and concern for them and their families.

As for those of us in Congress, we are committed to doing everything in our power to ensure a swift and safe conclusion to this crisis. The people of Haiti and those affected by this tragedy are in my thoughts and our family's prayers.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. LATOURETTE) is recognized for 60 minutes.

Mr. LATOURETTE. Mr. Speaker, I am going to be joined during the course of this hour by Representative THAD MCCOTTER of Michigan and perhaps others who may chime in during the course of the hour.

Mr. Speaker, the big news on Capitol Hill this week and the big news around the country was the Senate race in Massachusetts where, for the first time since the 1970s, a Republican, Senator-elect BROWN, has been elected in the State of Massachusetts. You know, there are a lot of maps around this place, blue States, red States, and Massachusetts is one of those States that they really should come up with their own color of blue. I mean, it is the deepest of blue States.

And so it was certainly a surprising event, and a lot of pundits and a lot of people are scratching their head and saying, Well, what caused this? Is it voter anger? Are they mad at Republicans? Are they mad at Democrats? Are they mad at everybody? Or how about this health care discussion? And some of the exit polling that went on up in Massachusetts indicated that, yeah, people were concerned. People were concerned about the way that both the House and the Senate health care bill were being fashioned, the process that was being used, and then some of the provisions that were in it as well.

And so I thought during the course of this hour we would spend some time talking about at least what in my opinion are some of the difficulties with the way things are going with the health care discussion, and as well as Mr. MCCOTTER's observations as well.

Before coming to the Congress, I was a prosecuting attorney and I tried cases in front of juries, and I always learned that people pay attention a little bit more and they learn a little bit better, Mr. Speaker, with their eyes than they do with their ears. So I brought with me a visual aid to help us during the course of this discussion.

With apologies to Hasbro, when I was a young person growing up, one of our favorite things to do, if the size D battery was working, was to play the game of Operation. We have modified the Hasbro game a little bit so we can talk about, from head to toe, some of the difficulties with—again, in my opinion and Mr. MCCOTTER's opinion and apparently a good number of the American people's opinion—what's the matter with this discussion.

□ 1530

I want to start with the head up there in the Operation game. It's called a ''brain freeze.'' I've politely taken out ''brain freeze.'' Instead, we've put in ''CMS administrator.'' CMS is basically the organization that runs the Medicare program in the United States of America. It has a budget of about $700 billion a year. It's bigger than the Pentagon, and it will be tasked over the next little bit with implementing the rules and procedures of this health care legislation, either bill or some modification of the bill, and putting this thing into place.

So you would think, if you're a supporter of this health care reform that is barreling through the Congress, well, I hope we've got a topnotch guy or gal in charge at CMS.

Sadly, the reason that there is a question mark up there is that there is no administrator at CMS. As a matter of fact, the last time there was a confirmed administrator at the Medicare oversight administration was in 2006, October 2006. Of course, people who watch the calendar know that that wasn't all on President Obama's watch. It was in the last couple of years of President George W. Bush's administration. He nominated a fellow by the name of Kerry Weems, who was acting administrator, but the Democrat-controlled Senate refused to confirm Mr. Weems.

The interesting thing about it as you know—because people get accused of playing politics all the time. So you say, What was Mr. Weems? Was Mr. Weems like Rush Limbaugh? Was he like Glenn Beck? Was he some dyed-in-the-wool partisan? Actually, Mr. Weems—and this was written about him by one of the analysts: The nomination of Mr. Weems will be a departure from tradition. Historically, CMS administrators have either been academics or lobbyists. The academics often lack leadership and executive skills. The lobbyists often come across as too Machiavellian.

Since CMS was formed in 1978—it used to be called HCFA—there have been 30 administrators. Mr. Weems would have been the first administrator, if the Senate had chosen to confirm him in 2006, who actually was a career person who had worked his way up within the CMS structure. He was not a political hack; he wasn't a political appointee, but for reasons known only to them, the Democratic majority in the Senate didn't want to confirm him.

Now fast-forward to a year ago almost exactly, and President Obama is inaugurated. You would think that, if one of the big national priorities that we're going to talk about is health care, one of the first nominations or maybe the second nomination would be to get somebody in charge of this program so that when this rather large restructuring of one-sixth of the Nation's economy is passed that we're going to have our best talent on the ground, whether you agree with it or not. We are now 1 year and 1 day into the Obama administration, and we have yet to have a nominee put forward for that position. Certainly, we have not had anyone confirmed for that position.

Mr. MCCOTTER.

Mr. MCCOTTER. Would the gentleman yield for a question?

Mr. LATOURETTE. I'd be happy to.

Mr. MCCOTTER. Obviously, the President has had a very eventful first year since his inauguration.

Would it not be fair to say that the rush of events and the focus on getting things done has precluded this position from being filled?

Mr. LATOURETTE. Well, I think there is some of that, but it's interesting that you should bring that up.

Just yesterday—and this isn't unique to the Obama administration. Every administration has a lot of jobs to fill. Just yesterday, the President of the United States sent up 40 nominations to the Senate to consider for confirmation under the Constitution so that they could begin to serve. There were some judges; there were some U.S. attorneys; there were some United States marshals. Interestingly enough, I found that he even had time to name two people to fill vacancies on the Marine Mammal Commission, but not one of those 40 is the new director of CMS.

Quite frankly—and we're not going to talk about national security today—you know, his nominee for the TSA, who are the folks who frisk you at the airport, just withdrew. We don't have any nominee in the pipeline for that either.

Mr. MCCOTTER. Will the gentleman yield again?

Mr. LATOURETTE. I'd be happy to.

Mr. MCCOTTER. I just want to be clear that, despite the fact that there has been no name forwarded—let alone confirmed—for the position at CMS, we do have two appointees of the Marine Mammal Commission.

Mr. LATOURETTE. We do.

Mr. MCCOTTER. In fairness, as a Detroiter, it sounds like a Matt Millen draft.

I yield back.

Mr. LATOURETTE. I thank the gentleman very much.

So, if you begin at the head, clearly we have a problem in that we don't have anybody in charge should this health care legislation pass and become law.

We next go down to the Adam's Apple. I left the Adam's apple on the chart because the way this thing has gone—and it really epitomizes the entire last year. We were told we had to have an $800 billion stimulus bill by President's Day. Nobody knows why. It's not because we're going to spend it on Presidential stuff, but we needed to have the stimulus bill, so we got it

done. Now, people were embarrassed. It was 1,200-pages long. It was finally written in its final form at midnight on Thursday, and then we voted on it on Friday. I didn't read the 1,200 pages between midnight and about 11 o'clock in the morning when we voted on it, and I don't think a lot of people did. But when you legislate like that—people woke up, and they found out that that legislation specifically authorized Wall Street bonuses to a company called AIG that the President is now complaining about. He says this executive compensation has to stop.

