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Senate

The Senate was not in session today. Its next meeting will be held on Monday, March 22, 2010, at 2 p.m.

House of Representatives

SUNDAY, MARCH 21, 2010

The House met at 1 p.m. and was called to order by the Speaker.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

''This is the day the Lord has made, let us rejoice and be glad.'' In many ways, every day is fresh and a new beginning. The past is more easily forgotten. The future is less uncertain.

But today is especially new for us, Lord. So we praise You and we thank You. The cold winter and blankets of snow are set aside and the sunlight brings forth new life. The long waiting is over. Hope and promise are in the air.

For us, Lord, it is spring. The equinox has silently occurred, but we may not have been aware because our Earth was spinning so fast, and we did not notice our tilt to Your sun.

Help us, Lord, to understand our ever-changing world better. Never let us lose perspective. Although it is spring for us, for another half of the world, it is the beginning of fall. Help us to hold on to You, Lord, now and forever.

Amen.

THE JOURNAL

The SPEAKER pro tempore (Mr. SALAZAR). 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.

Mr. POE of Texas. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. POE of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

PLEDGE OF ALLEGIANCE

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

Mr. POE of Texas 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 five requests for 1-minute speeches on each side of the aisle.

IT IS TIME TO VOTE ''YES'' ON HEALTH CARE REFORM

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

Ms. SCHWARTZ. Mr. Speaker, today we will act on a uniquely American solution to health care reform. Our action will bring down health care costs for middle-income families, will help small businesses afford coverage for their employees, will improve coverage for our seniors, will rein in wasteful spending, and will provide access to 32 million uninsured Americans.

For those with insurance, starting right away, insurance companies will be prohibited from discriminating based on preexisting conditions, from placing annual or lifetime caps on coverage, and from dropping people for coverage when they get sick.

It is time to put American families back in control of their health care. It's time to hold insurance companies accountable to keep premiums down and to stop their denial of care and coverage. And it is time to ensure that 95 percent of Americans have access to affordable, meaningful health care choices.

It's time to finally fix the Medicare prescription drug gap, known as the doughnut hole, and to provide seniors with preventative and primary care. And it is time to rein in the Federal deficit by reducing it by $1.2 trillion.

It's time to vote ''yes'' on health care reform.

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FREEDOM DIES A LITTLE BIT TODAY

(Mrs. BLACKBURN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BLACKBURN. Mr. Speaker, my colleagues are celebrating the birth of a great new entitlement program today; only they see dependency on the Federal Government and the death of freedom as a cause for celebration.

My colleagues celebrate this day as being like the days when Social Security, Medicare, Medicaid were passed. They forget that today those programs are insolvent and will likely crush our children under their debt.

My colleagues are overjoyed that soon their goal of having Americans dependent on the Federal Government for mortgages, student loans, retirement, and health care will be realized. That is a chilling goal.

My colleagues cheer that this bill is paid for. They ignore the fact that it is our children who will pay for their greed.

My colleagues shame us for scaring the American people about the contents of this bill. We know the consequences of this bill will be frightening and horrible.

Freedom dies a little bit today. Unfortunately, some are celebrating.

FORMING A MORE PERFECT UNION

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

Mr. INSLEE. ''We the people of the United States, in order to form a more perfect union''—that is what got America started. And when we form a more perfect union, it is always a continuous and controversial process. Social Security, Medicare, civil rights, at those times it was always controversial.

But Americans are going to grow confident in this for two reasons. Number 1, we know that all Americans should have a choice in health care. It shouldn't be the government's choice. It shouldn't be the insurance company's choice. It should be individual Americans' choice, and that is what they will get today.

Number 2, we know that a nation is truly healthy only when all of its citizens have health care.

Today, we will have choice. Today, we will have health care. Today, we are forming a more perfect union in the tradition of this great country.

WISE COUNSEL FROM THE NFIB

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

Mr. WILSON of South Carolina. Mr. Speaker, as we vote on health care takeover, I urge Members of both parties to pay attention to the counsel of the National Federation of Independent Business, NFIB, the Nation's leading small business association.

''Small business has been struggling with health care costs for decades, and our members need help now.'' These bills ''are not the answer—they compound current problems and make health care even more expensive for small businesses. Costing nearly $1 trillion, these bills will send health insurance costs soaring, increase the cost of doing business and set our economic recovery backward with destructive policies,'' including a tax on small business health plans, targeting small construction firms with destructive new mandates, an unprecedented increase in the Medicare payroll tax.

In July, NFIB warned a similar bill would kill 1.6 million jobs.

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

As we vote today, I share the concern of former DSS Director Bill Walker that the bill will be a free ticket, no show.

COURAGE WILL BE THE CALL OF THE DAY

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

Ms. JACKSON LEE of Texas. Mr. Speaker, over the last 2 days, human beings who happened to be Members of Congress have been called the N word, have been spat on. Just recently, someone asked me why my braids were so tight.

But I know there is a better way, and I know that because members of the Congressional Black Caucus worshipped this morning at the Mt. Zion Baptist Church, and Pastor Smith said to us to call upon healing the land. We'll be able to heal the land by voting this evening on a health care bill that will help those who cannot help themselves, those single mothers, those people with preexisting disease.

I have the dishonor of being a Member of Congress representing the State of Texas that has the highest number of uninsured. And so today, there will be no shame in my vote, because I will vote for those Texans who are not here and cannot speak for themselves and are suffering with no health care. And seniors will have a stronger Medicare, and 95 percent of Americans will be able to be insured.

This is a day that courage will be the call of the day.

WE MUST END THIS DEBATE WITH UNDERSTANDING

(Mr. TIM MURPHY of Pennsylvania asked and was given permission to address the House for 1 minute.)

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, over the past 14 months, I have held 235 meetings and town hall meetings, received and sent hundreds of thousands of emails and mail, and heard from my constituents loud and clear. There is much we can agree on with each side of the aisle, but we still did not fix the underlying problem of health care.

We still will have $700 billion in waste. We still will have $50 billion wasted each year in hospital infections alone. We'll have a Medicare program that's going bankrupt, and, instead, we take another $500 billion from Medicare. We take $52 billion from Social Security.

We cannot confuse anger with action, passion with policy, or rancor with results. We have to understand that we will not give up on real health care reform that really cuts costs and saves lives to make it acceptable to all. We will never, never, never give up.

But above all, we have to make sure that this is not a moment that divides America. And to use the words of Abraham Lincoln, we must end this debate with understanding that we must have malice towards none, with charity for all, and to bind up the Nation's wounds. And that will include working together in the future to make sure we have real health care reform and help take care of those in need.

□ 1315

HISTORIC OPPORTUNITY

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

Mr. BLUMENAUER. Today we have an historic opportunity, more than a century after President Teddy Roosevelt first raised this subject, to establish the foundation for health care reform.

We have some of finest health care in the world, but for too many Americans, they're unable to get it, millions are uninsured, hundreds of thousands of people with health insurance are going bankrupt each year from medical costs.

Today, the House will enact landmark legislation to save Medicare, improve quality, which is not just fully paid for but actually helps reduce the deficit. Americans will enjoy benefits not just in the future but this year. More tax credits to help small business provide care, kids able to be on their parents' insurance until age 26, help for seniors paying for prescription drug costs.

But the real story is not numbers and slogans. Today, Congress will finally give Americans the health care they need and deserve.

YOU CAN'T SAY YOU WEREN'T WARNED

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

Mr. GOHMERT. I would ask my colleagues across the aisle—sometimes I raise my voice. I'm not going to do this, so I need you to listen. I'm very sincere.

I know that there are some wonderful-hearted people that have been

standing against this bill from a pro-life position. They're good hearts. But they've been sold a bill of goods. You don't have to believe me.

I had an incredible non-reversal rate as a judge and chief justice; as a lawyer very successful. But let me tell you, there are people waiting to get the executive order struck down the moment it is signed. You needed to hear from somebody who understands your heart and understands where you're coming from. The executive order won't work. Then in the end, your standout will have been for nothing.

Please take another look at it. This is the wrong thing to have your vote swayed by. You can't say you weren't warned.

HEALTH CARE REFORM

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

Mr. KAGEN. Mr. Speaker, today in the House of Representatives, we must take a positive step forward and finally guarantee an end to discrimination against all citizens because of the way they were born or what illness they may have.

This bill that we're about to pass today will save lives and save jobs by putting patients first, strengthening Medicare, and finally guaranteeing access to affordable care for all of us. No longer will a child's illness cause their family to go broke and lose their home. Senior citizens in all of our communities will see a stronger and better Medicare as we begin to close the prescription drug program doughnut hole. Small business owners, like myself, will soon be able to buy health insurance for all of their employees at the same discounts that big corporations do.

We're beginning to fix what's broken in our health care system and improve on what we already have at a price we can all afford to pay because this bill will be not only paid for but will cut our deficit by a trillion dollars over time.

WILL WE CHOOSE TYRANNY OR LIBERTY?

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

Mr. POE of Texas. Mr. Speaker, today is a defining moment in this Nation's history. Will we choose the path of individual liberty or will we choose the path of government tyranny? Will we choose the path to be in control of our own health, or will we choose to go the way of a European nanny state where government forces health choices upon us? Will we choose to uphold the sacred motto ''We the People'' or will we return to the chains and slavery of government and choose ''We the Subjects''?

Our choice is clear. The American people don't desire more oppressive, intrusive government in charge of their health. The people want to control their own lives.

Thomas Paine in the Revolution said, ''These are the times that try men's souls. Tyranny, like hell, is not easily conquered.'' Our Founders made the right difficult choice.

So will we at this time, on this day, this hour, stand for government tyranny or personal liberty? I choose ''We the People,'' not ''We the Subjects.''

And that's just the way it is.

RECOGNITION FOR 1–MINUTE SPEECHES

Mr. GARRETT of New Jersey. Mr. Speaker, I seek unanimous consent to expand the number of 1-minutes to unlimited.

The SPEAKER pro tempore. Recognition for 1-minutes is within the discretion of the Chair.

Mr. GARRETT of New Jersey. Mr. Speaker, I seek unanimous consent to expand the number of 1-minutes to 10.

The SPEAKER pro tempore. The Chair is exercising his discretion not to recognize more than five 1-minutes on each side.

Mr. GARRETT of New Jersey. Parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. GARRETT of New Jersey. Within the discretion of the Chair, is the Chair responsible for explaining his basis for not expanding the number of 1-minutes so the American public can have a greater opportunity to hear the debate continue before the vote is taken today?

The SPEAKER pro tempore. No.

Mr. GARRETT of New Jersey. I thank the Speaker.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order: motion to suspend the rules on H.R. 4840, by the yeas and nays; motion to suspend the rules on H. Res. 1174, by the yeas and nays; approval of the Journal, by the yeas and nays; motion to suspend the rules on H. Res. 1075, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

CLARENCE D. LUMPKIN POST OFFICE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4840, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and pass the bill, H.R. 4840.

The vote was taken by electronic device, and there were—yeas 420, nays 0, not voting 10, as follows:

[Roll No. 155]

YEAS—420

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre

McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—10

Conyers
Davis (AL)
Gutierrez
Hinchey
Kirkpatrick (AZ)
Langevin
Lee (NY)
Rangel
Sires
Towns

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1347

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PARLIAMENTARY INQUIRIES

Mr. KINGSTON. Mr. Speaker, parliamentary inquiry. I was wondering if the Chair could tell us why a 15-minute vote was held open for 25 minutes.

The SPEAKER pro tempore. The gentleman has not stated a proper parliamentary inquiry.

Mr. KINGSTON. Parliamentary inquiry. Could the Chair explain to us how long that last vote was officially and how long it was in reality, which was 25 minutes? And I am wondering why the vote was held open for so long.

The SPEAKER pro tempore. The gentleman from Georgia has not stated a proper parliamentary inquiry.

Mr. KINGSTON. Parliamentary inquiry. Why was that vote held open for 25 minutes?

The SPEAKER pro tempore. The Chair will not entertain further such inquiries.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

NATIONAL WOMEN'S HISTORY MONTH

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1174, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and agree to the resolution, H. Res. 1174.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 420, nays 0, not voting 10, as follows:

[Roll No. 156]

YEAS—420

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—10

Bilbray
Davis (AL)
Gutierrez
Hinchey
Kirkpatrick (AZ)
LaTourette
Sires
Smith (TX)
Towns
Waxman

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There is 1 minute remaining in this vote.

□ 1355

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. LEE of New York. Mr. Speaker, on rollcall No. 156 I was unavoidably detained. Had I been present, I would have voted "yes."

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 229, nays 189, not voting 12, as follows:

[Roll No. 157]

YEAS—229

Ackerman
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bilbray
Bishop (GA)
Bishop (NY)
Blumenauer
Blunt
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carson (IN)
Castle
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costello
Courtney
Crowley
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Emerson
Engel
Eshoo
Farr
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Goodlatte
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Heller
Higgins
Hill
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McClintock
McCollum
McDermott
McGovern
McIntyre
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Perlmutter
Peters
Pingree (ME)
Polis (CO)
Pomeroy
Posey
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Sutton
Tanner
Teague
Thompson (MS)
Tierney
Titus
Tonko
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—189

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilirakis
Bishop (UT)
Blackburn
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carney
Carter
Cassidy
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Connolly (VA)
Costa
Crenshaw
Cuellar
Culberson
Davis (KY)
Deal (GA)
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Ehlers
Ellsworth
Etheridge
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Granger
Graves
Griffith
Guthrie
Harper
Hastings (WA)
Hensarling
Herger
Herseth Sandlin
Himes
Hoekstra
Inglis
Issa
Jenkins
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Markey (CO)
McCarthy (CA)
McCaul
McCotter
McHenry
McKeon
McMahon
McMorris Rodgers
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy (NY)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Pence
Perriello
Peterson
Petri
Pitts
Platts
Poe (TX)
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Stupak
Sullivan
Taylor
Terry
Thompson (CA)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Watson
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—12

Buyer
Davis (AL)
Davis (TN)
Fattah
Gohmert
Gutierrez
Hinchey
Kirkpatrick (AZ)
Owens
Schrader
Sires
Towns

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). The Chair notices a disturbance in the gallery in contravention of the law and rules of the House.

The Sergeant at Arms will remove those persons responsible for the disturbance and restore order in the gallery.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). The Chair notices a disturbance in the gallery in contravention of the law and rules of the House.

The Sergeant at Arms will remove those persons responsible for the disturbance and restore order to the gallery.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1402

Mr. BARTON of Texas changed his vote from ''yea'' to nay.''

So the Journal was approved.

The result of the vote was announced as above recorded.

COMMENDING AGRI-BUSINESS DEVELOPMENT TEAMS OF THE NATIONAL GUARD FOR THEIR EFFORTS IN WAR-TORN COUNTRIES

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1075, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. SKELTON) that the House suspend the rules and agree to the resolution, H. Res. 1075, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 418, nays 3, not voting 9, as follows:

[Roll No. 158]

YEAS—418

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke

Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (FL)

NAYS—3

Broun (GA)
Paul
Young (AK)

NOT VOTING—9

Boustany
Davis (AL)
Gutierrez
Hinchey
Kirkpatrick (AZ)
Schmidt
Sires
Speier
Towns

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1409

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: ''Commending the members of the Agri-business Development Teams of the National Guard and the National Guard Bureau for their efforts, together with personnel of the Department of Agriculture and the United States Agency for International Development, to modernize agriculture practices and increase food production in war-torn countries.''.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. GENE GREEN of Texas. Mr. Speaker, due to previous district commitments in Houston yesterday, I was not able to vote on rollcall votes taken during the evening of March 19 and March 20. I rise today to notify the House and the public on how I would have voted on those missed rollcall votes.

On House rollcall vote 144, ''yes'';
On House rollcall vote 145, ''yes'';
On House rollcall vote 146, ''yes'';
On House rollcall vote 147, ''yes'';
On House rollcall vote 148, ''no'';
On House rollcall vote 149, ''yes'';
On House rollcall vote 150, ''yes'';
On House rollcall vote 151, ''yes'';
On House rollcall vote 152, ''yes'';
On House rollcall vote 153, ''yes'';
On House rollcall vote 154, ''yes.''

Mr. Speaker, I do not take my voting responsibilities lightly. My voting percentage in the 111th Congress is over 96 percent. I rarely miss votes, but with the long week in Washington like all of us have had, I had previous commitments I could not miss in the district.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. On September 27, 1995, after a misuse of handouts on the floor of the House, and at the bipartisan request of the Committee on Standards of Official Conduct, the Chair announced that any handout distributed in or around the Chamber during proceedings of the House must bear the name of the Member authorizing its distribution; that the content of a handout must comport with the standards of propriety that apply to words spoken in debate or inserted in the RECORD; and, that failure to comply with these requirements may constitute a breach of decorum and could give rise to a question of privilege.

On January 7, 1997, the Speaker reiterated these standards as guidelines for the 105th Congress, and they have been so reiterated by the successive Speakers in each successive Congress. The Chair takes this opportunity to remind all Members of the need to maintain a level of decorum that properly dignifies the proceedings of the House.

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 3590, SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009, AND PROVIDING FOR CONSIDERATION OF H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

Ms. SLAUGHTER. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1203 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1203

Resolved, That upon the adoption of this resolution it shall be in order to debate the topics addressed by the Senate amendments to the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, and the topics addressed by the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010, for two hours equally divided and controlled by the Majority Leader and Minority Leader or their respective designees.

SEC. 2. After debate pursuant to the first section of this resolution, it shall be in order to take from the Speaker's table the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, with the Senate amendments thereto, and to consider in the House, without intervention of any point of order except those arising under clause 10 of rule XXI, a single motion offered by the Majority Leader or his designee that the House concur in the Senate amendments. The Senate amendments and the motion shall be considered as read. The previous question shall be considered as ordered on the motion to final adoption without intervening motion or demand for division of the question.

SEC. 3. If the motion specified in section 2 is adopted, it shall be in order to consider in the House the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010 if called up by the Majority Leader or his designee. All points of order against consideration of the bill are waived except those arising under clause 10 of rule XXI. The amendment in the nature of a substitute printed in part A of the report of the Committee on Rules accompanying this resolution, modified by the amendment printed in part B of the report of the Committee on Rules, shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 4. Until completion of proceedings enabled by the first three sections of this resolution—

(a) the Chair may decline to entertain any intervening motion (except as expressly provided herein), resolution, question, or notice;

(b) the Chair may decline to entertain the question of consideration;

(c) the Chair may postpone such proceedings to such time as may be designated by the Speaker;

(d) the second sentence of clause 1(a) of rule XIX shall not apply; and

(e) any proposition admissible under the first three sections of this resolution shall be considered as read.

SEC. 5. In the engrossment of H.R. 4872, the Clerk shall amend the title so as to read: ''An Act to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13).''.

□ 1415

POINT OF ORDER

Mr. RYAN of Wisconsin. Mr. Speaker, I raise a point of order against H. Res. 1203 because the resolution violates section 426(a) of the Congressional Budget Act. The resolution contains a waiver of all points of order against consideration of the bill except those arising under clause 10 of rule XXI which includes a waiver of section 425 of the Congressional Budget Act which causes a violation of section 426(a).

The SPEAKER pro tempore. The gentleman from Wisconsin makes a point of order that the resolution violates section 426(a) of the Congressional Budget Act of 1974. The gentleman has met the threshold burden under the rule, and the gentleman from Wisconsin and a Member opposed each will control 10 minutes of debate on the question of consideration. After the debate, the Chair will put the question of consideration.

The Chair recognizes the gentleman from Wisconsin.

Mr. RYAN of Wisconsin. Mr. Speaker, let me just quote from a letter to the Speaker of the House by the Director of the Congressional Budget Office dated yesterday: ''The Congressional Budget Office and the Joint Committee on Taxation estimated that the total cost of those mandates to State, local and tribal governments and the private sector would greatly exceed the annual thresholds established under the Unfunded Mandates Reform Act.''

Mr. Speaker, this bill is the mother of all unfunded mandates. There are mandates on States. The new Medicaid mandate is expected to cost, according to the CBO, an additional $20 billion on States. Let's start with the State mandate, $20 billion on States in Medicaid. Democratic Governors have been speaking out against this. Let me quote Governor Rendell from Pennsylvania: ''I think it's an unfunded mandate. We just don't have the wherewithal to absorb this health care bill without some new revenue source.''

There is an individual mandate. It mandates individuals purchase government-approved health insurance or face a fine to be collected by the IRS which will need $10 billion additional and 16,500 new IRS agents to police and enforce this mandate.

There is a business mandate. It mandates businesses provide government-approved health insurance or face penalties. If you don't offer health insurance coverage, you have to pay $2,000 per employee. If you do offer health insurance coverage, but one of your employees decides to take the Federal subsidy, you have to pay up to $3,000 per employee anyway.

There's a health plan mandate. There are mandates on health plans to comply with new Federal benefits, mandates without any funds to meet these new requirements. There are new medical loss ratios of 80 and 85 percent. This hardly jives with the notion, If you like what you have, you can keep it, because millions of Americans will exactly lose just that.

There's a provider mandate. This mandates that many health care providers must actually provide exactly what Washington says. They're forced to take unilateral reimbursement cuts from the new independent payment advisory board.

Mr. Speaker, at this time I want to elaborate quite a bit more, but I will reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I claim time in opposition.

The SPEAKER pro tempore. The gentlewoman from New York is recognized for 10 minutes.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume.

Technically, this point of order is about whether or not to consider this rule and, ultimately, the underlying legislation. In reality, it's about blocking much-needed health care reform in this Nation. Those who oppose the process don't want any debate or votes on health care itself. They just want to make reform go away.

I know my colleagues on our side will vote ''yes'' so we can consider this important legislation on its merits and not stop it on a procedural motion. Let's stop wasting time on parliamentary loopholes because those who oppose the legislation can vote against it on final passage. We must consider the rule. We must pass this important legislation today.

I reserve the balance of my time.

Mr. RYAN of Wisconsin. May I inquire how much time is remaining between the two sides, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from Wisconsin has 8 minutes, and the gentlewoman from New York has 9¼ minutes.

Mr. RYAN of Wisconsin. Mr. Speaker, let's look at the fiscal consequences of this bill. I think we're going to hear a lot today how this bill reduces the deficit according to the Congressional Budget Office. Well, I would simply say, the oldest trick in the book in Washington is that you can manipulate a piece of legislation to manipulate the final score that comes out.

But let's take a look at the subsequent analysis by the Congressional Budget Office. Let's take a look at the claims being made and the reality that we're facing. This bill double-counts billions of dollars. It takes $70 billion of premiums from the CLASS Act to spend on this new government program, instead of going to the CLASS Act. It takes $53 billion in Social Security taxes which are reserved for Social Security and, instead, spends it on this new program. The Congressional Budget Office is telling us that in order to fulfill all the discretionary requirements, $71 billion will be required to manage this new government-run health care system. They're saying at the Congressional Budget Office that Medicare part A trust fund, the trust fund itself will be raided to the tune of $398 billion.

So if we actually count a dollar once, which is how law in math works, this bill has a $454 billion deficit. I find it very interesting and noteworthy that just 2 days ago, the Speaker of the House said, We will be passing legislation in April, doing the so-called doc fix. Well, that's $208 billion. And according to the Congressional Budget Office, when that will pass, combined with the double-counting and the gimmicks and the smoke and mirrors, we will have a $662 billion deficit under this bill alone.

Now, Mr. Speaker, let's think about the economic consequences because the economic consequences that will be borne by this bill are truly horrific. People are losing jobs in this country. Our unemployment rate is near 10 percent. For us to get our unemployment rate back to where it was before the economic crisis, back to 5 percent, we will literally have to create 250,000 jobs every month for 5 years in this Nation. So what does this bill do? It imposes a new tax increase of $569.2 billion, over half a trillion in new taxes on labor, on capital, on families, on small businesses, on work, on jobs.

And look at what we're looking at. Before even passing this bill, Mr. Speaker, we are going into a tidal wave of red ink of debt. The interest alone on the national debt that's about to befall us will be crushing to our economy. I asked the Congressional Budget Office, what would my three children face

when they were my age? What we heard from the CBO was just alarming. By the time my three kids are my age—I am 40 and they're 5, 6 and 8 years old—the CBO said that the glide path that we are on before passing this bill, the tax rate on that generation by the time they're 40 years old will be that the 10 percent bracket goes up to 25 percent, middle-income taxpayers will pay an income tax rate of 63 percent, and the top rate that the small businesses pay will be 88 percent. This is the legacy we are leaving the next generation.

Last year the General Accountability Office said that the unfunded liability of the Federal Government—meaning the debt we owe to all the promises being made—was $62 trillion. You know what they say today, $76 trillion. And what are we doing here? A $2.4 trillion new unfunded entitlement on top all of that. We can't even afford the government we've got right now, and we're going to be putting this new unfunded entitlement on top of it?

Mr. Speaker, at the end of the day, though, what's most insidious, what's most concerning, what's most troubling about this bill is what the future holds. This bill subscribes to the arrogant idea that Washington knows best, that Washington can organize and micromanage the entire health care sector of this country, 17 percent of our economy, one-sixth of our economy.

Well, let me give you a glimpse into that future, Mr. Speaker. This is the Treasury's 2009 financial report. It tells us that we are walking into an ocean of red ink, of debt, of deficit, of spending. And the only way to get this under control, the only way to stop a debt crisis from befalling this country—much like Europe is about to walk into—if you have government-run health care, if you have the government take the rest of the health care sector over is to deeply and systematically ration health care.

Think about what's in this legislation. We have a new comparative effectiveness research board placed in the stimulus legislation that decides what treatments are worth paying for. We have a new Medicare commission called the Independent Payment Advisory Board that makes across-the-board cuts into Medicare whether it's good for patients or not based upon cost considerations, bypassing the authority of Congress. And we have the new U.S. Preventive Task Force. That's an agency that recently said women in their forties don't need to do mammograms, that has been given unprecedented power in this legislation to make decisions that are normally made by patients and doctors.

What this bill does is it says this: we are no longer going to trust the will, the interest, and the decisions of patients and their doctors. They don't know enough. We're going to take the power and the money from the citizens and bring it to Washington, and Washington knows best. Washington will set up elaborate boards and bureaucracies of technocrats who can better micromanage those decisions. And the only way to get this debt crisis only control, the only way to get this under control is to ration care.

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

Ms. SLAUGHTER. Mr. Speaker, I submit for the RECORD a 1-page document explaining why the requirements in the bill are not unconstitutional.

Attack: The individual responsibility requirement is unconstitutional.

Response: The arguments that have been raised against the constitutionality of an individual responsibility requirement are meritless. For over 70 years, the Supreme Court has recognized that Congress has the authority under the Commerce Clause to regulate activities that have a substantial effect on interstate commerce, which includes buying and selling health insurance. The requirement for individuals to contribute to their own health insurance coverage is clearly constitutional.

Over 70 years of Supreme Court precedent has recognized that, under the Commerce Clause, Congress can regulate activities that have a substantial effect on interstate commerce. A requirement that individuals purchase health insurance is both commercial and economic in nature—indeed, few things are more critical to our nation's economic health.

The failure of individuals to obtain health insurance has a substantial effect on our national economy. The U.S. spends over $2 trillion dollars on health care each year—more than $7,000 per person and more than 16 percent of our GDP. The economy loses billions of dollars every year because of the costs of treatment for uninsured Americans. And currently, individuals can forego buying insurance, leaving hospitals—and ultimately Americans who do buy insurance—on the hook for expensive emergency procedures. That drives up insurance premiums for all Americans.

Mandating health insurance affects interstate commerce in several ways. Covering more people will reduce the price of insurance by addressing free-riders who rely on emergency care and other services without paying for all the costs, which drives up costs for people with insurance. It will also ensure an insurance pool with a full cross section of healthy and sick subscribers, which will help keep down costs for everyone.

Even the conservative Supreme Court has recognized that the federal government has broad authority to regulate under the Commerce Clause. In 2005, the Court held that the federal government can prohibit medical marijuana grown at home and consumed personally under the Commerce Clause (Gonzalez v. Raich). Justice Scalia, no fan of expansive claims of Congressional power, even voted to affirm Congress' authority to regulate in that case. Certainly health insurance coverage has a greater effect on the national economy than people growing medical marijuana in their backyard.

Congress also has authority to impose an individual responsibility requirement under its Power to Tax and Spend for the General Welfare (Article 1, sec. 8, cl. 1) and the Necessary and Proper Clause (Art. 1, sec. 8, cl. 18.).

Now I am so happy to introduce and yield 2 minutes to Mr. KENNEDY, the gentleman from Rhode Island, who is not only a valued Member of this House but whose father, as we know, devoted his congressional life to health care for all Americans.

Mr. KENNEDY. Notwithstanding this point of order, I urge passage of the underlying rule and for us to go forward with the health insurance on behalf of the 21 percent of my State's constituents under the age of 65 who are uninsured because they're either too young to qualify for Medicare or they're too middle class to qualify for Medicaid.

''No memorial, oration or eulogy could more eloquently honor his memory than the earliest possible passage of this bill for which he fought so long. His heart and his soul are in this bill.'' While the above quote could easily refer to my father, and the context could easily describe this health care debate, these words were, in fact, spoken by my father as he rose on the Senate floor to honor his brother President Kennedy during the debate on the 1964 Civil Rights Act.

The parallels between the struggle for civil rights and the fight to make quality, affordable health care accessible to all Americans are significant. It was Dr. Martin Luther King, Jr., who said, Of all forms of inequality, injustice in health care is the most shocking and inhumane. Health care is not only a civil right, it's a moral issue.

Thank you, Madam Speaker, for your political and moral leadership in helping those to secure more advanced protections and benefits, especially in the area of mental health and addiction. Thank you, President Obama for delivering on your promise of providing the politics of hope rather than the politics of fear.

□ 1430

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. Mr. Speaker, this debate has been long, but it is now complete. The arguments have been very contentious, but it is now time to decide. The bill before us is long, but the question that we face is really very simple.

Will Congress today choose on behalf of the American people who elected us to build a health care system where every American has access to health care and where every American shares in the responsibility of paying for it.

Will we today reinvigorate the American dream so that no parent with a sick child will wake up wondering if they are going to have access to a doctor, so no father who loses health care because he loses his job is going to wonder how his family is going to be provided for, so no mother who becomes sick will lose the health care she has because she is sick.

Will we today free ourselves from the shackles of a broken status quo, one that enriches health care companies but is punishing American families, punishing American employers, and punishing American taxpayers.

That's the question, Mr. Speaker, that we face today in this Congress.

And this Congress has a choice to act like the confident Nation we are that faces head-on the challenges that we face. We will do so today by voting ''yes'' to move us so that we have a health care system in this country where every American is covered and we all help pay.

Mr. RYAN of Wisconsin. I reserve my time.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from California (Mr. FARR).

Mr. FARR. Mr. Speaker, I rise today to enter a letter from my next-door neighbor born with spina bifida. His parents were told to leave him in the hospital because he would be mentally retarded and he would never be able to get out of institutional care. His parents loved him and got him into school. He went through public high school, went to the University of California, graduated and got into Special Olympics. He tried to get a job. His coaches told him you will never be able to afford a job, you have a preexisting condition, you can't afford the insurance. You will have to stay on Medicaid the rest of your life.

He writes in his letter to me, Dear Congressman, and goes on to say in closing, I ask that you please pass this comprehensive health care package so that today's kids aren't told the same thing I was told. Never again should boys and girls with disabilities hear from their mentors, You cannot afford to work.

Emancipate people into the workforce; allow them to have insurance without preexisting conditions.

I am proud that Ben Spangenberg is here today sitting in that corner. I am proud that he is a constituent of this great country.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. Mr. Speaker, let me remind us of a man who does not live today, Senator Edward Kennedy told us that he had a vision and a resolve that the health care of Americans would no longer count on whether or not they were wealthy Americans. And we are reminded as well of the words of President John F. Kennedy that said: Ask not what your country can do for you, but what you can do for your country.

This is not an unfunded mandate because we know full well that the CBO has said that this bill will pay for itself, that the deficit will be reduced by $130 billion in the first 10 years, and that the deficit will be cut by $1.2 trillion in the second 10 years. It eliminates the Medicare doughnut hole, and it insures some 32 million more people. But I am standing here today because 45,000 Americans die every year like Eric, a 32-year-old lawyer who went to the emergency room not once but three times. They sent him away with antibiotics and aspirin, but he died. I cannot tolerate that. Today we will heal this land, and we will vote for this health care bill. It is not an unfunded mandate. This health care reform is fair and must succeed.

Mr. RYAN of Wisconsin. I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. HARE).

Mr. HARE. Mr. Speaker, I was here last November and I talked about my father and my mother. My dad was ill, we lost our house and everything we ever had. And when I came home from my sister's wedding, there was a deputy sheriff with a notice to evict. My dad thought somehow he had let us down. Two days before his death, a death that came way too early for somebody at 67, I sat by his bed and he said Phil, just do two things for me, two promises: take care of your mother and the girls. But the pain that the loss of this house has caused, and the pain this family has had to go through, whatever you do, please, do not let another family have to go through this.

Last November I cast my vote in favor of our bill on behalf of my dad, my family, and for those people; and tonight, I will cast my vote in favor of this bill not just for my dad, but for the people who every 8 seconds in this Nation file bankruptcy and receive foreclosure notices because of health care. It is time to stand up and be counted. Tonight I will stand up, and I will be counted among the ''yeses.''

Mr. RYAN of Wisconsin. I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. KAGEN).

Mr. KAGEN. Mr. Speaker, today in the House of Representatives, we are going to answer the essential question: What kind of Nation are we? What kind of Nation would deny 30 million citizens access to health care? What kind of Nation would allow a child's illness to cause their family to go broke and lose their home? What kind of Nation would turn its back on neighbors who are in need, our seniors, our children, and millions of unemployed workers who through no fault of their own have lost their jobs, and soon, their hope. What kind of Nation are we? And what kind of Nation will we become if we do not pass this rule and pass essential health care legislation that we need?

This bill will save lives, and it will save jobs by putting patients first, and guaranteeing that Medicare will be there when we need it.

No longer will a child's illness cause their family to go broke and lose their home. Senior citizens will benefit by gaining access to prevention services with no copayments, no deductibles.

This is going to be our time, and I would encourage all of us to stop pointing fingers and start joining hands. Pass this essential legislation and save our Nation.

Today, in the House of Representatives, we will answer two essential questions: What kind of Nation are we? and Whose side are you on?

What kind of nation—would deny 32 million citizens access to health care? What kind of nation—would allow a child's illness or accident to cause families to go broke and lose their home?

What kind of nation—would turn its back on neighbors who are in need? Our senior citizens, our children and millions of unemployed workers who through no fault of their own have lost their jobs and need our help right here and right now?

And what kind of nation will we become if we do not take this positive step forward today? This bill saves lives and jobs by putting patients first, strengthening Medicare, and finally guaranteeing access to affordable care for all of us.

No longer will a child's illness cause their family to go bankrupt and lose their home.

Senior citizens will see a stronger and better Medicare as we begin to close the prescription drug program's donut hole.

Small business owners will soon be able to buy health insurance for their employees at the same discounts big corporations do.

We are beginning to fix what is broken in our heath care system and improve on what we already have, at a price we can all afford to pay, for this bill is paid for and it reduces our national deficit by 1.2 trillion dollars over time.

Today, in the house of Representatives, we must take a positive step forward and finally bring an end to all discrimination against any citizen because of the way they were born or the illness they may have.

Today, people across America want to know whose side are you on? Are you sitting in the boardroom of a Wall Street run health insurance corporation? Or standing with your feet on the factory floor, prepared today to stand up for the best interests of your neighbors, by putting patients first?

Well, I am standing up for my patients and will vote yes on this bill, because it saves lives and jobs and begins to push insurance companies out of my patient's examination room.

There is much work yet to do to clean up the economic mess we have inherited. So, let's stop pointing fingers and start joining hands and work together to build a better nation. Join me. Let's take this positive step forward today. Join me in this effort and we will finally begin to guarantee access to affordable care for all of us—for my patients cannot hold their breath any longer.

Ms. SLAUGHTER. Mr. Speaker, let me yield 45 seconds to the gentleman from Pennsylvania (Mr. FATTAH).

Mr. FATTAH. Mr. Speaker, I rise to thank the chairwoman and in support of the rule. This Easter season, we are reminded again that if we can just hold on past Friday, Sunday will come. Americans have been holding on for over 100 years. We have seen bankruptcies, we have seen needless deaths. We have seen families denied insurance and children denied needed health care, but Sunday has come. This majority and this House is going to rise to the occasion. We will beat back this point of order, but much more importantly, we are going to beat these insurance companies and give the American public a health insurance reform bill that we all can be proud of.

Mr. RYAN of Wisconsin. Mr. Speaker, we can do better. It doesn't have to be

this way. This is not democracy. This is not good government. One of the cornerstone principles of this Nation that the Founders created is the principle that we govern by consent of the governed. That principle is being turned on its head here today.

More to the point, the shame of all of this is we have been offering constructive solutions from the very beginning. We have asked you to work with us on a bipartisan basis, step by step, piece by piece, work on the uninsured, work on preexisting conditions, work on costs, work on prices, work on the deficit. All along the other side said ''no,'' we are doing it our way, one-party rule.

This bill clearly violates the House rules. We shouldn't be waiving our own rules and imposing these costly mandates. We are going to hear many emotional appeals today. Let me tell you a little bit about my own. I have the best mother-in-law a man could ever ask for. She is 5 years facing stage 3 ovarian cancer, and she is still fighting it because of a drug called Avastin that is keeping her alive. Well, if she was a British citizen, she wouldn't have it because they deny this drug to their cancer patients. We are setting up the identical same bureaucracies they have there here.

This bill explodes the deficit, it explodes the debt, and the only way to fix it is to put that kind of rationing in place. That is not what our government should be doing. This bill is a fiscal Frankenstein. It is a government takeover. It is not democratic.

Mr. Speaker, my colleagues, it is not too late to get it right. Let's start over, let's defeat this bill.

I yield back the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I want to urge my colleagues to vote ''yes'' on this motion to consider so we can debate and pass the important legislation today.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is, Will the House now consider the resolution?

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. RYAN of Wisconsin. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 228, nays 195, not voting 7, as follows:

[Roll No. 159]

YEAS—228

Ackerman
Altmire
Andrews
Baca
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Kosmas
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—195

Aderholt
Adler (NJ)
Akin
Alexander
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Edwards (TX)
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hoekstra
Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marshall
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—7

Davis (AL)
Davis (TN)
Gutierrez
Klein (FL)
Marchant
Rogers (AL)
Schakowsky

□ 1503

Ms. HARMAN, Messrs. ISRAEL, CHANDLER, and Mrs. McCARTHY of New York changed their vote from ''nay'' to ''yea.''

So the question of consideration was decided in the affirmative.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

POINT OF ORDER

Mr. ISSA. Mr. Speaker, I rise to a point of order.

The SPEAKER pro tempore. The gentleman will state his point of order.

Mr. ISSA. Mr. Speaker, I make a point of order against consideration of the resolution. The resolution violates clause 9 of rule XXI by waiving that rule against consideration of H.R. 4872.

The SPEAKER pro tempore. The gentleman from California makes a point of order that the resolution violates clause 9(c) of rule XXI.

Under clause 9(c) of rule XXI, the gentleman from California and a Member opposed each will control 10 minutes of debate on the question of consideration.

Following that debate, the Chair will put the question of consideration.

The Chair recognizes the gentleman from California.

Mr. ISSA. Mr. Speaker, my point of order is quite simple. In the last 2 weeks, both the House Republicans and the House Democrats have passed sweeping anti-earmark resolutions. Moreover, the leadership of the House has said that they will ensure that earmarks are in the past. But, Mr. Speaker, this legislation is filled with earmarks, not the least of which is the Louisiana purchase, not the least of which is the Bismark provision. Mr. Speaker, the amount of earmarks violating both Republican and Democratic House rules against earmarks is beyond the counting of any of us. My

point of order is intended to stop the bill until earmarks can be removed from the bill.

I might note, Mr. Speaker, last night until late at night, for more than 13 hours, Republicans offered 80 amendments, many of which could have fixed portions of this bill. None—I repeat, Mr. Speaker, none—were ruled in order.

Mr. Speaker, I make a point of order that an earmark is tantamount to a bribe. An earmark to receive a vote is clearly a way to get a vote in return for something of value.

Mr. Speaker, this legislation is a vast tax increase and a vast increase in the reach of government. It deserves to be considered on its merits, not based on promises and bribes for financial gain to various Members' districts. Therefore, it is clear we must remove all earmarks before this legislation can move forward.

I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I rise in opposition to the point of order.

The SPEAKER pro tempore (Mr. JACKSON of Illinois). The gentlewoman from New York is recognized for 10 minutes.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume.

My friends on the other side of the aisle are attempting to use a purely technical violation of the earmark identification rule to try and block the House from even considering the rule and the underlying legislation. In fact, the Budget Committee did include an earmark statement in their committee report.

However, a minor technical error in that statement made the legislation subject to a point of order. The Budget Committee has since filed two clarifying earmark statements in the CONGRESSIONAL RECORD. Clearly these statements, as well as the initial statement in the committee report, should show that it does not violate the spirit of the earmark rule. I have copies of these statements for any Members who need clarification.

The rule and the underlying legislation deserve to be debated on the merits, not stopped by purely procedural motions. I urge my colleagues to vote ''yes'' so we can consider this important legislation, so important to the American people. Let's not waste any more time.

I reserve the balance of my time.

Mr. ISSA. Mr. Speaker, I am flabbergasted. Perhaps the gentlelady from New York could tell me, does that mean that under the rule that the Louisiana purchase, the Cornhusker kickback, the Gator aid, and the Bismark bank job will be somehow removed from the legislation after its passage?

Ms. SLAUGHTER. I am happy to tell you that. The final bill will not have State-specific provisions. The provisions that are in apply to multiple States, and a provision in the education portion of the reconciliation bill regarding State-owned banks is being struck by the manager's amendment.

Mr. ISSA. Reclaiming my time, I'm going to simply state for the record that our reading is that all of these will go to the President in the bill. And, of course, if by some miracle a bribe for one becomes a bribe for many States, somehow I don't think the American people will find that particularly a happy day for anyone, except perhaps the few States who receive for a short time a special consideration.

With that, I yield 1 minute to the gentleman from Arizona (Mr. FLAKE).

Mr. FLAKE. I thank the gentleman for yielding.

We're all aware of the special provisions or earmarks in the bill: the Cornhusker kickback, the Louisiana purchase, the Gator aid. These earmarks, though, apart from the role they played in greasing the skids for this bill, are probably the least offensive part of the legislation.

We desperately need health care reform, reform that lowers costs and improves quality through competition and market discipline. But such measures, such as allowing the purchase of health care across State lines and allowing individuals to purchase insurance with pre-tax dollars, are absent from the bill. Instead, the bill contains increases in taxes, mandates and bureaucracy that will only serve to further shield the health care industry from true competition—competition that is so desperately needed.

Mr. Speaker, without this bill, the fiscal challenges that we face are incredibly steep. With this bill, they are almost insurmountable.

There will come a day that the piper will have to be paid. We have shown ourselves unwilling to fess up to the challenges today. We can only hope that those elected this November and in the years to come will show more courage than we've shown today.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. I thank the chairwoman of the Rules Committee, Ms. SLAUGHTER, for yielding the time.

