

MCDERMOTT) is recognized for 5 minutes.

(Mr. MCDERMOTT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, this has been an engaging debate and discussion by my colleagues, and it is a momentous time in our history.

Earlier this evening, I reminded my colleagues of the imagined debate for those of us who were not here when Medicare was introduced to the American people. Medicare can document the number of lives that were saved. And we are privileged to have in the House Chairman JOHN DINGELL, who was here during that debate and who has crafted this legislation based upon decades of attempting to achieve universal access to health care for all Americans.

My friends are talking about how we rushed this legislation through. They obviously have not kept up with history's stories. For America has been working on providing access to health care for all Americans since the 1930s, the 1940s, the 1950s, the 1960s, 1970s, 1980s and the 1990s.

We must come to grips with the collapsed system that allows 18,000 people to die because of lack of insurance, that has a number of States with high uninsured rates, meaning that their population is uninsured.

It seems like an oxymoron to suggest that a city that can be called the energy capital of the world, with all of the attributes and wonderful neighborhoods that Houston has, the spirit of the people, NASA, so many things to call America, and yet our numbers are very high for those who are uninsured, hardworking Houstonians who desire to have access to health care.

This is not an indictment of the facilities in our community that work very hard to make this happen. The Harris County Hospital District, for example, the Texas Medical Center, the number of hospitals outside of that area, including St. Joseph's Hospital, the physicians and nurses and clinics that work in the area all work hard to provide access to health care.

But, Mr. Speaker, it's not enough. And our friends on the other side will introduce legislation tomorrow that they call "cost saving," that will merely insure 3 million people. Well, I wonder what decision would have been made about Medicare if we had thought about penny-pinching, not cost containment, not being efficient, penny-pinching. And that is what's going on on the other side. There is no vision about what will happen if we wait one more decade without debating health insurance.

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I have heard some of my friends say, "Kill the bill." Well, we're killing Americans, and I believe most of us would rather not engage in those kinds of theatrics.

I believe that small business owners, of whom we are very concerned, will have the ability to secure insurance for their employees. All the time when I listen to them, they are committed and dedicated to their employees. They are the backbone of America. This bill exempts 86 percent of small businesses from the requirement to offer or to contribute to coverage by increasing the thresholds for exemption from a \$250,000 payroll to a \$500,000. It decreases obligations for employers of payrolls between \$500,000 and \$750,000. It allows those employees to go into the exchange.

Small employers and the exchange: It increases the size of small employers automatically allowed to purchase coverage through the exchange, which will include the public option, of up to at least 100 employees within the first 3 years. It permits an additional expansion to even larger employers in future years. A small business tax credit modifies the policy to limit the tax credit to a 2-year period per firm to help firms transition to providing health care benefits to their employees.

Health insurance co-ops provide startup loans to establish not-for-profit, or cooperative, health plans that compete with private insurers and the public insurance option all in the vein of bringing down costs.

It provides veterans and members of the Armed Forces the assurance that members of the Armed Forces, veterans, and their families have access to the exchange, to obtain health insurance if they choose and that they fulfill their responsibilities to have qualified health insurance if they are enrolled in a VA health care or TRICARE.

Remember, this legislation will allow Americans to keep their insurance. I am proud of that. As well, there is a definitive decline in the percentage that Americans will have to pay of their income for health insurance coverage. That is not the case now, and that is why you find so many Americans without health insurance.

Mr. Speaker, I would only say it is time now to move on health care reform.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE MOTHER OF ALL UNFUNDED MANDATES

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Tennessee (Mr. ROE) is recognized for 5 minutes.

Mr. ROE of Tennessee. Mr. Speaker, I came to Congress to help enact health care reform. As a physician, I've seen firsthand the problems insurance companies have created for patients. I've seen firsthand how government programs have made beneficiaries worse consumers of health care. I've seen how the cost of health care has exploded so much so that many can't afford insurance. I've seen all of these problems, and I want to help fix them.

When I first heard that the Democrats were proposing to insert a government competitor into the insurance marketplace, I thought, surely, they can't be serious. When I realized they were, I thought I could change their opinions by telling them about the real-life failures I've seen under our State's program, known as TennCare, and how H.R. 3200—now H.R. 3962—is simply a bad extension of these mistakes.

For months, I've gone to the House floor with many of my physician colleagues to talk about the problems with this plan. The TennCare plan tried to provide universal coverage and to make health insurance affordable. In the end, it nearly bankrupted the State as the program's cost tripled. It created an incentive for beneficiaries to seek unnecessary care because it cost them nothing. It shifted costs to the private plans, which were forced to make up these underpayments of the government program by increasing everyone's premiums. In the end, 45 percent of those on the public plan previously had private insurance, and they either dropped their coverage or were dropped by their employers.

Our Democratic Governor, Phil Bredesen, saved our State's budget by doing something very hard. He cut the rolls. He controlled costs. He introduced an alternative plan called Cover Tennessee, which requires an equal contribution from employers, individuals, and the government. It is a model for shared responsibility. Incidentally, Governor Bredesen has called this bill on the floor the mother of all unfunded mandates.

Democrats continued to ignore this evidence. I have asked President Obama three separate times since July to sit down and talk about a health care bill and to talk about what I know the effects to be, yet I've received no call from the White House. It's one thing to disagree with evidence that undermines the premise of the reform you're pushing, but to not even consider it is unbelievable.

So here we are today with a health care bill that's over 2,000 pages. It's loaded up like a Christmas tree with special interest provisions. Sanitation facilities for Indian tribes, biofuel tax credits, nutrition standards for chain restaurants, and references to pizza and doughnuts all made it into this bill, but somehow Democrats could not come up with a real solution for medical malpractice reform except to try

to protect the trial lawyers' share of jury awards. Malpractice has proven to cost the health care system billions of dollars each year, but the reforms being proposed make the current system worse.