Well, because we had to get the stimulus bill done by President's Day, nobody really read that, and as a result, anybody who voted for that—and the President signed it—authorized these tremendously large bonuses that they're now complaining about.

You then fast-forward, and we were told that we needed to have cap-and-trade legislation, the national carbon tax, in place by the Fourth of July weekend. Again, I don't know why. The Senate has still not acted on that legislation, and that legislation wasn't completed by midnight. Again, we voted on it on a Friday. The last 300 pages of that were not submitted to the Rules Committee, which meets upstairs in this building, until 3 o'clock in the morning on Friday, and we still then voted on it later in the day on Friday.

Just like the AIG bonuses, the Wall Street bonuses that the majority party sanctioned and voted for in those 300 pages, when you legislate like that, funny things happen. In that particular bill, people found out that things were regulated that they didn't know. If you have a water cooler in your home or in your office, it's regulated in these 300 pages. If you have a hot tub or a spa, it's regulated in this cap-and-trade legislation. Probably the most shocking to my constituents was the Christmas lights. If you have Christmas lights, they are regulated under this cap-and-trade legislation, which, thankfully, isn't going anywhere.

You know, I always tell my folks in Ohio not to worry. Christmas lights are only regulated if your display is 48 inches or above. So, if you are a fan of a short Christmas tree, you're okay. The government is not going to regulate your Christmas lights. If you get that wreath for the door, make sure you get the small one. Don't get the big one.

Well, again, there are people in this Chamber who think we should regulate hot tubs, spas, water coolers, and Christmas lights—I don't happen to be one of them—but again, the American public certainly and at least their representatives here in the Congress should have a chance to read what it is we're passing.

That then brings us to this health care legislation.

I yield to the gentleman.

Mr. MCCOTTER. Yes.

To the Chair, the gentleman from Ohio referenced a stimulus bill, which, as we all know, did, in fact, protect AIG bonuses, and was signed into law.

What is also in the stimulus bill is a provision to set up the comparative effectiveness research advisory board—the positions of which have been filled, by the way.

Now, the point of the comparative effectiveness ideology is to have government determine through this board what is most cost-effective in terms of your health care treatment by a concept known as ''life years.'' Is the cost worth it to add X number of years to your life or to improve the quality? Many of us consider that inherently inhumane and not the proper function of a limited government. Yet that was approved in the stimulus bill.

So, like the health care bill which has followed it and that the public is having, as you say, shoved down its throat, I think that, as America continues to find out about the comparative effectiveness research council, they are going to find that equally hard to swallow.

I yield back.

Mr. LATOURETTE. I thank the gentleman for his throaty humor.

I would just say, you know, the setting up of that panel led to some of this discussion. People are talking about death panels and so forth and so on. I was never a big subscriber to that rhetoric, but it was strange that, shortly after that, the Department of Health and Human Services appointed a blue ribbon panel, which is what we do around here when we can't figure out what to do, and they came out with a recommendation that women under 45 didn't need to have mammograms as often as had been recommended in the past. Now, some would argue that one way that you could control health care costs is by rationing care or by not providing mammograms, for instance, even though mammograms have proven to really enhance the early detection of cancer and save lives in this country.

So it's that kind of stuff that gives fuel to these theories that there are death panels and all this other business; but if they wouldn't do this stuff, you wouldn't have some of these theories getting legs, if you will.

We went down to the wishbone because, you know, the President is going to come to this Chamber next week and give his first State of the Union Address, but it actually will be his third speech to a joint session of Congress. The last one was on the matter of health care. I remember that I actually applauded the President because he indicated that—and you know, again, there's a lot of misinformation out there about this health care proposal—if you have health care and if you like your health care, you get to keep it.

Well, the wishbone is we have about 8 million people in this country who wish they could keep their health care under either the House or the Senate proposal. Sadly, one group that cannot is the group of people on Medicare Advantage. I don't know how many folks in the gentleman's district are on Medicare Advantage. I have about 14,000 people. The satisfaction rating is high, but there will be no more Medicare Advantage. So, you know, it's hard to figure out how that statement ''if you like it, you get to keep it'' fits with the fact that, well, you get to keep it, but there isn't going to be any more of it.

On top of that, health savings accounts will also be eliminated. We've got a lot of people in this country who, in order to sort of take care of their own and to be good consumers of health care, set up health savings accounts as a result of legislation we passed here in 2005, Medicare part D. No more health savings accounts. No more flexible spending accounts.

So the rhetoric—I mean, I think, as a principle, if you like what you've got, you should be able to keep it. Don't mess with me. Let's fix what needs to be fixed, but that's not true, sadly, and that's where the wishbone comes in.

I next want to get to the funny bone because this is one of my favorites. Again, during that speech and during other presentations that the President has made during the course of this discussion, he has—and I think correctly—indicated that the drafting of this legislation should not be done behind closed doors. It should not be done in private. It should not be done by a small group of people. It should be done, you know, certainly with the participation of the 435 Members of Congress and with the 100 Senators and others. I think he even suggested and others suggested that it should be on C–SPAN. So this is funny:

It's not on C–SPAN. Funny. Not only isn't it on C–SPAN, until this thing got derailed by the Massachusetts Senate election, this set of decisions was being made by—I know that our team here in the House was five people. Most of them were from California, strangely enough, and there wasn't a Republican in the bunch. I don't know who the Senate team was, but they met in private, behind closed doors. There were no C–SPAN cameras, and there was certainly no public knowledge of what was going on in those negotiations. So the funny bone is funny. It's not on C–SPAN.

I yield to the gentleman.

Mr. MCCOTTER. I thank the gentleman for yielding.

It's certainly not funny, humorous, when we understand that, recently, we've just heard that the election of Senator BROWN from Massachusetts was due to, in many ways, according to the administration, the public's lack of having adequate information about what was in the bill.

We have heard that this administration and this Congress have been too busy acting to do enough talking so that we can do enough understanding as the American people. It would seem to me that, if one wants to make the argument that the American people haven't had sufficient information regarding what's in the bill and why it's

in their best interest, the last place you would wish to hold your meetings regarding that bill would be behind closed doors, out of public sight.

It strikes me that—to use a medical term, actually, a criminal term—do not blame the victim. Do not claim the American people do not understand what's in this bill or that they have not had adequate information when it is you who are, in fact, keeping that information from them, especially because you realize that, when the American people have seen what's in this bill and what you intend to do to have government run their health care and to make some of their most intimate life decisions for them, they've rejected it.

I yield back to the gentleman.

Mr. LATOURETTE. I thank the gentleman.