We're going to fight through these dilatory tactics today and side with the American people and side with families all across this great country. For families that have health insurance, the insurance companies will no longer be able to cancel your coverage if you get sick. And if you switch jobs, the insurance companies will not be able to bar you from coverage just because you have a preexisting condition, like asthma or diabetes or some other disease happens to run in your family.

As for our parents and our grandparents and our neighbors who rely on Medicare, Medicare will get stronger. Not one benefit will be cut. Not one. Despite the scare tactics from the other side of the aisle, Medicare will be stronger; the prescription drug coverage will improve.

We're going to focus on prevention because prevention works, it saves lives, and it saves money. We're going to pay doctors that serve Medicare patients more money so that Medicare patients can keep their doctor and we can keep those smart doctors that serve Medicare patients working for all of us.

And for small business owners and families that do not have affordable health coverage today, we're going to create a new shopping exchange where they can compare plans in a transparent way and also provide new tax credits for small business owners and families all across America.

Yes, we're going to side with American families today because we're not just Members of Congress, we're daughters and sons and parents. We're grandchildren. And once and for all, we're going to ensure that all families all across America have what Members of Congress have. We're going to side with families against the insurance companies, fight through these dilatory tactics, and pass this historic landmark legislation.

Mr. ISSA. Mr. Speaker, I would like to yield 45 seconds to the gentleman from Texas (Mr. POE).

Mr. POE of Texas. This bill has special deals for special folks. The Louisiana purchase, a special deal for Florida, a special deal for two States in New England, and a special deal for Connecticut. And as much as my friends like to rail on the insurance companies, they give a special deal to Michigan Blue Cross so that they don't have to get the new tax increases. Why is that? Because it's special deals for special folks.

This bill is unconstitutional. The Texas State Attorney General plus 30 other Attorneys General will sue the Federal Government if this bill passes because of special deals for special folks.

Also, this bill is unconstitutional because it forces the American people to buy a product. Nowhere in the Constitution does the Federal Government have the authority to force you to buy anything, whether it's insurance, a car, or a box of doughnuts.

□ 1515

Mr. ISSA. Mr. Speaker, the ranking member needs 15 seconds to enter into a colloquy. I would yield the gentleman from California 15 seconds for a question.

Mr. DREIER. Mr. Speaker, I would like to engage in a colloquy, if I might, with my distinguished committee Chair if that's possible, if she would do that.

Ms. SLAUGHTER. If we can use your time.

Mr. DREIER. If we can use my 15 seconds, Madam Chair?

Ms. SLAUGHTER. Yes.

Mr. DREIER. Well, let me just say that the one thing that we are guaranteed, and please tell me if I am wrong, the one thing that we are guaranteed is that the Senate bill, under the rule that has been crafted by the Rules

Committee, is the only thing that if it passes today we know will become public law; is that correct?

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

Mr. ISSA. I would yield the gentleman an additional 10 seconds.

Mr. DREIER. Is that correct, Madam Chair?

Ms. SLAUGHTER. I am sorry, I couldn't hear.

Mr. DREIER. Under the rule that was crafted and reported out by the Rules Committee just before midnight last night, is it not true that the only thing that we are guaranteed to have become public law at the end of this day, if the votes are there, is, in fact, the Senate bill?

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

Ms. SLAUGHTER. Mr. Speaker, I am happy to yield 1 minute to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. Mr. Speaker, I spent 6 years in the Catholic seminary studying to be a priest and have always been pro-life. I will be 81 years old this September. Certainly at this stage of my life I am not going to change my mind and support abortion. I am not going to jeopardize my eternal salvation.

I sought counsel from my priest, advice from my family, friends and constituents and I have read the Senate abortion prohibition more than a dozen times. I am convinced that the original prohibition of the Hyde amendment is in the Senate bill. No Federal funds can be used for abortion except in the case of rape, incest and to save the life of the mother.

I am a pro-life Member, both for the born and the unborn.

PARLIAMENTARY INQUIRIES

Mr. TIAHRT. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from Kansas will state his parliamentary inquiry.

Mr. TIAHRT. Mr. Speaker, it was my understanding that the chairwoman of the Rules Committee just said that if the language in the Senate bill that was referred to by the gentleman from California is going to be changed, would that not mean that the Senate bill would have to go back to the Senate for further action in that body?

Mr. Speaker, in order to keep the American public informed, let me restate this so that you can understand.

Is it true that if the actions to overcome the Cornhusker compromise, the Louisiana purchase and those special provisions that have been designated in the Senate bill are changed, as was assured by the chairwoman of the Rules Committee, then would not that bill have to go back to the Senate for further action?

The SPEAKER pro tempore. The Chair will not interpret the meaning of the pending resolution.

Mr. TIAHRT. Further inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. TIAHRT. Mr. Speaker, I am asking a question that if a bill is changed, does it not have to go back to the other body for further action, because the gentlewoman from New York has assured the gentleman from California that his concerns about specific sections that were used to get specific votes is going to be changed by the manager's amendment. Would that not then change the underlying Senate bill, which would then have to go back to the other body for further action? Is that not true?

The SPEAKER pro tempore. The Chair will not interpret the meaning of the pending resolution. That is a matter for debate by Members.

Mr. TIAHRT. Mr. Speaker, I am a little confused, then. Perhaps you could, in a parliamentary inquiry, explain to me that if a bill is changed once it comes from the other body, does it not have to return to that body for further action?

The SPEAKER pro tempore. The Chair will not respond to another Member's characterization in debate of what the bill's effect is.

Mr. ISSA. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from California will state his inquiry.

Mr. ISSA. Under the rules of the House, if the House is not in order, as it was not when the gentlelady from New York said she could not hear the question, wouldn't the time not tally until the House is in order, thus allowing for her to get the question and be able to answer, something that we were denied, even though we gave 25 seconds for that process?

The SPEAKER pro tempore. The Chair recognized the gentleman from California for 10 seconds. The gentleman's time expired before the gentleman completed his question. The gentlewoman does not have the right to request time that she does not control.

Mr. ISSA. Further parliamentary inquiry.

If you recall, Mr. Speaker, I yielded 15 seconds and then an additional 10 seconds, and the gentlelady from New York repeated that she could not hear the question.

In fairness to the tally of the time, how can that time run when she could not hear? And wouldn't we be entitled to at least the time lost in debate because the House was not in order and she could not hear?

The SPEAKER pro tempore. The Chair may stop the clock while obtaining order. However, the Chair recognizes and acknowledges that in the 15 seconds that was first allotted to the gentleman from California, he had not completed his question.

In the 10 seconds that was subsequently lent to the gentleman from California, he still did not finish his question, and at no point in time did any Member suggest that they needed order from those who controlled the time, which was the gentleman from California.

Mr. TIAHRT. Parliamentary inquiry, Mr. Speaker.

Was not the gentleman from California yielded another 10 seconds, and he did not get to use it?

The SPEAKER pro tempore. The Chair is monitoring all time that is being used.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. I want to thank the gentlewoman for yielding and for her wonderful bold leadership. Today we will pass the historic vote to improve the health and wellness of millions of Americans who suffer because they are uninsured or underinsured and because of massive gaps in the Nation's health care system.

I just want to say on behalf of the Congressional Black Caucus, we have to thank Congresswoman DONNA CHRISTENSEN and our health task force, Congressman DANNY DAVIS, Congresswoman DONNA EDWARDS, Chairman RANGEL, Congressman CONYERS, our majority whip, Mr. CLYBURN, for their very stellar leadership.

We all cast our vote for all of the people who deserve health care but simply cannot afford it. We cast our vote for senior citizens who will see their prescription drug costs go down. We cast our vote for all of those who have no health care and end up in emergency rooms, and we cast our vote for our children and our grandchildren so that they will live longer and healthier lives. And we cast our vote in memory of those people who didn't have preventive health care and died prematurely.

Health care will finally become a right for all.

Mr. ISSA. Mr. Speaker, I yield 1½ minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, for those of us who recognize abortion as violence against children and the exploitation of women, nothing less than a comprehensive prohibition of public funding of elective abortion satisfies the demands of social justice.

Regrettably, the language that emerged from the Senate is weak, duplicitous and ineffective, not by accident but by design. It will open up the floodgates of public funding for abortion in a myriad of programs resulting in more dead babies and more wounded mothers.

For the first time ever, the Senate-passed bill permits health care insurance plans and policies, funded with tax credits, to pay for abortion, so long as the issuer of the federally subsidized plan collects a new congressionally mandated fee—an abortion surtax—from every enrollee in the plan to pay for other people's abortions.

The Senate-passed bill creates a new community health center fund. Hyde amendment protection do not apply. Therefore, either the Obama administration or a court is likely to compel

funding there as well. Also, the bill creates a huge, new program administered by OPM that would manage two or more new multistate or regional health plans.

The legislation says that only one of those multistate plans not pay for abortion, which begs the question, what about the other multistate plans administered by OPM? Why are those federally administrated plans with federally mandated fees permitted to include abortion—this represents a radical departure from current policy.

Abortion isn't health care, Mr. Speaker. It is not preventive health care.

We live in an age of ultrasound imaging, the ultimate window to the womb and its occupant. We are in the midst of a fetal healthcare revolution, an explosion of benign, innovative interventions designed to diagnose, treat and cure illnesses or diseases any unborn child may be suffering.

Let's protect the unborn child and their mother. Obamacare, unfortunately, is the biggest increase in abortion funding ever.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 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, tonight we cast a vote to address one of our Nation's greatest unsolved challenges, and that is solving our Nation's health care crisis.

This Congress is being given a once-in-a-lifetime opportunity to fix a broken health care system that has left millions of families without the coverage and care that they deserve or are struggling to keep the health care coverage that they do have. If we seize this opportunity tonight, we can ensure that tomorrow a working mom in West Warwick, Rhode Island, will wake up knowing that she can afford her family's health care coverage. A dad in Providence will wake up knowing he can take his daughter to the doctor when she gets sick. A small business owner in Westerly will be able to wake up knowing he can finally give his employees the coverage that he has always intended, and a cancer survivor in Narragansett will wake up knowing she won't be denied coverage because of a preexisting condition or lose her insurance because of a lifetime cap.

Mr. Speaker, after an injury left me paralyzed almost 30 years ago, members of my community rallied behind me and my family at a time that I needed it the most. It's that time in my life that inspired me to go into public service so that I could give back to a community that gave me so much at a time when I needed it the most.

Tonight I know that with all of my being I am fulfilling that promise, and I urge my colleagues to do the same by supporting this important piece of legislation and finally give America the kind of health care coverage that it deserves.

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

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. CHU).

Ms. CHU. Health care reform will make life better for your son, your daughter, your mother, your father and the people you see every day. It certainly would have made life better for Eric, a young man on my staff.

Eric was only 22 years old when he was diagnosed with cancer of the lymph node. He went through 2 years of chemotherapy on his father's health insurance. They paid thousands of dollars in copays and traveled hundreds of miles to find lower cost care, but at least they had insurance.

The crisis came when he reached the age of 24 and was going to be kicked off his parents' insurance. He tried to buy insurance but was denied because of a preexisting condition.

Thank goodness he got a job with us. But with health care reform he wouldn't have had to fear for his young life, because children will be covered up until their 27th birthday.

With health care reform, we have a chance to save lives. For the sake of young people like Eric, we must pass health care reform.

□ 1530

Mr. ISSA. Mr. Speaker, can I inquire as to how much time each side has remaining?

The SPEAKER pro tempore. The gentleman from California has 2½ minutes. The gentlewoman from New York has 2¼ minutes.

Mr. ISSA. Mr. Speaker, I yield 45 seconds to the gentleman from Wisconsin (Mr. SENSENBRENNER).

Mr. SENSENBRENNER. Mr. Speaker, the gentleman from New Jersey (Mr. SMITH) is right on. This bill expands abortion funding to the greatest extent in history.

I have heard that the President is contemplating issuing an Executive order to try to limit this. Members should not be fooled. Executive orders cannot override the clear intent of a statute.

Secondly, yesterday everybody in this House voted in favor of the TRICARE bill, which preserved the DOD's right to administer this program. If an Executive order moves the abortion funding in this bill away from where it is now, it will be struck down as unconstitutional because Executive orders cannot constitutionally do that.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. SCOTT).

Mr. SCOTT of Georgia. Mr. Speaker, it is very significant that we are having this debate on Sunday, the Lord's day, because this is the day of faith, and we are going to have to step forward on faith and courage.

There are many people out here who have been warning and threatening us as to, if we vote on this bill, what will happen to us in the November elections. Well, that is not the question. The question is not what will happen to us in November. The question is, what will happen to the American people if we do not vote on this bill? That is why we have got to step out on faith, we have got to step out on courage. The American people are expecting it.

Each and every one of us was elected here for some great purpose at some great time. Well, that great purpose is for health care for all the American people, and the time is now. Vote ''yes'' for this bill and make America proud.

PARLIAMENTARY INQUIRY

Mr. ISSA. Mr. Speaker, point of inquiry.

Did I just hear an allegation of a threat? Would that be a threat against an action on Members of Congress? Is that in fact an allegation that we should consider at this time, since that's what I think I heard, that Members were being threatened?

The SPEAKER pro tempore. It is not the role of the Chair to characterize remarks used in debate.

Mr. ISSA. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. DREIER).

Mr. DREIER. Mr. Speaker, I would like to engage in a colloquy with the distinguished Chair of the Committee on Rules and ask the question as follows:

Is it not true that the only thing that we know with absolute certainty, if in fact it passes, is that the Senate bill will become public law?

We have heard all about this reconciliation package, and the gentlewoman seems to be certain of its passage. But is it not true that this rule guarantees that the only thing that will be law for sure is the Senate bill, which has the Cornhusker kickback, the Louisiana purchase, and those other items?

Ms. SLAUGHTER. Mr. DREIER, it is absolutely true that the Senate bill does contain those things. It has already been passed and requires no further action in the Senate.

What we will do today is pass the bill, which will then be sent to the President and become law. We will this afternoon pass the reconciliation——

Mr. DREIER. I would like to reclaim my time.

Ms. SLAUGHTER. Please let me answer.

The SPEAKER pro tempore. The gentleman from California controls the time.

Mr. DREIER. Mr. Speaker, we now know with absolute certainty that the only thing——

Ms. SLAUGHTER. No, you don't.

Mr. DREIER. That we are guaranteed——

Ms. SLAUGHTER. You don't know that.

The SPEAKER pro tempore. The gentlewoman from New York will suspend.

The gentleman from California controls the time.

Mr. DREIER. Mr. Speaker, I encourage everyone to read the rule. Because

the only thing that we are guaranteed upon its passage is that the Senate bill, with the Cornhusker kickback, Gator aid, Louisiana purchase, and all in fact becomes public law.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 1 minute.

Yes, the Senate bill will become law today, followed by the reconciliation bill which contains the amendments to the law, which contains what everybody here wants us to take out. The best way that they can achieve their ends of removing the things that are objectionable from the Senate bill is to support reconciliation. And let's see if you can do it.

I reserve the balance of my time.

PARLIAMENTARY INQUIRIES

Mr. ISSA. Mr. Speaker, point of parliamentary inquiry.

Is it not against the rules of the House to urge an action in the Senate, such as voting for or assisting in reconciliation?

The SPEAKER pro tempore. References to the Senate are in order as long as they avoid personalities.

Mr. ISSA. Mr. Speaker, further parliamentary inquiry.

It is now acceptable to lobby the Senate from the House floor in any and all conduct and questions?

The SPEAKER pro tempore. Remarks must be addressed to the Chair, but remarks regarding the Senate are not necessarily out of order.

Mr. ISSA. I thank the Speaker, and I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I did not address the Senate. I want that to be clearly on the record.

I yield 30 seconds to the gentlewoman from the Virgin Islands, Dr. CHRISTENSEN.

Mrs. CHRISTENSEN. Mr. Speaker, as a physician and chair of Health for the Congressional Black Caucus, someone who has worked long to bring quality health care to the underserved in country and inclusion for the Virgin Islands and other territories, I thank our President and House leadership for the commitment and determination that has brought us to the brink of this great victory, not just for some, but for all of the people of this great country.

Today we will make insurance accessible and affordable to 32 million Americans, begin to eliminate health disparities, provide our children what they need to reach their full potential, and ensure that our seniors and disabled have the care they need.

So let's get on with the rule and to voting ''yes'' on this bill, not just for a healthy America, but for a better America.

Mr. ISSA. Mr. Speaker, could I inquire as to how much time each side has remaining?

The SPEAKER pro tempore. The gentleman from California has 45 seconds remaining. The gentlewoman from New York has 15 seconds remaining.

Mr. ISSA. Mr. Speaker, I will continue to reserve the balance of my time.

Ms. SLAUGHTER. I reserve the right to close, and I will reserve the balance of my time unless it is given up on the other side.

The SPEAKER pro tempore. The gentlewoman from New York has the right to close.

Mr. ISSA. Mr. Speaker, I wanted to inquire as to whether the gentlelady had any additional speakers, other than the right to close.

Ms. SLAUGHTER. Mr. Speaker, I do not.

Mr. ISSA. Mr. Speaker, at this time I would like to yield 30 seconds to the gentleman from Georgia (Mr. KINGSTON) to give his view of the Louisiana kickback and purchase.

Mr. KINGSTON. I thank the gentleman for yielding.

I have to ask my friends who have spoken before me: If the bill is as good as you say it is, why are any of these bribes in the bill to begin with?

The President said, January 25, ''It is an ugly process, and it looks like there are a bunch of backroom deals.''

And here is something that does not come out in the reconciliation process: $7.5 million to Hawaii, page 2,132. Libby, Montana 2,222, something about biohazard. Frontier States, $2 billion, page 2,238. And it goes on. The Louisiana purchase. None of this comes out in reconciliation.

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

Mr. ISSA. Mr. Speaker, I regret that I have but 15 more seconds to give to my colleague.

Mr. KINGSTON. I thank the gentleman. And I know my friends on this side of the aisle feel just the same way. Not one of those things comes out in the reconciliation process.

My question is, if the bill is so good, where has the transparency been? Why all the backroom deals? Why this week alone has the President had 64 calls and visits to the White House to twist arms? Why the sweeteners?

You know the bill is not as good as advertised. Vote ''no.'' Let's work for a bipartisan bill.

PARLIAMENTARY INQUIRY

Mr. TIAHRT. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from Kansas will state his parliamentary inquiry.

Mr. TIAHRT. Mr. Speaker, it was the assumption of the body here that all the earmarks that were contained in the Senate bill would be taken care of in the reconciliation bill. If it is true that they are not all taken into consideration for, do the earmark rules then apply to the rest of the bill?

The SPEAKER pro tempore. Will the gentleman restate his parliamentary inquiry.

Mr. TIAHRT. Yes, Mr. Speaker, I would be glad to.

It was the impression given the Members and the people of the United States that the reconciliation bill would take care of all the earmarks in the Senate bill. However, we now know that there are earmarks in the Senate bill that are not being taken care of. So do not the House rules on earmarks apply to the remainder of the Senate bill?

The SPEAKER pro tempore. The Chair will make a brief statement about the process of entertaining parliamentary inquiries.

Recognition for parliamentary inquiries is a matter committed to the discretion of the Chair. In exercising that discretion, the Chair endeavors to apply ordinary jurisprudential principles. A parliamentary inquiry should relate in some practical sense to the pending proceedings. It should not seek an advisory opinion. The Chair declines to respond to hypothetical questions, to questions not yet presented, and to requests to place pending proceedings in historical context.

Members should not expect to engage the Chair in argument. A Member seeking to make a point on the merits of an issue—whether it is one of policy or one of process—may do so by engaging in debate. But a Member should not expect to have the presiding officer affirm or validate such a point.

The Chair appreciates the understanding of Members.

With that said, the time of the gentleman from California has expired.

The gentlewoman from New York is recognized.

Mr. TIAHRT. Mr. Speaker, I am asking for an inquiry on the House rules. Do the House rules apply or not?

The SPEAKER pro tempore. The gentlewoman from New York has been recognized.

Mr. TIAHRT. Mr. Speaker, is it not the purpose of your role to make sure that the rules of the House are incorporated into our discussions?

The SPEAKER pro tempore. The gentlewoman from New York has been recognized.

Ms. SLAUGHTER. Mr. Speaker, again I want to urge my colleagues to vote ''yes'' on this motion to consider so that we may debate and pass this important legislation today.

Mr. Speaker, I am certain that I heard you say that the gentleman's time has expired. Is that not correct?

The SPEAKER pro tempore. The time of the gentlewoman has expired as well.

Mr. ISSA. Mr. Speaker, a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will suspend.

In response to the earlier inquiry from the gentleman from Kansas, the Chair will state that the rules are being applied. The point of order under clause 9(c) of rule XXI was made and was being debated.

All time has expired.

Mr. TIAHRT. Mr. Speaker, clarification of the point of order.

The SPEAKER pro tempore. The gentleman from Kansas.

Mr. TIAHRT. Is it my understanding that you said that the rules will apply to the Senate bill on earmarks that

were not covered by the reconciliation bill?

The SPEAKER pro tempore. The point of order was raised against the pending resolution. The point of order was debated. And now . . .

The question is, Will the House now consider the resolution?

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. ISSA. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 230, nays 200, not voting 0, as follows:

[Roll No. 160]

YEAS—230

Ackerman
Altmire
Andrews
Baca
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
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Waxman
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Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—200

Aderholt
Adler (NJ)
Akin
Alexander
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (AL)
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Edwards (TX)
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hoekstra
Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lipinski
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marshall
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1606

Ms. GINNY BROWN-WAITE of Florida changed her vote from ''yea'' to ''nay.''

So the question of consideration was decided in the affirmative.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The gentlewoman from New York is recognized for 1 hour.

Ms. SLAUGHTER. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from California (Mr. DREIER), and all time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Ms. SLAUGHTER. I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and insert extraneous material into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. SLAUGHTER. Mr. Speaker, these have been solemn days and not just because of the important legislation before us. Yesterday just steps away from where we are now standing, a group of protesters engaged in dangerous and derogatory behavior toward four of our Members. I believe the attacks yesterday were a step back for this country, a stark reminder of where we used to be and a reminder of how much further we must travel to fulfill the promise of equality.

It was only 2 weeks ago that my colleague from Georgia, JOHN LEWIS, marked the 45th anniversary of Bloody Sunday in Selma, Alabama, and yet this civil rights icon was accosted yesterday while walking here to cast a vote. The use of racist, homophobic and inflammatory rhetoric and reports that the protesters who were gathered on our east terrace plaza attempted to spit on a Member of Congress is heartbreaking. This type of display should alarm every American and encourage us to work harder to put aside the hateful divisions and to come together to bridge the volatile spirit that is tearing apart our country.

The anger isn't just contained outside the Capitol. Last week someone hurled a brick through the window of my district office in the dark of night. We must step back to remind ourselves of why we are here.

I would like to show an incredible document given to me this week by the National Archives from the collection of Franklin Delano Roosevelt's original records. As the father of Social Security, Roosevelt has an honored place in this battle to create a national insurance plan for our country. This message, dated January 23, 1939, over 70 years ago, entitled, ''To the United States Congress of the United States,'' talks plainly about the need of this government to provide health care for its citizens. It was recognized at the time that a comprehensive health care program was required as an essential link to our national defenses against individual and social insecurity. Roosevelt wrote: ''The health of the people is a public concern; ill health is a major cause of major suffering, economic loss and dependency; good health is essential to the security and progress of the Nation.''

I would like to read directly because I think the familiarity is overwhelming: ''I have been concerned by the evidence of inequalities that exist among the States as to personnel and facilities for health services. There are

equally serious inequalities of resources, medical facilities and services in different sections and among different economic groups. These inequalities create handicaps for parts of the country and the groups of our people which most sorely need the benefits of modern medical science.

''The objective of a national health program is to make available in all parts of our country and for all groups of our people the scientific knowledge and skill at our command to prevent and care for sickness and disability; to safeguard mothers, infants and children; and to offset through social insurance the loss of earnings among workers who are temporarily or permanently disabled.''

I will tell you, Mr. Speaker, that reading from that piece of paper with his hand notes scribbled on it absolutely takes my breath away, but it is a reminder that eyes of history are watching us. Future generations will look at what we do today, and it will be a guidepost to who we were as a people.

The effort to reform the health care system goes back to at least Theodore Roosevelt, that great President who campaigned in 1912 by promising: ''We pledge ourselves to work increasingly in State and Nation for protection of home life against the hazards of sickness.''

Still later, Harry Truman tackled reforms, as did President Clinton, during the nineties, a battle that I was here for. Before that, the last broad legislative rewrite was led by President Richard Nixon. It's remarkable to me that even after all these years, our final bill may end up being less progressive than the plan that Nixon would have supported, yet still the forces of the other side whip up opposition.

I want to share a story I heard from a constituent in Buffalo. I will be very brief because these heartbreaking stories are nationwide. But it is about a young man who moved from New York to California. In California, his insurance only allowed him to visit the emergency room for seizures. When he got to New York, his insurance did not cover that at all except in New York City, so his father has to drive him back and forth from Buffalo to New York City. And he said, We are slowly going poor.

Our bill covers an estimated 32 million Americans in a fiscally responsible way that improves Medicare benefits, holds insurance companies accountable, and helps small business owners with coverage. We are finally gaining ground against insurance special interests. Small businesses, the backbone of our economy will get tax credits if they make health care coverage available for their workers. We offer free preventive care for people on Medicare. We help people who have retired at 55, 10 years before they are eligible for Medicare. And we ban the lifetime and yearly limit on coverage.

All of these provisions have the potential to transform the way that we deliver health care in the country. The fight has been long and contentious, and the public has been grievously and purposefully lied to. This week the Congressional Budget Office, which is nonpartisan and objective and unbiased, estimates that we will cut the deficit by $143 billion over the next 10 years and $1.2 trillion over the following 10. What do our opponents say? That we can't afford this legislation. The fact of the matter is we can't not afford to do this legislation. For the 100 years we've worked toward this goal and all the obstacles, we are here today to do our job. And Harry Truman said, ''If you can't stand the heat, get out of the kitchen.''

Well, I consider the Rules Committee as the kitchen of the of House of Representatives, and I am proud to be the cook. And I am proud to stand up and say that this bill is the right thing to do, and the time to act is now. I am delighted to vote ''yes'' today.

I reserve the balance of my time.

□ 1615

Mr. DREIER. Mr. Speaker, I thank my good friend, the distinguished Chair of the Committee on Rules, for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

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

Mr. DREIER. Mr. Speaker, as the debate on how to reform our health care system has proceeded, a great deal of attention has been focused on how partisan and divided this House is. And I totally concur with the gentlewoman about the horror that took place here yesterday with the awful treatment of our colleagues. It is totally unacceptable.

I will say I am certainly one of those who has lamented the loss of bipartisan cooperation and substantive debate on the most important issues confronting our country. But I think there is at least one thing that we all will agree on, and that is the fact that the measure before us will have enormous repercussions for the American people for years to come.

For many of us, the votes that we are to cast today will be among the most significant that we have ever cast. Health care represents one-sixth of our Nation's economy. That fact alone makes any health care overhaul a tremendously important issue. But it is a lot more personal than that. The care that families receive, the choices that are available and the quality of those choices, these issues couldn't be more important. For many at some point in their lives, access to quality health care will become literally a matter of life or death.

Now we just heard a story from the distinguished chairwoman of the Committee on Rules, and we will hear story after story of tragedies, and we all have them that our constituents face. We must all recognize what a sobering and weighty matter lies before us today, which is why this utterly ill-conceived bill is so dangerous and is such an unfortunate, missed opportunity for a good bipartisan conclusion.

In addition to the divisiveness surrounding this measure, a great deal of attention has also been focused on the process by which this has been brought to the floor. Speaker PELOSI has argued that the American people care far more about the final product than the process by which it is considered. Now in a warped and bizarre way, Mr. Speaker, she is absolutely right. As egregious as this process has been, the American people will suffer the consequences of the substance of the bill in an even more significant and lasting way. As much as the public was outraged by procedural tactics to avoid a transparent vote on the Senate health care bill, the greatest outrage has always been reserved for the bill itself.

This is not a bill that will increase access to care or improve its quality. It will not rein in costs.

What it will do is add an enormous amount of new government bureaucracy to our existing system. It will spend $1 trillion at a time when our deficit is already $1.4 trillion, and our total national debt exceeds $12 trillion. It will cripple the small businesses that are already struggling in this economy and will further drive up unemployment. It will exponentially increase the waste and the potential for fraud and abuse that drive up costs while reducing access and quality. It will undoubtedly gut Medicare and potentially threaten the benefits and health care choices for nearly 11 million seniors enrolled in Medicare Advantage. It gives no guarantee to the more than 8 million Americans enrolled in health savings accounts that they will be able to keep their current coverage if they so choose. And it will implement all of the backroom deals that have so outraged the American people, and which we have discussed here today—Gator aid, the Louisiana purchase, the Cornhusker kickback, and the Bismarck bank job. As I said in my exchange with the distinguished chairwoman earlier, this is the only bill that has the potential of being the law of the land by the end of this day.

Mr. Speaker, this is a bad bill that grows even more unpopular every single day. But while Speaker PELOSI may be right that the substance of the bill will be remembered longer than the process, the process has been so tainted that we cannot simply gloss over it.

The Democratic leadership charged forward recklessly all of the past week or two with plans to try to avoid a transparent up-or-down vote on the Senate's health care bill despite enormous public outrage and harsh bipartisan criticism that came from their colleagues of the Democratic leadership. For days they ignored the demands of the American people to dispense with the Senate health care bill in an accountable way.

But when Democratic Members began demonstrating their outrage, the Democratic leadership had no choice; since the American people got it and understood what was taking place here, they had no choice but to abandon their plans.

The rule before us will allow for votes on two questions, Mr. Speaker: Will the Senate health care bill become law and will a second reconciliation bill be advanced to the Senate for further consideration. So again only one measure will become law. While the decision to actually hold a vote I have to admit is a welcome one, I hope very much that my colleagues will forgive my lack of exuberance over this development. I can't quite bring myself to congratulate the Democratic leadership for agreeing to uphold the democratic process and actually have a vote on their legislation.

It is a sad commentary on the state of our institution when simply holding a vote to make a hopelessly flawed bill the law of the land feels like progress. But that's the reality, unfortunately, of where we stand today. While the Democratic leadership, as we all know, had no choice but to agree to hold a vote on the Senate bill, they have still completely closed down the debate.

Yesterday we had a very rigorous debate in the Rules Committee, where countless concerns were raised. Mr. Speaker, none of those concerns will be voted on today. We went 13½ hours yesterday, yet none of those concerns will be addressed today.

While the debate over health care has gone on for over a year, today we will be voting on a reconciliation package that was only fully made available last night, violating the 72-hour requirement. Yes, we will be having an actual vote today. But without open debate, the opportunity for amendments, or the chance to fully analyze the legislation, we still do not have full transparency or accountability. What we do have the opportunity to do today is to answer two different questions: One, will the Senate health care bill become the law of the land? And will a separate reconciliation package be advanced to the Senate for further consideration?

Mr. Speaker, it is absolutely critical to emphasize this two-track process because the Democratic leadership would very much like, as we have seen from the exchanges earlier, muddle this crucial fact. If they prevail today, Mr. Speaker, the Senate bill and only the Senate bill will become public law. The Senate bill, with all of its backroom deals and serious problems that are widely recognized by all, that is the only thing that will become law.

The Democratic leadership has tried to claim that the reconciliation package will fix all of the problems in the Senate bill. That claim is far from accurate. The fundamental approach to health care reform put forth by the Senate bill, which is fatally flawed, will remain intact. Putting aside that hard truth for just a moment, the more immediate issue is that the reconciliation package will not become law today. It will merely be sent to our friends, our colleagues in the other body, where it will be slowly picked apart like everything else that is sent to the other body. Maybe the Senate will amend it and send it back here for further action, Mr. Speaker. Maybe it will fail to act at all. No matter what anyone says in this institution, Mr. Speaker, no one knows. No one has any idea what takes place those many, many miles away, it seems, down that hallway. The only thing that can be sent to the President for signature today is the Senate bill that virtually no one supports.

Let's cut through all of the misrepresentations and distortions. Passage of the underlying measures will ensure one thing and one thing only: enactment of the Senate bill. And I challenge anyone to take me on on that one. A vote for these measures today is a vote for all of those things that I mentioned: the Louisiana purchase; the Cornhusker kickback, which even Senator NELSON wants taken out; this Bismarck bank job; and the Gator aid. All of these things. It is a vote for new taxes and government bureaucracy. It is a vote for a trillion-dollar bill that does nothing to improve access or quality in our health care system.

Mr. Speaker, I urge my colleagues to reject this rule. The Democratic leadership has demonstrated that when they are left with no other option, they can be forced into doing the right thing. Mr. Speaker, let's start fresh and find the real solutions for the American people that are so critically needed.

I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), a member of the Rules Committee.

Mr. MCGOVERN. Mr. Speaker, this is a historic day for all of us in the House. We have the opportunity to enact real, meaningful health insurance reform that will improve the lives of millions of our fellow citizens. We can end the most abusive practices of the insurance companies. We can provide coverage to millions of hardworking families. We can bring down the cost of health care for families and small businesses. We can close the doughnut hole in Medicare and extend the solvency of that vital program, and we can pass the biggest deficit-reduction package in 25 years. All we need is the courage to do what is right.

Today is especially meaningful for those of us from Massachusetts. As we all know, 7 months ago our friend and mentor, Ted Kennedy, lost his battle with brain cancer. When he passed away, I said that while no one could ever fill his shoes, we can and we must follow in his footsteps, and that is exactly what we are doing today.

We have already taken important steps in Massachusetts to deal with the health care issue. And I am proud to say that my congressional district has the highest rate of coverage, over 97 percent, of any district in the country. And people back home often ask me, Why do we need to pass a Federal bill when we already have insurance here in our State? So I would like to talk for a moment about what reform means for Massachusetts: 75,000 additional middle class people will receive help to pay for their premiums; nearly 180,000 of our seniors will receive a 50 percent discount on their prescription drugs; 70,000 small businesses, the innovators and job creators, will receive credit to cover the cost of insuring their workers; our community health centers, our hospitals, our medical research centers, all will receive support to continue their great work; and we will no longer be forced to subsidize through higher premiums and higher Medicare and Medicaid costs the uncompensated care of people in other States who do not have health insurance.

If we want to create jobs, then passing this bill is absolutely essential. A few weeks ago, I talked to a small business owner in my district. Business has picked up lately, and he wanted to hire another employee, but then he got his health insurance bill and realized he couldn't afford it. He will just have to work harder and spend less time with his family. That is who this debate is all about. That is why today is so important.

I regret the fact that my Republican friends are not standing with us. I regret the fact that they deliberately try to obstruct this process. But you know what? The Republicans opposed Social Security. They opposed Medicare. They were on the wrong side of history then, and they are on the wrong side of history today. Senator Kennedy said that providing access to health care is ''a fundamental principle of justice and the character of our country.'' As usual, he was right; and today, in this House, the work goes on and the cause endures. I urge my colleagues to support this bill.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 2 minutes to my very hardworking Rules Committee colleague, the gentleman from Miami, Florida (Mr. LINCOLN DIAZ-BALART).

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I truly hope this massive bill is not passed by the House today. If it does become law, it will constitute a decisive step in the weakening of the United States. At precisely the time when we should be implementing necessary reforms to strengthen and save Medicare, for example, this legislation raids Medicare by more than $500 billion in order to pay for a new, massive entitlement.

□ 1630

At a time when it would still be possible to enact entitlement reforms to prevent a Greece-style fiscal catastrophe in the future, when genuinely

painful economic medicine will be needed, we are creating a massive new entitlement.

We could have avoided the social convulsion and profound pain that prolonged fiscal irresponsibility inevitably brings to nations, but this President and this Congressional majority went with dogma instead.

And when the time comes for the United States to have to face economic reality, and painful traumatic reforms are implemented by a future President and a future Congress, the U.S. military posture, our standard of living, the American middle class as we know it, those interconnected realities which have been so wonderful in characterizing modern America and which this President and this Congressional majority apparently seem to take for granted, those realities will be but historical memories.

This legislation is dishonest. It is irresponsible. It should be defeated.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. HASTINGS), a member of Rules.

Mr. HASTINGS of Florida. Thank you very much, my hero. You have done a magnificent job getting us to this point. I thank you for the time.

I also thank all the wonderful staffers on both sides that have done incredible work for us, the police officers that protect us here, the clerks, the reporters, and our pages, who are here to see the enormous history that we are going to make today.

I believe all of us want our great Nation to prosper. So today, we celebrate the greatest Nation on Earth, and we do so by a visionary step in our Nation's future. We are an intense people and we celebrate today the immensity of our intensity.

We all know, based on this harsh winter that just passed, and here on a spring-like day with summer soon a coming, that winter will come again, and it will ask, What were you doing last summer? I want it to be said that I was doing something to try to save the lives of 45,000 Americans that die every year because they are uninsured.

I don't want to be with that crowd that could best be described as cynics. I picked up today's paper, and a friend of mine, the former Speaker of this House, says that what we're about to do is a grand social experiment, radical, he said, social experiment.

Well, in my congressional district, if it is that I am to help improve the coverage of 290,000 residents, give tax credits and other assistance to 177,000 families and 22,500 small businesses, put me in the radical column.

If it's to improve Medicare beneficiaries, extend coverage to 161,000 uninsured people in the district I'm privileged to serve, then I'm radical.

If it's going to protect 1,100 families from bankruptcy, radicalize me.

If it's going to allow 60,000 young adults to obtain coverage, in the congressional district that I represent, on their parents' insurance plans, then Newt, please know that I'm radical.

As we go forward here today, I guess perhaps it would be good to look back on some from yesterday. Ronald Reagan said, There are no easy answers, but there are simple answers. We must have the courage to do what is morally right. That was Ronald Reagan, an icon by all standards.

Another one said, Each time someone stands up for an ideal or acts to improve the lot of others or strikes out against injustice, he sends forth a tiny ripple of hope.

Now, I saw around this Capitol yesterday and around this Nation a lot of lack of hope.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield such time as he may consume to another hard-working member of the Committee on Rules, the gentleman from Dallas, Mr. SESSIONS.

Mr. SESSIONS. Mr. Speaker, in Texas we have a law that's called the deceptive trade practice. And if this were being done in Texas, it would be against the law, because this is deceptive, what we are talking about here today. What is being sold is deceptive.

We're hearing about the 35 million Americans that will be covered, but the other 23 million that will not be covered, they are not talking about.

And secondly, they are not talking about the $500 trillion worth of physician reimbursement that is not included in this bill. And if people think you've got insurance or you can change insurance just to give everybody coverage, if you don't have a doctor to go to who can be paid for, then you won't get time to see the doctor.

Mr. Speaker, this is deceptive what is being put on the table here today.

The gentleman said call him a radical. I will. He is a radical.

Ms. SLAUGHTER. Mr. Speaker, I'm delighted to yield 3 minutes to a member of the Rules Committee and a gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. I would like to thank the gentlewoman from New York for yielding me time and for her courageous leadership of the Rules Committee.

Mr. Speaker, I rise today in support of the rule and the underlying legislation. I wasn't here 10, 20, or 30 years ago while the debates about health care ebbed and flowed, but I am here today. And as an old friend said to me today, there are not too many times in politics that you get to do something monumental, and this is the day.

We have the opportunity today to vote for a health insurance reform bill to improve the quality of life for millions of American families. It will also control costs, improve Medicare, and reduce the deficit.

If we do nothing, the health care system will continue to work better for the insurance companies than it does for the American people. Our plan gives people in my hometown of Sacramento more consumer protection and puts medical decisions back in the hands of patients and their doctors. Insurance companies will be prohibited from denying coverage based on preexisting conditions or from rescinding policies from people once they're sick.

I've heard so many personal stories from my constituents who are struggling to make ends meet and who are burdened by the current insurance market. Tim Sullivan called my office 2 days ago. Tim is a small business person who lives day to day in fear of losing his insurance because, as someone who has glaucoma, his rates are going up and up every single year. Tim called me to ask why the current system discouraged entrepreneurs, average Americans with a brilliant idea who can't go out on their own because they can't afford their own insurance.

For millions of Americans like Tim, we have created insurance exchanges that will help him get the same buying power as big business or a Member of Congress.

Elizabeth Bell recently graduated from college and does not yet have a full-time job with benefits. She reached the age where she was dropped from her parents' plan and now has to pay expensive monthly premiums. Elizabeth wrote to ask, What would I do if I didn't have insurance?

For Elizabeth and millions of Americans like her, our health care bill allows young adults to stay on their parents' plans through their 26th birthday.

The current system is not working for Tim or Elizabeth or millions more Americans in districts throughout our country. And if it is not working for them, Mr. Speaker, it is not working for me. And that is why I'll be proud to cast my vote for the bill before us today.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 2 minutes to another dedicated member of the Rules Committee, the gentlewoman from Grandfather Community, North Carolina (Ms. FOXX).

Ms. FOXX. Mr. Speaker, the legislation we're about to vote on represents one of the most offensive pieces of social engineering legislation in the history of the United States, and the American people recognize this simple truth.

Even the ruling Democrats recognize how unpopular this proposal is but have chosen to ignore the overwhelming outcry and convince their wavering colleagues that the government and politicians in Washington, D.C., know better than their constituents. What arrogance.

Although this may be shocking to many Americans, this arrogance reflects the approach the ruling Democrats have taken since they regained the majority in 2007. We will be voting on legislation that even the liberal Democrat chairwoman of the Rules Committee said ''Will do almost nothing to reform health care,'' and that ''It's time that we draw the line on this

weak bill and ask the Senate to go back to the drawing board. The American people deserve at least that.'' On that, we agree.

This legislation contains taxpayer funding for elective abortion, an unprecedented proposal that offends the conscience of American taxpayers.

The legislation we're about to vote on increases the cost of insurance, strangles private competition, and ultimately leads to a complete Federal takeover of the health care industry.

Voting ''no'' on this rule and this legislation will give Congress a renewed opportunity to do what should have been done from the beginning, vote for effective bipartisan legislation that rises to the challenge facing so many people seeking reasonable health care reform.

Ms. SLAUGHTER. Mr. Speaker, I'm pleased to yield 3 minutes to the gentleman from California (Mr. CARDOZA), a member of the Rules Committee.

Mr. CARDOZA. Mr. Speaker, my wife has been a family doctor for 20 years and comes home every single night telling me stories about her patients who have paid their premiums, but when they get sick and need coverage, they're denied the care by the same companies who are trying to kill this legislation here today. I have heard her on the phone fighting those very insurance company executives to let her practice medicine the way she was trained at the University of California at Davis Medical School.

What a concept, to have your doctor write your prescription, not someone on the other end of an insurance company authorization line.

This is not socialized medicine. Far from it. We are making sure that the doctor is making the decision, not the insurance company.

Mr. Speaker, my brother runs a company, a business, a small business that has been in my family for 50 years. Two weeks ago he was told his premiums are going up by 75 percent. To add insult to injury, on that very day, my sister-in-law had had knee replacement surgery and the doctor thought she needed a few extra days in the hospital because they were afraid that she might get blood clots. She was told by her insurance company they couldn't have that time initially because it was too expensive.

