health care outcomes for everyone and reduces cost while we protect vulnerable persons. Instead, with Washington-style elitism, efforts are continuing behind closed doors on a measure that is filled with special deals that will substantially shift costs, erode health care liberties, and add to increased and unsustainable government spending.

Mr. Speaker, our constituents are watching to see if the health care legislation is fair—fair to seniors, fair to families, fair to small businesses, fair to the hardworking citizens across this country.

Mr. Speaker, I believe we can do better.

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

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

HISTORIC HEALTH CARE DEBATE

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

Mr. MANZULLO. Mr. Speaker, we are engaged in what is called an historic debate over the issue of health care reform, and there are a couple of issues that need to be addressed.

The area that I represent in northern Illinois, the biggest city is at 19.7 percent unemployment. Add 7 percentage points to that, it's nearly 27 percent unemployment. It's incredible.

The State of Illinois is laying off teachers, social workers, people involved in all types of social services. Students at a nearby high school went out and picketed because they're concerned over the loss of their advanced placement classes. Yet, under the Senate bill, many more across the country would be added to the Medicaid roles. The State of Illinois, already bankrupt, billions of dollars in debt, would have to take on paying an additional $400 million a year in Federal mandates and unreimbursed increased Medicaid expenses. This doesn't make sense.

On top of it, there's a 2½ percent—we think that's the amount—excise tax on medical equipment, medical devices, the very equipment that was used to save the life of my wife who came down with cancer 4 years ago: the titanium brace that replaces one of her vertebrae, the radiation machine, all the latest equipment. A tax on the very equipment that's used to help people get excellent health care in this country? We're not quite sure which equipment would be taxed or which would be free of tax, but once the tax starts—and we all know what happens with the tax. It's passed on to the consumers.

So here's this monstrous bill from the Senate that the House is supposed to adopt by some type of unique process that's going to tax lifesaving equipment. It just defies logic as to why this is being done; $500 billion in tax increases. Now Social Security would apply to dividends, interest, capital gains taxes. Tax after tax after tax hurting the American people. I never thought that it would happen in America when lifesaving devices would be taxed to increase the cost to the people who use them.

This isn't what the American people want; it certainly isn't what they deserve. There are many ways to bring down the high cost of health care: through association health plans, through meaningful medical liability reform, through increasing the number of community health centers, by allowing small employers the ability to have the same tax breaks that corporations do when using their money to buy health insurance premiums.

America watches and looks and wonders and asks this question: Why are the leaders in Congress doing this to us?

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

(Mr. SOUDER 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 Tennessee (Mr. DUNCAN) is recognized for 5 minutes.

(Mr. DUNCAN 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 Indiana (Mr. PENCE) is recognized for 5 minutes.

(Mr. PENCE 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 Texas (Mr. BURGESS) is recognized for 5 minutes.

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

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Thank you, Mr. Speaker. I'm just taking a moment here to arrange some charts and I will be right with you.

Mr. Speaker, we once again are going to be on a subject that seems to be increasingly riveting the attention of Americans—and for good reason. What we are talking about here this evening is the proposition that the Congress will take over, over a period of time, one-sixth of the U.S. economy. That is the health care section of the economy.

Obviously, this big a change, a remake of health care, which is not just changing a little portion here or there, but a complete remake of health care, is a question of significant proportion. It is a very costly proposition. It's one that involves a tremendous amount of change, and any change, of course, is controversial. This proposal, though, is more controversial than most and is resulting in a tremendous outpouring of phone calls. The switchboards are almost shut down here at the Capitol. But we, once again tonight, are going to be talking about it because there is talk we might even vote on the bill this week, and who knows what's going to happen.

I'm joined in the Chamber by Dr. FLEMING, a very fine physician but also a Member of Congress and someone who knows a considerable amount about the health care bill. Part of what the discussion has been lately has been a question of the procedure of how the bill would become law. That's, I think, where we should start, because that's where the news is right now and it's a big question.

Dr. FLEMING, I thought we might start there because a lot of people have heard about the bill, even some of the things in the bill, but the question is how this bill would become law.

I'm going to start by just laying down the simple pattern that's in the U.S. Constitution. The way that a bill becomes law is that it's passed by the Senate. It's passed by the House. It's sent to the President, and he signs it. That's the plain, bare-bones facts of how it works. That's what the Constitution says. The Constitution gives the House and the Senate a lot of flexibility in how we design our rules, but ultimately the bill has to pass a straight-up vote in the Senate and a straight-up vote in the House and has to be signed by the President. If it doesn't do that, it doesn't meet the constitutional standard.

Now, the process becomes a little more complicated as we go on because the Senate has a weird rule. In fact, the Senate does a lot of weird things, but it has a weird rule, at least to those of us who are Members of the House, and that is that before a bill can come up for a vote, it takes 60 votes to bring it up for a vote. So if you've got a bill and you say, Hey, we've got a hundred Senators; I've got 55 votes for the bill, you're in deep trouble, because you won't ever get the 60 votes to get it up for just a straight-up vote even though you've got enough votes to pass it. In other words, the Senate has a little bit of a higher bar to protect to make sure there's at least 60 out of 100 Senators that are willing to pass a particular piece of legislation or bring it up for a vote. So that makes things more complicated.