The gentleman may remember—and I didn't have this experience—that, during the month of August, there were a lot of town hall meetings on YouTube where people were standing up. Basically, they had done some research online, and they had looked at—I think the bill was called H.R. 3200 at that time, or maybe it was 3400. They'd actually read it. I did 18 town hall meetings during that time, and I didn't have any angry mobs or anything like that. What I did have, on more than one occasion, are some senior citizens in the front row with a computer printout. They asked, Well, why is this provision on page 196 in the bill? Why are you doing this?

□ 1545

The greatest concern and what people get, and it is both the House and the Senate bill: when the President was here he said, We agree on 80 percent of this stuff. We do. In America, if you have a preexisting condition, you should have insurance, and you should have the opportunity to be insured. I think if you can't get insurance, we need to find a way to get you covered. I think that you shouldn't have to stay in a bad job just because you are afraid of losing your health care. So the President was right, 80 percent of that.

But if that is the case, why then, to take care of these identifiable problems that people say, yeah, that is not fair, we should fix that—why then do you have to do the other monkeying around? And the other monkeying around truly, as far as the seniors are concerned, both bills take about $500 billion out of Medicare. Now, why do you have to short the people that are receiving Medicare by $500 billion to take care of these other problems? And people understand that, and that came through loud and clear during the month of August.

I yield to the gentleman.

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

I will point out also, just to continue your point, when you take this $500 billion out, what is going to happen in 2011 is the first wave of our baby boomers hit at 3 million to 3.5 million people per year. Which means in the next 10 years when you take half a trillion dollars out, you are going to add 30 million to 35 million people. Three things happen when that occurs.

Number one, you decrease access. Seniors get it. Number two, if you can't get in to see your doctor, the quality of your care goes down. And, number three, to get the care you need, you are going to have to pay more money. You are going to have to pay a higher supplemental to get in.

So those three things are absolutely guaranteed. Our seniors understand it very well.

Back to the point that you were making a moment ago and I think is very important for comparative effectiveness research: I practiced medicine for over 30 years, and there is nothing wrong with finding out what the best treatment for something is. We do that and we do research on that.

The problem comes when you make the next move and say: okay, this person is 80 years old. Their life expectancy is three, four years. Am I going to do an expensive knee replacement? People will say that won't happen. It is already happening.

In England right now, they have an acronym called NICE, which is really an ugly word for that. I have a good friend, a physician in my hometown, whose sister-in-law is English. She was recently treated for chronic lymphocytic anemia and her treatment in England was a blood transfusion. People in this country don't die of that disease. Whatever your age is, you are offered treatment and you are treated.

So this is being used already around in England. Many medications are not allowed because it ''costs too much.'' You will get to take the red pill or the blue pill, and it may not be the best pill.

So what you said is absolutely true. If people don't think it will happen in this country, it will. And I could not agree more. I agree with the President. I think the President would have served himself and the country well to sit down with both sides and find the common denominator on the 80 percent of the things that we agree on and then fix them. It is not that hard to do.

An example I will give you: the Senate bill is going to cover 30 million people, I think, at a cost of $1 trillion. You can do two things, one of which is in this bill which I like. Two things:

One is if your adult-age children graduate from high school or college and don't have insurance, which three of mine didn't when they got their first job, you simply allow them to stay on their parents' health care plan. You can cover 7 million young people by doing that.

Number two, we already have a State Children's Health Insurance Plan and Medicaid. It is already out there, and so that doesn't require another bureaucracy. If you sign the people up who currently are eligible, you will cover another 10 million to 12 million people.

You get to almost two-thirds of what the Senate bill wants to do in one page, not 2,500 pages of incomprehensible gibberish. So I would suggest that we do that now.

We have a great opportunity to get this right. As I have said as a physician for years, first of all, patients and their families and their doctors ought to be making the health care decisions, not insurance companies, not the government. And after looking at this bill—and I have read, as probably you have, this entire 2,032-page bill. And some of it is almost incomprehensible. It takes two or three other manuals, the HHS manual and the IRS manual and so on, to even read it to fully understand what you are getting.

So we need to go back and do something that is simple and fixable so that the American people can understand and a doctor can understand. My physician friends are asking me, Phil, what does all this stuff mean? That is basically what we are dealing with. If the doctors don't understand it, I doubt if the general public does.

Mr. LATOURETTE. I thank the gentleman for his observations and hope he can stay with us for the rest of the hour.

I was just reminded, Mr. MCCOTTER and I are both lawyers; the gentleman is a doctor. Back home, when people say, I practiced law for 30 years, they say, When are you going to stop practicing and really do it? But it is another subject.

All right. I want to move down a little lower on our buddy here, and we have pork ribs. In the original game, it is just ribs. I call them pork ribs because, interestingly enough, in the Senate bill—I am going to talk about the Senate bill for a minute—they have trouble. Go figure, they have trouble even though they had 60 Members, now soon only 59. But 60 Members who were members of the Democratic Party, which is filibuster-proof and everything else, but they were having trouble getting it across the finish line. So there were some pretty highly publicized slabs of pork that were and are in the Senate bill.

The reason it is relevant is that after the Massachusetts Senate race, there was some discussion—and I see today that the Speaker has rejected it—but there was some discussion that, because they have lost their supermajority in the United States Senate, that they just bring the Senate bill over here for an up-or-down vote in the House of Representatives. So it becomes relevant what is in the Senate bill, as well as what is in the House bill.

There was a column in the Washington Post. Now, I have been here for 15 years. The Washington Post is not a real right-wing, right-leaning newspaper. And it was a column written by a guy named Dana Milbank. Aside from reading his column every once in a

while, I see him on that show with Keith Olbermann, ''The Countdown.'' He doesn't strike me as a Rush Limbaugh, Glenn Beck type, either. But he was apparently moved to put pen to paper, and he talked about the slabs of pork in the bill.

And you can begin with the Louisiana Purchase. Apparently, in order to get the Senator from Louisiana, Senator LANDRIEU, on board, she received $100 million in 2011 in extra Medicaid money for Louisiana.

Now, why is that important? Because, as both gentlemen have correctly pointed out, the centerpiece of this bill—how do you take, whatever the number is. Some people say it is $47 million, some say it is $30 million, some people say it is $15 million. How do you cover more people without it costing money? Everybody gets that. And so clearly, when you say that some of that is going to be taken up by the Medicaid systems within the States, it is going to cost those Medicaid systems more money.

So Senator LANDRIEU said, Well, in order to get my vote, okay, it can cost more money in Tennessee or Michigan or Ohio in Medicare expenses, and you all can pay more taxes, but not the folks down at the Mardi Gras. We are not going to pay that.