There was a little girl in my hometown who had leukemia. The insurance company told her she couldn't go to the hospital with the best success rate to fix her disease. She had to go to the hospital with a much lesser success rate because it was cheaper there. Her parents called me and I tried desperately to help get her to the other hospital. I failed. She died.

That is what is happening in America right now. That is what we have to deal with today. That is what the American people want fixed, and that is precisely what this reform is all about.

Mr. Speaker, when I was 22 years old, I was an intern here in this very Capitol. Mr. KENNEDY was holding hearings on health care reform for all Americans. I listened to the very same arguments by the people trying to kill this bill here today back then. They're the same people that were fighting health care. They don't care about patients. All they care about is the bottom-line profits for the insurance companies.

We have waited for this day far too long already. If we don't take a stand and do the right thing here today, the very same debate will be taking place in another 30 years.

So I'm going to vote for this bill, Mr. Speaker. I am going to vote for it proudly because the reform is so desperately needed, and it's also desperately long overdue.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield 1 minute to a former member of the Rules Committee, but always hard working, the gentleman from Moore, Oklahoma, Mr. COLE.

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

Mr. COLE. Mr. Speaker, I rise today to oppose this rule and the underlying legislation. Frankly, this rule sets a deplorable precedent, deplorable in terms of limiting Member participation and silencing millions of voters whom they represent.

This bill cuts $523 billion out of Medicare and diverts it to an entirely new entitlement. Sixty-five Members filed amendments offering new ideas and better approaches. None of those amendments were made in order.

My amendment, Mr. Speaker, would have prohibited cuts in Medicare, would have kept the money saved in Medicare in that program. Democrats are turning a blind eye to the future unfunded obligations of that program just as the baby boomers are retiring by the millions upon millions.

This rule is flawed. This bill is fiscally irresponsible. We should vote ''no.'' I urge a ''no'' vote on the rule and the bill.

□ 1645

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. PERLMUTTER), a member of the Rules Committee.

Mr. PERLMUTTER. Thank you, Madam Chair.

This marks a historic time for our country to take necessary steps to make quality, reasonably priced health care possible and accessible to many more people. The current system is broken, and there is still a lot of work to be done. And I am committed to continuing this work. But ''no'' is not an option. Just say ''no''; just vote ''no'' thats what you hear from the other side. The status quo is not an option.

Today we can improve our health care system by extending coverage to people with preexisting conditions like my daughter and 16,800 of my constituents in the Seventh Congressional District in Colorado. I've talked with my constituents in Seventh Congressional District meetings, in the government-at-the-grocery meetings that I have, telephone town halls, town halls all across the board, and they know the system is broken and something has to be done.

But for me, this is personal. I have a daughter with epilepsy. She didn't ask to get it. It's just part of her chemistry. I dare say everybody in this room has somebody in their family, a close friend, a neighbor with a preexisting condition, and our system, our health care system, discriminates against those people.

The 14th Amendment to the Constitution guarantees that every American has the right to equal protection of the laws. The system that we have right now is probably unconstitutional and, I believe, downright immoral and must be changed. More and more families and businesses can no longer bear the burden of this broken health care system. This issue touches every person in their own unique way.

Because there are millions and millions of people affected by our health care system, we have to change this. The status quo will not work for us any longer. I'm proud to support this bill. I ask for a ''yes'' vote on the rule and a vote to change our health care system.

Mr. DREIER. Mr. Speaker, at this time I'm happy to continue the Rules Committee and former Rules Committee lineup by yielding 2 minutes to another former Rules Committee member, the gentleman from Marietta, Georgia (Mr. GINGREY).

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from California for yielding.

I left behind my medical practice of almost 30 years to run for Congress. And it's hard to put into words the joy I felt each time I helped bring a new life—actually 5,200 new lives—into this world. Yet in my heart, I felt strongly in the need to improve health care in this country. But, Mr. Speaker, this bill is not the health care reform that I had in mind.

Raiding $500 billion from Medicare is not reform. The Cornhusker kickback is not reform. The Louisiana purchase is not reform. Turning IRS agents—in fact, 17,000 new ones—into health care czars is not reform. And an unconstitutional mandate that will penalize poor families is certainly not reform.

Mr. Speaker, I would say to my moderate and conservative Democratic friends who have been told by Speaker PELOSI and by the President, ''Just vote for this bill. Don't worry about your constituents. We'll take care of you,'' there is a Dear Colleague being passed around as I speak of pictures of Democratic Members, former Democratic Members, who were told the same thing back in 1993 on the issue of the Clinton tax increases. None of them who voted ''yes'' are in Congress today.

Mr. Speaker, let me quote President Obama from his speech yesterday: ''If

you don't think your constituents would be helped by this, then vote 'no.'"

I know Americans would not be helped by this bill. I cannot support it. I will not support it. I will be voting "no."

Ms. SLAUGHTER. Mr. Speaker, I am delighted to yield 2 minutes to the gentlewoman from Maine, a member of the Rules Committee, Ms. PINGREE.

Ms. PINGREE of Maine. I thank the hardworking chair of the Rules Committee, Ms. SLAUGHTER, for yielding me the time.

As we get ready to cast a vote to finally reform our health care system and rein in the insurance companies, I want to tell you what I hear from my home State of Maine where people are frustrated and struggling.

A woman named Margaret told me about her small business. She said, "I own a small business that employs 10 Maine residents. Anthem has announced a 23 percent increase in my rates. In 4 years, rates with Anthem have almost doubled. I cannot afford to provide health insurance for my employees."

A man named Mark told me about his latest letter from the insurance company. "My wife has been paying more than one-third of our entire income for her health insurance and that doesn't cover the high copays and prescription drug costs. She just received notice from her insurance company that they are raising her rates another 30 percent. It's impossible. We can't do it."

And Ron told me about living on the edge. He said, "I was out of work and lost my insurance, for 18 months. I am a cardiac patient and have other chronic illnesses that require constant care and constant prescription drugs. After 18 months with no insurance, I lost everything."

These people wrote to me from Maine, but the stories are told every day in every State. Americans are denied insurance, have their coverage canceled, or find themselves bankrupt just because they got sick.

Today we will change that with our vote. Today we will start to end the worst practices of the insurance companies, like denying coverage for preexisting conditions or canceling your policy when you get sick. Today we will improve health care for our seniors, strengthening Medicare, closing the doughnut hole, reducing prescription drug prices, and making sure they don't have to pay to get a checkup or get screened for diseases like cancer or diabetes. Today we will make sure that Americans don't go bankrupt because of medical bills. And today we will make it easier for small businesses and individuals to afford coverage, bringing the largest health insurance tax break in history for small businesses and individuals.

We have a chance to truly reform our system. I will be voting "yes."

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded not to traffic the well while another Member is under recognition.

The gentleman from Massachusetts has 7 minutes remaining. The gentleman from California has 13½ minutes remaining.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to a hardworking new member from Clarence, New York (Mr. LEE).

Mr. LEE of New York. Since discussions on health care reform began in Washington, I've heard from thousands of western New Yorkers opposed to this trillion-dollar government-run takeover. One such comment comes from a western New Yorker who writes, "I'm retired Air Force and have government health care now. If anyone thinks government run health care is a picnic, I invite them to try it."

Another western New Yorker wrote she "strongly believes that we need health care reform." However, she is "particularly worried about the level of debt that our children and grandchildren will inherit. Like a household, the government has to learn to live within its means." These two constituents summarize well the majority of comments I received.

There are two certainties if this bill were to pass. One, it will raise taxes by over $500 billion, and two, it will cut hundreds of billions of dollars from existing Medicare programs for seniors all in support of another government entitlement program.

The proposal before us is not what western New Yorkers have asked for, not what they can afford, and surely not what they deserve.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 2 minutes to the gentleman from Colorado, a member of the Rules Committee, Mr. POLIS.

Mr. POLIS. This has been a long process writing this bill. I've been honored as a new member of Congress to be at the table along the way scoring some wins and some losses with regard to the final product and where I would like to see it overall.

I think it's a very strong product. I'm excited that we have the real ability to bend the cost curve with a strengthened IMAC over the House version. I'm also thrilled that this new version will reduce the deficit by over $150 billion. We really can't afford not to do it.

With regard to taxes and the impact on business, there have also been some very positive developments since the House version. The initial House version would have raised the tax rate that S Corps and LLCs, many small businesses, pay. I'm happy to say that that did not survive this process, we were able to get that out of the bill and that this bill is extremely beneficial for small businesses to help them save money.

I think there is great potential going forward to reduce the need for tax increases and in fact allow tax cuts if we can pass comprehensive immigration reform. One of the baseline assumptions in this bill is that there will be 50 percent more undocumented immigrants after 10 years. This Nation can't afford to have 20 million undocumented immigrants. This Nation can't afford to have 10 undocumented immigrants. This Nation needs to have zero undocumented immigrants. And that will have substantial savings within health care and make sure that taxpayers are not forced to subsidize the care of an undocumented population that should not be here. That's why I'm a proud sponsor of a comprehensive immigration reform bill here in the House, and there are also efforts underway in the Senate between Senator GRAHAM and Senator SCHUMER that can reap substantial savings for health care, and we can return that money right to the American people.

That's why I'm proud to support this rule and this bill to build the momentum with hundreds of thousands of people in town this very week advocating comprehensive immigration reform.

Mr. DREIER. At this time I am happy to yield 1 minute to our very, very thoughtful colleague from Athens, Georgia (Mr. BROUN).

(Mr. BROUN of Georgia asked and was given permission to revise and extend his remarks.)

Mr. BROUN of Georgia. Mr. Speaker, the simple truth is this health care bill is a killer. It kills over 5 million jobs in future job creation with $52 billion in mandates and taxes. It kills economic freedom and the American entrepreneurial spirit. It kills the family budget with over $17 billion in more mandates and taxes primarily aimed at the poor and its seniors. It kills our future by allowing taxpayer-funded abortions.

Make no mistake about it. If you vote for this bill, you can never call yourself pro-life again. No executive order can change this.

As a family doctor, I know we can have commonsense health care reform that provides lower costs without a government takeover and without killing our economy. I urge my colleagues to listen to the American people and kill this bill.

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

Mr. DREIER. Mr. Speaker, may I inquire how much time is remaining on each side?

The SPEAKER pro tempore. The gentleman from California has 11½ minutes remaining. The gentleman from Massachusetts has 5 minutes remaining.

Mr. DREIER. At this time I am happy to yield 1 minute to my very good friend from Fort Myers, Florida (Mr. MACK).

Mr. MACK. Mr. Speaker, the Democrats believe that they can rewrite the Constitution. They believe in the power of government, not the power of the people. They believe that a better America goes through more and more

and more government. And it's clear they do not believe in the American people.

Americans have spoken loud and clear. We are saying ''no'' to more government control of our lives. We are saying ''no'' to higher taxes and deficits. We are saying ''no'' to this takeover of health care. The American people want Washington to get its irresponsible hands out of their pockets and stop their unconstitutional power grab.

The American people deserve to be respected. They deserve to be listened to. They deserve freedom, they deserve security, and they deserve prosperity. The Democrats need to stop and listen to the American people.

And hear me now. You may win this vote today through arm-twisting tricks and backroom deals, but let's see who's still here after the American people speak loud and clear in November.

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

□ 1700

Mr. DREIER. Mr. Speaker at this time I'm happy to yield for the purpose of a unanimous consent request to another former Rules Committee member, the distinguished ranking member of the Committee on Natural Resources, Mr. HASTINGS.

(Mr. HASTINGS of Washington asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Washington. Mr. Speaker, I rise in opposition to this flawed piece of legislation.

Mr. DREIER. I yield to the distinguished vice chair of the Republican Conference for the purpose of a unanimous consent request, the gentlewoman from Washington (Mrs. MCMORRIS RODGERS).

(Mrs. MCMORRIS RODGERS asked and was given permission to revise and extend her remarks.)

Ms. MCMORRIS RODGERS. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from South Carolina (Mr. BROWN).

(Mr. BROWN of South Carolina asked and was given permission to revise and extend his remarks.)

Mr. BROWN of South Carolina. Mr. Speaker, I rise in opposition and give note that I am against this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the distinguished ranking member of the Committee on Foreign Affairs, the gentlewoman from Miami, Ms. ROS-LEHTINEN.

(Ms. ROS-LEHTINEN asked and was given permission to revise and extend her remarks.)

Ms. ROS-LEHTINEN. I rise in opposition to this flawed health care bill.

Everyone deserves health care treatment. Everyone deserves access to health care insurance. Everyone deserves both at an affordable cost.

However, this health care bill is not the answer. It is the wrong approach—one which ignores the concerns and needs of the American people, while increasing the financial burden through excessive taxes, especially on small businesses.

It places control in the hands of government bureaucrats rather than letting Americans decide for themselves what is best for their families.

We need to promote common-sense solutions that make health care easily accessible and affordable to all Americans—solutions like preventing denial of coverage due to a pre-existing condition or ensuring that your coverage stays with you even when you change jobs.

We should eliminate health care insurance discrimination based on age or gender and encourage real competition in the health care insurance market.

We must enact reforms to prevent frivolous lawsuits so that doctors will not be forced to order unnecessary and expensive tests and procedures. This will help eliminate costly waste and inefficiency in the system. These changes, along with effective prevention, wellness, and disease management programs, will help reduce the cost of health care.

This Senate bill makes little sense for seniors. It is a fiscal time bomb for future generations, and I do not want to leave this legacy of debt to my granddaughter.

The majority was aware of the cost and impact of this bill. They should have worked in an open, bipartisan fashion. Instead, we are left with a bill killing tax increases in the middle of a terrible economic recession.

This is a bill with billions of dollars in tax increases. There is a tax on anyone who does not purchase bureaucrat-approved health insurance. There is a tax on businesses that cannot afford to provide their workers with health coverage and another tax for hiring low-wage workers.

In South Florida, the construction industry has a 27 percent industry unemployment rate yet this bill taxes those workers especially hard.

The Congressional Budget Office has stated that all of these taxes will be passed on to Americans in higher costs and rising insurance premiums.

This bill makes no effort to control the skyrocketing costs of health care. I am disappointed that we have missed an opportunity to tackle a huge problem in South Florida and in the Nation: eliminating Medicare fraud. It tries to fool the consumer by finding creative ways to hide health care costs in new taxes, mandates, and cuts.

The bill also contains over $523 billion in Medicare cuts, including over $202 billion from Medicare Advantage plans that serve tens of thousands of my constituents directly.

Medicare helps so many seniors in our community—seniors like my mother, who is 83 and suffers from Alzheimer's—live longer and healthier lives. When I see this bill taking benefits away from seniors like her, I worry tremendously.

This bill also includes cuts of millions of dollars to elderly home care; millions of dollars cut for Alzheimer's programs; and millions of dollars cut to the food-for-seniors program.

The only way to coerce passage of this bill was through special deals for special interests. The Majority has weighed the bill down with political handouts such as millions of dollars in Medicaid funding to Louisiana, known as the ''Louisiana Purchase.'' Americans are rightfully weary of the Majority playing political games with important policy initiatives.

I know that the high cost of health care is an important issue facing our nation and I am committed to making high quality, equitable and accessible health care affordable to all Americans. This bill is not the right answer to the serious issues facing our Nation and our families.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the distinguished gentleman from Texas (Mr. NEUGEBAUER).

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

Mr. NEUGEBAUER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentlewoman from Texas (Ms. GRANGER).

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

Ms. GRANGER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I ask unanimous consent to revise and extend my remarks against this flawed health care bill. My district is a military district. We are a district of men and women who served this Nation in all branches of our Armed Forces. We are a district that builds the weapons that our war fighters depend on in the battlefield.

Unfortunately, when rushing this legislation through Congress, the Democrats failed to exempt 9.2 million military families from being forced to pay a penalty under this health care bill the President wants on his desk so quickly. Congress was forced to fix this in the eleventh hour. But it remains unchanged in the Senate bill.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from South Carolina (Mr. WILSON).

(Mr. WILSON of South Carolina asked and was given permission to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, I support the principles of Thomas Jefferson who stated ''I predict future happiness for Americans if they can prevent the government from wasting the labors of the people under the pretense of taking care of them.''

I rise today to express my disappointment not only with the provisions in the irresponsible health care takeover, but with the process that was used to secure votes. Speaker PELOSI promised the most ethical and honest Congress in history and the President said eight times on the campaign trail that health care negotiations would be televised and transparent. Unfortunately we haven't seen anything that even remotely resembles this rhetoric.

It is outrageous that in 2010, with all the new media tools of Twitter, Facebook, Youtube, blogging, and Skype that Congress, lawmakers and the Administration have at their disposal that the American people are

still shut out of this debate. This is a bill that impacts the health and safety of every American and makes up one sixth of our economy—the American people certainly deserve a seat at the table.

But the American people are being ignored. You would think after record-breaking town hall meetings, an unprecedented House Call on Washington, and the election outcomes in Massachusetts, Virginia, and New Jersey, that congressional leaders and the administration would wake up and tune in.

I was grateful to host in South Carolina the largest Congressional town halls in history of 1700 in Columbia, 1500 in Lexington, 1500 in Beaufort and 1200 at Hilton Head Island along with the first Congressional town halls ever for Barnwell, North in Orangeburg, and Varnville in Hampton County. 98 percent of attendees opposed government takeover.

The majority of Americans have made it perfectly clear that they do not want a health care bill that: Mandates private citizens purchase health care, whether they need it or want it; causes millions of employers to cancel the health insurance they currently offer; and creates a health care czar to impose price controls on private health insurance.

What is even more disconcerting about this bill is that Congress and the Administration has decided to plow ahead with this before addressing the tragic employment rate that continues to cripple many communities across the Nation. Where are the jobs? That is what we should be talking about each and every day. Instead of standing down here debating a bill full of job-killing taxes and mandates, we should be debating ideas that will give employers job creation incentives and offer tax relief to hardworking families. The National Federation of Independent Business, the voice of America's small business, has revealed the takeover will kill 1.6 million jobs.

As I conclude, I'd like to take this opportunity to speak directly to the concerned citizens who fought so hard over the last year to protect the doctor-patient relationship and prevent a Federal Government takeover of health care. The provisions in the bill and the process used to secure passage were both designed to enhanced the power of politicians; you should be proud of your efforts to limit such power by town halls and tea parties.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from Louisiana (Mr. FLEMING).

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

Mr. FLEMING. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to our soft-spoken colleague from Texas (Mr. CULBERSON).

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

Mr. CULBERSON. Mr. Speaker, I rise in opposition to this flawed 4,700-page health care bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE.

The SPEAKER pro tempore. As recorded in section 957 of the House Rules and Manual, although a unanimous consent request to insert remarks in debate may comprise a simple, declarative statement of the Member's attitude towards the pending measure, it is improper for a Member to embellish such a request with oratory, and it can become an imposition on the time of the Member who was yielded for that purpose.

The Chair will entertain as many requests to insert as many as may be necessary to accommodate Members, but the Chair must also ask Members to cooperate by confining such requests to the proper form. Further embellishments will be charged to the time of the gentleman from California.

Mr. DREIER. Thank you very much, Mr. Speaker. We will certainly comply with your directive and appreciate it.

I yield for the purpose of a unanimous consent request to the former mayor of Dayton, Ohio (Mr. TURNER).

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

Mr. TURNER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Houston, Mr. OLSON.

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

Mr. OLSON. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Vienna, Virginia (Mr. WOLF).

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

Mr. WOLF. Mr. Speaker, I rise in opposition to this flawed health care bill.

I do not question the need for Congress to find a way for the millions of Americans without health insurance to be assured of quality, affordable health care. The majority of my constituents in the 10th District of Virginia have made clear that they want an open and transparent process in which Republicans and Democrats work together to pass responsible health care reform that lowers costs and offers greater access to affordable health care.

They told me that they don't want more government spending.

They don't want government-run health care.

They don't want a plan that hurts America's seniors, families or small businesses.

What they do want is a plan that fixes what's broken and keeps what's working without adding billions of dollars to an already ballooning deficit.

I cannot support today's bill because it will raise over $500 billion in new taxes during a recession and times of high unemployment. This will especially hit small business employers at a time when the Federal Government should be assisting in job creation, not raising taxes.

This legislation cuts billions of dollars from Medicare, a program that our seniors rely on.

It requires individuals to purchase health insurance. If you don't purchase health insurance, the government will fine you a minimum fine of $750, up to the maximum penalty of 2 percent of your income. This provision has drawn the attention of the citizens of Virginia, with the Virginia General Assembly, in a bipartisan vote, becoming the first legislature in the Nation to pass legislation opposing this mandate.

This bill mandates billions of dollars in additional Medicaid spending in unfunded mandates for cash-strapped states.

It breaks a promise to members of our Nation's armed services, their families, veterans, and employees, with its failure to protect the military's TRICARE system—health care programs provided by the Department of Veterans Affairs. This means that, under this legislation, unless an individual has TRICARE for Life, additional health insurance would have to be purchased.

Mr. Speaker, I am committed to working with my colleagues to pass real health care reform in a cost effective manner. This legislation fails that test.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Kansas (Mr. TIAHRT).

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

Mr. TIAHRT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise today on behalf of not only the people of the great State of Kansas but also on behalf of the millions of Americans whose wishes are not being represented by their own Representatives. Kansans, over two-thirds of Americans, and I are strongly opposed to the Senate bill and the Reconciliation bill, both of which represent a massive government takeover of health care. I cannot and will not support this government takeover of our health care system that will restrict choice, ration care, increase the cost of health care, greatly increase government spending, cut Medicare spending, bankrupt States, lead to the destruction of the world's best medical care, and kill jobs during one of the worst economic periods in our Nation's history.

In order to get to the Capitol today, everyone in this body had to pass the tens of thousands of Americans from all walks of life who came by plane, train and automobile, at their own expense, to petition their government not to impose government run health care on them.

I spent the weekend speaking with many of these patriotic Americans, many of whom were turned away by their own Representatives on the other side of the aisle. I was struck not only by their personal stories (from the great-grandmother with a bad knee who came from Pennsylvania and navigated the Metro for the first time to the small business owner from Wisconsin who has never gotten involved in politics but bought a ticket to come out here because he felt this was so important) but also by their determination. The media may have made the prospects for killing the bill look grim, but they were not going to let that happen without a fight.

The group was diverse but almost everyone with whom I spoke mentioned the same concerns with the bill: government power grab, deficit spending, increased taxes, rationing of care, taxpayer funded abortions, and especially the restriction of freedom. If government can take over one-sixth of the Nation's economy over the will of the people, they asked,

what separates us from Venezuela and socialized nations?

POWER GRAB

We have a one party town; the Democrats control the House, the Senate and the White House. They are taking advantage of this situation to centralize power in their hands so that they may control every aspect of our lives including what cars we can drive, how we educate our children, now our health care options. Believe me, the American people are opposed to this, as indicated in rock bottom approval ratings for Congress and even the President, who less than a year ago had the highest approval ratings seen in a long time.

Patients benefit when their doctors make the decisions as to their health care needs, not bureaucrats sitting in an office building in Washington, DC. The federal government should not intrude in this sacred relationship. The most famous line of the physician's Hippocratic Oath is ''I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone.'' Under government-run health care, Washington will override their judgment and it will be government bureaucrats, not doctors, who prescribe regimens.

It's not just the bureaucrats at HHS that Americans will have to worry about, this bill also greatly expands the power of the IRS and hands them the authority to harass and even fine American families and job creators for their health care choice. Despite repeated inquiries, no one has been able to tell me just how many new bureaucrats will be added to the federal payroll to implement government-run health care.

The unfunded mandates on the States to provide health insurance options and oversee the private sector, at a time when they are in dire financial straits, are confounding.

ACCESS

Today over 20 percent of physicians in Kansas already no longer accept new Medicare patients because they will be forced into bankruptcy trying to care for them with the grossly inadequate government reimbursements. Now the new administration wants to compound this loss of accessible health care professionals with a loss of access to health care treatment. In response, 46 percent of family physicians indicated that they would leave the medical profession due to a government takeover of health care.

COST

This bill will cost well over the $1.2 trillion that CBO has scored. That score conveniently does not include the cost of the ''doc fix,'' the Medicare prescription drug donut hole fix, the Pell Grant expansion inexplicably included in the bill, or many other provisions of the bill.

As if the health provisions weren't enough, the Democrats have used this bill as a vehicle to pass education and energy provisions that will increase deficit spending by billions and kill even more jobs.

How are they paying for this? By cutting other areas of our bloated federal government? No, they are paying for this on the backs of American families and job creators. There is $569.2 billion in new taxes included in this bill. Much of that burden will be shouldered by the middle class and small businesses.

RATIONED CARE

My biggest concern with the Democrat proposals is the intended rationing of health care. The Obama administration has already begun to set the framework for rationed care with comparative effectiveness research. This is a very dangerous road to travel down.

FREEDOM

We pride ourselves on being the home of the free but this bill will reduce the United States to the level of every socialized nation in the world. If this bill is signed into law, Americans will not have the freedom to choose their doctor, their course of treatment, or their health plan.

The federal government has no authority to force Americans to buy health insurance or to mandate what benefits employers can and cannot provide employees. In addition this bill begins to destroy Health Savings Accounts (HSAs). HSAs are what we should be promoting as a way to expand choice, give patients more control over their medical spending, and reduce health care costs.

PREVENT INNOVATION

Just this week I met with NTH Director Francis Collins. We spent the better part of an hour talking about all of the exciting advances in medicine, especially in the area of individualized medicine. It was not lost on me that the treatments and cures we were discussing will never come to fruition under a government-run health care system that rations care and stifles innovation.

SENIORS

This bill is a bad deal for our seniors. It expressly cuts $523 billion from Medicare and doesn't even fix the Medicare prescription drug donut hole until 2020. The rationing of care will also disproportionately affect seniors who, for obvious reasons, are the largest consumers of health care.

PRO-LIFE CONCERNS

Finally, the bills before us include abortions paid for with federal dollars and do not include conscience protection for medical providers. This is in blatant disregard of the House vote just 4 months ago. More importantly, it is in blatant disregard of the whopping two-thirds of Americans who oppose using federal dollars to pay for abortions. Even those individuals and organizations who strongly support government-run health care, such as the Catholic Church, do not want such programs to pay for abortions or euthanasia.

I want health care reform and am saddened that this process has become so political that we won't see the much needed modernization that will ensure Americans have access to the best health care for decades to come. I am saddened that states like my home state of Kansas are forced to take drastic action to try to protect their citizens from being affected by Washington's takeover of health care.

Republicans have offered better solutions and principles that should be included in any health care reform. Those principles should: let Americans who like their health coverage keep it, give all Americans the freedom to choose the health plan that best meets their needs; ensure that medical decisions are made by patients and their doctors, not government bureaucrats; and improve Americans' lives through effective prevention, wellness, and disease management programs, while developing new treatments and cures for life-threatening diseases. CBO has declared that the Republican health care plan would lower health care costs by at least 10 percent. This is the approach the American people want to see passed by Congress, not the destructive bill that is instead before us.

Our constituents have spoken loudly and clearly and it is our duty as their representatives to listen to them, not ignore them and use the sacred Speaker's gavel to impose personal political goals upon them. Therefore, with every breath in my body, on behalf of my constituents, I scream ''heck no'' and vote ''nay.''

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Illinois (Mr. ROSKAM).

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

Mr. ROSKAM. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Wisconsin (Mr. PETRI).

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

Mr. PETRI. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the next Governor of Oklahoma, Ms. FALLIN.

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

Ms. FALLIN. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Maryland (Mr. BARTLETT).

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

Mr. BARTLETT. I rise in opposition to this bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Arizona (Mr. FRANKS).

(Mr. FRANKS of Arizona asked and was given permission to revise and extend his remarks.)

Mr. FRANKS of Arizona. Mr. Speaker, I rise in opposition to this flawed bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the distinguished ranking member of the Transportation and Infrastructure Committee, Mr. MICA.

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

Mr. MICA. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, I rise in opposition to the Obamacare proposal that is before the U.S. House today. Unfortunately for both the American Taxpayer and millions of our senior citizens this legislation is a bad deal. As crafted this bill will increase taxes by $569 Billion dollars and cuts medicare by $523 Billion dollars. Additionally this bill will create more than 118 new federal bureaus, agencies and czars. Furthermore I am concerned that this legislation will in fact increase health care premiums for millions of current policy holders because of the taxes and mandates in the 2700 pages of

the bill. Also missing is any provision for tort or libiablity reform that would actually bring down health care costs.

At a time when our national debt is ballooning out of control passing a multi-year multi-trillion dollar spending measure is heading in the wrong direction. Yes, I do agree that we need health care reform however this bill badly misses the mark. Congress can and must do better for the American people.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentlewoman from Ohio (Mrs. SCHMIDT).

(Mrs. SCHMIDT asked and was given permission to revise and extend her remarks.)

Mrs. SCHMIDT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Pennsylvania (Mr. SHUSTER).

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

Mr. SHUSTER. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, tonight, the House will vote on legislation that will reshape our nation. The Federal Government will take control over one sixth of our private economy in order to extend government approved health care across America. Never before in our history has such an important issue been brought to the floor on a party line vote. In fact, the only bipartisan agreement on this bill has been the opposition against it.

No one disputes the need for health care reform in America that lowers costs and protects those with pre-existing conditions, but this bill is not the answer. The reality is that we cannot even afford the government we have today and we cannot afford the disastrous fiscal and economic consequences this bill will place on future generations.

The Democrats' bill will create a $2.4 trillion entitlement when fully implemented. Our deficit, already dangerously in the red, will grow by $662 billion in 10 years. The bill raids Medicare and Social Security to pay for these new entitlements and will require $529 billion in new taxes while national unemployment hovers around 10 percent. This health care bill is nothing short of a road map to fiscal insolvency.

One of the cornerstone principles of this nation is that we have a government by the consent of the governed. For over a year, the President and Congressional Democrats have pushed this health care plan over the vocal objections of the American people, my own constituents and House Republicans who have offered solutions only to be denied at every turn.

It didn't have to be this way. Health care reform could have been achieved through bipartisan cooperation and a sharing of ideas between the political parties. The American people deserve better than this.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Newport Beach, California (Mr. CAMPBELL).

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

Mr. CAMPBELL. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, those in favor of this bill often talk about the 30 million that they say will be covered by this bill. For the sake of discussion, let's just assume for the moment that they are correct. There are over 300 million Americans in this country right now . . . what will this do to the other 270 million Americans? Well the answer is that they all will suffer as a result of this legislation. Some will lose the health care coverage they have right now, because their insurance will be priced out of the market and their employer won't be able to afford the fines. Some will lose their jobs as the deluge of taxes and mandates begin to take effect, and some will lose out on good quality medical care as doctors stop practicing medicine and hospitals close because the practice of medicine no longer will be able to pay the bills. Everyone will pay for the new taxes whether directly or indirectly, and everyone who does not get their insurance from the government will have to pay more. It even goes so far as to impact our nation's veterans and members of the military because their health care coverage does not meet the standards set forth in the bill. This will result in fines for our nation's veterans for having veterans coverage, and it will result in fines to members of the military and their families just for having coverage provided by the military. Mr. Speaker, how does this make sense?

I am strongly opposed to this legislation. It will require more IRS agents to be hired in order to process the myriad of new fines, taxes, fees, and penalties that this bill creates. And even the President's own actuaries say that this bill will raise total health care costs in the United States by $222 billion. The very same actuary went on to estimate that nearly 20% of all health care providers who accept Medicare will become unprofitable and likely go out of business within 10 years.

Mr. Speaker, this legislation is a bad deal. It would serve my colleagues on the other side of the aisle to listen to the voices of the American people. For months, the American people have decried their opposition to this government takeover of health care from every state in the union, and this weekend they have descended on Washington to make one final plea: don't ruin the best parts of the American health care system by replacing them with the worst.

Mr. Speaker, don't pledge to insure 30 million Americans at the expense of the other 270 million in this country.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Dallas, Texas (Mr. HENSARLING).

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

Mr. HENSARLING. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Arizona (Mr. FLAKE).

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

Mr. FLAKE. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to our newest Republican, the gentleman from Alabama (Mr. GRIFFITH).

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

Mr. GRIFFITH. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, I am happy to yield for a unanimous consent request to the gentleman from Ohio (Mr. LATTA).

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

Mr. LATTA. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Midland, Texas (Mr. CONAWAY).

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

Mr. CONAWAY. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Texas (Mr. POE).

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

Mr. POE of Texas. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from New Jersey (Mr. GARRETT).

(Mr. GARRETT of New Jersey asked and was given permission to revise and extend his remarks.)

Mr. GARRETT of New Jersey. Mr. Speaker, I rise in opposition to this unconstitutional health care bill.

Today the majority seeks to enact its health care reform legislation. While, I appreciate the efforts of the majority to reform our health care system, it is hard to underestimate what a grave mistake it would be to enact this bill. It would fundamentally alter our citizens' relationship with their government. It would seriously jeopardize our nation's long-term prosperity. It would dampen the vitality of our nation's health care innovators. It would restrict choice and access to medical care for millions of our nation's elderly and poor. It would tax hundreds of billions of dollars out of the economy in the midst of one of the most serious economic downturns in our nation's history. And for all this—for all of these thousands of pages and hundreds of new bureaus, boards, and bureaucracies—it won't make America any healthier. And perhaps more fundamentally this legislation does not solve the most pressing problem facing our health care sector; namely its upwardly spiraling cost growth. If the majority is successful in passing this bill, they will, at best, celebrate a narrow political victory at the expense of the American public, and at worst, send our nation further down the path towards financial catastrophe.

For the most part, Republicans and Democrats agree on the problems our health care system faces. Even though Americans spend

more on health care than any other country in the world, current projections assume that this level of spending will rise indefinitely. As this spending increases, it is consuming a greater and greater share of workers paychecks. Health insurance is too expensive, and some people with chronic illness struggle to access health care services. We agree on the problems.

But it is rare that a single piece of legislation can so crystallize the differences in governing philosophy between our two political parties. As a solution to these problems in our health care system, the Democrats would propose a massive increase in government involvement—expanding current government run health programs, and creating new ones. Provisions in this legislation would restrict choice, and place greater control of health care in the hands of the federal government. For example, under the bill's terms, no longer would we exercise a number of freedoms that we now take for granted, such as whether to purchase health insurance or what medical benefits we feel are necessary. Under this bill, this is now a matter for the government to decide.

This is far, far removed from what our nation's founders envisioned. And indeed, I submit that, fundamentally, this legislation violates the Constitution and will be found unconstitutional when it is inevitably litigated through our judicial system. This legislation would require individuals to purchase private health insurance—health insurance that has been approved by the federal government—or pay a fine. While Congress is granted the authority to ''regulate commerce . . . among the several states,'' and the Supreme Court has long allowed Congress to regulate and prohibit all sorts of ''economic'' activities that are not, strictly speaking, commerce, this is the first time in our nation's history that Congress would seek to regulate inactivity. And for the first time, Congress would mandate that individuals purchase a private good, approved by the government, as the price of citizenship. This requirement is plainly unconstitutional, and would violate the commerce clause. I have been speaking out on the unconstitutionality of this individual mandate on the House floor, in Budget Committee and through the Constitutional Caucus, of which I am the chair. If we allow that Congress has this authority under the Constitution, then there is virtually no limit on its authority to compel our nation's citizens to comply with the whims of a Congressional majority. If future Congresses feel that we don't eat enough vegetables, they could simply mandate that we purchase government approved salads. Or if future Congresses feel that our domestic auto industry needs a boost, they could mandate that we purchase a car from General Motors.

However, even if we allow that this bill is constitutional, it should still be rejected because it further deteriorates our nation's financial standing. In Congress, I have the pleasure of serving on the Budget Committee. Ever since I first arrived in Congress, witness after witness—Republican or Democrat, liberal or conservative—who have appeared before the Committee have all noted the serious long-term funding issues that our country faces. Quite simply, we are running out of money to pay for an ever growing government. According to the Peter G. Peterson Foundation, America's three biggest entitlement programs, Medicare, Medicaid, and Social Security, are projected to consume over 80 percent of the federal budget within a generation. And the single biggest driver of this increased cost is health care inflation. Medicare alone has a $36.3 trillion unfunded liability. This past week, three members of my staff were blessed with the birth of a child. As soon as those children took their first breath, they each assumed a health care debt of $121,000.

The majority claims that this bill would actually reduce the deficit, but this rests on a number of assumptions that are wildly unrealistic. The budget gimmicks in the bill have been well documented, but among the highlights are that it would: pay for 6 years of benefits with 10 years of taxes; raid the Social Security trust fund of $53 billion; double count the savings in Medicare to pay for a new entitlement; disregard the increased administrative costs of running these new programs; double count $70 billion in premiums for a new long-term care entitlement which would later have to be used to pay for benefits; and rely on unrealistic Medicare cuts.

This last point is perhaps the most important one. The chief actuary of the Department of Health and Human Services wrote, in a letter to Congress, that the Medicare cuts proposed in this bill are ''unrealistic'' and could ''jeopardize access to care'' for seniors. Independent analysis says that many hospitals and health care providers would simply leave Medicare altogether if these cuts are implemented. So, under the terms of this legislation, future Congresses would have to do something it has thus far shown no appetite for: limiting access to vital medical care for our nation's seniors.

Another major assumption made by the majority is that this legislation would enact a tough ''Cadillac tax'' on generous employer provided insurance plans. But this tax's implementation date has been pushed back to 2018; well after President Obama leaves office. For years, Congress has assumed in its revenue projections that millions of middle class tax filers should pay the Alternative Minimum Tax (AMT) each year. But every year, Congress has stepped in and passed legislation to prevent this from happening. Similarly, we should assume that a tax that is so unpopular that it must be pushed out 8 years before being implemented is a tax that may never realistically happen.

So this gargantuan health care entitlement, once fully implemented, would end up costing us approximately $200 billion per year, and then increasing at a rate of 8 percent per year. But we can not afford our current entitlements! How will we be able to afford this when the bill comes due? I worry that this bill is a fiscal disaster of the first order.

It should not have been this way. We had an opportunity to enact real health care reform—reform that would have set our nation on a prudent fiscal path, and one that would not have violated our Constitution. I and my Republican colleagues have proposed a series of reforms, such as enacting real medical liability reform; allowing individuals to purchase insurance across state lines; allowing individuals to purchase insurance through groups and trade associations the same way unions can; allowing small businesses to band together to purchase insurance; and eliminating the discrimination in the tax code against purchasing insurance through the individual market by allowing individuals to deduct insurance premiums the same way their employers can. While these proposals are not the final word on health care reform, they certainly would have served as a good starting point for bipartisan reform.

Instead we are left with this bill which, I am afraid, will do much harm but provide little benefit. I strongly urge that this bill be defeated, so that we can go back to the drawing board and find true bipartisan solutions to the problems facing our health care system.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from Virginia (Mr. WITTMAN).

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

Mr. WITTMAN. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, I rise today to share my outrage about the lack of protection for health programs provided to veterans, servicemembers or their families in the health reform bill under consideration by the House of Representatives.

This bill is deeply flawed. It covers TRICARE For Life but leaves out the other TRICARE programs that serve 9.2 million beneficiaries.

Any health care reform legislation must explicitly protect TRICARE and all other Defense or Veterans Department health plans by including them in the definition of ''acceptable'' or ''minimum essential coverage.''

If the health care reform package under consideration today by the House of Representatives passes, millions of servicemembers, veterans, and their dependents across the Nation will be at risk of having their insurance plan being deemed ''unacceptable'' and therefore have to purchase supplemental insurance or obtain a new plan altogether.

The tens of thousands of servicemembers, veterans, and their dependents in the first congressional district of Virginia have made great sacrifices for our Nation.

I have long held the belief that the benefits afforded our men and women in uniform have been earned through sacrifice and hardship.

The TRICARE and Veterans (VA) health care systems are unique and are designed to fulfill certain requirements that are not shared by the private sector. We must respect the unique identity and role of the military TRICARE and VA health delivery systems.

Now is not the time to change either the terms under which our service members defend our country or the means by which we continue to care for those that have served.

I cannot support legislation that does not uphold this Nation's commitment to our men and women in uniform, our veterans, and their families.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Texas (Mr. THORNBERRY).

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

Mr. THORNBERRY. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, this is unprecedented. It is an unprecedented intrusion of government into one of the most personal areas of our lives.

It is unprecedented procedures to force through a bill of this significance with two hours of debate and no amendments or alternatives even considered.

It is unprecedented to pass a measure of this magnitude against the strong, clear opinion of a majority of the American people.

I believe we need to reform health care, particularly the way that it is paid for in this country. We can do that without upending the whole system. Real health care reform would protect the nearly 85 percent of Americans who currently have health insurance and want to keep it. It would protect Medicare for those seniors currently enrolled in the program and for those who will be enrolled in the future. It would make health insurance more affordable for everyone, including those who do not have coverage today. And it would keep government from interfering in the doctor-patient decision relationship.

The bill before us does none of these things. It cuts more than $500 billion from Medicare and increases taxes over $550 billion dollars. It fines individuals and businesses that do not sign up for the government-approved insurance. It multiplies government bureaucracy by adding a mind-boggling number of new commissions, commissioners, committees, centers, and administrations. It empowers the IRS to determine whether or not your personal health insurance is adequate in the eyes of Washington bureaucrats. And it is filled with special deals to attract support it could not get on its own merit.

I believe that this bill will not only fail to stem the growing cost of health insurance; it will actually make it cost more. How could the combination of increased taxes, expensive mandates, and new federal regulations not increase the cost of health care for most Americans?

Mr. Speaker, common sense tells us that when the government spends more money, it does not usually cost taxpayers less. Yet, the Majority claims that this bill, which spends at least $1 trillion, will somehow reduce our deficit. It cannot be true.

The vast majority of citizens in the 13th district of Texas who have contacted me have been clear and consistent in their opposition to reform that leads to more government, less choice, cuts in Medicare, and increased taxes. The same sentiments have been echoed across the country.

Unfortunately, the version the Democratic majority is trying to pass includes new restrictions and more government intrusion. It is over 2,700 pages of big government that we don't need or want.

Mr. Speaker, President John Adams once said, "Facts are stubborn things; and whatever may be our wishes, our inclinations, or the dictates of our passion, they cannot alter the state of facts and evidence." The facts here are plain and simple: this bill includes massive government involvement in health care, higher taxes, and hundreds of billions in Medicare cuts. I know it, most people who serve in this House know it, and the American people know it. It is wrong for our country and for its future.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Florida (Mr. POSEY).

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

Mr. POSEY. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Virginia (Mr. GOODLATTE).

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

Mr. GOODLATTE. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from California (Mr. CALVERT).

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

Mr. CALVERT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I ask unanimous consent to revise and extend my remarks against this flawed health care bill.

Mr. Speaker, I rise today in opposition to the Democrat health reform legislation that imposes billions of dollars in new job killing taxes on American small business owners and families. Make no mistake about it, at a time when the unemployment in the United States is over 10 percent, over 14 percent in some parts of my district, this Congress is choosing to take up a health reform bill that is a job killer.

Small business owners struggling to make ends meet who cannot afford to buy government approved insurance for their employees will be subject to a $2,000 dollar per employee tax. When employers realize they can afford neither the government mandated insurance nor this egregious new tax they will have no choice but to lay off more employees.

