferred the same award on Eunice Shriver. They were the only husband and wife to win the nation's highest civilian honor individually.

In 2008, PBS broadcast a documentary, "American Idealist: The Story of Sargent Shriver." A children's book by Maria Shriver, "What's Happening to Grandpa?," was published in 2004, explaining the effects of Alzheimer's disease. In May 2009, HBO presented a four-part documentary on Alzheimer's. Ms. Shriver was the executive producer of one segment, "Grandpa, Do You Know Who I Am?"

Robert Sargent Shriver Jr., known as Sarge from childhood, was born in Westminster, Md., on Nov. 9, 1915, the son of his namesake, a banker, and Hilda Shriver. His forebears, called Schreiber, immigrated from Germany in 1721. One ancestor, David Shriver, was a signer of Maryland's 1776 Constitution. The Shrivers, like the Kennedys, were Roman Catholics and socially prominent, but not especially affluent.

On scholarships, he attended Canterbury, a Catholic boarding prep school in New Milford, Conn.—John F. Kennedy was briefly a schoolmate—and Yale University, graduating with honors in 1938. He earned a Yale law degree in 1941 and joined the Navy shortly before the attack on Pearl Harbor, becoming an officer on battleships and submarines in the Atlantic and the Pacific and winning a Purple Heart for wounds he sustained at Guadalcanal.

After the war, he joined *Newsweek* as an editor. He met Eunice Kennedy at a dinner party, and she introduced him to her father, Joseph P. Kennedy. In 1946, Joseph Kennedy hired him to help manage his recently ac-

quired Merchandise Mart in Chicago, then the world's largest commercial building. In Chicago, Mr. Shriver not only turned a profit for the mart but also plunged into Democratic politics.

After a seven-year courtship, Mr. Shriver and Ms. Kennedy were married by Cardinal Francis Spellman at St. Patrick's Cathedral in New York in 1953.

In addition to his daughter, Maria, Mr. Shriver's survivors include four sons, Robert Sargent Shriver III of Santa Monica, Calif.; Timothy, of Chevy Chase, Md.; Mark, of Bethesda, Md.; and Anthony, of Miami; and 19 grandchildren.

Mr. Shriver's relationships with the Kennedys were widely analyzed by the news media, not least because of his own political potential. He looked like a movie star, with a flashing smile, dark hair going gray and the kind of muscled, breezy athleticism that went with tennis courts and sailboats. Like the Kennedys, he was charming but not self-revealing, a quick study but not reflective. Associates said he could be imperious, but his knightly public image became indelible.

He took root in Chicago. In 1954, he was appointed to the city's Board of Education, and a year later became its president. In 1955, he also became president of the Catholic Interracial Council, which fought discrimination in housing, education and other aspects of city life. By 1959, he had become so prominent in civic affairs that he was being touted as a Democratic candidate for governor of Illinois in 1960.

Mr. Shriver did nothing to discourage reports that he was considering a run. But with the rest of the Kennedy clan, he joined John F. Kennedy's 1960 presidential campaign. As he and other family members acknowledged later, the patriarch, Joseph Kennedy, had told him that a separate Shriver race that year would be a distraction. So he resigned from the Chicago school board and became a campaign coordinator in Wisconsin and West Virginia and a principal contact with minorities.

As the election approached, the campaign learned that the Rev. Dr. Martin Luther King Jr. had been sentenced in Georgia to four months of hard labor for what amounted to a minor traffic violation. Mr. Shriver suggested that Senator Kennedy call a distraught Coretta Scott King, who was terrified that her husband might be killed in prison. His reassuring call, and another by Robert F. Kennedy to a judge in Georgia that led to Dr. King's release, helped produce a windfall of black support for Kennedy.

Senator Kennedy broached the idea for a volunteer corps in a speech at the University of Michigan and crystallized it as the Peace Corps in an appearance in San Francisco. Mr. Shriver, who as a young man had guided American students on work-and-learn programs in Europe, seemed a natural to initiate it.

After the inauguration, Mr. Shriver, who scouted talent for the incoming administration—people who came to be known as "the best and the brightest"—was assigned to the task of designing the Peace Corps, which was established by executive order in March 1961.

As director, he laid the foundations for what arguably became the most lasting accomplishment of the Kennedy presidency. As the Peace Corps approaches its 50th anniversary this year, more than 200,000 Americans have served as corps volunteers in 139 countries.

Break mirrors, Mr. Shriver advised graduating students at Yale in 1994. "Yes, indeed," he said. "Shatter the glass. In our society that is so self-absorbed, begin to look less at yourself and more at each other. Learn more about the face of your neighbor and less about your own."

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### THE WALKABOUT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise tonight to recognize a great organization that has helped so many disabled individuals: the Walkabout Foundation. This terrific organization was founded by siblings Luis and Carolina Gonzalez-Bunster.

Sixteen years ago when he was 18 years old, Luis was in a car accident that left him paralyzed from the chest down. Luis was not going to allow this tragedy to define him or limit his ability to lead a full life. Just a few months after his accident, Luis moved to south Florida and enrolled at my alma mater, the University of Miami. Soon after, Luis started driving again and began to live on his own.

Leading an active lifestyle, which included being an avid swimmer, Luis took advantage of the University of Miami's extensive and accessible facilities. However, during a trip to the Connecticut YMCA a couple of years ago, Luis could not access the indoor swimming pool, so Luis and Carolina decided to take action.

Not only did they promote awareness of paralysis and disabilities in their community, but they also made the Connecticut YMCA accessible for all the disabled.

□ 1830

Out of this victory, the Walkabout Foundation was born.

The Walkabout Foundation's mission is twofold: first, to actively pursue a cure for paralysis by helping fund research programs; and, second, to provide wheelchairs to those who cannot afford one.

The foundation's unique efforts have garnered widespread support and attention. What makes the Walkabout Foundation singular is its drive to make sure that disabled individuals continue to lead full and active lives. This is due to Luis' character and unyielding belief that people should not be victims of their circumstances.

The Walkabout Foundation has not limited its services and generosity to just our Nation. Last month, the foundation provided 200 wheelchairs to Haiti in addition to the 400 they had already donated last year.

As someone who has seen the devastation and the human tragedy that has befallen the poor island nation of Haiti since last year's tragic earthquake, I know the impact and benefit the efforts of Luis and Carolina will bring to

help the lives of so many disabled individuals in Haiti.

They have also provided 100 wheelchairs to the Dominican Republic. These wheelchairs will go to children, teenagers and adults afflicted by paralysis, polio, cerebral palsy, muscular dystrophy, as well as to amputees.

I commend Luis, Carolina and their Walkabout Foundation for all that they do. They are truly an inspiration for all.

#### THE ASSAULT ON OUR RIGHTS, OUR FREEDOMS, OUR DEMOCRACY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, for everyone who has been listening to the dialogue and debate around health care reform, I want to make something crystal clear: regardless of the vote in the House, health care reform was not repealed today; and despite what some might be projecting and promising, all of us on both sides of the aisle know that this is true.

We also know that the next step in the larger plan to repeal health care reform will involve directing committees of jurisdiction to revisit the health care reform law.

Now, if this is going to be a process that includes meaningful hearings and honest dialogue about how to strengthen and bolster—not dismantle and obliterate—health care reform, then I would support that strategy. It would allow us to work together to build upon the many successes that the Patient Protection and Affordable Care Act has already demonstrated: successes for our children, our seniors, the poor, and the already insured. That was the kind of process that led to the development and passage of the Patient Protection and Affordable Care Act.

But, to be honest, that was then; and I do not believe that such a process will occur this time because those calling for repeal don't seem to be interested in socially, fiscally and medically sound public health strategies to solve our Nation's public health problems.

Instead, the supporters of repeal have been steadfast in their efforts to minimize and even downplay the devastating steps backward that H.R. 2 would mean, not only for our Nation's most vulnerable residents—children and our seniors—but also for small businesses, the middle class, rural and low-income populations, and the financial as well as the physical health of our Nation.

So I urge not only my colleagues here, but every American who wants a healthier and stronger tomorrow to be engaged and active and to be alert because the real health care reform repeal efforts begin, not with this vote, but in the months ahead. All of us, everyone in this country—the insured

and the uninsured—have too much at stake to sit on the sidelines and remain silent.

We know that there is an appropriations strategy to ensure that the health care freedoms in the Patient Protection and Affordable Care Act are not adequately or appropriately funded, making their implementation an utter impossibility. We can't let that happen.

We also know that efforts are under way that will allow the chairman of the Budget Committee to set spending limits on his own, without committee consensus and clearly without a fair, transparent, and democratic process. This is an assault on our democracy.

Finally, we also know that all of the harsh realities that repeal will mean to millions of Americans and their families will not be highlighted or even mentioned. For example, those calling for repeal won't admit that repeal would mean more uninsured Americans—54 million uninsured by 2019.

Those calling for repeal will never admit that repeal means an increase in the number of American families who will file bankruptcy, lose their homes and suffer other financial hardships because their health care costs are so high.

Those calling for repeal will never admit that repeal means a loss of jobs, increased unemployment and an increase in the deficit, even though they know, as we do, that without health care reform the Federal deficit will explode by \$143 billion over the next 10 years and by more than a whopping \$1 trillion over the next two decades.

Those calling for repeal will never admit that repeal will mean a drastic increase in the health disparities that we know leave racial and ethnic minorities and low-income and rural Americans in poorer health, who are more likely to die prematurely from preventable causes. A recent Joint Center study found that eliminating racial and ethnic health disparities would have reduced direct medical care expenditures by \$229.4 billion in just 4 years.

Finally, those calling for repeal will never admit that repeal, literally, could be a death sentence for thousands of innocent Americans every year. A recent IOM study suggests that more than 15,000 deaths per year could happen just because insurance was taken away.

So repeal did not take place today, but the assault on our rights, our freedoms, our democracy, as well as our very lives are on the line in the planned committee process, the budgetary sleights of hand and a targeted appropriations process. So let's not find ourselves repenting for the silence of good people.

#### TODAY, WE VOTED TO REPEAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. GRAVES) is recognized for 5 minutes.



Mr. GRAVES of Georgia. Mr. Speaker, what a great day for America—a victory for the American people.

You know, last November the American people loudly demanded the repeal of ObamaCare, and today the House delivered.

Earlier today, I outlined why the American people were so opposed to this legislation. So tonight I thought I would remind my colleagues on the left as to why they rejected ObamaCare.

It was the employee mandate and the mandates on individuals that tax, penalize, and punish Americans who choose not to opt in to a government-approved health care system.

Maybe it was the \$569 billion in new taxes or the \$2.6 trillion cost or the \$700 billion in deficit spending over the first 10 years this law is fully implemented, and who knows what after that.

More importantly, it violated our Constitution and our personal liberties.

So earlier today I asked my friends and folks back in the district who follow us on Facebook, the Georgians I work for and I represent, to respond to us as to how the legislation has already impacted them today. So we got a few of those responses; and, Mr. Speaker, I thought I would share some of those.

From north Georgia, Elisabeth in Rossville said her health insurance premiums have already almost doubled.

Jimmy in north Georgia said his health care premium is certainly more expensive.

Brian said his health insurance just went up by at least 8 percent, and the cost of his mother's Medicare part D coverage has doubled.

BJ in Calhoun, a health insurance agent, said premiums have risen, and companies he represents are reducing or eliminating commissions.

Then there is Jeremy in Ringgold. He was going to expand his business this year, but he was forced to put those plans on hold because of the costly and burdensome 1099 tax filing requirements that were required under ObamaCare.

It is because of these Americans that we not only repealed ObamaCare today but that tomorrow we will also vote on a House resolution directing the committees of jurisdiction to begin working on legislation through a transparent process—open to the American people—that will embody free market principles that, under many circumstances, will foster economic growth and private sector job creation; lower health care premiums through increased competition and choice; ensure patients have the opportunity to keep their health care plans if they like them; reform the medical liability system to reduce unnecessary and wasteful health care spending; remove barriers that prohibit health care plans from being purchased across State lines; provide the States greater flexibility to administer the Medicaid programs.

More importantly, it will be policy that empowers Americans with options

instead of mandates coming from the Federal Government. Above all, our reforms will not infringe upon individual liberties.

So, Mr. Speaker, I want to thank those tonight who on Facebook responded to us in helping us start that round two of the ObamaCare debate.

Today, we voted to repeal. Tomorrow, we begin the work to replace with free market solutions.

□ 1840

#### DISTORTING THE DREAM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Earlier this week, Mr. Speaker, we recognized the 82nd birthday of Dr. Martin Luther King, Jr., perhaps the greatest moral and spiritual leader in our Nation's history. Each of us in our way reflected on Dr. King's teaching, and his message had more relevance than ever in light of the tragic shootings in Tucson.

It's a sign of progress that a man whose ideas were considered revolutionary during his life has achieved mainstream iconic status in death. But as we all share his legacy, there is a very real danger that some people will, in a self-serving way, distort King's vision to justify the very policies he gave his life opposing. In fact, Department of Defense General Counsel Jeh Johnson has a bizarre, unsettling interpretation of Dr. King's dream.

In a speech last week, Mr. Johnson suggested that this great agitator for peace would have endorsed the war in Afghanistan. And I quote him, he said, "If Dr. King were alive today, he would recognize that our Nation's military should not and cannot lay down its arms and leave the American people vulnerable to terrorist attack."

Mr. Speaker, this strikes me as a presumptuous and manipulative distortion of everything Dr. King represented. He was fierce; he was resolute in his opposition to the Vietnam War. It was a courageous, controversial stand that cost him friends and allies.

He believed nothing as strongly as the idea that nonviolence was the only route to social change. He left little ambiguity about his feelings on war: "The chain reaction of evil wars producing more wars must be broken." Dr. King once said, "or we shall be plunged into the dark abyss of annihilation." I don't know how you get much clearer than that, Mr. Speaker.

Violence, he preached, "is a descending spiral, begetting the very things it seeks to destroy. Through violence you may murder the hater, but you do not murder the hate. In fact, violence merely increases hate. Returning violence for violence multiplies violence."

Mr. Speaker, we've seen exactly this in our misguided struggle to defeat terrorism through warfare. Killing one Taliban or al Qaeda insurgent

emboldens the movement and simply creates more terrorists. Dr. King added that "a nation that continues to spend more money on military defense than on programs of social uplift is approaching a spiritual death." These are the words we ought to reflect on as we continue a debate about Federal budget priorities.

Far from supporting the war in Afghanistan, I believe Dr. King would be much more likely to embrace the principles of the SMART security platform that I've spoken of from this podium many, many times. It calls for cooperation, not conquest; dialogue, not destruction; engagement, not invasion. It pursues the goal of global peace and security by focusing on our common humanity. It is an agenda that respects human rights, that seeks to empower and lift up the poor people of the world instead of dropping bombs on their villages and on their communities.

Mr. Speaker, Mr. Johnson of the Pentagon couldn't be more wrong about the lessons of Martin Luther King's life. I have every confidence that, were he alive today, Dr. King would join me in a loud and unmistakable call to bring our troops home.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

(Ms. FOXX addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

#### RUSSIA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. DREIER) is recognized for 5 minutes.

Mr. DREIER. Mr. Speaker, last month, The Economist exhorted Western leaders to more openly and consistently criticize Russia for its sham democracy, its brutal treatment of human rights activists and political dissidents, and its utter disregard for the rule of law. It was a challenge that should be taken seriously.

Our approach to Russia has been characterized paradoxically by a failure to be both sufficiently pragmatic and sufficiently idealistic at the same time. Russia is a key international player with whom we must engage. That's undeniable. It is a permanent member of the Security Council. It is a key actor in any international effort to contain Iran's nuclear ambitions. It exerts great influence in regions such as central Asia, with implications for our struggle against violent extremists in Afghanistan and elsewhere.

Keeping our engagement with Russia as constructive and effective as possible is essential to pursuing our vital national security interests. But, Mr. Speaker, this reality cannot preclude our commitment to promote democracy around the globe and condemn those who brutally suppress it. We

must stand up for human rights and the rule of law, even when—especially when—they are undermined by major international players. We cannot remain silent when journalists and activists are killed or savagely beaten with impunity, while political prisoners face years of jail time.

The new guilty verdict imposed on Mikhail Khodorkovsky late last year makes it appear that the only crime that's actually punishable in the Russian Federation is opposition to Putin. Days after the verdict was handed down, opposition leader and former Prime Minister Boris Nemtsov was arrested for participating in a peaceful rally. He had committed the grave offense of expressing support for the protection of constitutional rights and condemning the sham Khodorkovsky verdict.

Hostility to the rule of law extends beyond Russia's own borders, as we saw in the August 2008 invasion of our democratic ally Georgia. It was reprehensible. Georgia's sovereignty and territorial integrity remain under threat today.

In our relationship with Moscow, we must learn to balance the twin imperatives of effective engagement and criticism of gross miscarriages of justice. This will only become more essential in the context of the coming debate on Russia's entry into the World Trade Organization. Russia has moved closer than ever to acceding to the WTO. We are likely to face this prospect in the coming year and the resulting vote on whether to extend Permanent Normal Trade Relations.

We will need to have a full and robust debate on this issue. We will need to ensure that PNTR is not granted until we have confirmed that Russia has fulfilled the basic obligations that WTO membership demands. If those obligations are met, my view is the WTO accession would be a very positive step forward. Bringing Russia into a rules-based trading system would bind Moscow to the rule of law. It would create consequences and enforcement mechanisms for failure to live by its commitments.

WTO membership is by no means a panacea, particularly for symptoms as deeply flawed as Russia's, but it would be a significant step in the right direction. Not only would it impose the rule of law in Russia's trading relationships, it would demonstrate that even Moscow recognizes the value of international rules of fairness. This should serve as a reminder that their presumed indifference to our criticism is no excuse for failing to voice that criticism.

We need to engage with Russia, but Russia also needs to engage with us. We cannot shy away from taking a public stand against increasingly brutal repression at the hands of those with whom we have important negotiations. Neither can we lose sight of the fact that supporting the rule of law is not just about promoting American ideals.

□ 1850

One of the most important lessons of the last decade is that democracy strengthening is as firmly grounded in realpolitik as it is steeped in lofty, high-minded ideals. If our moral clarity helps to strengthen democracy advocates in Russia, we will further our strategic goals in the long run. A less corrupt, less autocratic regime in Moscow will result in a better international partner.

As Vladimir Kara-Murza has written in *World Affairs*, defending the rule of law is not just our right but our duty. Last week, Vladimir wrote that statutes of the Organization for Security and Cooperation in Europe, to which both the U.S. and Russia are party, make this clear. The statutes state, "issues relating to human rights, fundamental freedoms, democracy, and the rule of law are of international concern."

It is absolutely imperative, Mr. Speaker, that we do absolutely everything that we can to strengthen this relationship but pursue the rule of law.

#### THE GOLDEN RULE OF TRADE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, before all of the pomp and circumstance of tonight's State dinner honoring Chinese President Hu Jintao, a closed-door meeting took place between President Obama, the Chinese President, and the power brokers from some of the largest global corporations that seem to create more jobs outside this country than inside it: Steve Ballmer of Microsoft; Jeffrey Immelt of General Electric; Jim McNerney of Boeing; David Rubenstein of the Carlyle Group; Ellenn Kullman, the CEO of DuPont. And many greedy Wall Street bankers showed up: John Thornton, the chairman of HSBC Holdings; and Lloyd Blankfein, my gosh, the chief executive officer of Goldman Sachs—where have we heard about them before?—whose imprudent firms are responsible for the economic meltdown that the rest of America is trying to dig out of as we speak tonight.

Too often, these international corporations and megabanks have taken America's ingenuity and hard work that were built with so much effort and shipped them overseas, destroying American jobs and ballooning our half trillion dollar trade deficit.

China remains a communist country, and it is a command-and-control economy described as "Market Leninism"—not free enterprise. Yes, China's people should be able to develop their land and their economy and improve their lives. They surely need it. But their growth should not come at the expense of American jobs and our businesses and our workers.

The moment has arrived to deal with China as the great economic power

that it is and proceed on the basis of reciprocity. If a treaty affects our companies one way, we'll treat them the same way. If they exclude our investments and our imports, we will exclude their investments and their imports. We should give them the exact same deal as they give us. That is the Golden Rule of trade.

While we wish China well, we must defend the interests of jobs in our country, and even more, the highest political ideals to which we aspire. And our highest calling is freedom.

It is not a coincidence that America's trade deficit with Communist China has ballooned since China entered the World Trade Organization in 2001. The trade deficit for 2010 with China and the United States alone stood at \$253 billion—a quarter of a trillion dollars.

Since 2001, jobs in our country in manufacturing decreased by 25 percent. And according to the U.S. Department of Commerce, for every billion dollars of trade deficit we maintain, 5,405 American jobs are lost. This means in 2010 alone, over 1,400,000 more jobs were lost in our country attributable just to our trade deficit with China. This is a major factor in the weakness that our economy is suffering.

China consistently disregards international trade laws. She manipulates her currency, and she does nothing to protect American intellectual property. In fact, of all of the products seized at the U.S. border for infringement of intellectual property rights in 2009, 79 percent were from China.

Communist China's illegal subsidies and no-interest loans to Chinese companies have put American firms at a serious competitive disadvantage. In fact, there's a new 15-year tax holiday for solar companies. And a major firm in Massachusetts just announced it's closing its doors and going to China.

Dumping of products like steel pipes cripple the American steel industry. And earlier today, the White House announced China will purchase 200 Boeing aircraft. Isn't that convenient. A few airplanes. It's great to hear, but positive press releases for one-time purchases will do nothing to erase the \$253 billion deficit that grows with China every year.

Holding China accountable and creating an environment where Communist China's best interest is to follow international trade laws, to protect intellectual property rights, to stop illegal subsidies and no-interest loans to Chinese companies, and to further work to create a level playing field for all is in the hands of the Obama administration, the new majority in this House, and our colleagues in the Senate.

Congress and the administration must stand up most importantly for freedom and the rule of law. For American businesses and our workers and our economy to prosper, we have to hold Communist China accountable to the Golden Rule. And that means reciprocity, not Market Leninism.

## WATER, WATER EVERYWHERE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. MCCLINTOCK) is recognized for 5 minutes.

Mr. MCCLINTOCK. Mr. Speaker, the Department of the Interior issued an announcement yesterday that perfectly illustrates the irrationality of our current approach to water issues.

California's precipitation this season has gone off the charts. Statewide, snow water content is 198 percent of normal. The all-important northern Sierra snowpack is 174 percent of normal. This is not only a wet year, it is one of the wettest years on record.

Yet yesterday, we have this announcement from the Department of the Interior that despite a nearly unprecedented abundance of water, the Bureau of Reclamation will only guarantee delivery of 45 percent of the central valley of California's contracted water supply south of the Delta. This is the same percentage they received last year that had barely average rainfall.

This is of crucial importance to the entire Nation since the central valley of California is one of the largest producers of our Nation's food supply. California produces half of the U.S. grown fruits and nuts and vegetables on the Nation's grocery shelves, and the prices you pay are directly affected by the California harvest.

The deliberate decision by this administration in 2009 and 2010 to divert hundreds of billions of gallons of water away from the central valley destroyed a quarter million acres of the most productive farmland in America, it threw tens of thousands of families into unemployment, and it affected grocery prices across the country.

At the time the administration blamed a mild drought but never explained why a drought justified their decision to pour 200 billion gallons of water that we did have directly into the Pacific Ocean. In a rational world, a drought means that you are more careful not to waste the water that you have.

Of course, the real reason for this irrational policy is that they were indulging the environmental left's pet cause, a 3-inch minnow called the Delta Smelt. Diverting precious water to the Delta Smelt habitat was considered more important than producing the food that feeds the country and preserving the jobs that produce the food.

But that issue is now moot. This year we have nearly twice the normal water supply at this point in the season, and yet the Department of the Interior will allow less than half of the normal water deliveries to California's central valley agriculture south of the Delta.

The difference comes to 1.1 million acre-feet of water.

Now, consider this. Since December 1, the Central Valley Project has released 1.4 million acre-feet more water into the Pacific Ocean than they did just last year. Let me repeat that. At the same time this administration is

denying California central valley agriculture 1.1 million acre-feet of their rightfully contracted water during one of the wettest years on record, it is dumping 1.4 million acre-feet of additional water into the Pacific Ocean. Mr. Speaker, this is insane.

Coleridge's lament, "Water, water everywhere but not a drop to drink," appears to have become the policy of this administration.

□ 1900

The American people did not invest billions of dollars into Federal water projects so that water can be dumped into the ocean to please environmental extremists. This policy may have been cheered by the previous Congress, but it won't be tolerated by the new majority, nor by the American people.

There was a time when the principal objective of Federal water policy was to assure an abundance of water to support a growing population and a flourishing economy. But in recent years, a radical and retrograde ideology took root in our public policy that abandoned abundance as the object of our water policy and replaced it with the government rationing of government-created shortages. I cannot imagine a more disturbing example of this ideology at work than the announcement yesterday by the Department of the Interior. Even faced with a super-abundance of water, they are determined to create and then to ration water shortages. The American people expect better and they deserve better.

They deserve a government dedicated to restoring jobs, and prosperity, and abundance, all of which is well within our reach if we will simply reverse the folly that was on full display with yesterday's announcement. Ironically, this announcement came on the same day that the President ordered his agencies to identify regulatory policies that are harming the economy. Mr. Speaker, it appears the Department of the Interior missed that memo.

#### CONFRONTING REALITIES WITH CHINA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Nebraska (Mr. FORTENBERRY) is recognized for 5 minutes.

Mr. FORTENBERRY. Mr. Speaker, at the outset let me stress the importance of managing our complex relationship with China in a manner that honors the transcendent principles that define America's national purpose and our identity.

Tonight, President Obama, perhaps as we speak, and President Hu Jintao will toast one another just blocks from here at the White House at an official State dinner. While appropriate for heads of State, we must remember that untold thousands in China continue to suffer horrific tortures for exercising their right to self-expression. Beijing's ruthless treatment of democracy activ-

ists and their families, Internet freedom advocates, religious minorities, and women and families victimized by a callous policy of coerced abortion and forced sterilization must continue to make us uncomfortable even as dinner is served.

Nobel Prize winner Liu Xiaobo, whose photo is right here, languishes in prison right now as his wife and family members remain under house arrest. And how many more people suffer in silence, people who have disappeared into the vast network of gulags that no human being, much less any animal, should ever have to see or experience?

Mr. Speaker, we must continue to press these points to remain deserving of our own identity as a Nation founded on freedom of religion, a Nation that embraces freedom of speech and justice, and free and fair commerce as worthy foundations for prosperity in future generations. Our China policy should reflect these transcendent and universal principles.

On the economic front, nearly \$2 trillion of debt and a bilateral trade deficit approaching \$300 billion also impose weighty concerns. We must challenge China to abandon its embrace of unbridled mercantilism, which manifests itself in massive subsidies and other trade-distorting practices that contribute to this staggering imbalance. China must know that global responsibility and accountability are inseparable.

We must, Mr. Speaker, also look ourselves in the eye and order our own fiscal affairs, revise stagnant manufacturing industries, refurbish our industrial base, and take responsibility for our economic future. We need to look closely at our willingness to place profit over principle, and to point the finger of blame at China while perpetuating our own economic dysfunction.

With regard to the future of civilization itself, China is modernizing its nuclear arsenal. China is giving cover to North Korea's nuclear program. China trades with Iran. And China has controversial plans to break with international precedent and build nuclear reactors in Pakistan. Just last week, in a show of its ever expanding projection of power, China tested a new Stealth fighter aircraft. What kind of world are our children and our allies in the Pacific standing to inherit? Neither the United States nor China can afford to allow six decades of peace and security to slip through our fingers.

Mr. Speaker, do I want a good relationship with China? Yes, absolutely. But we have a responsibility to work together to shape our complex relationship with that country, to seek meaningful progress on the tough issues, to acknowledge the positive elements of China's extraordinary culture and past civilization. However, we must do so without shrinking from challenging outright affronts to our principles and whitewashing threats to international security.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. PENCE) is recognized for 5 minutes.

(Mr. PENCE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### THE REPEAL OF HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Vermont (Mr. WELCH) is recognized for 60 minutes as the designee of the minority leader.

Mr. WELCH. Mr. Speaker, we appreciate the time for this Special Order of 1 hour to discuss the repeal of health care. And this legislation which passed today is the triumph of the Republican victory in the elections. And the Republicans ran on a campaign platform of repealing ObamaCare, as it was called and vilified, and today accomplished that goal.

ObamaCare became a vilification of health care, really a caricature of what was in the bill. It became a million different bad things to a million different people. But the moment the campaign is over and the partisan political points have been put on the board, each of us who has been elected, Republican or Democrat, has the responsibility to use our office to make pragmatic progress for the American people.

And the purpose of our Special Order tonight is to explain in concrete detail what the American people lost and will lose if the repeal is ultimately successful. We have a number of my colleagues here to join us. And to start it off for us is one of the senior members of the Energy and Commerce Committee, a leader in health care reform and elements of the health care reform that have broad bipartisan support, Representative ESHOO from California. I yield her such time as she may consume.

Ms. ESHOO. I thank my colleague for organizing this evening. And I rise to talk to whomever is tuned in this evening to tell some stories. I think stories are really what relate more than anything else to what is going on in the lives of our constituents and the American people.

I want to take people back several years. It was 1996. I was a fairly new member of the Energy and Commerce Committee. And after having had meetings in my district with people in the disabled community, I learned something that I didn't know, and I shared it with many other Members of Congress. They were not aware of it. I don't think the general public was aware of it. And it was the following. And that is that buried in the fine print of insurance policies, in this case health insurance policies, was a cap on lifetime limits of benefits.

Now, that doesn't sound too menacing to begin with. But just think if any one of us, God forbid, were in a horrible automobile accident. We have

seen what has happened to our colleague in Tucson, and the bills that are attendant to that kind of high-end of health care.

□ 1910

Certainly people in the disabled community understood this very well. So the more I probed, the more I learned.

Meanwhile, the actor, wonderful, optimistic and superb actor, Christopher Reeve, had endured a terrible, terrible accident as an equestrian. I think everyone remembers that; and they remember the courageous battle that he waged, not only for more research to be invested in our country, but the hope that stem cell research held. But he also understood this whole issue of limits in an insurance policy on total benefits that would be paid for by the insurance company.

And so it was at that time, 1996, that I introduced legislation to lift the lifetime limit on the caps, on the ceiling in health insurance policies. That effort has been going on since 1996. In 2010, the Democrats saw fit to place that legislation into the health reform bill that has become law.

So today, the law of the land right now, January 19, 2011, at 7:10 p.m. eastern standard time, no one has a limit on their benefits in their life insurance policies. So if someone is in a terrible accident, that won't be held against them. If someone has a chronic illness, a chronic illness with cancer, with whatever one might name, that will not be held against them.

I tell this story because we have heard some tall tales, some tall tales about what the health care legislation, now the law, contained. More than anything else, what the legislation is about is addressing what happens to people in their day-to-day lives, the stories that our constituents have told us.

I want to tell you another story. This is from Elaine from the town of Los Altos, California, in my district. This is what she wrote to me: "This is the first time I have ever written to any government representative on any topic in my 50 years of existence." Elaine was diagnosed with breast cancer in 2006. It's a disease that we are all, all too familiar with. One in eight women will develop breast cancer in her lifetime.

Elaine wrote: "Normally, when I feel that a service provider is price gouging or in any way treating me unfairly, I take my business elsewhere. This is what I did with my auto insurance, and this is how market forces are supposed to work."

But Elaine couldn't do that because so few insurers would even take her. Most of them would not go near her.

The health insurance market, in my view, in so many of my constituents' view, has really failed our country.

We believe in markets. We believe in strong markets. We believe in competitive markets, but we don't believe that a market should be part of crushing

human beings in terms of the rules that they write.

Elaine saw her rates increase by 94 percent over a 13-month period.

Let me repeat this: Elaine saw her rates increase by 94 percent over a 13-month period.

What Member of Congress can endure this?

And I have to say that those that have fought the hardest against this bill, now the law, are taking their health care coverage from the government as a government employee.

Now, I am proud to be part of my government. I will never run away from that. I am proud of what I do. I am proud of my profession. I always want to be uplifting to it. But I don't think that there is room for hypocrisy in this. These are great needs. Yes, Members of Congress have insurance coverage. And the way that we designed the bill was so that the American people could get what we have, to get what we have.

Look and listen to what Elaine is saying. Elaine's gross income increased only 4 percent as her insurance rates increased by 94 percent over a 13-month period. I don't think that this is sustainable, not for any working person in this country, not for any community and certainly not for our Nation and our national economy.

Health care represents a major sector of our national economy, and if we don't do something, as we did, about the rising, spiraling costs and the effect that it has on families and individuals, it will really tear them apart and bring them to their knees financially. So I am very proud of the vote that I cast on behalf of my constituents.

Was the bill complicated? Absolutely. For those that say it was a long bill, they have voted for plenty of trade bills around here, and the trade bills are 4,000 pages. I wonder if they have read that.

But this one, this one lands in the middle of a family so that they don't have the panic at night or the cap on the benefits if they are in a terrible accident, like Christopher Reeve, God rest his soul, or Elaine, in my district, that told her story to me.

Elaine's health is not a commodity that can be bought or sold on the open market. She doesn't have the option to go without health insurance if prices get too high. For Elaine, this is an issue of life or death.

So today I found it to be a rather sad day that any Member of Congress would stand on this floor and, with a sense of glee, say we are going to repeal the progress that America made.

For the first time in the history of our country, the Congress passed comprehensive health reform for every single American. That, to me, is a great source of pride. I think it is to Elaine; and I think if Christopher Reeve were here, he would say "bravo" as well.

So thank you to my colleague, Mr. WELCH, to all of my colleagues that care so much about this that have

worked so hard on it and will work to defend this. This is for the American people. I think that they deserve to be rewarded.

They work hard; they play by the rules. No one should be crushed by unfair rules.

Mr. WELCH. I thank the gentlewoman from California.

The story that Congresswoman ESHOO told is making very real what the consequences are of taking away from families benefits that they have and now depend on.

Just a quick story about Vermont, to make it, again, real. A woman by the name of Donna, from Plainfield, Vermont, a hard-working person, she and her husband both work. Their young son graduated from school, got an entry-level job that paid \$8 or \$9 an hour. And as the case with most entry-level jobs, it came without health care.

That child was no longer eligible to stay on his parents' policy, and they were doing all they could to pay their bills. Health care is expensive. They couldn't afford to buy a separate policy for their son. And most of the time that works out, but sometimes it doesn't, and it didn't in this case.

Their son had a car accident, \$20,000 in medical bills. They are still paying those bills off.

When we passed the health care bill that included the provision that sons and daughters who were starting out in life, taking that first job, usually without health care, but learning job skills, fiscal discipline, personal responsibility, the worst, the bill we passed allowed those kids to stay on our policies until age 26.

□ 1920

It makes an enormous amount of sense in the peace of mind it provided. That assurance to Donna relieved her, her husband, and their son of all this anxiety about whether they'd have the health care they needed in the event of an accident. The action today by this Congress led by the new majority takes away from Donna, her husband, and their son their access to affordable health care. It didn't need to be done. And the question I think all of us have to ask is why?

There are elements of the health care bill that are imperfect. Let's improve them. There are elements that are very controversial. The individual mandate is controversial, and we have to acknowledge it. I supported it, and I'll tell you why. I believe that if everybody is going to have access to health care, and the vast majority of this country believe that's the case, then all of us should share in the responsibility of paying for it, on the ability to pay. That's why I supported the individual mandate, because folks who don't have insurance don't go forever without having the need for health care services. And most States are like Vermont. If somebody gets hit by a truck, the rescue squad shows up, and they take that person to the hospital.