Probably the most famous one, Mr. Milbank wrote about it; I call it the Corn Husker Kickback. Senator BEN NELSON was much publicized, and Senator NELSON got an additional $100 million in Medicaid money, and he then became the 60th vote that was necessary to clear the Senate.

You have got Gatorade. There is another Senator down in Florida, and he got an exemption. I talked before about, I wish I could keep my health care. Well, there are a lot of seniors in Florida, and about 800,000 of them are in Medicare Advantage, which is eliminated under both bills. In order to get Senator BILL NELSON's vote down in Florida, he got to keep all of his Medicare Advantage people in Medicare Advantage. But in our States, if this were to become law, they are out.

I want to go to Montana. The head of the Finance Committee over in the Senate, Senator MAX BAUCUS, of course is from Montana. He secured Medicare coverage for anybody that has been exposed to asbestos. Now, I think that is okay with me; but you have got to read the fine print in all of this business. And it only applies to people who were exposed to asbestos who worked in a mine in Libby, Montana. So again, Ohio, Tennessee, all the other 49 States, if you were exposed to asbestos, you are not covered; but if you are from Montana, you are.

I yield to Mr. MCCOTTER.

Mr. MCCOTTER. I thank the gentleman. This segues into another point on the chart, the sweetheart deals that were made with big pharmaceutical industries and others to try to get this bill passed. But the converse is the heartless deals that were also made to get this bill passed.

The gentleman has talked about the disparate treatment amongst the States, which helps to explain why the bill is being handled behind closed doors so the public cannot see what Mr. Milbank, thankfully, is able to write under the Constitution.

One of the two heartless deals is the taxpayer funding of abortion which is in the Senate bill. And at this point, I would like to thank our Democratic colleague BART STUPAK for his efforts here to ensure that the House bill carried his provision to prevent the taxpayer funding of abortion. It was a rare moment of bipartisanship and a very difficult issue. He has been a man of strong courage and conviction and held his ground, and hopefully we could still see that provision remain if something is passed.

We have also seen the heartless deal of, as has been mentioned, cutting a half trillion dollars from Medicare. That doesn't sound like a very good deal for the senior citizens.

And in the end, there is also a hidden deal that the American people don't, I think, quite realize the extent to which it is going to hurt them. The deal is this: within these bills is the concept, the quality and continuation of your life and the health care you require to perpetuate it and improve it is tied to the cost to the government.

I want to be clear on this. We discuss this in our Republican House policy pamphlet, ''We, the People,'' which you can see on line at RepublicanHouse.com.

The fundamental tenets of the health care bill before us set forward a heartless deal whereby your life and health care will be determinate upon its cost to the government. And that is because the underlying theory is that government can control health care costs by controlling the supply of health care and your decisions. It is absolutely backwards.

A better deal for the American people would be to realize you have an inherent sanctity and dignity and liberty that allows you to pursue your health and wellness and happiness, absent its cost to the government, as long as you don't hurt other people; and to make sure that we go towards a patient-centered wellness that empowers individuals as consumers of health care to be able to make their own decisions, and allow the free market that is born of that to increase the supply of health care to reduce costs. A far better deal for the American people from their servant government.

I yield back.

Mr. LATOURETTE. I thank the gentleman for that observation. And just cueing up on the doctor's comment earlier about NICE and Great Britain, there are a lot of stories. You hear stories of people in Great Britain love their coverage, some people hate their coverage.

One of the stories that I have seen is there is a condition that you probably know, macular degeneration, where the back of the eye degenerates and eventually can lead to blindness. It is tied in many cases to people who are diabetic. There are a number of drugs that can help slow or even move towards a cure for macular degeneration.

The NICE program, the NICE board which we are now modeling this board that Mr. MCCOTTER talked about in the United States, apparently will not approve the best drug, the drug that has the greatest results. And I get that. I mean, there is a big fight between the boutique drugs and generic. But they will only cover one eye. They won't cover both eyes. So it sets up sort of this strange situation.

I haven't been to England lately; but if you go, it is sort of everybody is going to have an eye patch. It is going to be okay on International Pirate Day, but it is probably not going to work out the rest of the year. But those are the choices that you wind up getting in.

Mr. ROE of Tennessee. I will just continue with that thought for a moment. When I began my practice—and, yes, we practiced like it takes us a while to get it all right, and I am still working on it after 30 years trying to get it right—but when I began my practice in medicine, the survival rate of breast cancer in this Nation was about 50 percent for 5 years. If a patient came to me and said, Dr. ROE, I have breast cancer. What are my chances of living? About 50 percent had 5 years.

Fast forward to now. We get a stage I breast cancer now, which we are finding almost all of them at early detection because of early mammograms; it is over 95 percent. It is one of the great stories. You can tell a patient, no matter how ill you get, no matter how sick you are, you are going to make it. You are going to be fine.

In England what they did was they were doing mammograms, and they discovered and there will be a false positive where the test says you have something and you don't. Well, let me tell you, one of the best days you will ever have is calling a patient up and tell them, You don't have cancer. I have never had a problem with that. But what they found out was that the biopsies, it is a fairly sophisticated biopsy. It requires a radiologist and an X-ray and so forth. That was costing more than providing the mammograms. So what they have done is now they don't do routine screening mammograms. They just wait until you get a cancer, until you can feel a lump, and then biopsy it.

The highest survival rate I have been able to find in English literature is 78 percent. I can promise you, if you follow that pathway, it is going to go right back down to 50 because you will find them too late after the disease has already spread.

So this stuff is occurring. This is not fairytale stuff. It is occurring right now.

□ 1600

I will give—and back to your first point a moment ago, I will give Senator NELSON from Nebraska kudos. I have to say, because in our State, in Tennessee, we have a budget shortfall. As a matter of fact, we can't even fund—we have no capital projects at the university this year. We're not building a library, a dormitory, nothing. We have 50 less highway patrolmen than we had 30 years ago and we've got 2 million more people. That's how dire our budget is.

So what happens with this new bill we're talking about, adding Medicaid, is that you're going to add almost a billion dollars to Tennessee's budget that we don't have, and it's a tax on States. In other words, what you're doing when you add all these people, as you pointed out, is somebody's got to pay for it. And there's a State match. Senator NELSON understood that and he just exempted his State from that match.

So that's why it's important for the viewers to understand that you at home will get not only a tax, an individual mandate tax, you're also going to get a tax. And what the government has done is an unfunded mandate. We see that all the time around here, where bills are passed and local municipalities or States are left to pay the bills. So I think it's important that the folks understand that.

I yield back.

Mr. LATOURETTE. Before yielding to the gentleman from Michigan, I just want to finish the pork rib so we can move on to sweetheart deals and the rest of our patient here. We may have to come back and do this again to get through all of the time.