For employers who can afford to provide health insurance to their employees, this bill contains billions of new taxes and mandates that will raise their premiums. These will drive up the cost of insurance, forcing many employers and private individuals to reduce or drop their coverage.

In addition, this bill imposes a never before seen Medicare tax that would, for the very first time, apply to capital gains, dividends, interest, rents, royalties, and other investment income of singles earning over $200,000 and couples earning over $250,000. Currently, capital gains and dividends are taxed at a top rate of 15 percent, but those rates are already scheduled to rise in 2011 to 20 percent and 39.6 percent, respectively. When the expansion of the Medicare tax is coupled with the already scheduled capital gains rate increase, long-term capital gains rates would rise by from 15 percent to 23.8 percent and the top tax rate on dividends would nearly triple from 15 percent to 43.4 percent.

At a time when Congress should be focusing on incentivizing investment in America and putting people back to work we are instead here today to levy over $560 billion dollars in new taxes on the American public and approve over $938 billion dollars in new entitlement spending. I urge my colleagues to stop this massive government expansion and focus on America's most pressing issue, putting our citizens back to work.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from California (Mr. MCCLINTOCK).

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

Mr. MCCLINTOCK. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Ohio (Mr. JORDAN).

(Mr. JORDAN of Ohio asked and was given permission to revise and extend his remarks.)

Mr. JORDAN of Ohio. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Florida (Mr. MILLER).

(Mr. MILLER of Florida asked and was given permission to revise and extend his remarks.)

Mr. MILLER of Florida. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, was there any time consumed?

The SPEAKER pro tempore. You were charged once.

Mr. DREIER. For what, half a second?

The SPEAKER pro tempore. The gentleman was charged 5 seconds.

Mr. DREIER. Five seconds. Is there any way we can try and get that back, Mr. Speaker?

I reserve the balance of my time.

Mr. MCGOVERN. Can you tell me how much time is remaining on both sides.

The SPEAKER pro tempore. The gentleman from Massachusetts has 5 minutes remaining, and the gentleman from California has 10 minutes and 25 seconds.

Mr. DREIER. Mr. Speaker, at this time I yield for the purpose of a unanimous consent request to my friend, the former sheriff from Washington (Mr. REICHERT).

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

Mr. REICHERT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to my friend from San Diego, California (Mr. ISSA).

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

Mr. ISSA. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. MCGOVERN. I continue to reserve the balance of my time, Mr. Speaker.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 full minute to our friend from Gold River, California (Mr. DANIEL E. LUNGREN).

Mr. DANIEL E. LUNGREN of California. I thank the gentleman for yielding.

Mr. Speaker, in the famous play, "A Man for All Seasons," there is a tremendous scene there where Sir Thomas More looks out and sees Richard Rich, who used to be a supporter of his, who was giving testimony against him. And he notices that he has a medallion on

him designating that he happens to be the new attorney general for Wales.

And, in response, Mr. Thomas More says, Richard, it profits a man nothing to give his soul for the whole world. But for Wales?

Mr. Speaker, for those of us who have worked so hard in the pro-life movement for years and years and years, and who understand the importance of the historic effort made by our former colleague, Mr. Hyde, I beg those who have joined us over these years to understand what they are doing if they sign off on an executive order. An executive order is not law.

The reason we have had to have the Hyde amendment over the years is that the courts have said that there is a statutory mandate to provide abortion unless we say it does not exist. Therefore, an executive order does not take precedence over the law. People should know where they are. Don't be like Richard Rich of Wales.

The SPEAKER pro tempore. The gentleman's time has expired.

Mr. MCGOVERN. Mr. Speaker, I yield to the gentleman from American Samoa (Mr. FALEOMAVAEGA) for the purpose of a unanimous consent request.

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

Mr. FALEOMAVAEGA. Mr. Speaker, I rise in total opposition to all my friends who oppose the legislation on the other side of the aisle, but in full support of this most historical bill.

Mr. Speaker, I rise in strong support of the "Health Care and Education Affordability Reconciliation Act of 2010."

Mr. Speaker, we stand today at the threshold of a momentous occasion in the history of this great Nation. It is momentous in the sense that this long-overdue, comprehensive overhaul of our national Healthcare system is desperately needed to address rising medical costs and to extend coverage to our fellow Americans that are often left to fend for themselves.

I want to thank Speaker NANCY PELOSI for her leadership and for bringing this important issue to the Floor for consideration.

I also want to express my gratitude to President Obama and the Democratic House and Senate leadership for their willingness to work hand-in-hand with the Congressional Delegates to resolve our concerns and reduce the health disparity facing the Territories.

On the House side, I want to particularly thank both Chairman HENRY WAXMAN of the Committee on Energy and Commerce and Chairman CHARLES RANGEL of the Committee on Ways and Means for their unwavering support in addressing the concerns put forward by the Congressional Delegates. On the Senate side, I also want to thank Senator CHRIS DODD and Senator CHARLES SCHUMER for their assistance.

Most of all, I wish to recognize my fellow Congressional Delegates, DONNA CHRISTENSEN of the Virgin Islands for her work in the House Committee on Energy and Commerce, GREGORIO SABLAN of the Commonwealth of the Northern Marianas and PEDRO PIERLUISI of Puerto Rico for their advocacy in the House Committee on Education and Labor, and MADELEINE BORDALLO of Guam for her leadership as the Chairwoman of the Congressional Asian Pacific American Caucus Healthcare Task Force. Together, we worked relentlessly to bring about change for those we represent.

This entire Healthcare overhaul would not have been possible without the support of the Congressional Hispanic Caucus, the Congressional Black Caucus, and the Congressional Asian Pacific American Caucus (CAPAC), and I want to especially recognize the efforts of Congressman MIKE HONDA, Chairman of CAPAC.

While the bill we have before us today is far from ideal and not the perfect solution to all our health care issues, it is imperative and also the constitutional responsibility of the Members of this Chamber to act in the best interest of those who are suffering, particularly in light of the heart-wrenching stories told of people dying, parents worrying and families living in fear because they have no health insurance. Just last year, it was estimated that 625 Americans lost their health insurance every hour.

So even though we may not agree on how to make this right, we can agree that to do nothing is not an acceptable course of action. Our fellow Americans deserve our help.

The some 4.4 million Americans living in the Territories also deserve to be recognized and this is why I am pleased that this bill acknowledges that we are part of the American family. Although much remains to be desired, this bill is a step towards bringing the Territories to parity with the States. Under Section 1204, the Territories—Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas Islands—will receive an additional $6.3 billion over a 9 year period in federal funding for Medicaid costs.

American Samoa will receive $285.5 million in total Medicaid spending for the next 9 years, or an increase of over $180 million.

This legislation also provides $1 billion for the Territories to participate in the Health Insurance Exchange program, the centerpiece of this Healthcare Reform Legislation. Each of the Territories will be afforded the option to participate or transfer their allocation to their Medicaid program. If American Samoa chooses not to participate in the Exchange, the Territory will receive an additional $18.75 million for its Medicaid program.

With the historic passage of this legislation and the increased federal funding it will provide, I am hopeful that the American Samoa Government and Legislature will do all it can to provide quality and affordable health care for the people of American Samoa.

In 2005, the findings of the American Samoa Health Survey estimated that only 25 percent of the population had insurance and, with the rising cost of health care, it is highly likely that the number of insured in American Samoa has declined drastically since that time.

But now, with a significant increase in federal funding, ASG has the tools it needs to improve healthcare and health coverage for the residents of the Territory and to meet the challenges which have been exacerbated by the Territory's remote location and the exponential rate of chronic diseases.

In light of the current political environment surrounding healthcare reform, President Obama's own testimony in Ohio last week best summarizes the necessity and the very reason why Congress must pass this legislation today. The President said, "I'm here because of my own mother's story. She died of cancer, and in the last six months of her life, she was on the phone in her hospital room arguing with insurance companies instead of focusing on getting well and spending time with her family."

Millions of Americans share the same story, and passage of this legislation is critical for the welfare of all Americans. This legislation is not only about saving money and reducing the deficit or addressing the billions wasted in Medicare. Passage of this legislation is about providing for those who cannot provide for themselves. It is about the fundamental right of healthcare for all.

As Martin Luther King once said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

At its best, this bill is a step toward equality and justice for all Americans and, for this reason, I urge my colleagues to support this historic legislation.

The SPEAKER pro tempore. The gentleman will be charged.

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

Mr. DREIER. Mr. Speaker, my colleagues are very curious as to whether or not any time was taken from the other side.

The SPEAKER pro tempore. The gentleman was charged.

Mr. DREIER. I just wanted to make sure. I just wanted to make sure in the name of fairness here. I appreciate your fairness, Mr. Speaker.

At this time I yield 1 minute to the distinguished ranking member of the Financial Services Committee, the gentleman from Vestavia Hills, Alabama (Mr. BACHUS).

Mr. BACHUS. Mr. Speaker, in our Declaration of Independence, our forefathers declared that we are endowed by our Creator with certain inalienable rights. The first was life, yet this bill would permit the public funding of abortions in a number of programs that would take an innocent life formed by that Creator within a matter of months, if not weeks or days.

The very first act of our government on this innocent and defenseless life would be to end it. Our forefathers could not comprehend such an outrageous act.

Let me close by saying that on this very day, March 21, exactly 61 years ago, Chaplain Peter Marshall prayed on the floor of the Senate: Lord, our God, help us to stand up for the inalienable rights of mankind, knowing that Thy power and Thy blessings will be upon us only when we do what is right.

May we so speak, vote and live as to merit thy blessing.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to my friend from Lincoln, Nebraska (Mr. FORTENBERRY).

Mr. FORTENBERRY. Mr. Speaker, let's just imagine for a moment that this health care bill before us today failed. Let's just imagine that we all

awoke tomorrow and could say to one another now we have a chance to get health care reform right, health care reform that is fair to everyone, reduces costs and truly improves outcomes, instead of just shifting costs to more unsustainable government spending and eroding health care liberties.

Mr. Speaker, the debate has become very passionate, and I fear that we sometimes lose sight of the fact that our actions have consequences and can even affect little children. The other day a 9-year-old boy approached me and he said, Congressman, I have a question. He said, if the government gets so bad, which country should we move to? And I put my hand on his shoulder and I looked at him and I said, America is still a good country, we just have to make it better.

Mr. Speaker, I am not here to help manage the decline of America. None of us are. We can do better. We must do better.

Mr. McGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. I thank the gentleman for yielding the time and for the hard work of the Rules Committee.

Mr. Speaker, I come to the well of the House today to support the rule and to commend President Obama and the Democratic leadership for their willingness to stand up for America's families and for their willingness to be strong and steadfast in the face of political opposition. My North Carolina district is the fourth poorest district in America: 100,000 uninsured, seniors unable to afford prescription drugs, rural hospitals in the red, insurance premiums increasing while insurance company profits are multiplying.

My constituents need health insurance reform, and they need it now. The time for debate is over. We are poised to deliver on the Democratic promise of health insurance reform.

I am confident, Mr. Speaker, that one day historians will write that the passage of this bill took America to a higher level, to a higher place, and restored confidence with the American people that Congress is responding to the needs of America's families.

□ 1715

The SPEAKER pro tempore. The gentlewoman has 3 minutes and 55 seconds remaining. The gentleman from California has 7 minutes and 25 seconds remaining.

Mr. DREIER. Mr. Speaker, for a unanimous consent request I yield to the gentleman from Georgia (Mr. WESTMORELAND).

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

Mr. WESTMORELAND. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, there's no such thing as a free lunch and there's no such thing as free health care. Yet, the Democrats ramming this legislation through the House against the will of the American people would have you believe that we're going to extend coverage to 32 million and subsidize millions of others, and it's not going to cost average Americans a thing. Somehow, they say, this will all be covered by big businesses and high-income earners, and it won't have any effect whatsoever on average Americans. It's the mysterious "them" who will pick up the tab, not "us."

The truth is that we're all going to pay, and we will pay big. This legislation will raise taxes by $569 billion, it will raise the insurance premiums of all Americans, it will place a huge new tax on jobs and it will put expensive mandates on individuals and employers.

There will be $52 billion in new taxes on employers who can't afford to provide health insurance. So what's going to happen when you drastically hike up the cost of jobs? We'll have fewer jobs. This Congress is recklessly destroying jobs at time when unemployment is at nearly 10 percent. At a moment when unemployed Americans are looking for work to provide for their families, at a time when many more are underemployed or working part time, at a time when businesses are unable to get the loans they need to expand, the Democratic Congress is taking us backwards. We will make a bad situation worse.

For the next 4 years, in fact, we'll implement the taxes but not the coverage. We keep hearing Democrats say that 45,000 Americans die each year because they don't have health insurance. According to the Democrats' own rhetoric—as faulty as it may be—they're ignoring 180,000 needless deaths over the next 4 years.

Mr. Speaker, there is no free lunch. It is our duty, first and foremost, to render tough decisions. We have to prioritize. Our priority in today's climate should be creating and saving jobs, and therefore, helping more Americans gain employer-provided coverage. Then, we can focus our attention on bringing down the cost of health care and expanding access without adding on a new entitlement that we can't afford.

You know, Mr. Speaker, it's remarkable to me that for a President who campaigned on reaching across the aisle and bridging the partisan divide, the only bipartisanship on his signature issue is in opposition. Democrats and Republicans are joined together in opposing this government takeover of health care. There are 25,000 Americans protesting this legislation outside these walls. There are 39 state legislatures threatening to fight this law in court. Large majorities of American citizens are begging their Member of Congress to vote "no".

Mr. DREIER. Mr. Speaker, I yield for a unanimous consent to the gentleman from Illinois (Mr. MANZULLO).

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

Mr. MANZULLO. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request I yield to the gentleman from Peoria, Illinois (Mr. SCHOCK).

Mr. SCHOCK. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker for a unanimous consent request, I yield to my friend from New Jersey (Mr. LOBIONDO).

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

Mr. LOBIONDO. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Arkansas (Mr. BOOZMAN).

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

Mr. BOOZMAN. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent, I yield to my California colleague, Mr. HERGER.

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

Mr. HERGER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Florida (Mr. BILIRAKIS).

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

Mr. BILIRAKIS. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to my friend from Alabama (Mr. BONNER).

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

Mr. BONNER. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to my friend from St. Louis, Missouri (Mr. AKIN).

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

Mr. AKIN. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to my friend from Pennsylvania (Mr. THOMPSON).

(Mr. THOMPSON of Pennsylvania asked and was given permission to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Texas (Mr. CARTER).

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

Mr. CARTER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Iowa (Mr. LATHAM).

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

Mr. LATHAM. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Florida (Mr. MARIO DIAZ-BALART).

(Mr. MARIO DIAZ-BALART asked and was given permission to revise and extend his remarks.)

Mr. MARIO DIAZ-BALART of Florida. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentlewoman from Minnesota (Mrs. BACHMANN).

(Mrs. BACHMANN asked and was given permission to revise and extend her remarks.)

Mrs. BACHMANN. Mr. Speaker, I rise in opposition to this dangerous health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Colorado (Mr. COFFMAN).

(Mr. COFFMAN of Colorado asked and was given permission to revise and extend his remarks.)

Mr. COFFMAN of Colorado. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Michigan (Mr. HOEKSTRA).

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

Mr. HOEKSTRA. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Iowa (Mr. KING).

(Mr. KING of Iowa asked and was given permission to revise and extend his remarks.)

Mr. KING of Iowa. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to our friend from Indianapolis (Mr. BURTON).

(Mr. BURTON of Indiana asked and was given permission to revise and extend his remarks.)

Mr. BURTON of Indiana. Mr. Speaker, I rise in opposition to this flawed health care bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind Members not to frequent the well when another Member is speaking.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Texas (Mr. GOHMERT).

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

Mr. GOHMERT. Mr. Speaker, I rise in opposition to this government takeover of health care in this so-called health care bill.

The SPEAKER pro tempore. The gentleman will be charged.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY of Virginia. Mr. Speaker, I thank the gentlelady.

We have reached a historic crossroads in our Nation's history. We can choose to set our Nation on the path to improving the access to quality health insurance for millions of Americans and finally containing the cost of that care, or we can continue on the road of the status quo, threatening to leave more families without basic care and bankrupting the engine of our economy.

This bill in front of us today, this historic bill meets the four tests my constituents set for it:

Will it bring down premium costs for families and small businesses? Yes, it will.

Will it reduce the deficit? Yes, it will. Now and in the future.

Will it protect their choice of plan and doctor? Yes, it will.

Will it improve access to care? Yes, it will.

We have heard a lot of fear, we have heard a lot of disinformation. But I quote today on the Sabbath 2 Timothy 1:7, ''For God did not give us a spirit of timidity, but a spirit of power, of love.''

Let us not be timid. Let us pass this historic piece of legislation.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to my very good friend from Sarasota, Florida (Mr. BUCHANAN).

Mr. BUCHANAN. I want to thank the gentleman from California.

Mr. Speaker, I oppose this bill. It does nothing to lower costs or little to lower costs, it raises taxes $540 billion, and it cuts Medicare.

Being in business and signing the front of payroll checks, I can tell you that one of the biggest concerns with small businesses is the escalation of health care. It is $10,000 to $12,000 today for a small business in a family. CEO Roundtable is saying if we do nothing about it—and this bill does nothing about it—it will go to $28,000 in the next 10 years.

It also increases taxes $540 billion. A lot of those taxes are passed through to small businesses, the LLCs and sole proprietorships. It passes through to them, it hurts working families, and it will not increase jobs.

The other thing, as someone that represents an area that has the most seniors in the country, we have real cuts, not just waste, fraud, and abuse, of $500 billion. This will really hurt seniors. I had a senior the other day say, ''All I have is my Social Security and Medicare. It is not perfect, but don't mess with my Medicare.''

Ms. SLAUGHTER. Mr. Speaker, may I inquire how much time remains?

The SPEAKER pro tempore. The gentlewoman has 2 minutes, 55 seconds remaining. The gentleman from California has 6 minutes, 20 seconds remaining.

Ms. SLAUGHTER. I reserve the balance of my time.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield for a unanimous consent to the gentleman from Idaho (Mr. SIMPSON).

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

Mr. SIMPSON. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to the distinguished gentleman from Springfield, Missouri (Mr. BLUNT).

Mr. BLUNT. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I was able to chair our Health Care Solutions group on our side, and we had lots of ideas. In fact, many of those ideas were included in the 80 amendments that went to the Rules Committee yesterday, none of which were allowed.

This could be a bill, Mr. Speaker, about medical liability reform, about small business health plans, buying across State lines, lots of things that aren't there.

I don't think, Mr. Speaker, this bill improves what works and fixes what is broken, which should be our goal. But that is not the main reason, Mr. Speaker, we should not be proceeding today. The main reason is not that it is not the best bill or a bill that I approve of. The main reason is that it costs too much, Mr. Speaker.

This is a bill where the proponents say we are going to collect $1 trillion in either new taxes or Medicare cuts. We are going to accumulate $1 trillion over 10 years, and we are going to spend it in 6 years. In fact, Mr. Speaker, by year 8, by year 9, by year 10, we are spending $200 billion a year. When I checked with the Congressional Budget Office, what about year 11? They said $200 billion as well.

Mr. Speaker, this will cost jobs. It doesn't head the country in the right direction. I oppose the rule and will oppose the bill.

Ms. SLAUGHTER. Mr. Speaker, I continue to reserve the balance of my time.

Mr. DREIER. Mr. Speaker, I yield myself 15 seconds to urge my colleagues to defeat the previous question. I will be offering an amendment to the rule. The amendment will require the Speaker to direct the Clerk to call the roll on the final votes on the Senate health care bill and the reconciliation bill.

As the Republican leader has said repeatedly, it is time for the Members of this House to stand up and be counted.

I ask unanimous consent that the text of the amendment and explanatory material appear in the RECORD immediately prior to the vote on the previous question.

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

There was no objection.

Mr. DREIER. Mr. Speaker, at this time I yield 1 minute to my good friend from Monticello, Indiana (Mr. BUYER).

Mr. BUYER. I rise in opposition to the rule.

Why would the VFW National Commander state that he is furious? Because Congress is moving a flawed bill that does not protect America's military, dependents, veterans, widows, nor orphans.

The VFW stated, ''The President and the Democrat leadership are betraying America's veterans.''

The VFW is asking for a ''no'' vote on this bill because it breaks the promises the President made to veterans at their national convention. This flawed bill covers neither our military and dependents under TRICARE, nor VA programs for widows and orphans, nor the program for children of Korea and Vietnam veterans with spina bifida. None of these programs are considered minimum essential coverage. And where are the protections for the Secretaries of DOD and the VA to preserve the integrity of their health care systems? Absent from the bill.

BUCK MCKEON and I and others tried to fix this bill, but were denied by this rule and our suspension efforts, even though Mr. LEVIN and I tried to have an agreement. Many veterans groups support efforts to correct these errors. Vote ''no.''

[Mar. 21, 2010]

NATIONAL HEALTHCARE BILL BETRAYS VETERANS

WASHINGTON.—The national commander of the nation's oldest and largest combat veterans' organization is furious that Congress is moving ahead with a flawed healthcare bill that does not protect the health programs provided to veterans, servicemembers or their families.

''The president and the Democratic leadership are betraying America's veterans,'' said Thomas J. Tradewell Sr., a combat-wounded Vietnam veteran from Sussex, Wis., who leads the 2.1 million-member Veterans of Foreign Wars of the U.S. and its Auxiliaries.

''And what makes matters worse is the leadership and the president knows the bill is flawed, yet they are pushing for passage today like it's a do-or-die situation. This nation deserves the best from their elected officials, and the rush to pass legislation of this magnitude is not it.''

At issue is H.R. 4872 does not fully protect the healthcare programs provided by the Department of Veterans Affairs and the military's Tricare system. Specifically, the bill covers Tricare For Life but not the other Tricare programs that serve millions of beneficiaries; it does not cover children suffering from spina bifida as a result of a parent's exposure to Agent Orange; and it does not cover dependents, widows and orphans who are served by CHAMPVA, the Civilian Health and Medical Program of the Department of Veterans Affairs.

''The president was very clear at our VFW national convention last year when he said he was going to protect these programs, as did the Democratic leadership in the House and Senate repeatedly throughout the year. Now we have this flawed package that everyone is trying to rush through that blatantly omits any protections of the healthcare programs our nation provides to millions of veterans, military personnel, military retirees, and their families or survivors.

''This is Washington doubletalk at its very worse, and the uproar is going to be huge in America's military and veterans' communities,'' said Tradewell, who wants Congress to vote against H.R. 4872 today.

The issue surfaced publicly Friday when House Armed Service Committee Chairman Ike Skelton (D–Mo.) introduced legislation to explicitly protect Tricare and other Defense Department nonappropriated fund health plans from any health reforms currently under consideration by Congress.

Yesterday, Reps. Steve Buyer (R–Ind.) and Buck McKeon (R–Calif.) tried to introduce an amendment to H.R. 4872 to protect the integrity and independence of the VA and Defense Department healthcare systems. Buyer is the ranking member of the House Veterans Affairs Committee and McKeon is the ranking member of the House Armed Services Committee.

''The VFW salutes the congressmen and their supporters,'' said Tradewell, ''and I hope their messages were heard loudly and clearly throughout Congress. Healthcare is important, but so is protecting the programs that were promised to our nation's veterans, military and their families,'' he said.

''Those serving in Iraq and Afghanistan should not have to worry about their dependents' healthcare programs, but they are today, and so are millions of military retirees, veterans, survivors and children.

''Military service is based on the fundamental principle of trust, and once lost, it is virtually impossible to regain,'' said Tradewell. ''That is why I am urging the House to vote 'no' today, then go back and fix the bill with the language proposed by Skelton, Buyer and McKeon, and then come back and vote your conscience. Let's not rush to pass flawed legislation that could tremendously impact our nation's true heroes.''

DISABLED AMERICAN VETERANS,
Washington, DC, March 20, 2010.

Hon. STEVE BUYER,
Ranking Member, Committee on Veterans' Affairs, Cannon House Office Building, Washington, DC.

Hon. BUCK MCKEON,
Ranking Member, Committee on Armed Services, Rayburn House Office Building, Washington, DC.

DEAR RANKING MEMBERS BUYER AND MCKEON: On behalf of the 1.2 million members of the Disabled American Veterans (DAV), I am writing to express our support for your amendment no. 31 to H.R. 4872, the Reconciliation Act of 2010, and its associated proposed legislation, H.R. 4894, ''to amend the Patient Protection and Affordable Care Act to ensure appropriate treatment of Department of Veterans Affairs and Department of Defense health programs.'' You recently proposed these measures to maintain the integrity of the health care systems of the Department of Veterans Affairs (VA) and the Department of Defense (DoD), and to ensure that the circumstances of all persons covered by the VA or DoD health care systems meet any minimum coverage requirements mandated by national health insurance reform legislation now pending before Congress.

As you know, over six million veterans, and particularly war-disabled veterans, have come to rely on the Department of Veterans Affairs (VA) health care system—a system acknowledged by independent evaluators as one of the best health care systems in America. Since national health insurance reform legislation is under consideration in Congress today, it is of vital importance to DAV and our membership that the VA retain its autonomy to manage our system to continue addressing the unique and specialized needs of sick and disabled veterans. For this reason, we support Congressional approval of the unambiguous language in your amendment, that nothing in the health insurance reform proposal, if adopted, could be ''. . . construed as affecting . . . any authority under title 38, United States Code.''

We also appreciate the proposed clarifying language related to the bill's minimum insurance requirements. Under the legislation that earlier passed both Congressional chambers, persons covered by VA health care under Chapter 17 of title 38, United States Code, were deemed to have met the individual requirement to possess acceptable health insurance coverage. However, as you pointed out, additional VA health care authorities are extant that are not a part of Chapter 17, including children of Vietnam and Korean war veterans who contracted spina bifida, the benefits and care for whom are authorized within Chapter 18; additionally, Chapter 31, title 38, United States Code—an authority that governs VA's crucial vocational rehabilitation programs for service-disabled veterans, may be affected unless your language is adopted by Congress. For these reasons, and to avoid other potential problems that may be unintended but occur because of the complexity of this reform legislation, we strongly support your amendment as well as H.R. 4894, your bill to clarify that ''minimum essential coverage'' includes all persons covered under any part, chapter, or section of title 38, United States Code.

Thank you for your continued efforts to ensure that the rights of sick and disabled veterans are fully protected as national health insurance reform legislation is considered by the Congress.

Sincerely,

DAVID W. GORMAN,
Executive Director, Washington Headquarters.

THE AMERICAN LEGION,
Washington, DC, March 20, 2010.

Hon. STEVE BUYER,
Ranking Member, Committee on Veterans' Affairs, Cannon House Office Building, House of Representatives, Washington, DC.

DEAR REPRESENTATIVE BUYER: The American Legion offers its full support to the Buyer/McKeon Amendment to H.R. 4872.

As the nation's largest veterans' service organization, The American Legion is extremely concerned about the impact health care reform will have on the Department of Veterans Affairs (VA) and the Department of Defense (DoD) health care systems. Throughout the discussion of national health care reform, The American Legion and others in the military and veterans' communities were reassured by both the Administration and congressional leadership that both VA and DoD beneficiaries would be exempted in any national health care reform legislation.

Both VA and DoD provide quality health care services and should be considered earned benefits by virtue of honorable military service. Therefore, the insurance premiums have been paid in full, especially by those who are service-connected veterans and military retirees. Moreover, it would be an unfair hardship for any of these heroes to have to purchase additional coverage because they do not meet the definition for the minimum essential coverage that is in the current legislation.

Once again, The American Legion fully supports this amendment and we appreciate your leadership in addressing this critical issue that is important to America's service members, veterans and their families.

Sincerely,

CLARENCE E. HILL,
National Commander.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 30 seconds.

Democrats understand the importance of providing health care to veterans. We started it. The House passed a bill yesterday affirming our commitment to TRICARE and TRICARE for Life. And, in addition, the VA Secretary has stated that this health bill will not undermine veterans health care.

I submit for the RECORD a letter from five committee chairs and a statement from Veterans Affairs Secretary Eric Shinseki.

CONGRESS OF THE UNITED STATES,
Washington, DC, March 21, 2010.

Hon. LOUISE SLAUGHTER,
Committee on Rules, The Capitol, Washington, DC.

DEAR CHAIRWOMAN SLAUGHTER: The House Democratic leadership asked our committees to review H.R. 3590 and H.R. 4872 to assess the impact of the bills on the health care provided by the Department of Defense and the Department of Veterans Affairs. Our reviews of H.R. 3590 and H.R. 4872 lead us to believe that the intent of the bills was never to undermine or change the Department of Defense and Department of Veterans Affairs operation of their health care programs or interfere with the care that our service members receive under TRICARE. However, we commit to look into this issue further to ensure that no unintended consequences may arise and to take any legislative action that may be necessary.

H.R. 3590, as drafted, does not specifically mention that TRICARE coverage meets the individual responsibility requirement, but such coverage would satisfy the requirements of this bill. To affirm that this is the case, the U.S. House of Representatives unanimously passed H.R. 4887, the TRICARE Affirmation Act, which provides assurances to the American people that care provided to those in the military and their families, as well as military retirees under age 65 and their families, would indeed meet the requirement for coverage.

The members of our nation's military sacrifice much to defend us all. We commit to these dedicated service members and their families as well as our veterans that we will protect the quality healthcare they receive.

Sincerely,

BOB FILNER,
Chairman, Committee on Veterans' Affairs.

IKE SKELTON,
Chairman, Committee on Armed Services.

GEORGE MILLER,
Chairman, Committee on Education and Labor.

SANDER LEVIN,
Chairman, Committee on Ways and Means.

HENRY WAXMAN,
Chairman, Committee on Energy and Commerce.

STATEMENT FROM VA SECRETARY ERIC K. SHINSEKI

As Secretary of Veterans Affairs, I accepted the solemn responsibility to uphold our sacred trust with our nation's Veterans. Fears that Veterans health care and TRICARE will be undermined by the health reform legislation are unfounded. I am confident that the legislation being voted on today will provide the protections afforded our nation's Veterans and the health care they have earned through their service. The President and I stand firm in our commitment to those who serve and have served in our armed forces. We pledge to continue to provide the men and women in uniform and our Veterans the high quality health care they have earned.

President Obama has strongly supported Veterans and their needs, specifically health care needs, on every major issue for these past 14 months—advance appropriations, new GI Bill implementation, new Agent Orange presumptions for three additional diseases, new Gulf War Illness presumptions for nine additional diseases, and a 16% budget increase in 2010 for the Department of Veterans Affairs, that is the largest in over 30 years, and which has been followed by a 2011 VA budget request that increases that record budget by an additional 7.6%.

To give our Veterans further assurance that health reform legislation will not affect their health care systems, the Chairmen of five House committees, including Veterans Affairs Chairman Bob Filner and Armed Services Chairman Ike Skelton, have just issued a joint letter reaffirming that the health reform legislation as written would protect those receiving care through all TRICARE and Department of Veterans Affairs programs.

I reserve the balance of my time.

Mr. DREIER. Mr. Speaker, for a unanimous consent request I yield to the gentlewoman from Kansas (Ms. JENKINS).

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

Ms. JENKINS. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise today in opposition to the Motion to Concur in the Senate Amendments to H.R. 3590 and to H.R. 4872—Reconciliation Act of 2010. Over the past year, I have worked on and supported a health care reform plan that would bring down costs for families, address the issue of pre-existing conditions and improve availability of care without destroying what works in our current system. Today, it appears the Democrat majority will take an entirely different approach and I will not support that plan. A plan that increases taxes by nearly $570 billion, a plan that cuts Medicare by more than $520 billion, a plan that increases premium costs for Kansas families by more than $2,100 annually, and a plan that, according to the national commander of the Veterans of Foreign Wars, is "betraying America's veterans." The American people want healthcare reform, but they do not want this bill. Kansans, and all Americans don't deserve this. They deserve much better. So, today, I pledge that as long as I am here, I will listen and fight for what Kansans want. Not the special interests. Not a President or a Speaker looking to create a legacy. Just Kansans.

Mr. DREIER. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. CASSIDY).

Mr. CASSIDY. Mr. Speaker, I have been listening to my colleagues' comments. I have actually found some things to agree with.

Ms. SLAUGHTER mentioned that the American people have been lied to. I agree. They have been told that a policy which raises taxes for 10 years to pay for 6 years of government programs is fiscally sound.

I was struck, Mr. Speaker, that Mr. MCGOVERN spoke of the small business owner in Massachusetts who couldn't afford his premiums. What he neglected to say is that Massachusetts has the same plan that we are about to implement. In fact, the Democratic treasurer of Massachusetts says that, "If we implement this plan, we go bankrupt in 4 years."

I was struck, Mr. Speaker, by Mr. HASTINGS, who spoke how the people outside have lost hope. They have lost hope that Congress is listening. They are tired of being told, "You are not smart enough to understand our wisdom. We, the Democratic leaders, will tell you how to live. And, after we pass this vote, you will love us all the more."

I am struck that Mr. CARDOZA endorsed this, even though his State is going bankrupt from Medicaid and this program expands Medicaid.

Mr. Speaker, I ask my colleagues to listen to the wisdom of the American people. Vote for their constituents, not for their leaders.

Ms. SLAUGHTER. Mr. Speaker, I continue to reserve the balance of my time.

Mr. DREIER. Mr. Speaker, may I inquire of the distinguished gentlewoman from New York how many speakers she has remaining?

Ms. SLAUGHTER. Mr. Speaker, I have two speakers left.

Mr. DREIER. Then I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from New York (Mr. NADLER).

□ 1730

Mr. NADLER of New York. This health insurance package, despite real inadequacies, deals with three basic problems:

First, 45,000 Americans a year die because they lack health insurance. By extending health insurance to 32 million more Americans, this bill will save these lives. A vote for this bill is a vote to save 45,000 lives a year. A "no" vote is a vote to acquiesce in these deaths.

Second, 55 percent of all personal bankruptcies are caused by health care emergencies and 75 percent of people who file for bankruptcy because of a health emergency have insurance that proves inadequate when they get an expensive illness. By banning rescissions, banning the preexisting conditions insurance bar, banning annual lifetime caps, and by capping out-of-pocket expenses in new plans at $6,200 per year for an individual and $12,300 for a family, with lower caps for low-income families, this bill will ensure nobody goes broke because they get sick.

Third, the Congressional Budget Office tells us this bill will reduce the deficit by $138 billion in the first 10 years and by $1.2 trillion in the next 10 years.

Mr. Speaker, this bill is historic progress. We should embrace it.

Mr. Speaker, make no mistake about it: the bill before us today is far from perfect. Like many of my colleagues in the House, I have

outlined numerous concerns with the Senate-passed health insurance bill. And with good reason. The Senate-passed bill failed to include a public option, the best available way to refocus our misguided health care approach so that patients and doctors are put ahead of corporate bottom lines. It contained draconian provisions on so-called "do-gooder" states like my home state of New York. It imposed a new restriction on a woman's access to safe, legal reproductive health care. And it included a disastrous excise tax that would have done more to cost people health coverage than it would to lower the cost of health insurance.

After considerable struggle and intense negotiation, my colleagues and I were able to ensure that "do-gooder" states like New York are not punished merely for taking a more progressive stance in the Medicaid system, turning what would have been a nearly $800 million loss in revenue to the State under the Senate-passed bill into a $2.1 billion net savings.

We were also able to reduce the effect of the misguided excise tax, to remove special deals for specific states, to increase affordability credits, to close the Medicare Part D donut hole that ensnares thousands of seniors, and to include numerous consumer protections.

And, even with these improvements, Mr. Speaker, the package before us today is not perfect. But I am reminded that, when our predecessors cast their votes in favor of Social Security in 1935, they passed an imperfect bill. And when they passed Medicare and Medicaid in 1965, they passed an imperfect bill. And in the years since those crucially important programs were signed into law, Members of Congress who have come after them have made—and will continue to make—vast improvements to those programs.

Despite my concerns with the bill, our votes today mean something. Our votes today mean that 32 million more Americans will have access to health care coverage. Our votes mean that 45,000 Americans won't lose their lives each year because they are too poor to have health insurance or because their illnesses are too expensive. Our votes mean that the Medicare program will continue to provide important benefits to our seniors. And our votes mean that we will take a giant leap forward in our quest to ensure that all Americans have access to health care that they can afford.

Mr. Speaker, I have spent much of my adult life fighting for universal health coverage. Today's vote doesn't end that fight. But we simply can't lose sight of how historic this moment is. That's why I am proud to cast my vote in favor of the Health Care and Education Affordability Reconciliation Act, a bill that will have immeasurable benefits for the American people for years to come.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield for unanimous consent to the gentleman from Mississippi (Mr. HARPER).

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

Mr. HARPER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield for a unanimous consent request to the distinguished gentleman from Wisconsin (Mr. SENSENBRENNER).

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

Mr. SENSENBRENNER. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield for a unanimous consent request to the gentleman from South Carolina (Mr. INGLIS).

Mr. INGLIS. Mr. Speaker, I rise against this flawed health care bill.

Mr. Speaker, the people of the Fourth District of South Carolina are sending a message to Washington. They do not want a "cram down" of this health care bill.

Last week I received over 3,000 letters from my constituents stating their opposition to using reconciliation to pass health care reform. They spoke loud and clear to me during town hall meetings last August.

I don't want this bill. The Fourth District does not want this bill. The American people don't want this bill. And many of my Democratic colleagues don't want this bill either.

We need health care reform and we can work on a step by step approach. The American people want us to focus on creating jobs and fixing the economy, not implementing a massive new federal entitlement program. Mr. Speaker, let's throw out this bill and start working to grow the economy.

Mr. DREIER. Mr. Speaker, may I inquire of the gentlewoman if she has any remaining speakers?

Ms. SLAUGHTER. Yes, Mr. Speaker. I have one, and then time for me to close.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I'm happy to yield to my very good friend from California (Mr. LEWIS).

(Mr. LEWIS of California asked and was given permission to revise and extend his remarks.)

Mr. LEWIS of California. Mr. Speaker, I rise in opposition to this flawed health care bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the last speaker on our side, except for closing, a valued Member—new Member of the House—the gentleman from Ohio (Mr. BOCCIERI).

Mr. BOCCIERI. Her story took me to a place I hadn't been in a long time. I'm talking about Natoma Canfield, the face of this debate, who's sitting in a hospital room at the Cleveland Clinic right now, with no insurance, getting blood transfusions for the next 30 days. She doesn't have health care insurance because, in 2009, her rates increased 25 percent. In 2010, her rates went up another 40 percent. Finally, she just couldn't take it as a single mom, so she dropped her health care insurance because she couldn't afford it.

I remember as a young boy standing at my mom's bedside when she told me she had breast cancer. Luckily, my mom had good health care insurance. She survived and is alive today. But how many people do not have health care insurance and how would my life have changed if she did not make it? Where would I be? Would I have been able to go to college? Would we have been able to afford her treatment?

Nearly 40,000 people in the 16th District do not have health care insurance, and 9,800 people live with preexisting conditions.

I'll remind my friends on the other side who voted to send Tommy Thompson to Iraq with billion-dollar checks in hand to make sure that every man, woman, and child in Iraq had universal health care coverage: If it's good enough for Iraqis, it's good enough for Americans. Who are you going to stand with today; the insurance industry or Americans like Natoma?

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman is reminded to address his remarks to the Chair.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentlewoman from Michigan (Mrs. MILLER.

(Mrs. MILLER of Michigan asked and was given permission to revise and extend her remarks.)

Mrs. MILLER of Michigan. Mr. Speaker, I rise in opposition to this failed health care bill.

Mr. DREIER. May I inquire of the distinguished gentlewoman from New York if she has any remaining speakers?

Ms. SLAUGHTER. Absolutely not. Just for myself to close.

Mr. DREIER. I yield myself the balance of my time.

Mr. Speaker, we have obviously heard many, many, many stories of tragic situations—and we all have them—from our constituents across this great country, and it is absolutely essential for us to recognize that every single Member of this institution does, in fact, want to ensure that every American has access to quality, affordable health insurance. The contemporary writer and commentator, Dennis Prager, has said that the bigger the government grows, the smaller the individual becomes.

Now, Mr. Speaker, it seems to me absolutely essential that we look at what it is that is before us. It is a $1.2 trillion bill that has $569.2 billion in job-killing tax increases. It has provisions that will hire 18,000—18,000—new Internal Revenue Service agents to police every one of the 300 million Americans—every one of the 300 million Americans—to ensure that they comply with the new mandate that is imposed by this measure.

Now, Mr. Speaker, we have, as has been said, a plan that will have taxes and regulations for 4 years, and maybe—maybe—some benefits in the last 5 years of the decade. We believe that we can work in a bipartisan way to do a number of things that will immediately—immediately, Mr. Speaker—reduce the cost of health insurance to ensure that every single American will have a better opportunity to have access to quality health insurance.

We believe very fervently—and Mr. CASSIDY has worked on this—that expanding health savings accounts will go a long way towards increasing access to quality health insurance. We

know very well that pooling to deal with preexisting conditions is something that will play a role to ensure that those with preexisting conditions have their needs met.

We know that we can drive costs down if we expand—expand—on associated health plans so that small businesses can come together and bring their rates down. And we know—we know, Mr. Speaker—that if we allow for the purchase of health insurance across State lines, we will create greater competition, ensuring that immediately our constituents will have access to quality, affordable health insurance.

And, Mr. Speaker, we know, item number five, something we've sent to the other body but the Democrats blocked, and that is something the President also said he supported when he addressed the joint session of Congress, meaningful lawsuit abuse reform so that medical doctors do not have to engage in defensive medicine.

Mr. Speaker, these are five commonsense proposals that we could address in a bipartisan way, I would hope, that will immediately—immediately—bring the cost of health insurance down and not force every American to wait 4 years before they may have a benefit.

Mr. Speaker, I urge my colleagues to vote ''no'' on the previous question and ''no'' on this rule and, if we get beyond it, vote ''no'' on the bill itself.

I yield back the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, the question couldn't be more clear. You either believe in insurance reform, which will give a decent chance for health care for every American, or you simply believe in insurance companies.

I urge a ''yes'' vote on the previous question and on the rule.

Mr. HOLT. Mr. Speaker, I rise today to support the rule and the health reform package we are debating today.

I am reminded of a previous time we voted on a Sunday: March 20, 2005, when our colleagues on the other side of the aisle forced an extraordinary vote to intervene in the case of Terri Schiavo.

Now, that is what a real government takeover of medicine looks like. That midnight vote was a grotesque legislative travesty. For 215 years it had been a solid principle of this country that Congress not get involved in life-and-death issues like the tragic case of Ms. Schiavo. Yet, on that Sunday, Congress broke with tradition and inserted its own judgment. On that Sunday, our colleagues on the other side of the aisle sent the message that it knew better than families, doctors, and hospital chaplains.

The health reform package we debate today is not a government takeover; it is legislation that helps real people with real problems. It gives them more choice, more control, and more access to health care. One person this will help is a woman from Pennington, New Jersey. She called me yesterday to let me know her concerns that she would lose her job because of state budget cuts in New Jersey, which would mean that she would lose her health coverage as well. She told me her worries about finding affordable coverage while she looks for a new job and tries to keep food on her table. To complicate her situation, she has a pre-existing condition. This means that even if she could afford health care, it is possible she could be denied due to her pre-existing condition.