The hospital may inquire about insurance, but they don't condition providing full and extensive care on whether that person has insurance or doesn't. And that cost gets shifted on to the taxpayer. That cost gets shifted on to those who do have insurance in the form of higher premiums. So this is real what happened. The consequences to families are real.

I would like to yield to the Member from New York, also a leader on health care, Congresswoman CLARKE. Thank you for joining us tonight.

Ms. CLARKE of New York. Thank you, PETER WELCH.

Mr. Speaker, I just find it so interesting that here we are in the new 112th Congress and in the wealthiest Nation on the planet where nearly 50 million Americans still lack health care insurance, 13.5 percent of which are New Yorkers. Last year alone, New York City's hospitals spent \$1.2 billion in charity cost. You see, in a city like New York, we're going to make sure that at the moment that people are most vulnerable, in an emergency, they're able to receive health care. But it has cost us \$1.2 billion in charity costs.

Tragically, people who are either uninsured or underinsured often have to go without the vital health care services they need simply because they can't afford it. Every American has a human right to adequate physical and mental health care, and I believe that government has a responsibility to assist its citizens in securing quality health care. That's why I've been such a fervent supporter of the Patient Protection and Affordable Care Act which passed the 111th Congress, because it does just that. It ensures that Americans have access to quality health care, and it makes sure that we begin an enlightened process of preventive care, which is the least expensive way of our being able to meet our health care needs.

Repealing this bill would mean that insurance companies will, once again, be able to drop coverage for people when they are ill, exactly when they need that coverage the most. It will mean that kids with preexisting conditions will be denied coverage once again. It will mean that insurance companies would again be able to impose devastating annual and lifetime caps. And it would mean that young people will no longer be able to stay on their parents' plan until the age of 26. It would mean that pregnant women would be denied coverage simply because they are pregnant, since pregnancy is considered a preexisting condition and therefore a basis for denial of coverage. And finally, our seniors, who face an increase in their prescription drug costs because they would be thrown back into the Medicare part D doughnut hole which the health care reform law would close by 2020.

With all that has been discussed about the virtues of health care reform, all that has already been imple-

mented as a part of the health care packages of constituents in my district, people are recognizing how earthshaking and groundbreaking this legislation has been.

I would like to share with you a letter that I received from one of my constituents in the 11th Congressional District. His name is Jonathan. He says, Congresswoman CLARKE, I am a two-time cancer survivor. I'm constantly worrying about being denied coverage because of my preexisting condition. I'm not comfortable that corporations under the old rules would have considered me unprofitable. I think it's a disgrace that this problem has existed in our country. I for one will move to Canada or elsewhere if health care reform is repealed and if I ever have a recurrence of my cancer. Meanwhile I think it's every American's responsibility not to allow other people with preexisting conditions to be denied coverage.

You see, Jonathan is not just thinking about himself. He recognizes that like himself there are millions of Americans across this country who may not have options of mobility to leave the country to seek health care but who need this legislation to go into full effect. And that's what we are here discussing today, the essence of what this legislation means for Americans across this Nation.

One thing about health care insurance, you often don't know what you need until you need it. And because there are individuals in our civil society, and many have referred to them as the invincibles, young people who are young, vital, physically fit, one tends to look after their health care after the fact. Well, we want to do a paradigm shift in this Nation where it brings down the cost of health care insurance. That means that every year we go through an annual physical. We know how our body is operating, and we are clear on that. And if by chance we develop a need or we're in a catastrophic accident of some sort, we have the coverage that will not allow us to go into bankruptcy. That's all that any family can truly ask for. And that's what we congratulate the last Congress on accomplishing.

What was displayed here today really was not forward leaning or forward thinking. It's our hope that the Senate won't even take this up because right now we're hearing from seniors who are saying, already we are looking forward to the support we can get for the prescription drugs that we need to address our chronic disease.

So as Jonathan noted in his letter to me, this repeal would once again allow big insurance companies who are only focused on profitability to deny coverage to him and so many others with preexisting conditions. I don't think we're going to allow Jonathan to be punished and denied coverage simply because he's a cancer survivor, and that's what repealing this health care law would do.

So I want to thank my colleagues for promoting this Special Order today and making sure that our voices are heard and the voices of our constituents are heard, who are really in favor of this legislation, this law of the land, actually, going into full maturity. Because as this law matures, more and more Americans will be covered, their families will be more secure, and we will be all the more healthier for it as a civil society.

I want to thank the gentleman from Vermont, PETER WELCH, for anchoring this Special Order this evening.

Mr. WELCH. I want to thank the member from New York. You talked very eloquently about preexisting conditions. And who of us doesn't have one? There was an article in The Washington Post today that said about 65 percent of Americans have preexisting conditions. So if the insurance companies are able to deny people coverage on that basis, it's a tremendous business model for them. They insure folks who are healthy, that's great for the shareholders, but it doesn't do much for most of us, the majority of Americans who have a preexisting condition. So thank you for focusing on that real provision in the bill.

I'm going to yield in a moment to the Member from Maryland. We have a number of Members here, so maybe we can be interactive.

□ 1930

But one of the things that I was going to ask you was on this question of preventive care. When we were considering this bill, I called Tom Huebner, who is the administrator of a local hospital, Rutland Regional Medical Center; and he had a lot of reservations about the health care bill, whether on balance it was good or bad. He decided on balance that it was good.

But one of the things that he said very specifically was that the free preventive care for seniors is absolutely essential. It was essential for their good health, and it was essential for bending the cost curve because folks do not come in if they don't have the way to pay for it. That was him talking to me telling me about the Rutland population. Whatever your remarks are, Member from Maryland, I am wondering if that is consistent with the experiences you have had in your district.

Ms. EDWARDS. Well, I thank the gentleman. I think that is right. You look at so many things that can be prevented if only people were able to get their preventive care.

Today what we did in this House, what the majority did in this House, is so sad, taking away the ability of senior citizens to go in for an annual checkup and make that early discovery and diagnosis of diabetes or hypertension or any of the markers for those chronic illnesses that if treated early can actually save all of us a lot of money, all of those seniors a lot of grief, and really be good for the system.

And so when I think about what we did today, I think of the millions of Americans all across this country who every day are discovering a new benefit that is now available to them because of the new health care law.

I think it is important for us to remind the American public that the Affordable Care Act isn't a bill, it isn't an idea, it is not a proposal. It is the law. Today the law is that if you are up to age 26 that you can stay on your parents' health insurance plan. The law of the land today is that if you are a senior and you are paying out-of-pocket costs to the thousands of dollars for your prescription drugs, those drugs that fall in that prescription drug doughnut hole, you will receive a 50 percent discount on those drugs.

The law of the land is that you can't be excluded from preexisting conditions. Now, the gentleman from Vermont talked about preexisting conditions, as did the gentlewoman from California. It is so simple. It is true, almost not a one of us is without a preexisting condition. Well, the law of the land, despite the sadness of what happened in this House today, is if you have a preexisting condition and you are under age 18, that you will actually be able to receive health care insurance for that. And as we go through implementation, that you will be able to, whatever your age and preexisting condition, you will not be excluded from receiving your health care.

The law of the land today is that small businesses receive a tax credit for providing health care to their employees—35 percent last year when the law was started, 50 percent this year. That's the law of the land.

And so I am glad to be here with our colleagues. I don't want to overplay the sadness that happened in this House today because there was a lot of business about taking care of campaign promises and meeting artificial goals. But the fact is that last year we passed the health care law. It is being implemented right now, and that's the law of the land. And thank goodness for the millions of people all across this country who have the security in knowing that not only do they have access to quality, affordable health care, but that that applies all across this country.

Mr. WEINER. Will the gentlelady yield on that point?

Ms. EDWARDS. I will.

Mr. WEINER. If I can just point out something, a lot of people look at this through the lens of their personal experience. Perhaps people watching this say, You know what, I have health insurance, I like my health insurance and I don't have a preexisting condition. Why should I really care about those who do?

Well, I think you understand this, but I think many of our Republican colleagues don't. We wind up paying as citizens one way or the other. You know, we had awhile ago this H1N1 flu outbreak. Now, if someone has a choice

and health insurance coverage that allows them to get a regular checkup and get doctor's screenings and get medications and given an idea what they should do to treat that, is it better or worse if they don't have insurance and they get on the bus in the morning and they wind up in a hospital emergency room and take you and your kids with them?

The fact is it is not whether we are going to pay for health care; it is how we do it most efficiently. My Republican colleagues don't seem to understand this very basic idea that they talk about we should have choice. Nobody chooses to be born with cystic fibrosis. No one chooses to have a child that is born with asthma.

I don't care how much you believe in the free market, when God strikes you with those afflictions and you need care, the only question then becomes how do we provide the care that is most efficient. Right now if people don't have insurance and they fall down or they get hit by a bus, God forbid, and they don't have the ability to pay, it is not as if there is some magical force out there that absorbs those costs.

We wind up paying it. Everyone who has a health insurance policy winds up paying it. We in New York, and Congresswoman CLARKE made the point about New York, we pay \$8 billion in additional taxes. So it is just a matter of how we do it, and it comes down to a very simple idea: it is less expensive to give people a subsidy so they can buy insurance than it is to pay for them in emergency rooms. It is cheaper that way.

So it is just a matter of how we choose to do it, and I think when you point out the fairness and the decency as Americans that we have when we provide the care, it is also doing a favor for everyone who has insurance, and every taxpayer in this country.

So even if you don't buy into the idea that we should be altruistic, and we fundamentally believe, and I believe this is a fundamental difference between the parties, we don't believe you can get too far ahead as a country when you have so many, 30-some-odd million people without health insurance. We don't believe you fundamentally can. There are more people taking time off from work. Every single product we buy has more cost because of our health care failures. That is the difference between Republicans and Democrats. We believe those things out of a sense of compassion.

But even if you just look at the economic bottom line, you should want to provide people with preventive care. It makes the most sense. It saves us money. It saves every American who has insurance money, and I want to thank you for pointing those things out.

Ms. EDWARDS. I thank the gentleman. I am going to finish up because we have other Members who want to speak on this really important issue.

I want to say in closing, today I began with a story of a young woman who is very close to me. Her name is Annie. She is such a delight. Well, in the spring she was diagnosed with leukemia. She will be 28 years old in February. When she was diagnosed, she had health insurance; but what she realized and her family realized right away was very quickly, as she was approaching trying to get a bone marrow transplant and all of the attendant costs that are associated with that, that without the change that we made in the health care law, maybe her parents would have to give up their retirement fund; maybe they would have to sacrifice their home because they wanted to save their daughters' life because she would have bumped up against those lifetime limits.

And so what we did in the 111th Congress in passing a health care law is we said to young people like 28-year-old Annie that we are committed to making sure that she has the ability to take care of her health and to save her life. That is what this is about. It is about real people. It is about their lives, and it is about our obligation that we have to one another.

I thank the gentleman for organizing this Special Order this evening.

Mr. WELCH. I thank the gentleman from Maryland.

In order that we can allow all Members to speak, I am going to yield to my colleague from Texas; but if there are any inquiries by Members who are present and want to engage in a dialogue, I encourage you to do that.

Ms. JACKSON LEE of Texas. I thank the gentleman from Vermont, and I am just very pleased to have heard my good friends from New York, Ms. CLARKE and Mr. WEINER, and my good friend from Maryland. I hope this is a comforting Special Order because even as we speak, I think it is enormously important because people look at this because they saw a debate and they saw a vote, and now we are here on the floor of the House. I want them to know this bill is the law of the land. What we are trying to explain to them is the potential devastation of that bill being repealed.

The good news is that this was a payback to those who voted for my good friends on the other side of the aisle, Republicans, and we understand that. But lives are involved. To the distinguished gentleman from Vermont, lives are actually involved. I just have a few points that I want to characterize this debate as and to give people comfort that we are still fighting for this law. This law is in place.

□ 1940

Right now, the elimination of lifetime caps: you can still use this bill.

The idea that seniors, some 40 million of them, beginning in January 2011 will begin receiving savings on preventative care services: you can still use this. This is very important, the 50 percent discount. If anybody had an

earful from the seniors, it was the doughnut hole. At every senior citizen center you go to, they're talking about the choices I have to make between food and rent and prescription drugs. I want them to know the law is still in place.

I know there was a debate on the floor of the House. I know there was a vote, but it should be well known that Democrats put up an able fight. More importantly, we know that our President will be working to preserve the law that exists. That's very important.

In having listened to a gentleman by the name of Ed, first name Ed, who has a chronic disease—hemophilia—he told a very important story of how he and his brother grew up with that and how he lives well today because of the fact that we have passed the elimination of lifetime caps. So he can be treated. He can work. He has insurance.

That is why when people ask, How does this impact me? Those of you who have insurance, we are not taking it away from you; but I assure you you have lifetime caps.

What about the young woman and her son who came to my town hall meeting who said, in tears, Congresswoman SHEILA—whatever they call me—we had insurance. We went to a doctor for a physical for my son who had to get a physical to get into school—every child has to get a physical at the beginning of the school year—and the doctor turned me away and said, Your insurance only covers emergency room.

We won't have that kind of half-baked insurance anymore.

So I quickly want to do this, Mr. WELCH. There was a big discussion about the constitutionality of this bill, and I got into another big discussion with one of our wonderful pundits who wanted to argue about whether someone would die without this health insurance.

This is a Medicare patient, or someone who is using Medicare. It indicates that she spent the week of New Year's of 2008 in an emergency room, and then was confined to her home for weeks because she developed pneumonia. She says she had never been so sick in her life. The good news was, in 2008, she had a government-run health care provision, a Medicare program, that allowed her to discover her sickness and to be treated.

Her very words: For a time, I was so sick I was afraid I was going to die. Then I was so sick I was afraid I wouldn't, and I was miserable.

The real question is: even though she is a senior, this government-run program allowed her to get care, and she didn't die. Sometimes walking pneumonia, as everyone knows, is not anything to play around with.

Why are my friends on the other side of the aisle complaining about a government-run program? This program has not been ruled unconstitutional, and it has been in place since 1965. So when they make the argument and it

frightens our seniors who are listening and they're saying, This vote, do we not have it? You have Medicare. We are enhancing Medicare. We are making it solvent. 2037. This is what this bill will do for you.

Then let me just conclude with this. This is probably not readable, but this is my State celebrating the bill. This is the Texas Department of Insurance that has just put out a report celebrating all of the provisions of this bill that will help the millions of uninsured. You all know that Texas has the highest number of uninsured in the Nation. We are obviously a growing State with the highest number. This is not a Democratic Texas Department of Insurance. I only say that to say other States are doing the same. Moneys are now flowing to States to ease the burden of health care.

So I don't know what my friends on the other side of the aisle are doing when States are receiving money now, when people have no more lifetime caps, when young people can be on their parents' insurance because of the issue of being 26 years old.

Then there is this legal argument—and this is the conclusion. I carry this book around. The commerce clause has covered our health bills or a number of Federal provisions that we have used, and we have not seen them overturned, and we haven't seen Medicare overturned.

Yet there is another element that, I think, raises a question for my colleagues, and I hope that those who are now in the courts on this bill—and it is the courts that make the determination of the constitutionality, not this Congress, not people who are responding to a campaign or to promises they made. I think they'd have to look at the question of the 14th Amendment and the equal protection of the law.

Does that mean that those who can only pay a certain amount and get low-caliber insurance should be taken advantage of, or does it mean that small businesses that would like to provide insurance for their employees don't have a right to some form of equal protection of the law?

We thought about that. That's what this bill does. It helps to equalize access to quality health care, and the Fifth Amendment clearly states that no one can deprive you of life or liberty or property.

So there are a lot of provisions that, I think, are meritorious in any argument to suggest that this is an unconstitutional act that we did. We equalized the playing field as opposed to depriving people of the equal playing field.

I thank the gentleman for having this. There are a whole bunch of items that we can comment on. Every State is benefiting. Every district is benefiting. I don't know how my friends could vote against actual direct benefits when the people in their States are jumping for joy.

This bill is in place, and it is the law of the land. Let it be very clear: it is the law of the land.

Mr. WELCH. I thank the gentlelady.

The example you gave is of Texas, which is where the authorities who have responsibility for health care are pushing ahead to take advantage of the provisions that will allow them to do their jobs better even as we are having this debate about repealing and unwinding, but not replacing.

I mean, the point is that, if you want to improve something, you know, that's our job. Let's do it. There are provisions that all of us who supported this bill know could be improved; but we are hearing now real-world stories about things that are working really well, and we want to keep them.

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

The SPEAKER pro tempore. The gentleman has 19 minutes remaining.

Mr. WELCH. I am going to yield to the gentleman from Connecticut, who has played a major role, especially in making fair the financing of this health care and not doubly taxing folks who are getting employer-sponsored health care benefits, and also for his tremendous work for seniors.

The gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Thank you, Mr. WELCH.

In actually following the Congresswoman's comments about Texas' participation in various parts of the program, I wanted to focus for a minute on one of the really strong pro-employer provisions of this bill.

We heard a lot of talk on the floor today about job-killing health care laws. I mean, the fact of the matter is, since President Obama signed the measure into law in March, over 1 million private sector jobs have been created in this country. I would contrast that to the day he was sworn into office, January of 2009, when the U.S. economy had lost 800,000 jobs in 1 month alone. So, clearly, you know, on just a simple data basis, this claim really doesn't pass the test of the facts.

One of the pro-employer measures which Texas is now participating in, along with the other 49 States, is a provision called the Early Retiree Reinsurance Program. In 1986, over 60 percent of America's employers had a retiree health insurance plan so that people hitting age 55 or 60 could retire, and their benefits would be extended. In 2009, that number had fallen to below 30 percent.

What this bill did is it created a reinsurance fund, which is like a government backstop for private employment-based health insurance plans, similar to the same type of reinsurance plans that we have for terrorism insurance, flood insurance, and the nuclear energy industry. These are types of property and casualty coverage which would never be written in this country if the government did not act as a backstop. We set up a similar fund and

basically opened the doors to employers across America who had, again, employees who were over age 55.

What have we seen?

Over 4,700 employers have enrolled in this program. Over half of the Fortune 500 companies in America have signed up for this program. I mean, you can just go down the list: GE, General Dynamics, Coca Cola, Pepsi, AT&T, Comcast, Ford, GM, Walgreens. The list goes on and on.

□ 1950

Again, all 50 States have enrolled for their State employee health plans, including States that are suing the Federal Government to try and blow this law to smithereens.

The fact of the matter is is that they're voting with their feet in terms of whether or not this is a good law or not. If this was not a good program, they wouldn't enroll in it. But they understand that stabilizing early retiree health benefits is a way of making sure that people who are 55 years old and are teaching or police officers or working in corporate America are going to retire, and that will create elasticity in the labor market so that young Americans can actually fill those positions. I mean, this is even truer in terms of physical labor occupations. And again, Taft-Hartley plans, laborers, iron workers have all signed up for this reinsurance program, again, as a way of stabilizing 55- to 65-year-old Americans' health benefits and creating more opportunities for younger Americans so that people will follow that natural path of retiring.

When you take that measure and combine it with the small business tax credit—\$40 billion of tax relief for small employers—this is a pro-jobs, pro-employer law. And again, quick example, I was at a roundtable on health care in my district. There was a family doctor that was there who was talking about the new Medicare changes and how excited she was about getting tools to better serve her clients. And she said, I'm getting killed on my own employee health plan, it's like \$14,000 a year for four or five employees. And I said, well, did you check out the small business tax credit? She said the small business what? So she went on that tax calculator—it's smallbusinessmajority.org—and called me back a couple of days later. She's going to save \$4,000 on her health insurance premium because of that tax credit.

By passing this law today, the Republican majority raised the taxes of small businesses all across America at exactly the same time that today they are figuring out their tax returns for 2010. I was a small employer before I came to Congress a short time ago. That's what you do in January and February, you start pulling your papers together to do your taxes. And they just voted today to blow up that tax credit to help the real job creators in America's economy.

Ms. JACKSON LEE of Texas. Just a quick point.

Number one is the benefit you just mentioned in a State like Texas, this retiree program. And we have a very quixotic or very complicated retirement program for teachers. And I will just say in closing, State legislators are beginning to go back to their capitals to try and understand how they're going to face these enormous deficits. I can't understand why we are burdening now States, by this vote, with extra responsibilities when they are all in crisis. The bill we have saves jobs, creates jobs, and provides benefits for people who need it and States who are in trouble.

Mr. COURTNEY. And quickly to conclude, I'm glad you mentioned teachers because as we now begin a great debate in our country about trying to reform America's schools, the one thing I think everybody agrees is getting young teachers who understand technology, who are enthusiastic, that young students can identify with a little better than some of the older teachers that are in the classrooms. We want them in the classrooms. But older teachers who are afraid that they're going to lose their benefits if they retire are going to continue to work for their benefits. And this fund, this reinsurance fund is a way of trying to loosen the labor market and get new blood in occupations all across our economy.

Thank you, Mr. WELCH, for your great presentation.

Mr. WELCH. I thank the gentleman from Connecticut. And as I listen, it's a good news/bad news story. The good news is businesses, large businesses and small, that have fiduciary responsibility to their shareholders and to their employees have sharp pencils and figure out what makes the most sense for them, and they're signing up for this. So that's an indication that they've kicked the tires and come to the conclusion that this is good for business.

The bad news is, we apparently have done a pretty lousy job explaining this to the American people, and it has gotten obscured with the epithet of "ObamaCare." But when you peel away the specifics of this—and then you provided evidence that businesses that have to make a hard-nose decision, this ain't about doing a "good thing" or they want to do the right thing for their company, but they've decided this is the prudent fiscal thing. So I thank you.

I yield to the gentleman from Virginia, senior member of the Appropriations Committee and one of the Members who is always a voice of conviction and conscience in this institution, Mr. MORAN.

Mr. MORAN. I thank my very good friend from Vermont for yielding to me, and I thank my colleagues for participating in this discussion.

There are so many things that are hard to understand with regard to what occurred today. One is that the new



Republican majority tells us that jobs is their first priority. This will generate about 4 million jobs around the country we're told—and we can identify where they occur. And so we won't create those jobs, particularly in the health care professions.

We are told that another high priority of course is to reduce the budget deficit. The nonpartisan Congressional Budget Office tells us that this will save more than \$1 trillion through an emphasis on preventive care, by getting people out of the most expensive emergency care and into doctors' offices, and much more efficient delivery of care. But nevertheless, we won't save that money, and we won't create those jobs.

One of the fascinating things is that I'm told by many of my friends on the Republican side that they actually agree to eliminating the insurance companies' ability to deny people due to preexisting conditions, it's just that they're opposed to the individual mandate because it's unconstitutional. The fact is you can't have one without the other.

Imagine how our car insurance system would work. You have to have car insurance, but there's no mandate. So just wait until you get into a crash, then go to the hospital, go to your insurance company, they're going to have to pay it up. I guess they think that's the way the health insurance system would work—wait until you get sick, wait until you have an accident, go to your insurance company, get your insurance coverage, they'll pay for it. Obviously they won't pay for it because every insurance company would go out of business. And so if you had preexisting conditions without an individual mandate, then it's the Federal Government that would have to provide health care to everyone when they got sick or when they had an accident because certainly no private insurance company would ever think of putting themselves in that position. So you can't have one without the other. It doesn't make sense.

But to my very good friend from Vermont who gave us the opportunity to share a few comments tonight after this historic vote, the thing that troubles me the most that I can't get my mind around is that before we took that vote to repeal health care reform every single Republican Member of this Congress voted to say I want my Federal employees health benefits plan, I want my insurance coverage, and then they went ahead and every single one of them voted against providing the same sort of coverage to their constituents. That's what the recommitment was. I don't know how many of them read it—they're always complaining, well, we didn't have a chance to read it. Well, it was as simple as could be: If you're going to vote against providing health insurance for your constituents, then don't take it for yourself because it's basically the same plan. But every single one of them, old and new Mem-

bers alike, voted to give themselves that very plan that they then turned around and voted against making available to their constituents. So this may have been one of the most hypocritical days in the history of the United States Congress.

I don't know how they explain it. I don't know how I would explain it if I had to go back home: Sorry about that, I took care of myself in one vote—the very first vote of this brand new Congress—and then I voted to do just the opposite for you in the very next vote. Boy, we're off to a very interesting start.

I thank my friend for giving us the opportunity to share that with the American people.

Mr. WELCH. Well, I thank the gentleman from Virginia.

I yield now to the gentleman from New York (Mr. TONKO), who has been listening to his constituents in the Albany region and hearing from them about prescription drug pricing and how it's too high. He has been bringing practical solutions to Congress to try to help make health care more affordable, the gentleman from New York.

Mr. TONKO. Thank you, Representative WELCH, for bringing to us the kind of focus that we need to have here on this floor. It is a pleasure to join with our colleagues from Virginia and Connecticut and Texas and Vermont, my neighbor to the immediate east. So thank you for your outstanding work in this capacity.

□ 2000

There's nothing more powerful than the faces that put a real life meaning into the work that we've done here.

Let me talk about a constituent, actually a family of constituents from Albany, New York. Ellena Young is a very young mom and has a 1-year-old son, Liev, and she's a three-time cancer survivor. There's a history of cancer in her family. And in the latter half of 2009, her husband, Bill, testified at our health care forum because his wife was having complications with her pregnancy and required bed rest.

Well, as you can imagine with preexisting conditions, she was in and out of insurance coverage and very often was struggling to find ways that they could get the family covered. Her preexisting condition complicated that severely.

The way she found health care coverage was as a Ph.D. student hooking herself and her family to the university plan.

They were thrilled about the news of the pregnancy. She was in remission. They had all of this hope going for them.

She then developed complications with her pregnancy—situations with malnutrition, severe iron deficiency, and, yes, even blood clots—all of which were life threatening.

Well, you talk about the pharmaceutical needs. She was given prescriptions for 10 different medications, all of

which were very important. Representative WELCH, she had to choose five of the 10. She tried to pick the five most important, and even then it was an out-of-pocket expenditure of a thousand dollars a month so that she could stay well and stay alive during this pregnancy. And what made it very difficult, as she was working through all of this, was that because of the complications of this pregnancy, her doctors told her that she would need to undergo a C-section.

So now the family is faced with a decision: Do I quit at school where I was earning an income and keep my coverage, or what is my other choice? Because in order to have the surgery, which was going to save her pregnancy and her life, she had to take time off from school, so fell out of the ranks of the insured.

Now, let me just quote from Ellena. As she and her husband debated applying for more student loans or a new credit card, she had this to say: I needed a procedure to save both my life and the life of my baby, and I was choosing between interest rates.

Is that not a powerful statement?

And this is what this reform is all about and why it is so aggravating to see the repeal voted on here in this Chamber today, because the hope that was brought by our bill applied to a case like that of the Young family is a very, very powerful statement.

The Affordable Care Act bans both annual and lifetime expenditure caps. And that health coverage that is limited annually or lifetime is very disrupting and can deny, when you most need health care, it can deny the coverage.

And so with all of this outcome, here's a real-life example where this family, with their 1-year-old child, had to struggle to find the insurance coverage.

But why are we putting people through this sort of difficulty?

And this is not unusual. It's a powerful story. But there are countless episodes, anecdotes that are brought to everyone's attention on this floor. And we're here to be leaders that provide hope and opportunity for the people that we represent. And then to repeal progress just as it begins to reach the very households that we have addressed across this land is a very sad statement. And we have to continue to work to make certain that the beneficiaries, the millions of people who prospered from this sort of activity, are not let down.

I think this is a very important time in our Nation's history for us to use our resources wisely, to respond to the constituents with compassion, and to understand that these real-life stories are exactly that—real and profound and deep and meaningful. And they ought to help us decipher what the best policies are.

And I really thank Ellena and Bill and Liev for the opportunity to share their story. It's a painful story, and

they're very generous to allow us to share it here on this floor.

And I thank you again for bringing us together.

The preexisting conditions, the annual and lifetime caps, the filling the doughnut hole for our Nation's seniors so that they can, you know, move forward and live comfortably and maybe even save their lives with the appropriate medication and affordability and accessibility, these are all of the dynamics for which we have fought. And it's a shame that they're being taken away or attempted to be taken away at a time when they're just beginning to have their presence felt.

I thank you for bringing us together tonight.

Mr. WELCH. I thank the gentleman, and I thank my colleagues for joining us for this hour tonight.

#### ACCEPTABLE BIGOTRY: PREJUDICE AGAINST THE CHILD IN THE WOMB

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from New Jersey (Mr. SMITH) is recognized for 60 minutes as the designee of the majority leader.

Mr. SMITH of New Jersey. Mr. Speaker, it is my distinct privilege to yield to MARTHA ROBY, a new Member who was just elected. And she's an outstanding pro-life woman, a Member of Congress. And we're just so pleased to have her in the caucus.

Mrs. ROBY. Mr. Speaker, 2 weeks ago I took part in a reading of the U.S. Constitution in this Chamber. It was a fitting tribute to the great social contract between the American people and our government.

The Constitution is an exceptional document, and we have all taken an oath to defend it, and defend it we must. Too often, our Constitution is under attack by the liberal activist movement that seeks to achieve through the courts that which they cannot achieve at the ballot box.

On the front line are the unelected judges that disregard the words and meaning of the Constitution in favor of their own political and social views. They decide cases not on the law and the facts but on the outcome that they alone believe to be the best policy. *Roe v. Wade* is an example of this sort of judicial activism at its worst. Together with other cases, the *Roe* court created a fundamental right to abortion even though a simple reading of the Constitution reveals no such right. As a result, unimaginable harm has occurred.

In the short time that I have talked tonight, another baby has been aborted. That equals one abortion every 2 minutes, 3,300 abortions a day, or 1.2 million abortions a year.

Mr. Speaker, I am unapologetically pro-life. I believe that the miracle of human life begins at conception. I believe that we are fearfully and wonderfully made, "knit together" by God in

our mother's womb. I believe that every American is entitled to basic human rights. And I believe that I have an obligation to do everything I can to fight for the unborn, to prevent taxpayer money from funding abortions, and to protect our democratic system from the encroachment of an all-powerful judiciary.

Let us use this 38th anniversary of *Roe v. Wade* as an occasion to reaffirm our beliefs and redirect ourselves to that cause.

Mr. SMITH of New Jersey. I do thank the gentlelady for her very powerful and eloquent statement in defense of the innocent unborn child.

Mr. Speaker, earlier today, an abortionist in Philadelphia, Dr. Kermit Gosnell, was arrested and charged in the death of a mother and seven babies who were born alive but then killed by severing their spinal cords with a pair of scissors.

□ 2010

According to the CBS TV affiliate in Philadelphia, the district attorney said that in 1 year alone, Dr. Gosnell made approximately \$1.8 million performing abortions.

The abortion industry, Mr. Speaker, is a multibillion dollar business. Planned Parenthood boasts that in 2008 alone, their abortionists killed over 324,000 babies, while raking in approximately \$1 billion in fees and local, State, and Federal Government subsidies. The ugly truth is that abortionists often get filthy rich not by healing or nurturing or curing, but by dismembering and decapitating the fragile bodies of unborn children, by starving the child in the womb with lethal agents like RU486 or by other means of chemical poisoning. The ugly truth is that women are victimized by abortion, wounded and hurt physically, psychologically, and emotionally. Women deserve better than abortion.

The only thing the multibillion dollar abortion industry has produced in America and worldwide is victims, wounded women and over 52 million dead babies in the United States alone since 1973, more than six times the entire population of my home State of New Jersey. The multibillion dollar abortion industry systematically dehumanizes the weakest and most vulnerable among us with catchy slogans, slick advertising, clever marketing, and very aggressive lobbying, particularly here.

They have made the unacceptable—to be prejudiced and bigoted against a child in the womb—acceptable to some. This acceptable bigotry has been promoted for decades, despite breathtaking advances in fetal medicine, including microsurgery, underscoring the fact that an unborn child is a patient in need of care, diagnosis and care, just like anyone else, and despite the amazing window to the womb, ultrasound imaging.

In 1976, Dr. Willard Cates and David Grimes, then with the Centers for Dis-

ease Control in Atlanta, presented a paper to a Planned Parenthood meeting entitled, and I quote this directly, "Abortion as a Treatment for Unintended Pregnancy: The Number Two Sexually Transmitted Disease." These two abortion doctors reduced the child in the womb to a disease, to a parasite, to something that had to be vanquished. As far as I know, no one at Planned Parenthood objected to this dehumanizing language and obvious bigotry towards children.

Mr. Speaker, the evidence of significant harm to women who abort increases each and every year. Abortion hurts women's health and puts future children subsequently born to women who abort at significant risk. At least 102 studies show significant psychological harm, major depression, and elevated suicide risk in women who abort. The *Times* of London reported that senior psychiatrists "say that new evidence has uncovered a clear link between abortion and mental illness in women with no previous history of psychological problems." They found that "women who have had abortions have twice the level of psychological problems and three times the level of depression as women who have given birth or who have never been pregnant."

In 2006, a comprehensive New Zealand study found that almost 80 percent of the 15- to 18-year-olds who had abortions displayed symptoms of major depression as compared to 31 percent of their peers. The study also found that 27 percent of the 21- to 25-year-olds who had abortions had suicidal idealizations compared to 8 percent of those who did not have an abortion.

Abortion isn't safe for subsequent children born to women who have had an abortion. And this fact is so underappreciated in the United States, and really around the world. At least 113 studies show a significant association between abortion and subsequent premature births. One study by researchers Shah and Zoe showed a 36 percent increased risk for preterm births after one abortion, and a staggering 93 percent increased risk after two. Same goes for low birth weight, similar percentages.

So what does this mean for the children? Preterm birth is the leading cause of infant mortality in the industrialized world after congenital anomalies. Preterm infants have a greater risk of suffering chronic lung disease, sensory deficits, cerebral palsy, cognitive impairments, and behavioral problems. Low birth weight is similarly associated with neonatal mortality and morbidity. Abortion causes great harm to children, to mothers.

Dr. Alveda King, niece of the late Dr. Martin Luther King, who we honored just this past Monday, has joined the growing coalition of women who deeply regret their abortions, and are, as they call themselves, Silent No More. Out of deep personal pain and compassion for others, Dr. King, who has had two abortions herself, and the other women of

Silent No More challenge us to respect, protect, and tangibly love both the mother and the child. The women of Silent No More give post-abortive women a safe place to grieve and a road map to reconciliation.

This week, with the full and unequivocal support of Speaker BOEHNER and Majority Leader CANTOR, more than 125 Members and I will introduce the No Taxpayer Funding for Abortion Act, a government-wide prohibition on taxpayer subsidization for abortion and conscience protections with durable remedies.

Abortion is not health care. We know that. And polls show that taxpayers strongly oppose publicly funded abortion, 67 percent, according to a recent university poll. Our new bill is designed to permanently end any U.S. Government financial support for abortion, whether it be direct funding, or by tax credits, or by any other subsidy.

Regarding conscience rights, last year Cathy DeCarlo, a nurse at Mount Sinai Hospital in New York, was compelled, despite her strong moral and religious objections, to assist in a grisly D&E abortion, which has been described by the U.S. Supreme Court as a procedure where the doctors use forceps to literally tear apart the unborn child. The child often feels pain. It's done later in pregnancy. D&E is a gruesome act of child abuse.

Ms. DeCarlo sued, asserting her right to conscience had been violated under existing Federal law, namely, the Church amendment. Her case was dismissed, however, due to the lack of prescribed remedies. The No Taxpayer Funding for Abortion Act protects conscience rights of individuals and institutions, entities as we call them, by empowering the courts with the authority to prevent and redress actual or threatened violations of conscience.

Mr. Speaker, it is my honor to yield to my good friend and colleague DOUG LAMBORN, who has been a great defender of life.

Mr. LAMBORN. Mr. Speaker, I appreciate the leadership of my friend and colleague, Representative CHRIS SMITH of New Jersey. He is such a leader in this vital area of life. All who are pro-life in Congress look up to him.