But the last pork rib I want to talk about is two Democratic Senators from the State of North Dakota, Senators DORGAN and CONRAD. They, through their skill, were able to get a provision bringing higher Medicare patients to hospitals and doctors in frontier counties. Now, they weren't as blatant as some of the other ones that say it's coming to Florida, it's coming to Nebraska, but frontier counties.

I guess I'd yield to the gentleman from Michigan for his thoughts. First, I want to just ask him to answer, Do you have any frontier counties in Michigan, because we don't in Ohio.

Mr. MCCOTTER. If we did, they're not in my district.

Mr. LATOURETTE. Does the gentleman have an observation he'd like to make?

I'd yield to him.

Mr. MCCOTTER. I thank the gentleman for yielding.

On the point about the sweetheart deals and the disparate treatment amongst the States, we have to remember that in the haste to pass this bill and in the haste of the backroom dealing and the haste of trying to ''incentivize'' their own Democratic colleagues' votes in the Senate, you have to remember that the rule of law applies equally to all individuals. As a free Republic composed of 50 sovereign States, it is critical that all States be treated equally under the law, under the Constitution. In their haste to pass this bill, they are endangering one of the fundamental foundations of a constitutionally based free Republic. That is a very grave mistake to make, no matter how much you attempt to reform anything, especially when dealing with the body politic.

I yield back.

Mr. LATOURETTE. It's interesting the gentleman should make that point. Senator REID of Nevada, of course, is the majority leader on the other side of the Capitol in the Senate, and he was asked about these special deals. The gentleman's correct; it takes a bill that I think is flawed and now makes it not fair. It's not fair to Ohio, Tennessee, Michigan, and other States that we're going to pay higher taxes to take in the people that can't get insurance into our Medicaid program, and the people in Louisiana and Nebraska and Florida aren't going to have to do that. But Senator REID was asked about that and his quote was: There are 100 Senators here, and I don't know that there's a Senator that doesn't have something in this bill that isn't important to them.

I think I agree with that. If they don't have, then it doesn't speak well of them.

Now, I've got to tell you, our Senators back in Ohio, nobody likes this stuff. But I've been in places where they asked, How come you didn't get? BEN NELSON got. This guy got. Why didn't you get anything? So the gentleman is absolutely right. It's a flawed bill, but now in the Senate it's been made worse because now it's not fair because people in Nebraska and Iowa and North Dakota and Florida and Louisiana are going to be treated better than the constituents in our State. That's not fair. That's not fair.

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

The point was made twice that the American people are the fairest people on this Earth, and we live in a place where we have fought a Revolutionary War, established a Constitution that stated that everyone had that right—has a right to be treated equally and under the U.S. Constitution. This does not do that. It absolutely voids those rights for people in certain States and gives more rights to people in other States.

I can tell you, the American people will do a lot of hard things if you're honest with them and you're fair and they feel like the people in California and the people in Ohio and Tennessee and Michigan and Nebraska are all being treated the same. I might add that the people in Nebraska feel the same way. I have seen them and I've seen the people in Florida speak and I've seen the people in other States who got these sweetheart deals. And Louisiana, they're not happy about that either. They're fair people. I want to point that out. It's not the people of those States. They're very fair people.

I yield back.

Mr. LATOURETTE. Well, thank you.

The gentleman makes a great point, because you would think that the Governor of Nebraska, who doesn't have to go find $100 million to put into the Medicaid program and a budget that's strapped, would be doing cartwheels over this deal. He was quoted just like Senator REID was, and he said, Nebraskans did not ask for a special deal, only a fair deal. Under no circumstances did I have anything to do with the compromise. I, along with Governors all across America, have expressed concern about the unfunded Medicaid mandate. I have said all along that this bill is bad news for Nebraska and bad news for America. Additionally, I've criticized Senator REID when he got a special deal for Nevada that didn't apply uniformly to all States. Our Senator negotiated this deal rather than a fair deal for both Nebraska and America.

Again, if you're the chief executive of Nebraska, you think you'd be happy about this because part of your budget problems have just gone away as a result of this deal. But they recognize the gentleman's point exactly. As Americans, they want everybody to be treated fairly, even if it's at the cost of they could have gotten something extra.

Mr. ROE of Tennessee. Will the gentleman yield?

Mr. LATOURETTE. Sure. Happy to.

Mr. ROE of Tennessee. We have a Democratic Governor in the State of Tennessee, and he and the legislature are right now in session beginning on this very difficult process of balancing the budget. Our Governor in the State of Tennessee said this was the mother of all unfunded mandates. He wants no part of it. He feels like it's bad, just as the Governor of Nebraska and other Governors are realizing; that it's just another huge government entitlement that's going to cost the States and local taxpayers.

Like I said a minute ago, what are we supposed to do? Do away with our highway patrol if the Federal Government passes this? Are we supposed to not do anything for education in the State of Tennessee? I don't know what the Federal Government expects us to do, but I guess they expect us not to build colleges, not to add to our schools. I don't know. Right now, the legislature is working very hard not to cut money from education.

We hear and I've heard all the time about how our side, the Republican side, doesn't have any ideas about health care. Well, it would have been nice to share that with somebody. We have 10 physicians in our caucus on the Republican side. Not one of us was asked about this 2,000-page health care bill. I found that astonishing when I've spent my career in health care and not one person asked my opinion about

what I thought of this bill. I found that amazing to me. And so when I go home and tell people in Tennessee—as a matter of fact, all over the State of Tennessee—when I go, they can't believe it. It is sort of hard to believe.

I yield back.

Mr. LATOURETTE. I thank the gentleman.

Perhaps it's still because you're still practicing after 30 years they didn't feel that they wanted to solicit your opinion. I would say that I actually introduced a bill, and it wasn't 2,500 pages long. It was 85 pages long. It was written by the American Academy of Physicians. I didn't write it because I'm not smart enough to figure that out. They wrote it. It didn't cost what this cost. It covered everybody, took care of preexisting conditions. Around here, when you want an amendment to a bill, you've got to take 50 copies up to the Rules Committee, and so I got a mule and took 50 copies of this 85-page bill up to the Rules Committee. They didn't even think about it.

Now, what's the danger? Here, back to process, you talk about process and people's eyes sort of glaze over. But the stark reality is on this side of the aisle there are only 178 Republicans. Over here there are 257 Democrats, and the magic number here is 218. You get the simple majority, you're able to pass legislation, unlike in the Senate. So what are they afraid of? If they had made in order for 5 minutes the opportunity for me or you, as a physician, or Representative MCCOTTER, as a representative of about 700,000 people in Michigan, say, ''You know what? We don't like your thing but we have an idea to improve it, maybe make it a little bit more bipartisan,'' what is the danger in letting us talk for 5 or 10 minutes, vote on it, and then move on? They can squish you like a bug. I've said back home, at 178–257, we can't stop a one-car parade. And so this talk out there that somehow Republicans are stymieing this effort—we can't. We just don't have the ability based upon the makeup of this Chamber.