This bill taxes everyone and everything. It taxes medical devices. It taxes individuals who choose not to purchase insurance. It drives up premiums for individuals who do purchase insurance. It taxes employers who fail to offer health insurance. It then taxes them further if they try to increase their employees' wages. It taxes small business owners, who would be creating jobs and getting us out of this recession. Instead, it forces them to cut jobs or wages. It taxes health savings accounts, which reduces the use of catastrophic health insurance coverage.

It cuts Medicare. Home health care, skilled nursing facilities, and Medicare Advantage will all be cut. Seniors with prescription drug coverage will see their premiums increase. Seniors oppose this bill because they get it. Their care is going to be decreased, and costs are going up.

After the bill finishes up taxing everything and everyone, it spends all that money even faster. Despite the fact I've never heard anyone say they want access to this program, the bill dramatically expands Medicaid. It creates a huge, new Federal bureaucracy to navigate through, and it funds a government competitor to private insurance companies which will syphon people off of private insurance onto a Medicaid-like program, just like Tennessee did with TennCare.

After the Democrats finish spending \$1.5 trillion, they say the bill is "deficit neutral," but they ignore that every major government health care expansion before it—Medicare, Medicaid, SCHIP, which are just to name a few—have cost more than originally estimated. They completely ignore the fact that they use 10 years of revenue to pay for 7 years of new spending. In the second decade, this program will become an enormous unfunded mandate on State governments, on individuals, and on the Federal Government. Despite the largest deficit in our Nation's history, the Democrats are irresponsibly going forward to make it harder than ever to balance the budget.

Here is the bottom line: The bill costs too much. It taxes too much. It does little to improve health care. It will result in the majority of Americans being left with decreased access, decreased quality, and increased costs. It is, as *The Wall Street Journal* called it, the worst bill ever, and it deserves to be rejected.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. SESTAK) is recognized for 5 minutes.

(Mr. SESTAK addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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 addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

A GRIM ACCOUNTING

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, this week, the House passed H.R. 3548, which extends unemployment benefits in States with high unemployment rates, and it continues and expands the popular tax credit to encourage home buyers into the market.

Mr. Speaker, I know these are very popular programs, but I believe that they are taking us in exactly the wrong direction. By increasing taxes to finance these programs, the government is placing increasing burdens on the economy which I believe are actually making the recession worse.

I am concerned that, by raising taxes, we end up making more people unemployed, and I believe that, by paying people to buy homes, we are creating yet another housing bubble that will continue to drain the resources of our Nation until it bursts. Let me walk through both of those concerns.

Under this bill, unemployed workers in States like my home State of California can draw up to 99 weeks of unemployment benefits—almost 2 full years. Now, I realize the quiet panic that haunts every waking and sleeping moment of unemployed families as they wonder from one day to the next how they're going to get by. I've known that feeling myself.

Yet there is a reason that California suffers one of the highest unemployment rates in the Nation. It has one of the highest tax and regulatory burdens in the Nation. Business and investment and the jobs that they create flee such hostile environments and seek out less expensive and less burdensome places. One needs only to watch the domestic migration within our own Nation from high-tax, high-regulated States to low-tax, low-regulated States to see this happening right now before our very eyes.

According to the Congressional Budget Office, this bill imposes a net tax increase of \$2.5 billion on our economy at a time when we can least afford it. It contributes to a self-defeating paradox: higher unemployment in order to help the unemployed. Yet we all know that the only antidote to unemployment is a genuine job.

It's true. Family breadwinners can see the additional unemployment checks in their hands, and they feel the immediate relief. That's why this bill is so popular. What they don't see are the jobs that could have ended their agony but that have now disappeared in order to pay the higher taxes to sup-

port those unemployment checks. It is a vicious, downward spiral that the supporters of this bill have already tacitly acknowledged when they admitted that they will have to return before the end of the year to extend the program yet again.

Simply stated, we cannot help the unemployed by creating more of them, yet that's exactly what programs like this are doing. We can see it in the steadily increasing unemployment figures despite record amounts of government spending and borrowing.

The second part of this bill is equally popular, and it is equally delusional. It extends and expands tax credits for home buyers to buy homes that they otherwise could not afford. Have we learned nothing from the past year of economic hardship? We all know that the catalyst for the current recession was a housing bubble that was created by government policies that encouraged lenders to make loans and borrowers to take loans to buy homes that everybody knew they couldn't afford.

What's our response now? We are going right back into that same market and are creating another bubble by, once again, encouraging home buyers to purchase homes that they otherwise couldn't afford. We're doing this just weeks after watching how the Cash for Clunkers program created the same artificial bubble in the automobile market, a bubble that came crashing down as soon as that program ended.

A society in which the government extracts billions of dollars from its economy in order to pay people to buy stuff they can't afford has a rendezvous with a grim accounting, and the longer these programs continue, the grimmer that accounting will be.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

THE REPUBLICAN ALTERNATIVE FOR HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. GOODLATTE) is recognized for 5 minutes.

Mr. GOODLATTE. Mr. Speaker, yesterday, I had the opportunity to speak about the Democratic plan that will encompass 2,000-plus pages, 400,000 words, more than \$1.3 trillion in costs, over \$800 billion in tax increases, and the likelihood that it will kill more than 5 million jobs. Today, I would like to talk about the Republican alternative that will be offered when this legislation comes up for a vote, and I would like to contrast it with what we are talking about.

The Republican alternative lowers health care premiums. According to the Congressional Budget Office, the