Mr. Speaker, my heart breaks when I think about the children who are now a part of a missing generation, a generation whose contributions to society we will never fully know, a generation whose lives could have inspired their families, Nation, and world had they been allowed to live. Our society now discriminates against these tiny human beings, who should receive the same protections as other persons.

Not only does abortion strip the world of human lives; it also dramatically affects the lives of mothers, leaving them to deal with the emotional aftermath of this brutal procedure. I commend the work of pregnancy care centers across the country that provide needed services to both mothers and their children.

Today I mourn the over 50 million American lives cut short by abortion since *Roe v. Wade* and pray that God continues to heal those touched by this tragic practice. I will remain steadfast in the fight for the rights and dignity of the unborn. Every human deserves the opportunity to live, and I will always fight to guard the rights of the unborn. I am dedicated to protecting the sanctity of human life, from the unborn to the elderly.

Like a majority in the House today, I made good on a campaign promise and voted to repeal the job-destroying health care law known as ObamaCare. There were many reasons for my vote to repeal, but one of my main reasons was that the bill did not adequately protect life. You will recall President Obama signed a well-intended, but ineffective, executive order stating that no Federal tax dollars could be used for abortions under ObamaCare. We need that commitment written into law. That is what I will fight for.

Tomorrow, the House will vote on a resolution directing the appropriate House committees to start working on legislation to replace ObamaCare with patient-centered commonsense reforms.

□ 2020

Like many Americans, I want to see health care reform that, among other things, includes statutory language prohibiting taxpayer funding of abortions and provides conscience protections for health care providers. During my time in Congress, I have sponsored, cosponsored, or supported many bills related to protecting the unborn, the family and traditional values.

One such bill I supported last Congress was H.R. 227, the Sanctity of Human Life Act, which declares that the right to life guaranteed by the Constitution is vested in each human being and that life begins at conception. I became an original cosponsor of similar legislation, H.R. 212, which was just introduced.

Additionally, I am a member of the Values Action Team and the Pro-Life Caucus. Through these groups I work with my pro-life colleagues in Congress to advance legislation and initiatives that support life and family.

One day in the future, and I don't know soon or how long it may take, I believe with all my heart that this country will have a renewal of respect for life, including for the unborn.

Mr. SMITH of New Jersey. I yield now to the gentlewoman from Ohio, JEAN SCHMIDT. I don't think there has been a single battle on the life issue that she has not been speaking out in front, speaking in defense of the unborn and their mothers.

Mrs. SCHMIDT. Thank you so much for those kind words from my friend from New Jersey.

You know, Mr. Speaker, when we talk about abortion, we think of this as a 40-year-old movement. We think about 1973 and *Roe v. Wade*, and that

that was the catalyst to move this movement forward. We think about people like Barbara and Jack Wilke from Cincinnati, Ohio, pioneers and leaders who actually coined the phrase, right to life.

Mr. Speaker, we forget that this is not a 21st century issue. This is a centuries-old issue.

You know, it was actually the suffragists, those women over 150 years ago, who talked about women's rights, the right to vote, the right to own property, the right to speak, the right to run for public office, who also talked about the right to life.

To these women, the very concept of feminism demanded that the basic human rights be extended to everyone without exception, including the unborn. And feminism meant rejecting the use of force to control or destroy one another, particularly among the most vulnerable and defenseless of the population.

So to suffragists, the act of abortion was much more than harm imposed upon a woman and her child. It was a frontal assault on womanhood and feminism, and an insult to the philosophical underpinnings of their cause.

And how do we know this? Well you know, Mr. Speaker, all we have to do is look at their writings. All we have to do is look at people like Elizabeth Cady Stanton and Susan B. Anthony and "The Revolution." They both wrote extensively about abortion, calling it infanticide and child murder.

Susan B. Anthony also wrote, "Guilty? Yes. No matter the motive, love of ease, or a desire to save from suffering from the unborn innocent, the woman is awfully guilty who commits abortion. It will burden her conscience in life; it will burden her soul in death."

Victoria Woodhull, the first female candidate for President, stated similarly that "Every woman knows that if she were free, she would never bear an unwished for child, nor think of murdering one before its birth."

Sarah Norton, who first challenged Cornell University to admit women, also pondered whether there would ever come a time when "the right of the unborn to be born will not be denied or interfered with."

And Alice Paul. We all remember Alice Paul, the author of the Equal Rights Amendment. Mr. Speaker, it may surprise you. She stated abortion is the ultimate exploitation of women.

You know, I could talk all night about this, but we have women's history month in March, and I hope that I can be invited back again to speak more on the history of women and the human rights pro-life movement, because it's not just about human rights for one individual, it's about human rights for all individuals, the unborn, the born, and the elderly.

So I thank my colleague from New Jersey for hosting this forum tonight. I really appreciate his leadership in the pro-life movement, and we are going to

continue to forge ahead until everyone in America has the right to life.

Mr. SMITH of New Jersey. I thank my friend for her statement and for her leadership.

I yield to TIM HUELSKAMP, who took the baton from JERRY MORAN, who has gone on to the Senate, and thank him for joining us tonight and look forward to his comments.

Mr. HUELSKAMP. Thank you, Congressman. I would like to recognize the longtime efforts of Congressman CHRIS SMITH in defending life. I have watched from afar for many years, and it's a real treasure for the opportunity to speak here tonight and join his efforts and, in my opinion, and in the opinion of many other Americans, one of the greatest, greatest tragedies in the history of our Nation has been the direct death and the direct murder of more than 50 million Americans since 1973. Far too often, too many women, too many families turn to abortion as the only option when they discover they are unexpectedly pregnant.

Situations exist that make the thought of being responsible, perhaps for another life, overwhelming to say the least.

But abortion is not the only option available to these women and to their families. My wife and I have had the joy and privilege of adopting four children, and two of those children are from the country of Haiti and two of the others were already Americans. Incidentally, my oldest, when she was young, she didn't believe that babies arrived via stork, they arrived on airplanes, because our second two children were picked up at the airport.

But that reminds me of another story, a 5-year-old. She said, "Daddy, can't we tell them to do adoption, not abortion?" Yes, we can, and that's the message I would like to make sure we share tonight because supporting adoption is often the neglected, the unreported side of the pro-life coin.

If we are going to encourage women and families not to abort their babies we need to offer alternatives. And all across this country, there are thousands and thousands, perhaps tens of thousands of men and women that are adopting children, that are offering their services, particularly through local crisis pregnancy centers, and offering opportunities for the children and for women and for their families.

And I know, literally, there are millions of Americans today that are waiting for a child, that are awaiting a child, and I would even more strongly encourage other Americans to consider adoption.

Let me speak directly to those that might be considering abortion: There are alternatives. There are opportunities. There are caring Americans that would love, would love to participate in adoption and would love to provide assistance.

I am also a proud cosponsor of No Taxpayer Funding for Abortion. The leading abortion provider in the coun-

try, and these, Mr. Speaker, are really stark statistics, in the last year available, Planned Parenthood of America, in 2008, they performed, they committed, they slaughtered more than 324,000 little girls and little boys across this country, 324,008 abortions. They only participated in 2,405 adoptions; 324,000 abortions, less than 2,500 adoptions. There are other opportunities, there are other options. Adoption is the option.

I would ask that we consider to defund an industry that is not concerned with the women, not concerned with the families.

But let's turn our attention towards those across America that have given their hearts and homes and opened their home up to our youngest members of society.

Mr. SMITH of New Jersey. Thank you so much for your statement and for your emphasis on adoption, an alternative that is often forgotten, and it provides such a meaningful way for building a family. Thank you for that.

I yield to MARLIN STUTZMAN, the distinguished gentleman from Indiana.

Mr. STUTZMAN. Thank you and thank you to my colleagues for bringing this very, very important issue to the House floor this evening. I appreciated all the other comments that have already been made.

Having the opportunity to serve as the chairman in public policy back in Indiana, I do remember the time when my wife and I were expecting our second born. When we were dealing with pro-life legislation in Indiana, and having the opportunity to go home and to see the ultrasounds of our second-born son was quite the experience.

□ 2030

And I know that with the anniversary of Roe v. Wade coming up, this is an issue that is on a lot of hearts and minds of Americans across the country. So today I rise as we remember the 38th anniversary of Roe v. Wade, but more importantly the millions of innocent lives taken since 1973. In 2008 alone, there were over 1.2 million abortions; that is 3,315 innocent unborn children per day, 138 per hour and about two every minute.

While I have no doubt that future generations will place Roe v. Wade alongside the terrible Dred Scott decision, I know that there is much unfinished work before us. All of that work begins with a single inquiry. Mr. Speaker, a simple question forms the cornerstone of a national debate: When does human life begin? Without that answer, we are left with empty rhetoric and euphemisms. So I ask: When does human life begin? This question is not a lofty philosophical endeavor. Science has already given us the answer. Advances in molecular biology underscore the undeniable fact that life is present from the moment of fertilization. That life is fully human and infinitely valuable. Those who willfully ignore reality ought to remember the admonition of

our second President, John Adams, that facts are stubborn things.

Because a unique human life begins at the moment of fertilization, it is our solemn duty to defend the unborn, to speak up for the weak, to continue with firmness in the right. I proudly support H.R. 212, the Sanctity of Human Life Act, which defines human life accordingly and affirms that each State has the authority to protect the lives of all human beings. We take up this charge because we are still dedicated to the proposition that all men are created equal. All possess the inalienable right to life.

Mr. SMITH of New Jersey. I thank you for your very fine statement and very strong commitment to the sanctity of human life.

I would like to now yield to ANN MARIE BUEKLE who is both a nurse, but also got her law degree. So she brings both the law and the medicine side to this equation. So I yield to her.

Ms. BUEKLE. Thank you to the gentleman from New Jersey for yielding us time and for his unwavering support of life.

Mr. Speaker, this coming Saturday marks the 38th anniversary of Roe v. Wade, a decision that fundamentally altered the moral landscape of America. For much of those 38 years, I have been very involved in the pro-life movement, both as an advocate for the unborn and a counselor of troubled women and teens, the unspoken second victims of abortion. As we reflect upon the sobering anniversary and the tremendous loss of life that it represents, I see reasons for hope. Attitudes are changing, and more and more young people are rejecting abortion as a choice for their lives.

Technology has opened remarkable windows to the womb. So much of the early pro-life movement emerged from a frustration of the time. No one seemed to be listening, and we tried to get people to care. Now technology, such as the 4D ultrasound imaging, has aided us in our quest to preserve life, showing women that their unborn is not a clump of cells, but a child that they can see rubbing her eyes or sucking his thumb.

As we continue to fight for the unborn, we must not cede the ground we have won. The Patient Protection and Affordable Care Act circumvents the Hyde amendment by allowing government subsidies in Medicaid, Federal Employee Health Benefits Programs and international aid to be used to cover abortions. For over 30 years, the Democrats and Republicans have worked together each year to ensure that taxpayer dollars do not subsidize abortion. The Affordable Care Act represents a departure from that compact. Specifically, this law will allow \$11 billion in taxpayer funds to be used for abortions at community health centers.

In addition to the Federal subsidizing of abortions through the Affordable Care Act, I join other pro-life Members

of this Congress in expressing my concerns about the use of Skype technology to perform telemed abortions. Planned Parenthood of Iowa is dispensing the abortion-causing drug RU-486 through a teleconferencing system, resulting in more than 1,900 abortions.

Our Forefathers understood that “all men are created equal, that they are endowed by their Creator with certain inalienable rights, that among these are life, liberty and the pursuit of happiness.” Among these, the most fundamental right is the right to life.

Mr. SMITH of New Jersey. I thank the gentlelady for her statement and for her leadership. This class, and I think the American public would really appreciate this, of 87 Members elected on this side of the aisle, they are overwhelmingly pro-life, and more pro-life women than ever now sit as Members of Congress. It is really very encouraging.

I would like to yield to my good friend and colleague from Illinois, BOB SCHILLING.

Mr. SCHILLING. Thank you, Representative SMITH, for the opportunity to speak during this Special Order subject of life. Today I stand to speak for those who can't speak for themselves. As a father of 10, life is a big issue at my house. After the Presidential election, my daughter, Rachel, came to me and my wife and looked at me with tears in her eyes and said, hey, Daddy, who is going to protect the unborn children? That was a big part of why I chose to run for Congress, along with all the other things.

Today, I was proud to become an original cosponsor of the No Taxpayer Funds for Abortion Act. When we look at the taxpayer funds that are going to be available for abortion, even some of my pro-choice friends disagree with taxpayer funding of abortion.

This bill is very important. It makes permanent the Hyde amendment, the Helms amendment and the Dornan amendment. One of the things one of my colleagues spoke about a little bit, TIM, earlier was speaking about looking at adoption as an alternative to abortion.

A story that sticks in my mind today is I went to a crisis pregnancy center in Boling, Illinois, and these are folks who encounter crisis pregnancies. And the lady was telling me the story of a young lady who was going in for an abortion. She thought she would come in and get a little more information. They did a sonogram, and the baby was laying still. It was down towards the end of the sonogram, and all of a sudden that baby just came to life and put on a show for mom. That brought a tear to my eye when I heard that story.

When you look at life, without life, we have nothing. A big reason that I am pro-life is that when we look at all of the doctors, all of the people who could invent something for this great Nation, I remember growing up in 1973 when this became legal, it was considered a blob of tissue. Today we pull

them out by their feet first to save the life of the mother when the mother's life is in danger. And I just can't even imagine what transpires there, and sometimes don't want to.

But I believe that as Americans, we need to defend life to its fullest. I believe life begins at conception and it ends at our natural death. I have talked to people who have had an abortion. The hurt goes on with women who have had abortions. I think we need to focus in on educating folks and giving them that alternative. And maybe every Planned Parenthood out there should have to do sonograms maybe even in a 3D series.

I really do appreciate an issue that is near and dear to my heart, and I really do thank the Congressman here for putting this event together and look forward to serving in the House of Representatives with him.

Mr. SMITH of New Jersey. Mr. SCHILLING, thank you very much for your great statement. And your comments about your child saying, who will defend the baby? I remember a woman by the name of Jean Garton who was with Lutherans for Life. She was preparing a slide show of actual abortions, which are hideous to behold, but it is a reality that has to be understood to know what abortion really is. And her young child walked in and said, Mommy, who broke the baby? looking up at the shattered bodies of unborn children. So from the mouths of children, truth is spoken.

I would like to welcome back to the House, as we all do, STEVE PEARCE, a Member from New Mexico. We are just so glad to have you back.

□ 2040

Mr. PEARCE. I thank the gentleman from New Jersey, and I appreciate his constant leadership on this issue of life.

Our Founding Fathers told us that life, liberty and the pursuit of happiness were treasured values in this country. I think that it was no accident that they placed life at the beginning of that order.

It is easy to believe that any society is judged for its quality based on its willingness to be a voice for those who are the most fragile, those who have the least standing in that society. And in this society and in all societies, none are with a quieter, less obvious voice than the unborn. So our willingness to stand up and support them is a reflection on the quality of this culture, and we need to do more.

Today, in Santa Fe and elsewhere around the country, pro-life citizens join in a March for Life. While my schedule for votes here today prevented me from being there, I am happy to associate my voice with them tonight and in the months to come. Since Roe v. Wade was decided, over 50 million lives have been terminated through abortion.

Great strides have been made legislatively. It is now wrong to take a minor

across a State line. The partial-birth abortion process has been banned. Some States have passed a law requiring a 24-hour waiting period, but much is left to be accomplished.

Ultimately, the questions comes up: When does life begin? The Supreme Court Justices who decided the case actually expressed that concern themselves about when life began, but that was a discussion of decades ago. Science today leaves no doubt. The DNA is established on day one and never changes through the baby's life. The sonogram is evolving our Nation's view on abortion as we speak.

For many who have been educated in our universities, they believe life begins at birth. But the young, who are looking at the sonograms and seeing that heartbeat within the first few days, recognize that they can no longer believe that this is some mass of tissue with inconsequential matters at risk.

And so this Nation is beginning to become more pro-life day by day, and that is a blessing, because in the end, every society will be judged by its willingness to speak for those with no voice.

Again, I thank the gentleman from New Jersey. I am proud to add my voice to those who speak for the most fragile—the unborn. May God bless this country, and may God bless the mothers of this country.

Thank you.

Mr. SMITH of New Jersey. Mr. PEARCE, thank you.

One of the things that we have in Congress is a large number of medical doctors, OB-GYNs and others who are overwhelmingly pro-life. Dr. ROE from Tennessee is among us.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Mr. Speaker, as an obstetrician-gynecologist, I have delivered close to 5,000 babies and strongly support the sanctity of life. Using technology like the 3-D ultrasound has given us windows to the womb that show the unborn child as living, breathing, a feeling human being. I have looked through that window with my own eyes numerous times, and I have seen human development occur from the earliest stages of the tiniest embryo all of the way through birth, which strengthens my conviction in the right to life.

Life is a precious miracle from God which begins at conception. It is our responsibility and privilege as legislators to protect those who do not have a voice. I will always fight for the right to life because it is my conviction that we are all unique creations of a God who knows us and loves us before we are even conceived.

Tonight we mark one of the most tragic, misguided Supreme Court cases in our Nation's history, Roe v. Wade. Since 1973, more than 50 million babies have been denied the right to life. We must make our laws consistent with our science and restore fully legal protections to all of those who are waiting to be born. If government has any legitimate function at all, it is to protect the most innocent among us.

For over 30 years, Congress has prevented taxpayer-funded abortions. Unfortunately, this door has been reopened with the passage of ObamaCare, the largest expansion since the pivotal Roe v. Wade decision. In response, House Republicans in the Pledge to America vowed to repeal and replace this legislation. I look forward to working with my new colleagues to ensure this promise is kept. It is only by making good on this oath that we can expect to restore the trust that the American people have in their own government and, in doing so, ensure that the door to taxpayer-funded abortions remains closed.

I want to congratulate the Hope Center in Greenville, Tennessee, which is sponsored by the First Free Will Baptist Ministries who support life. These people do a wonderful job in ministering young mothers who may be single or married to preserve life.

I am glad to be here on the House floor tonight with my friend and other legislators fighting for the rights of the unborn. And I want to thank the gentleman from New Jersey who literally is one of the leaders and heroes in the pro-life movement. I can't say enough about Congressman SMITH and what he has done to promote this right to life across the country.

As I was walking over here toward the House floor tonight, I had some thoughts about children I have delivered. I have seen those children grow up in my hometown, Johnson City, Tennessee. The beauty of it is that you get to coach these young kids in Little League ball and you get to watch them grow up and come to your home and graduate. The people I have seen have been young doctors and nurses and teachers and college athletes and newspaper writers and news directors. All of these young people I have delivered and seen grow up, and the world would not be a better place if they were not here. The world would be a much worse place. Think about how many thousands and tens of thousands and millions of the same people I just delivered that I watched grow up in my community that are not here today because of this terrible law.

I do want to mention one thing medically that was brought up a moment ago about a third trimester abortion to save a mother's life. Let me make this as clear as any doctor can make anything: There is no medical indication whatsoever for a third trimester abortion, period. Let me say that one more time, and I will debate this anywhere with any doctor in the world: There is no medical indication on this Earth for a third trimester abortion.

I thank the gentleman. I am encouraged about the degree that the American people are changing their minds, and I think if we keep working and talking and explaining and changing hearts, we will change this terrible law.

Mr. SMITH of New Jersey. I thank the gentleman for his leadership and

the expertise of being an OB-GYN who has been there and knows better than almost all of us how sacred and fragile the life is of an unborn child, as well as his or her mother.

I would like to yield to JIM LANKFORD from Oklahoma and thank him for being here this evening.

Mr. LANKFORD. I thank my colleague from New Jersey for hosting this time in the House Chamber.

Mr. Speaker, I rise in support of one of the most basic functions of any government. Three thousand years ago, a mom taught her son, the king, how to be a wise ruler. We have her words written down in Proverbs 31, where she told him, "Speak for those who cannot speak for themselves."

Two hundred thirty-five years ago, our founders wrote a despot king, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness."

This truth that all people have the right to life is so obvious, so clear that they called it "self-evident." But in America, millions of people cannot pursue happiness and they cannot appreciate liberty because their first God-given right was denied—life.

In recent days, discussion from the left has turned to reducing the numbers of abortions. I applaud this line of thinking because it admits one thing—abortion is wrong. It destroys a life and it devastates a future of a mom.

I ask: Why should abortion be reduced if it is just another medical procedure to remove some unwanted tissue from a woman? If it is just tissue, what does it matter? No one is saying that we need to reduce the number of skin moles being removed or reduce the number of warts that are removed, that that is unconscionable. Why? Because we know that a wart is unwanted tissue. But a fetus, that is a baby.

We can use any euphemism, like "fetus" or "dividing tissue" or "embryo," or just simply "inconvenience," but no one comes to the family and says: How is the embryo? No one says to a pregnant woman or hears a pregnant woman say: Excuse me, I just felt the fetus kick. No one comes to a baby shower and says: Here is a gift for your inconvenience.

Say what you want, split hairs all you want, we know that is a baby.

Decades ago, we could not look into the womb and see the development of the child. People were told the child in the womb was just like a chicken embryo. But now, with 3-D ultrasound, we can look into the darkness of the womb and see a child kicking her feet, sucking her thumb. We can count her fingers and toes and watch their tiny heartbeat.

□ 2050

At 20 weeks, we can look at the child inside and even say boy or girl. Why? Because it's a child, not just an em-

bryo. The difference between an adult and a child in the womb is just time. They are a person who must be given their most basic of all human rights—life.

I strongly support defining life at conception. I strongly support adoptions. I strongly support crisis pregnancy centers and Hope Pregnancy Centers, which are doing such a great job all around the country and all around my district in Oklahoma. It is time to cut off Federal funding for abortion.

Why is it in America that taxpayers who are mortified at the thought of abortion are required to also give their tax money to fund abortions around the world?

When a constituent comes to me and asks, Why are my taxes so high? I have to tell him, Partially because your government is spending some of your hard-earned money on abortion funding around the globe.

Why is it in this Chamber today we can debate for hours if an infant should be guaranteed health care coverage, but yet some of the same individuals who demand insurance protection for that child would find no issue in killing that infant only moments earlier when it was in the womb?

Earlier today, a clinic in Philadelphia was raided, where a physician was arrested for fully delivering infants 6, 7, 8 months into the pregnancy and for stabbing with scissors those children after they had been delivered—today.

This is the United States of America. This issue is not about oppressing women or denying choice. It is about protecting children and honoring the self-evident truth that everyone is endowed by their Creator with certain inalienable rights, including and especially life.

Almost four decades ago, individuals in this Chamber laid the foundation for a court ruling that has stripped the womb of its glory and its majesty. For decades since, legislators in this Chamber have protected bald eagle eggs, migrating insects, snail darters, and rare flowers, but we refuse to protect children.

May God have mercy on our Nation, and may we awaken one day to the horror of what abortion policies have done to our Nation. We would rather protect our fundraising, our leadership and our convenience than protect the unborn child. This is not a difficult choice. It is a clear choice—and we should choose life.

Mr. SMITH of New Jersey. Thank you, Mr. LANKFORD, for your very powerful statement.

I would like to now yield to my good friend and colleague from Georgia, a medical doctor as well, Dr. PAUL BROUN.

Mr. BROUN of Georgia. I thank the gentleman for yielding.

Mr. Speaker, I believe the greatest moral issue we face as a Nation is the killing of 4,000 unborn children every single day through abortion. Mr. Speaker, God cannot continue to bless

America while we are killing these children. They're children. They're babies. They're human beings.

When I came to Congress in 2007, the very first bill I introduced was my Sanctity of Human Life Act. I am a medical doctor. I know without any question that life begins when the spermatozoa, the sperm cell, enters the cell wall of the oocyte, the egg, and produces a one-celled human being called a zygote. That zygote is totally different from its mom. It has every function, every bit of genetic makeup to be a grown human being if we just nurture it and allow it to grow and allow it to live.

I have been involved with a crisis pregnancy center in Athens, Georgia. Not long ago, we had a young lady who was considering abortion. She came there, and she had an ultrasound. She was about 10 or 12 weeks along. I don't recall exactly, but it was early on in her pregnancy. She had just found out a few weeks before that she had missed her period, so she came for a pregnancy test.

When she saw that ultrasound, her exclamation was, "That's a baby."

That's what we see over and over again with these expectant moms when they see those ultrasounds. That's the reason she understood it was a baby. It is a baby. It is a human being. There is no greater freedom, no greater liberty, than to live. There is no greater protection that we as a government can give to protect human beings all the way from the time of fertilization until they have natural deaths.

You see, Mr. Speaker, God creates those children. We do not have the moral authority to take their lives. We've got to protect their lives. In a free society, where liberty is held in the highest esteem by every individual in this country—whether Republican or Democrat, liberal or conservative—the right to life is a fundamental form of liberty. We have to protect life. That is the reason the first bill I introduce in every single Congress will continue to be my Sanctity of Human Life Act.

My friend and fellow Member from California, DUNCAN HUNTER, Junior, has reintroduced his dad's bill, Duncan Hunter, Senior. Their bill is called Life at Conception Act. I am a cosponsor of their bill, as Duncan Hunter, I, and now DUNCAN HUNTER, II, are of my bill. We have to stop this travesty, this awful, horrendous attack, moral attack, upon our basic rights as human beings—and that is the right to life.

Mr. Speaker, if we cannot protect life, then we cannot protect any liberty. We cannot protect any freedom that our Founding Fathers created the Constitution to protect—those God-given rights.

We have had many of our colleagues tonight speak from the preamble that Thomas Jefferson penned in 1776, the preamble of the Declaration of Independence. Thomas Jefferson is considered one of the least religious of our Founding Fathers, but he believed in

life. That's the reason he penned it there. He believed in God. We're not taught that in school anymore, but that's factual.

You see, even if you don't believe in God, from a scientific perspective, there is only one place in a person's life where you can draw the line between no life being there and life and human being and personhood being established, and that's at the time of fertilization.

Roe vs. Wade, in the decision, was predicated on there being no legislative definition of the beginning of life. That's the reason it is absolutely critical that we define life as beginning at fertilization—to protect those one-celled human beings.

It is absolutely critical that every person in this country who loves liberty and who wants to protect life contacts their Congressmen, contacts their Senators and says, We have to protect life. We have to protect all our God-given freedoms, particularly life. "Contact your Senators," is what I tell my constituents.

What I tell people all over this country is "Contact your Senator. Contact your Congressman." Tell him to support the Sanctity of Human Life Act, my bill, or DUNCAN HUNTER's bill, the Life at Conception Act. Join in this fight because there is no greater moral issue that this country faces. If we want God's blessings upon America, we have to protect these most vulnerable of human beings—the unborn children.

In Proverbs, God says, Speak up for the speechless in the cause of those appointed to die. That's what we are here tonight to do is to speak up for those speechless, those appointed to die by abortion.

We have got to end abortion. We don't need a constitutional amendment. We need a legislative definition: the beginning of life to occur at fertilization. Once we have that placed into law, we will stop this blight upon our society, this dark era in the history of this Nation that began in 1973 with this awful decision of the Supreme Court called Roe vs. Wade. We have to protect life. We have to protect liberty. We have to protect every single human being's God-given rights.

Protecting life is important—from fertilization all the way to natural death—and I promise that I will continue with every bit of my being, and many other of our colleagues, Republicans and Democrats alike, will continue to fight for life.

So, Mr. Speaker, if we want God's blessings upon America to continue, we have to end this blight upon America.

□ 2100

We have to define life beginning at fertilization and protect life for these unborn children.

Thank you, Mr. SMITH. And I want to personally thank you for your tireless fight in this issue because you've been a stalwart here in this House for many, many years, and I greatly personally

appreciate the great work you've done for years and years in protecting life. So thank you and God bless you. And we have to get the killing of these unborn children stopped so God can continue to bless America.

Thank you, Mr. SMITH.

Mr. SMITH of New Jersey. Dr. BROUN, thank you for your eloquence and your kind remarks, and I want to thank you for your leadership. Again, as a medical doctor, I think you and Dr. ROE and the other docs bring such credibility.

I hope Americans are listening. I hope my friends on the other side of the aisle who take the other side of this issue will begin listening. There needs to be a reevaluation. America needs to take a second look, a long and sustained look at the surface appeal arguments of the abortion rights side.

Abortion is violence against children. It dismembers a child; it decapitates a child; it chemically poisons a child. One of our earlier speakers talked about RU486 and how tailor-made abortions are being promoted by Planned Parenthood. RU486 actually operates in two ways. The first chemical starves the baby to death so the child in utero, the child in the womb simply cannot get nourishment to continue living. The second chemical brings about the expulsion of that baby—who is usually dead, but not always. If that isn't child abuse, if the other methods of abortion are not child abuse, I don't know what is.

This idea that life begins at birth belongs in another era, especially with ultrasound technologies available, as several of my colleagues have said, the "window to the womb." As a matter of fact, it should be noted that even the leading pro-abortion activists in the 1960s and early 1970s, Dr. Bernard Nathanson from New York, one of the three cofounders of NARAL, which is one of the leading pro-abortion groups in the country, Dr. Nathanson said he presided over 60,000 deaths to children as he ran the largest abortion clinic in New York City. He went on to become a pro-lifer. And what caused that huge change of heart both in his mind and in his heart? It was that he began doing blood transfusions and began to see that an unborn child is a patient just like any other patient who may be sick, have a disability, that early efforts and interventions could mitigate whatever that anomaly might be. And because of that he said, how can I be in one room killing a baby with poison or dismemberment while in another doctor's office or in another operating theater providing this prenatal surgery? He saw the schizophrenia inherent in treating some children because they're wanted as being acceptable, and we welcome them, and if they are unwanted, they're throwaways. The feminists had it right when they said no woman should ever be treated as an object. Well, we all know that the unborn child, if he or she is unwanted, is treated like an object and a throwaway, and no human life is a throwaway.

Let me also say that Abby Johnson, who just recently, a little over a year ago, left a Planned Parenthood directorship in Texas—what caused her to change? She saw an ultrasound abortion in real time and said, I just saw the baby crumple right in front of my very eyes. If that isn't a human rights abuse, I don't know what is either. So she became a pro-lifer and now speaks out very, very boldly.

Finally, Dr. Alveda King, as I mentioned earlier, is Martin Luther King's niece. Dr. King had two abortions. She was a "pro-chooser." She now is one of the most eloquent pro-life leaders in the United States and even in the world. She has said, "How can the dream survive"—talking about her uncle's dream of inclusion, of human rights, of civil rights for all—"how can the dream survive," she writes, "if we murder the children?"

She goes on to talk about how the African American population in this country is so disproportionately targeted by Planned Parenthood and others. The number of abortions for African Americans is about five times the rate of Caucasians and it is because of targeting. There are other reasons, but that is one of the main reasons. That's where the Planned Parenthood clinics are, frankly.

Abortion hurts women, she makes it so clear. She is eloquent in her defense, as are others, in ministering to women who have had abortions. One thing about this pro-life movement—and I've been in it for 38 years, I've been in Congress for 31 years—it loves them both. It says to both the mother and to the baby, we want to put our arms around you, we want to help, we want to be of assistance. And to any post-abortive woman, we are all about trying to help and to assist and provide some kind of pathway to reconciliation. That's where the post-abortive women like Dr. Alveda King play such a crucial role in helping women who otherwise would feel so disenfranchised and left out.

I want to thank our leadership, Speaker BOEHNER, our majority leader, ERIC CANTOR. We have a very pro-life leadership who recognizes how sacred life is, how this Congress, this House needs to defend the defenseless. Tomorrow, I will be joining the distinguished Speaker as he speaks on the No Taxpayer Funding for Abortion Act. We will be having a press conference tomorrow. We have over 125 cosponsors. I have never seen a leadership so dedicated to protecting innocent human life as these individuals in our leadership. I would hope my friends on the other side of the aisle would take a second long look at the carnage, the unbelievable pain and agony and suffering that abortion has visited upon women. It is not pro-women. Abortion exploits women. And it's certainly not pro-child either because it decimates unborn children as well.

So we have a great leadership. We have an excellent group of Members, men and women, Democrats and Re-

publicans. And I do hope that we will move this human rights issue forward. The young people are with us, and this is the greatest human rights struggle ever.

#### REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 68 and H.R. 69

Mr. LAMBORN (during the Special Order of Mr. SMITH of New Jersey). Mr. Speaker, I ask unanimous consent that Congressman MIKE ROSS from the State of Arkansas be removed as a cosponsor from H.R. 68 and H.R. 69.

The SPEAKER pro tempore (Mr. DOLD). Is there objection to the request of the gentleman from Colorado?

There was no objection.

#### PROGRESSIVE CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Minnesota (Mr. ELLISON) is recognized for 27 minutes.

Mr. ELLISON. Mr. Speaker, allow me to claim the time. I do have a few things to set up, so I will be right back.

Mr. Speaker, let me thank the Speaker for allowing and granting me the time. It is a pleasure to come in front of the American people.

My name is Congressman KEITH ELLISON, and I want to talk a little bit about the Progressive Caucus tonight, the progressive message which we convey to the American people every week. We want to come before the American people to talk about progressive values and the 83 members of the Progressive Caucus.

The Progressive Caucus stands firmly in the position of supporting health care for all Americans. And therefore, we look at this repeal today, conducted by the majority, the Republican Caucus, as quite an unfortunate event in our Nation's history.

□ 2110

They repealed the health care reform bill, but the bill is not repealed. It's important for the American people to know that health care reform is being implemented and it is the law. But in order to make the law into the law, you have to pass it through the House, the Senate, and then be signed by the President. This repeal that they did today stops here. It's not going anywhere. Really, it's political theater. But it is an important indication as to what they would do if they could.

What they would do, and this is something I would like to describe right now so the American people can get an idea of what Republican leadership and Republican expansion of their power would mean.

First, let's talk about the deficit. You hear a lot about the deficit. And the deficit is important. The impact of repeal on the deficit is that it would increase the deficit by \$230 billion this decade and a trillion the decade after that.

When you listen, Mr. Speaker, to the speeches of the Republican Caucus and they say something about job-killing deficits, it's always important, Mr. Speaker, to turn your attention back to what the Republican Caucus did today on the House floor, because it indicates how they really feel about expanding the deficit. They're okay with it.

The impact of repeal on the deficit expands the deficit by \$230 billion this decade and a trillion dollars the next.

What does this say about credibility? What does it say about real intention? What does it say about who was actually trying to lower the deficit?

Health care reform is cost-effective and helps lower the deficit. Health care reform actually helps not only lower the national debt and deficit, but individual American's personal debt and deficit.

We can never forget, Mr. Speaker, that 60 percent of all of the people who filed for bankruptcy filed for bankruptcy because of medical debt. A majority of the people filing for bankruptcy filed for bankruptcy because of medical debt. This is an amazing statistic.

We can talk about the national deficit. We can even talk about the national debt, but let's talk about family debt. Family debt being driven sky high because of medical debt, people going into bankruptcy because of medical debt.

Now, with the health care bill, we will have exchanges that will compete and have price and quality transparency for people so that they can evaluate a good product that is affordable, so people who don't have the income can get a subsidy so they can go buy health care insurance. When we have all of these important provisions in place, we're not going to see people going into personal bankruptcy because of medical debt. This is something the Republican Caucus has not talked about, how Americans are drowning because of what the insurance industry has imposed upon them.

It's important to say that today our Republican colleagues repealed health care reform. I hope, Mr. Speaker, the American people watch with interest where their particular Member of Congress voted. Did your Member, the individual Member of Congress, Mr. Speaker, vote to say, You know what? We're going to allow the insurance companies to rescind your insurance policy if you get a breast cancer diagnosis? Because the Republican Caucus' repeal today says that they want that to be able to happen. They want the insurance company to be able to say, You, ma'am, we found out you had breast cancer. Your insurance is going to be rescinded.