Their problem has been that some Democrats are fighting with other Democrats. And if you look at how this thing is falling apart, some people think it's gone too far. Some people think it's gone not far enough. Not many people think it's just right or else we'd have the legislation on the floor.

I want to just skip past the next two, and I would invite the gentlemen to come back and maybe we'll spend a whole hour on the next two, but one is an arm and a leg. We could talk all day about what it costs. The one thing I do want to mention about the cost is, you look at CBO. CBO scored the first bill, I think it was $1.6 trillion over the life of the bill. It was going to be an additional cost. The Senate bill is about a trillion, and they pay for it. And that's where the ''hard to stomach'' comes from, the new taxes and fees that are going to be hard to stomach to pay for this thing.

But the amazing thing to me is that people around here were bragging that it only costs a trillion dollars, but the taxes—the taxes and the fees would start now. If this bill had been passed and signed into law by the President, they would begin taxing all the things we'll talk about another day today, but the benefits that they are proposing to give to people don't come in until 2013.

Now, the three of us I don't think would be in the Congress if we had invented a business that we could come to people and say, You know what? I would like you to pay me a hundred thousand today and for the next 4 years, and in 2013 I'll get around to building you a house or getting you a car, whatever the case may be.

So it's not just a trillion dollars. It's not just a trillion-and-a-half dollars or whatever the figure is. It is a trillion dollars once you start the benefits after you've been collecting taxes for 4 years.

The gentleman from Michigan.

Mr. MCCOTTER. I appreciate that from the gentleman.

I just want to be clear on this. As we put forward in the Republican House Policy pamphlet, We the People, which you can view at Republicanhousepolicy.com, the government doesn't spend what it makes. It spends what it takes. When the gentleman talked about how, if you started a business, you would have startup costs. You would not be able to go out to people and simply take their money and promise them a product later and talk about what a wonderful profit that you have. What we're seeing here is some of the worst of government accounting, where the government goes out and takes your money on the promise of something later and then it tells you that it isn't as expensive as it's going to be.

I yield back.

Mr. LATOURETTE. I thank you.

I want to get to my favorite one. This is ''you've got to be kidney.'' We talked at the top of the hour about some of the things that were in the stimulus bill, some of the things that were in the cap-and-trade legislation, but when you rush through a 2,000-page bill, it's got a lot of stuff in it. And I have ''you got to be kidney,'' and maybe the two gentlemen have an observation about it. I thought a couple of things came to my mind about ''you've got to be kidney.''

This is a bill about health care, about taking care of people who are sick, making sure that people get health coverage. There is a provision in the bill that gives veterinary students—people training to be doctors to take care of horses, dogs, and cats—they're able to tap into a $350 million fund to pay off their student loans. Now, I like veterinarians. I don't want to get in trouble with veterinarians. I think they do a great job. But what in the devil does a veterinarian have to do with a health care bill to provide better health care for people in America?

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My second statement, before I yield to the gentleman, is that there is a provision in the bill that somehow—I think some of the drafters of this legislation think the people who we represent are stupid. So it's their proposal that they are going to require—and I'm sure it's not going to be at no cost—every vending machine in America to have a label that tells you whether or not what you're about to buy is good for you and what's in it, what's not in it, and so on and so forth.

Now, I have got to tell you, if you look at me, I'm not such a healthy eater. But I will tell you that I know when I put 80 cents in the vending machine in the Rayburn House Office Building, and I'm going to get one of those Hostess Cupcakes with the delicious cream filling, it's not good for me. I know that. We don't need to make that Ho Ho $1.50 because the Hostess people have to put a label on there telling me, you know, that if you eat this, you're probably going to gain weight.

Mr. MCCOTTER. Will the gentleman yield for a point of order?

Mr. LATOURETTE. I would be happy to.

Mr. MCCOTTER. I will ask the Chair, is there a House rule against product endorsement or placement in speeches that are delivered here in the Chamber?

Mr. LATOURETTE. The gentleman is being facetious.

Mr. MCCOTTER. I withdraw the request.

Mr. LATOURETTE. So those are two things that jumped out at me. I don't know if either gentleman would like to add to that before we move on.

Mr. ROE of Tennessee. I would like to add to that. I agree with you 100 percent. If you haven't figured out that eating out of a vending machine is not healthy for you, you are not smart enough to be here in the U.S. Congress.

Mr. LATOURETTE. I do take umbrage with that, Doctor.

Mr. ROE of Tennessee. The other little thing that I thought was fascinating about this health care bill was a mention for carbon credits for black liquor. And most people don't know what black liquor is, but I happen to have a paper factory in my district. It's a paper byproduct. Why in the world was that in there? Why was a sewer system on Indian reservations? Why was the calorie content of a doughnut—I don't even eat doughnuts. I started eating a dozen of them because it's not government's business to be telling you that. I want to mention something about—you talked about how they took the money and then provided the service 3 years later. Well, typically you see those furniture store ads on Saturday morning, what they typically give you is zero interest; you don't pay anything, and you get the product. This is just the opposite. I find it fascinating. Let someone try to sell you a couch doing that.

The cost is another thing I wanted to bring up, the government estimates of cost—I think this, to me, was the most amazing thing in the world. Medicare came online in 1965. It was a $3 billion program. The estimate from the government was that 25 years later, that program would be a $15 billion program. In 1990, 25 years later, it was a $90 billion program. Today it's over $400 billion. In Tennessee, we started in 1993 a program called TennCare to save money, to manage care and save money. It was a $2.6 billion program. Ten budget years later, it had tripled to an $8 billion program. It took up every new—almost every new dollar the State took in. So when you see these cost estimates of $1 trillion or $1.2 trillion, it's a fairy tale. I mean, every single government program that I have ever heard of, with the exception of Medicare Part D, went over budget.

Mr. LATOURETTE. We have about 10 minutes left, and I know the gentleman from Michigan is sort of an expert on this. This goes, again—if you like your plan, you can keep it. We have called it thigh-quality plans, which of course is high-quality plans. And in the Senate bill, in order to pay for some of this business, the gentleman maybe could enlighten us on what it is they do to people that have—either provided by their employer, their labor union or by whatever—a plan that really takes care of them and their family, a little pricey, but it takes care of them. I would like the gentleman to share his thoughts.