I will vote for health reform to help middle-class Americans like her, who play by the rules and still find health coverage unreliable or totally out of reach.

I urge my colleagues to vote in favor of this health reform package to give families and small businesses more control over their own health care.

Mr. HONDA. Mr. Speaker, today I rise in support of health care reform. The other side of the aisle would have us believe that we need to wait longer to make health reform a reality. They don't want to make the sweeping changes that the American people KNOW we need to make.

I cannot, we cannot, stand by and let this historic opportunity pass us by; the people of my district deserve more and better from this Congress.

I say yes to tax credits and other assistance to 86,000 families and 14,900 small businesses in my district. I say yes to coverage for 22,500 uninsured residents. I say yes to protecting 800 families from bankruptcy due to unaffordable health care costs.

I say yes to reform.

All the other side is saying is no—to reining in health costs, controlling insurance companies who have proven over and over that they are willing to put profit over people's lives, to ending the confusing morass of paperwork and lack of transparency that drives doctors, patients, and hospitals to distraction and negatively impacts the quality of patient care.

The opponents of this reform had their time—health reform was defeated in 1994 and they had a decade to change the system. People are still dying because they can't afford care. Doctors are still dealing with ever more complicated paperwork rather than healing people. Our public hospitals are reeling, and the number of uninsured continues to grow.

We needed to act this weekend to step forward into the 21st century, make the hard choices, take the tough vote, and act in the best interests of our country. I am proud to vote in favor of health care reform.

The material previously referred to by Mr. DREIER is as follows:

AMENDMENT TO H. RES. 1183 OFFERED BY MR. DREIER OF CALIFORNIA

At the end of the resolution, add the following new section:

SEC. 6. With respect to any demand for a record vote on the motion to adopt H.R. 3590 or on final passage of H.R. 4872, the Speaker shall use her authority under clause 3 of rule XX to direct the Clerk to call the roll.

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

Because the vote today may look bad for the Democratic majority they will say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information from Congressional Quarterly's ''American Congressional Dictionary'': ''If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business.''

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 212) Section 21.3 continues: ''Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Ms. SLAUGHTER. I yield back the balance of my time and move the previous question.

The SPEAKER pro tempore. The question is on ordering the previous question on the resolution.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. SLAUGHTER. Mr. Speaker, I demand a recorded vote.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Motion to suspend the rules on H. Res. 900;

Ordering the previous question on H. Res. 1203;

Adopting H. Res. 1203, if ordered; and

Motion to suspend the rules on H. Res. 925.

The first and third electronic votes will be conducted as 15-minute votes. Remaining electronic votes will be conducted as 5-minute votes.

COLD WAR VETERANS RECOGNITION DAY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 900, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 900, as amended.

The vote was taken by electronic device, and there were—yeas 429, nays 0, not voting 1, as follows:

[Roll No. 161]

YEAS—429

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—1

Cao

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in the vote.

□ 1803

Messrs. MCMAHON and SKELTON changed their vote from ''nay'' to ''yea.''

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: ''Honoring the sacrifices and contributions made by members of the Armed Forces during the Cold War and encouraging the people of the United States to participate in local and national activities honoring the sacrifices and contributions of those individuals.''.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 3590, SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009, AND PROVIDING FOR CONSIDERATION OF H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on House Resolution 1203, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 228, noes 202, not voting 0, as follows:

[Roll No. 162]

AYES—228

Ackerman
Altmire
Andrews
Baca
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boswell
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare

Harman
Hastings (FL)
Heinrich
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NOES—202

Aderholt
Adler (NJ)
Akin
Alexander
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boucher
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Chandler
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (AL)
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Edwards (TX)
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hoekstra
Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lipinski
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Space
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members have 2 minutes to record their votes.

□ 1813

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. DREIER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 224, nays 206, not voting 0, as follows:

[Roll No. 163]

YEAS—224

Ackerman
Altmire
Andrews
Baca
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boswell
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Loebsack
Lofgren, Zoe
Lowey
Luján
Maffei
Maloney
Markey (CO)
Markey (MA)
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McMahon
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Slaughter
Smith (WA)
Snyder
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—206

Aderholt
Adler (NJ)
Akin
Alexander
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boucher
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Chandler
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (AL)
Davis (KY)
Davis (TN)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Edwards (TX)
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hoekstra
Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lipinski
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Lynch
Mack
Manzullo
Marchant
Marshall
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMorris Rodgers
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Skelton
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Space
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland

Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1829

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING MILITARY AVIATORS WHO ESCAPED CAPTURE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 925, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 925, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 426, nays 0, not voting 4, as follows:

[Roll No. 164]

YEAS—426

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—4

Boehner
Foxx
Kilpatrick (MI)
Smith (TX)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. EDWARDS of Maryland) (during the vote). Two minutes remain in the vote.

□ 1841

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: ''Expressing the sense of the House of Representatives regarding the meritorious service performed by aviators in the United States Armed Forces who, as a result of hostile action, mechanical failures, or other problems, were forced to evade or escape enemy capture, were captured but subsequently escaped, or were compelled to endure arduous confinement, retaliation, and even death as a result of their efforts to evade capture or escape.''.

A motion to reconsider was laid on the table.

SENATE AMENDMENTS TO H.R. 3590, SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009, AND H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

The SPEAKER pro tempore. Pursuant to House Resolution 1203, it is now in order to debate the topics addressed by the Senate amendments to the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, and the topics addressed by the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010.

The gentleman from Maryland (Mr. HOYER) and the gentleman from Ohio (Mr. BOEHNER), or their designees, each will control 60 minutes.

The Chair recognizes the gentleman from California (Mr. WAXMAN) for 15 minutes as a designee of the majority leader.

GENERAL LEAVE

Mr. WAXMAN. I would like to ask unanimous consent that all Members have 5 days in which to revise and extend their remarks and insert extraneous material in the RECORD.

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

There was no objection.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the majority leader of the House of Representatives, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank my friend for yielding.

Today is March 21, 2010. On March 21, 1965, Martin Luther King, Jr., led a march across the Edmund Pettus Bridge. It was a march across that bridge for the vote in this democracy.

It was a march towards a greater freedom for many Americans. It was a march for a better quality of life for many Americans. Indeed, it was a march across the Edmund Pettus Bridge for freedom and a better realization of the promise of our democracy.

Today, March 21, 2010, we will cross another bridge. It is not a physical bridge, but it is a bridge that too many Americans find that they cannot cross; a river that separates them from the security of having available the best health care that is available in the world available to them.

We are here to conclude a day of debate, which concludes months of debate, in a national conversation that began more than a century ago.

□ 1845

But this much is beyond debate. American health care is on an unsustainable course. By the end of this debate, another family will have fallen into bankruptcy because someone had the bad fortune simply to be sick. More families will have joined them in paying more and more for less and less health coverage. More businesses will have weighted bankruptcy against cutting their workers' care and their workers will have lost.

We have before us a bill to change an unsustainable course. That is our choice this evening. It is a historic choice. It's a choice that all of us volunteered to be put in the position to make. It is a choice that we will be honored to make this evening. We stood in this Chamber tonight with JOHN DINGELL, JOHN DINGELL, who stood at that rostrum with the gavel that the Speaker will use tonight to gavel through Medicare, that ensured that millions and millions and millions of seniors would not be crushed by poverty and put into bankruptcy by the cost of health care.

Indeed, they will have been given the opportunity for a longer, better quality of life in America when JOHN DINGELL brought that gavel down on that desk and noted the passage of Medicare in 1965.

For more than 3,000 district events, more than 100 hearings, and almost 2 years of public debate, health insurance reform has stood up to the scrutiny, to criticism, indeed, to falsehoods. But this purpose is older than that. Before we were born, the task of bringing affordable health care to every American was on our Nation's agenda, waiting for this day. At the beginning of this decade in 2002, George W. Bush said, ''All Americans should be able to choose a health care plan that meets their needs at affordable prices.'' George Bush was right.

In 1976, Gerald Ford spoke of ''our effort to upgrade and perpetuate our total health care system so no individual in this country will lack help whenever or wherever he needs it.'' Gerald Ford was right.

And Richard Nixon said this, ''Let us act now.'' That was in 1974, when there were far fewer Americans who did not have health insurance and where health care was less costly. Richard Nixon was right in 1974 on this issue. Let us in 2010, in a bipartisan way, perhaps not a bipartisan vote, but recognizing that this has been a bipartisan objective, a bipartisan vision, for those Republican Presidents and Democratic Presidents whom I have not quoted but whom, as all of you know, were equally committed to that vision and that objective, affordable health care for all, for all Americans. It was embraced by both parties' nominees in the last campaign, Senator Obama and Senator MCCAIN.

But what a campaign of fear this bill has faced this last year. Its critics call it, without justification, and we will hear it tonight, a ''government takeover.'' That's not true, but if you believe it's true, perhaps you think we ought to repeal veterans health care, which is clearly government-run health care. Perhaps we ought to repeal Medicare, government participated but private sector providers. Perhaps you believe Medicare should be repealed. I don't think you do; I hope you don't.

It is more control, however, for whom? For consumers, and less for insurance companies. It is the end of discrimination against Americans with preexisting conditions, and the end of medical bankruptcy and caps on benefits. It is coverage you can rely on whether you lose your job or become your own boss, coverage that reaches 95 percent of all Americans. Its critics call it tyranny. There is none.

It is a free, competitive, transparent marketplace where individuals and small businesses can pool together to buy private insurance at low rates. It is lower cost for the middle class and an end to the prescription drug doughnut hole that has faced too many struggling seniors. Its critics mock this as ''out-of-control government.''

In truth, it is the biggest definite-reduction bill any of us will have an opportunity to vote on in this Congress and, indeed, in other Congresses as well. Indeed, it's the deepest definite reduction since the Clinton budget of the 1990s that ushered in a budget surplus and historic prosperity.

According to the nonpartisan CBO, this bill is $143 billion in savings in the first decade and more than $1 trillion of savings in the second decade. We can add to those deficit savings real cost controls that bring down the price of the world's most expensive health care. Take those into account, says leading health care economist David Cutler, and America saves an additional $600 billion in the first 10 years and even more in the second 10 years.

Yet there are some who hope for the bill's defeat. They would see that, I think, as the defeat of one party. One Senator made that observation and said this might be the President's Waterloo. If this bill fails, the Waterloo will be that of the people who are without health care insurance, the people who are struggling to make sure that their children are healthy and well and safe. But it would be a defeat for them and for our country, for a healthy America is a stronger America.

They saw the same thing in 1993, my Republican colleagues, when to a person, as I believe will happen tonight, unfortunately, in 1993, to a person they did the same thing. My Republican friends voted without a single exception against the 1993 economic reform plan of the Clinton administration.

Congressman BOEHNER asked, ''Who does this spending stimulate except maybe the liberal faculty at Harvard or Berkeley?''

Congressman Kasich said, ''If it was to work, then I'd have to become a Democrat. ''

It did work, and he didn't change. It was a partisan vote, Mr. Speaker, a partisan vote that helped create 22.7 million new jobs, contrary to what so many of my Republican friends said that bill would do, and a record budget surplus of $5.6 trillion, contrary to the assertion of Mr. Armey that it would create deep debt.

That bill passed through a gauntlet of slurs, hyperbole, and untruths, and so did Medicare, which Republicans called ''brazen socialism,'' and so did Social Security, which a Republican Congressman called the ''lash of the dictator.''

I don't know whether there are any Republicans in this body tonight that believe that Social Security is the lash of the dictator. I hope not.

Those slurs were false in 1935, they were false in 1965, and, ladies and gentlemen of this House, they are false in 2010. Ladies and gentlemen of this House, this bill, this bill will stand in the same company, for the misguided outrage of its opposition and for its lasting accomplishment of the American people.

In closing, Mr. Speaker, I want to honor some of the ''little punk staffers'' who gave so much to help us bring this bill to the floor. I say to my friends on the other side of the aisle who did so much to bring your prescription drug bill to the floor, they need to be honored. They need to be thanked. They need to be respected for the work they do for this House, for each of us but, more importantly, for America.

From the Legislative Counsel's Office, Ed Grossman, Jessica Shapiro, Megan Renfrew, Warren Burke, Larry Johnston, Henry Christrup, Wade Ballou and Scott Probst.

I also want to honor, Mr. Speaker, the tireless staffs of the House Committees on Ways and Means, Energy and Commerce, Education and Labor, Rules, and the Budget, as well as the staff of the CBO, Doug Elmendorf, Holly Harvey, Phil Ellis, Kate Massey, Pete Fontaine and the whole CBO health care team, along with Tom Barthold, and everyone of the staff on the Joint Committee on Taxation, who contributed to their estimates.

Finally, two remarkable staffers in my office have made health reform the cause of their lives and just about every one of their waking hours for the past year, Liz Murray and Ed Lorenzen. Thank you very much.

Mr. Speaker, one of my staffers, my deputy chief of staff, has a 4-year-old daughter. She is a beautiful young girl, she is a smart young girl. Her name is Colette. A few days ago a neighbor asked Colette where her mom was, and I am told that she answered, She's at work making sure everyone can go see the doctor. Thanks, Mom. Thanks to all the moms throughout America who, when we pass this bill, will have a greater sense of security for their kids, for their families, for themselves.

I know this bill is complicated, but it's also very simple. Illness and infirmity are universal, and we are stronger against them together than we are alone. Our bodies may fail us; our neighbors don't have to. In that shared strength is our Nation's strength, and in this bill is a prosperous and more just future.

Unfortunately, much of this debate has been divisive, much of it has been irrelevant. We have seen angry people at the doorstep of the Capitol. Every President in this last century has said this is necessary for a great Nation to do.

My colleagues, how proud we must all be that our neighbors have elected us to come here in this, the people's House, to do this good work this night.

□ 1900

The SPEAKER pro tempore. The gentleman from Texas (Mr. BARTON) is recognized for 10 minutes as a designee of the minority leader.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Alabama for a unanimous consent request.

(Mr. ROGERS of Alabama asked and was given permission to revise and extend his remarks.)

Mr. ROGERS of Alabama. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from North Carolina for a unanimous consent request.

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

Mr. COBLE. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Minnesota for a unanimous consent request.

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

Mr. PAULSEN. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Georgia, the ranking member of the Health Subcommittee, Mr. DEAL, for 1 minute.

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

Madam Speaker, it has been said that the problem with socialism is that you eventually run out of other people's money.

Despite billions of dollars in new taxes, despite billions of dollars in cuts to Medicare, and despite deceptive accounting practices to hide the true cost of this bill, it appears that we have run out of what money is here in Washington, because we are seeking to impose unprecedented and unconstitutional mandates on our States.

Tonight, as I cast what might be the last votes of my congressional career, I am pleased to say that as I pursue my full-time activity to become the governor of the great State of Georgia, that I will cast my vote in opposition to this bill.

If this bill becomes law and I am successful in my undertakings, I will devote my efforts to making sure that the people of my State are not subjected to the unconstitutional individual mandate and that my State is not subject to the unconstitutional mandate to expand our Medicaid rolls. I know that I am not alone. Yesterday, 38 States indicated that they would join in suing to challenge the constitutionality of this statute.

I urge my colleagues to join me on a ''no'' vote.

Mr. WAXMAN. Madam Speaker, I yield myself 2 minutes.

Today is a historic moment. We will take decisive votes to provide quality affordable health care for all Americans. This is a goal that Presidents of both parties have sought for 100 years. We must act. The status quo is unsustainable.

This bill provides all Americans the security of knowing they will always be able to afford health care for themselves and their families.

The bedrock foundation of the legislation is that it builds on what works today and reforms what doesn't, but we fundamentally reform the insurance company practices that are failing our families.

Americans with preexisting conditions can no longer be denied coverage. We abolish lifetime limits on coverage. And we ban the practice of rescission by insurance companies when people get sick.

We strengthen Medicare. Seniors who hit the donut hole for their drug coverage will get immediate help, a $250 rebate this year, a 50 percent discount on their brand name drugs next year, and the donut hole will be completely eliminated within the decade. We provide coverage to 32 million uninsured Americans. We eliminate waste, fraud, and abuse. The American people will see immediate benefits.

Today we vote to make a profound difference for the betterment of the American people. Under the leadership of the President and our Speaker, we are poised to provide access to quality health insurance for all.

Today is a historic moment.

We will take decisive votes to provide quality, affordable health care to all Americans.

This is a goal that Presidents of both parties have sought for a hundred years.

We must act. The status quo is unsustainable.

This bill provides all Americans the security of knowing they will always be able to afford health care for themselves and their families.

The bedrock foundation of this legislation is that it builds on what works today, and reforms what doesn't.

If you like your doctor and your current plan, you keep them.

But we fundamentally reform the insurance company practices that are failing our families:

Americans with pre-existing conditions can no longer be denied coverage.

We abolish lifetime limits on coverage.

And your health coverage can no longer be rescinded by your insurance company if you get sick.

We strengthen Medicare.

Seniors who hit the donut hole will get some immediate help: a $250 rebate this year, and a 50 percent discount on their brand-name drugs next year.

And the donut hole will be completely eliminated within a decade.

We provide coverage to 32 million uninsured Americans—not just those without insurance today but many who would otherwise be expected to lose their coverage in the coming years.

We eliminate waste, fraud, and abuse and reduce the deficit by over a trillion dollars.

And we eliminate the special deal for Nebraska, providing all states equitable treatment under Medicaid.

The American people will see immediate benefits on enactment.

Starting this year: Your children can stay on your policy through age 26.

Preventive care under Medicare is free.

And children with pre-existing conditions cannot be denied coverage.

Today we vote to make a profound difference for the better for the American people.

Under the leadership of the President and our Speaker, we are poised to provide access to quality health insurance for all Americans.

I now want to turn to some specific provisions in the Senate bill, H.R. 3950.

SECTION 2304. CLARIFICATION OF DEFINITION OF MEDICAL ASSISTANCE

Section 2304 of H.R. 3590 as passed by the Senate clarifies the definition of medical assistance. This clarification is identical to that in section 1781(e) of H.R. 3962 as passed by the House and in section 1781(e) of H.R. 3200 as reported by the Committee on Energy and Commerce. The purpose of this clarification is set forth in H. Rept. 111–299, Part 1, at pp. 649–650.

SECTION 3301. MEDICARE COVERAGE GAP DISCOUNT PROGRAM

I, on behalf of myself and Chairman LEVIN, express our intent regarding this section. Section 3301 of this legislation provides for 50 percent discounts for brand name drugs in the Part D donut hole. It requires that manufacturers enter into an agreement to provide such discounts as a condition of participation in the Part D program.

This section adds to the Social Security Act new Section 1860D–43(c)(1), which provides a

limited exemption from the requirement to provide a discount if the Secretary makes a determination that the availability of the drug is essential to the health of beneficiaries under this part. This intent of this exemption, if it is used at all, is that it be used only in extraordinary circumstances, and that it be of limited duration. For example, if a new drug manufacturer without an agreement already in place receives a new drug application approval after the period in which annual agreements are supposed to be signed by the Secretary, the Secretary could find that the drug is essential to beneficiaries' health and provide a short-term exemption until an agreement with the manufacturer is in place. Any exemptions provided under this section are intended to be temporary in nature.

Moreover, nothing in this section requires the Secretary to make a finding that a given drug is essential to beneficiaries' health, or provides a right of action for any individual or organization to force the Secretary to make such a finding.

This provision also contains civil monetary penalties for manufacturers that fail to provide applicable beneficiary discounts. The civil monetary penalties specified in this provision are not the sole penalties that can be applied to manufacturers that violate requirements of this section or other provisions of law. For example, relevant CMPs that apply to Medicare fraud or misleading statements and False Claims Act penalties can also be applied to manufacturers that fail to provide required discounts.

Another provision of this section states that the Secretary "shall not receive or distribute any funds of a manufacturer under this program". This provision refers only to manufacturer funds, not to other funds or information. Section 1860D–43 contains no restriction on the ability of the Secretary, CMS, or the Inspector General to obtain (from any manufacturer, PDP or MA–PD plan, or other entity) any data or information necessary for the purposes of program compliance and integrity or audit purposes, or otherwise necessary to identify and eliminate waste, fraud, or abuse under this section.

SECTION 3403. INDEPENDENT MEDICARE ADVISORY BOARD

I wish to clarify certain aspects of legislative intent regarding the Independent Payment Advisory Board (IPAB), which is a new executive branch body created in the Senate passed health reform bill and charged with constraining Medicare spending. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 3403 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payments and thus should not be subject to "double jeopardy" by also being subject to IPAB recommendations which will further reduce spending. In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals including payment reductions for indirect medical education under 1886(d)(5)(B), graduate medical education under 1886(h), disproportionate share hospital payments under 1886(d)(5)(F), and capital payments, as well as incentives for adoption and maintenance of meaningful use of certified electronic health record technology under 1886(n). As part of the effort to make improvements to the Senate-passed bill, Members of the House and Senate, along with the administration, were working on a number of improvements to the IPAB policy. Unfortunately, the Senate parliamentarian indicated that we could not modify IPAB in reconciliation. Since we were not able to make any changes to the IPAB as part of the reconciliation bill, I look forward to working on these improvements in the future.

SECTION 3512

I have spoken with several Members, including Congressman CUELLAR of Texas, that have expressed concerns about whether the language of these bills may be interpreted or construed as creating a new cause of action or claim or would modify or impair existing state medical malpractice laws.

It is not and never has been the intent of this legislation to create any new causes of action or claims premised on the development of guidelines or other standards.

Section 10201(j) of H.R. 3590, which was part of a manager's amendment adopted on the Senate floor and added Section 3512 to Subtitle F of title III of the Act, calls for the Comptroller General to conduct a study of whether the development, recognition or implementation of any guideline or other standards under a list of enumerated sections of the Senate bill would result in a new cause of action or claim.

Any guideline or standard created under the above enumerated sections should not be construed as creating any such new actions or claims, nor should the request for a study be construed to infer otherwise. This legislation should not be interpreted or construed as creating any inference or implication that any such guideline or other standard does create any new cause of action or claim.

It is also not and never has been the legislative intent of this legislation to modify, impair or supersede any State medical liability law governing legal standards or procedures used in medical malpractice cases, and this legislation does not have the authority to prohibit the states from implementing such laws.

SECTION 6111. CIVIL MONEY PENALTIES

The legislation we will pass today contains nursing home reforms that will make it easier to identify owners responsible for inadequate care, improve enforcement, and improve nursing home quality nationwide. These improvements represent a significant step forward. Nearly identical provisions were included in health care reform legislation that passed in the Energy and Commerce Committee, and in HR 3200 as passed by the House.

Section 6111 of the legislation makes collection of civil monetary penalties more timely by allowing funds to be escrowed after an independent informal dispute resolution process until other appeals are concluded.

A November 2009 GAO report found that understatement of deficiencies may result from "unbalanced" independent dispute resolution processes currently used. Over 40 percent of surveyors in four states told GAO that their states' independent dispute resolution processes favored nursing home operators over resident welfare.

In order to avoid these problems, the intent of this section is that independent informal dispute resolution processes should be conducted by an independent state agency or entity with healthcare experience, or by the state survey agency, so long as no entity or individual who conducts independent informal dispute resolution has a conflict of interest. The Secretary's implementing regulations may address the type and duration of the independent informal dispute resolution processes. as determined by the Secretary. As under current law, facilities may challenge only the factual basis of the deficiency; and states and the Secretary retain the right to reject independent informal dispute resolution processes recommendations, any person shall have the right to attend and participate in the conference.

I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Michigan (Mr. UPTON) for 1 minute.

Mr. UPTON. Madam Speaker, folks are scared. They are really scared. Debt is at a historic level, spending is out of control, the Nation's AAA credit rating is in jeopardy, and here we are.

We are going to spend $1 trillion over the next 10 years for just 6 years of benefits. Only in Washington can folks stand here and claim spending $1 trillion will actually cut the deficit.

And how did we get here? Well, we are going to start by raiding $523 billion from the Medicare checks of older Americans. Shameful.

Whatever happened to tort reform? Not here. The lawyers are going to continue to get richer suing doctors and hospitals, and older Americans will see their benefits evaporate. Where are our priorities?

Yesterday I introduced an amendment that would delay the bill until we can guarantee Medicare's solvency for at least the next 30 years, but it was denied. I guess they would rather spend money that we don't have rather than uphold our commitment to seniors. Debt continues to soar beyond belief. Today, every man and woman will spend $46,000 on the debt. Let's do better. We can.

Mr. WAXMAN. Madam Speaker, I am proud at this time to yield 2 minutes to the gentleman from Michigan (Mr. DINGELL), the distinguished dean of the House, who has championed the cause of health care in all of the time he has been in the Congress. And before that, his father called upon the Congress to adopt this legislation as well.

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

Mr. DINGELL. Madam Speaker, I thank my colleague, Mr. WAXMAN, for his leadership and for his gracious comments. And I want to thank and praise our Speaker, our majority leader, and the leader in the Senate for the great leadership that they have given us in this great undertaking.

Today is a day that is going to rank with the day we passed the civil rights

bill in 1964. Today we are doing something that ranks with what we did on Social Security or Medicare. This is the day on which we can all be proud if we vote for that legislation.

Facts are an intransigent hard thing. And let's look at this from the standpoint of the facts of what it does.

Thirty-two more million Americans are going to have health care. They don't now. America, which has health care of the best character in the world, does not make it available to 32 million people because they can't afford it, and Americans every day are losing their health care. Eighteen thousand Americans every year die for want of health care, and 44,000 Americans also go bankrupt because of it.

What does this bill do? It gives Americans the same health care that we here in the Congress have. It preserves their choice, and it sees that if those Americans want to change, they can do so.

It also fixes the insurance company. And as the President has said, this bill is the patient's bill of rights on steroids. And as my colleagues who worked on this bill when we passed it years ago will remember, that that is legislation which protects the rights of citizens and ratepayers.

And the reason that the insurance companies are so up in arms about it, and they are the ones that are opposing this bill, is because it is going to take care of their patients and because it is going to take care of their customers.

What is it going to do? No more preexisting conditions. And, they can't cancel your policy while you are on the gurney riding into the operating room because you are sick.

I want to commend my colleagues for this.

Madam Speaker, I have much humility, joy, and pride in supporting H.R. 3590 and H.R. 4872.

Madam Speaker, all the arguments, for and against, have been made. There have been endless hours of debate in committees, on the floor of this House, and in meetings throughout the country.

We have heard innumerable stories that inspire us to act, and unfortunately stories that have caused us to question whether the civility of our discourse has reached irreversible lows.

As the historic vote draws near, I urge my colleagues to act on behalf of the American people.

Let us this day stand boldly to do what is right for the health and well-being of the our constituents, what is essential for the viability of American business, and what is necessary for our government.

Let us resolve to do what generations before us determined needed to done to address one of the greatest needs in the history of our people.

When we do this, history will smile upon us. And generations to come will say on this day, this President and this Congress performed something worthy to be remembered.

For the sake of the American people, and in honor of my late father, I support the legislation before us and urge my colleagues to do the same.

Mr. BARTON of Texas. Madam Speaker, I yield for a unanimous consent request to a member of the committee from the Keystone State of Pennsylvania, Dr. MURPHY.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield for 1 minute to the gentleman from Florida (Mr. STEARNS).

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

Mr. STEARNS. Madam Speaker, this incredibly expensive $1 trillion health care bill will hurt many individuals that currently have insurance. The bill will hurt veterans because it does not accept TRICARE as a qualified medical plan. It will hurt seniors by cutting Medicare advantage to fund these new government programs. Mr. STUPAK, no lawyer, will argue that an Executive order is law. So the Senate bill starts us on a path of government-sanctioned abortion-on-demand paid for by taxpayers. The U.S. has a $1.5 trillion deficit, and now we are adding $1.2 trillion over 10 years.

The President pledged no family making under $250,000 would face tax increases, yet there are 12 new tax increases violating that pledge, and 46 percent of families making less than $66,000 will be forced to pay the individual mandate.

The bill will expand the IRS by 17,000 auditors to enforce these new taxes. It will hurt businesses, create health care rationing, and move the United States of America to further fiscal instability.

Mr. WAXMAN. Madam Speaker, I am pleased to yield at this time to the chairman of the Health Subcommittee, who has played such an instrumental role in the legislation, the gentleman from New Jersey (Mr. PALLONE) for 1 minute.

Mr. PALLONE. Madam Speaker, I am amazed when I hear my colleagues on the other side of the aisle. They seem to ignore the fact that our health care system is in crisis. Millions of Americans are going without health insurance. Rising health care costs are bankrupting so many American families.

Now, Democrats today have proposed a bill that will lower health care costs, give almost all Americans quality health care coverage the same as Members of Congress—and I am going to repeat that—the same as Members of Congress, and put an end to insurance company abuses.

When we pass this bill, 32 million more Americans are going to be able to see a doctor on a regular basis. America's seniors are going to be able to get more help to afford their prescription drugs, which will keep them healthy and out of the hospital.

The bottom line is that Americans will be healthier, fewer people will get seriously ill and incur outrageous medical bills for hospital and nursing home care. And, healthier people save the government and the health care system significant money even beyond the CBO projections.

Madam Speaker, passage of this bill will lead to a healthier and a stronger America, and I urge my colleagues to vote ''yes.''

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from the bluegrass State of Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Yesterday I read an article by Speaker PELOSI in which she said the health care bill they proposed would strengthen Medicare, reduce deficits, and bring the predatory practices of health insurance companies under control.

How can you strengthen Medicare when you take $500 billion out of it, out of nursing homes, out of hospitals, and out of Medicare advantage?

How do you claim you reduce the deficit by $138 billion when you include the taxes for 10 years and the expenditures for only 6 years?

And how do you say you are going to control the insurance companies, and act like you are throwing them in the briar patch, when in fact they support this bill? They went to the White House and helped write this bill. Why? Because this bill requires small businesses and individuals to buy health insurance, and, if not, they will be subject to civil penalties.

Health reform may be necessary, but this bill is the wrong bill.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentleman from Massachusetts (Mr. MARKEY), a very important member of our committee.

Mr. MARKEY of Massachusetts. On health care, the Democratic party is the ''party of hope'' and the Republicans are the ''party of nope.''

The Democratic health care bill lowers prescription drug costs for seniors, expands coverage to 32 million more Americans, reduces the deficit by $143 billion over the next 10 years, and gives middle class families tax credits to help pay for health coverage.

What do the Republicans say to this plan? They say ''nope.'' Nope to lowering prescription drug prices, nope to expanding coverage, nope to health insurance tax breaks.

GOP used to stand for Grand Old Party. Now, it stands for grandstand, oppose, and postpone. They grandstand with phony claims about nonexistent government takeovers, they oppose any real reform, and then they want to postpone fixing a broken health care system. GOP: Grandstand, oppose, and postpone.

Today we have a choice between change and more of the same, between ''hope'' and ''nope.'' Ted Kennedy is looking down and smiling today. Vote ''aye'' for JOHN DINGELL, for Ted Kennedy, and for all of those Americans that need health care in our country.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Member from Massachusetts should heed the gavel.

□ 1915

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. SHADEGG).

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

Mr. SHADEGG. Madam Speaker, never before in the history of our Nation has such a massive change in policy been made on a purely partisan basis and in the face of such overwhelming opposition. Tragically, this bill will destroy freedom and do incredible damage to the very fabric of our society.

This bill is a bailout for the insurance companies. They get the individual mandate that they wanted all along—a mandate that is un-American and unconstitutional. Mark my words: The massive expansion of Medicaid in this bill will bankrupt our States. Premiums for average Americans will go up, taxes will go up, the deficit will go up, and the debt will go up. This bill is the epitome of Washington politicians telling the American people, We know better how to run your lives than you do.

We owe the American people much better than this. We owe them real health care reform. We owe them the kind of reforms that will bring down their premiums. We owe them across-State-line purchases. We owe them health care pooling so that the sick and the ill and those with preexisting conditions can get their health care paid for.

We owe America better than this.

Mr. WAXMAN. Madam Speaker, I'm honored at this time to yield 1 minute to a senior member of our committee, the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Madam Speaker, I feel so privileged to be part of a Congress that is on the threshold of making history. Since Teddy Roosevelt and all Presidents forward, we have struggled in our country to provide something for our people that has eluded them. As the Catholic sisters said as they urged us to vote for this legislation, they called it ''life affirming.''

I think the step that we take this evening will perfect the union in our country. Why? Because the human body holds the soul. And when we help to cure, when we help to heal, when we recognize the dignity of every single American, that they have first-class citizenship and that they should indeed have health care coverage.

This is a landmark piece of legislation. I feel privileged that my constituents have sent me here to cast a vote for it, and I urge everyone to do so.

Madam Speaker, I rise in support of the landmark comprehensive health care reform that is before us.

For the first time in history, Congress will pass legislation to finally insure all Americans. This legislation will reduce the deficit by $143 billion over 10 years and $1.2 trillion over 20; eliminate discriminatory insurance practices, and open the insurance market to millions of Americans who have been priced out.

More than a century has passed since Teddy Roosevelt first called for health care reform. Nineteen presidents later, we stand on the threshold of history as we prepare to vote on this historic legislation. The American people have been waiting for this. The American people deserve this, and the status quo is no longer affordable or acceptable.

To those who say we can't afford health care reform in the current economy, I say we can't afford not to. We spend more on health care than any other country in the world and the costs are crippling to our economy. If we do nothing, in 2015 health care spending will jump by 34 percent. By 2020, health care premiums will double and in 2010 alone, we're projected to spend more than $2.6 trillion on health care.

A vote for this legislation is to stand on the right side of history. I feel privileged to serve in Congress and to participate in this historic effort. We stand on the shoulders of those who toiled for decades, including Senator Edward Kennedy, to bring us to this moment.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to please heed the gavel.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentlewoman from California (Mrs. BONO MACK).

Mrs. BONO MACK. Madam Speaker, I rise in very strong opposition to this flawed bill that imposes new taxes, increases costs to consumers, and adds to our already massive deficit. This bill and the outrageous abuse of process and all the backroom deals needed to secure passage is simply the wrong approach.

My father was a teaching physician at USC-LA County Medical Center. He would have been appalled that a massive new bureaucracy will now be making the health care decisions for his patients. In my district, thousands of seniors will lose their preferred Medicare Advantage coverage that serves them so well and has saved lives.

This bill is little more than a shell game that shifts costs, picks winners and losers, and does nothing to achieve real reform. The American people have resoundingly rejected this dangerous approach. True reform should be accomplished with bipartisan cooperation, not strong-arm tactics. The only thing that is truly bipartisan tonight is opposition to this deeply flawed bill. We can and must do better. I urge my colleagues to join me in voting ''no.''

Mr. WAXMAN. Madam Speaker, I yield for a unanimous consent request to the gentlelady from the Virgin Islands (Mrs. CHRISTENSEN), who's played a very active role in this legislation.

(Mrs. CHRISTENSEN asked and was given permission to revise and extend her remarks.)

Ms. CHRISTENSEN. Madam Speaker, I rise in strong support of the Patient Protection and Affordable Care Act.

Madam Speaker, this morning the Congressional Black Caucus attended church together at the Mount Zion Baptist Church in Arlington, VA.

We left there blessed, inspired and claiming the victory we are about to have today for the American people.

As our Chair BARBARA LEE reminded us from the Book of Esther, we are all here, called to service, for ''for such a time as this.'' And we are called to do what is right and best for the American people and for our country! We must pass H.R. 4872.

With the passage of H.R. 4872, The Patient Protection and Affordable Care Act, we begin to guarantee that health care will be a right to all and not a privilege for a few.

It has been a long road getting here, not just this past year but the past hundred years and thanks is due to Chairman Emeritus JOHN DINGELL, Speaker NANCY PELOSI, Majority Leader STENY HOYER, Majority Whip JAMES CLYBURN and Chairmen RANGEL, WAXMAN, MILLER and LARSON for their steadfast leadership, and commitment to making healthcare accessible, affordable and secure for all Americans across this country.

And we could not have arrived to this day without the leadership, commitment and determination of our President, Barack Obama.

We would have all wished for the perfect bill many of us envisioned when we started on this path. This is not it, but without question this bill will vastly improve the dysfunctional system we now struggle to be well in, and lay the foundation for the further work needed to achieve those things that are still needed but could not be included today.

I want to especially thank all of our Democratic leaders for ensuring that the people of the Territories were not left out and my Democratic colleagues—especially the Congressional Black Caucus and our TriCaucus partners for their support and encouragement.

They are all—including Senate Leader REID—to be thanked and applauded for answering our call for prevention, nondiscrimination, equity and diversity in the bill's provisions and for going beyond insurance reforms to include measures specifically to eliminate health disparities for African Americans, all people of color, the poor, those living in rural areas and the Territories and our LGBT community.

This is not only a historic day for our country, it is a great day.

Today we begin to end the ''shocking and inhumane'' injustice in healthcare that the Rev. Dr. Martin Luther King, Jr. spoke of. Today we continue the march to the full greatness that is our Nation's destiny!

I am proud to have been given the opportunity by the people of the Virgin Islands and our House leadership to be a part of this process, and though I am not able to cast a vote on this landmark legislation I support it fully, proudly and unreservedly.

When the vote is called, let's do it! The victory has already been claimed for us and for the people of the United States—all of us.

To God be the glory!

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentleman who's played a very influential role in this legislation, the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. I wish to engage the chairman in a colloquy, if I may.

Throughout the debate in the House, Members on both sides of the abortion issue have maintained that current law should apply. Current law with respect to abortion services includes the Hyde

amendment. The Hyde amendment and other similar statutes to it have been the law of the land on Federal funding of abortion since 1977 and apply to all other health care programs—including SCHIP, Medicare, Medicaid, Indian Health Service, Veterans Health Care, military health care programs, and the Federal Employees Health Benefits Program.

The intent behind both this legislation and the Executive order the President will sign is to ensure that, as is provided for in the Hyde amendment, that health care reform will maintain a ban on the use of Federal funds for abortion services except in the instances of rape, incest, and endangerment of the life of the mother.

Mr. WAXMAN. If the gentleman will yield to me, that is correct. I agree with the gentleman from Michigan that the intent behind both the legislation and the Executive order is to maintain a ban on Federal funds being used for abortion services, as is provided in the Hyde amendment.

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

Mr. WAXMAN. I yield the gentleman 30 additional seconds.

Mr. STUPAK. I thank the chairman.

I'm seeking the chairman's commitment that our conversations on this issue, the abortion issue, will continue.

Mr. WAXMAN. I know that this is an issue of great concern to the gentleman from Michigan and many other members of the Energy and Commerce Committee. You have my commitment to work with you and other Members in the future.

PARLIAMENTARY INQUIRY

Mr. BARTON of Texas. Madam Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BARTON of Texas. It has been agreed to, I am told, by the Parliamentarian and others, that if I yield to Mr. SENSENBRENNER 2 minutes right now, it will come out of Leader BOEHNER's time.

The SPEAKER pro tempore. The Chair has been so advised of the minority leader's designation of that time.

Mr. BARTON of Texas. I yield 2 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER).

Mr. SENSENBRENNER. I have listened to this colloquy and, frankly, it doesn't state the law. The proposed Executive order, which I have a copy of, specifically states that nobody can force the Executive order in any court. So the Executive order is merely a piece of paper that certainly will not have any effect of law.

Earlier today, the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) was quoted on Fox News saying, Well, it can't be changed by Executive order because an Executive order can't change the law. She was right on in that respect. An Executive order can't change the law.

But even on a policy question, President Obama, at a campaign rally when he was running for election, criticized the Bush administration's excessive use of Executive orders. Congress' job is to pass legislation. The President can veto it or sign it. Executive orders are not part of his power. The President also said, I'm not comfortable with doing something this significant through Executive orders, relating to trying terrorists in military commissions.

Now, finally, it is basic law, as reiterated by the Supreme Court as late as 2006 in the case of Hamdan v. Rumsfeld, that an Executive order cannot trump or change existing law. The Executive order that is being talked about now is a piece of paper. It will have no force and no effect. If one is concerned about preventing the exchanges that are established under the Senate bill that we will be voting on in a few hours, then the only thing that one can do is vote against that Senate bill to preserve the Hyde amendment from being expanded to programs that are created under the Senate bill.

I'm sorry, but the gentleman from Michigan and the gentleman from California have misstated the law. It is pretty clear. And even the President said it during the campaign, and the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) said it on TV earlier today.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to an important member of our committee who's played a very important role in this legislation, particularly as it relates to his State and other areas as well, the gentleman from New York (Mr. ENGEL).

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

Madam Speaker, I'm proud to be a Member of Congress, but never as proud as I am tonight. Tonight we're finally going to pass comprehensive health care for the American people.

My friends on the Republican side of the aisle keep saying the bill is flawed. The only flaw was when they controlled Congress and had the President of the United States, not once did they try pass health care, not even incrementally, as they say we should do now.

No longer, when we get sick, will the insurance companies say, Sorry, we can't cover you. No longer, if you lose your job or change your job, can you not keep your health insurance. You will be able to keep it. If have you a preexisting condition, you won't be able to be denied it. If you're 26 years old, you can stay on your parents' policies. There's no annual cap or lifetime cap. We help seniors by closing the doughnut hole in Medicaid. We save money. It's CBO scored.

Everybody wins with this bill, but especially the American people. I'm proud that we're passing comprehensive health care. The current system is not sustainable financially, and what we're doing means that everybody wins.

Mr. BARTON of Texas. Madam Speaker, I would yield 30 seconds to the gentleman from Oklahoma (Mr. SULLIVAN).

Mr. SULLIVAN. I'd like to thank Congressman BARTON for yielding me time.

Higher premiums, higher taxes, and cutting Medicare is not health care reform. Republicans care about health care, but we don't care for this bill. Unfortunately, the White House and congressional Democrats are still insisting on their massive 2,700-page bill that includes higher premiums, $500 billion in higher taxes, and $500 billion in cuts to senior Medicare.

My son, who's here this week, Tommy Sullivan, even can consider that that's not reform.

Mr. WAXMAN. Madam Speaker, I'm pleased to yield, at this time, 1 minute to someone who's been a very active member of the Health Subcommittee and the vice chairman of the full committee, the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Madam Speaker, when you build a house, you have to first put down a foundation. Today, we are laying a foundation for a health care system that will provide every American with access to high quality health care; a foundation that will immediately ban insurance companies from dropping people from coverage when they get sick, people like my childhood friend who lost his insurance when he got prostate cancer and later died too young; a foundation that will, beginning this year, give tax credits to small businesses so they can offer affordable coverage to their employees; a foundation that will now give parents of young adults the ability to keep their kids on their policies while they start their careers; a foundation that will finally give adults with preexisting conditions the ability to buy affordable insurance. And starting right away, insurance companies cannot exclude children, like my own young daughter, Francesca, who have chronic conditions such as diabetes or asthma, from coverage.

Madam Speaker, this bill is just a foundation. We need to build on it, but it's a strong foundation.

Mr. BARTON of Texas. I'd like to yield 1 minute to one of our best pro-life leaders in the House of Representatives, the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. This bill violates the conscience of the American people. It violates the principle that we should not spend more than we have. This bill is not reform. It just makes our existing entitlement crisis even worse. This bill violates the belief held by more than 70 percent of Americans that money collected by the government should not be used to pay for abortion or abortion coverage, but that's what this bill does.