That's what they voted in favor of today by voting for repeal.

Today, they want to tell 24-, 25-, and 26-year-olds and their parents that, You know what? We're not going to let you be on your parents' health care insurance policy. You are on your own.



Yeah, we know this is a tough market. Yeah, we know graduating from college or high school now is not easy because, you know what? There's not that many jobs out there. Unemployment is still very high. But you know what? Too bad. You've just gotta figure out what you're going to do because you will not—we're going to take a benefit away from you that the Congress has already given to you, and we're going to snatch it out of your hands.

This is what the repeal means.

Today, seniors who can benefit from free preventative care, they're not going to be able to. The Republican Caucus has indicated that that's not what they want. Now, they haven't taken it away because they haven't repealed the law. They'd like to by the repeal they passed through the House today. But the fact is that they're telling seniors, No, no, no. You're going to have to pay a big cost in order to get some preventative care which obviously will help—will encourage low-income seniors not to seek that care, and then they, of course, will end up being sicker and it will be more costly.

But not only by repeal did they hurt seniors, did they hurt young people, they're telling small business people, You know what? Those tax credits that we gave you, we're taking them back. Those tax credits that the Democratic Caucus and the Democratic Congress and Senate and the Democratic President gave to you, we Republicans, we don't want you to have that, small business. We're going to snatch it out of your hands even after you have made plans to actually take into consideration the tax credits that are available to you this year.

So they're snatching benefits out of the hands of small business people, snatching benefits from young people who are post high school and college, snatching benefits away from our seniors, snatching coverage away from people who can't afford it, thrusting people back into the arms of personal debt, and throwing our whole economy back into the throes of national debt and deficits.

This is what the Republicans would do if they could. Thank goodness they can't do it because the President and the Senate remain in Democratic hands. But if they could, Mr. Speaker, it's very clear what they would do.

Now, the Democrats' top priority is not repealing anything. It's extending more rights, more protections for the American people, and then, of course, allowing the American people to make their own choice so they can be free, so you can be free as an American and not have to worry about health care because you have health care because the government is protecting you from insurance companies who would throw you into the street, give you an over-cost product and would rescind you and deny you coverage.

The Democrats' top priority would not be to monkey around with under-

mining health care. The Democratic priority would be to create jobs and put America back to work. That is what Democrats are working on right now, Mr. Speaker, and would work on even more so if we had the majority.

Today, the Republican majority, they have other priorities other than jobs. Their job, as they've already revealed today on the House floor, is to repeal patients' rights, to put insurance companies back in charge, and to explode the deficit as I've already indicated with this particular graphic.

The Republican priority is to look out and protect insurance companies. The Republican priority is to make sure that insurance companies have what they need. And the insurance companies spent \$14 million a day to try to defeat health care after they, in fact, were defeated, and we passed health care. We're quite confident that they did not just take that defeat lying down. Here they are back again with the wholly owned subsidiary known as the Republican Caucus trying to do the bidding of the insurance industry once again.

The Patients' Rights Repeal aims to take away new health care freedoms that take us back to a system that favors the insurance industry. The Patients' Rights Repeal bill takes away something that people have already expected to get and takes us back to a system in which the insurance industry is in control.

Children with preexisting conditions are denied coverage in the bad old days. Young people aged 26 can't stay on their parents' insurance plans in the bad old days. Pregnant women and prostate cancer patients would be thrown off insurance rolls in the bad old days. Seniors pay more for their drugs. As a matter of fact, in the new health care bill we're filling in the doughnut hole, which is something, apparently, the Republican Caucus doesn't like, because they want to dig out the doughnut hole so seniors can fall back into that doughnut hole. And, of course, we already talked about exploding the deficit and making small businesses pay higher taxes.

Why would the Republicans want to do that? It seems so unfair, but that is exactly what they did today.

Republicans are focused on repealing health care reform instead of making jobs, and making jobs is what they should be putting their time and energy into.

Their agenda for America is not health care. It's no care. It's status quo care. No care if you lose your job. No care if you or your child have a pre-existing condition. No care if you're a senior in the doughnut hole. That's what the Republican Caucus has in mind for you and your family. No care if you're under 26 on your parents' plan. No care if you get sick and your insurer drops your coverage. No care if your insurer hikes your premiums higher than you can afford. You are just out of luck with no care.

□ 2120

Now, the Congressional Budget Office does carefully show that the repeal of the Patients' Protection and Affordable Care Act would add \$230 billion to the deficit in the first 10 years and a trillion after that into the future. And the American Medical Association has recognized this problem. What they have said is the AMA does not support initiatives to repeal the Affordable Care Act.

Who is the AMA? The American Medical Association. Who's that? That's America's doctors. They know how dangerous it is to repeal health care. They know because they are in the healing arts. Now, the insurance companies, many of them are in the money-making arts, so they got a different take on this thing. But the American Medical Association has come together and said that they do not support initiatives to repeal the Affordable Care Act.

Expanding health care coverage, insurance market reforms, administrative simplifications, and initiatives to promote wellness and prevention are key to the new law that reflect the AMA priorities. So the people who do healing, actually heal people—let me tell you, no insurance company bureaucrat ever healed anybody. All they do is deny coverage to people and process claims. But the folks who actually bring healing, the docs, the people who the AMA represents, they are against repeal, as the Democratic Caucus is against repeal. And it's so unfortunate that we had to sit here today and witness the House effort to repeal health care reform.

They didn't do it. They're not going to do it. They're going to fail. This is all political theater. This is all showing off. It's all just, you know, political theater. But the truth is that it does indicate what they would do if they could. And we are bound and determined to stop them, to protect the American people, and to make sure that we have those important health care reforms in place that are going to make sure that Americans continue to go to the doctor, to get preventative care, to fill in the doughnut hole, to offer coverage to people until they are age 26.

As I said before, you know, I was privileged earlier this week to meet two little girls. They were suffering from leukemia. And these little girls, brave as they were, said, you know, look, if we didn't have the Affordable Care Act we would be denied or could well be denied health care coverage. These two little girls' father, who had to take family medical leave in order to help meet all of the medical needs of the family, as well as they had other children who didn't have those medical needs, that family ended up going into bankruptcy because of the piles of debt that were thrown on their shoulders.

And so the Affordable Care Act comes to address these problems; yet the repeal comes to heap those problems back on those families. And it's

too bad that it happened. They're not going to succeed, but it's very clear that by their repeal vote today what they would do if they could.

Now, the AARP, which represents our American seniors, they weighed in on this debate. And what AARP has said is: "As the House prepares to vote this week on repeal of the Affordable Care Act, I am writing to make clear AARP's position. While we respect there are those who do not support the Affordable Care Act, AARP opposes repeal because the new law includes many vital provisions important to older Americans and their children." So there again, not only did the organization that represents America's doctors say no to repeal, the American Medical Association; but AARP, which represents America's seniors, says no.

And of course they should, because America's seniors need health care reform, the reforms that are in the Affordable Care Act. For example, seniors under the Affordable Care Act, we are filling in the doughnut hole, making prescription drugs affordable for our seniors. We have a wellness visit for every senior in America once a year to make sure our seniors are healthy. Wellness visits, dealing with prescription drugs, free preventive care means we have healthier seniors. Healthier seniors are happier seniors because they got enough money and they got more money than they would if we were under the reign of the insurance companies, as we were before. And so AARP is doing what they are supposed to do, representing the best interests of America's seniors.

The Heart Association: this is an association that deals with the functioning of the human heart, a vital organ in the human body. And this Heart Association comes to make sure that our hearts are protected. The Heart Association has this to say about this repeal debate: "Patients have already benefited from the reforms that have been implemented in the last 10 months." And by the way, the Republican Caucus didn't even give the Affordable Care Act a chance. Ten months after we passed it, they're trying to get rid of it. They're not even waiting to see where it could be fine-tuned here and there. They just want to get rid of it all.

Now, that's not a good-faith approach to this debate. Some of them even came to the floor and said there are certain things about the bill they like. But they don't want to tweak the bill. They don't want to fine tune the bill. They just want to repeal it. So that indicates to me another key indicator of where the Republican Caucus's mind is with regard to Americans and health care.

But as I was saying about the Heart Association: "Patients have already benefited from the reforms that have been implemented in the last 10 months. We believe these reforms, and additional forthcoming patient protection provisions, were long overdue." So

the Heart Association says, hey, we didn't get this Affordable Care Act passed fast enough. That's their position. Long overdue, and needs to be given an opportunity to work. Absolutely, they are right. And if necessary, improved.

And of course nobody on the Democratic Caucus side says this bill was perfect. There has never been a perfect bill. Never been a perfect bill. But the Republicans don't want to say, look, let's get our heads together and make the bill stronger. They say repeal. And I voted "no" and was very proud to do so.

Back to the Heart Association: "Repeal of the Affordable Care Act will have devastating consequences for patients and their families." That's according to the Heart Association, an association dedicated to the wellness of people's hearts. People who focus their time, attention, and resources on good heart health are opposed to repeal, as they should, because they have good intentions and are operating in good faith.

Of course, only 18 percent of Americans support full repeal, according to the latest Washington-ABC news poll. Only 18 percent. These are probably the folks who still believe the bill has death panels in it, which it never did. That was not true. Massive misinformation and disinformation around the Affordable Care Act. But only 18 percent support full repeal.

And the fact is that I would imagine that if you were able to sit those 18 percent of Americans in a room and really tell them what the bill did, they probably would be significantly lower than that. Of course, there was another AP poll that said 26 percent support full repeal. Still a significantly small number.

So the bottom line is that whether you talk about your average family, the Heart Association, AARP, American Medical Association and many others, this repeal bill that passed through today, but doesn't repeal the law—make sure, Mr. Speaker, everybody knows that—was a low point in this Congress.

I look forward to a day when we can return to a Congress that says we believe that the American people have a right to be healthy, a right to be strong, a right to go to the doctor, a right to seek out preventive care, a right to have insurance companies be accountable, a right to make sure insurance companies don't just throw people off coverage when they need it most.

And I look forward to a day when that happens, Mr. Speaker, because on that day Americans will be in a much, much better place than we are today with the majority in the House that doesn't feel that the insurance companies need reform or accountability.

Now, I just want to talk a little bit, because some people mistakenly believe that somehow members of the Republican Caucus are more pro-business

than the Democratic Caucus. That's not true, never been true, and we prove again and again that it's not true. But they say that stuff and some people believe it. So let me just share with you some personal stories about people who are looking at this issue from the perspective of small business.

Because despite the Republicans' rhetoric about the Affordable Care Act, business and business groups across the country are speaking out against the Republican efforts to repeal health care reform.

□ 2130

Mr. Speaker, I don't want to be the one that goes—not to the U.S. Chamber of Commerce, because they are a little different—but to those local chambers of commerce, Rotaries, all across this country. I wouldn't want to be the one to go to them and say, you know those tax credits the Democrats got for you for health care? We are taking them away from you. I wouldn't want to be that Representative on that day, Mr. Speaker.

Anyway, Helen Darling, who is the president of the National Business Group on Health and a former Republican Senate staffer, said about business executives who called for repeal, she said, if they really understood it, they wouldn't. I don't think we will get a better solution in the U.S. in our lifetime. If it gets repealed or gutted, we will have to start over, and we will be worse off.

This is what Helen Darling, president of the National Business Group on Health says about the bill. She says that small business people will suffer because of it.

Now, if you are a small business person and you can get a tax credit to help you with 30 to 50 percent of the cost of health care, you go get that, that means that you may save the money that you need to invest in your small business, maybe hire some more people. That's why when the Republicans were calling the health care bill a job-killing bill, all of us looked at each other and said, what bill are they talking about?

The fact is that the Affordable Health Care Act is a bill that is a job-enhancing bill. This is a pro-job bill. This is a bill that trains people to go to their health care professions that helps small business so they can hire more people. Helen Darling knows that, and she ought to know because she is the president of the National Business Group on Health.

Small Business Majority, which is an organization dedicated to supporting small business, their letter to lawmakers characterizes the repeal bill as "an affront to our Nation's small business community." Well, of course it is. If you are a small business person, trying to add another employee, trying to buy some new equipment, and do it all while offering health care to your employees in your business, maybe you have got three, four, maybe you have

got 25, 30 employees? Of course it's an affront to you if the House Majority Caucus, the Republicans, want to take away your tax credit.

Absolutely, that's an affront. If you are trying to make it, imagine yourself working for some company for years. You say, you know what, I don't want a boss, I want to be my own boss. I am starting my own company and you know what, I am only going to have to have one or two, maybe three, four people with me when I get started, but we are going to make a go of it. And you know what, you guys? Human beings get sick sometimes so we have got to have health care.

And then the Democrats come and say, we are going to help you pay for that health care. And then the Republicans say, no, we are not and they snatch it away. Of course that's an affront to our Nation's small business community. The Small Business Majority is absolutely right in their letter.

The tax credits and health insurance exchanges in the Affordable Health Care Act will help drive down the cost and offer small business owners more choices, more freedom when purchasing insurance which will, in turn, allow them to "spend less on insurance premiums and more on growing their businesses and creating jobs."

Now, the caucus that claims to be about jobs and the deficit actually is operating directly opposite to both the deficit and jobs. That means that we have got to read the fine print. We can't just go by what people say because people sometimes say anything, Mr. Speaker.

The Small Business Majority has recently released results of a November 2010 survey of 619 small business owners. In their survey the key findings highlight that one-third of employers who don't offer health insurance said they would be more likely to do so because of the small business tax credits.

So, there again, the small business tax credits in this bill are designed to help small businesses take care of their employees and meet their bottom line and, will hopefully, turn a profit, so that they can help grow our community.

It's been a pleasure, Mr. Speaker, talking about the danger of repeal and the importance of the Affordable Health Care Act.

#### HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Georgia (Mr. GINGREY) is recognized for approximately 26 minutes.

Mr. GINGREY of Georgia. Mr. Speaker, thank you for giving us the time and, in fact, we are very appreciative on our side of the aisle of having this opportunity this evening, Mr. Speaker, on, really, a historic day in which we finally delivered to the American people a promise that has been made over

a year ago, that should this bill, this comprehensive health care reform bill sometimes referred to as ObamaCare but more formally known as Patient Protection and Affordable Care Act of 2010, should this legislation pass, that if we had the opportunity to take control of this House of Representatives to get that gavel away from former Speaker NANCY PELOSI and the prior Democratic majority, that our first and number one priority on behalf of the American people would be to repeal this mistaken bill.

Today, Mr. Speaker, is the day that that happened and certainly I am extremely grateful, as cochairman along with my colleague, TIM MURPHY from the great State of Pennsylvania, Dr. MURPHY and I cochair the House GOP Doctors Caucus. Mr. Speaker, we grew our strength in this election, November 2. We had about 11 Members in their caucus, 11 very active hard-working Members who practiced medicine in one form or another, one specialty or another for many, many years.

In fact, I think, Mr. Speaker, one time we calculated the number of years that we have actually practiced medicine, and it was something like 350 years of clinical practice. As you notice, Mr. Speaker, there is a little bit of a grayness around the temple of some of us.

But we are very thankful for this election and the American people giving the Republican Party the opportunity to right this wrong and to bring seven additional Members, seven additional health care practitioners, again, some of them have been in practice many years, dentists, doctors, even some associate members of our group, some registered nurses to be part of this new majority.

As we voted today on H.R. 2, the repeal bill of ObamaCare, I can assure you that 100 percent of us, in fact, 100 percent of Republicans, all 242 on our side of the aisle, plus, I think, three or four Democrats in a bipartisan way, joined with us in voting to repeal this bill.

I realized this evening, Mr. Speaker, that our time is limited. I am very pleased that some members of the House GOP Doctors Caucus are with us.

I would first like to take the opportunity to yield to my cochairman, Dr. TIM MURPHY of Pennsylvania. Dr. MURPHY.

Mr. MURPHY of Pennsylvania. Thank you, Dr. GINGREY. I appreciate that.

Let me talk about a couple of important aspects of this bill and understand that if you have a car and it has a flat tire, you don't get rid of the car; you change the tire. But if you have a car with a great tire and the car is not running and it's broken down, you get a new car.

What we have here is a health care bill that indeed does have a few pages and some parts that we all agree on and we want to work on those together. However, there are also thousands of

pages of other problems and tens of thousands of pages, perhaps hundreds of thousands of pages yet to be written by boards, panels and commissions yet to be appointed on issues we have yet to know what is going to be included in this. And that is part of the reason why employers are frightened about what may be in this bill.

Members of Congress shake their heads and say how could something so massive—and it's going to cost over a trillion dollars a year to administer this plan—how could this happen without Congress really having oversight? Let me mention two areas of this which I am deeply concerned about.

We know that one of the ways we can provide better care and ultimately save a lot of money has to do with disease management, or care management.

This is when perhaps nurses or other specialists within the doctor's office or working with the hospital, work to stay in touch with the patient, patients who have asthma or diabetes or heart disease or other chronic illness, because they know if they can get that patient to follow up with their medications, their treatments, their therapies, they can prevent problems from worsening. They can help make that patient better. They can keep that patient out of the hospital.

In the area of mental health, chronic illness has twice the incidence of depression when it's not picked up, and when depression is present and not treated, costs double.

□ 2140

Now, unfortunately, this bill not only doesn't pay for this, but if you want something, the important area that did pay for it in Medicare Advantage, this bill in order to try and pay for it cut \$500 billion worth of Medicare, and a significant portion of that was in something called Medicare Advantage which covers millions of people, 7.4 million seniors around the country.

One of the clear, distinct advantages of Medicare Advantage is it provided this disease management. Here are a couple of examples: University of Pittsburgh Medical Center found they could reduce rehospitalization rates for diabetics by 75 percent. Another hospital in my district, Washington Hospital, reduced readmission rates for heart disease by 50 percent. Another plan reduced asthma rate readmissions by 28 percent, all by doing this important care management.

Well, unfortunately, if you like the plan you have, you can't keep it because this bill guts that and eliminates that portion of it.

Now out of this 2,900-roughly-page bill, to have a couple sections that people are talking about, the benefits of why we should keep this bill, these are areas we agree on: maintain pre-existing coverage, don't cut people because they're sick, let kids stay on their parents' policy for a little bit longer, all important parts and things

we will continue to work on as a conference because we understand health care.

And in particular this caucus made up of health care providers, we work with patients for many, many decades all together, hundreds of years, and we understand the bottom line is we must work on health care reform, and this bill just doesn't quite reform that.

Mr. GINGREY of Georgia. Mr. Speaker, I thank Dr. MURPHY for his remarks. And now I would like to yield time to my colleague from the great State of Georgia. I represent the 11th District; he represents the 10th District in the Athens area. He is a great friend of mine, a family practitioner, Dr. PAUL BROUN.

Mr. BROUN of Georgia. Thank you, Dr. GINGREY. I really appreciate your doing this Special Order tonight, and I look forward to this opportunity. We had great fun in the last Congress talking about how bad ObamaCare is, and I'm excited that today the Congress, the U.S. House of Representatives, voted to repeal it.

I was on Neil Cavuto this evening, and Neil Cavuto played some tapes or speeches of our Democratic colleagues and said we've heard over and over again that the Republicans don't have anything to offer. We heard last Congress that the Republicans are the Party of No. Well we are the Party of K-n-o-w because we know how to lower the cost of health care. We know how to provide good quality health care at the lowest price. And we know how to create jobs and create a stronger economy. And those are the things that we're going to be doing in this Congress with the Republican majority. So I'm excited.

But where do we go from here? Well, yesterday I introduced my bill, one of two that I had in the last Congress. I reintroduced one yesterday. The new number is H.R. 299. And what it would do is do five things. Number one is it would repeal ObamaCare if it is passed into law; number two, it would allow people to buy health insurance across State lines, which is a constitutional thing. Actually, we should under the commerce clause expand commerce. That's what the original intent of the commerce clause is. So that's what my bill would do.

Thirdly, it will allow anybody in this country, businesses, individuals to join associations so that they could join a huge pool, and this would mean that they would have multiple insurance products that they could buy at a much lower cost than they're paying today.

The fourth thing it would do is it would stimulate States to set up high-risk pools. Many States have already done that very successfully. And the fifth thing is it would allow everybody to deduct 100 percent of their health care costs off their income taxes, which would markedly change the dynamics of health care financing. I introduced that last time. I introduced it yesterday. My other bill, the Patient Option

Act, it was H.R. 3889 in the last Congress, we will be reintroducing that.

But our colleague from Georgia, Dr. TOM PRICE, who at the time was the RSC chairman, introduced the RSC bill, H.R. 3400 in the last Congress, which was the RSC's bill to reform health care financing. We've had multiple bills introduced. Why has nobody heard about these things? Well, because NANCY PELOSI has operated in a very dictatorial manner. She didn't want our bills to ever see the light of day and neither did the mainstream media. But I think you're going to see these bills come forward.

We need to repeal and replace ObamaCare. ObamaCare itself is going to destroy jobs. It's going to destroy budgets. It's going to destroy the quality of health care. It's going to destroy jobs. We just had our friend, our Democratic colleague KEITH ELLISON from Minnesota, just here talking about how repealing it would hurt small businesses. Well, the simple truth is that keeping ObamaCare is going to hurt small businesses. I have talked to a lady, a small employer, she has right now, today, eight employees. She desperately needs to hire some more, but she's not going to until we repeal ObamaCare because of the financial strain it will put on her business. It's going to break the budgets of every State in this country with the increased Medicaid.

We've got to repeal ObamaCare. We've got to replace it with something else that reduces the cost, not just slows the cost, but reduces the cost of every health care service and product in this country. And we can do that. My bill would do that. Other bills will do that.

And, Dr. GINGREY, we're going to repeal and replace ObamaCare. We're going to put it out for the American people to see so that they know that the Republican Party is the party of K-n-o-w. We know how to solve these problems.

Mr. GINGREY of Georgia. Reclaiming my time, and I thank the gentleman from Georgia from the 10th Congressional District. The gentleman makes some great points. And colleagues on both sides of the aisle, I would ask you to look at the posters that we have here because what Dr. MURPHY, Mr. Speaker, and Dr. BROUN are talking about is really the plan. And the plan is not a plan, but it is a series of plans, if you will. It's a plan A, it's a plan B, and it's a plan C. And of course today, the repeal as depicted on this very first and second poster was at least a House completion of plan A, and that is repeal of ObamaCare as this poster depicts. Priority number one, we feel very strongly that that's what we need to do, and that's what we did in this House today.

As Dr. BROUN was talking about, Republican priority number two is not only to repeal it, but to replace it, because every one of us, particularly the members of the House GOP Doctors

Caucus that are on the floor this evening, understand that nothing is perfect. And as Dr. BROUN and others have said, we tried to bring forth legislation during the 111th Congress. We gave a copy of "Better Solutions" to the President, Mr. Speaker. Pages 8 and 9 were all about our plans and other options other than a government takeover, lock, stock and barrel, of the health care system. The President said, well, I got it, I read it, and then went on to say, they have no ideas, they won't bring me any ideas, if they only would.

So priority number two, of course, replace ObamaCare with reforms that empower patients and protect our economy. And then, of course, as I say, Republican priority number three in this poster, repeal and defund provisions of ObamaCare until full repeal is successful if we're not able to get the Senate and the President to go along with us in regard to this full repeal. If they don't do it, quite honestly, they are not listening, Mr. Speaker, to the American people. They do that at their own peril.

I would yield back to the gentleman from Georgia for 5 seconds.

Mr. BROUN of Georgia. The President told us and the American people if anybody has any other idea besides ObamaCare, his door is always open. I know I knocked on his door and nobody was home. They didn't answer the door as they have for other members of our caucus.

Mr. GINGREY of Georgia. At this time, Mr. Speaker, I would like to yield to one of our freshman members, the gentleman from Arizona, Dr. PAUL GOSAR. Dr. GOSAR is a dentist and has been very, very active not only in his own practice in Arizona but in the American Dental Association. At this time I am proud to yield to a freshman member, our colleague, Dr. PAUL GOSAR.

Mr. GOSAR. Thanks to my colleague, Dr. GINGREY, to acknowledge me for some time.

As a practicing dentist for 25 years, I have seen how government-run health care actually works. It doesn't. I have actually seen where what we've done has spilled over into the private sector trying to laden the private sector with the liabilities from the public sector. What we have got to do is we've used creative accounting, taking 10 years of revenue to pay for 6 years of actual treatment. I don't know as a practicing dentist and as a businessman how that actually works in anybody else's terms.

We also have to look back at our past to go forward. And there's three things I was always taught: look at your mistakes, where you're failing; look at your accounts and your liabilities; and then make sure that you make an equal playing field. That's what we haven't done here. Where is the tort reform? Where is the liabilities and assets that we've had? And make sure that we're using those properly. And

last but not least is increase the competition in the marketplace, true insurance reform where we have insurance companies competing for us on the private sector as the individual on a patient-based center.

I thank the gentleman from Georgia.

□ 2150

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from Arizona and welcome him, of course, to the House GOP Doctors Caucus.

Our final speaker, and I want to yield time to a cardiothoracic surgeon, Mr. Speaker, from Indiana, a new member, Dr. LARRY BUCSHON, and I think Dr. BUCSHON was here on the floor a little earlier when the Democratic 30 minutes was controlled by the gentleman from Minnesota, and he made some remarks against the fact that we were successful in repealing ObamaCare. And I think Dr. BUCSHON would like to comment on some of those points that were made.

At this time, I proudly yield to our new member, Dr. LARRY BUCSHON.

Mr. BUCSHON. Thank you, Dr. GINGREY, for allowing me this time.

Mr. Speaker, I was proud to vote for the repeal bill of health care today because, as a practicing physician for 15 years, I know that the government approach to health care reform is the wrong approach. It was said earlier tonight: Why aren't Republicans focusing on jobs? I would hold, Mr. Speaker, that this is a jobs bill today. The health care bill, the ObamaCare bill, is a job destroyer. I held roundtables for large and small businesses throughout my district, and I never heard any of the things I heard earlier tonight in this Chamber. What I heard is it is preventing them from expanding business; it is preventing them from starting new businesses, and some businesses are very worried that they may no longer be in business. So this is a jobs bill.

The other thing I would like to comment on is the physicians' support for this bill. It was said earlier tonight in this Chamber that physicians across the country support this bill. Well, the organizations that have been discussed, the last time I looked, represent less than 20 percent of the physicians in the United States. In actual fact, most national special medical societies were against the bill. So this is a gross overrepresentation of national physicians' support for the ObamaCare bill.

The President had a group of physicians at the White House in white coats saying that physicians are behind this bill, but he brought in a group of physicians who are known people who are proponents of single payer health care.

So, Mr. Speaker, I would like to say again that this is a jobs bill. This will hurt jobs in America.

The last thing I would like to say related to being a physician: What are we going to do about physician shortages in this country? This bill is going to

make that worse. How can we convince young people, like my son who is a senior in high school, to go into medicine when they are looking at no significant financial way to become a primary care doctor in this country going forward with this ObamaCare in place?

I want young people to love medicine, to go into medicine, to keep us in strong supply of physicians. But, Mr. Speaker, unless we do repeal this bill and replace it with things that we know that work as a private sector solution, that is not going to happen.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for his comments.

Before I yield again to my cochair, Dr. MURPHY, I want to make a few comments in regard to some of the things that were said on the Democratic side of the aisle just within the last 30 minutes. The gentleman that spoke is a fine, fine Member, has a great heart and a lot of compassion and is a friend of mine and I don't refute him in any way of being strident or any animosity toward him, but the gentleman made a comment about why not give the law a chance, I think is sort of the way it was put, Mr. Speaker. The Republican majority, the new Republican majority wanted to come along with H.R. 2 and repeal the bill, didn't even want to give it a chance to see how well it might work.

Mr. Speaker, I would just say on a point like that, we on this floor right now on the Republican side of the aisle, we doctors know that when you discover a cancer, you don't give it a chance to grow. You don't give it a chance to metastasize. You cut that sucker out and you get rid of it lock, stock and barrel. As our colleague from Iowa, STEVE KING, said the other day, you pull it out by the roots. I think, Mr. Speaker, the Speaker, JOHN BOEHNER, said the same thing. We feel very strongly that today we did the right thing.

I have a number of other charts here that my colleagues might want to reference in regard to specifics about what we feel about this bill and why we needed to repeal it and basically start over.

I will finally quickly say that I heard the other side talk about statistics, saying that only 18 percent of people wanted the bill completely repealed. That is not an accurate statistic. Eighteen percent wanted to leave it like it is. Fully 75 percent in the latest Rasmussen poll either wanted it to be repealed or repealed and replaced. Or if not repealed, significantly altered. And, of course, that is what we are about as we go forward.

I yield to the gentleman from Pennsylvania (Dr. MURPHY).

Mr. MURPHY of Pennsylvania. Another couple of brief points I would like to bring up, because out of a sense of compassion, we want to continue to practice health care and we want patients to be able to afford it. But let me point out a couple of ways this bill

is trying to fund the expanded government-run health care that actually increases cost.

One is that the very thing that we should be working on to reduce costs such as medical supplies and other practices will be taxed. Pacemakers will be taxed. Heart monitors will be taxed. Artificial joints will be taxed. The knees and hips that people will have replaced will be taxed. Stents, diabetes supplies, and prescription drugs are going to be taxed. That tax is an increase in the cost of health care and something that has to be paid for, which gets paid for by increasing the cost of insurance.

Employers also have to pay increasing taxes: if they don't have enough insurance or if they have no insurance for their employees. And if they have too much insurance for their employees, instead of rewarding them and saying this is good that you are providing comprehensive insurance for employees, that gets taxed as well. And employees themselves, if they are not covered, they have to pay taxes or, because the way this bill works because there is no time frame, they can get it when they are in the ambulance on the way to the hospital.

Another point. Part of the funding for this is to take \$70 billion from a long-term health insurance plan called the Community Living Assistance Services, which is the CLASS Act. Before it even starts, they will take \$70 billion out of this over 10 years; but what happens is the premiums will need to be paid in actual claims. Actually, it is far less than will be needed.

Now, if any of us tried to start an insurance plan and took all of the money out before it even got started, well, you wouldn't be able to get a license to provide that insurance. It is one of the many flaws in this program that does not have the money to pay for it. It is another reason why the bill had to be repealed before it is replaced.

Mr. GINGREY of Georgia. I realize our time is running short, and I want to make a couple of points before yielding to Dr. BROUN for a final comment.

Republican doctors can help the repeal-replace effort, and I have four bullet points that I want to point out to my colleagues.

Number one, health insurance reforms: Yes, but without government health plans.

Number two, guaranteed access to insurance: Yes, but without an individual unconstitutional mandate.

Number three, reduce the cost of health care: Yes, but without gutting Medicare, especially the Medicare Advantage program and taking something like \$130 billion out of that program. And I think it was pointed out earlier that 20 percent of Medicare recipients are on Medicare Advantage, or at least they were.

And number four, medical liability reform, and I will have a bill addressing that issue.

Let me turn to my colleague from Georgia for a final comment.

Mr. BROUN of Georgia. We hear from our Democratic colleagues that the budget deficit is going to be increased by repealing ObamaCare, but that is just simply not true. The Democrats have used some faulty accounting techniques, deceptive accounting techniques, to show that. The actual cost if we keep ObamaCare over the next 10 years, it is going to increase the deficit by over \$700 billion. If we keep it. We cannot afford it. States cannot afford it. They are already suffering. My home State of Georgia has a \$2 billion deficit, and the increase of Medicaid premiums that will be forced on States all over this country, they cannot afford to continue to do that.

We can lower the cost of health care. We can maintain good quality health care that is patient centered so patients can make their own decisions with their doctor. That is exactly the kind of health care system that we are going to bring forth to this House. We are going to repeal ObamaCare and we are going to continue to fight if it takes all of the way through the 2012 elections so that we get, hopefully, a President who will sign a repeal and replace bill. And then we will get through the Senate. So we will continue to fight for that.

I yield back to Dr. GINGREY.

Mr. GINGREY of Georgia. Just a few closing remarks.

Mr. Speaker, I want to thank Dr. GOSAR and Dr. BUCSHON for being with us tonight.

You know, we didn't have time to go into all of the details that we would like to have gone into, but one thing that is absolutely clear is that Governors across this country—and not just Republican Governors but Democratic Governors as well—are very, very concerned with the Medicaid mandates and the fact that this maintenance of effort requirement that says that Governors who can't even be innovative and creative in running their own Medicaid programs is resulting in budget-busting in all of these States that have to balance their budgets. Unfortunately, we don't do that up here. They're having to cut education to the bone, and they're having to cut public safety to the bone because of the massive increasing costs of Medicaid.

Well, we thank the Speaker for the time, and we appreciate the opportunity to speak to the American people. We will be back here tomorrow to pass House Resolution Number 9 so that we can get busy on replacing ObamaCare.

With that, I yield back the balance of my time.

Mr. McDERMOTT, for 5 minutes, today.

Mr. AL GREEN of Texas, for 5 minutes, today.

Mr. FARR, for 5 minutes, today.

Mrs. CHRISTENSEN, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

(The following Members (at the request of Mr. BUCSHON) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, January 26.

Mr. JONES, for 5 minutes, January 26.

Mr. FORTENBERRY, for 5 minutes, today.

Mr. PENCE, for 5 minutes, today.

Mr. GRAVES of Georgia, for 5 minutes, today.

Mr. McCLINTOCK, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. GARAMENDI, for 5 minutes, today.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

ADJOURNMENT

Mr. BROUN of Georgia. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock p.m.), under its previous order, the House adjourned until tomorrow, Thursday, January 20, 2011, at 9 a.m.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Speaker-Authorized Official Travel during the second, third, and fourth quarters of 2010 pursuant to Public Law 95-384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON NOV. 28, 2010

Name of Member or employee	Date		Country	Per diem <sup>1</sup>		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>
Hon. James E. Clyburn	11/28	11/28	Haiti						(3)		
Hon. John Conyers	11/28	11/28	Haiti						(3)		
Hon. Barbara Lee	11/28	11/28	Haiti						(3)		
Hon. Donna Christensen	11/28	11/28	Haiti						(3)		
Hon. Jeff Fortenberry	11/28	11/28	Haiti						(3)		
Hon. Emanuel Cleaver	11/28	11/28	Haiti						(3)		
Hon. Sheila Jackson Lee	11/28	11/28	Haiti						(3)		
Hon. Marcia Fudge	11/28	11/28	Haiti						(3)		
Hon. Laura Richardson	11/28	11/28	Haiti						(3)		
Hon. Hank Johnson	11/28	11/28	Haiti						(3)		
John Lis	11/28	11/28	Haiti						(3)		
Robert Fuentes	11/28	11/28	Haiti						(3)		
Yelberton Watkins	11/28	11/28	Haiti						(3)		
Dan Harsha	11/28	11/28	Haiti						(3)		
Lars Hyde	11/28	11/28	Haiti						(3)		
Committee total											

<sup>1</sup> Per diem constitutes lodging and meals.

<sup>2</sup> If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

<sup>3</sup> Military air transportation.

HON. JAMES E. CLYBURN, Dec. 17, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO NORWAY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN DEC. 9 AND DEC. 12, 2010

Name of Member or employee	Date		Country	Per diem <sup>1</sup>		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>
Hon. Nancy Pelosi	12/10	12/12	Norway		1,453.00				(3)		1,453.00
Hon. Wilson Livingood	12/10	12/12	Norway		1,282.00				(3)		1,282.00
Hon. Brian Monahan	12/10	12/12	Norway		1,318.00				(3)		1,318.00
Stacey Bako	12/09	12/12	Norway		1,999.00		4,896.00				6,895.00
Bridget Fallon	12/09	12/12	Norway		1,999.00		4,896.00				6,895.00

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO NORWAY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN DEC. 9 AND DEC. 12, 2010—Continued

Name of Member or employee	Date		Country	Per diem <sup>1</sup>		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>
Kate Knudson	12/10	12/12	Norway		1,453.00				(3)		1,453.00
Jonathan Stivers	12/10	12/12	Norway		1,453.00				(3)		1,453.00
Andrew Hammill	12/10	12/12	Norway		1,453.00				(3)		1,453.00
Committee total					12,410.00				9,792.00		22,202.00

<sup>1</sup> Per diem constitutes lodging and meals.  
<sup>2</sup> If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.  
<sup>3</sup> Military air transportation.