Mr. MCCOTTER. I thank the gentleman for yielding. The sky-thigh, 40 percent surcharge on health plans, in an attempt to capture, ''Cadillac'' plans, which we from Detroit prefer to call Lexus plans. The government in the Senate passed a bill that would tax these plans. What they did was, they caught up a whole lot of working people who have collective bargaining agreements from employer-provided benefits. You can imagine that coming from a district like mine, an auto-based district of people who still make things for a living such as cars, this was a very unfair tax to them. It went against the express position of many people in the Democratic Party who, like myself—and I believe the gentleman from Ohio—oppose putting a tax on employer-provided health care benefits.

We've recently seen where the unions had to go to the White House to try to stop this unfair tax from affecting people that they represent. I, for one Republican, am glad that the administration has shown a willingness to back off this tax because I wish everybody would not have to pay this tax. I wish they would go back to the drawing board and get it right. But it goes back to the fact that in the rush to pass this, in a haste behind closed doors to do this, they actually hurt the very working people that so many of us on both sides of the aisle have promised should never have their employer-provided health care benefits taxed.

And if I may very quickly in one moment, I wish to answer your question about vending machines. It goes back to our earlier point. The government is tying your health to the cost to the government. They want to control what you eat because if you eat improperly, it costs them ''money.'' Now I will just remind people, if you don't want the government in your bedroom, you sure don't want them in your kitchen either.

Mr. LATOURETTE. I thank the gentleman. Just to get to the last two, and then we will come back for another hour another day. This painful business down here on the foot, that's called a corn. And of course during the last election, a lot of people became familiar with an organization by the name of ACORN. Again, when you talk about what was handed out in the Senate, the Senator from Illinois who was the replacement for Senator Obama when he came President Obama, Senator BURRIS, is claiming a provision in Senator REID's manager's amendment that could funnel money to ACORN through the health care bill. Specifically, for those that care, it's on page 150, and it says that ''community and consumer-focused nonprofit groups'' may receive grants to ''conduct public education activities.'' So we have ACORN. And again, I'm not going to talk about all the other ACORN stuff. But what does ACORN have to do with lowering the cost of health care and making sure that people are provided?

To wrap up, the last one that we have is a kind of tricky medical, the Achilles' heel. And I put the Achilles' heel on this chart because the Achilles' heel of this entire plan, in my opinion, is the will of the American people. The American people have spoken up. They have spoken up in Virginia and New Jersey and Massachusetts. They're speaking up on the streets. They spoke up in August at town hall meetings, and it's a strange thing. I have seen a couple of articles that say that the Senate has a really tough job after they passed their bill around Christmas because they have to go home and try to convince people that a bill they don't want is good for them. I have been in public life for about 20 years. That's a strange paradigm.

So closing thoughts from the gentleman from Tennessee.

Mr. ROE of Tennessee. Well, I think it brings the point. It is getting harder and harder to pass legislation that people don't want, for sure. And I think, just very quickly, to let people know of a few basic ideas that we have that will help solve this problem. I mentioned to you a moment ago cost and affordability are what people worry about, and preexisting conditions. How do you deal with those things?

One of the things you can do is allow health insurance companies to go across State lines like any other insurance companies. Form association health plans. Preexisting conditions are only a problem for individual markets, if I'm going out to try to buy it, or small businesses, like I ran. But if you are spreading those risks among hundreds of thousands or millions of people, it's not a problem. Number three is tort reform. We haven't touched on that. Certainly malpractice reform is a major cost bender in this.

Mr. LATOURETTE. Well, just taking back my time for a minute. They say we have 5 minutes left. So we are going to be okay, and we'll get to Mr. MCCOTTER for a closing thought.

But there was a focus group in Massachusetts the night of the election, run by a pollster named Frank Luntz, and there was a physician in the focus group. He mentioned that exact point. He said, Why don't you have malpractice reform? Why don't you stop this needless double testing to make sure that you don't get sued? Actually, when our proposal was put forward, the bean counters indicated that that would save to the system $56 billion a year.

Now to the gentleman's point about the high-quality plans: Why wouldn't you take that $56 billion a year out of frivolous lawsuits so that these folks that have negotiated for good-quality health care for their families don't have to pay a 40 percent income surcharge on income that they're not receiving?

Mr. ROE of Tennessee. I could not agree more. And I certainly agree with my colleague from Michigan, Congressman MCCOTTER, about the high plans, the so-called wealthy plans. We don't need to be increasing taxes on—Americans can't stand another tax right now.

The other thing you can do in the State is subsidize at a nominal amount of money high-risk pools so that people who do have preexisting conditions—that's another way you can deal with that very simply. And those four or five things we talked about we could all agree on. We could get this done this 90 days or less, right here in the House in a bipartisan fashion. If the President is ready to work with us, I know our side is. I am. I yield back.

Mr. LATOURETTE. Thank you. And I yield to the gentleman from Michigan for his closing thoughts.

Mr. MCCOTTER. I thank the gentleman. One of the fundamental concepts behind this great Nation is that all power is vested in the sovereign people. It is simply delegated to us, as their servants, to do the work of governance on their behalf. You cannot defy the people who sent you here. You cannot tell your employer who is giving a 2-year, 6-year or a 4-year contract that they don't know what they are talking about, that you know better than they do, and you will take their money to convince them of it over a period in time.

I think that what we have to remember here, the true Achilles' heel is not the American public's lack of understanding about this. It is the Congress' arrogant defiance of the wishes of the American people that have commonsense solutions to problems that affect

their daily lives, especially in a very difficult time of economic recession, with high unemployment, such as in States like mine, Michigan.

When we think about this, it is a very fundamental proposition. Lincoln laid it out a long time ago. Whatever happened in Massachusetts and throughout this country, it's not anger. It's not just frustration. It's not vexation. It's the fact that the American people understand what's happening. They have the information, and they do not give their consent to this radical government-run health care bill that was passed by this House or by the Senate or is threatened to be passed again, because Lincoln was right: Why should there not be patient confidence in the ultimate justice of the people? Is there any better or equal hope in this world? The answer remains no, and I would encourage my Democratic colleagues to heed their wisdom.

I yield back.

Mr. LATOURETTE. I thank both the gentlemen for participating. I will just say that in light of this election in Massachusetts, I have hoped that the administration will push the reset button, and we would take the President at his word when he came here to this House. Let's get a bill. Let's get something done on the 80 percent that we can agree about. We can fight for the rest of the couple years on the 20 percent we don't. But let's get something done for the American people.

And not to use percentages, but as our friend here in the Operation game, my folks back home are saying, We need to take care of the things that, Doc, you've talked about. Why though, in order to take care of the 15 percent of the people we have to deal with—that's the estimate—do we have to mess with the other 85 percent? We have to mess with the people who have good quality health care? We have to take $500 billion out of Medicare? People don't understand it. And I don't blame them for not understanding because I don't understand it either. And I just have to say again, you've got to be kidding.