Regardless of the colloquy, an Executive order is not a statute. It doesn't trump a statute. The government will end up directly paying for abortions at community health centers. Taxpayer subsidies will, for the first time in decades, subsidize insurance coverage that

includes abortion. The bill and the accompanying Executive order turns over the protection of the unborn to the most pro-abortion President in our history.

This extreme legislation is being forced on an unwilling Nation. It is the most pro-abortion bill and the largest expansion of abortion in our history. No Member who votes for it will ever be able to claim again that they have always stood on the side of the unborn. I'm sad to say this. This is a career-defining vote. There will be no living it down.

I urge my colleagues to vote ''no'' on this terrible bill.

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Mr. WAXMAN. I yield 1 minute to my colleague from California (Mrs. CAPPS), who is a very active and influential member of the Health Subcommittee.

Mrs. CAPPS. I thank the chairman. Madam Speaker, we've been trying to reform health care in this country for decades, and I've been blessed to participate both as a health care provider and now as a Member of Congress. Passing this bill is not only the right thing to do; it is truly a matter of life and death for the millions of Americans who today lack health insurance coverage, and it is critical for all who suffer from diseases that could have been completely preventible or dealt with earlier had they had access to screenings.

One thing, our bill will now guarantee no more copays for preventive screenings for diseases like cervical cancer or heart disease. As a public health nurse with decades of experience, I know this is one of the most important steps we can take to improve the health of American families, and I stress this point because it's one that's not brought up all that often.

I underscore the importance of universal access to preventive care because this measure will improve the lives of millions of families and save us all billions in avoidable health care costs. I know my constituents are going to appreciate these important provisions which will improve health care in the United States. It's one of the many reasons I urge my colleagues to vote ''yes'' on this bill.

Mr. BARTON of Texas. Can I inquire as to the time remaining on each side for the Energy and Commerce Committee's control.

The SPEAKER pro tempore. The gentleman from Texas controls 2½ minutes, and the gentleman from California controls 3 minutes.

Mr. BARTON of Texas. I yield 45 seconds to the gentleman from Nebraska, the Cornhusker State, Mr. TERRY.

Mr. TERRY. We all want all people to have access to affordable health care, but this trillion-dollar tragedy is just bad medicine. Medical costs are high, but this bill does absolutely nothing to help reduce costs. It does take $500 billion from Medicare, resulting in cuts in service to seniors. It does raise taxes on many small businesses, including new mandates on businesses and actually increases premiums as much as 13 percent.

In committee, I introduced an amendment that gives people access to exactly the same care that we have as Members of Congress, but Mr. MARKEY and almost all the Democrats voted against it. All Republicans voted for that. Last, the clear language of this bill allows abortion, and I encourage all Members to vote against it.

Madam Speaker, I rise today in opposition to this unprecedented legislation that will affect one-sixth of our economy, saddle our children and grandchildren with trillions of dollars of debt, and lead to a government takeover of America's health care system.

As a member of one of the House Committees with jurisdiction over health care, I have had a front row seat to watch a legislative process that has had one over-riding theme—no reform idea, bill, or amendment on health offered by a Republican or even a moderate Democrat was given any consideration. From the start this has been a process that is best described as, ''our way or the highway.''

This bill will result in rising health care costs and premiums. The Congressional Budget Office, CBO, reported in December that if the Senate bill was passed, average premiums per policy would rise by 10 to 13 percent in 2016, resulting in annual premiums of $5,500 for single policies and $13,100 for families.

According to the Congressional Budget Office, CBO, the health care bill carries a price tag of $940 billion over 10 years. Most revenue raisers come from new taxes on small business, individuals, and medical goods. Furthermore, the health care bill includes significant payment changes for Medicare Advantage and $500 billion in cuts to both Medicare and Medicaid. A number of arbitrary cuts are made to skilled nursing facilities, hospice, home health, Medicaid DSH payments, and popular Medicare Advantage plans. Specifically, the bill reduces Medicare Advantage payment benchmarks over the next 7 years, resulting in reduced access for millions of beneficiaries currently on Medicare Advantage plans. The ''savings'' Democrats purport are truly cuts to services that our seniors need. I don't think we can afford this plan and it will, in time, hurt both our economy and beneficiaries.

The scoring used by CBO and our Democrat colleagues can best be described as ''new math.'' For example, a 10-year fix for Medicare reimbursement to physicians will cost $208 billion, yet that is not counted in the CBO score. But a separate deal has been struck with the doctors to do that later this year. So by my math, the real cost of health care reform is closer to $1.3 trillion, not $940 billion.

A recent New York Times article highlighted a growing trend of physicians dropping Medicaid patients because of low payments—and the Democrats' solution to our health care crisis is to expand Medicaid eligibility to an additional 16 million more individuals over the next 10 years? In a letter to Congress following the Health Care Summit, President Obama acknowledged the need to increase Medicaid reimbursement to ensure future services and yet, those anticipated additional costs are nowhere to be found in either H.R. 3590 or H.R. 4872.

Another ''new math'' trick being used by the Democrats is to tell the American people that the Medicare Part D drug benefit ''donut hole'' will be closed. Yes, the ''donut hole'' is partially closed by this legislation, but not closed entirely until the year 2020 which is after the scoring period used by the CBO. Again, this ''new math'' is being used as a gimmick to make it appear that this bill will reduce the deficit. But it will not. This bill costs more than Democrats claim.

Last year, one of my Democratic colleagues stated, ''The fact of the matter is that some in the Republican party don't want these problems fixed because they're already doing just fine. They've got choice, they've got the federal plan, that's what I have. Well in the Democratic party we're saying something else, we want the American people to get at least as good as my friends in the Republican party have. We want at least the benefits that we have here in Congress—choice, affordability, lower cost and lower taxes for all Americans.'' I wholeheartedly agree with Congressman WEINER that Americans should have access to the same plans as their Members. Last year I offered two amendments to Speaker PELOSI's bill. The first was my alternative plan called Simple Universal Healthcare, SUH, which creates a new health insurance program similar to the Federal Employee Health Benefits Plan now available to the President, Vice President, Members of Congress and all federal government employees. The plan allows the uninsured and small businesses access to more affordable insurance with options, portability and no mandates. The other amendment I offered would require that the President, Vice President, and Members of Congress enroll in PELOSI's public plan. Both amendments were prevented from a floor vote by Speaker PELOSI's rules.

Yesterday, I attempted to offer the Simple Universal Healthcare plan as an amendment in the Rules Committee, however Speaker PELOSI ordered the nine Democrats on the Committee to kill all Republican amendments and therefore my bill did not survive.

Madam Speaker, there are some in this chamber who may consider this a momentous day. And that it will be if the House of Representatives votes to spend trillions of dollars and forwards the bill to future generations. While we ramp up spending, we have not dealt with the exploding costs of Social Security, Medicare or Medicaid. We are on a path of fiscal recklessness that threatens the future economic growth of America. So for me, this is a sad day, one that could have been avoided had the House worked together on a bipartisan basis to provide the American people greater access to health care that we can afford.

I urge my colleagues to vote ''no.''

Mr. WAXMAN. Madam Speaker, I am pleased to yield 1 minute to the gentleman from Pennsylvania (Mr. DOYLE), who has played a very significant role in bringing us all together and I think has a great deal of responsibility for getting this bill to the point where it is today.

Mr. DOYLE. Madam Speaker, my office got a call today from Mary Anne Ferguson, 91 years old from Point Breeze in Pittsburgh. She asked me to

vote for health reform because she wants everyone to get the coverage she has. She remembers before Medicare when half of our seniors worried about getting sick because they had no health insurance.

Today, millions of working Americans fear getting sick because they don't have health coverage. One of those was Bill Koehler from Garfield in Pittsburgh. His sister Kitty says that Bill was a loving and generous man to his friends, family, and those in need. When he lost his job, he lost his coverage. His new job as a pizza delivery driver earned too much to qualify for Medicaid, and private insurance wasn't going to cover his preexisting heart condition—the very reason why he needed health insurance. He died last year from a heart attack while driving home.

So when I'm called to vote tonight, I will stand on the side of Mary Anne Ferguson and Bill Koehler and the tens of millions of Americans who need us to pass this bill. ''Yes'' to health reform. ''Yes'' to Bill Koehler.

Mr. BARTON of Texas. I would like to yield for a unanimous consent request to Mr. ROGERS of Kentucky.

(Mr. ROGERS of Kentucky asked and was given permission to revise and extend his remarks.)

Mr. ROGERS of Kentucky. Madam Speaker, I rise in opposition to this flawed health bill.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentlewoman from Tennessee (Mrs. BLACKBURN), a member of the committee.

(Mrs. BLACKBURN asked and was given permission to revise and extend her remarks.)

Mrs. BLACKBURN. Madam Speaker, I rise in opposition to this flawed bill.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentleman from the Peach State of Georgia, Dr. GINGREY.

(Mr. GINGREY of Georgia asked and was given permission to revise and extend his remarks.)

Mr. GINGREY of Georgia. Madam Speaker, I rise in the strongest opposition to this flawed health care bill.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentleman from the Pelican State, Mr. SCALISE, another member of the committee.

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

Mr. SCALISE. Madam Speaker, I rise against this health care bill.

Mr. BARTON of Texas. And, finally, Madam Speaker, I yield 45 seconds to another member of the committee, the distinguished Mr. MIKE ROGERS from the great State of Michigan.

Mr. ROGERS of Michigan. Madam Speaker, if this bill is so great, why the deception? The lying, the stealing, the cheating? I have never seen such behavior in my entire time in politics. ''If you like your health care, you can keep it.'' Not true, if you read the bill. Ten years of taxes, 6 years of services, if you read the bill. They steal money from the Social Security trust fund and cut $500 billion from Medicare.

And not only that, Madam Speaker, but this pits one American against another in the cost of health care for the first time in our history. If you're a Florida senior citizen, you get to keep your Medicare Advantage. If you're from the other 49 States, you do not. And there is dirty deal after dirty deal after dirty deal in the bill that this House will vote on. It is a disgrace. It's wrong. America deserves better.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois, JAN SCHAKOWSKY, a member of our committee and the Health Subcommittee.

Ms. SCHAKOWSKY. Tonight I want to express my profound thanks to the people of Illinois' Ninth Congressional District, the place where I was born and lived nearly all my life, for the privilege of being here tonight to cast my vote for this historic health care measure. My life's work has been to answer what is at bottom a moral question: Will the United States of America continue to allow our people to lose their lives, their homes and their fundamental sense of security, or finally decide that a proud and wealthy country like ours has an ethical obligation to provide access to health care for everybody? Is it even credible to think that a country as rich as ours in so many ways can't afford to do this?

I am so proud that today this House, under the leadership of perhaps the most effective Speaker in U.S. history, NANCY PELOSI, will say to all those parents agonizing over a sick child who is now excluded from insurance coverage because of a preexisting condition, Sleep well. Our courageous and visionary President Barack Obama, when he signs this law, that problem will end. This is a great day for America.

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

The gentlewoman from Illinois is reminded to please heed the gavel.

Mr. BARTON of Texas. How much time do I have remaining, please, Madam Speaker?

The SPEAKER pro tempore. The gentleman has 55 seconds remaining.

Mr. BARTON of Texas. I am going to yield to the gentleman from Texas, Dr. BURGESS, 15 of those precious 55 seconds.

Mr. BURGESS. I thank the gentleman for yielding. You know, it's really a shame we have this health care bill in front of us. We have provisions now for 17,000 new IRS agents but not one dollar for a new nurse or a new doctor. You know what, you'll have access, all right, but you may be getting your prenatal care from Turbo Tax.

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 or other audible conversation is in violation of the rules of the House.

Mr. WAXMAN. Madam Speaker, for the purpose of a unanimous consent request, I yield to the gentleman from the State of Washington (Mr. INSLEE), a member of our committee.

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

Mr. INSLEE. Madam Speaker, I rise in strong support for this American health care bill.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. WAXMAN. Madam Speaker, for the purpose of a unanimous consent request, I yield to the gentleman from Texas (Mr. EDWARDS).

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

Mr. EDWARDS of Texas. Madam Speaker, I rise in opposition to this bill.

Madam Speaker, Americans need and deserve health care reform. Without it, the quality of our health care system will go down and costs will continue to go up. The present trend of fast rising health care costs and increasing numbers of uninsured is unsustainable. If left unchecked, these problems will bankrupt more businesses, hard-working families, hospitals, and, ultimately, state and federal budgets.

This is why I had wanted to vote for health care reform, and this bill has a number of positive provisions in it that I support, such as providing tax cuts for small employers offering health insurance, creating a private health insurance exchange, helping seniors with their prescription drug costs and preventing discrimination against people with pre-existing conditions.

However, I cannot vote for this bill, because at a time of unprecedented federal deficits, we simply cannot afford all of its new spending. I believe it would have been better to have passed a less expensive bill and less expansive bill, one that could have united, not divided, our Nation. In the long run, for health care reform to work, it must have the support and confidence of the American people.

I realize it is easier to criticize than to write comprehensive health care reform legislation. I also realize that some of the criticisms lobbed at this bill are without merit, such as the false suggestion that it contains death panels. Nevertheless, I believe we could have passed a less complicated, more affordable bill this year that would have garnered widespread support across our country.

Over the past year I have listened to thousands of constituents from all walks of life across our district on the issue of health care reform. What I have heard is that people generally like the quality of their present health care and don't want big government or big insurance companies to stand between them and their doctors. They also believe we must do something to make health care more affordable for families and businesses. I agree.

Above all else, what I heard from my constituents is that they have to tighten their belts in this difficult economy, and they want the federal government to do a far better job of living within its means. There is great wisdom in that observation, and I believe we have a moral obligation to not drown our children and our economic future in a sea of national debt.

Unlike the Medicare prescription drug bill that was passed in 2003 without being paid for, I support the principle that health care reform should be paid for. I hope the Congressional Budget Office is right when it says this bill will reduce the deficit, but, frankly, I am skeptical that anyone can predict with absolute certainty the cost of such a complex, far-reaching bill over a period of 10 to 20 years.

That is why I had urged that this bill include a fiscally responsible trigger mechanism in it that would cut spending if actual costs exceed projections, if cost savings are not fully realized or if projected new revenues are overestimated. The President mentioned such a trigger in his address to Congress last year, and a trigger was included in some parts of the bill. However, I am disappointed that my common sense proposal for a trigger covering all of the bill's costs and revenues was not included. Today, most Americans simply do not believe this bill will reduce the deficit and health care costs. I hope they are wrong, but I fear that they are right.

A less expensive bill, with a fiscally responsible trigger in it, would have also reduced the need for the additional taxes and Medicare reductions included in this bill. Once the new revenues and Medicare savings have been used to pay for the new spending in this bill, it will be that much harder to find ways to reduce the massive federal deficits our Nation is facing for the foreseeable future.

If left unchecked I believe huge federal deficits will harm our economic growth and our children's future. Increasing interest payments on our $12.7 trillion national debt will lead to higher taxes and crowd out vital education, health care, infrastructure, national defense and job training programs that are so important for hard-working families and our country.

Reining in massive federal deficits will require tough choices, the same kind of choices families and businesses have to make every day. Given this year's deficit will be approximately 1.3 trillion dollars, I simply believe we cannot afford all of the new spending in this bill.

If this bill becomes law, my hope is that Congress will protect its positive provisions but reduce its scope and costs to get our country back on track toward a balanced budget that can ensure economic opportunity for future generations of Americans.

The SPEAKER pro tempore. The gentleman has 55 seconds remaining.

Mr. WAXMAN. Madam Speaker, I yield the balance of my time to the gentlewoman from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. Madam Speaker, what this all boils down to is, Whose side are you on? Madam Speaker, I rise today on behalf of the 13,500 people in my district who will finally have access to health insurance because of this measure. I rise for the 1,000 families in south central Wisconsin who will be protected from medical bankruptcy this year because of this effort. And I rise today because of the 539,000 constituents who will see their coverage improve because of the work we've done.

Madam Speaker, I rise with pride and hope in the promise of this health care reform bill. There is no doubt that powerful interests have strenuously opposed reform, and they've often resorted to tactics that could make no one proud. But nothing can sully the pride I feel today in taking this critical step to provide health coverage for all Americans. I've worked my entire career to achieve health care for all. Today we stand on the floor of the people's House ready to pass the bill.

The SPEAKER pro tempore. The gentleman from Texas has 40 seconds remaining.

Mr. BARTON of Texas. I yield myself the balance of my time.

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

Mr. BARTON of Texas. Madam Speaker, this bill will not last. It is based on a fatal assumption that one party acting unilaterally can dictate the entire will of the American people on one-sixth of the economy. That will not happen. It reignites the abortion debate. It is fatally flawed in its assumptions in terms of balancing the budget and deficit reduction, and it will take away coverage from millions of people if it gets as far as 2014 and you kick in the option that puts all these mandates on employers.

Please vote ''no.'' Let's go back, start over. Let's start from scratch and do a bill that everybody can support. Vote ''no'' on this bill.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) is recognized for 15 minutes as a designee of the majority leader.

Mr. LEVIN. Madam Speaker, I yield myself 1 minute.

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

Mr. LEVIN. We come to the floor for thousands of votes each year, but no single vote comes with so many personal stories within our families and my own. In our districts, people have spoken out about the need for real reform.

The millions and millions that have health insurance now worry about losing it. The average premium for employer-based insurance has more than doubled in the last 10 years. And I heard from a woman that had worked for a large company, started her own franchise, and she writes, ''I exhausted my COBRA, then joined a group health plan. Several years ago, I had open heart surgery. The group disbanded. No insurance company would touch me with a 10-foot pole. I am uninsured and was just diagnosed with my second episode of breast cancer, with no insurance.''

I heard from a young man diagnosed with leukemia at the age of 17. His disease went into remission. He started to work. He was laid off, uninsured, and when he started to get sick again, he had to turn to emergency rooms for care.

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

Mr. LEVIN. I yield myself 15 additional seconds.

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Mr. LEVIN. I yield myself 15 additional seconds.

Republicans have turned their back on the problems. Some of them have taken to saying health care reform makes us a different Nation; quite the opposite. Today, in the tradition of America, we will pass health care reform, and it will make our beloved America a still better Nation.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. CAMP) is recognized for 10 minutes as a designee of the minority leader.

Mr. CAMP. Madam Speaker, I yield myself 1 minute.

The American people have spoken. They do not want the tentacles of the Federal Government reaching into their lives and controlling their personal health care decisions. Yet that is exactly what will happen under the Democrats' health care bill. Federal bureaucrats will be making your health care choices for you and your family, and the IRS will be enforcing them.

The American people know that you can't reduce health care costs by spending a trillion dollars or raising taxes by more than half a trillion dollars. The American people know that you cannot cut Medicare by over half a trillion dollars without hurting seniors. And the American people know that you can't create an entirely new government entitlement program without exploding the deficit. They are right, and the nonpartisan Congressional Budget Office has confirmed it.

Simply put, the Democrats' bill will not only ruin our health care system, but the tax increases will ruin our economy and kill jobs.

I urge my colleagues to listen to the American people and kill the bill.

I reserve the balance of my time.

Mr. LEVIN. Madam Speaker, it is now my real privilege to yield 1 minute to the distinguished gentleman from New York (Mr. RANGEL) who has given decades and decades of service to this Congress, to New York, and to the people of America.

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

Mr. RANGEL. Thank you, Mr. Chairman.

Madam Speaker, my colleagues, one of the lowest points in my political career was when I asked for a leave of absence from the chairmanship of the Ways and Means Committee. I had thought at that time with my feeling about how important it would be for the entire Nation to have access to

quality health care that I did not want to do anything or be anywhere to distract from our leadership, NANCY PELOSI, our leader STENY HOYER or JIM CLYBURN, but most important, the great Members who worked so hard with me and our dedicated staff to get out the first bill on this very important subject.

When people ask how do you feel and how are you today, I can report that this has been one of the most historic moments of my life, to be privileged to serve in this great body and to be a part of this legislation that I know that, no matter how long anybody has been in this great legislative body, people will ask, Which side have you been on? And thank God I am on the right side.

Mr. CAMP. Madam Speaker, I yield 45 seconds to the gentleman from California (Mr. HERGER), a distinguished member of the Ways and Means Committee.

Mr. HERGER. Madam Speaker, the American people have spoken again and again. They do not want to spend nearly $1 trillion on a new government health care program paid for by raising taxes, and raiding the Medicare trust fund. They don't want to force everyone to buy government-approved health insurance or subsidize health plans that cover abortion. And they don't want a 2,400-page bill riddled with backroom deals.

Madam Speaker, Americans are watching and know what is at stake. Let's reject this destructive legislation.

Mr. LEVIN. Madam Speaker, in terms of seniority and in recognition of all of his years of service, I would like to note that the gentleman from California (Mr. STARK) is going to be submitting a statement to the RECORD. And I am now pleased, it is a special privilege, to yield 1 minute to the very distinguished gentleman from Georgia, Mr. JOHN LEWIS.

Mr. LEWIS of Georgia. Madam Speaker, this may be the most important vote that we cast as members of this body. We have a moral obligation today, tonight to make health care a right and not a privilege.

There are those who have told us to start over. There are those who have told us to wait. They have told us to be patient. We cannot wait. We cannot be patient. The American people need health care, and they need it now. On this day at this hour, stand with the American people and not with the big insurance companies. On this day at this moment in this Chamber, answer the call of history, answer the spirit of history and pass health care. Give the American people a victory. Give health care a chance.

Mr. CAMP. Madam Speaker, I yield 45 seconds to a true American hero, the distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. SAM JOHNSON).

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

Mr. SAM JOHNSON of Texas. Madam Speaker, today's vote defines what kind of America we want to live in. I for one know exactly what that is; it is the America I fought and sacrificed for, and all the freedoms we hold dear. Freedom from a $2.6 trillion Washington takeover of health care; freedom from skyrocketing taxes; freedom from bureaucrats coming between you and your doctor; freedom from Medicare cuts to seniors; freedom from exploding debt; freedom from the government forcing you to buy health insurance.

I ask my colleagues, what kind of legacy do you want to leave for your children and grandchildren? Will you cave to the demands of Speaker PELOSI, or will you listen to the pleas of the hardworking American people who elected you. Join me in this fight for freedom, vote ''no.''

Mr. LEVIN. Madam Speaker, it is now my privilege to yield 1 minute to the very distinguished gentleman from Massachusetts (Mr. NEAL).

Mr. NEAL of Massachusetts. Madam Speaker, this is a most significant day. Health insurance reform has been coming for a long time, and we are finally here. With passage of this bill, American families are going to take back control of their health care.

This bill bars insurance companies from discriminating based on preexisting conditions. It caps out-of-pocket expenses. Half the bankruptcies in America are due to health-related matters. This bill allows individuals and small businesses to purchase affordable insurance from competitive marketplaces. It contains cost controls that will save the taxpayer $138 billion over the next 10 years. And for parents that are watching tonight, your dependents can stay on your insurance until they are 26 years old.

Nobody has defended Social Security and Medicare the way I have in this institution. And I must tell you tonight, I can't believe anybody who is witnessing this debate would believe for 1 minute that our Republican friends have been better in history on Medicare than we have been. It is in our DNA. This is a defining moment. The exclusionary and discriminatory tactics that exist in our current system tonight become history as well.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to the gentleman from Texas (Mr. BRADY), a distinguished member of the Ways and Means Committee.

Mr. BRADY of Texas. The government promised you health care. When forced to buy the government-approved plan or face the tax man, you complied. But the cost didn't go down, it went up; it's the highest ever. It takes now 3 months to see a doctor. And when you need care, the government plan denies it four times more often than your insurance company. Now the government is short on money. They started rationing care, cutting hospital payments, withdrawing coverage from some families, and it has just been 3 years since it all began.

Folks, this isn't the future, this is Massachusetts today. Higher costs, slower care, and rationing. That is why Massachusetts said ''no'' to Obama care. America is saying ''no'' too because bigger government doesn't mean better health care.

Mr. LEVIN. Mr. Speaker, I yield to the gentleman from New York for a unanimous consent request.

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

Mr. MAFFEI. Mr. Speaker, I submit the remarks for the RECORD that I delivered at the American Cancer Society in East Syracuse on Tuesday of this week in support of this historic health care reform bill.

I have heard from thousands of constituents about the current health care reform debate. I've tried to listen to everything they've had to say—for and against health care reform. Their advice and their pleas and their stories and their criticisms have helped guide my advocacy on behalf of changes and improvements to proposals before Congress and my decision on the compromise legislation before Congress.

Now that the President's changes will be incorporated into the final legislation, I will support this historic health care reform effort.

I am voting in favor of this legislation not because I think it is perfect, but because I strongly believe it is in the best interests of my constituents—that it will make a positive difference in the lives of families, businesses, and hospitals in central and western New York.

First, I'm voting for this because we need to do something to control rising health care costs that keep taking a bigger and bigger bite out of the household budgets of upstate New York. Skyrocketing health care costs aren't just crippling the U.S. economy—they're emptying our pocketbooks. My entire life is filled with stories about how people—regular middle-class people—can't afford the health care they need. How insurance companies have denied needed care. How kids graduating from college can't find affordable coverage. How people with life threatening conditions need to hold bake sales and bowl-athons to pay health bills. Families go bankrupt not because they were irresponsible but because they trusted their insurance plans. More than 72 million adults currently have medical debt or problems paying their bills even though most of them have insurance. It has to end—and I honestly believe if we don't take action now it never will.

Second, I'm voting for this because if we don't fix health care, businesses that are struggling to compete in a global economy will fall further and further behind.

As premiums nearly double, employees in small firms will see offers of health insurance options almost cut in half. It is predicted the 41 percent of firms offering insurance in 2010 will drop to 23 percent in 2020. Not because they are bad employers but because they cannot afford it.

Every industrialized nation has figured out a way to get people affordable coverage—the United States can, too.

And finally, I'm voting for this bill because the county, state, and country are going broke due to health care costs. Sure, we could limp

along another few years but if we do, it will only be harder to control those long-term costs.

I know many people in my district will be encouraged that we are finally moving forward, that we are finally taking action on an issue that affects us all.

I know others will be unhappy. Many of my constituents have strong concerns about this legislation. In fact, I share some of those very same concerns. I worked very hard to improve this bill. I led the fight to hold down the tax on medical devices. I advocated for businesses with less than 25 employees to get subsidies for health insurance and for a reduced burden on other businesses. I fought successfully to raise the threshold on any benefit surcharge so that it won't affect middle-class people in my district.

This is not a perfect bill. But it is an important legislation that we need to pass to move this country forward.

There are several criticisms of the proposal that do come up certainly across the country and even here in my district that I feel compelled to address.

First, many argue that this is a government take-over of health care. That is simply not true. In fact, except for Medicare, Medicaid, the VA and other already existing programs, Americans would be covered by private insurance plans. A public option which I support is not even included in this plan. There are some additional regulations that give more rights to patients such as not allowing health plans to deny coverage due to preexisting conditions. But these are widely supported and necessary changes. To assert that these new patient rights are some sort of government take-over is absurd.

Second, some will say that large majorities of the American public are against the President's plan. The Post-Standard printed an AP poll this last weekend that did show slightly more respondents nationwide opposed rather than supported the health care reform plans—by two percentage points—43 to 41. But for many it's not that the plan went too far but that it did not change enough. In fact, fully 82% of the respondents to that same poll wanted to change the health system a moderate amount or more. Only 17 percent said it should be changed a little or not at all.

So this idea that Americans don't want change is simply wrong. In this region, it is particularly misguided. While it is true that my office has received many calls objecting to the health care debate, a vast majority of them have been from out-of-state—a purposeful and well-funded attempt to jam our lines so that my constituents cannot get through. And yet thousands did and while it is clear there are diverse opinions and that my constituents are more divided on this than any other major question we've faced so far, it is also clear from our office communications and our research that a majority of my constituents want me to work as hard as I can to improve health care proposal and support the changes we need. And I will do just that.

Third, that the President's proposed changes will increase costs to businesses and taxpayers. But I ask compared to what? The current trajectory is already bankrupting businesses, states, counties, cities, and right here in central New York leading to higher and higher property taxes. Under the current system, health care will consume one of every three dollars in the U.S. economy—twice as much as it does today. The President's plan gets these costs under control by implementing nearly every idea suggested including Republican ideas on medical malpractice and increasing ability to buy insurance across state lines. It also over time implements real cuts in government spending on health care including eliminating some of the waste and subsidies.

I believe that many of these cost savers will work. I know that doing nothing will bankrupt our country and our families and our small businesses.

I know the Republicans in Washington have said that they want to make health care the central issue in the elections this coming November. Thousands and thousands of dollars have already been spent on ads running against me here in central New York. Some of these ads have been proven to be false.

Far from convincing me to oppose the health care reform, they have strengthened my resolve. Because when people who have that much money feel so strongly that they run attack ads on you, chances are that what you're doing is in the best interest of taxpayers and ordinary families.

So what's in this proposal?

People who have been denied coverage because of a pre-existing condition will finally have access to affordable coverage. Insurers will no longer be able to drop your coverage when you get sick and are in the middle of treatment.

Never again will you lose access to insurance if you get laid off or switch jobs.

Small businesses and employers getting crushed by soaring health care costs will see lower costs.

Never again will you be subject to annual or lifetime limits on what insurance companies will pay, protecting millions of Americans from the threat of medical bankruptcy.

Insurers will be required to offer free preventive care, lowering your out-of-pocket expenses and helping ensure that diseases or conditions can be caught early on.

Seniors who fall into the Medicare Part D donut hole will see lower prescription drug costs as immediate steps are taken to close the donut hole. Employers who cover their early retirees will receive temporary funds to help offset the cost of expensive claims for retirees' health benefits—lowering premiums and protecting coverage for early retirees.

Insurers are prohibited from charging women more than men for health insurance or discriminating on the basis of domestic violence as a pre-existing condition. Required maternity services as part of the essential benefits package in the exchange.

Young adults will now be able to stay on their parents' insurance much longer, through their 26th birthday.

And finally, health reform will guarantee access to quality, affordable health insurance for 31 million Americans who don't have coverage today, also eliminating the annual hidden tax of $1,100 that American families pay to cover the cost of the uninsured. While the official health insurance exchanges are being created, a temporary insurance pool will be available for individuals with pre-existing conditions or chronic illnesses.

These benefits are all vitally important. But perhaps in the end it comes down to this: those opposed to health care reform are concerned that it will cost them more. This bill saves money and the further out you go, the more it saves. But it also saves something more precious—it will save lives.

Mr. LEVIN. Mr. Speaker, it is now my real privilege to yield 1 minute to the distinguished gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. So very fearful of being held accountable, the giant insurance monopolies have spent millions spewing out anger and spreading fear of reform. We have not seen such outlandish, outrageous arguments raised since the same forces failed to block President Lyndon Johnson from securing approval of Medicare.

For Republicans, our bill is too long or it is too short. It is too thick or it is too thin. It is never just right because their true answer to health insurance reform is ''never, never, never.'' Our determined efforts should not be derided as a four-letter word, but you can certainly sum up our many, many pages with four words: you've got health care.

With this reform, every insured American gets valuable consumer protections, and every uninsured American can become insured. Thirty-two million Americans will be protected from the risk of bankruptcy from health care.

The bill restrains soaring insurance premiums and reduces Federal deficits.

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

Mr. DOGGETT. My time has expired, but many Americans will not, as a result of this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SERRANO). The Chair will remind all Members to heed the gavel.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to the distinguished gentleman from Georgia, Dr. LINDER.

Mr. LINDER. Mr. Speaker, I feel rude trying to inject some fact into this kabuki theater, but I am going to try: 85 percent of America is insured; 95 percent of those people are happy with their insurance. The other 15 percent uninsured, they consume 70 percent on average as much insurance as those who are insured. They are cared for. The lady in Cleveland who has been referred to ad nauseam is being cared for at the Cleveland Clinic.

So what are we to do about those 15 percent? Why not take over 16 percent of the economy. A $2.5 trillion program that will destroy health care for the 85 percent who are happy, to find health care for the 15 percent who are not insured. This has never been about health care. This is about government.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the very distinguished gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. Mr. Speaker, I have worked for access to quality, affordable health care from day one of my very first campaign, and every day since.

Today, with passage of this bill, we will be closer to that important goal

than ever before. When the President signs this bill into law, insurance companies won't be able to drop your coverage if you get sick. Kids won't be denied coverage because of preexisting conditions. Young adults will be able to stay on their parents' policy until they are 26. Small business owners will be eligible for a tax credit. Seniors will see the Medicare doughnut hole start to close, and preventive care will be covered without copay.

The bill is paid for and will reduce our debt. In my district, 63,000 uninsured residents will have access to coverage, and it will save my district $70 million in uncompensated care costs. This bill is a great start toward health care reform and will help millions of Americans afford quality health care.

□ 2000

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from California (Mr. NUNES).

Mr. NUNES. Mr. Speaker, this debate is not about the uninsured; it's about socialized medicine. Today we are turning back the clock. For most of the 20th century, people fled the ghosts of communist dictators, and now you are bringing the ghosts back into this Chamber. With passage of this bill, they will haunt Americans for generations.

Your multitrillion dollar health care bill continues the Soviets' failed Soviet socialistic experiment. It gives the Federal Government absolute control over health care in America.

My friends, that is what this debate is really about. Today, Democrats in this House will finally lay the cornerstone of their socialist utopia on the backs of the American people.

Say ''no'' to socialism. Say ''no'' to totalitarianism. Say ''no'' to this bill.

Mr. LEVIN. It is now my privilege to yield 1 minute to the Chair of our caucus, the very distinguished gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. I thank the chairman, and it's my honor to yield my time to someone who's always understood whose side he's on in this debate, the gentleman from Michigan, MARK SCHAUER.

Mr. SCHAUER. Mr. Speaker, today I stand for the people of Michigan who lost their insurance when they lost their jobs—they've been dropped and denied coverage by insurance companies for preexisting conditions or because they got sick—and are going broke because of their medical bills.

I stand for the elderly in my district who fall into the doughnut hole and must choose between food and medicine, and I stand for small businesses who plead for help to put an end to double-digit premium increases that make them choose between jobs and health care. All of these things will end with the passage of this bill.

The question of the day is: Whose side are you on? I'm on the people's side, not on the side of the powerful special interests who've spent millions to kill this bill. Cutting through all of the deception, misrepresentation, and lies, I stand with the people.

I urge you to do what's right and vote ''yes.''

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Ohio (Mr. TIBERI).

Mr. TIBERI. Mr. Speaker, I am for health care reform, but not this version. This is a bad bill. It does nothing to address the cost of health care. This bill increases taxes on individuals and employers. It cuts Medicare and adds debt to future generations.

But don't take my word for it, Mr. Speaker. My hometown newspaper, The Columbus Dispatch, has published three editorials this last week against the bill suggesting, and I quote, ''It is incredible that a sixth of the U.S. economy and the health of every American could be subjected to massive government intervention based on such fiscal dishonesty and secrecy.''

Mr. Speaker, this bill does nothing to reform our health care system. It adds people to a broken system.

[From Editorials]

ADD IT UP

ON HEALTH-CARE VOTE, LAWMAKERS SHOULD PAY HEED TO THE PEOPLE

The Obama administration and Democratic leaders in Congress are pushing Democratic members of the House to pass the Senate health-care overhaul in the next week or two and to trust the Senate to agree to changes in follow-up bills that will make the plan more amenable to House Democrats.

This complicated approach is a parliamentary maneuver intended to deny Senate Republicans the opportunity to kill the bill with a filibuster.

Of the 11 Democratic members of Ohio's congressional delegation, one is opposed and eight say they are undecided about how they'll vote. Among Ohio's nine Republican members of Congress, there is no ambivalence. All nine plan to oppose it.

President Barack Obama is pressing hard for the overhaul because it is his signature issue. He is more than a year into his administration and has been handed setback after setback, despite the fact that the White House, House and Senate are in Democratic hands. The economy is stalled, unemployment remains at punishing levels and voters are angry at the lack of improvement. Not only that, but they are alarmed about the serious amounts of debt the government has run up in less-than-stimulating stimulus efforts. The ''blame Bush'' strategy that Obama has employed to date is now a dead horse, unresponsive to further lashing. In short, Obama is desperate for a win.

Ohio's Democrats must decide whether they were elected to give the American people the best health-care bill possible, or whether they were elected to save a president from a political morass.

The answer should be easy: they should vote for the American people. That means saying no to the health-care overhaul plans now before Congress. The plans so are have been sold under false pretenses using accounting gimmicks that lowball the costs. They contain no serious mechanisms for controlling the escalation in health-care costs. And extending health insurance to 31 million more Americans would place demands on doctors and hospitals that will drive costs through he roof or necessitate rationing whether it takes the form of denying some treatments or making people wait longer for care.

The federal government already runs two of the biggest medical programs in the country, Medicare and Medicaid, and both are headed for insolvency. Consider that the health-care overhaul calls for putting half of the 31 million uninsured onto state Medicaid rolls at a time when Medicaid already is driving state budgets into the red.

If almost half of Ohio's congressional delegation is undecided, the American people are not. Recent opinion surveys find that half or more of Americans oppose the proposed overhaul. The number favoring the plan rarely tops 40 percent. No proposal to make over a sixth of the U.S. economy and to radically alter the health-care prospects of all Americans should be rammed through in the face of such opposition.

SHORT TAKES

Congressional Democrats celebrated on Friday after finally unveiling a Congressional Budget Office estimate of the cost of the latest version of their proposed health-care overhaul: $940 billion over the first decade, with a deficit-reducing surplus of $138 billion.

However, as with previous CBO estimates, the key is in the rules and assumptions Congress required the bean-counters to follow in preparing the estimate.

And, as before, the rules are gamed to lowball the costs with assumptions that are dishonest, such as the one that says that the overhaul will be financed in part by squeezing hundreds of billions of dollars in savings from Medicare.

Everybody in Washington knows that is never going to happen, and that this alone—never mind the other gimmicks in the estimate—pushes the plan into deficit.

The estimate is dishonest, as is the planned parliamentary dodge the House is likely to use to pass the overhaul without requiring members to directly cast a vote for the Senate bill that forms the core of the plan.

Meanwhile, President Barack Obama and his aides deny that he is telling balky Democratic House members that they must vote for the measure to save his presidency. But Obama's cancellation of his trip to Asia, which was to begin on Sunday, speaks volumes about what he thinks this vote means to his presidency.

The administration also denies that Obama has cut any special deals in dozens of private meetings with individual House members over the past week. But neither is the White House divulging many details about these closed meetings.

It is incredible that a sixth of the U.S. economy and the health of every American could be subjected to massive government intervention based on such fiscal dishonesty and secrecy.

To better render justice, courts should move at a deliberate speed. But justice delayed is justice denied.

So, understandably, Ohio Attorney General Richard Cordray is urging the Ohio Supreme Court to move quickly in settling a dispute that will decide whether the state can reclaim $260 million in tobacco-settlement money.

The money, originally slated for anti-tobacco programs, became the center of a legal battle almost two years ago, when the governor and lawmakers sought to divert it for use in an economic-stimulus plan.

Officials of the Tobacco Use Prevention Foundation tried to thwart the governor by

transferring the money to the American Legacy Foundation in Washington, D.C. The governor and lawmakers retaliated appropriately by abolishing the Tobacco Use Prevention Foundation and ever since have been fighting in court for the money to be returned to the state.

Cordray quite properly argues that as the next biennial budget looms, with huge shortfalls anticipated, state and local officials need to know whether Ohio will be able to count on the tobacco money. Even if the answer is no, at least the decision will end the uncertainty and allow budget planning to proceed.

[From the Columbus Dispatch]

SAY NO

HEALTH-CARE OVERHAUL WON'T REDUCE COSTS, WILL DRIVE UP U.S. DEBT

Democratic lawmakers in the House are under tremendous pressure to approve within days a massive overhaul of health care. If these members succumb to the pressure from President Barack Obama and Democratic leaders, they will be approving a major intervention into a sixth of the U.S. economy—a move driven by the president's need for a political victory, not by sound policy that serves the interests, wallets and health of the American people.

Approval of the proposed plan would guarantee that Americans pay more to get less health care. Care ultimately will be reduced, either by raising its cost, by limiting the amount and kind of care available or by making people wait longer.

Finally, the cost of the new government spending for health care will add to the annual federal deficits and increase the national debt, which already surpasses $12 trillion.

Though the president claims that the overhaul will reduce the ever-mounting cost of medical care and reduce the federal deficit over 10 years, his numbers are based on accounting tricks, including gaming of revenue and spending estimates and double-counting of various federal revenues.

The vaunted Congressional Budget Office figures that Obama points to in claiming savings are bogus. The CBO is a by-the-books outfit, but it prepares its estimates based on the parameters and assumptions laid down by Congress. If the parameters are dishonest, then the resulting estimate will be, too. In its scoring of the Senate health-care bill, for example, the CBO was required to base its estimate on 10 years of tax revenues generated under the plan, but balance that against only six years of spending mandated by the plan. No surprise then, that the estimate shows the cost coming in at less than $1 trillion over its first decade, with a modest surplus. The real question is what the program would cost over a period of 10 years when taxation and spending are fully under way. That number is $2.3 trillion, by one estimate.

The plan proposes to pay for itself, in part, with $500 billion to be cut from Medicare, but Medicare already is headed for insolvency, so money taken from it simply increases Medicare's $38 trillion unfunded liability.

In December, the chief actuary for the federal Centers for Medicare and Medicaid Services reported that the Senate plan does nothing to curb increases in costs and actually would make those costs higher than they would be without the overhaul.

Adding 31 million people to health-insurance rolls, as the bill seeks to do, will increase the lines waiting to see a doctor or to enter a hospital for treatment. This massive increase in demand also will drive up the cost of care. The president has promised that those content with their current insurance coverage won't have to change it, but the circumstances under which they exercise that coverage are going to change significantly. Expanding to vastly the pool of people with health insurance is going to mean sacrifices in affordability and access for everyone.

Half of the 31 million are to be enrolled in state Medicaid programs, at a time when Medicaid has become the Pac-Man of state budgets, swallowing billions in state revenues each year at a accelerating rate. Meanwhile, many doctors already refuse to take on additional Medicaid patients, so where will the millions of new Medicaid enrollees find care?

Under the proposal, medical costs, health-care premiums, annual federal deficits and the national debt would increase—the direct opposite of the president's promise that it would provide Americans with affordable health care that improves the government's bottom line.

The Senate bill that the House is being asked to approve also contains all the back-room political payoffs to favored lawmakers that so enraged the nation when the measure was passed by the Senate, such as the ''Cornhusker kickback,'' negotiated by Nebraska Democratic Sen. Ben Nelson, which would have the federal government pick up the increased costs of Medicaid expansion in his state, while leaving Ohio and other states to squeeze more revenue out of state taxpayers.

Obama has proposed to eliminate the Nebraska giveaway and have the federal government provide more but not all the money states will need to cope with large Medicaid rolls. But even if the Nelson bribe ultimately is nixed, news reports say that more special deals were being cut this week to induce House members to vote yes.

Labor unions also have been promised a massive perk: Their members would be exempt from the bill's tax on high-end ''Cadillac'' health-care plans until 2018, saving unionized employees $60 billion during that period. Meanwhile, nonunion workers will be stiffed for an estimated $90 billion in new taxes.

Equally unsavory is the so-called ''Slaughter solution,'' a parliamentary trick by which House members could approve the Senate plan without casting a direct vote for it. If, as the president says, the American people are clamoring for his health-care overhaul, why should Democratic lawmakers fear voting for it?