HON. NANCY PELOSI, Speaker of the House.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON FINANCIAL SERVICES, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2010

Name of Member or employee	Date		Country	Per diem <sup>1</sup>		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>

HOUSE COMMITTEES

Please Note: If there were no expenditures during the calendar quarter noted above, please check the box at right to so indicate and return.

<sup>1</sup> Per diem constitutes lodging and meals.  
<sup>2</sup> If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. BARNEY FRANK, Chairman, Jan. 3, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON HOMELAND SECURITY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN APR. 1 AND JUNE 30, 2010

Name of Member or employee	Date		Country	Per diem <sup>1</sup>		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>
Brian Turbyfill	6/2	6/4	Singapore		412.37		11,052.60				11,464.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Thomas McDaniels	6/2	6/4	Singapore		412.37		10,635.60				11,047.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Mandy Bowers	6/2	6/4	Singapore		412.37		10,635.60				11,047.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Luke Burke	6/2	6/4	Singapore		412.37		11,236.60				11,648.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Patricia Zavala	6/2	6/4	Singapore		412.37		11,052.60				11,464.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
I. Lanier Avant	6/2	6/4	Singapore		412.37		10,635.60				11,047.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Galen Bean	6/2	6/4	Singapore		412.37		11,361.60				11,773.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Cory Horton	6/2	6/4	Singapore		412.37		12,011.60				12,423.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Nicole Tisdale	6/2	6/4	Singapore		412.37		10,635.60				11,047.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Stephen Vina	6/2	6/4	Singapore		412.37		16,481.60				16,893.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Pizza Ashby	6/2	6/4	Singapore		412.37		10,635.60				11,047.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Chris Beck	6/2	6/4	Singapore		412.37		11,758.80				12,171.17
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Kim Alton	6/2	6/4	Singapore		412.37		10,635.60				11,047.97
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Carla Zamudio-Dolan	6/2	6/4	Singapore		412.37		13,812.30				
	6/4	6/6	Malaysia		254.00						
	6/6	6/8	Hong Kong		388.00						
Total											155,681.81
Committee total					14,761.18		85,971.10				100,732.28

<sup>1</sup> Per diem constitutes lodging and meals.  
<sup>2</sup> If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. BENNIE G. THOMPSON, Chairman, July 2, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON HOMELAND SECURITY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND SEPT. 30, 2010

Name of Member or employee	Date		Country	Per diem <sup>1</sup>		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>	Foreign currency	U.S. dollar equivalent or U.S. currency <sup>2</sup>
Hon. Yvette Clarke	9/20	9/21	United Kingdom		140.00		816.50				956.50
Cory Horton	9/20	9/21	United Kingdom		140.00		816.50				956.50
Christopher Beck	9/20	9/21	United Kingdom		140.00		816.50				956.50
Committee totals					420.00		2,449.50				2,869.50

<sup>1</sup> Per diem constitutes lodging and meals.  
<sup>2</sup> If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. BENNIE G. THOMPSON, Chairman, Oct. 1, 2010.

### BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to Public Law 111-139, Mr. RYAN hereby submits prior to the vote on passage, the attached estimate of the budgetary effects of H.R. 2, "Repealing the Job-Killing Health Care Law Act," for printing in the CONGRESSIONAL RECORD.

#### ESTIMATE OF THE STATUTORY PAY-AS-YOU-GO EFFECTS FOR H.R. 2—REPEALING THE JOB-KILLING HEALTH CARE LAW ACT—AS INTRODUCED IN THE HOUSE ON JANUARY 5, 2011

(Billions of dollars, by fiscal year)

	Statutory Pay-As-You-Go Impact	2012-2021
Net increase or Decrease (-) in the On-Budget Deficit <sup>a</sup>	+230	
Less:		
Adjustments Pursuant to Sec. 4(d)(6) of P.L. 111-139 <sup>b</sup>	N/A	
(Community Living Assistance Services and Supports Act)		
Adjustments Pursuant to H. Res. 5, 112th Congress <sup>c</sup>	-230	
Statutory Pay-As-You-Go Impact	0	

Source: House Budget Committee Estimates. Memorandum.

<sup>a</sup>As of January 18, 2011 the Congressional Budget Office could not produce a detailed year-by-year estimate of the statutory paygo effects of enacting H.R. 2—Repealing the Job-Killing Healthcare Law Act. The estimate above was provided in a CBO letter dated January 6, 2011 to Speaker of the House, John Boehner.

<sup>b</sup>P.L. 111-139 (the Statutory Pay-as-you-go Act of 2010) requires that the budgetary effects of enactment of the Community Living Assistance Services and Supports Act (CLASS) not be counted on OMB's statutory paygo scorecard. CBO initially estimated the CLASS Act would reduce the deficit by \$70 billion; therefore, repeal of the CLASS Act, which would become effective upon enactment of H.R. 2, would not be counted as increasing the deficit under statutory paygo. CBO was unable to produce an updated estimate of the deficit impact of repealing the CLASS Act as of January 18, 2011.

<sup>c</sup>Sec. 3(h)(1)(C) of H. Res. 5 provides authority for the Chairman of the Committee on the Budget to exempt the budgetary effects of any measure that repeals the Patient Protection & Affordable Care Act and subtitle B of title II of the Health Care and Education Affordability Reconciliation Act of 2010.

### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

119. A letter from the Director, Regulatory Review Group, Department of Agriculture, transmitting the Department's final rule — Tobacco Transition Payment Program; Tobacco Transition Assessments (RIN: 0560-AH30) received January 6, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

120. A letter from the Regulatory Specialist, LRAD, Department of the Treasury, transmitting the Department's final rule — Community Reinvestment Act Regulations [Docket ID: OCC-2010-0021] (RIN: 1557-AD34) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

121. A letter from the Regulatory Specialist, LRAD, Department of the Treasury, transmitting the Department's final rule — Community Reinvestment Act Regulations [Docket ID: OCC-2010-0020] (RIN: 1557-AD32) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

122. A letter from the Legal Information Assistant, Department of the Treasury, transmitting the Department's final rule — Community Reinvestment Act Regulations [Docket ID: OTS-2010-0031] (RIN: 1550-AC42) received January 6, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

123. A letter from the General Counsel, National Credit Union Administration, transmitting the Administration's final rule — The Low-Income Definition (RIN: 3133-AD75) received January 6, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

124. A letter from the Secretary, Department of Health and Human Services, transmitting the Annual Report for Fiscal Year 2008 of the Administration on Aging, pursuant to 42 U.S.C. 3018; to the Committee on Education and the Workforce.

125. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting the Department's final rule — Energy Conservation Program for Consumer Products: Test Procedures for Clothes Dryers and Room Air Conditioners [Docket No.: EERE-2008-BT-TP-0010] (RIN: 1904-AC02) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

126. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Establishment of the Permanent Certification Program for Health Information Technology (RIN: 0991-AB59) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

127. A letter from the Secretary, Department of Health and Human Services, transmitting a report entitled, "High Risk Pool Grant Program for Federal Fiscal Years (FFYs) 2008 and 2009"; to the Committee on Energy and Commerce.

128. A letter from the Secretary, Department of Health and Human Services, transmitting a report entitled "HHS Secretary's Efforts to Improve Children's Health Care Quality in Medicaid and CHIP"; to the Committee on Energy and Commerce.

129. A letter from the Secretary, Department of Health and Human Services, transmitting a report entitled "HHS Secretary's Efforts to Improve Children's Health Care Quality in Medicaid and CHIP"; to the Committee on Energy and Commerce.

130. A letter from the Secretary, Department of the Treasury, transmitting as required by section 401(c) of the National Emergencies Act, 50 U.S.C. 1641(c), and section 204(c) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(c), a six-month periodic report on the national emergency with respect to Cote d'Ivoire that was declared in Executive Order 13396 of February 7, 2006, pursuant to 50 U.S.C. 1641(c); to the Committee on Foreign Affairs.

131. A letter from the Assistant Legal Advisor for Treaty Affairs, Department of State, transmitting report prepared by the Department of State concerning international agreements other than treaties entered into by the United States to be transmitted to the Congress within the sixty-day period specified in the Case-Zablocki Act; to the Committee on Foreign Affairs.

132. A letter from the Secretary, Department of Housing and Urban Development, transmitting the Department's semiannual report from the office of the Inspector General for the period April, 1, 2010 through September 30, 2010, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Oversight and Government Reform.

133. A letter from the Director, National Science Foundation, transmitting the Foundation's Annual Financial Report for Fiscal Year 2010; to the Committee on Oversight and Government Reform.

134. A letter from the Director, Office of Personnel Management, transmitting the Of-

fice's final rule — Federal Employees Health Benefits Program Miscellaneous Changes (RIN: 3206-AL95) received January 6, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

135. A letter from the Director of Legislative Affairs, Office of the Director of National Intelligence, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

136. A letter from the Director, Peace Corps, transmitting the Corps' Performance and Accountability report for fiscal year 2010; to the Committee on Oversight and Government Reform.

137. A letter from the Secretary, Department of the Interior, transmitting the Department's 2010 Report to Congress for the North Slope Science Initiative; to the Committee on Natural Resources.

138. A letter from the Secretary, Department of Health and Human Services, transmitting the Department's determination on a petition on behalf of workers from Texas Chemicals, Inc., in Texas City, Texas to be added to the Special Exposure Cohort (SEC), pursuant to the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA); to the Committee on the Judiciary.

139. A letter from the President and CEO, National Safety Council, transmitting the Foundation's Annual Financial and Audit Report for Fiscal Year 2010, pursuant to 36 U.S.C. 1101(36) and 1103; to the Committee on the Judiciary.

140. A letter from the Assistant Chief Counsel for Hazardous Materials Safety, Department of Transportation, transmitting the Department's final rule — Hazardous Materials Transportation: Revisions of Special Permits Procedures [Docket No.: PHMSA-2009-0410 (HM-233B)] (RIN: 2137-AE57) received January 13, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

141. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting proposed language to extend and amend the Cultural Property Implementation Act; to the Committee on Ways and Means.

142. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Over the Counter Drugs — Additional Guidance [Notice 2011-5] received January 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

143. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Certain Changes in Method of Accounting for Organizations to which Section 833 Applies [Notice 2011-4] received January 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

144. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Affordable Care Act Nondiscrimination Provisions Applicable to Insured Group Health Plans [Notice 2011-1] received January 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

145. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Guidance on the Application of Section



162(m)(6) [Notice 2011-02] received January 10, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

146. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Inflation Adjusted Items for 2011 (Rev. Proc. 2011-12) received January 10, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

147. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Permitted disparity in employer-provided contributions or benefits (Rev. Rul. 2011-3) received January 10, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

148. A letter from the Secretaries, Department of Health and Human Services, Department of Labor, Department of the Treasury, transmitting a letter to the Speaker on the departments' initiatives regarding the Affordable Care Act; jointly to the Committees on Education and the Workforce, Energy and Commerce, and Ways and Means.

#### REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. DREIER: Committee on Rules. House Resolution 38. Resolution to reduce spending through a transition to non-security spending at fiscal year 2008 levels; with amendments (Rept. 112-3). Referred to the House Calendar.

Mr. DREIER: Committee on Rules. House Resolution 43. Resolution providing for consideration of the resolution (H. Res. 38) to reduce spending through a transition to non-security spending at fiscal year 2008 levels. (Rept. 112-4). Referred to the House Calendar.

#### PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. BACA:

H.R. 317. A bill to amend the Internal Revenue Code of 1986 to allow a credit against tax for certain fruit and vegetable farmers; to the Committee on Ways and Means.

By Mr. BRADY of Pennsylvania:

H.R. 318. A bill to amend title 18, United States Code, to punish threats to commit violent crimes against Members of Congress, and for other purposes; to the Committee on the Judiciary.

By Mr. BRALEY of Iowa:

H.R. 319. A bill to require employers to provide veterans with time off on Veterans Day; to the Committee on Education and the Workforce.

By Mr. CALVERT:

H.R. 320. A bill to designate a Distinguished Flying Cross National Memorial at the March Field Air Museum in Riverside, California; to the Committee on Natural Resources.

By Mr. COHEN (for himself, Mr. NADLER, Ms. NORTON, Mr. JACKSON of Illinois, Mr. HASTINGS of Florida, Mr. MEEKS, Ms. BALDWIN, Mr. GRIJALVA, Ms. JACKSON LEE of Texas, Ms. SUTTON, Mr. SERRANO, Ms. FUDGE, Mr. HONDA, Ms. CLARKE of New York, Ms. SCHAKOWSKY, Mr. HINCHEY, Mr. DAVIS of Illinois, Mr. FILNER, Mr. AL GREEN

of Texas, Ms. EDWARDS, Ms. WOOLSEY, and Mr. ELLISON):

H.R. 321. A bill to amend the Fair Credit Reporting Act to prohibit the use of consumer credit checks against prospective and current employees for the purposes of making adverse employment decisions; to the Committee on Financial Services.

By Mr. CONYERS:

H.R. 322. A bill to amend title 18, United States Code, to provide for the protection of the general public, and for other purposes; to the Committee on the Judiciary.

By Mr. CONYERS:

H.R. 323. A bill to establish a corporate crime database, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FILNER:

H.R. 324. A bill to amend title 10, United States Code, to provide police officers, criminal investigators, and game law enforcement officers of the Department of Defense with authority to execute warrants, make arrests, and carry firearms; to the Committee on Armed Services.

By Mr. FILNER:

H.R. 325. A bill to amend the Clean Air Act to delay the effect of reclassifying certain nonattainment areas adjacent to an international border, and for other purposes; to the Committee on Energy and Commerce.

By Mr. FILNER:

H.R. 326. A bill to amend section 8 of the United States Housing Act of 1937 to provide for rental assistance payments to assist certain owners of manufactured homes who rent the lots on which their homes are located; to the Committee on Financial Services.

By Mr. FILNER:

H.R. 327. A bill to amend the definition of a law enforcement officer under subchapter III of chapter 83 and chapter 84 of title 5, United States Code, respectively, to ensure the inclusion of certain positions; to the Committee on Oversight and Government Reform.

By Mr. FILNER:

H.R. 328. A bill to require public employees to perform the inspection of State and local surface transportation projects, and related essential public functions, to ensure public safety, the cost-effective use of transportation funding, and timely project delivery; to the Committee on Transportation and Infrastructure.

By Mr. FILNER:

H.R. 329. A bill to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services; to the Committee on Veterans' Affairs.

By Mr. FILNER:

H.R. 330. A bill to amend the Internal Revenue Code of 1986 to extend for 1 year the first-time homebuyer tax credit; to the Committee on Ways and Means.

By Mr. FILNER:

H.R. 331. A bill to amend the Internal Revenue Code of 1986 to provide a one-time increase in the amount excludable from the sale of a principal residence by taxpayers who have attained age 50; to the Committee on Ways and Means.

By Mr. FILNER:

H.R. 332. A bill to amend title 10, United States Code, to require the Department of Defense and all other defense-related agencies of the United States to fully comply

with Federal and State environmental laws, including certain laws relating to public health and worker safety, that are designed to protect the environment and the health and safety of the public, particularly those persons most vulnerable to the hazards incident to military operations and installations, such as children, members of the Armed Forces, civilian employees, and persons living in the vicinity of military operations and installations; to the Committee on Armed Services, and in addition to the Committees on Energy and Commerce, Transportation and Infrastructure, Natural Resources, and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BISHOP of Georgia (for himself,

Mr. ROSS of Arkansas, Ms. BERKLEY, Mr. LOEBACK, Mr. REYES, Mr. BARTLETT, Mr. MCGOVERN, Mr. CONNOLLY of Virginia, Ms. BROWN of Florida, Mr. WESTMORELAND, Ms. CASTOR of Florida, Mr. BRALEY of Iowa, Mr. BRADY of Pennsylvania, Mr. SCHIFF, Mr. HOLDEN, Mr. HOLT, Mr. DAVID SCOTT of Georgia, Mr. FILNER, Mr. DONNELLY of Indiana, Mr. MCINTYRE, Mr. TIERNEY, Mr. WALZ of Minnesota, Mr. DEFazio, Ms. BORDALLO, Mr. BOSWELL, Mr. COURTNEY, Mrs. BLACKBURN, Mr. BACHUS, Mr. CRITZ, Mr. MORAN, Ms. SLAUGHTER, Mr. MICHAUD, Mr. WOLF, Mr. WU, Mr. KISSELL, Mr. GARAMENDI, Mr. BOREN, Ms. TSONGAS, Mr. PRICE of North Carolina, Mr. JOHNSON of Georgia, Mrs. MALONEY, Mr. YARMUTH, Mr. GRIJALVA, Mr. FRANK of Massachusetts, Mr. SHULER, Mrs. DAVIS of California, Mr. CARNAHAN, Ms. FOX, Mr. WITTMAN, Mr. RAHALL, Ms. NORTON, Mr. PETERSON, Mr. KILDEE, Mr. MEEKS, Mr. ROGERS of Alabama, Mr. AL GREEN of Texas, Mr. ALEXANDER, Mr. KUCINICH, Ms. KAPTUR, Mr. ENGEL, Mr. GUTIERREZ, Ms. LORETTA SANCHEZ of California, Mr. BERMAN, Ms. PINGREE of Maine, Mr. LONG, Mr. HIGGINS, Mr. BARROW, Mr. SHUSTER, Ms. SUTTON, Mr. CICILLINE, Mr. PETERS, Mr. MARKEY, and Mr. BUTTERFIELD):

H.R. 333. A bill to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50 percent to receive concurrent payment of both retired pay and veterans' disability compensation, to eliminate the phase-in period for concurrent receipt, to extend eligibility for concurrent receipt to chapter 61 disability retirees with less than 20 years of service, and for other purposes; to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FORBES:

H.R. 334. A bill to prohibit the Internal Revenue Service from hiring new employees to enforce the Federal Government's invasion into the health care lives of American citizens; to the Committee on Ways and Means.

By Mr. GRIFFITH of Virginia:

H.R. 335. A bill to provide for a 10 percent reduction in pay for Members of Congress; to the Committee on House Administration, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. HINCHEY (for himself, Mr. TIERNY, Mr. COHEN, Mr. FILNER, Mr. GEORGE MILLER of California, Ms. WOOLSEY, Mr. GRIJALVA, and Mr. JACKSON of Illinois):

H.R. 336. A bill to amend the Truth in Lending Act to protect consumers from usury, and for other purposes; to the Committee on Financial Services.

By Mr. HUNTER (for himself, Mr. BILBRAY, Mr. LUETKEMEYER, Mr. DAVIS of Kentucky, Mr. CHAFFETZ, Mr. GIBBS, Mr. LAMBORN, Mr. FRANKS of Arizona, Mr. PEARCE, Mr. WEST, Mr. ROGERS of Alabama, Mr. FLEMING, Mr. BARTLETT, Mr. CONAWAY, Mr. MILLER of Florida, Mr. HUELSKAMP, Mr. KLINE, Mr. MANZULLO, and Mr. GINGREY of Georgia):

H.R. 337. A bill to amend Public Law 111-321 (Don't Ask, Don't Tell Repeal Act of 2010) to impose an additional condition on the repeal of the policy codified as section 654 of title 10, United States Code; to the Committee on Armed Services.

By Mr. ISRAEL:

H.R. 338. A bill to amend the Federal Food, Drug, and Cosmetic Act to ensure accurate, intelligible information on dosage delivery devices packaged with liquid over-the-counter medications; to the Committee on Energy and Commerce.

By Ms. JENKINS (for herself, Mr. PITTS, Mr. POMPEO, Mr. BRADY of Texas, Mr. BROWN of Georgia, Mr. BURTON of Indiana, Mr. ROSS of Florida, Mr. KLINE, Mrs. BIGGERT, Mrs. LUMMIS, Mr. GINGREY of Georgia, Mr. POSEY, Mr. WEST, Mr. HUNTER, Mr. SENSENBRENNER, Mr. BILBRAY, Mrs. SCHMIDT, Mr. ROGERS of Alabama, Mr. SULLIVAN, Mrs. MYRICK, Mr. MILLER of Florida, Mr. GRAVES of Missouri, Mr. LUETKEMEYER, Mr. STIVERS, Mr. CRAWFORD, Mr. DUNCAN of South Carolina, and Mr. KELLY):

H.R. 339. A bill to deem any adjournment of the House of Representatives which is in effect on the date of the regularly scheduled general election for Federal office held during a Congress to be adjournment sine die, and to amend title 31, United States Code, to provide for automatic continuing appropriations if a regular appropriation bill for a fiscal year does not become law before the date of the regularly scheduled general election for Federal office held during such fiscal year; to the Committee on Appropriations, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H.R. 340. A bill to amend title XIX of the Social Security Act to remove the exclusion from medical assistance under the Medicaid Program of items and services for patients in an institution for mental diseases; to the Committee on Energy and Commerce.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H.R. 341. A bill to amend title 23, United States Code, to increase certain infrastructure finance provisions, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H.R. 342. A bill to amend titles XIX and XVIII of the Social Security Act, as amended by the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, with respect to payment of disproportionate share hospitals (DSH) under the Medicare and Medicaid programs; to the Committee on Ways and

Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MATHESON (for himself, Mr. MCCAUL, Mr. PETERS, Mr. AUSTRIA, Mr. COBLE, Mr. QUIGLEY, and Ms. KAPTUR):

H.R. 343. A bill to repeal the provision of law that provides automatic pay adjustments for Members of Congress; to the Committee on House Administration, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. NEUGEBAUER:

H.R. 344. A bill to amend the Federal Reserve Act to remove the power of Federal reserve banks to buy and sell municipal securities, and for other purposes; to the Committee on Financial Services.

By Ms. NORTON:

H.R. 345. A bill to amend the District of Columbia Home Rule Act to eliminate all Federally-imposed mandates over the local budget process and financial management of the District of Columbia and the borrowing of money by the District of Columbia; to the Committee on Oversight and Government Reform.

By Mr. PEARCE (for himself, Mr. DANIEL E. LUNGREN of California, Mr. GARRETT, Mr. PLATTS, Mr. SESSIONS, Mr. COFFMAN of Colorado, and Mr. GERLACH):

H.R. 346. A bill to amend the Public Health Service Act to provide for cooperative governing of individual health insurance coverage offered in interstate commerce; to the Committee on Energy and Commerce.

By Mr. ROONEY:

H.R. 347. A bill to correct and simplify the drafting of section 1752 (relating to restricted buildings or grounds) of title 18, United States Code; to the Committee on the Judiciary.

By Mr. SENSENBRENNER:

H.R. 348. A bill to prohibit the Administrator of the Federal Highway Administration from requiring the replacement of street and highway signs that are in upper case letters with such signs that are in mixed case lettering with the initial letter in upper case followed by lower case lettering; to the Committee on Transportation and Infrastructure.

By Mr. SENSENBRENNER (for himself, Mr. BURGESS, Mr. DUNCAN of South Carolina, Mr. ROSS of Florida, Mr. CRAWFORD, Mr. LONG, and Mr. DUNCAN of Tennessee):

H.R. 349. A bill to make subject to appropriations Acts the Internal Revenue Service's use of certain funds collected from user fees; to the Committee on Ways and Means.

By Mr. SERRANO:

H.R. 350. A bill to amend the Food and Nutrition Act of 2008 to provide greater access to the supplemental nutrition assistance program by reducing duplicative and burdensome administrative requirements, authorize the Secretary of Agriculture to award grants to certain community-based nonprofit feeding and anti-hunger groups for the purpose of establishing and implementing a Beyond the Soup Kitchen Pilot Program for certain socially and economically disadvantaged populations, and for other purposes; to the Committee on Agriculture.

By Mr. SERRANO:

H.R. 351. A bill to amend title XIX of the Social Security Act to waive the requirement for proof of citizenship during the first

year of life for children born in the United States to a Medicaid-eligible mother; to the Committee on Energy and Commerce.

By Mr. SERRANO:

H.R. 352. A bill to permit members of the House of Representatives to donate used computer equipment to public elementary and secondary schools designated by the members; to the Committee on House Administration.

By Mr. SERRANO:

H.R. 353. A bill to establish a grant program to provide screenings for glaucoma to individuals determined to be at high risk for glaucoma, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LOEBSACK (for himself, Mr. LATHAM, Mr. KING of Iowa, Mr. BOSWELL, and Mr. BRALEY of Iowa):

H. Con. Res. 9. Concurrent resolution honoring the service and sacrifice of Army Staff Sergeant Salvatore Giunta, a native of Hiawatha, Iowa, and the first living recipient of the Medal of Honor since the Vietnam War; to the Committee on Armed Services.

By Mr. LARSON of Connecticut:

H. Res. 39. A resolution electing Members to certain standing committees of the House of Representatives; considered and agreed to.

By Mr. FRANKS of Arizona:

H. Res. 40. A resolution celebrating the life of President Ronald Wilson Reagan on the 100th anniversary of his birth; to the Committee on Oversight and Government Reform.

By Mr. RUSH (for himself, Mr. PAYNE, Mr. COHEN, Ms. LEE of California, Mr. TOWNS, Mr. HASTINGS of Florida, Mr. RANGEL, Ms. BROWN of Florida, Mr. BUTTERFIELD, and Mr. AL GREEN of Texas):

H. Res. 41. A resolution recognizing 2011 as the Year for People of African Descent; to the Committee on Foreign Affairs.

By Mr. HENSARLING:

H. Res. 42. A resolution electing certain Members to certain standing committees of the House of Representatives; considered and agreed to.

By Mr. BURTON of Indiana (for himself, Mrs. BACHMANN, Mr. OLSON, Mr. CRAWFORD, Mr. HUELSKAMP, Mr. LONG, Mr. CRITZ, Mr. POMPEO, Mr. MCCLINTOCK, Mr. WITTMAN, Mrs. MILLER of Michigan, and Mr. PAUL):

H. Res. 44. A resolution expressing the sense of the House of Representatives that an effective moratorium by the Executive Branch on offshore oil and gas exploration and drilling should be terminated; to the Committee on Natural Resources.

By Mr. GERLACH:

H. Res. 45. A resolution amending the Rules of the House of Representatives to encourage bipartisan amendments; to the Committee on Rules.

## PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII, private bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. FILNER:

H.R. 354. A bill for the relief of Lauli'i Matu'u; to the Committee on the Judiciary.

By Mr. FILNER:

H.R. 355. A bill for the relief of Pablo Eduardo Perrone and Maria Cristina Lemos; to the Committee on the Judiciary.

By Mr. FILNER:

H.R. 356. A bill for the relief of Flavia Maboloc Cahoon; to the Committee on the Judiciary.

By Mr. LIPINSKI:

H.R. 357. A bill for the relief of Corina de Chalup Turcinovic; to the Committee on the Judiciary.

#### CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. BACA:

H.R. 317.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1 of the U.S. Constitution.

By Mr. BRADY of Pennsylvania:

H.R. 318.

Congress has the power to enact this legislation pursuant to the following:

Article I.

By Mr. BRALEY of Iowa:

H.R. 319.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 18 of the United States Constitution.

By Mr. CALVERT:

H.R. 320.

Congress has the power to enact this legislation pursuant to the following:

The power granted to Congress under Article I, Section 8, Clause 1 of the United States Constitution.

By Mr. COHEN:

H.R. 321.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3 (relating to the power to regulate foreign and interstate commerce) of the United States Constitution.

By Mr. CONYERS:

H.R. 322.

Congress has the power to enact this legislation pursuant to the following:

U.S. Constitution, Article I, Section 8, Clause 3.

By Mr. CONYERS:

H.R. 323.

Congress has the power to enact this legislation pursuant to the following:

U.S. Constitution, Article I, Section 8, Clause 3.

By Mr. FILNER:

H.R. 324.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 14 and 18), which grant Congress the power to make Rules for the Government and Regulation of land and naval Forces; and to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers.

By Mr. FILNER:

H.R. 325.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 1, 3, 14, and 18), which

grant Congress the power to provide for the general welfare of the United States; to regulate Commerce among the several States; to make rules for the Government; and to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers.

By Mr. FILNER:

H.R. 326.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 1, 3, 14, and 18), which grant Congress the power to provide for the general welfare of the United States; to regulate Commerce among the several States; to make rules for the Government; and to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers; Amendment V to the Constitution, which provides that no person shall be deprived of life, liberty, or property, without due process of law; as well as Section 1 and Section 5 of Amendment XIV to the Constitution, which provides that no State shall deprive any person of life, liberty, or property, without due process of law; nor deny any person within its jurisdiction the equal protection of the laws; and provides Congress the power to enforce, by appropriate legislation, the provisions of this article.

By Mr. FILNER:

H.R. 327.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 1, 14, 16, and 18), which grant Congress the power to provide for the common Defense and general welfare of the United States; to make rules for the Government; to provide for organizing, arming, and disciplining the Militia, and for governing such Part of them as may be employed in the Service of the United States; and to make all laws which shall be necessary and proper for carrying into Execution the foregoing Powers.

By Mr. FILNER:

H.R. 328.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 1, 3, 7, and 18), which grant Congress the power to provide for the general welfare of the United States; to regulate Commerce among the several States; to establish Post Offices and post Roads; and to make all laws which shall be necessary and proper for carrying into Execution the foregoing Powers.

By Mr. FILNER:

H.R. 329.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 18 of the United States Constitution.

By Mr. FILNER:

H.R. 330.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Amendment XVI of the United States Constitution, which grants Congress the power to lay and collect taxes on incomes, from whatever source derived, without apportionment among the several States, and without regard to any census or enumeration.

By Mr. FILNER:

H.R. 331.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Amendment XVI of the United States Constitution, which grants Congress the power to lay and collect taxes on incomes, from whatever source derived, without apportionment among the several States, and without regard to any census or enumeration.

By Mr. FILNER:

H.R. 332.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (clauses 1, 3, 14, and 18), which grant Congress the power to provide for the general welfare of the United States; to regulate Commerce among the several States; to make rules for the Government and Regulation of the land and naval Forces; and to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers.

By Mr. BISHOP of Georgia:

H.R. 333.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is enumerated in the United States Constitution, which provides Congress the power to: Provide for the common defense and general welfare under Article I, Section 8, Clause 1; Raise and support Armies, under Article I, Section 8, Clause 12; Provide and maintain a Navy, under Article I, Section 8, Clause 13; Make rules for the government and regulation of the land and naval forces, under Article I, Section 8, Clause 14; Provide for organizing, arming, and disciplining, the Militia, and for governing such Part of them as may be employed in the Service of the United States, under Article I, Section 8, Clause 16; and, Make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, under Article I, Section 8, Clause 18.

By Mr. FORBES:

H.R. 334.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses I, XVIII and Article I, Section 9, Clauses VII.

By Mr. GRIFFITH of Virginia:

H.R. 335.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to Clause 1 of Section 6 of Article I and Amendment XXVII of the United States Constitution.

By Mr. HINCHEY:

H.R. 336.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8 Clause 3 To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. HUNTER:

H.R. 337.

Congress has the power to enact this legislation pursuant to the following:

This legislation ensures that the military readiness of our Armed Forces is maintained through proper certifications which make certain that military commanders have a direct say in significant matters that affect the morale, cohesion and readiness of our military forces. Specific authority is provided by Article I, section 8 of the United States Constitution (clauses 12, 13, 14, and 16), which grants Congress the power to raise and support an Army; to provide and maintain a Navy; to make rules for the government and regulation of the land and naval forces; and to provide for organizing, arming, and disciplining the militia.

By Mr. ISRAEL:

H.R. 338.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 3 and Article I, Section 18 of the United States Constitution.

By Ms. JENKINS:

H.R. 339.

Congress has the power to enact this legislation pursuant to the following:

Pursuant to the power granted to Congress under Article I, Section 5, Clause 2 of the United States Constitution, and pursuant to the power granted to Congress under Article I, Section 8, Clause 1 of the United States Constitution.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H.R. 340.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I of the Constitution.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H.R. 341.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1: "The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States."

By Ms. EDDIE BERNICE JOHNSON of Texas:

H.R. 342.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I of the Constitution.

By Mr. MATHESON:

H.R. 343.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 6 of Article I of the Constitution.

By Mr. NEUGEBAUER:

H.R. 344.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 2: "The Congress shall have Power—To borrow Money on the credit of the United States."

Article I, Section 8, Clause 6: "The Congress shall have Power—To coin Money, regulate the Value thereof, and of foreign Coin, and fix the Standard of Weights and Measures."

By Ms. NORTON:

H.R. 345.

Congress has the power to enact this legislation pursuant to the following:

Clause 17 of Section 8 of Article I of the Constitution.

By Mr. PEARCE:

H.R. 346.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the United States Constitution which grants Congress the power to regulate interstate commerce.

By Mr. ROONEY:

H.R. 347.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States or in any Department or Officer thereof.

By Mr. SENSENBRENNER:

H.R. 348.

Congress has the power to enact this legislation pursuant to the following:

The Tenth Amendment to the Constitution.

By Mr. SENSENBRENNER:

H.R. 349.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I of the Constitution.

By Mr. SERRANO:

H.R. 350.

Congress has the power to enact this legislation pursuant to the following:

"The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States." (Article I, Section 8, Clause 1)

"The Congress shall have Power to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof." (Article I, Section 8, Clause 18)

By Mr. SERRANO:

H.R. 351.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1: "The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States;" and Article I, Section 8, Clause 18: "The Congress shall have Power To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof."

By Mr. SERRANO:

H.R. 352.

Congress has the power to enact this legislation pursuant to the following:

Clause 2 of section 5 of article I of the Constitution: Each House may determine the Rules of its Proceedings, punish its Members for disorderly Behaviour, and, with the Concurrence of two thirds, expel a Member."

Clause 2 of section 3 of article IV of the Constitution: "The Congress shall have Power to dispose of and make all needful Rules and Regulations respecting the Territory or other Property belonging to the United States; and nothing in this Constitution shall be so construed as to Prejudice any Claims of the United States, or of any particular State."

By Mr. SERRANO:

H.R. 353.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1: "The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States;" and Article I, Section 8, Clause 18: "The Congress shall have Power To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof."

By Mr. FILNER:

H.R. 354.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clause 4), which grants Congress the power to establish a Uniform rule of Naturalization throughout the United States.

By Mr. FILNER:

H.R. 355.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clause 4), which grants Congress the power to establish a Uniform rule of Naturalization throughout the United States.

By Mr. FILNER:

H.R. 356.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clause 4), which grants Congress the power to establish a Uniform rule of Naturalization throughout the United States.

By Mr. LIPINSKI:

H.R. 357.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 4 of the Constitution provides that Congress shall have power to "establish an uniform Rule of Naturalization". The Supreme Court has long found that this provision of the Constitution grants Congress plenary power over immigration policy. As the Court found in *Galvan v. Press*, 347 U.S. 522, 531 (1954), "that the formulation of policies [pertaining to the entry of aliens and their right to remain here] is entrusted exclusively to Congress has become about as firmly imbedded in the legislative and judicial tissues of our body politic as any aspect of our government." And, as the Court found in *Kleindienst v. Mandel*, 408 U.S. 753, 766 (1972) (quoting *Boutilier v. INS*, 387 U.S. 118, 123 (1967)), "[t]he Court without exception has sustained Congress' plenary power to make rules for the admission of aliens and to exclude those who possess those characteristics which Congress has forbidden."

#### ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 4: Mr. CARSON of Indiana, Mr. SCHRADER, Mr. WELCH, Mr. HIMES, Mr. ALTMIRE, Mr. FINCHER, and Mr. LIPINSKI.

H.R. 21: Mr. LUETKEMEYER and Mr. LABRADOR.

H.R. 23: Mrs. MCCARTHY of New York.

H.R. 44: Mr. KUCINICH.

H.R. 49: Mr. BARTLETT, Mr. ROSS of Florida, Mr. CULBERSON, Mr. CARTER, Mrs. MILLER of Michigan, Mr. LONG, and Mr. DUNCAN of Tennessee.

H.R. 81: Mr. OLVER.

H.R. 91: Mr. YOUNG of Alaska, Mr. FLORES, Mr. McCOTTER, Mrs. MYRICK, Mrs. HARTZLER, Mr. THOMPSON of Pennsylvania, and Mr. WOODALL.

H.R. 97: Mr. BACHUS, Mr. CRAWFORD, Mr. KING of New York, and Mr. QUAYLE.

H.R. 100: Mr. HELLER.

H.R. 103: Mr. FLEMING.

H.R. 104: Mr. WITTMAN and Mr. MCNERNEY.

H.R. 116: Mr. FRANK of Massachusetts.

H.R. 121: Mr. WEBSTER and Mr. OWENS.

H.R. 127: Mr. LONG, Mr. DUNCAN of Tennessee, and Mr. MCKINLEY.

H.R. 140: Mr. CRAVAACK, Mr. KLINE, Mr. GRAVES of Georgia, Mr. MARCHANT, and Mr. SMITH of Nebraska.

H.R. 152: Mr. AKIN, Mr. CRAWFORD, Mr. CARTER, and Mr. MARCHANT.

H.R. 153: Mr. YOUNG of Indiana, Mr. MARCHANT, Mr. WESTMORELAND, Ms. GRANGER, Mr. POSEY, Mr. CRAWFORD, Mr. FLEMING, Mr. KING of Iowa, Mrs. SCHMIDT, Mr. NEUGEBAUER, Mr. WALBERG, Mr. OLSON, and Mr. BARTON of Texas.

H.R. 154: Mr. FARENTHOLD, Mr. YOUNG of Indiana, Mr. MARCHANT, Mr. WESTMORELAND, Mr. FLEISCHMANN, Mr. AKIN, Mr. WALSH of Illinois, Mr. NUGENT, Mr. POSEY, Mr. CRAWFORD, Mr. FLEMING, Mr. BARTLETT, Mrs. SCHMIDT, Mr. NEUGEBAUER, Mr. WALBERG, Mr. BILBRAY, Mr. BUCSHON, Mrs. BACHMANN, Mr. BROUN of Georgia, Mr. FLORES, Mr. GOHMERT, Ms. BUERKLE, Mr. CAMPBELL, Mr. HARRIS, Mr. HUELSKAMP, Mr. KINGSTON, Mr. SCHWEIKERT, Mr. LABRADOR, Mr. MACK, and Mr. KLINE.

H.R. 191: Ms. LINDA T. SÁNCHEZ of California, Mr. WELCH, Mr. CUMMINGS, Ms. CHU, and Mr. AL GREEN of Texas.

H.R. 192: Ms. ESHOO.

H.R. 196: Mr. MCNERNEY and Mr. FILNER.

H.R. 203: Mr. SHERMAN.

H.R. 217: Mr. ALEXANDER, Mr. CRENSHAW, Mr. GUTHRIE, Mr. ROSKAM, Mrs. ADAMS, Mr. SHULER, Mr. LIPINSKI, Mr. BENISHEK, Mr. AUSTIN SCOTT of Georgia, Mr. KELLY, and Mr. BONNER.

H.R. 263: Mr. FARR, Mr. MORAN, Ms. MOORE, Ms. NORTON, Mr. VAN HOLLEN, Mr. GUTIERREZ, Mr. MARKEY, Mr. SERRANO, Mr. WEINER, Mr. JACKSON of Illinois, Ms. DEGETTE, Mr. NADLER, Ms. MATSUI, Ms. SCHAKOWSKY, Mr. FILNER, Mr. STARK, Ms. SLAUGHTER, Ms. CHU, Mr. HASTINGS of Florida, Ms. ZOE LOFGREN of California, and Mrs. MALONEY.

H.R. 280: Mr. DUNCAN of Tennessee and Mr. BURTON of Indiana.

H.R. 297: Mrs. MILLER of Michigan.

H.R. 308: Mr. BERMAN, Ms. ZOE LOFGREN of California, Mr. AL GREEN of Texas, Ms. SCHAKOWSKY, Mr. DEUTCH, and Mr. JACKSON of Illinois.

H.J. Res. 1: Mr. LANDRY, Mr. CULBERSON, Mr. DUNCAN of South Carolina, Mr. GINGREY of Georgia, Mr. HARRIS, Mr. HUELSKAMP, Mr. KLINE, Mr. WEST, and Mr. WHITFIELD.

H.J. Res. 2: Mr. LANDRY, Mr. AUSTRIA, Mrs. CAPITO, Mr. DUNCAN of South Carolina, Mr.

FRELINGHUYSEN, Mr. GINGREY of Georgia, Mr. HARRIS, Mr. HASTINGS of Washington, Mr. KLINE, Mr. LATHAM, Mr. MICA, Mr. PETRI, Mr. WEST, Mr. WHITFIELD, Mrs. BONO MACK, and Ms. HERRERA BEUTLER.

H.J. Res. 9: Mr. BONNER, Mr. KINZINGER of Illinois, and Mr. CHAFFETZ.

H.J. Res. 13: Mr. MILLER of Florida, Mr. YOUNG of Alaska, and Mr. BACHUS.

H. Con. Res. 3: Mr. BRADY of Texas, Mr. CRAWFORD, and Mr. LATTA.

H. Res. 19: Mr. HONDA.

H. Res. 20: Mr. MCNERNEY.

H. Res. 25: Mr. NUGENT.

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#### DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H.R. 68: Mr. ROSS of Arkansas.

H.R. 69: Mr. ROSS of Arkansas.

## EXTENSIONS OF REMARKS

### BIPARTISAN CASE FOR NATIONAL SERVICE

#### HON. TODD RUSSELL PLATTS

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. PLATTS. Mr. Speaker, I submit the following.

[From POLITICO, Jan. 17, 2011]

BIPARTISAN CASE FOR NATIONAL SERVICE

(By Eric Tanenblatt)

You wouldn't think that new Republican Govs. Nathan Deal of Georgia and Sam Brownback of Kansas would have much in common with the Democratic governor of Massachusetts, Deval Patrick. But all three have made volunteer "days of service" a centerpiece of their inaugurations.

They are asking citizens to join them in feeding the hungry, assisting the jobless and helping their neighbors in a host of other ways. They join a growing number of governors and mayors who are rediscovering the untapped power of citizen service.

These inaugural service events are not ceremonial gestures. They remind us that citizen service crosses all boundaries—and has always been at the heart of what it means to be an American.

America's story is the story of volunteers. Since the early days of our nation, volunteers have helped us meet our greatest challenges: patriots who fought for our founding ideals, women who reached for the ballot, civil rights foot soldiers who risked their lives for equality, firefighters who rushed into burning towers, ordinary citizens who came to the aid of a disaster stricken coast.

Last year, in the middle of the Great Recession, approximately 63.4 million Americans volunteered in some way in their communities—the largest increase since 2003. That's 63.4 million citizens from all backgrounds and walks of life tilting toward problems instead of running away from them.

But America faces tough challenges requiring a new generation of service and service leaders.

National service, as embodied in the three major programs of the Corporation for National and Community Service—AmeriCorps, Senior Corps and Learn and Serve America—engages millions of Americans of all ages and backgrounds in addressing issues of poverty, illiteracy, disasters, public safety, independent living and more throughout the country.

One the crucial ingredient of this federal program's success has been its support across the political spectrum. In fact, in a spirit of bipartisanship rarely seen in Washington these days, it took Sen. Orrin Hatch (R-Utah) and the late Sen. Edward M. Kennedy (D-Mass.), working with leaders in the House, just weeks to rally the votes and pass the Serve America Act in 2009.

I am a lifelong Republican—let me give you three reasons why this modest investment in service is consistent with conservative principles and has a powerful catalytic effect on citizen empowerment.

First, national service recognizes that the best solutions come from outside Washington. It invests in citizens to solve prob-

lems, tapping the energy and ingenuity of our greatest resource—the American people. In the long run, this is likely to reduce reliance on government.

Second, an investment in national service is a good deal for taxpayers. AmeriCorps was built to be a public-private partnership. It leverages substantial private investment—more than \$375 million in non-federal funds each year—to fund such programs as Teach for America and Habitat for Humanity.

Third, while the primary purpose of national service is to get things done for people in need, it has important side benefits. One is the transforming effect it has on those who serve—exposing them to society's problems, bringing people from different races and backgrounds together, empowering them to act and often putting them onto a lifelong path of civic engagement.

The modern service movement is built on these principles, shared by people of every political persuasion and all walks of life.

We salute Deal, Brownback and Patrick for leading the way. We hope that their actions send a signal that will spread and carry forward through this year and beyond.

We can—and should—have a robust debate about the role and size of government. But in the course of that debate, we should recognize that there are important areas, like volunteer service, where we can find common ground.

### PERSONAL EXPLANATION

#### HON. RON KIND

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. KIND. Mr. Speaker, I was unable to have my vote recorded on the House floor during the vote on H.R. 292 on Tuesday, January 18, 2011 because I was detained due to a flight delay caused by mechanical difficulties. Had I been present, I would have voted in favor of H.R. 292, Roll No. 12.

### EXPRESSING SENSE OF HOUSE REGARDING ARIZONA SHOOTING

SPEECH OF

#### HON. DOC HASTINGS

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 12, 2011*

Mr. HASTINGS of Washington. Madam Speaker, first and foremost today, my thoughts and prayers are with Congresswoman GIFFORDS, her staff, the other victims of the shooting and their families and friends.

As Members of Congress, it is our duty and our privilege to reach out to our constituents to foster open discussions and exchanges of ideas. It's what makes this institution truly the people's House and it's one of the reasons many of us decided to run for office in the first place. GABBY was doing this work when this senseless tragedy occurred. A lone gunman interrupted a routine Congress on your Cor-

ner, killing six and wounding a dozen more, including our colleague GABBY.

At this somber time, I would like to echo the words of Speaker BOEHNER, "An attack on one who serves is an attack on all who serve." We cannot let the actions of one individual challenge one of the most basic tenets of our free society—the right to peaceably assemble. It is worth noting that Congresswoman GIFFORDS read the first amendment to our Constitution here on the House floor just days before this tragic event.

I look forward to the day when Congresswoman GIFFORDS returns to the House floor to continue her work on behalf of the people of the eighth district of Arizona. In the meantime, my thoughts and prayers are with all affected by this unthinkable event.

### HONORING RICHARD HOLWICK

#### HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Richard Holwick. Dick will be receiving the 2010 Northlander of the Year award from the Northland Regional Chamber of Commerce for his service to the Kansas City area community.

Dick grew up in the Kansas City area and attended Raytown schools until his family moved north of the river before his senior year of high school. Dick graduated from Oak Park High School and graduated from the University of Missouri—Columbia with a Bachelor's and Master's degree in Accounting. Dick began working for his family's business, Kaw Transport, in 1976, leading it as President from 1982 to 1998, when the company condensed into KTTR and began focusing solely on tanker truck cleaning and maintenance. Dick also showed himself to be a leader for the business community, having served as Chairman for the Northland Redevelopment Corporation, the Clay County Economic Development Council and the Northland Regional Chamber of Commerce during times of great economic boon for the Northland. Dick was instrumental in the design and construction of the new Christopher S. Bond Bridge over the Missouri River, providing the Northland with greater and more efficient access to Downtown Kansas City. Dick, ever cognizant of his roots, has also given back to his community by serving as the President of the Liberty Sertoma Club and as a Board Member for the Northland Salvation Army.

Mr. Speaker, I proudly ask you to join me, his wife Annie, their children Lindsey, Angela, Evan and Bryan and their grandchildren Austin and Grace in commending Richard Holwick for his efforts to better Clay and Platte Counties and the surrounding communities.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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

EXPRESSING SENSE OF HOUSE  
REGARDING ARIZONA SHOOTING

SPEECH OF

**HON. LAURA RICHARDSON**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 12, 2011*

Ms. RICHARDSON. Madam Speaker, I concur in the expressing the sense of the House of Representatives with respect to the tragic shooting in Tucson, Arizona on January 8, 2011.

Like all Americans, on Saturday morning I was saddened and sick to my stomach when I watched the horrible attack against my colleague Congresswoman GIFFORDS, known as GABBY to me, her staff, her constituents and to all Americans.

We now know, on January 7, Congresswoman GIFFORDS reached out and sought "new ways to reduce the highly partisan divisive tone that all too often dominates our public discourse." Today I am going to do exactly that: not in words of criticism, but thoughts of observation and desire to help.

For law makers whether federal, state or local . . . This tragic incident must make us re-evaluate our spending priorities and accept the fact that our continued failure to provide adequate funding for mental illnesses is a mistake.

For the agencies, whether they be educational, military, or private vendors/businesses . . . we must be diligent in connecting the dots, doing the extra work, taking the time to think out of the box, stop working in silos and to insist on utilizing technology for good like the real time utilization of information.

For the parents, whether your child, who will always be your child regardless of their age, should not be allowed under our own roofs to turn their rooms, garages or backyards to a private area one fails to tread.

For protectors and preservers of the law, it is not okay to tell me there is nothing wrong with someone sending a hate e-mail saying, "I'm concerned it's time for a good old fashioned lynching/tar and feather."

For those who debate and protest, it is not okay to spit, say racial slurs, to say reload or to arm in reference to a debate; neither is it okay to say a group other than yourself is a Neanderthal and they want people to die quickly.

For our court, even in 1919 and 1931 in the cases of Schenk v. United States and Near v. Minnesota, had the wisdom to know "the most stringent protection of free speech would not protect a man in falsely shouting fire in a theatre and causing a panic."

Tell me how anyone, any court, or any legislative body could justify a man carrying a AR 15 rifle and a pistol, feet not miles from where our president was speaking that . . . That was not right in August 2009, last Saturday, today, or tomorrow.

And now for those of us, we turn to this resolution on the floor today, page 4, sections (7-8) the resolution references:

Right of the people peaceably to assemble, All can participate without being silenced with intimidation,

And threats of violence.

I have watched right here in this room and on these grounds, leaders not fulfilling this words of "peaceable assembly free of intimidation."

We too must not just react, but now is the time to act. Not just in legislation but in what Congresswoman GIFFORDS asked us to do: "reduce the divisive tone." Maybe if we start as leaders, others will follow.

I express condolences to the families of those who lost their lives, I pray for strength for those who survived and have long roads to recovery, and I commit to do work on this issue and how I work with you my colleagues. As Representative GIFFORDS' husband holds her hand as she heals, I am ready for her to return to hold her hand as we as a country heal as well.

EXPRESSING SENSE OF HOUSE  
REGARDING ARIZONA SHOOTING

SPEECH OF

**HON. JAMES R. LANGEVIN**

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 12, 2011*

Mr. LANGEVIN. Madam Speaker, I rise today with a heavy heart to join my colleagues in support of H. Res. 32, a resolution expressing the sense of the House of Representatives with respect to the tragic shooting in Tucson, Arizona, on January 8, 2011. My thoughts and prayers go out to those who were lost: Christina Taylor Green, Dorothy Morris, John Roll, Phyllis Schneck, Dorwan Stoddard, and Gabriel Zimmerman, and to their friends and families and all those in the community whose lives they touched. Words can not begin to express my sorrow about their passing. I am also praying for a full and quick recovery for those 14 individuals who were injured, including my good friend and colleague, Representative GABRIELLE GIFFORDS.

On Saturday morning, GABBY was out in her community, as she often was, hosting a meeting with constituents and providing an opportunity for them to ask questions and express concerns in an open and free environment. It is this proximity to the people we represent that we most cherish as Members of the House of Representatives. My number one priority, which I'm sure is shared by all of my colleagues, is to be accessible and available to the families and communities in my district. While we may never understand the motive or reasoning behind the violent event on that day, it felt to many like an attack on all of us, our democracy, and on the freedoms that we work to protect each day as elected officials. As so many Americans have done throughout our history, bystanders became heroes and their actions prevented an even worse catastrophe. I am thankful for their quick actions and grateful to our entire nation for standing together as one community in support of the people of Tucson and speaking with one voice that this senseless act of violence has no place in a civilized democracy.

GABBY's passion for public service is unmatched, and this is clearly evident in her work ethic on the House Armed Services Committee, where we both serve. I greatly admire her ability to be a tough advocate for her district, while always looking for ways to reach across regional, partisan, or ideological boundaries to find common ground to move forward on an important issue. She is always warm, personable and professional, and she stands strongly and passionately for what she be-

lieves in and what she believes is best for her constituents in Arizona. Last week, when we spoke on the House floor, she discussed her desire for the House to quickly consider legislation to create more jobs in our districts. Even after an exhausting election cycle, she never broke her focus and was ready to move forward on day one to get our economy back on track.

My life changed forever at the age of 16 after an accident that left me paralyzed. I wondered what life could possibly have in store for me next. Yet as I lay in my hospital bed, I was overwhelmed with the outpouring of support from my friends, family and neighbors. Along with my faith, which pulled me through one of the darkest times in my life, it was also the generosity and concern from my community that ultimately made me want to give back through a career in public service. I want to share this strength with those who are injured now and fighting to recover, and let them know that many wonderful possibilities lie ahead.

Next week, we will continue our work, the work of the people, but I am grateful for this opportunity to pause and reflect on this national tragedy. Madam Speaker, thank you for bringing forward this resolution and for allowing all Members of the House to express their condolences to those who were lost and support to our friend, Representative GIFFORDS, her staff, and all of those in Tucson and across the nation as we begin to heal together from this tragic event.

PERSONAL EXPLANATION

**HON. MICHAEL E. CAPUANO**

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. CAPUANO. Mr. Speaker, I missed a vote yesterday, and I wish to state how I would have voted had I been present: rollcall No. 12, "yes."

HONORING GALVESTON  
BUSINESSES

**HON. RON PAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. PAUL. Mr. Speaker, on February 3, the Galveston Chamber of Commerce will hold its 165th annual meeting. Established by the Ninth Congress of the Republic of Texas in 1845, making it the oldest chamber of commerce in Texas, the Galveston Chamber of Commerce works to promote and advocate for the business community of Galveston.

At the February 3rd meeting, the Galveston Chamber of Commerce will honor several dedicated volunteers for their years of service to the Galveston community. Among their other accomplishments, all of this year's honorees' are past Chairs of the Galveston Chamber of Commerce. These honorees all remain involved with the Galveston Chamber of Commerce by, among other activities, serving on a new committee of Past Chairs.

Galveston Chamber of Commerce President Gina Spagnola, said the Past Chairs Committee was created because "The Past Chairs

are such an integral part of the Chamber's history. The purpose in forming this committee was to sustain a strong partnership with the Past Chairs by engaging in dialog about the Chamber's history and its future."

Mr. Speaker, it is a tremendous pleasure to join my friends at the Galveston Chamber of Commerce in saluting these past chairs for their years of service to the people of Galveston. I am truly honored to serve as their representative and hope all my colleagues all join me in congratulating these outstanding leaders. Those being honored on February 3 include: Vandy Anderson, Armin Cantini, Carolyn Clyburn, Gene Curry, Henry Freudenburg, Don Gartman, Greg Harrington, Garry Kaufman, Betty Massey, Jerry Mohn, Richard Moore, Roger "Bo" Quiroga, Dr. Ben Raimer, Bix Rathburn, Betty Schocke, Johnny Smecca, Marshall Stein, John Tindel, Lee Otis "Otie" Zapp, Jr.

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## BLACK JANUARY

### HON. BILL SHUSTER

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. SHUSTER. Mr. Speaker, as the co-chairman of the Congressional Azerbaijan Caucus, I rise today to join with the people of Azerbaijan to commemorate the tragic events of "Black January."

On January 19, 1990, approximately 26,000 Soviet troops stormed Azerbaijan's capital city of Baku in tanks and armored vehicles. That night, the Soviet military bulldozed innocent Azeris and opened indiscriminate fire on peaceful demonstrators, including women and children. According to Azerbaijani sources, as a result of these merciless acts 131 people were killed, 611 were injured, 841 were arrested, and 5 went missing.

The Human Rights Watch report "Black January in Azerbaijan" states that "among the most heinous violations of human rights during the Baku incursion were the numerous attacks on medical personnel, ambulances, and even hospitals." The report concludes that the violence used by the Soviet Army constituted an exercise in collective punishment and that the punishment inflicted on Baku by Soviet soldiers may have been intended as a warning to nationalists, not only in Azerbaijan, but in other Republics of the Soviet Union.

Far from crushing the spirit of Azeris, the atrocities of Black January instead consolidated the rising independence movements in the country and united the Azerbaijani nation in its quest for freedom. Today, Azerbaijan is a critical and strategic ally of the United States and is preparing to celebrate 20 years of independence from the Soviet Union.

It is my honor to thank the Azerbaijani people for their friendship and to offer my thoughts and prayers to the families of those who gave their lives for the independence of Azerbaijan. I encourage my colleagues to visit the very moving memorial to Black January in Baku that honors the memories of those killed in these attacks by the Soviet military and to join with me today in standing with Azerbaijanis as they commemorate this tragedy.

## HONORING CALIFORNIA STATE SENATOR PATRICIA WIGGINS

### HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Ms. WOOLSEY. Mr. Speaker, I rise today to honor my long-time friend, California State Senator Patricia Wiggins, who recently retired after a long and effective career in public service. From her first years in Sonoma County politics in the 1980s through her terms in the California legislature as an Assemblymember and a Senator, Pat Wiggins was a leader of vision and compassion.

Born and raised in Southern California, Pat grew up in a labor household and, with her father's training, was an accomplished parachutist. At the age of 38, she became the first in her family to graduate from college, earning an English degree with honors from UCLA. She worked as a systems analyst and, in 1979, met a software engineer, Guy Conner, her future husband. They have two stepsons, Jim and Steve Silverman, and four grandchildren.

Wiggins' first political job was with the Nuclear Freeze in 1982. After the couple moved to Santa Rosa, California, in 1984, she worked on several political campaigns and eventually became involved in local land use issues when trail access to Annadel State Park was threatened by development. She was a leader in Santa Rosa's growing liberal environmentalism, and an activist in supporting women and women's issues. In 1994, she was elected to the Santa Rosa City Council.

In 1998, she was elected to the California Assembly and in 2006 to the California Senate. As a State legislator, Pat continued to demonstrate leadership in environmental and social issues. In the Assembly she founded the legislature's Smart Growth Caucus and authored laws on land use planning and compact development (including social equity). In the Senate, she focused on a broad range of issues including agriculture, youth employment, land use, political reform, health care, veterans' affairs, waste reduction, working families, and education. In 2008, she had the most bills approved by the legislature and the most signed into law of anyone in the California legislature.

Guy Conner, her husband and political partner for many years, describes Pat Wiggins as "the finest grass roots politician" he has ever known. She inspired many of us in Sonoma County by demonstrating how a leader works collaboratively for an impressive record of accomplishments while maintaining a commitment to progressive values.

Mr. Speaker, I congratulate Senator Patricia Wiggins on her many successful years in public service and wish her luck in her retirement. Her voice will be missed in Sacramento.

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## HONORING JEREMY PHILLIP THON

### HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Jeremy Phillip

Thon. Jeremy is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 376, and earning the most prestigious award of Eagle Scout.

Jeremy has been very active with his troop, participating in many scout activities. Over the many years Jeremy has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Jeremy has earned the rank of Firebuilder in the Tribe of Mic-O-Say and became an Ordeal Member of the Order of the Arrow. Jeremy has also contributed to his community through his Eagle Scout project. Jeremy designed and supervised the construction of a handicap-accessible deer blind and nature viewing stand at Smithville Lake, Missouri.

Mr. Speaker, I proudly ask you to join me in commending Jeremy Phillip Thon for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

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## HONORING THE YAHRZEIT OF BETH SHARON SAMUELS

### HON. HOWARD L. BERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. BERMAN. Mr. Speaker, this month marks the fourth anniversary of the passing of Beth Sharon Samuels, an extraordinary Angeleno who lost her life to cancer in January 2007 at the age of 31.

Beth grew up in Los Angeles, attending the Yeshiva University High School of Los Angeles and graduating as valedictorian. She went on to study at a women's seminary in Israel before graduating from Columbia University with a degree in mathematics. She then completed a three-year program at the Drisha Institute in Bible and Talmud, a Ph.D. in math at Yale, and earned an assistant professorship at the University of California, Berkeley. In the meantime, she gave birth to a daughter, Danelle, and later to daughter Natalia while undergoing intensive chemotherapy treatments.

Beth remains with us, even with increasing distance from her passing. Last year, Beth's friends and family published *The Wisdom of Bat Sheva: The Dr. Beth Samuels Memorial Volume*, a series of lectures and discussions on Torah learning, including an essay by Beth. The book highlights that Beth's spirit continues to teach and inspire. Beth was such a powerful force of spirituality, learning, and divine presence, and her memory will continue to serve as a powerful blessing.

My condolences go out to her parents, Elana and Zachary, her husband, Ari, her daughters Danelle and Natalia and her extended friends and family on this solemn occasion.



HONORING GROUND ZERO FIRST RESPONDER AND FIREFIGHTER WILLIAM QUICK

**HON. STEVE ISRAEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. ISRAEL. Mr. Speaker, I rise today to honor the life and service of Mr. William Henry Quick, a retired firefighter who worked for two months at Ground Zero and who passed away of lung disease on Tuesday, January 18, 2011 at the age of 55. Mr. Quick worked for Ladder 134 in Far Rockaway, Queens, and lived on Long Island.

Mr. Quick worked for the FDNY for almost half of his life and did not hesitate to leave his vacation and rush to Ground Zero after the 9/11 attacks. He worked there from September 12, 2001 and only stopped two months later when he hurt his knee while working through the rubble. He returned to work in January of 2002 but developed a series of lung infections, which ultimately forced his retirement in January of 2003.

Mr. Quick is a hero in every sense of the word. He worked at Ground Zero without questioning the risks to his own health. He spent his whole adult life in public service working for the FDNY. He leaves behind his wife, Lisa, and twin 17-year-olds Ryan Mary and William Henry II. I grieve for them and want them to know that their sacrifice will not be forgotten.

RECOGNIZING THE UC DAVIS LEED PLATINUM-CERTIFIED RESEARCH AND TEACHING WINERY AND THE AUGUST A. BUSCH III BREWING AND FOOD SCIENCE LABORATORY

**HON. MIKE THOMPSON**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. THOMPSON of California. Mr. Speaker, I rise today to recognize the University of California, Davis, on the occasion of the grand opening of its world-class, LEED Platinum-certified research and teaching facility focused on food science, wine, and brewing.

Among its distinctions, UC Davis is the world's leading research and teaching center for agriculture, food science, and viticulture and enology. UC Davis research and teaching has developed an international reputation and strength in agriculture, and food, dairy, and wine production.

With the LEED Platinum brewery, winery, and food-processing laboratories, the Robert Mondavi Institute for Wine and Food Science at UC Davis fosters a new era of opportunity and environmentally sustainable economic development. This new complex will be self-sufficient in energy and water use, and contains numerous environmentally friendly features such as onsite solar power generation, and carbon dioxide capture. New food-processing, wine-making, and brewing laboratories will test production processes that conserve water, energy, and other natural resources.

Two of the Nation's leading academic departments related to food and beverage

science are situated at the Robert Mondavi Institute at UC Davis. The Department of Viticulture and Enology and the Department of Food Science and Technology will utilize the new state-of-the-art research and teaching facility.

Within the UC Davis College of Agricultural and Environmental Sciences, the Department of Viticulture and Enology has been the creator of grape-growing and wine-making knowledge that enabled the growth and success of today's wine industry, and has placed California and the Nation among the global leaders in wine production and quality. Wine industry leaders rely upon the department's research, expertise, and counsel.

Likewise, the Department of Food Science and Technology is internationally recognized for its advances in making food and beverages more nutritious, appealing, affordable, and safe. It is the only such department within the University of California and is the state of California's principal academic food science research group.

Technologies developed at UC Davis have been instrumental in making high-quality food and beverage products that feed the nation—including dairy, seafood, vegetables, fruits, nuts, and beer. Food safety research has helped identify and eliminate contamination in handling and processing. Research on nutrients, antioxidants, and other food components are helping create more healthful foods for California and the world. Graduates of the university's College of Agricultural and Environmental Sciences are highly sought after nationally in the food processing, wine-making, and brewing industries. Its graduates form the foundation on which food and agricultural industries have developed, grown, and flourished.

Mr. Speaker and colleagues, on the occasion of the grand opening of the UC Davis Research and Teaching Winery and the Anheuser A. Busch III Brewing and Food Science Laboratory, let us recognize UC Davis for its leadership and dedication to excellence in the area of the food, wine and brewing sciences. Please join me in commending the University of California, Davis, for its service to the people of California and the Nation.

HONORING THE BANGOR REGION CHAMBER OF COMMERCE

**HON. MICHAEL H. MICHAUD**

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. MICHAUD. Mr. Speaker, I rise today to recognize the Bangor Region Chamber of Commerce as it celebrates its Centennial.

Founded in 1911, the Bangor Region Chamber of Commerce is one of the oldest such groups in the State of Maine. Originally founded as a merchant's association, the chamber assisted in developing trade relationships within the city. In the late 1980s, the merchant's association became regionally focused on the business interests of its increasingly diverse membership body. The organization today has continued to grow into one of the largest in the State, representing businesses from 21 communities in the greater Bangor area.

As a cornerstone of the Bangor community, the chamber is active in business development, advocacy efforts and community better-

ment programs. These programs seek out emerging business leaders, helping them foster networks to promote growth and working to empower entrepreneurs to create opportunities in these tough economic times. Additionally, the chamber sponsored seminars and leadership development trainings continue to have a major positive impact in the community.

As Americans continue working to get back up on their feet after the worst economic recession since the 1930s, the Bangor Region Chamber of Commerce stands as a shining example of what community members coming together can accomplish. For 100 years they have led the greater Bangor community in promoting a favorable business environment conducive to generating economic growth and prosperity. I wish them the very best as they continue serving Bangor, the State of Maine and the United States of America.

Mr. Speaker, please join me again in congratulating the Bangor Region Chamber of Commerce on this joyous occasion.

PERSONAL EXPLANATION

**HON. JIM JORDAN**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. JORDAN. Mr. Speaker, due to weather-related travel delays, I was absent from the House Floor during last night's rollcall vote on H.R. 292.

Had I been present, I would have voted in favor of that legislation.

IN COMMEMORATION OF USAT "DORCHESTER"

**HON. FRANK PALLONE, JR.**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. PALLONE. Mr. Speaker, I rise today to commemorate the brave individuals of the United States Army Transport *Dorchester*. While participating in a naval transport, on February 3, 1943, USAT *Dorchester* was attacked, sending 676 men to their graves in the icy waters of the Atlantic Ocean. On January 23, 2011, the Middletown VFW Post #2179 and Ladies Auxiliary will gather to commemorate the brave individuals who lost their lives on this tragic day. The honorable actions of the World War II soldiers are undoubtedly deserving of this body's recognition.

Previously a luxury coastal liner, the USAT *Dorchester* was converted into an Army transport ship and immediately called up for service in World War II. Departing from St. John's, Newfoundland on February 2, 1943, the *Dorchester* was filled to capacity, carrying 902 service men, merchant seamen and civilian workers on their way to an American base in Greenland. The ship's captain, Hans J. Danielson, was aware of the dangerous mission as he instructed the ship's crew to sleep in their clothing and life jackets. Traveling through the treacherous and chilly Atlantic Ocean waters, the USAT *Dorchester* was spotted on the morning of February 3, 1943 by a German submarine. Torpedoes were soon fired, striking the starboard side of the ship. The attack

quickly eliminated all power and radio contact with nearby coast guard escort ships. The attack violently awoke soldiers, killing scores of men and injuring many others. Despite the panic and chaos, four chaplains, George Fox, Alexander Goode, Clark Poling and John Washington, immediately jumped into action, calming frantic soldiers and tending to the wounded. They swiftly began opening storage lockers, distributing life jackets. With an insufficient amount of supplies, the four chaplains removed their lifejackets and distributed them to others. Their decisive and heroic actions assisted in the swift survival of 229 men. Along with 672 other men, the four chaplains tragically lost their lives while assisting others as the USAT *Dorchester* slowly sank into the Atlantic Ocean.

Mr. Speaker, please join me in commemorating the USAT *Dorchester*, as the members of the Middletown VFW Post #2179 and Ladies Auxiliary honor the lives of the four heroic chaplains and the other 672 men who lost their lives aboard this transport ship on February 3, 1943. The soldier's gallant actions and resilient efforts aboard the USAT *Dorchester* are positive examples of what dedication and commitment to their comrades and their love for their country can accomplish.

ACADEMY NOMINEES FOR 2011  
12TH CONGRESSIONAL DISTRICT  
OF NEW JERSEY

**HON. RODNEY P. FRELINGHUYSEN**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. FRELINGHUYSEN. Mr. Speaker, every year, more high school seniors from the 11th Congressional District trade in varsity jackets for Navy pea coats, Air Force flight suits, and Army brass buckles than most other districts in the country. But this is nothing new—our area has repeatedly sent an above average portion of its sons and daughters to our nation's military academies for decades.

This fact should not come as a surprise. The educational excellence of area schools is well known and has long been a magnet for families looking for the best environment in which to raise their children. Our graduates are skilled not only in mathematics, science, and social studies, but also have solid backgrounds in sports, debate teams, and other extracurricular activities. This diverse upbringing makes military academy recruiters sit up and take note—indeed, many recruiters know our towns and schools by name.

Since the 1830's, Members of Congress have enjoyed meeting, talking with, and nominating these superb young people to our military academies. But how did this process evolve? In 1843, when West Point was the sole academy, Congress ratified the nominating process and became directly involved in the makeup of our military's leadership. This was not an act of an imperial Congress bent on controlling every aspect of Government. Rather, the procedure still used today was, and is, a further check and balance in our democracy. It was originally designed to weaken and divide political coloration in the officer corps, provide geographical balance to our armed services, and to make the officer corps more resilient to unfettered nepotism and handicapped European armies.

In 1854, Representative Gerritt Smith of New York added a new component to the academy nomination process—the academy review board. This was the first time a Member of Congress appointed prominent citizens from his district to screen applicants and assist with the serious duty of nominating candidates for academy admission. Today, I am honored to continue this wise tradition in my service to the 11th Congressional District.

My Academy Review Board is composed of six local citizens who have shown exemplary service to New Jersey, to their communities, and to the continued excellence of education in our area—many are veterans. Though from diverse backgrounds and professions, they all share a common dedication that the best qualified and motivated graduates attend our academies. And, as true for most volunteer panels, their service goes largely unnoticed.

I would like to take a moment to recognize these men and women and thank them publicly for participating in this important panel. Being on the board requires hard work and an objective mind. Members have the responsibility of interviewing upwards of 50 outstanding high school seniors every year in the academy review process.

The nomination process follows a general timetable. High school seniors mail personal information directly to the Military Academy, the Naval Academy, the Air Force Academy, and the Merchant Marine Academy once they become interested in attending. Information includes academic achievement, college entry test scores, and other activities. At this time, they also inform my office of their desire to be nominated.