I thank you both for participating, Mr. Speaker. I thank you and yield back.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 874

Ms. MARKEY of Colorado. Mr. Speaker, I ask for unanimous consent to be removed as a cosponsor from H.R. 874.

The SPEAKER pro tempore (Mr. TEAGUE). Is there objection to the request of the gentlewoman from Colorado?

There was no objection.

THE SMALL BUSINESS AID ACT

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

Ms. MARKEY of Colorado. Mr. Speaker, obtaining and maintaining credit is a serious issue facing most small businesses in this country. The lack of credit has caused a cash-flow crunch on many businesses, impacting their ability to grow, purchase new equipment or hire a worker. Approximately $2.5 billion in commercial loans will come due in the next year, and many banks will not be willing or able to renew them.

On May 20, 2009, I introduced the Small Business AID Act, H.R. 2527. The Small Business AID Act will allow small businesses to utilize the SBA's 504 loan program to refinance existing debt. Low interest rates in conjunction with this bill allow small businesses to reduce their debt while raising their cash flow. This bill is temporary in nature, limiting debt restructuring for 2 years. The bill is also deficit-neutral. Over 94 percent of my colleagues have certified development companies in their districts which provide loans to small businesses. These loans amount to an average of $1.6 million investment in small businesses in each of our districts, and the average number of loans per year per district is three. That means almost $5 million invested in businesses, purchases, employees.

Senator LANDRIEU introduced S. 2869 on December 10th, which includes provisions which are similar to The Small Business AID Act. The Senate Committee on Small Business and Entrepreneurship conducted hearings and has reported the bill favorably.

Our economy needs a shot in the arm. The Small Business AID Act is a simple cost-free fix to infuse more cash into our economy. I urge all members to support H.R. 2527.

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 Mr. BRIGHT) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. BRIGHT, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. FALEOMAVAEGA, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mrs. MILLER of Michigan, for 5 minutes, today.

Mr. REICHERT, for 5 minutes, today.

SENATE ENROLLED BILL SIGNED

The Speaker announced her signature to an enrolled bill of the Senate of the following title:

S. 692. An act to provide that claims of the United States to certain documents relating to Franklin Delano Roosevelt shall be treated as waived and relinquished in certain circumstances.

ADJOURNMENT

Ms. MARKEY of Colorado. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 4 o'clock and 29 minutes p.m.), under its previous order, the House adjourned until tomorrow, Friday, January 22, 2010, at 10 a.m.

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OATH FOR ACCESS TO CLASSIFIED INFORMATION

Under clause 13 of rule XXIII, the following Members executed the oath for access to classified information:

Neil Abercrombie, Gary L. Ackerman, Robert B. Aderholt, John H. Adler, W. Todd Akin, Rodney Alexander, Jason Altmire, Robert E. Andrews, Michael A. Arcuri, Steve Austria, Joe Baca, Michele Bachmann, Spencer Bachus, Brian Baird, Tammy Baldwin, J. Gresham Barrett, John Barrow, Roscoe G. Bartlett, Joe Barton, Melissa L. Bean, Xavier Becerra, Shelley Berkley, Howard L. Berman, Marion Berry, Judy Biggert, Brian P. Bilbray, Gus M. Bilirakis, Rob Bishop, Sanford D. Bishop Jr., Timothy H. Bishop, Marsha Blackburn, Earl Blumenauer, Roy Blunt, John A. Boccieri, John A. Boehner, Jo Bonner, Mary Bono Mack, John Boozman, Madeleine Z. Bordallo, Dan Boren, Leonard L. Boswell, Rick Boucher, Charles W. Boustany Jr., Allen Boyd, Bruce L. Braley, Kevin Brady, Robert A. Brady, Bobby Bright, Paul C. Broun, Corrine Brown, Ginny Brown-Waite, Henry E. Brown Jr., Vern Buchanan, Michael C. Burgess, Dan Burton, G. K. Butterfield, Steve Buyer, Ken Calvert, Dave Camp, John Campbell, Eric Cantor, Anh ''Joseph'' Cao, Shelley Moore Capito, Lois Capps, Michael E. Capuano, Dennis A. Cardoza, Russ Carnahan, Christopher P. Carney, André Carson, John R. Carter, Bill Cassidy, Michael N. Castle, Kathy Castor, Jason Chaffetz, Ben Chandler, Travis W. Childers, Judy Chu, Donna M. Christensen, Yvette D. Clarke, Wm. Lacy Clay, Emanuel Cleaver, James E. Clyburn, Howard Coble, Mike Coffman, Steve Cohen, Tom Cole, K. Michael Conaway, Gerald E. Connolly, John Conyers Jr., Jim Cooper, Jim Costa, Jerry F. Costello, Joe Courtney, Ander Crenshaw, Joseph Crowley, Henry Cuellar, John Abney Culberson, Elijah E. Cummings, Kathleen A. Dahlkemper, Artur Davis, Danny K. Davis, Geoff Davis, Lincoln Davis, Susan A. Davis, Nathan Deal, Peter A. DeFazio, Diana DeGette, William D. Delahunt, Rosa L. DeLauro, Charles W. Dent, Lincoln Diaz-Balart, Mario Diaz-Balart, Norman D. Dicks, John D. Dingell, Lloyd Doggett, Joe Donnelly, Michael F. Doyle, David Dreier, Steve Driehaus, John J. Duncan Jr. Chet Edwards, Donna F. Edwards, Vernon J. Ehlers, Keith Ellison, Brad Ellsworth, Jo Ann Emerson, Eliot L. Engel, Anna G. Eshoo, Bob Etheridge, Eni F. H. Faleomavaega, Mary Fallin, Sam Farr, Chaka Fattah, Bob Filner, Jeff Flake, John Fleming, J. Randy Forbes, Jeff Fortenberry, Bill Foster, Virginia Foxx, Barney Frank, Trent Franks, Rodney P. Frelinghuysen, Marcia L. Fudge, Elton Gallegly, John Garamendi, Scott Garrett, Jim Gerlach, Gabrielle Giffords, Kirsten E. Gillibrand*, Phil Gingrey, Louie Gohmert, Bob Goodlatte, Charles A. Gonzalez, Bart Gordon, Kay Granger, Sam Graves, Alan Grayson, Al Green, Gene Green, Parker Griffith, Raúl M. Grijalva, Brett Guthrie, Luis V. Gutierrez, John J. Hall, Ralph M. Hall, Deborah L. Halvorson, Phil Hare, Jane Harman, Gregg Harper, Alcee L. Hastings, Doc Hastings, Martin Heinrich, Dean Heller, Jeb