The answer is that lawmakers know that the majority of the American people are not clamoring for this particular overhaul, as one opinion survey after another shows. Americans want health-care reform, but not the sort that congressional leaders and the president hope to force down their throats in the next day or two.

Mr. LEVIN. It is now my real privilege to yield to another member, an energetic member of our committee, the gentleman from Wisconsin (Mr. KIND).

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

Mr. KIND. Mr. Speaker, I will never forget the pride I felt as a 6-year-old kid in Wisconsin watching Neil Armstrong and Buzz Aldrin walk on the moon. It was a deep and abiding belief that I live in a country that's capable of accomplishing anything once we put our mind to it. That belief is being tested throughout America today.

People are wondering if we're still capable of doing great things. I believe we can, and I want my two boys to feel the same way. I believe our country, by working together, can ensure that all Americans have access to quality, affordable, and secure health care, regardless if they're young or old, whether they're rich or poor, and even whether they have a preexisting condition. And we can do this in a fiscally responsible manner by paying for this bill and finding savings that will reduce the deficit in future years.

That national achievement can begin today, this evening, with our vote. I encourage my colleagues to support this health care reform for all Americans.

The SPEAKER pro tempore. The Chair will note that the gentleman from Michigan (Mr. CAMP) has 4½ minutes remaining and the gentleman from Michigan (Mr. LEVIN) has 6¾ minutes remaining.

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

Mr. LEVIN. It is now my privilege to yield 1 minute to our vice Chair and the distinguished gentleman from California, XAVIER BECERRA.

Mr. BECERRA. Mr. Speaker, today is a day of history. Today we will accomplish what 100 years of Congresses could not. We will pass health care reform, not just for some, but for all Americans.

Today is also another day in America. That means that 123 Americans will die today because they do not have health insurance. Another 8,000 will lose their health insurance today, and our health care system will cost all of us $6.8 billion this day and every day if we do not change, if we are content with doing nothing.

John F. Kennedy once said, ''Change is the law of life, and those who look only to the past or present are certain to miss the future.'' I've heard it said another way: The only human institution which rejects progress is the cemetery.

Today this House, the people's House, is full of life. We will make history, but our sights are toward the future. To every hardworking, taxpaying American, we say today, We hear you. We see it in your eyes. You want control of your health care. You want to decide who your doctor is. You want to choose your health plan. We will deliver today to all of America.

Mr. CAMP. Mr. Speaker, at this time I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentlewoman from Florida (Ms. BROWN-WAITE).

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, the Democrats on the other side of the aisle believe that the American citizens can no longer be trusted to manage their own health care in the best way that they see fit. You must now do things in their socialist way or face the wrath of the IRS.

Unfortunately, the size of the Federal Government isn't the only thing that's going to grow as a result of this bill. So will your insurance premiums, because the cost of insurance will

grow. That's right. The bill increases premiums for every American who has insurance. Our national debt will grow. Your taxes will grow.

The only thing that won't grow are the benefits that the seniors who are in the Medicare Advantage plan have. They will be losing their doctors because doctors are refusing to take Medicare patients and will once this bill becomes law.

Mr. Speaker, this bill cuts Medicare, raids Social Security, and we need to reject this bill.

Mr. LEVIN. I now yield 1 minute to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, many things are said across the aisle in the heat of a debate, and if it hasn't been said yet, maybe the reason is it has been said by everybody.

I believe that the ranking member is an honorable person. I believe my chairman is. * * * Even the President of the Vietnam Veterans of America said this is shameless.

* * * It's not right. Tell the truth and then let the chips fall where it may. It is utterly * * * to suggest, Mr. Chairman, that we are seeking to deny any soldier the health care they deserve and the benefits that nearly all Republicans and Democrats have spent our careers in Congress working to protect and prove.

Mr. DAVIS of Kentucky. Mr. Speaker, I ask the gentleman's words be taken down for the false statements that he made about this conference to me as an Army veteran among others in the Chamber.

The SPEAKER pro tempore. The gentleman from New Jersey will be seated.

The Clerk will report the words.

Mr. PASCRELL. Mr. Speaker, I ask unanimous consent to remove any word or words that were taken as offensive.

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

Mr. DAVIS of Kentucky. I accept the gentleman's apology.

The SPEAKER pro tempore. Without objection, the words will be stricken.

There was no objection.

Mr. PASCRELL. Don't push me.

I include the following material for the RECORD:

VIETNAM VETERANS OF AMERICA,
March 21, 2010.

VIETNAM VETERANS OF AMERICA APPLAUDS PASSAGE OF SKELTON BILL ENSURING PROTECTION OF TRICARE, VA HEALTH CARE, AND CHAMPUS; DECRIES ''SCARE TACTICS''

WASHINGTON, DC.—''We thank and applaud passage of H.R. 4887 yesterday in the House of Representatives, by a vote of 403–0. Passage of this bill ensures that health care programs for veterans, active duty military, retired military, and their families/survivors will not be affected negatively by the pending health care reform legislation.'' said John Rowan, National President of Vietnam Veterans of America (VVA).

''It is unfortunate that some continue to raise what is now is even more clearly a false alarm that is apparently meant to frighten veterans and their families in order to prompt them to oppose the pending legislation. While there is legitimate debate as to whether or not the pending health care measures should become law, VVA does not appreciate spreading rumors that are not accurate by any political partisan from any point of the political spectrum.'' continued Rowan.

''Last summer there was a similar incident, also involving partisans in the health care reform debate that VVA soundly condemned. We said then: ''It is our hope that sane minds reject fear-mongering, and that veterans recognize these scare tactics for what they are,'' Rowan said. Rowan concluded by saying ''VVA has always worked hard for justice for veterans of all generations, and their families. We have always, and will continue to, work with public officials representing all political parties and points of view. Issues affecting veterans and their families are not, should not, and must not become partisan footballs to bat around. VVA decries any effort, by anyone, that would do just that.''

DEPARTMENT OF VETERANS AFFAIRS,
March 21, 2010.

STATEMENT FROM VA SECRETARY ERIC K. SHINSEKI

As Secretary of Veterans Affairs, I accepted the solemn responsibility to uphold our sacred trust with our nation's Veterans. Fears that Veterans health care and TRICARE will be undermined by the health reform legislation are unfounded. I am confident that the legislation being voted on today will provide the protections afforded our nation's Veterans and the health care they have earned through their service. The President and I stand firm in our commitment to those who serve and have served in our armed forces. We pledge to continue to provide the men an women in uniform and our Veterans the high quality health care they have earned.

President Obama has strongly supported Veterans and their needs, specifically health care needs, on every major issue for these past 14 months—advance appropriations, new GI Bill implementation, new Agent Orange presumptions for three additional diseases, new Gulf War Illness presumptions for nine additional diseases, and a 16% budget increase in 2010 for the Department of Veterans Affairs, that is the largest in over 30 years, and which has been followed by a 2011 VA budget request that increases that record budget by an additional 7.6%.

To give our Veterans further assurance that health reform legislation will not affect their health care systems, the Chairmen of five House committees, including Veterans Affairs Chairman Bob Filner and Armed Services Chairman Ike Skelton, have just issued a joint letter reaffirming that the health reform legislation as written would protect those receiving care through all TRICARE and Department of Veterans Affairs programs.

CONGRESS OF THE UNITED STATES,
Washington, DC, March 21, 2010.

Hon. LOUISE SLAUGHTER,
Committee on Rules, The Capitol, Washington, DC.

DEAR CHAIRWOMAN SLAUGHTER: The House Democratic leadership asked our committees to review HR 3590 and HR 4872 to assess the impact of the bills on the health care provided by the Department of Defense and the Department of Veterans Affairs. Our reviews of HR 3590 and HR 4872 lead us to believe that the intent of the bills was never to undermine or change the Department of Defense and Department of Veterans Affairs operation of their health care programs or interfere with the care that our service members receive under TRICARE. However, we commit to look into this issue further to ensure that no unintended consequences may arise and to take any legislative action that may be necessary.

HR 3590, as drafted, does not specifically mention that TRICARE coverage meets the individual responsibility requirement, but such coverage would satisfy the requirements of this bill. To affirm that this is the case, the U.S. House of Representatives unanimously passed HR 4887, the TRICARE Affirmation Act, which provides assurances to the American people that care provided to those in the military and their families, as well as military retirees under age 65 and their families, would indeed meet the requirement for coverage.

The members of our nation's military sacrifice much to defend us all. We commit to these dedicated service members and their families as well as our veterans that we will protect the quality healthcare they receive.

Sincerely,

BOB FILNER,
Chairman, Committee on Veterans' Affairs.

IKE SKELTON,
Chairman, Committee on Armed Services.

SANDER LEVIN,
Chairman, Committee on Ways and Means.

GEORGE MILLER,
Chairman, Committee on Education and Labor.

HENRY WAXMAN,
Chairman, Committee on Energy and Commerce

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair reminds all Members that any statements should be directed through the Chair and not to others in the second person.

PARLIAMENTARY INQUIRY

Mr. TIAHRT. Parliamentary inquiry, Mr. Speaker,

The SPEAKER pro tempore. The gentleman from Kansas will state his parliamentary inquiry.

Mr. TIAHRT. Is it true that in the course of comfortable debate that we not question another Member's motives?

The SPEAKER pro tempore. The Chair will affirm that Members must maintain proper standards of decorum.

Mr. TIAHRT. Is it against the House rules to question another Member's motives?

The SPEAKER pro tempore. A Member's remarks should avoid personalities toward other Members.

Mr. TIAHRT. I thank the Speaker.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, an Army Ranger, Mr. DAVIS of Kentucky.

Mr. DAVIS of Kentucky. My heart is heavy with grief tonight at this turning point for our Nation, Mr. Speaker. This vote will define the America we will have in the future: massive tax burdens, rationed care, and intrusive bureaucracy.

Democrats are thwarting the will of the American people, taking them on a headlong rush toward socialism. This is

based on a false premise that every need a person could have on Earth can be met by government. Almost like worshipers, they carry the heart of our Constitution, bought in blood, and sacrifice it on the altar of political expediency. It raises taxes, violates your privacy, is policed by the IRS, intrudes on free choice, and hurts seniors.

I stand firm in my opposition to this exercise in idolatrous statism, a true tyranny that is the largest legislative transfer of power to the executive branch in the history of this Republic.

Vote ''no'' on this bill. Start over with real reforms that Americans want.

Mr. LEVIN. It is now my pleasure to yield 45 seconds to the very distinguished gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. Mr. Speaker, I rise in support of the Patient Protection and Affordable Health Care Act, a historic measure that will put families first when it comes to accessing health care coverage.

American families need this bill now more than ever. In the past decade, the cost for health care for American families has skyrocketed. If we do nothing, it's only going to get worse. If we do nothing, in 10 years small businesses will shell out $29,000 in medical costs per employee. If we do nothing, the costs of an employer-sponsored health insurance plan will increase 84 percent by 2016. And if we do nothing, the American economy will break under the weight of mounting debt.

Americans may very well be tired of the endless media coverage regarding this debate. But they know as we do that we have a serious problem in our health care system that must be fixed. We on this side of the aisle are ready to deal with it.

Simply put, health care reform is good medicine for America and good medicine for American businesses.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind both sides to heed the gavel.

Mr. CAMP. Mr. Speaker, at this time I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Washington (Mr. REICHERT).

Mr. REICHERT. Mr. Speaker, the American people have spoken loud and clear. They don't want a government takeover of health care. The Democrats' latest plan is still a government takeover. Billions of dollars in new taxes on small businesses, over a trillion dollars in new spending, and it hurts our seniors and special-needs population by taxing hearing aids, pacemakers, wheelchairs.

We've heard, ''If you like it, you can keep it.'' Not according to this President, who said recently, ''I think some of the provisions that got snuck in might have violated that pledge.''

We need to start over, and today I stand with Americans who want the freedom to choose their own health care.

Mr. LEVIN. I yield for the purpose for a unanimous consent request to the gentleman from North Carolina (Mr. ETHERIDGE).

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

Mr. ETHERIDGE. Mr. Speaker, I rise on behalf of a young man by the name of Will Privitt who tonight will be able to get insurance for the first time. He was born with a preexisting condition.

Mr. Speaker, I rise today in support of health reform. I have said all along that there are several goals that our efforts must meet to improve security and stability for North Carolinians. We need to reform health insurance to reduce costs for people who have insurance and those who have been priced out of the market. We need to increase consumer choices and make sure that insurance companies do not deny coverage because of preexisting conditions or technicalities. We need to shore up Medicare to improve security for seniors, reducing costs for medications and eliminating copayments. We need to make insurance affordable for businesses, so that they are not faced with the choice of providing coverage for their employees or making payroll. Finally, we must put discipline back in the budget and bring down the budget deficit. I rise in support of H.R. 4872, the Health Care and Education Affordability Reconciliation Act of 2010 and H.R. 3590, the Patient Protection and Affordable Care Act because together they meet these goals.

The working families of the Second District need solutions, not more fear, neither the real fears of rising cost nor the false fears spread by special interests. We cannot continue to allow the current system to kill jobs and bust the budgets of our families and our Nation. After reading the legislation carefully, I have concluded that it will save lives and save money. This is the best chance we have to reduce sky-rocketing health care costs for North Carolina families.

North Carolinians know that the current system is broken and that we need commonsense reform. For me, the effort to fix our health care system has always been about people not about politics. Our effort is about North Carolina families. We need reform for folks who are struggling with unbearable health care costs, rapidly rising premiums, bureaucratic meddling, and arbitrary denials of coverage and a system that is driving our Nation deeper and deeper into debt.

Throughout this process, I have heard from thousands of folks from the main streets and country roads of North Carolina who are crying out for help. At numerous town hall meetings in North Carolina and over the telephone, as well as in other opportunities, I have spoken directly to North Carolinians. I read thousands of messages that come in by phone, email, fax, or letter every day. The vast majority say that change is needed.

When North Carolina families are hurting, doing nothing really isn't an option for me. I have heard from thousands of my North Carolina neighbors who are suffering under the current system.

Folks like a nurse from Sanford, North Carolina, who says that insurance industry bureaucrats are keeping her from providing her patients the care they need.

Folks like a woman from Raleigh, who fears she will suffer the same fate as her sister who died from asthma because she could not get insurance coverage.

Folks like a man from Louisburg, who cannot start a new business because he needs the insurance his current employer provides. His mother pleaded with me that they are not looking for a handout; just a fair playing field.

Folks like a woman from Rocky Mount, who notes that the working poor, self-employed, part-time workers and others on the margins need relief. She called on me to not let the insurance companies win this time.

These are the real people that convinced me that voting for these bills is the right thing to do. A lot of folks are afraid, both of the current system and of potential changes. Thousands of families without insurance, and individuals with pre-existing conditions, are an illness away from financial ruin. Reform needs to provide them security.

Mr. Speaker, as we continue to address America's financial situation, health reform is absolutely necessary to get our economy growing again. This bill will reduce the stranglehold that insurance costs have on our small businesses and eliminate the threat of bankruptcy due to medical costs that hangs over so many North Carolina families. It will strengthen our rural communities, supporting the training of doctors and providing incentives for them to work in underserved areas. And the bill is fully paid for, so that not only will it bring down costs for individuals and businesses, but for the taxpayer and future generations.

Mr. Speaker, making sure every American has access to affordable health insurance and high-quality health care is one of the most important challenges of our time. If we can afford to provide health care to Iraqi citizens, as we have over the past decade, we can afford a fiscally responsible reform that puts health care in reach for all Americans. The health reform debate is about saving money and saving lives. At its core, health reform is all about ensuring that American families and businesses have more choices, benefit from more competition, and have greater control over their own health care, while bringing down costs for individuals, our families and businesses, and for the Nation.

These bills are fiscally responsible and will improve the health and health care of people across my district, North Carolina, and the country. I am pleased to be able to vote in favor of this historic legislation.

The SPEAKER pro tempore. The gentleman from Michigan will be charged time.

Mr. LEVIN. I yield to the gentleman from Pennsylvania (Mr. FATTAH) for a unanimous consent request.

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

Mr. FATTAH. I rise in support of the health care reform bill in honor of a friend of mine, Linda Taylor, who died because of the lack of insurance in a breast cancer illness that she faced.

The SPEAKER pro tempore. The gentleman from Michigan will be charged time consumed.

Mr. LEVIN. I yield 45 seconds—I wish I could yield more—to our distinguished colleague from Maryland (Mr. VAN HOLLEN).

Mr. VAN HOLLEN. Mr. Speaker, they called it ''a dangerous device invented in Nazi Germany'' and a ''method of imposing Stalinism.'' Those were the statements made by the opponents of Medicare, Medicare that now provides health coverage to 45 million Americans.

This legislation will ensure that 32 million more Americans have access to affordable health care and that no American is held hostage to the abusive practices of the insurance industry.

As in 1965, we have the rhetoric of mass distortions. This morning, Republican Leader BOEHNER even said this bill means Armageddon. The day after this legislation is signed by President Obama, Americans will see the world is not coming to an end, that there are no death panels. They will begin to see a system that works for them, not the insurance industry who is spending millions of dollars to kill the bill.

Mr. CAMP. At this time, Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, Dr. BOUSTANY of Louisiana.

Mr. BOUSTANY. Mr. Speaker, we all have compassion for families struggling, those who have lost jobs, those who lack access to health care. We all want to do what's right for our country. We all want to solve these problems. But as I look at this massive, complex and partisan bill, I see premiums continuing to rise for families and abject failure to control health care costs for families and businesses.

I see huge tax increases coupled with irresponsible cuts to Medicare services, all to expand new coverage entitlements where physician access will worsen, continuing to burden our strapped emergency rooms.

Mr. Speaker, frankly, I see a sequel to the modern Greek fiscal tragedy unfolding before us with a potential for default. We have a duty to reform health care, but an obligation to get it right.

Mr. LEVIN. I now yield 45 seconds to a very senior member of our committee, Mr. MCDERMOTT of Washington.

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

Mr. MCDERMOTT. Mr. Speaker, there are times in history that action is demanded. In 1935, we needed Social Security and unemployment insurance. The Democrats answered. In 1965, we needed health care for senior citizens. The Democrats answered. In 2010, the country needs health care reform, and the Democrats will answer tonight.

It was never in doubt. Business wanted a change, the medical profession wanted a change, and labor wanted a change. And the Republicans brought an economic collapse to make it clear to everybody that we all are in danger if we don't change the health care system in this country.

For me and many of my colleagues, passing a national health care reform bill is the culmination of a long process. In the late 1950s and early '60s, when I was going to medical school in Chicago, Canada's Tommy Douglas was beginning a national health care plan in the province of Saskatchewan. As I came to the end of my medical training, doctors began to strike in Canada because they didn't want to practice medicine under any system that was not totally free enterprise in nature. But as a new physician at the time, it seemed to me that the benefits of extending health coverage to everyone in Canada far outweighed the benefits of a free enterprise system. Between 1963 and 1970, while I got my training in adult and child psychiatry and served 2 years in the United States Navy, I had the opportunity to observe the American healthcare ''nonsystem'' firsthand. Every day, I watched as people fell through the cracks. When I entered politics in the Washington state legislature, I knew that it was my obligation to do all that I could to bring about a national system that would provide coverage for everyone. And during my campaign for governor in 1972, I made my first speech declaring my support for a single-payer system similar to Canada. Each year that I served in the state legislature, I faced the institutional resistance to the creation of a more orderly system. Yet people complained they couldn't get care. Hospitals complained about uncompensated care. People complained about cost shifting of the expenses of the uninsured onto the policies paid for by the insured.

In the early 1980s, I began trying to establish an uncompensated care fund that would be paid into by all hospitals and the receipts would be given to those hospitals that took care of those in the community who had no health insurance. But hospitals resisted. I did a study to find out how many people in the state of Washington either were not covered by a government program or didn't have insurance through their employment. Unsurprisingly, we found that it was a huge number. So in 1983, I began the process of trying to do in Washington State what Tommy Douglas had done a few hundred miles away in the province of Saskatchewan.

As I tried to get universal coverage in the state of Washington, I ran into numerous obstacles. The medical establishment was more interested in capital investments than they were in ensuring that medical coverage was available to everyone in Washington. Large businesses were reluctant to accept any responsibility beyond what they were already doing for their employees. Any mandate was out of the question because under a technical loophole, big employers are exempt from many regulations that deal with insurance. So instead, I ended up authoring the Washington State Basic Health Plan, which is a subsidized health insurance program to help lower-income families afford coverage. But I wasn't able to get universal coverage.

This experience taught me that it was going to be incredibly difficult to create a health care plan in one state that could be replicated across the country as had been done in Canada. I wrote the plan originally when the governor of the state of Washington was a Republican, so it didn't get anywhere until Democrat Booth Gardner was elected governor of Washington in 1984. The process was so frustrating and the final legislation so modest that I decided I'd go back to medicine. I went to work for the State Department in Africa, where I saw the beginnings of the AIDS epidemic in 1987.

One day my brother called me when I was in Africa and told me there was a seat open in Congress. He suggested that I return to the U.S. to run for the seat and work on getting universal health care. The dream was not dead, it has just been dormant. So I returned, ran for Congress and was elected in 1988. I made the decision to get on the Ways and Means Committee because I thought that was where I could be most effective in getting a national plan established. I was appointed to the committee in 1991 and began working with 95 other members who were dedicated to a single player plan. In 1993 President and Mrs. Clinton came to Washington to enact a national health plan, but we were unsuccessful.

The years between 1994 and 2006 were a painful period as we watched Republicans try to dismantle the only national health care program we have, Medicare. We breathed a great sigh of relief at the 2008 election of President Barack Obama, who stated that he wanted to enact a national health plan. The President was determined not to repeat the errors of the Clinton administration, and the process of writing the bill has been long and tortuous. Over the course of many months, we've watched this bill wind through three committees in the House and two committees in the Senate, which brought us to where we are today.

I still believe that a single-payer model is the most effective to achieve both cost control and universal coverage. But 40 years of experience prevent me from being ideological about the solution to the problems of universal coverage. Rather than establishing a single-payer system, Congress has designed a less desirable model that would more tightly regulate private insurance companies much in the same way that we do with utility companies. Members of Congress have opted for a model that provides for insurance regulation at the national level, rather than the state level as it is today. It has much in common with the French system which provides universal coverage to the French people at half the cost of what we spend here in the United States. Their system provides a quality of care that is considered the best in the world according to the World Health Organization.

I know that this bill is far from perfect and will require continued efforts to adjust and improve it in the years to come. But today we began. As the Chinese adage says, ''every journey of 1,000 miles begins with a single step.'' Today we have taken that step.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Nevada (Mr. HELLER).

Mr. HELLER. I thank the gentleman for yielding.

Thousands of Nevadans have been surveyed and an overwhelming number oppose the government takeover of health care. Yet two-thirds of Nevada's delegation will defy their constituents and vote with their leadership instead.

This $2.6 trillion legislation will raise Nevada taxes, kill Nevada jobs, remove Nevada seniors from Medicare, and saddle the State of Nevada with budget-busting mandates. I urge my colleagues from Nevada to speak for Nevada—not their Beltway benefactors—when casting their vote today.

Mr. LEVIN. I now yield 45 seconds to the gentleman from Oregon, a member of the committee, Mr. BLUMENAUER.

Mr. BLUMENAUER. Today's victory for health care reform and coverage for 32 million Americans is not just the culmination of 15 months of hard work in this Congress. It represents the historic accomplishments sought by Presidents and Members of Congress dating back to Teddy Roosevelt. That the accomplishment was achieved in the midst of difficult economic times, a toxic political environment without any bipartisan support, makes it all the more remarkable.

Passage tonight will start making a difference for our families this year and, most important, the bill is fully paid for. We're reforming Medicare, we improve the quality of health care in this country and reduce the deficit. Tonight's victory starts America on the road to better health and economic security.

Mr. CAMP. Mr. Speaker, before I yield, I would like to remind the Chair that Medicare and Social Security passed with large bipartisan majorities.

With that, I yield 45 seconds to the distinguished member of the Ways and Means Committee, the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. I thank the gentleman for yielding.

Mr. Speaker, just because it's historic doesn't mean it's good. I think we've got to be reminded of that. I think back to history for something that actually was good, and that was when Alexander Hamilton said regarding our Constitution, ''Here, sir, the people govern.''

We would be wise to listen to the American people. The American people have said ''no'' to the ABCs of PelosiCare. They have said ''no'' to the arrogance of this bill. They have said ''no'' to the budget-busting nature of this bill. And they have said ''no'' to the crippling of the economy of this bill.

In Illinois, a manufacturer called Caterpillar said that next year alone it will cost the company a hundred million dollars. What does that do to a State that is left roughshod by overpromises and underdelivering on a stimulus that failed?

The SPEAKER pro tempore. The Chair will note that the time of the gentleman from Michigan (Mr. CAMP) has expired. The gentleman from Michigan (Mr. LEVIN) has 1½ minutes remaining.

Mr. LEVIN. I now yield 45 seconds to the distinguished gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, as I was growing up, our parents always taught us that right was right if nobody was right and that wrong was wrong if everybody was wrong. Well, I can tell you it would be wrong to deny 32 million additional Americans the right to health insurance coverage. It would be wrong to keep people cooped up in institutions when they could live at home. It would be wrong to keep senior citizens struggling to try and pay for their prescriptions.

Let's do the right thing. Let's vote for this legislation. Give 32 million people the right to have insurance coverage. Let's do the right thing.

Mr. Speaker, when I was growing up my parents taught us that right was right if nobody was right and that wrong is wrong is everybody is wrong. It would be wrong to deny 32 million people health insurance coverage. It would be wrong to deny millions of people with pre-existing conditions the right to have insurance coverage.

It would be wrong to keep filling up the emergency rooms of hospitals because people don't have regular doctors. It would be wrong to keep senior citizens struggling to pay for their prescriptions. It would be wrong to keep people with disabilities cooped up in institutions when they could live at home. It would be wrong to deny people health coverage because they have lost their jobs. It would be wrong to deny health coverage to people who work in small businesses.

It is right to provide coverage to as many people as we can. It is right to reduce the deficit and save as much money as we can. It is right to save lives. It is right to do the right thing. It is right to vote to pass this bill and provide health coverage for 32 million additional Americans.

It is right to do the right thing.

Mr. LEVIN. I now yield to the gentlelady from New York for a unanimous consent request.

(Mrs. MALONEY asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY. I thank the gentleman for yielding and for his leadership.

I rise in support of the health care bill.

Mr. Speaker, this is an historic vote. With passage of these health care reforms, 32 million people without insurance will get it—including almost 2.5 million uninsured in New York State.

It will end discrimination for preexisting conditions, make progress on cutting high medical costs, and reduce the deficit by over $1 trillion over the next two decades.

This package of reforms that will make a real difference in the lives of Americans, over their entire lives:

If you're 21 and just graduating college, you'll now be included on your parents' coverage until your 26th birthday.

If you're self-employed in your thirties or forties, you'll be able to shop for more affordable coverage on exchanges set up by states or the Federal Government.

If you're 56 and have taken early retirement, you can continue to be covered under your employer's plan until you sign up for Medicare.

And if you're a senior with Medicare Part D Drug Coverage, the so-called ''donut hole'' has been closed.

The Senate version penalized states like New York which were already doing more than most to provide care to the needy. And that's one of the things this House is fixing.

The impact on the New York State Medicaid budget went from a projected increased cost of over $700 million to increased aid of $1.3 billion in just the first year. That's a ''swing'' of over $2 billion.

Finally, these reforms will do more for women's health despite the restrictive language on reproductive health services contained within the Senate bill—than any other legislation in my career.

I am grateful for the opportunity to be a part of this momentous reform and urge my colleagues to remember that today we will make a lasting difference in people's lives. Today we change the overall health of our Nation.

Mr. LEVIN. I yield to the gentleman from Minnesota for a unanimous consent request.

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

Mr. ELLISON. I rise in support of universal health care.

Mr. Speaker, there was a time in our country's past that the enactment of a comprehensive civil rights law was deemed merely a dream.

There was a time in our country's past that enactment of Social Security to guarantee the retirement security of our seniors was deemed merely a dream.

There was a time in our country's past that enactment of the Medicare law to guarantee the health care for our nation's senior was deemed merely a dream.

We now take all three—civil rights, retirement security for our seniors and health security—for granted in our society.

They are all assumed as a given and as a right in our society.

Well, Mr. Speaker, I believe when we leave this chamber tonight after passing this health care bill, we will forget how hard it was to pass this bill. And in another generation, our grandchildren will also assume that universal health care is a right and a given in any modern society.

Mr. Speaker, tonight marks the beginning of the dream of universal health care becoming a reality in our society.

It is an important beginning—

When 40,500 uninsured Fifth District residents will have access health care coverage to health insurance.

When 9,700 Fifth District residents with preexisting conditions can no longer be denied coverage.

When 57,000 Fifth District young adults can obtain coverage on their parents' insurance plans.

When insurance coverage for 358,000 Fifth District residents is improved—and when the cost of uncompensated care for hospitals and other health care providers is reduced by $101 million—that is positive change.

And when thirty-two million more Americans have health insurance it is a good beginning. At the same time, when $1.3 trillion in deficit spending (accumulated over the past eight years) is reduced, it is a good start.

I look forward to enthusiastically casting my ''yes'' vote tonight for this historic legislation.

Mr. LEVIN. I yield to the gentlelady from California for a unanimous consent request.

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

Ms. RICHARDSON. I rise in support of this health care reform legislation.

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Mr. LEVIN. I now yield the balance of my time, 45 seconds, to the very distinguished gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise today to cast my vote to end abusive insurance company practices that put doctors and patients in control of their health care.

And when I do, I will cast it for the small business owner in my district whose health insurance premiums shot up more than 100 percent last year simply because one employee got sick. I will cast it for the 135,000 people in my district who don't have health care coverage. On a personal note, I will cast it for the 2.5 million breast cancer survivors like me, who have a preexisting condition that make it next to impossible to obtain health insurance.

Finally, I'll cast it for all of the moms in America with beautiful children like mine, but who don't have the security of health insurance and who die inside every time their child gets sick. Our current system is broken. It's un-American. The nightmare ends tonight.

The SPEAKER pro tempore. All time has expired.

The gentleman from California (Mr. GEORGE MILLER) is recognized for 15 minutes as a designee of the majority leader.

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

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

Mr. ANDREWS. I thank my chairman for yielding.

Mr. Speaker, the ladies and gentlemen of the House should respect our constituents who are against the bill, who are for the bill, and those who are undecided; but we should respect them enough to give them an accurate record of what's in the bill, and I think it's time for some accuracy.

We have heard repeatedly tonight that there are cuts to Medicare in this bill. There is not one cut to not one beneficiary anywhere in this bill. Medicare benefits expand for prescription drugs and expand for preventive care. We heard someone say that the bill increases premiums for Americans.

Section 1001 of the reconciliation bill says that for a family making $45,000 a year, if you look at their premiums, their copays and their deductibles, which is what real people have to do, the bill saves them $7,000 a year. We have heard that the special interest provisions, that I think are an abomination, are in the bill. They are not. If you read section 1201 of the reconciliation bill, it says goodbye to the so-called Cornhusker kickback and other special interest provisions.

We heard that there is taxpayer funding for abortions. Read section 10,104 of the underlying bill. There isn't. We have heard that this is going to add to the deficit and the debt of the country. Don't listen to what the Democrats say. Don't listen to what the Republicans say. Listen to what the nonpartisan Congressional Budget Office says, which is this: the bill will save $138 billion off the deficit in the first 10 years and $1.2 trillion off the deficit in the next 10 years.

Finally, we hear the bill will kill jobs. When the Clinton economic plan was on this floor, a gentleman named Dick Armey, a leader of the anti-movement on this bill, said it would be ''a recipe for disaster.'' He was wrong. That bill created 23 million new jobs and we should vote——

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

Mr. GEORGE MILLER of California. I yield the gentleman 15 additional seconds.

Mr. ANDREWS. Finally, I heard one of our colleagues say this bill will create a socialist utopia. No, Mr. Speaker, it won't. It will create a decent society that every man, woman, and child in this society and this country so richly deserves. Vote ''yes'' on this bill.

The SPEAKER pro tempore. The gentleman from Minnesota (Mr. KLINE) is recognized for 8 minutes as a designee of the minority leader.

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself 1½ minutes.

I came to Congress 7 years ago to do my part to make this country better. Every vote I cast and every policy I help shape must be judged by whether it achieves what my constituents sent me here to accomplish. As each Member of this, the people's House, prepares to vote ''yea'' or ''nay'' tonight, we should all take a moment to remind ourselves of why we are here.

Our job is to ensure American employers have the tools and the freedom they need to sustain jobs and create jobs. Instead, this bill will destroy jobs at a time when we need them the most.

Our job is to ensure freedom, security and prosperity for future generations. Instead, this bill will be paid for by our children and our grandchildren and our great grandchildren. Our job is to legislate openly with integrity and fairness. Instead, this bill is full of back-room deals negotiated behind closed doors.

This bill is not what the American people want. They are imploring us to start over with reforms that will bring down health care costs while preserving the relationship between patients and their doctors. This is our last chance to stand up for the people who sent us here and display the courage to prove that we can do better.

I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Connecticut (Mr. COURTNEY), a member of the committee.

Mr. COURTNEY. Mr. Speaker, tonight we are going to answer a question which the tea party on the right to reformers on the left ask constantly, which is, Why can't the American people have access to the same type of benefit that Members of Congress have?

It's a good question. Some of the most hysterical voices in opposition have access to a purchasing exchange through the Federal employee benefits plan that has comprehensive benefits, choice, no rescissions, no lifetime caps. And this bill is going to give the American people exactly what Members of Congress have. And in case there is any question about that, section 1312 will make sure that starting in 2014, Members of Congress have to use exactly the same purchasing exchange that the American people will have to use.

No more haves and have-nots. No more tax-paying Americans who don't have health insurance, underwriting the health benefits of Members of Congress who would deny them access to quality, affordable health care. It is time to answer that question tonight in the affirmative by passing this legislation.

Mr. KLINE of Minnesota. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Georgia, the ranking member of the Health, Employment, Labor, and Pensions Subcommittee, Dr. PRICE.

Mr. PRICE of Georgia. Mr. Speaker, health care decisions that we make for ourselves and for our families are some of the most important and personal in our lives. As a physician, early in my career of caring for tens of thousands of patients, I recognized that there were more folks in Washington who affected what I could do for and with my patients than anybody I ever met in residency or in medical school and that that was wrong.

Health care, taking care of people, is a moral endeavor and should be grounded in principle. And if the principles that we hold dear for health care are applied to this debate and to this bill, the picture is not pretty: accessibility, being able to receive care; affordability, being able to afford care; quality, receiving the best care available; responsiveness, having a system that works for patients; and innovation, being certain that we have the newest and the best treatments and choices, patients being able to choose their physicians and how and where they are treated.

All of these are harmed by this bill. All of these principles are violated. None of these principles are improved by the further intervention of the Federal Government.

So you see, Mr. Speaker, mostly this is bad for patients, for all Americans. The trust that is necessary between caregiver and care receiver, between patients and their doctors, to believe that your health is not being undermined by the system will be permanently eroded, permanently damaged; and it is that trust that is the foundation of the morality of health care.

So this is a sad day, yes, because there are so many wonderful and positive and patient-centered solutions

that we could have enacted. You see, we trust patients and families. They trust government.

As a physician, I know that when patients and their families and their doctors are not allowed to decide what they receive, we lose more than our health care system. We lose our morality. We lose our freedom.

The positive vote, the patient-centered vote, the bipartisan vote on this bill is a ''no.''

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from California (Ms. WOOLSEY), a member of the committee.

Ms. WOOLSEY. Mr. Speaker, the whole Nation desperately needs health care reform, but no group of Americans needs it more than women who face discrimination and insult at the hand of the broken status quo every single day. We all know that the current system allows insurance companies to deny coverage based on preexisting conditions.

But I wonder how many of my colleagues realize that essentially being a woman is a preexisting condition. Pregnancy, for example, or C-sections, can be deemed preexisting conditions. Most unbelievable of all, insurance companies can legally turn their backs on women who suffered injuries due to domestic violence because that, too, can be defined as a preexisting condition. We should all be ashamed of a system that puts healthy insurance company profits ahead of healthy American women.

This weekend, today, tonight, we will make history by passing a health care bill that will correct these injustices, and no longer will female be considered a preexisting condition.

Mr. KLINE of Minnesota. Mr. Speaker, at this time it is my pleasure to yield 2 minutes to the gentleman from Kentucky, the ranking member of the Higher Education, Lifelong Learning, and Competitiveness subcommittee, Mr. GUTHRIE.

Mr. GUTHRIE. Mr. Speaker, I have always liked to describe the process I have seen in the last few weeks of trying to put a bill together like putting a puzzle together, but forcing pieces together and trying to make them fit. And in the end, the puzzle doesn't have a complete picture. And one of the pieces they are trying to make fit to keep this under $1 trillion, is what the score is; but what we are not mentioning is the incredible unfunded mandate that we were placing on our States.

Just a couple of years ago I was a State senator. And tonight, State senators in Kentucky, my former colleagues, are meeting together to try to close a billion-dollar budget gap. And what does this bill do? This bill puts a $30 billion unfunded mandate by CBO estimates onto our States.

To the south of Kentucky, Phil Bredesen, a very respected Democratic Governor of Tennessee, says this is the mother of all unfunded mandates. And just to the north of me in Indiana, Governor Mitch Daniels said a half a million more Hoosiers will be on Medicaid, costing the State taxpayers billions of dollars.

It's going to cost my State, according to the Heritage Foundation, $303 million from 2014 to 2019. So that's what our next budget session-mates will be budgeting for 2014. So the State legislators tonight who are hoping the economy will turn around, maybe there will be a light at the end of the tunnel, are now having to deal with the $303 million freight train that's the light at the end of that tunnel.

But on top of that, this proposed bill also takes student loan money to finance this bill. The government has taken over the student loan business; they have lower interest rates. Instead of lowering the rate our students are going to be paying back on our interest, we are going to take part of that money and fund this bill on the backs of our students.

Mr. Speaker, it's unfair to put these burdens on our States and on our students.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Arizona (Mr. GRIJALVA), a member of the committee.

Mr. GRIJALVA. Mr. Speaker, today I rise in full support of the legislation to reform health care before us. It is, indeed, a historic opportunity for the American people to begin the necessary process of fixing a failing and broken health care system that is costly and denies basic health care to many, to 48 million Americans in this country.

It is also a tremendous building block for the care of people in this country in the future and to begin to rein in the greed of private insurance companies that continue to raise premiums at the expense of the American people. This legislation has very good aspects in it. One of them is, finally, after 10 years of neglect by a Republican majority and administration, Indian health care is part of this legislation, and this health care brings necessary and increased resources to Indian Country.

We begin to deal with health disparities in this legislation, which we have not done in the past. I am proud to support this legislation. It is not just a step forward; it is a historic leap into bringing to the American people a necessary reality, which is health care.

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

□ 2045

Mr. KLINE of Minnesota. Mr. Speaker, could I inquire as to the time?

The SPEAKER pro tempore. The gentleman from California has 9¾ minutes remaining. The gentleman from Minnesota has 3 minutes remaining.

Mr. KLINE of Minnesota. Mr. Speaker, then at this time I am pleased to yield 1 minute to the gentlewoman from Illinois, a senior member of the Education and Labor Committee, Mrs. BIGGERT.

Mrs. BIGGERT. Mr. Speaker, I rise today deeply troubled, not just by this bill, but by the historic opportunity this body has squandered. We had so long to get this right, so many chances to take a step back and listen, really listen, to what the American people were asking us.

Instead, true leadership was cast aside in favor of backroom deals, partisan games, and legislative gimmicks. The best intentions on both sides of the aisle never had a chance to turn good ideas into great policy, and we were left with a bill that is so poorly crafted that we are voting to overhaul it the same day it is going to the President.

But the American people still have a choice. It is not between this partisan bill and nothing. We can work together to deliver the commonsense reforms that the American people want.

Mr. Speaker, I know many colleagues have been struggling with this vote. I urge them to vote ''no'' and work with us to pass reforms we can all be proud of, that we can all vote for.

Mr. Speaker, I vote ''no.''

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

Ms. SHEA-PORTER. Tonight I vote for the middle class.

I have heard the desperation of parents whose kids were kicked off their plan before they even had a job. This bill allows 30 percent of young Americans currently without coverage to stay on their parents' plans until age 26.

I have listened as New Hampshire small business owners told me they were embarrassed they could no longer insure faithful employees. This bill is their remedy.

I heard those who lost homes because they got sick or hurt, lost their insurance, and then could not pay medical bills. I listened as hospitals discussed the uninsured's costs to New Hampshire taxpayers. Here is the cure.

For the late Donald Long of Raymond, who told me he paid $500 for prescriptions every 3 months because of the doughnut hole, thank you. I heard you and all seniors.

I heard Sandra Gagnon of Manchester, who has a chronically ill daughter. Now, no more preexisting exclusions.

For the families in New Hampshire and across America, I vote ''yes'' for you.

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

The SPEAKER pro tempore. The gentleman is recognized for 2 minutes.

Mr. KLINE of Minnesota. Mr. Speaker, earlier this month President Obama said, ''Everything there is to say about health care has been said, and just about everyone has said it.''

Perhaps he is right. Perhaps everyone in Washington has said all there is to say. The lines have been drawn, and the number of undecided votes is dwindling. But perhaps it is time for Washington to stop talking and start listening.

I am listening to the calls coming into my office, 13–1 against this legislation. I am listening to residents of Minnesota's Second Congressional District, who told me during a town hall last week 72 percent of them are opposed to this bill. I am listening to small business owners in my State and around this Nation who are paralyzed by the fear of new mandates, job-killing taxes, crushing Federal deficits, and more government control.

I am listening to the thousands of citizens who traveled to our Nation's capital this weekend to tell us in no uncertain terms they want us to kill the bill. I am listening, and what I am hearing is the American people shouting ''stop.''

They want us to start over. They want health care reform we can afford. They want reform that will bring down costs without sacrificing quality or personal freedom. Mr. Speaker, they want us to say ''no'' to this bill today so we can come back and do better tomorrow.

There is no question that there are Members in this body, Republicans and Democrats, who are ready to go to work on a much improved bill.

The die has not yet been cast. It is not too late. I urge my colleagues: Listen to the American people. Vote ''no.'' Vote ''no.''

I yield back the balance of my time.

Mr. GEORGE MILLER of California. I recognize the gentlewoman from Nevada (Ms. TITUS), a member of the committee, for 1 minute.

Ms. TITUS. For over 1 year, I have listened to the voices of District 3 and heard heartbreaking stories of children denied coverage because of a preexisting condition, small business owners who can't afford to insure their employees, and single moms who have lost their jobs and their insurance. They are the reasons I am voting for reform.

In District 3 alone, reform will improve coverage for more than 600,000 people. It will strengthen Medicare for 120,000 seniors and close the prescription drug doughnut hole. It will create health care tax breaks for over 200,000 families and 17,000 small businesses, and lets 72,000 young adults stay on their parents' policy.