The academies then assess the applicants, rank them based on the data supplied, and return the files to my office with their notations. In late November, our Academy Review Board interviews all of the applicants over the course of 2 days. They assess a student's qualifications and analyze character, desire to serve, and other talents that may be hidden on paper.

As these highly motivated and talented young men and women go through the academy nominating process, never let us forget the sacrifice they are preparing to make: to defend our country and protect our citizens. This holds especially true at a time when our nation is fighting the war against terrorism. Whether it is in Afghanistan, Iraq, or other hot spots around the world, no doubt we are constantly reminded that wars are fought by the young. And, while our military missions are both important and dangerous, it is reassuring to know that we continue to put America's best and brightest in command.

ACADEMY NOMINEES FOR 2011 12TH  
CONGRESSIONAL DISTRICT NEW JERSEY

AIR FORCE ACADEMY

Erin Crow, Livingston, Tabb H.S., Yorktown, VA  
Beau Langdon, Livingston, Livingston H.S.  
Brian Moscioni, Mendham, Gill St. Bernard's School  
Alexander Gilbert, Long Valley, West Morris Central H.S.  
Menachem Felzenberg, Morristown, Homeschooled, West Point, NY  
Alan Sayil, East Hanover, Hanover Park H.S.  
Nicholas Longhi, Succasunna, Seton Hall Prep

MERCHANT MARINE ACADEMY

Michael Francis, Somerville, Immaculata H.S.

Sean Ryan, Madison, St. Peter's Prep  
David DelCorso, Bridgewater, Seton Hall Prep  
Jason Kratsch, Caldwell, James Caldwell H.S.  
Thomas Healy, Byram, Pope John XXIII H.S.  
Michael O'Rourke, Boonton, Boonton H.S.  
Caitlyn Hughes, Randolph, Randolph H.S.  
Antonio Amavisca, Bridgewater, Bridgewater-Raritan H.S.  
Alexander Rodgers, Hopatcong, Jefferson H.S.  
Sean Kenney, Boonton, Pope John XXIII H.S.

MILITARY ACADEMY

Delphine Slotten, Mendham, Newark Academy  
Benjamin Minden, Roseland, West Essex H.S.  
Swatii Amin, Dover, Morris Knolls H.S.  
Jared Percevault, Landing, Roxbury H.S.  
Joseph Boyland, Chester, West Morris Mendham H.S.  
William Bocard, East Hanover, Regis H.S.  
Julianne Steurer, Morris Plains, Parsippany Hills H.S.  
Benjamin Reibman, Chatham, Chatham H.S.  
Kera Pezzuti, Montville, Montville H.S.  
Michael Lami, Madison, Madison H.S.  
Sergio Jimenez, Hopatcong, MAPS

NAVAL ACADEMY

Charles Boles, Chatham, Chatham H.S.  
Maria Minor, Kinnelon, Kinnelon H.S.  
Clayton Petty, Mendham, West Morris Mendham H.S.  
Matthew Infante, Chester, Delbarton School  
Benjamin Drill, West Caldwell, Solomon Schechter Day School  
Daren Schenck, Pine Brook, Montville H.S.  
Caleb DeMoss, Chester, West Morris Mendham H.S.  
Connor Maguire, Budd Lake, Mt. Olive H.S.  
Thomas Morreale, Short Hills, Millburn H.S.  
Patrick Ennis, Chatham, Chatham H.S.  
Thomas Mahala, Bernards, Seton Hall Prep

HONORING PAT O'BRIEN

**HON. GEORGE MILLER**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. GEORGE MILLER of California. Mr. Speaker, I rise with my colleagues Congressman JOHN GARAMENDI, Congresswoman BARBARA LEE, Congressman JERRY MCNERNEY, and Congressman PETE STARK to recognize East Bay Regional Park District General Manager Pat O'Brien and congratulate him as he approaches his well-earned retirement.

Mr. O'Brien's career in public service demonstrates his lifelong commitment to the citizens and communities of the East Bay. We are grateful to him for his service to our constituents.

Mr. O'Brien held his first park and recreation job at the age of 13, giving swimming lessons and performing maintenance at a local salt water swimming club. After serving in the U.S. Army, he came back to California where he worked at Southgate Recreation and Park District in the Sacramento area. From 1980 to 1988, he served as Southgate's general manager prior to taking on the same position with the East Bay Regional Park District.

For the past 22 years, he has guided the largest regional park agency in the United

States, with nearly 108,000 acres of parklands spread across 65 regional parks and over 1,100 miles of trails in Alameda and Contra Costa Counties. Approximately 14 million visitors a year from throughout the San Francisco Bay area and beyond take advantage of the vast and diverse District parklands and trails.

During his tenure, the district has acquired over 40,000 acres of new parklands, adding 17 new parks, doubling the size of 12 existing regional parks, and adding more than 200 miles of new regional trails. He has attracted more than \$105 million in matching funds—including this year's historic \$10.2 million Tiger II award. He has successfully secured stable funding through ballot measures and by creating assessment districts, and refinanced existing district bonds at lower rates, saving taxpayers over \$14 million. Every community in the East Bay has received at least one park, recreation or community center project funded through his efforts.

His dedication to serving the public through the parks and recreation procession is the legacy he will leave behind. His career has been guided by the desire to make substantive contributions to society and to people's lives. His firm leadership has helped to preserve the priceless heritage of our region's natural and cultural resources—open space, parks and trails—and to set aside park areas for enjoyment and healthful recreation for current and future generations.

Mr. Speaker, we invite our colleagues to join us in honoring General Manager Pat O'Brien for his dedicated service to the people of California and the Bay Area. We are pleased to join with his family, colleagues, and friends in congratulating Pat on a long and highly successful career and wish him a happy and healthy retirement.

#### INTRODUCTION OF THE DISTRICT OF COLUMBIA BUDGET AUTONOMY ACT OF 2011

### HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Ms. NORTON. Mr. Speaker, next to voting rights, the highest priority for District of Columbia residents is to achieve the right to control the funds they themselves raise to support their city, as resident in other jurisdictions do. Therefore, today I introduce a bill, the District of Columbia Budget Autonomy Act of 2011, to allow the District's local taxpayer-raised budget to take effect immediately when passed by the city, without being subject to affirmative congressional approval.

Control over the dollars raised by local taxpayers is central to local control, the oldest American principle. Moreover, permitting the city's local budget to become law without first coming to Congress would have multiple practical benefits for both the city and Congress. For the city, a timely budget means: eliminating the uncertainty of the congressional approval process, which has a negative effect on the city's bond rating, adding unnecessary interest costs for local taxpayers; significantly increasing the District's ability to make accurate revenue forecasts; and reducing the countless operational problems that result because the city's budget cannot be implemented until

Congress approves it. Of major importance, eliminating congressional approval of D.C.'s local budget would also align the District's fiscal year with the typical state and local government July 1st fiscal year instead of the congressional fiscal year, which starts in October, allowing ample time to prepare for the usual opening of schools in September. The D.C. local budget consumes valuable subcommittee, committee, and congressional floor time in both houses of Congress even though it is of interest only to those members who use it to promote their own issues, violating the principle of local self-government.

Increasing recognition of the hardships and delays caused by the annual appropriations process has led Congress to begin freeing the city. When I was last in the minority, I negotiated an agreement with the appropriators that has ensured that the city's local budget is always included in the first continuing resolution, if it is not approved by the start of the fiscal year. This approach has ended the lengthy delay of the budget of a big city until an appropriations bill is passed, often months after October 1st. As a result, the city has been able to spend its local funds at the next year's level, even though the budgets for federal agencies are often delayed for months. We hope that this process, which ended some serious problems in the functioning of the local government, will continue.

We nearly secured budget autonomy for the District in the last days of the lame duck session last Congress. I used an unusual procedure, getting subcommittee and committee authorizers to agree to place budget autonomy in the D.C. appropriations bill that was passed by the House Appropriations Subcommittee on Financial Services and General Government. Unfortunately, Congress passed a Continuing Resolution instead of regular appropriations bills.

If the District of Columbia Budget Autonomy Act is enacted, Congress would retain jurisdiction over the District of Columbia under article I, section 8, clause 17 of the U.S. Constitution. Because this authority allows Congress to make changes in the District's budget and laws at anytime, it is unnecessary to require a lengthy repetition of the District's budget process here. The time is overdue to permit the city to enact its local budget, the single most important step Congress could take to help the District better manage itself.

Members of Congress were sent here to do the business of the nation. Members have no reason to be interested in or to become knowledgeable about the local budget of a single city. In the past, the House and Senate have more often than not passed the District's budget as is. Our bill takes the Congress in the direction it is already moving. Congressional interference into one of the most vital rights to self-government should end this year with enactment of the District of Columbia Budget Autonomy Act of 2011.

#### PERSONAL EXPLANATION

### HON. LAURA RICHARDSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Ms. RICHARDSON. Mr. Speaker, on rollcall No. 12, I was unavoidably detained. Had I been present, I would have voted "yes."

VAN WEZEL PERFORMING ARTS HALL

### HON. VERN BUCHANAN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. BUCHANAN. Mr. Speaker, I rise today to acknowledge the accomplishments of the Van Wezel Performing Arts Hall's education programs and the work of the Van Wezel Foundation in support of arts education.

I also recognize Mary Bense, Executive Director of the Van Wezel Performing Arts Hall in Sarasota, Florida for her service in support of the educational programs and community engagement activities of the Van Wezel.

The mission of the Van Wezel Foundation is to enrich the Gulf Coast community, with an emphasis on children, through the performing arts while supporting the needs of the Van Wezel Performing Arts Hall.

The arts education and community engagement programs of the Van Wezel are celebrating their fourteenth year, are nationally known, and are a major factor in the integration of arts education within our region's schools.

Each year tens of thousands of students, educators and lifelong learners from four counties are introduced to national performing arts programming through the support of the Van Wezel Foundation.

Annually, over 23,000 students from DeSoto, Charlotte, Manatee and Sarasota County Schools attend the School-time performances conducted by the Van Wezel and supported by the Foundation.

Each year the Van Wezel, in collaboration with the Kennedy Center and local school districts provide specialized workshops to train teachers of science, math, history, social studies and literacy on ways to use the arts to enhance the presentation of their subject materials.

The Van Wezel is affiliated with the Partners in Education Program of the Kennedy Center and is one of the only projects nationally that has conducted a longitudinal study on the impact of integrative arts education on student learning and achievement. It is the only Kennedy partner in the country to have received seven national research grants on the impact of the arts and education programs within county schools.

Furthermore, the Van Wezel Education Department and the Manatee County schools are in the second year of Project Stage, a project funded through a U.S. Department of Education three year grant to increase literacy in elementary schools.

Under the leadership of Mary Bense, the Van Wezel Performing Arts Hall and the Van Wezel Foundation have made a remarkable contribution to the cultural life of our community and education of our children.

DR. WILLIAM HALE

### HON. GUS M. BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. BILIRAKIS. Mr. Speaker, I rise today to honor the life of Dr. William Hale. Dr. Hale

began his service in the medical field as an Army medic during World War II. After leaving the Army, he studied at the University of West Virginia, the University of Florida, and then received his doctor of medicine degree from the Medical College of Virginia.

He served his patients with compassion and care in the Tampa Bay area as an internist at Mease Hospital, and after just 8 years he was elected to lead the medical staff.

Dr. Hale was a proactive practitioner, realizing and emphasizing the importance of preventative health care in the community. After retiring from active practice, Dr. Hale founded the Dunedin Hypertension Screening Program in 1975 to screen elderly patients for medical disorders. His program garnered attention from his colleagues throughout the world and took root on a state level as the Florida Geriatric Research Program.

Dr. Hale was much more than just an excellent and innovative physician. Those who know him point to his caring nature. He was quick to help those who needed it the most, be it handicapped children, someone undergoing a difficult time in life, or arming the public with information on how to be healthier. He saw the needs of others and selflessly gave of himself so that they could live better.

Mr. Speaker, the Tampa Bay area was so blessed to have Dr. Hale's talent and graces. May his spirit always live on in the hearts of those he touched.

CONGRATULATING THE SHELTON VIKINGS MIDGET AND PEE WEE CHEERLEADERS ON THEIR NATIONAL CHAMPIONSHIP TITLES

**HON. ROSA L. DeLAURO**

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Ms. DeLAURO. Mr. Speaker, it is with great pleasure that I rise today to pay tribute to the Shelton Vikings Midget and Pee Wee Cheerleading squads who captured the National Championship titles in their divisions at the Pop Warner National Competition which was held last month in Buena Vista, Florida. This is a remarkable accomplishment for these young girls and we could not be more proud of them!

The Viking Midget Cheerleading squad is a group of thirteen and fourteen year old girls who have been cheering together since age seven. The Pee Wee team is made up of ten to twelve year old girls. During this past season, each of these squads have won the titles of Southern Connecticut Champions, Connecticut State Champions, New England Qualifier Champions and New England Regional Champions. In their first ever trip to the National Championships, the Midget Cheerleading squad competed against nineteen other squads from across the country to take home the title and the Pee Wee squad competed against eight other teams to do the same. These are the first ever National titles for Shelton and, for the Midget squad, it is even more meaningful because it was the last year that they will be eligible to compete in the Pop Warner Cheerleading league.

These girls are an extraordinarily talented group who have dedicated countless hours to practice and competition. Cheerleading, like so

many other sports, requires perseverance, training, coordination, and above all teamwork—all skills that will continue to serve these young women well throughout their lives. Their success at the National Championships is a testament to all of their hard work.

I would also like to take a moment to extend a special note of thanks and appreciation to the coaches, parents, and volunteers whose support has enabled the girls to practice and travel for their competitions. Without their efforts, the success of the Vikings Cheerleaders would not be possible.

I am thrilled to join the Shelton community in extending my sincere congratulations and very best wishes to the Shelton Vikings Midget and Pee Wee Cheerleaders—2010 Pop Warner National Champions. You have made us all proud!

TRIBUTE TO CHARLES SUMNER,  
BORN JANUARY 6, 1811

**HON. MICHAEL E. CAPUANO**

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. CAPUANO. Mr. Speaker, I rise to pay tribute to Charles Sumner and I join with many of my constituents in celebrating the bicentennial of his birth, January 6, 2011. Commemorations are sponsored by the Longfellow House-Washington's Headquarters National Site, the Boston African American National Historic Site, the Museum of African American History, the Massachusetts Historical Society, and other learned societies and civic groups.

Charles Sumner was born in Boston and educated at Boston Latin School, Harvard College and Harvard Law School. Like many educated Bostonians of his time, he was interested in events in Europe, where he travelled extensively between 1837 and 1840. Later, he and his friend Henry Wadsworth Longfellow would compare slaveholders in the American south to aristocrats whose privileges were swept away by revolution on the continent. Sumner returned to help found the Free Soil Party but he did not succeed in election to this House in 1848. He was elected to the Senate two years later on the Free Soil Ticket. In 1856, Sumner, who refused to compromise on the issue of slavery, was savagely beaten on the floor of the Senate. Interests might be conciliated but about rights he was adamant. Massachusetts re-elected him, as a Republican, while his recovery was still in doubt, so that his empty seat would serve as a reproach to slave-holders. He returned to serve until his death in 1874.

I am grateful to John Stauffer, chair of the History of American Civilization and professor of English and African and African American Studies at Harvard University, for suggesting Ralph Waldo Emerson's tribute: Sumner's moral instinct and character are so exceptionally pure that he must have perpetual magnetism for honest men; his ability and working energy such, that every good friend of the Republic must stand by him.

PERSONAL EXPLANATION

**HON. JOHN B. LARSON**

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. LARSON of Connecticut. Mr. Speaker, on January 18, 2011, I missed rollcall vote 12. Had I been present, I would have voted "yea" or "aye."

TRIBUTE TO ARIEL B. WALDMAN

**HON. ADAM B. SCHIFF**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. SCHIFF. Mr. Speaker, for myself and Mr. GOODLATTE, as the Chair and Ranking Member respectively of the Committee on the Judiciary's Task Force on Judicial Impeachment in the previous Congress, we would like to take this opportunity to recognize Arid B. Waldman who recently left the House to take a position with the Office of the Attorney General for the District of Columbia. Mr. Waldman served in the Office of the General Counsel for 18 months as an Assistant Counsel. We will miss him.

Mr. Waldman provided important legal advice and representation to the Committee and Task Force, particularly in connection with federal court litigation that arose out of an impeachment investigation and proceeding involving a federal judge from Louisiana. We and our respective staffs relied on his expertise and judgment to prepare legal pleadings and briefs, which ably and effectively defended the Task Force's ability to conduct its inquiry, and which resulted in rulings favorable to the Committee and Task Force in each instance.

Mr. Waldman served the House with distinction, and we know he will serve the Office of the Attorney General for the District of Columbia with that same level of distinction. We thank him for his service to the House and extend to him our very best wishes for his continued success.

STOP THE OVERPRINTING (STOP)  
ACT

SPEECH OF

**HON. LAURA RICHARDSON**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 18, 2011*

Ms. RICHARDSON. Mr. Speaker, I would like to take a few minutes today to discuss the continued need in Congress for reduced administrative spending and increased accountability to the American people.

In a time when we are keenly aware of the need for civility and cooperation in order to improve the American quality of life, I believe there is at least one thing both Democrats and Republicans can agree on and which should be the springboard towards meaningful change.

This belief is that the federal government has an obligation to the American people to be stewards of their hard-earned taxpayer dollars by operating in an efficient manner and to reduce spending whenever possible.

For this reason, I support bills like H.R. 292, the Stop the OverPrinting Act, which will help eliminate the wasteful production of unnecessary copies of bills and resolutions in Congress.

The STOP Act will not only do its part for the environment by reducing Congress' paper consumption, but it will also take a step, even if just a small one, towards more efficient operations, increased accountability and reduced government spending. As we are all aware in this economy, every little bit helps.

The STOP Act was introduced by my colleague from across the aisle, the honorable gentleman from New York, CHRISTOPHER LEE. I am happy to stand in bipartisan support and know that there will be many opportunities in the future to find common ground and remain accountable to the hard working citizens we represent.

In fact, I would like to mention one such opportunity I offered during the 111th Congress and which I plan to reintroduce in the 112th, the Cost Recovery and Fair Value for Services Act. This legislation will help us meet our obligation to the American people by ensuring that the federal agencies within the executive branch set their user fees for services provided at rates that are both equitable and cost-effective.

This act would require the chief financial officer of every federal agency to provide a report to the director of the Office of Management and Budget which would review fees charged for services provided and make recommendations based on equitability with consideration to a user's ability to pay and the extent to which the use of the service provides a public benefit.

By setting appropriate user fee rates, agencies can contribute to the shared fiscal responsibility that our current economic situation demands without overburdening the public or inhibiting public engagement.

It is my hope that when this legislation arrives on the House floor, colleagues from both parties will share the same bipartisan spirit I exhibit today and support my efforts to control wasteful spending and restore fiscal accountability.

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CONGRATULATIONS TO THE FIRST  
FRIDAY GROUP

**HON. RON PAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. PAUL. Mr. Speaker, on January 7, 2011 the First Friday Group (FFG) of Matagorda County celebrated its 20th anniversary. I am pleased to extend my congratulations to the organizers of the FFG for 20 years of service to the people of Matagorda County.

FFG provides a monthly forum for the citizens of Matagorda County to discuss their activities and issues affecting their community. As the name suggests, FFG's meetings take place on the first Friday of the month at 6:30 a.m. The meetings are currently held at the Thyme & Again restaurant in Bay City, Texas. The meetings are open to the public, and anyone is free to participate. Attendance typically runs from 25 to 40 people.

FFG is in many ways a modern town hall meeting. Attendees typically include national,

state and local elected officials, representatives from the Matagorda County Chamber of Commerce, local business owners, developers, industrial plant managers, agriculture and agri-businesses, educators, religious leaders and state agencies.

The FFG meetings have two unique features that ensure everyone with something of interest to the community has a chance to participate. First, there is never a "program" or a set list of speakers chosen by the FFG. Instead, each meeting is conducted in a "Round the Room Format," that gives each attendee a chance to talk about their activities. Secondly, speakers are asked to limit their remarks to two or three minutes in order to make sure that everyone who wants to speak has the chance. While the time limits may appear to make it difficult to convey all relevant information about an activity, regular attendees say that most speakers can convey a remarkable amount of information in a very short period of time.

In conclusion, Mr. Speaker, I once again extend congratulations to the founders and organizers of the First Friday Group for providing a forum for the citizens of Matagorda County to exchange information about their various projects which are aimed at improving life in Matagorda County.

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EVERETT & DARLA SANDERSON

**HON. TED POE**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. POE of Texas. Mr. Speaker, today I am proud to honor businessman and community leader Everett Sanderson and his wife Darla for their efforts on behalf of Southeast Texas, particularly for their assistance to first responders during the critical first days after Hurricanes Rita and Ike.

In the span of three short years, from 2005 to 2008, the upper Texas coast was struck by two monstrous hurricanes that caused billions of dollars of damage and took multiple lives. Countless homes and businesses were destroyed. Debris and downed trees and power lines filled the streets, making travel extremely dangerous. Power and water services were off. It was a dire situation, indeed.

Tens of thousands Southeast Texans evacuated to safer ground, but a handful of individuals rode the storm out in order to start the clean up and restoration immediately. These first responders worked unending shifts with little resources available. A hot meal was difficult to find, until the Sandersons stepped in and opened their damaged restaurant for the brave souls who decided to stay.

Everett Sanderson was born and raised in Nederland, TX. A 1985 graduate from Baylor University Law School, he has practiced in Jefferson County since. He is an active member of the community, serving on the Nederland Independent School Board of Trustees, Jefferson County Bar Association Board of Directors, and the Mid-County YMCA Board of Directors, among many others. He was named Mr. Nederland in 2006. Sanderson and his wife Darla have two children, Jordan and Michelle.

In 2003, the Sandersons found time to open a restaurant in Nederland, Sanderson's Res-

taurant and Bar. It was an instant hit, serving everything from seafood to barbeque to salads and everything in between. It was here, in the first hours after the hurricanes passed, that they decided to open their doors for first responders from the police, fire departments, Red Cross, FEMA, and other organizations. Pulling in resources from wherever they could, the Sandersons provided food and some peace of mind. One day during the aftermath of Hurricane Rita, they served over 6,500 first responders.

On behalf of the Second Congressional District of Texas, I would like to commend Everett and Darla Sanderson for their hard work and dedication to make the first responders feel at home during this trying time. The Sandersons' hearts are bigger than their chicken fried steak, and if you have seen their chicken fried steak, you would know that is quite the compliment.

And that's just the way it is.

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CELEBRATING THE DR. MARTIN  
LUTHER KING, JR. DAY OF  
SERVICE

**HON. DORIS O. MATSUI**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Ms. MATSUI. Mr. Speaker, this Monday our Nation celebrated the life of Rev. Dr. Martin Luther King, Jr. Together we honored Dr. King's legacy with a national day of service.

Dr. King taught us many important lessons during his life—the greatest of all being that violence and hatred will get us nowhere, but love, service, and kindness for our fellow man can guide our Nation to overcome its most considerable struggles. While Dr. King was motivated by a period of division in our Nation's history, we know today that his lessons transcend all challenges. In this spirit, we pay tribute to the life and works of Dr. King, through participation in community service on the third Monday of January, each year.

Mr. Speaker, I submit to the record the following piece by Ambassador of Service for the Corporation for National and Community Service MLK Day, my colleague from Georgia, the Honorable JOHN LEWIS, and CEO of the Corporation for National and Community Service, Patrick Corvington, on the importance of national service.

Ever since former Sen. Harris Wofford and I introduced legislation in the Congress that transformed the King Holiday into a National Day of Service, one question periodically arises: Do Americans view the King Holiday primarily as a day on or a day off? Are they commemorating the legacy of the Rev. Martin Luther King Jr. with their extra time or simply getting extra sleep? Clearly, there are kids who will joyfully spend their day in front of their Xboxes, and shoppers who will rush to a department store sale on the holiday.

But as the life of Dr. King and the movement that he led demonstrate, ordinary people with extraordinary vision working in the corners of their communities can have an impact that reverberates throughout America. These tiny ripples of human compassion can build into waves that cleanse and heal the wounds of a Nation.

The Corporation for National and Community Service is the Federal agency that engages more than 5 million Americans in service to solve community problems. In partnership with the King Center and community groups nationwide, the agency responds to a mandate provided in the legislation to organize the King holiday National Day of Service. Since the service day legislation was passed, we have seen interest grow from a handful of local events to well over 13,000 projects taking place this year in all 50 States.

Right here in Atlanta, we will be joining thousands of volunteers who will be packing food boxes for the hungry, rebuilding homes for the homeless, beautifying schools and serving in many other ways to commemorate the legacy of Dr. King. In doing so, people are following in King's footsteps, taking nonviolent action into their own hands to heal and mend the problems in our communities. That is what the National Day of Service is all about, engaging Americans in the joy of giving and inspiring them to see this holiday differently, not as a time to rest, but as an opportunity to share in the healing work of love.

Last year, in the midst of the Great Recession, 63.4 million Americans volunteered in some way in their communities. They decided that they wanted to make service a meaningful part of their everyday lives. And their efforts are making a difference. They are expanding economic opportunity, helping to fix our education system, protecting our environment, responding to the needs of our veterans and assisting in the wake of natural disasters.

To mark the 25th anniversary of the King holiday, we are issuing the "MLK 25 Challenge." We are calling on all Americans to honor Dr. King by pledging to take at least 25 actions during 2011 to make a difference for others.

The recent violence in Tucson is a sobering reminder that we as a nation have not yet fulfilled King's dream for our society, the building of a "Beloved Community," defined as a society based on simple justice that values the worth and dignity of every human being.

As the victims, families and our Nation struggle to recover from this tragedy, it is fitting that we look to the words of a nonviolent warrior who met aggression and hostility with the power of peace. "Darkness cannot drive out darkness," King once said, "only light can do that. Hate cannot drive out hate; only love can do that."

RECOGNIZING CHIEF DWIGHT  
BLANKENSHIP AND LONG ISLAND'S  
FIRST RESPONDERS

**HON. TIMOTHY H. BISHOP**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. BISHOP of New York. Mr. Speaker, I rise today to pay tribute to the everyday heroes who make up Long Island's first responder community for the service they give us every day.

In the aftermath of disasters, we often ask the same questions: What went wrong? How could this have been averted? Who is to blame?

Yet, in the early hours of January 1, 2011, a host of heroic first responders demonstrated

how well-trained and dedicated experts could avert disaster and save lives. In this instance, the system worked. Mastic Fire Department Chief Dwight Blankenship and Assistant Chief Jim Mickert were the first to arrive on the scene of a gas leak and their immediate actions undoubtedly saved lives and property.

Upon seeing a gas leak spewing from out of the ground, Chief Blankenship immediately recognized the gravity of the situation and the need to act. First, he took action to prevent any action that could create a spark and ignite the gas. After taking action to secure the scene, he made a series of calls to coordinate the largest response Suffolk County has seen since the Pine Barrens fires of 1995.

Chief Blankenship's calls for assistance were answered by first responders from throughout Long Island. There are too many heroes to name, but the members of the Mastic Fire Department and the Mastic Volunteer Ambulance Company did so much to ensure the safety of the public. In all, more than 80 fire trucks and dozens of various departments joined in the effort.

While New Yorkers are loath to admit that anything good can come from across the river, we owe a debt of gratitude to John Stearns and his team with Industrial Propane and Reclamation of Sussex, New Jersey, for their quick and effective response.

I also want to highlight the Brookhaven Fire Marshals who responded to this potential disaster. Not only did the Town Fire Marshals ensure the safety of the public on January 1, but within three days of the incident they had completed their investigation and produced a comprehensive report about what had happened and how to avert a similar disaster.

Every day, our first responders train and take time away from their families, for that one call. On January 1, we are all so grateful that Chief Blankenship answered the call, because the difference is literally a matter of life and death. I am proud to represent so many dedicated first responders like Chief Dwight Blankenship and thank them for their continued service to our community.

TRIBUTE TO LARRY J. NEHASIL

**HON. THADDEUS G. McCOTTER**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. McCOTTER. Mr. Speaker, today I rise to honor and celebrate the life of Larry J. Nehasil, a devoted husband, father, brother, son, uncle and Police Officer; and to mourn him upon his tragic passing in the line of duty at age 48.

Larry was born on March 15, 1962. He grew up in Livonia, Michigan and graduated from Winston Churchill High School in 1980. After serving with the Wayne County Sheriff's Office, Larry Nehasil joined the ranks of the Livonia Police Department as a Cadet in 1991. He was promoted to Police Officer in 1993 and worked in the Patrol Bureau, the Special Operations Unit and most recently, the Intelligence Bureau. Highly decorated in his 20 year career, Officer Larry Nehasil was a valued brother to his fellow officers and a lover of life whose company brought joy to all he knew. Aside from his diligent work ethic, Larry enjoyed numerous outdoor activities, working

out and watching his adored sons play hockey.

On January 17, 2011, Larry Nehasil laid down his life as he pursued a robbery suspect. This dedicated man gave his last breath, his last ounce of courage in service to the citizens he had dutifully sworn to defend and protect. He will be remembered as a father devoted to his family, especially his beloved wife, Linda, and his sons Adam and Aaron. The cherished son of Monica, Larry reunites with his father, the late Richard Nehasil, as he passes to his eternal reward. As a treasured brother to Cheryl, Craig and Lori, Larry Nehasil leaves a legacy in many nieces and nephews. Larry was a wonderful man with a ready smile, kind to all he encountered; and he will be truly and sorrowfully missed.

Mr. Speaker, during his lifetime, Officer Larry J. Nehasil enriched the lives of everyone around him. His End of Watch came far too soon and unexpectedly. As we bid farewell to this brave and wonderful individual, I ask my colleagues to join me in mourning his passing and honoring his years of loyal service to our community and country.

OUR UNCONSCIONABLE NATIONAL  
DEBT

**HON. MIKE COFFMAN**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. COFFMAN of Colorado. Mr. Speaker, today our national debt is \$14,052,380,830,542.80.

On January 6, 2009, the start of the 111th Congress, the national debt was \$10,638,425,746,293.80.

This means the national debt has increased by \$3,413,955,084,249.00 since then.

This debt and its interest payments we are passing to our children and all future Americans.

BANK OVERCHARGED MILITARY  
FAMILIES ON MORTGAGES

**HON. DENNIS J. KUCINICH**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. KUCINICH. Mr. Speaker, admitting some "very big mistakes," banking giant JP Morgan Chase revealed today that they overcharged more than 4,000 active-duty military personnel on their home loans and foreclosed, in error, on 14 of them.

The Service Members Civil Relief Act of 2003 provides military personnel certain rights and protections as they enter active duty with respect to credit card interest rates, mortgage interest rates, and mortgage foreclosures. Per the provisions of this act both mortgage interest rates and consumer debt interest rates can be limited to 6 percent in some circumstances and foreclosures are not permitted.

While Chase has apologized for this "customer mistake," has agreed to send out \$2 million worth of refunds and has resolved all but one of the foreclosure cases, the strain put on the service members and their families through the bank's failure to comply with this act is inexcusable.

Two issues need urgent attention if we are to avoid a recurrence of this kind of illegal behavior on the part of the banks: 1) We must accelerate the formation of the new Consumer Financial Protection Bureau that was created by Congress in the wake of the financial crisis; 2) We need to acknowledge that current interest rates are running as low as 4.6 percent for fixed 15 year loans and look into amending the Service Members Civil Relief Act of 2003 to reflect that reality, thus giving those who leave their families behind to serve our country the best rates available.

[From NPR.org, Jan. 19, 2011]

BANK OVERCHARGED MILITARY FAMILIES ON MORTGAGES  
(By Tamara Keith)

The banking giant JPMorgan Chase is admitting it made some very big mistakes. As first reported by NBC News, the firm says it overcharged more than 4,000 active-duty military personnel on their home loans and foreclosed in error on 14 of them.

Julia Rowles and her husband, Marine Capt. Jonathan Rowles, have been fighting with Chase ever since Rowles was commissioned as an officer in 2006.

"They would say, 'We will take your house. We will report you to the credit agency. This is a bad situation that you don't want to be getting into. Pay us today.' They were harassing us for money that we did not owe them," Julia Rowles says.

Her husband once got a collection call at 3 a.m. None of that was supposed to happen. Under a federal law called the Servicemembers Civil Relief Act, most troops can get their mortgage interest rates reduced to 6 percent while on active duty, and foreclosures aren't allowed. Rowles says her husband, who is now overseas, was granted the lower interest rate, but Chase didn't adjust its records.

"They kept still charging us 9 and 10 percent, and we were paying upwards to \$2,000 when we should have only been paying \$1,400," she said.

This week Chase said it would send out \$2 million worth of refunds to 4,000 active-duty customers like the Rowles family who were overcharged. It also admitted to wrongfully foreclosing on 14 homes, and said all but one of those cases had been resolved. Bank officials declined an interview request, but in a statement said: "While any customer mistake is regrettable, we feel particularly badly about the mistakes we made here."

But attorney Dick Harpootlian in Columbia, S.C., isn't ready to accept the apology. He's one of the lawyers representing the Rowles family in what he hopes will become a class-action lawsuit against Chase.

"I was a prosecutor for 12 years. Everybody that got caught taking money that wasn't theirs always said they were sorry, offered to give it back and call it even," he said. "And that's just not what ought to happen in cases like this."

Elizabeth Warren, a special assistant to President Obama, says the case illustrates why the U.S. needs a strong consumer financial protection agency. She's putting together the new Consumer Financial Protection Bureau that was created by Congress to look out for consumers in the wake of the financial crisis. The agency will also focus on protecting military families.

"We need a cop on the beat," Warren said. "The laws are in place, but there's no one to enforce them and no one to speak up for these families. This is just wrong."

Warren says the laws exist so service members can concentrate on doing their jobs.

They should not be "worried about paperwork and bills and whether or not a loved

one is being harassed for money that's not even owed."

Warren visited Lackland Air Force Base in Texas on Tuesday to talk to military families about their financial concerns. She was joined by Holly Petraeus, the wife of Gen. David Petraeus, the commander of U.S. forces in Afghanistan.

Holly Petraeus was one of the first hires for the new consumer bureau.

"I really can't think of anything better to be doing while my husband is deployed forever than working on a project like this," she said.

She'll head the office of Service Member Affairs, which will be on the lookout for issues like those at Chase.

SERVICEMEMBERS CIVIL RELIEF ACT (SCRA)  
OF 2003

MORTGAGE INTEREST RATE REDUCTION FOR ACTIVE DUTY MILITARY PERSONNEL

This federal law (formerly known as The Soldiers' and Sailors' Civil Relief Act of 1940) provides military personnel important rights and protections as they enter active duty, on issues that include mortgage interest rates, mortgage foreclosure, and credit card interest rates. A major benefit is the ability to reduce mortgage interest rates and consumer debt interest rates (including debts incurred jointly with a spouse) to a 6% limit under certain circumstances. The mortgage or debt must have been incurred before entry into active military service, and the servicemember must show that military service has had a "material effect" on the legal or financial matter involved. This provision applies to both conventional and government-insured mortgages.

SCRA applies to active duty military personnel who had a mortgage obligation prior to enlistment or prior to being ordered to active duty. This includes members of the Army, Navy, Marine Corps, Air Force, Coast Guard; commissioned officers of the Public Health Service and the National Oceanic and Atmospheric Administration who are engaged in active service; reservists ordered to report for military service; persons ordered to report for induction under the Military Selective Service Act; and guardsmen called to active service for more than 30 consecutive days. In limited situations, dependents of servicemembers are also entitled to protections.

The mortgage interest rate limit is not automatic. To request this temporary interest rate reduction, you must submit a written request to your mortgage lender and include a copy of your military orders. The request may be submitted as soon as the orders are issued but must be provided to your mortgage lender no later than 180 days after the date of your release from active duty military service. When you contact your mortgage lender, you should provide the following information: notice that you have been called to active duty; a copy of the orders from the military notifying you of your activation; your FHA case number, if applicable; evidence that the debt precedes your activation date.

When notified that you are on active military duty, your mortgage lender must reduce the interest rate to no more than six percent per year during the period of active military service, recalculate your payments to reflect the lower rate, advise you of the adjusted amount due, provide adjusted coupons or billings, and ensure that the adjusted payments are not returned as insufficient payments. If a mortgage lender believes that military service has not affected your ability to repay your mortgage, they have the right to ask a court to grant relief from the interest rate reduction, but this action is not common.

Interest in excess of 6 percent per year that would otherwise have been charged is forgiven. However, the reduction in the interest rate and monthly payment amount only applies during the period of active duty. Once the period of active military service ends, the interest rate will revert back to the original interest rate, and the payment will be recalculated accordingly.

If you cannot afford to pay your mortgage even at the lower rate, your mortgage lender may allow you to stop paying the principal amount due on your loan during the period of active duty service. Lenders are not required to do this, but they generally try to work with service members to keep them in their homes. In such a case, you would still owe this amount but would not have to repay it until after your complete your active duty service.

Furthermore, mortgage lenders may not foreclose, or seize property for a failure to pay a mortgage debt, while a service member is on active duty or within 90 days after the period of military service unless they have the approval of a court. In a court proceeding, the lender would be required to show that the service member's ability to repay the debt was not affected by his or her military service.

Servicemembers who have questions about the SCRA or the protections that they may be entitled to may contact their unit judge advocate or installation legal assistance officer. Dependents of servicemembers can also contact or visit local military legal assistance offices where they reside. A military legal assistance office locator for each branch of the armed forces is available at the Armed Forces Legal Assistance (AFLA) website.

Most lenders have other programs to assist borrowers who cannot make their mortgage payments. If you or your spouse find yourself in this position at any time before or after active duty service, contact your lender immediately and ask about loss mitigation options. Borrowers with FHA insured loans who are having difficulty making mortgage payments may also be eligible for special forbearance and other loss mitigation options.

HONORING THE MEMORY OF  
R. SARGENT SHRIVER

HON. LAURA RICHARDSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 19, 2011

Ms. RICHARDSON. Mr. Speaker, I rise today to honor the memory of a giant of public service, Robert Sargent Shriver, Jr. who passed away yesterday at the age of 95. Sargent Shriver was the absolute embodiment of selfless devotion, harnessing the excitement of the Kennedy era to the ideals of volunteerism and assistance to those less fortunate in this country and around the world. The programs he organized have endured for nearly half a century and have become true institutions, affecting generations of Americans.

Mr. Speaker, it is fitting that tomorrow marks the 50th Anniversary of President Kennedy's Inaugural Address. On that cold January day in 1961, a young President inspired the Nation to lift itself up and apply its energies to advancing America and its ideals at home and around the world using those iconic words: "Ask not what your country can do for you, ask what you can do for your country." As one of his chief lieutenants, Sargent Shriver

spread President Kennedy's message far and wide to millions of little boys and girls, some of whom, myself included, rose to heed his call to public service.

Mr. Speaker, since the age of 6 I have wanted to work for others, and though I was a little girl at the time, I was touched by the energy of the times and the spirit of service has never left me. The ideals that Sargent Shriver advocated fell across a generation.

Born in Maryland, Sargent Shriver earned his undergraduate and law degrees at Yale University. Despite organizing a group focused on keeping America out of World War II, he volunteered and served for 5 years in the Pacific with the Navy, achieving the rank of lieutenant and receiving the Purple Heart for wounds suffered at Guadalcanal. He became associated with the Kennedy family, first managing a store in Chicago owned by Joseph Kennedy Sr. and later marrying Eunice Kennedy, John F. Kennedy's sister. He worked on the Kennedy campaign and endeared himself to the newly elected President.

On October 14, 1960, John F. Kennedy gave a speech at the University of Michigan and lingered afterwards with a group of students, the conversation lasting long into the night. During that meeting, they discussed the idea of a government program whereby young Americans would be sent to developing nations to aid in local projects, mostly centering on education, health, and agriculture. President Kennedy assumed office with this program in mind, and on March 1, 1961, the Peace Corps was born with Sargent Shriver as its first director. Volunteers arrived in five countries during 1961. In just under six years, Shriver developed programs in 55 countries with a volunteer count of more than 15,000.

The Peace Corps will also celebrate its 50th Anniversary in March, and it can credit its success to the diligent devotion shown by its first director and to his predecessors who must strive to meet his lofty standards. Sargent Shriver carried the flame of Camelot. Entire generations, inspired by his energy, took up his call to right wrongs, improve their communities, and implement his color-blind approach to administering the government.

In his drive to promote social equality and bring more people to public service, he founded numerous social programs and non-governmental organizations, including the Head Start Program, VISTA, Job Corps, Community Action, Upward Bound, Foster Grandparents, Special Olympics, Legal Services, the National Clearinghouse for Legal Services (now the Shriver Center), and Indian and Migrant Opportunities and Neighborhood Health Services.

His record of service includes representing the U.S. as Ambassador to France, being the 1972 Democratic candidate for Vice-President, practicing international law, and membership on the boards for numerous non-governmental organizations and philanthropic institutions. In his later years, he and his beloved wife, Eunice, organized The Special Olympics and made it an international force for the dignity of the disabled.

Mr. Speaker, Sargent Shriver once said, "The only genuine elite are the elite of those men and women who gave their lives to justice and charity." Today I commend Sargent Shriver's long life and distinguished career. His dedication and work on behalf of others has directly benefited thousands of communities, from the inner cities of the United

States to the most remote villages in Africa. He was the model of civil service and he will be missed.

IN REMEMBRANCE OF SARGENT  
SHRIVER

**HON. THOMAS E. PETRI**

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. PETRI. Mr. Speaker, as a returned Peace Corps volunteer, I rise today to note the passing of Sargent Shriver, who founded the Peace Corps and headed it for its first five years. He was the enthusiastic and committed leader of the new agency, taking it from its founding in 1961 to more than 14,500 volunteers serving in 55 countries by 1966.

I served in the Peace Corps in Somalia in 1966 and 1967 and saw firsthand the contribution that Peace Corps volunteers make to the communities they serve, as well as the effect service has on the volunteers. Fifty years later, the continued selfless and noble service outside our borders remains a testament to the timeless American ideals demonstrated and encouraged by Sargent Shriver.

But it wasn't just the Peace Corps. Sargent Shriver led a life of service, founding the Office of Economic Opportunity and helping to develop its many programs. From 1968 to 1970, he was our able ambassador to France during a difficult time in our relations with that country. In 1972, he ran for Vice President with George McGovern and then ran for President in 1976.

And yet, there are many people who are unfamiliar with Sargent Shriver's service and achievements. His biographer, Scott Stossel, told the Washington Post that it's hard to find another American figure where the disproportion between how much he accomplished and how little he is known is so large.

Let us pause to mark the passage of this public servant and say "thank you."

FEDERAL COMMUNICATIONS COM-  
MISSION (FCC) APPROVAL OF  
MERGER OF NBC UNIVERSAL  
AND COMCAST

**HON. DENNIS J. KUCINICH**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. KUCINICH. Mr. Speaker, yesterday the FCC approved the takeover of NBC, a television network, by Comcast, a cable TV and internet provider.

One condition of the merger's approval is that the combined company must not restrict access to any lawful online content. Another condition is that the merged company cannot give better treatment online to its own content than to the content produced by others. Comcast now has 23 million cable TV subscribers, and 16 million internet subscribers, making it the largest internet and cable TV service provider in the US. With such a pervasive conglomerate, it seems unlikely that these restrictions will ensure equal access to the internet, whose creation was funded by taxpayers.

Like any powerful tool, the internet must be protected from falling into the control of any one entity or entities which have too much authority to decide who can access it and what content they can put there. We need real Net Neutrality, not the FCC's recent proposal, which I will fight to strengthen.

RULES OF THE COMMITTEE ON  
WAYS AND MEANS FOR THE  
112TH CONGRESS AS ADOPTED  
BY THE COMMITTEE ON JANU-  
ARY 18, 2011

**HON. DAVE CAMP**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. CAMP. Mr. Speaker, I submit the following.

A. GENERAL

RULE 1. APPLICATION OF HOUSE RULES

The rules of the House are the rules of the Committee on Ways and Means and its subcommittees so far as applicable, except that a motion to recess from day to day, and a motion to dispense with the first reading (in full) of a bill or resolution, if printed copies are available, is a non-debatable motion of high privilege in the Committee.

Each subcommittee of the Committee is part of the Committee and is subject to the authority and direction of the Committee and to its rules so far as applicable. Written rules adopted by the Committee, not inconsistent with the Rules of the House, shall be binding on each subcommittee of the Committee.

The provisions of rule XI of the Rules of the House are incorporated by reference as the rules of the Committee to the extent applicable.

RULE 2. MEETING DATE AND QUORUMS

The regular meeting day of the Committee on Ways and Means shall be on the second Wednesday of each month while the House is in session. However, the Committee shall not meet on the regularly scheduled meeting day if there is no business to be considered.

A majority of the Committee constitutes a quorum for business; provided however, that two Members shall constitute a quorum at any regularly scheduled hearing called for the purpose of taking testimony and receiving evidence. In establishing a quorum for purposes of a public hearing, every effort shall be made to secure the presence of at least one Member each from the majority and the minority.

The Chairman of the Committee may call and convene, as he considers necessary, additional meetings of the Committee for the consideration of any bill or resolution pending before the Committee or for the conduct of other Committee business. The Committee shall meet pursuant to the call of the Chair.

RULE 3. COMMITTEE BUDGET

For each Congress, the Chairman, in consultation with the Majority Members of the Committee, shall prepare a preliminary budget. Such budget shall include necessary amounts for staff personnel, travel, investigation, and other expenses of the Committee. After consultation with the Minority Members, the Chairman shall include an amount budgeted by Minority Members for staff under their direction and supervision.

Thereafter, the Chairman shall combine such proposals into a consolidated Committee budget, and shall present the same to



the Committee for its approval or other action. The Chairman shall take whatever action is necessary to have the budget as finally approved by the Committee duly authorized by the House. After said budget shall have been adopted, no substantial change shall be made in such budget unless approved by the Committee.

RULE 4. PUBLICATION OF COMMITTEE DOCUMENTS

Any Committee or Subcommittee print, document, or similar material prepared for public distribution shall either be approved by the Committee or Subcommittee prior to distribution and opportunity afforded for the inclusion of supplemental, minority or additional views, or such document shall contain on its cover the following disclaimer:

Prepared for the use of Members of the Committee on Ways and Means by members of its staff. This document has not been officially approved by the Committee and may not reflect the views of its Members.

Any such print, document, or other material not officially approved by the Committee or Subcommittee shall not include the names of its Members, other than the name of the full Committee Chairman or Subcommittee Chairman under whose authority the document is released. Any such document shall be made available to the full Committee Chairman and Ranking Minority Member not less than 3 calendar days (excluding Saturdays, Sundays, and legal holidays) prior to its public release.

The requirements of this rule shall apply only to the publication of policy-oriented, analytical documents, and not to the publication of public hearings, legislative documents, documents which are administrative in nature or reports which are required to be submitted to the Committee under public law. The appropriate characterization of a document subject to this rule shall be determined after consultation with the Minority.

RULE 5. OFFICIAL TRAVEL

Consistent with the primary expense resolution and such additional expense resolution as may have been approved, the provisions of this rule shall govern official travel of Committee Members and Committee staff. Official travel to be reimbursed from funds set aside for the full Committee for any Member or any Committee staff member shall be paid only upon the prior authorization of the Chairman. Official travel may be authorized by the Chairman for any Member and any Committee staff member in connection with the attendance of hearings conducted by the Committee, its Subcommittees, or any other Committee or Subcommittee of the Congress on matters relevant to the general jurisdiction of the Committee, and meetings, conferences, facility inspections, and investigations which involve activities or subject matter relevant to the general jurisdiction of the Committee. Before such authorization is given, there shall be submitted to the Chairman in writing the following:

- (1) The purpose of the official travel;
- (2) The dates during which the official travel is to be made and the date or dates of the event for which the official travel is being made;
- (3) The location of the event for which the official travel is to be made; and
- (4) The names of the Members and Committee staff seeking authorization.

In the case of official travel of Members and staff of a Subcommittee to hearings, meetings, conferences, facility inspections and investigations involving activities or subject matter under the jurisdiction of such Subcommittee, prior authorization must be obtained from the Subcommittee Chairman and the full Committee Chairman. Such

prior authorization shall be given by the full Committee Chairman only upon the representation by the applicable Subcommittee Chairman in writing setting forth those items enumerated above.

Within 60 days of the conclusion of any official travel authorized under this rule, there shall be submitted to the full Committee Chairman a written report covering the information gained as a result of the hearing, meeting, conference, facility inspection or investigation attended pursuant to such official travel.

RULE 6. AVAILABILITY OF COMMITTEE RECORDS AND PUBLICATIONS

The records of the Committee at the National Archives and Records Administration shall be made available for public use in accordance with Rule VII of the Rules of the House of Representatives. The Chairman shall notify the Ranking Minority Member of any decision, pursuant to clause 3(b)(3) or clause 4(b) of Rule VII, to withhold a record otherwise available, and the matter shall be presented to the Committee for a determination on the written request of any Member of the Committee. The Committee shall, to the maximum extent feasible, make its publications available in electronic form.

RULE 7. COMMITTEE WEBSITE

The Chairman shall maintain an official Committee website for the purpose of furthering the Committee's legislative and oversight responsibilities, including communicating information about the Committee's activities to Committee members and other members of the House. The ranking minority member may maintain a similar website for the same purpose, including communicating information about the activities of the minority to Committee members and other members of the House.

B. SUBCOMMITTEES

RULE 8. SUBCOMMITTEE RATIOS AND JURISDICTION

All matters referred to the Committee on Ways and Means involving revenue measures, except those revenue measures referred to Subcommittees under paragraphs 1, 2, 3, 4, 5 or 6 shall be considered by the full Committee and not in Subcommittee. There shall be six standing Subcommittees as follows: a Subcommittee on Trade; a Subcommittee on Oversight; a Subcommittee on Health; a Subcommittee on Social Security; a Subcommittee on Human Resources; and a Subcommittee on Select Revenue Measures. The ratio of Republicans to Democrats on any Subcommittee of the Committee shall be consistent with the ratio of Republicans to Democrats on the full Committee.

1. The Subcommittee on Trade shall consist of 14 Members, 9 of whom shall be Republicans and 5 of whom shall be Democrats.

The jurisdiction of the Subcommittee on Trade shall include bills and matters referred to the Committee on Ways and Means that relate to customs and customs administration including tariff and import fee structure, classification, valuation of and special rules applying to imports, and special tariff provisions and procedures which relate to customs operation affecting exports and imports; import trade matters, including import impact, industry relief from injurious imports, adjustment assistance and programs to encourage competitive responses to imports, unfair import practices including antidumping and countervailing duty provisions, and import policy which relates to dependence on foreign sources of supply; commodity agreements and reciprocal trade agreements involving multilateral and bilateral trade negotiations and implementation of agreements involving tariff and non-tariff trade barriers to and distortions of inter-

national trade; international rules, organizations and institutional aspects of international trade agreements; budget authorizations for the customs revenue functions of the Department of Homeland Security, the U.S. International Trade Commission, and the U.S. Trade Representative; and special trade-related problems involving market access, competitive conditions of specific industries, export policy and promotion, access to materials in short supply, bilateral trade relations including trade with developing countries, operations of multinational corporations, and trade with non-market economies.

2. The Subcommittee on Oversight shall consist of 11 Members, 7 of whom shall be Republicans and 4 of whom shall be Democrats.

The jurisdiction of the Subcommittee on Oversight shall include all matters within the scope of the full Committee's jurisdiction but shall be limited to existing law. Said oversight jurisdiction shall not be exclusive but shall be concurrent with that of the other Subcommittees. With respect to matters involving the Internal Revenue Code and other revenue issues, said concurrent jurisdiction shall be shared with the full Committee. Before undertaking any investigation or hearing, the Chairman of the Subcommittee on Oversight shall confer with the Chairman of the full Committee and the Chairman of any other Subcommittee having jurisdiction.

3. The Subcommittee on Health shall consist of 14 Members, 9 of whom shall be Republicans and 5 of whom shall be Democrats.

The jurisdiction of the Subcommittee on Health shall include bills and matters referred to the Committee on Ways and Means that relate to programs providing payments (from any source) for health care, health delivery systems, or health research. More specifically, the jurisdiction of the Subcommittee on Health shall include bills and matters that relate to the health care programs of the Social Security Act (including titles V, XI (Part B), XVIII, and XIX thereof) and, concurrent with the full Committee, tax credit and deduction provisions of the Internal Revenue Code dealing with health insurance premiums and health care costs.

4. The Subcommittee on Social Security shall consist of 11 Members, 7 of whom shall be Republicans and 4 of whom shall be Democrats.

The jurisdiction of the Subcommittee on Social Security shall include bills and matters referred to the Committee on Ways and Means that relate to the Federal Old Age, Survivors' and Disability Insurance System, the Railroad Retirement System, and employment taxes and trust fund operations relating to those systems. More specifically, the jurisdiction of the Subcommittee on Social Security shall include bills and matters involving title II of the Social Security Act and Chapter 22 of the Internal Revenue Code (the Railroad Retirement Tax Act), as well as provisions in title VII and title XI of the Act relating to procedure and administration involving the Old Age, Survivors' and Disability Insurance System.

5. The Subcommittee on Human Resources shall consist of 11 Members, 7 of whom shall be Republicans and 4 of whom shall be Democrats.

The jurisdiction of the Subcommittee on Human Resources shall include bills and matters referred to the Committee on Ways and Means that relate to the public assistance provisions of the Social Security Act, including temporary assistance for needy families, child care, child and family services, child support, foster care, adoption, supplemental security income, social services, eligibility of welfare recipients for food stamps, and low-income energy assistance.

More specifically, the jurisdiction of the Subcommittee on Human Resources shall include bills and matters relating to titles I, IV, VI, X, XIV, XVI, XVII, XX and related provisions of titles VII and XI of the Social Security Act.

The jurisdiction of the Subcommittee on Human Resources shall also include bills and matters referred to the Committee on Ways and Means that relate to the Federal-State system of unemployment compensation, and the financing thereof, including the programs for extended and emergency benefits. More specifically, the jurisdiction of the Subcommittee on Human Resources shall also include all bills and matters pertaining to the programs of unemployment compensation under titles III, IX and XII of the Social Security Act, Chapters 23 and 23A of the Internal Revenue Code, and the Federal-State Extended Unemployment Compensation Act of 1970, and provisions relating thereto.

6. The Subcommittee on Select Revenue Measures shall consist of 11 Members, 7 of whom shall be Republicans and 4 of whom shall be Democrats.

The jurisdiction of the Subcommittee on Select Revenue Measures shall consist of those revenue measures that, from time to time, shall be referred to it specifically by the Chairman of the full Committee.

#### RULE 9. EX-OFFICIO MEMBERS OF SUBCOMMITTEES

The Chairman of the full Committee and the Ranking Minority Member may sit as ex-officio Members of all Subcommittees. They may be counted for purposes of assisting in the establishment of a quorum for a Subcommittee. However, their absence shall not count against the establishment of a quorum by the regular Members of the Subcommittee. Ex-officio Members shall neither vote in the Subcommittee nor be taken into consideration for the purposes of determining the ratio of the Subcommittee.

#### RULE 10. SUBCOMMITTEE MEETINGS

Insofar as practicable, meetings of the full Committee and its Subcommittees shall not conflict. Subcommittee Chairmen shall set meeting dates after consultation with the Chairman of the full Committee and other Subcommittee Chairmen with a view towards avoiding, wherever possible, simultaneous scheduling of full Committee and Subcommittee meetings or hearings.

#### RULE 11. REFERENCE OF LEGISLATION AND SUBCOMMITTEE REPORTS

Except for bills or measures retained by the Chairman of the full Committee for full Committee consideration, every bill or other measure referred to the Committee shall be referred by the Chairman of the full Committee to the appropriate Subcommittee in a timely manner. A Subcommittee shall, within three legislative days of the referral, acknowledge same to the full Committee.

After a measure has been pending in a Subcommittee for a reasonable period of time, the Chairman of the full Committee may make a request in writing to the Subcommittee that the Subcommittee forthwith report the measure to the full Committee with its recommendations. If within seven legislative days after the Chairman's written request, the Subcommittee has not so reported the measure, then there shall be in order in the full Committee a motion to discharge the Subcommittee from further consideration of the measure. If such motion is approved by a majority vote of the full Committee, the measure may thereafter be considered only by the full Committee.

No measure reported by a Subcommittee shall be considered by the full Committee unless it has been presented to all Members of the full Committee at least two legislative

days prior to the full Committee's meeting, together with a comparison with present law, a section-by-section analysis of the proposed change, a section-by-section justification, and a draft statement of the budget effects of the measure that is consistent with the requirements for reported measures under clause 3(d)(2) of Rule XIII of the Rules of the House of Representatives.

#### RULE 12. RECOMMENDATION FOR APPOINTMENT OF CONFEREES

Whenever in the legislative process it becomes necessary to appoint conferees, the Chairman of the full Committee shall recommend to the Speaker as conferees the names of those Committee Members as the Chairman may designate. In making recommendations of Minority Members as conferees, the Chairman shall consult with the Ranking Minority Member of the Committee.

### C. HEARINGS

#### RULE 13. WITNESSES

In order to assure the most productive use of the limited time available to question hearing witnesses, a witness who is scheduled to appear before the full Committee or a Subcommittee shall file with the Clerk of the Committee at least 48 hours in advance of his or her appearance a written statement of their proposed testimony. In addition, all witnesses shall comply with formatting requirements as specified by the Committee and the Rules of the House. Failure to comply with the 48-hour rule may result in a witness being denied the opportunity to testify in person. Failure to comply with the formatting requirements may result in a witness' statement being rejected for inclusion in the published hearing record. In addition to the requirements of clause 2(g)(4) of Rule XI of the Rules of the House regarding information required of public witnesses, a witness shall limit his or her oral presentation to a summary of their position and shall provide sufficient copies of their written statement to the Clerk for distribution to Members, staff and news media.

A witness appearing at a public hearing, or submitting a statement for the record of a public hearing, or submitting written comments in response to a published request for comments by the Committee must include in their statement or submission, a list of all clients, persons or organizations on whose behalf the witness appears. Oral testimony and statements for the record, or written comments in response to a request for comments by the Committee, will be accepted only from citizens of the United States or corporations or associations organized under the laws of one of the 50 States of the United States or the District of Columbia, unless otherwise directed by the Chairman of the full Committee or Subcommittee involved. Written statements from non-citizens may be considered for acceptance in the record if transmitted to the Committee in writing by Members of Congress.

#### RULE 14. QUESTIONING OF WITNESSES

Committee Members may question witnesses only when recognized by the Chairman for that purpose. All Members shall be limited to five minutes on the initial round of questioning. In questioning witnesses under the five minute rule, the Chairman and the Ranking Minority Member shall be recognized first, after which Members who are in attendance at the beginning of a hearing will be recognized in the order of their seniority on the Committee. Other Members shall be recognized in the order of their appearance at the hearing. In recognizing Members to question witnesses, the Chairman may take into consideration the ratio of Majority Members to Minority Members

and the number of Majority and Minority Members present and shall apportion the recognition for questioning in such a manner as not to disadvantage Members of the majority.

#### RULE 15. SUBPOENA POWER

The power to authorize and issue subpoenas is delegated to the Chairman of the full Committee, as provided for under clause 2(m)(3)(A)(i) of Rule XI of the Rules of the House of Representatives.

#### RULE 16. RECORDS OF HEARINGS

An accurate stenographic record shall be kept of all testimony taken at a public hearing. The staff shall transmit to a witness the transcript of his or her testimony for correction and immediate return to the Committee offices. Only changes in the interest of clarity, accuracy and corrections in transcribing errors will be permitted. Changes that substantially alter the actual testimony will not be permitted. Members shall have the opportunity to correct their own remarks before publication. The Chairman of the full Committee may order the printing of a hearing without the corrections of a witness or Member if he determines that a reasonable time has been afforded to make corrections and that further delay would impede the consideration of the legislation or other measure that is the subject of the hearing.

#### RULE 17. BROADCASTING OF HEARINGS

The provisions of clause 4(f) of Rule XI of the Rules of the House of Representatives are specifically made a part of these rules by reference. In addition, the following policy shall apply to media coverage of any meeting of the full Committee or a Subcommittee:

(1) An appropriate area of the Committee's hearing room will be designated for members of the media and their equipment.

(2) No interviews will be allowed in the Committee room while the Committee is in session. Individual interviews must take place before the gavel falls for the convening of a meeting or after the gavel falls for adjournment.

(3) Day-to-day notification of the next day's electronic coverage shall be provided by the media to the Chairman of the full Committee through an appropriate designee.

(4) Still photography during a Committee meeting will not be permitted to disrupt the proceedings or block the vision of Committee Members or witnesses.

(5) Further conditions may be specified by the Chairman.

### D. MARKUPS

#### RULE 18. PREVIOUS QUESTION

The Chairman shall not recognize a Member for the purpose of moving the previous question unless the Member has first advised the Chair and the Committee that this is the purpose for which recognition is being sought.

#### RULE 19. POSTPONEMENT OF PROCEEDINGS

The Chairman may postpone further proceedings when a record vote is ordered on the question of approving any measure or matter or adopting an amendment.

The Chairman may resume proceedings on a postponed request at any time. In exercising postponement authority the Chairman shall take reasonable steps to notify Members on the resumption of proceedings on any postponed record vote.

When proceedings resume on a postponed question, notwithstanding any intervening order for the previous question, an underlying proposition shall remain subject to further debate or amendment to the same extent as when the question was postponed.

#### RULE 20. MOTION TO GO TO CONFERENCE

The Chairman is authorized to offer a motion under clause 1 of rule XXII of the Rules

of the House of Representatives whenever the Chairman considers it appropriate.

**RULE 21. OFFICIAL TRANSCRIPTS OF MARKUPS AND OTHER COMMITTEE MEETINGS**

An official stenographic transcript shall be kept accurately reflecting all markups and other official meetings of the full Committee and the Subcommittees, whether they be open or closed to the public. This official transcript, marked as "uncorrected," shall be available for inspection by the public (except for meetings closed pursuant to clause 2(g)(1) of Rule XI of the Rules of the House), by Members of the House, or by Members of the Committee together with their staffs, during normal business hours in the full Committee or Subcommittee office under such controls as the Chairman of the full Committee deems necessary. Official transcripts shall not be removed from the Committee or Subcommittee office.

If, however, (1) in the drafting of a Committee or Subcommittee decision, the Office of the House Legislative Counsel or (2) in the preparation of a Committee report, the Chief of Staff of the Joint Committee on Taxation determines (in consultation with appropriate majority and minority committee staff) that it is necessary to review the official transcript of a markup, such transcript may be released upon the signature and to the custody of an appropriate committee staff person. Such transcript shall be returned immediately after its review in the drafting session.

The official transcript of a markup or Committee meeting other than a public hearing shall not be published or distributed to the public in any way except by a majority vote of the Committee. Before any public release of the uncorrected transcript, Members must be given a reasonable opportunity to correct their remarks. In instances in which a stenographic transcript is kept of a conference committee proceeding, all of the requirements of this rule shall likewise be observed.

**RULE 22. PUBLICATION OF DECISIONS AND LEGISLATIVE LANGUAGE**

A press release describing any tentative or final decision made by the full Committee or a Subcommittee on legislation under consideration shall be made available to each Member of the Committee as soon as possible, but no later than the next day. However, the legislative draft of any tentative or final decision of the full Committee or a Subcommittee shall not be publicly released until such draft is made available to each Member of the Committee.

**E. STAFF**

**RULE 23. SUPERVISION OF COMMITTEE STAFF**

The staff of the Committee shall be under the general supervision and direction of the Chairman of the full Committee except as provided in clause 9 of Rule X of the Rules of the House of Representatives concerning Committee expenses and staff.

Pursuant to clause 6(d) of Rule X of the Rules of the House of Representatives, the Chairman of the full Committee, from the funds made available for the appointment of Committee staff pursuant to primary and additional expense resolutions, shall ensure that each Subcommittee receives sufficient staff to carry out its responsibilities under the rules of the Committee, and that the minority party is fairly treated in the appointment of such staff.

**PERSONAL EXPLANATION**

**HON. JEAN SCHMIDT**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mrs. SCHMIDT. Mr. Speaker, on rollcall No. 12, I missed the vote due to travel delays while returning from my district. Had I been present, I would have voted "yes."

**OPPOSITION TO THE WAR IN AFGHANISTAN**

**HON. DENNIS J. KUCINICH**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 19, 2011*

Mr. KUCINICH. Mr. Speaker, opposition to the war in Afghanistan is growing. At a time when the divides in our nation seem beyond repair, Americans are united in their concern over the war.

A recent poll of conservatives conducted by the Afghanistan Study group shows that 71 percent of conservatives overall, and 67 percent of Tea Party supporters are concerned about the costs of the war in Afghanistan. They worry that the costs will make it difficult to address the deficit and balance the nation's budget by the end of the decade. Two-thirds of conservatives polled support a troop reduction, with a further 30 percent supporting full troop withdrawal.

More than 6 out of 10 Americans oppose the war in Afghanistan according to another poll conducted by CNN this month. 56 percent believe that things are going badly for the U.S. in Afghanistan.

Yet we are being assured of progress in Afghanistan as the date for withdrawal continues to slip into 2014.

The financial costs of the war are unsustainable. The human costs threaten to undermine our national, economic and moral security.

It is time to bring our troops home. It's time to dedicate our resources to nation building here at home.

# Daily Digest

## Senate

### Chamber Action

The Senate stands in recess pursuant to the provisions of S. Con. Res. 1, until 10 a.m., on Tuesday, January 25, 2011.

### Committee Meetings

No committee meetings were held.

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## House of Representatives

### Chamber Action

**Public Bills and Resolutions Introduced:** 37 public bills, H.R. 317–353; 4 private bills, H.R. 354–357; and 7 resolutions, H. Con. Res. 9; and H. Res. 39–42, 44–45 were introduced. **Pages H353–54**

**Additional Cosponsors:** **Pages H356–57**

**Reports Filed:** Reports were filed today as follows:

H. Res. 38, to reduce spending through a transition to non-security spending at fiscal year 2008 levels, with amendments (H. Rept. 112–3) and

H. Res. 43, providing for consideration of the resolution (H. Res. 38) to reduce spending through a transition to non-security spending at fiscal year 2008 levels (H. Rept. 112–4). **Page H353**

**Speaker:** Read a letter from the Speaker wherein he appointed Representative Mike Rogers (AL) to act as Speaker pro tempore for today. **Page H257**

**Committee Elections:** The House agreed to H. Res. 39, electing Members to certain standing committees of the House of Representatives. **Pages H261–62**

**Repealing the Job-Killing Health Care Law Act:** The House passed H.R. 2, to repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act of 2010, by a recorded vote of 245 ayes to 189 noes, Roll No. 14. Consideration of the measure began yesterday, January 18th. **Pages H262–H322**

Rejected the Andrews motion to recommit the bill to the Committees on Energy and Commerce, Ways and Means, and Education and the Workforce with instructions to report the same to the House

forthwith with an amendment, by a yea-and-nay vote of 185 yeas to 245 nays, Roll No. 13. **Pages H321–22**

H. Res. 26, the rule providing for consideration of the bill, was agreed to on Friday, January 7th.

**Committee Elections:** The House agreed to H. Res. 42, electing certain Members to certain standing committees of the House of Representatives. **Page H323**

**Meeting Hour:** Agreed that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow. **Page H323**

**Governing Board of the Office of Congressional Ethics—Reappointment:** The Chair announced the reappointment of the following individuals to serve as the Governing Board of the Office of Congressional Ethics, pursuant to section 4(c) of H. Res. 5, 112th Congress, and the order of the House of January 5, 2011: Nominated by the Speaker with the concurrence of the Minority Leader: Mr. Porter J. Goss of Florida, Chairman; Mr. James M. Eagen III of Colorado, subject to section 1(b)(6)(B); Ms. Allison R. Hayward of Virginia, subject to section 1(b)(6)(B); and Mr. Bill Frenzel of Virginia, Alternate. Nominated by the Minority Leader with the concurrence of the Speaker: Mr. David Skaggs of Colorado, Co-Chairman; Mrs. Yvonne Brathwaite Burke of California, subject to section 1(b)(6)(B); Ms. Karan English of Arizona, subject to section 1(b)(6)(B); and Mr. Abner Mikva of Illinois, Alternate. **Page H323**

**Quorum Calls—Votes:** One yea-and-nay vote and one recorded vote developed during the proceedings

of today and appear on pages H322 and H323. There were no quorum calls.

**Adjournment:** The House met at 10 a.m. and adjourned at 10 p.m.

## *Committee Meetings*

### **BRIEFING—CHINA'S BEHAVIOR—IMPACT ON U.S. INTERESTS**

*Committee on Foreign Affairs:* Held a hearing on Assessing China's Behavior and its Impact on U.S. interests. Testimony was heard from Larry M. Wortzel, Commissioner, United States—China Economic and Security Review Commission; and public witnesses.

### **COMMITTEE ORGANIZATION**

*Committee on the Judiciary:* Met for organizational purposes. Committee adopted its rules of procedure for the 112th Congress.

### **RESOLUTION—REDUCE SPENDING—TRANSITION TO NON-SECURITY SPENDING AT FY 2008 LEVELS**

*Committee on Rules:* Committee granted, by a record vote of 8 to 4, a closed rule providing one hour of debate on H. Res. 38, equally divided and controlled by the chairman and ranking minority member of the Committee on Rules or their respective designees. The rule waives all points of order against consideration of the resolution. The rule provides that the amendment in the nature of a substitute recommended by the Committee on Rules, now printed in the resolution, shall be considered as

adopted and the resolution, as amended, shall be considered as read. The rule provides one motion to recommit with or without instructions.

Prior to this action, the Committee ordered reported, as amended, H. Res. 38, To Reduce Spending Through a Transition to Non-Security Spending at Fiscal Year 2008 levels. Prior to reporting the resolution, the Committee held a hearing on the resolution. Testimony was heard from Representative Van Hollen.

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## **COMMITTEE MEETINGS FOR THURSDAY, JANUARY 20, 2011**

*(Committee meetings are open unless otherwise indicated)*

### **Senate**

No meetings/hearings scheduled.

### **House**

*Committee on Agriculture,* briefing to review the biotechnology product regulatory approval process, 10 a.m., 1300 Longworth.

*Committee on Armed Services,* to meet for organizational purposes, 10 a.m., 2118 Rayburn.

*Committee on Energy and Commerce,* to meet for organizational purposes, 9:30 a.m., 2123 Rayburn.

*Committee on the Judiciary,* oversight hearing on Medical Liability Reform—Cutting Costs, Spurring Investment, Creating Jobs, 10:30 a.m., 2141 Rayburn.

*Committee on Ways and Means,* hearing to Examine the Burdens Imposed by the Current Federal Income Tax System and the Need for Reform, 9 a.m., 1100 Longworth.

*Next Meeting of the SENATE*

10 a.m., Tuesday, January 25

*Next Meeting of the HOUSE OF REPRESENTATIVES*

9 a.m., Thursday, January 20

## Senate Chamber

Program for Tuesday: Senate will be in a period of morning business.

## House Chamber

Program for Thursday: Consideration of H. Res. 9—Instructing certain committees to report legislation replacing the job-killing health care law.

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