Insurance companies and others opposed to reform have spent over $1.3 million in southern Nevada, but I won't be intimidated. Today, as I have always done, I am standing up for what I believe is in the best interest of my constituents. As has been said, it is the price of leadership to do the thing you believe has to be done at the time it must be done. Now is the time to get it done and pass health care reform.

The SPEAKER pro tempore (Mr. PASTOR of Arizona). The gentleman from Wisconsin (Mr. RYAN) is recognized for 10 minutes as a designee of the minority leader.

Mr. RYAN of Wisconsin. I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Texas (Mr. HINOJOSA), the Chair of the Higher Ed Subcommittee.

Mr. HINOJOSA. Mr. Speaker, I rise today in full support of this reconciliation legislation, to say that we have an extraordinary opportunity today to improve the quality of life for millions of Americans, for the 32 million children and families who are uninsured, and for students and workers who dream of pursuing higher education and acquiring the skills needed to access 21st century jobs.

As subcommittee chair for Higher Education, I am proud to say that today Congress will invest billions of dollars to increase accessibility and affordability in higher education for our Nation's students and workers. This landmark legislation provides $36 billion in Pell Grant scholarships over 10 years. It provides $2 billion of moneys for our Nation's community colleges, and $2.55 billion for our minority-serving institutions of higher learning, including HSIs and HBCUs. By moving to the Federal Government's direct loan program, we will put the best interests of students first and make college loans more reliable and affordable for students and families.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Massachusetts (Mr. TIERNEY), a member of the committee.

Mr. TIERNEY. Mr. Speaker, today is an opportunity for this body to stand up for middle class families and small businesses.

Today, by passing this bill, no family will have to worry that their 20-something-year-old child will have a serious condition and not be covered or ever be refused coverage in their lifetime due to a preexisting condition. Insurance companies will no longer be able to limit coverage annually or over a lifetime just when serious conditions require care. They won't be able to rescind coverage in the middle of cancer or diabetes care, and they will have to spend a reasonable portion of premium dollars on actual health services.

We will be able to see our seniors affording both their groceries and their prescription medicines because we will close the so-called doughnut hole in their current coverage, and we will extend the life of Medicare for 9 years even as we improve its coverage.

Small business employers and employees will be better able to afford health care and will pay less in administrative costs while having the choices large companies and Federal employees have now.

All this, Mr. Speaker, and we will be making the largest pay-down on the Federal deficit in quite some time, reducing our debt by over $1 trillion in the next two decades.

No bill is perfect, but this bill is an enormous improvement of the status quo.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Speaker would remind Members to heed the gavel at the expiration of their time.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentlewoman from the District of Columbia (Ms. NORTON).

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

Ms. NORTON. For the tax-paying residents of the District of Columbia, I rise in strong support of the health care reform bill before us today.

Mr. Speaker, if I could cast a vote on behalf of the residents of the District of Columbia, on final passage of the health care bill before us today, I would cast a critical ''aye.'' Unfortunately, however, the D.C. Voting Rights Act, like most bills this year, is in line behind health care reform. Fortunately for me, however, the most important point of contribution to a bill is usually not when the work is done, and all that needs to be done is to register your vote for the majority. The most critical point in this legislation was when it was being crafted. I believe that the many hours I have put into the health care bill to ensure that it served D.C. residents have been more than worth it. For example, beyond the many benefits for all Americans in the bill, D.C. will be relieved of the $50 million it has generously used to fund its D.C. Health Alliance for people who do not qualify for Medicaid, but cannot afford health insurance, a cost seldom picked up by other states.

Mr. Speaker, this bill specifically benefits my constituents in many ways, particularly the following:

For the 62 percent of D.C. residents who already have private health insurance, but are facing soaring insurance costs and could be dropped at the whim of an insurance company, the bill will reign in insurance costs by restricting administrative expenses, profits, and overhead; prohibit insurance companies from denying coverage based on pre-existing conditions; prohibit annual and lifetime benefit caps; and prohibit insurance companies from dropping coverage when a person becomes sick.

For the 134,000 uninsured families and 17,300 small businesses, the bill will provide tax credits to buy affordable insurance at group rates through the new health insurance exchanges that will be established, or for individuals with incomes below 133 percent of the poverty line, through expansion of Medicaid.

For the 75,000 seniors receiving Medicare, the bill will add free preventative and wellness care, improve primary, coordinated, and nursing home care, and provide a $250 rebate this year and 50 percent discounts on brand name drugs beginning next year to the 3,300 seniors who have fallen through the donut hole and are forced to pay the full cost of prescription drugs, while closing the hole within 10 years.

For 67,000 young adults in the District, the bill will allow them to stay on their parents' plan until age 26 and allow them to purchase affordable policies until age 30.

For the 5,600 D.C. individuals with pre-existing conditions, the bill will ensure they are not denied affordable coverage.

Families who purchase insurance through the health insurance exchange or are insured by small businesses will no longer face bankruptcy due to health care costs not covered by insurance, because the bill will cap out-of-pocket costs at $6,200 for individuals and $12,400 for families.

For District of Columbia health care providers, the bill will provide up to $54.6 million for 42 D.C. community health centers, and will reduce the burden on uncompensated care by $69 million at the District's hospitals and other health care facilities.

I am particularly pleased about the benefits that will be available to my constituents as soon as the bill is signed. For individuals, there will be coverage for early retirees, 55–64; coverage for young adults up to age 26 on parents' policies; preventative care for those receiving Medicare and for others, now under private plans; first steps to close the donut hole, coverage for residents with pre-existing conditions; and tax credits for small business employees. For many of my constituents, the elimination of abuses will be the most important parts of the bill, including no more cancellation of policies when residents get sick; no discrimination against children with pre-existing conditions; no lifetime coverage limits; no annual limits on new plans; and requiring 80 percent of premiums for individuals and small groups, and 85 percent of large plan premiums, to be spent on the insured. Other critical provisions that will benefit many D.C. residents are the funds to double the number of patients the city's 42 community health centers can accommodate, and funding for training more primary care doctors.

The SPEAKER pro tempore. The gentleman will be charged time.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentlewoman from California (Ms. ZOE LOFGREN).

(Ms. ZOE LOFGREN of California asked and was given permission to revise and extend her remarks.)

Ms. ZOE LOFGREN of California. Mr. Speaker, I rise in support of the bill.

I'm proud to stand on the floor of the House of Representatives today to cast my yes vote for this historic bill. I vote yes for the nearly 50,000 currently uninsured residents of the 16th California Congressional District who will now be eligible for health insurance. I vote yes for the 6,000 seniors in my district who will no longer be subject to the donut hole in Medicare Part D. I vote yes for the 55,000 young adults in the 16th District who will now be able to extend their coverage under their parent's existing insurance. I vote yes for the roughly 15,000 small businesses in the 16th District who will be able to extend coverage to their employees because of the tax credits in this bill. I vote yes for the 800 families in the 16th District who every year are forced to file for bankruptcy due to medical bills. I vote yes because this legislation will reduce the deficit by $130 billion over the next 10 years and by some $1.3 trillion over the second decade. Simply put, I vote yes because it is the right thing to do and because my constituents overwhelmingly demand it.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentleman from California (Mr. SCHIFF).

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

Mr. SCHIFF. Mr. Speaker, I rise in support of this historic health care reform legislation.

Two years ago, during a telephone townhall with my constituents, one of my neighbors in Burbank told me that her young daughter had become ill. Our children played together in preschool, and they lived just a few doors down. When her daughter became sick, they were able to get her the health care she needed through a program called Healthy Families. She was now, thankfully, all better.

But now, my constituent told me, she herself was ill. She and her husband were both self-employed and could not afford health insurance, and she was scared to death to get her illness treated at the emergency room. Her question to me that night was: "Is there any hope for families like mine?"

The answer tonight is "yes." There is now hope for millions of self-employed Americans who cannot afford health care, and millions more who are small business people struggling to provide health care for themselves and their employees. And there is hope for millions of others who have pre-existing conditions and cannot obtain health insurance. And for millions of seniors who have fallen through the donut hole in their prescription drug coverage. Because tonight's bill will address the needs of each and every one of these Americans who are struggling to afford the coverage they have, or find health insurance when they are without.

Our health insurance system is intrinsically linked to our Nation's and California's economic recovery. There are now more than 30 million American citizens who do not have health insurance coverage, and every day, 14,000 Americans lose their coverage. In fact, Californians are more likely to be uninsured than most Americans—over 7 million Californians are uninsured this year.

Millions of Americans now receive their care at the emergency room, and millions more must make the difficult choice of whether to pay their medical bills or pay their mortgage because they cannot afford to do both; two-thirds of all bankruptcies and half of all foreclosures are a result of a health care crisis in the family.

This recession has highlighted wide and growing gaps in our health care system. Families lose their insurance coverage when a parent in the household becomes unemployed, and too many parents without employment are falling through those widening cracks—unable to afford COBRA, ineligible for public coverage, and precluded by high premiums and/or pre-existing conditions from obtaining private insurance.

Collectively, as a Nation, we spend almost twice as much per person on health care as any other country, or about 17 percent of our gross domestic product, and this number is growing every year far faster than inflation.

Tonight, I'm voting to pass legislation that will substantially reform the health insurance industry and practices, extend quality coverage to millions of Americans, and hold down national, public, and private health care costs. This bill will help provide stable coverage that cannot be taken away and won't be lost when you change jobs, and will provide additional insurance choices in an invigorated and competitive marketplace.

In my district alone, this bill will provide tax credits and financial assistance to over 135,000 families and 15,000 small business owners in order to help them afford coverage, and extend coverage to 80,000 uninsured residents. This bill will close the "donut hole" for 94,000 seniors, and extend the life of Medicare. Further, we act tonight in a fiscally responsible manner, reducing the deficit by over $1.3 trillion during the next two decades.

Tonight, we make it illegal to deny health coverage to the 15,000 constituents in my district with pre-existing conditions. We ensure that the costs of health care won't threaten their family's finances, that their doctor is paid for making them well and not ordering unnecessary tests, and that their health care premiums are spent on actual care, not paying for paperwork and red tape.

I have two young children, and I cannot imagine the dread that a parent must feel who has a sick child for whom they cannot provide care. That is an agony no parent should ever know. Not here. Not in America. I have had one steady guide through my years in Congress, and it is my two children. When they are old enough to know of my work in Congress, I want them to be proud of what their father did when he had a chance to serve this great Nation. And I believe they will be proud of me for casting my vote to provide health care for millions who do not have it, just as I am proud of the generation who went before and provided health care for millions of seniors when they had the courage to pass Medicare.

I strongly believe that access to affordable, quality, stable health care is the key to a productive work force, small business innovation, and the economic as well as health security of our families and Nation, and I'm proud to vote for this bill.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Speaker, I rise in support of health care reform—finally.

When people are asked why they chose their profession, so many say it's because they wanted to make a difference.

We have the unique opportunity and honor to do just that.

Passing healthcare reform will impact our constituents in almost all aspects of their lives.

Good health is one of the most important things a person can have—there is truth in the saying that it is more valuable than all the riches in the world.

The bill we're passing isn't just about reducing sky-rocketing premiums or putting patients ahead of insurance companies—it's about the total outlay for families when it comes to providing for both basic and high risk care.

Having affordable and certain health insurance translates not only to better health care but to better financial security so people can save money and use it for the betterment of their families.

It means Americans can take the job they want, not just the job with healthcare.

And it means they can strike out on their own and start the new businesses that spur our economy.

We are making a difference as we do this for the American people.

I truly appreciate my constituents whether they are for or against this measure, and I thank all of them for sharing their stories with me.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the vice ranking

member of the Budget Committee, the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, the vote we take tonight very well may unalterably change the role of government in a society whose most cherished birthright is that of personal freedom.

There are so many reasons to oppose this legislation. Taxpayer-funded abortions, the sleazy backroom deals that brought us the Cornhusker kickback, the Louisiana purchase, the pharmaceutical payoff, one-half trillion dollars in tax increases on an economy where millions have lost their jobs and can still find no gainful employment.

As a member of the House Budget Committee, let me give you one more: We can't afford it. Our government can't even pay for the promises it has made current generations, much less future generations.

After giving us the largest deficits in American history, after proposing to triple the national debt in the next 10 years, Democrats today want to add $2.6 trillion of new spending to the Federal budget, costing every household $22,000. That is more money to borrow from the Chinese, more bills to send to our children and grandchildren. Mr. Speaker, you cannot improve the health care of a Nation by bankrupting its children.

I have seen the Democrats' Congressional Budget Office letter about cost. Garbage in, garbage out. When you put facts in, you get facts out. My Congressional Budget Office letter says the program will add to the deficit.

But even more than cost, this is really a debate about who will control the health care resources of this Nation and who will control the health care decisions of our families. If we pass this bill, we will wake up one day only to find that when our loved ones become ill, they will wait weeks, perhaps months, to see a mediocre doctor of the government's choosing, only to be told by that same doctor that he cannot help because his treatment must be limited by the government protocol.

In America, we must never confuse the social safety net with the slippery slope to socialism.

When it comes to the health care of my family, when it comes to the health care of my country, I reject the hubris and arrogance of government social engineering, and I embrace the affordability and portability that comes by preserving the liberties of the American people.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from New York (Mr. BISHOP), a member of the committee.

Mr. BISHOP of New York. Mr. Speaker, over the course of this long and passionate debate, amidst the angry and at times even hateful rhetoric, amidst the misinformation of scare tactics, there exists one simple truth, and that truth is that the current system is unsustainable. It is a system that threatens to bankrupt the Federal Government and every other level of government, and it is a system that is already bankrupting businesses, families and individuals.

Those who stand in the way of reform are protecting this system. To do nothing is to ensure a future of ever escalating rates, slashed benefits, and, most tragically, illness and disease that go untreated.

The bill before us is not perfect, but it does enable us to begin to take action on the most pressing issues that affect the hardworking families we represent.

In my district alone, 24,000 uninsured individuals will get coverage, 97,000 families will receive tax credits to defray the cost of coverage, 20,000 businesses will receive tax credits to provide their employees with coverage, and 49,000 young adults will be able to remain on their parents' policies.

On behalf of these people and the millions like them, let's pass this bill tonight.

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

Ms. MOORE of Wisconsin. As a member of the Budget Committee, I have had the opportunity to hear the most specious, inaccurate, contradictory, and downright laughable arguments against health insurance reform.

Take, for example, the argument that we need to start over because the Congressional Budget Office score had been done 17 months earlier and now was old and stale. And, oh, by the way, the debate has dragged on for 17 months. Yet, the minority simultaneously complains that somehow we are hurrying and ramming the bill through.

Once the CBO score was recalculated demonstrating phenomenal deficit reduction, the complaint became that the CBO is playing number tricks. Of course, the minority trusts CBO when the scores work for them.

The minority's plan is to allow insurance premiums to rise unregulated by government intervention, let a family of four's premiums double every decade, and end Medicare as we know it.

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If the health insurance reform debate wasn't so serious, these arguments would be laughable.

Mr. RYAN of Wisconsin. At this time, Mr. Speaker, I'd like to yield 2 minutes to gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. Mr. Speaker, I rise in strong opposition to this bill for two very important reasons. First, I believe that this bill fundamentally violates the U.S. Constitution and it will be found unconstitutional once it gets its way through the courts.

While Congress is given the power under the Constitution to regulate interstate activity, never before have we had to be required to purchase a private product—government approved—as a price of U.S. citizenship. This moves far beyond regulating economic activity into the realm of regulating inactivity.

If we allow that Congress has this authority under the Constitution, then there is no limit whatsoever of Washington's ability to micromanage our lives. In the future, if Congress feels our car industry needs a boost again, they can require us all, once again, to purchase a car from GM. That is not exactly what our Founding Fathers had in mind.

Thirty-seven States have already filed legislation to challenge this bill. Two States have already passed laws threatening lawsuits if this bill passes tonight. One State lawmaker has pointed out that that's two-thirds of the States of this great country, enough States to change the Constitution.

In addition, there's another reason it should be rejected. It's because it puts us hopelessly in debt. Democrats assert that their bill would reduce the deficit over the next 10 years, and more thereafter. Utter nonsense. As the ranking member has repeatedly pointed out, there are budget gimmicks in here and double counting galore. Your very own actuaries from the HHS, what do they say about that? They say that the bill is ''unrealistic.'' Furthermore, it would ''jeopardize access to care'' for seniors citizens.

So, then, what can we count on after this massive program passes and we have $2.5 trillion in additional spending at an 8 percent growth rate? Think about it. We can't even pay our own debts today. Please, don't add another unconstitutional, economic burden to this and future generations.

Vote down this bill.

Mr. GEORGE MILLER of California. I yield to the gentleman from Texas (Mr. GENE GREEN) for the purpose of a unanimous consent request.

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

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in support of H.R. 3590 and also H.R. 4872.

Mr. Speaker, I rise in strong support of H.R. 3590, the Patient Protection and Affordable Care Act and H.R. 4872, the Reconciliation Act of 2010.

We are in desperate need of health care reform in the 29th District in Texas. We have one of the highest number of uninsured individuals in our country where nearly 43 percent of the residents are uninsured. If enacted, H.R. 3590 and H.R. 4872 would provide insurance coverage to 95 percent of all Americans and for 223,500 currently uninsured residents in the 29th district.

It will also improve the employer based coverage for 217,000 residents in my district. Also, approximately 177,000 families and 14.600 small businesses will receive tax credits and other assistance to help them afford health insurance coverage under these bills.

The legislation before us today will give all individuals the ability to access quality affordable health insurance, and approximately

34,500 residents in our district will no longer be denied coverage for preexisting conditions and their coverage cannot be capped or dropped when they get sick.

The legislation before us today also ensures no more co-pays for preventive care, no more yearly caps on what the insurance company will cover, and provides premium subsidies for those who need them.

We will also improve Medicare benefits for 56,000 seniors in our district by closing the Part D donut hole over time and immediately provide seniors who are in the donut hole with a $250 credit in 2010.

The legislation also improves seniors' benefits under Medicare by providing free preventive and wellness care, improving primary and coordinated care, and enhancing nursing home care. The bill also strengthens the Medicare Trust Fund, extending its solvency from 2017 to 2026.

H.R. 3590 and H.R. 4872 will rein in rising health costs for American families and small businesses—introducing competition that will drive premiums down, capping out-of-pocket spending.

According to the Congressional Budget Office, CBO, this legislation is fully paid for by eliminating waste, fraud, abuse, and excessive profits for private insurers. Nationwide, these health reform bills will reduce the deficit by over $130 billion over the next 10 years and by about $1.2 trillion over the second decade.

Texas will also benefit from the legislation before us today. The Texas Department of Health and Human Services, TDHHS, released estimates that H.R. 3590 and H.R. 4872 will cost the State $24 billion over the next 10 years—this is inaccurate.

These estimates are incorrect because they do not include the federal expansion and 100 percent contribution of Medicaid payments until 2018. Right now Texas accounts for 7 percent of Medicaid spending nationally. If those levels stay the same after the State-based exchanges are set up, the cost to the State of Texas would be $1.4 billion and not $24 billion. Additionally, the bill will reduce the expenses related to uncompensated care in our State by $15 million annually.

Currently, there are 5.9 million uninsured individuals in Texas. Under H.R. 3590 and H.R. 4872 nearly all of those individuals will have health insurance and most of it will be funded at federal expense—not at the expense of Texas. In fact, given the size of the State it is entirely possible that Texas will receive the largest amount of federal investment of any other State and create many new jobs in the health care sector.

The time for health reform has come. Health insurance premiums are growing three times faster than wages and last year, more than half of Americans postponed medical care or skipped their medications because they couldn't afford it.

I urge my colleagues to vote in favor of the legislation today not only for my constituents, but for all Americans.

Mr. GEORGE MILLER of California. I yield for the purpose of a unanimous consent request to the gentleman from Missouri (Mr. CARNAHAN).

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

Mr. CARNAHAN. Mr. Speaker, I rise in support of this important health care package for America.

Mr. Speaker, today, history was made.

Today was for Sharon, from St. Louis, whose husband has Parkinson's Disease, and whose medication costs quadruple every May, when he falls into the donut hole.

Today was for Mary, whose has lived in fear of losing her coverage because she knows her son will be refused coverage because of his preexisting condition.

Today was for Michelle, who can't afford health coverage for the employees in her small bookstore.

Today was for Stacy, whose grandmother died because she didn't have access to preventative care, leaving her family devastated and her grandfather broke from medical debt.

An American President once said, "There has long been a need to assure every American financial access to high quality health care. As medical costs go up, that need grows more pressing. Now, for the first time, we have not just the need but the will to get this job done."

That President was Richard Nixon in 1974.

Indeed, the effort to make sure quality, affordable health care is available to all Americans dates back nearly 100 years, when Teddy Roosevelt called for reform, a call echoed by Democratic and Republican Presidents alike—Eisenhower, Kennedy, Nixon—and even Missouri's own Harry S. Truman.

Today, we have finally fulfilled this century-old mission.

No longer will older Americans face financial ruin because they can't afford to purchase life-saving medicine.

No longer will parents fear that their children will be denied coverage because they have a preexisting condition.

No longer will small businesses be forced to choose between health care or hiring additional employees.

And no longer will people die, in the wealthiest country in the world, simply because they cannot afford care.

That all ends today, with the passage of this bill to stop the insurance companies from denying care to people who are sick and rein in rising costs to make health care more affordable for families and small businesses, giving everyone access to the kind of health care choices available to Members of Congress.

It's about time. We have a healthier America. A healthier America means a stronger, more productive, more competitive America.

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

Mr. TONKO. Today we answer the clarion call from the American people to fix our Nation's broken health care system. Today is the day we deliver on that promise with a vote as historic as the creation of Social Security and Medicare.

Today I will cast my vote in favor of putting the control back into the hands of American families and small businesses and their doctors. No longer will insurance companies be able to hold people hostage by raising rates and abuse sick people by dropping and denying coverage. Small businesses will no longer see their premiums skyrocket and will not have to make the painful decision to stop offering health insurance to their employees because the costs have climbed too high.

Indeed, this bill is about freedom. Every American will now have the freedom from control of insurance companies and their record profits and will have the freedom to access the care they need, when they need it. Our seniors will have the freedom to enjoy Medicare for years to come, and they will have the freedom from worrying about the cost of their prescription drugs.

The bottom line for me, Mr. Speaker, is whether the people in the capital region of New York will be better off with these reforms, and my answer is yes. Absolutely, yes.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON LEE) for the purpose of a unanimous consent request.

(Ms. JACKSON LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. In the name of my mother, Ivalita Jackson, I affirmatively support this bill for all of America.

Mr. Speaker, I have the great honor and privilege to rise in strong support of H.R. 4872, "The Health Care & Education Affordability Act of 2010," a bill that will make health care affordable for the middle class, provide security for seniors, and guarantee access to health insurance coverage for the uninsured—while responsibly reducing the federal deficit over the next decade and beyond. I would like to thank President Obama and the leadership in the House and Senate for guiding us through this journey.

Mr. Speaker, when I stand here today and reflect upon what we are about to embark upon, I cannot help but think of some of the last words that the Great Senator Edward Kennedy shared in his letter to President Obama. The Senator said, "And so because of your (Obama's) vision and resolve, I came to believe that soon, very soon, affordable health coverage will be available to all, in an America where the state of a family's health will never again depend on the amount of a family's wealth. And while I will not see the victory, I was able to look forward and know that we will—yes, we will—fulfill the promise of health care in America as a right and not a privilege. Well, Senator, your life's work shall today be proven to not be in vain.

Though it has been a long journey to get to this place and many have suggested that we need to start over and wait until some other time in the future to address the health care crisis. In the words of the great civil rights leader, Dr. Martin Luther King, Jr., that "we have also come to this hollowed spot to remind America of the fierce urgency of now." We cannot wait. We will not wait any longer to provide the citizens of this great Nation access to affordable, quality health care.

Today when we pass this bill, it will be a historic day not only for tens of millions of uninsured Americans, but also for our great Nation. As Speaker PELOSI has reiterated, we as Members of Congress, are "humbled to stand here at a time when we can associate ourselves with the work of those who passed Social Security, those who passed Medicare, and now we will pass health care reform."

Many parallels exist between that time in history and today. Throughout this journey, we

have listened to a parade of Republicans warn that this bill will bring the downfall of American society, of the American way of life. This, however, is not the first time that the Republicans have been on the wrong side of history. In an interview in 1975, David L. Kopelman, who played a prominent role in the early administration of the Medicare Program, remarked that his colleagues were often criticized by Republicans. ''Communist,'' he recalled, ''was the designation all too liberally applied to anyone with a progressive idea. Well, after all, when we went around making contact with employers in those early years that was the designation not delicately applied by many, if not most of them, to the social security program. It must be some communist scheme foisted on the American people.'' Alf Landon, the Republican candidate for President in 1936, even campaigned on the fact that not a dollar in social security benefits would ever be paid.

Mr. Speaker, unfortunately, such ad hominem attacks are as prevalent as ever. The Republicans want you to believe that our country is descending into an abyss of socialism, but nothing could be further from the truth. Today, I am proud to support a bill that is distinctly American. We the people, Thomas Jefferson wrote in the Declaration of Independence are endowed ''with certain unalienable Rights that among these are Life, Liberty and the pursuit of Happiness.—That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed . . .'' I believe that it is no coincidence that life is listed first—for without it, the Founders realized, no other rights can be realized. Over many years, the millions of Americans who could not access medical services were denied their right to life—a life with access to quality and affordable health care.

Let me set the record straight, this bill is good for the American people and will go a long way to ensuring access to quality and affordable care to those millions of Americans who for far too long have been left out of the health care equation. This health insurance reform legislation (the Senate bill as improved by the Reconciliation Bill) that the House is considering today will not only ensure that Americans have access to quality, affordable health care, but will also significantly reduce long term health care costs. The non-partisan Congressional Budget Office (CBO) has determined that it will provide coverage to 32 million more people, or more than 95% percent of Americans, while lowering health care costs over the long term. This historic legislation will reduce the deficit by $138 billion over the next ten years, with $1.2 trillion in additional deficit reduction in the following 10 years

In the words of the great President John F. Kennedy, ''the voters selected us, in short, because they had confidence in our judgment and our ability to exercise that judgment from a position where we could determine what were their own best interest, as a part of the nation's interest.''

Mr. Speaker, while my colleagues on the other side of the aisle claim that this bill will harm Americans, nothing could be further from the truth. This bill will:

Make health insurance affordable for middle class and small businesses—including the largest middle class tax cuts for health care in history—reducing premiums and out-of-pocket costs.

Strengthen consumer protections and rein in insurance company abuses.

Give millions of Americans the same types of private insurance choices that members of Congress will have—through a new competitive health insurance market that keeps costs down.

Hold insurance companies accountable to keep premiums down and prevent denials of care and coverage, including for pre-existing conditions.

Improve Medicare benefits with lower prescription drug costs for those in the ''donut hole''; it also provides better chronic care, free preventive care, and nearly a decade more of solvency for Medicare.

As President Obama says, ''we must act now'' and put American families and small businesses, not health insurance companies, in control of their own health care. This bill will do exactly that. Many of my colleagues on the other side of the aisle claim that we are passing a bill that nobody really knows what is in it. Well, Mr. Speaker, let me just take a minute to list a few things that are in the bill.

The bill provides quality, affordable health care for all Americans that: a

Bars insurance companies from discriminating based on pre-existing conditions, health status, and gender.

Provides Americans with better coverage and the information they need to make informed decisions about their health insurance.

Creates health insurance exchanges—competitive marketplaces where individuals and small business can buy affordable health care coverage in a manner similar to that of big businesses today.

Offers premium tax credits and cost-sharing assistance to low and middle income Americans, providing families and small businesses with the largest tax cut for health care in history.

Insures access to immediate relief for uninsured Americans with pre-existing conditions on the brink of medical bankruptcy.

Creates a reinsurance program in support of employers who offer retirees age 55–64 health coverage.

Invests substantially in community health centers to expand access to health care in communities where it is needed most.

Empowers the Department of Health and Human Services and state insurance commissioners to conduct annual reviews of new plans demanding unjustified, egregious premium increases.

Expands eligibility for Medicaid to include all non-elderly Americans with income below 133 percent of the Federal Poverty Level (FPL).

Replaces the so-called ''Cornhusker'' deal with fair assistance for all states to help cover the costs of these new Medicaid populations.

Maintains current funding levels for the Children's Health Insurance Program (CHIP) for an additional two years, through fiscal year 2015.

Increases payments to primary care doctors in Medicaid.

The bill improves medicare by:

Adding at least nine years to the solvency of the Medicare Hospital Insurance trust fund;

Filling the Medicare prescription drug donut hole. In 2010, Medicare beneficiaries who go into the donut hole will receive a $250 rebate. After that they will receive a pharmaceutical manufacturers' 50 percent discount on brand-name drugs, increasing to a 75% discount on brand-name and generic drugs to close the donut hole by 2020;

Providing new, free annual wellness visits, and eliminates out-of-pocket copayments for preventive benefits under Medicare, such as cancer and diabetes screenings;

Providing better chronic care, with doctors collaborating to provide patient-centered care for the 80 percent of older Americans who have at least one chronic medical condition like high blood pressure or diabetes;

Improving Medicare payments for primary care which will protect access to these vital services;

Reduces overpayments to private Medicare Advantage plans. Medicare currently overpays private plans by an average of 14 percent. This legislation reins in those overpayments to ensure a fair payment system that rewards quality;

Encouraging reimbursing health care providers on the basis of value, not volume. The bill includes a number of proposals to move away from the ''a la carte'' Medicare fee-for-service system toward paying for quality and value while reducing costs for America's seniors.

The bill prevents chronic disease and improves public health that promotes preventive health care at all ages and improves public health activities that help Americans live healthy lives and retrain the growth of health care costs over time. The legislation eliminates cost-sharing for recommended preventive care, provides individuals with the information they need to make healthy decisions, improves education on disease prevention and public health, and invests in a national prevention and public health strategy.

The bill improves health care workforce by making key investments in training doctors and nurses and other health care providers. Currently, 65 million Americans live in communities where they cannot easily access a primary care provider. An additional 16,500 practitioners are required to meet their needs. The legislation addresses shortages in primary care and other areas of practice by making necessary investments in our Nation's health care workforce. Specifically, it will invest in scholarship and loan repayment programs through the National Health Service Corps to expand the health care workforce. The bill also includes incentives for primary care practitioners and for providers to practice in underserved areas.

The bill provides for transparency and program integrity by providing consumers with information about physician ownership of hospitals and medical equipment companies, as well as nursing home ownership and other characteristics. The bill also includes provisions that will crack down on fraud, waste, and abuse in Medicare, Medicaid, SCHIP and private insurance. It establishes a private, nonprofit entity to identify priorities in patient-centered outcomes research that will provide doctors with information on how to best treat patients and end wasteful overspending.

This bill also improves access to innovative medical therapies and establishes a regulatory pathway for FDA approval of biosimilar versions of previously licensed biological products.

The bill also provides community living assistance services and support that makes long-term support and services more affordable for millions of Americans by providing a

lifetime cash benefit that will help people with severe disabilities remain in their homes and communities. CLASS is a voluntary, self-funded, insurance program provided through the workplace. For those whose employers participate, affordable premiums will be paid through payroll deductions. Participation by workers is entirely voluntary. The Congressional Budget Office confirms that the program, which has been revised from earlier versions, is actuarially sound.

The bill provides revenue provisions that:

Reduce the deficit in the next ten years and beyond. The bill is fully paid for with revenue provisions that focus on paying for reform within the health care system.

Tighten current health tax incentives, collect industry fees, institute modest excise taxes, and slightly increase the Medicare Hospital Insurance (HI) tax for individuals who earn more than $200,000 and couples who earn more than $250,000. The taxable base of the HI tax is also broadened by including net investment income. The HI tax increases will not only help fund health care reform, but, when combined with other provisions in the bill, will also extend the solvency of the Medicare Trust Fund by at least nine years to 2026.

Include a fee on insurance companies that sell high cost health insurance plans. The fee is designed to generate smarter, more cost-effective health coverage choices. The reconciliation bill delays this new fee until 2018 so that plans have time to implement reform and begin to save from its efficiencies.

Change health care tax incentives by increasing penalties on nonqualified distributions from HSAs, capping FSA contributions, and standardizing the definition of qualified medical expenses. The industry fees and excise taxes reflect responsible contributions from health care stakeholders who will benefit from the expanded coverage of millions of additional Americans under health care reform. The bill also assesses a small excise tax on indoor tanning services.

In total, the revenue provisions in the bill represent a balanced, responsible package of proposals that bend the health care cost curve by putting downward pressure on health spending, close unintended tax loopholes, and promote tax compliance.

Mr. Speaker, who among us can say with sincerity that the quality of one's life, which certainly includes one's health, is not heavily dependent upon the access to quality, affordable health care. According to the National Academy of Sciences, Institute of Medicine, there is a ''consistent and statistically significant relationship between health insurance coverage and health outcomes for adults. These factors, in turn, improve the likelihood of disease screening and early detection, the management of chronic illness, and the treatment of acute conditions . . . .'' Recently, a study published in the American Journal of Public Health by researchers at Harvard University Medical School concluded that nearly 45,000 excess deaths of Americans can be linked each year to lack of health insurance.

According to the U.S. Census Bureau, 27 million Americans live without health insurance, and an additional 1.1 million part-time workers lost their health insurance in 2008. Implementing this legislation will instantly improve the life expectancy of millions of Americans of all ages. It is impossible to put a price on that. When we talk about the right to healthcare, we are actually talking about the right to life—a life that includes access to quality health care.

The bill contributes to reducing health disparities. Minority communities are particularly vulnerable to being left uninsured and underinsured. In our current system, most people do not choose to be uninsured but, instead, are priced out of insurance. These people cannot, as free market proponents often argue, ''Pull themselves up by their bootstraps.'' Instead, they and their families are too often cyclically and systemically trapped in their economic situation. As a result, minority communities suffer grave health disparities that would otherwise be limited but for lack of access to affordable and quality care.

According to a 2003 National Health Disparities Report released by the Agency for Research Quality and Care:

Minorities are more likely to be diagnosed with late-stage breast cancer and colorectal cancer compared with whites.

Patients of lower socioeconomic position are less likely to receive recommended diabetic services and more likely to be hospitalized for diabetes and its complications.

When hospitalized for acute myocardial infarction, Hispanics are less likely to receive optimal care.

Many racial and ethnic minorities and persons of lower socioeconomic position are more likely to die from HIV. Minorities also account for a disproportionate share of new AIDS cases.

The use of physical restraints in nursing homes is higher among Hispanics and Asian/Pacific Islanders compared with non-Hispanic whites.

Blacks and poorer patients have higher rates of avoidable hospital admissions (i.e., hospitalizations for health conditions that, in the presence of comprehensive primary care, rarely require hospitalization).

This historic bill is particularly important for minorities and women—who have gone without health care coverage for too long. In 2007, only 49 percent of African-Americans in comparison to 66 percent of non-Hispanic whites used employer-sponsored health insurance, according to the Department of Health and Human Services. During the same year, 19.5 percent of African-Americans in comparison to 10.4 percent of non-Hispanic whites were uninsured.

Hispanics have the highest uninsured rates of any racial or ethnic group within the United States. In 2004, the Centers for Disease Control and Prevention reported that private insurance coverage among Hispanic subgroups varied as follows: 39.1 percent of Mexicans, 47.3 percent of Puerto Ricans, 57.9 percent of Cubans, and 45.1 percent of other Hispanic and Latino groups.

Health care reform also is critical to ensure that women have access to affordable health care coverage. An estimated 64 million women do not have adequate health insurance coverage. About 1.7 million women have lost their health insurance coverage since the beginning of the economic downturn. Nearly two-thirds lost coverage because of their spouse's job loss. And nearly 39 percent of all low-income women lack health insurance coverage. Women also are more likely to deplete their savings accounts paying medical bills than men because they are more likely to be poor. This bill gives women access to the health care that they need and deserve.

Passage of this bill will be a critical first step in helping to reduce such health disparities. This bill will:

1. Lower costs for minority families and preventive care for better health. Racial and ethnic minorities are often less likely to receive preventive care. Vietnamese women, for example, are half as likely to receive a pap smear, and twice as likely to die from cervical cancer as are Whites. Obesity rates are also high among certain minority groups. By ensuring all Americans have access to preventive care and by investing in public health, health insurance reform will work to create a system that prevents illness and disease instead of just treating it when it's too late and costs more.

2. Provide greater choices and more affordable choices and competition. African Americans, Hispanics, and Asians are all more likely to need a referral in order to see a specialist and they are less likely to get coverage for seeing a doctor outside of the insurance network. Health insurance reform will create a health insurance exchange so you can compare prices and health plans and decide which quality affordable option is right for you and your family. It will include a competitive public option that increases choices and holds private insurers accountable.

3. Allow for quality, affordable health care for minorities and eliminates discrimination in obtaining health insurance. Health insurance reform will prevent any insurance company from denying coverage based on a person's medical history, including genetic discrimination which can disproportionately hurt minority populations.

4. Make health care accessible to everyone. African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population. By providing health insurance choices to all Americans and providing premium assistance to make it affordable, health insurance reform will significantly reduce disparities in accessing high-quality health care.

5. Control chronic disease. Nearly half of African Americans suffer from a chronic disease, compared with 40 percent of the general population. Chronic illness is growing in other minority communities as well. Health insurance reform includes a number of programs to prevent and control chronic disease, including incentives to provide medical homes and chronic disease management pilots in Medicare.

6. Promote primary care. By providing health insurance choices through a health insurance exchange and investing in the primary care workforce (including scholarships and grants to increase diversity in health professions), health reform will make sure that all Americans have access to a primary care doctor so they stay healthier, longer. It will also strengthen the system of safety-net hospitals and community health centers to ensure high-quality, accessible care.

Health reform legislation will require any health care program to report on race, ethnicity, gender, and socioeconomic status in order to better understand health disparities, and devote funding to addressing these issues.

The uninsured in Texas. The people of my home state of Texas, in particular, with 6 million uninsured persons, and 26 percent uninsured in my district, the 18th Congressional District, have been hit especially hard when it

comes to lack of access to quality, affordable care.

And just what causes such a massive loss of health care coverage? Job layoffs are partially to blame especially in the face of the economic downturn. Yet, we know that the uninsured problems existed way before the devastating recession. Many Americans continue to be forced from their health care plans due to decisions by insurance companies to put profits over people. Policy cancellations rather than paying for expensive yet necessary medical treatment is just one of the many techniques used by large insurance companies to rack up huge profits annually.

According to the latest figures analyzing the profits of health insurance companies, 10 of the country's largest publicly traded health insurance companies enjoyed a rise in profits of 428 percent, from 2000 to 2007. From filings with the U.S. Securities and Exchange Commission, it was revealed that in 2007, these insurance companies alone generated $12.9 billion in profit. That same year, the chief executive officers at these companies collected combined total compensation packages of $118.6 million—an average of $11.9 million each. That is 468 times more than what an average American worker made that year.

Since 2007, there has been a 10 percent increase in the uninsured rate in Texas alone. Today, 6,240,000 Texans are without even basic health insurance. And this broken health insurance system has cost the Texas economy dearly. This year, Texas lost $30 billion in productivity as a result of its millions of uninsured residents.

Those in our state who are blessed to have insurance coverage have in some ways been losers as well. Specifically, the average Texan family pays insurance premiums of over $1000 a month. This figure is set to nearly double to $1920.75 per month by 2019, that is, unless we succeed in passing health care reform legislation. Today, when we pass this bill, the people of Texas and all over this nation become winners.

We know that many of our colleagues in this body do not want to reform the health care system and are on the side of the big insurance companies. We choose to stand on the side of the Americans who need our help. President Franklin D. Roosevelt said it best when he said, "the test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have little."

While the state-wide numbers are shocking, on the local level, the health care figures are even worse. The 18th Congressional District and the rest of Houston, account for 1.1 million of the state's uninsured residents. Nationally, more than 15 percent are uninsured. In Texas it's nearly 24 percent. Here in Harris County, it's 30 percent, according to state figures, the highest rate among the nation's top 10 metropolitan areas.

So how do the million plus Houston residents without insurance company get health care—emergency rooms of course. Emergency rooms have become the health care providers of last resort for well over 100 million Americans annually. Over a 10 year period from 1994 to 2004, ER visits on a national level saw an 18 percent jump, according to the Centers for Disease Control and Prevention. The Texas Hospital Association reports that ERs in the state experienced a 33 percent increase; in the Houston area, it was more than 50 percent. During this ten year period, the number of hospital emergency departments dropped by more than 12 percent nationally.

Emergency rooms in Houston hospitals are routinely overcrowded and overused as throngs flock seeking care for ailments that may range from a heart attack or gunshot wound to an ear infection or toothache. Ambulances pile up outside emergency rooms before unloading their patients. It's reported that a wait of an hour or two to move a patient from the ambulance to the ER is common in Houston. David Persse, the Houston Fire Department's medical director, confided with a reporter recently that the record wait to unload an ambulance at Houston area hospital is six hours.

Ben Taub, the Houston area's pre-eminent trauma care facility, has seen the brunt of the problem. In a recent USA Today article, one Ben Taub nurse reported arriving to work one morning to find ER patients waiting to be seen who arrived the day before, over 24 hours earlier. ER overcrowding is so bad in the Houston area, that patients have called 911 from one ER to get to another, according one report. When we pass this bill tonight, these Americans who have been flocking to emergency rooms for primary care will have another option—affordable and accessible health care.

The benefits to the 18th congressional district: In my district, the health care bill will:

Improve coverage for 279,000 residents with health insurance.

Give tax credits and other assistance to up to 186,000 families and 14,600 small businesses to help them afford coverage.

Improve Medicare for 70,000 beneficiaries, including closing the doughnut hole.

Extend coverage to 180,500 uninsured residents.

Guarantee that 27,600 residents with preexisting conditions can obtain coverage.

Protect 500 families from bankruptcy due to unaffordable health care costs.

Allow 62,000 young adults to obtain coverage on their parents' insurance plans.

Provide millions of dollars in new funding for 20 community health centers.

Reduce the cost of uncompensated care for hospitals and other health care providers by $27 million annually.

As we reach this great milestone today, I am still reminded of the unfinished work that is left to do. We must ensure that physician-owned hospitals are allowed to maintain operations that allow them to serve the most vulnerable and underserved communities. I am committed to working with the Speaker's office and Senatorial leadership now that we are taking the first step in stemming the rising tide of the many uninsured. The protection of physician-owned hospitals is an issue of national interest. We have a lot of work to do as we move toward the Senate and to the conference. I was gratified to meet with the Speaker to discuss the continued protection of the very viable physician-owned hospitals and believe that we have a real opportunity to address this issue in the very near future.

I offered three amendments that would have gone a long way to save physician-owned hospitals. My first amendment would have preserved physician-owned facilities that have a greater percentage of Medicaid inpatient admissions than the state average in operation and allows them to expand. My second amendment is extremely critical for minority communities and high poverty. This amendment would prevent physician safety-net hospitals from closing and preserves critical care access for impoverished communities and the disabled.

My third amendment, supported by Physician Hospital Association of America, would effectively prevent the closure of 230 existing hospitals, save $2.9 billion in total payroll, $608 million in federal taxes, $3.5 billion in trade payables, and preserves 62,000 full- and part-time jobs by striking all language that prohibits grandfathered facilities from expanding.

During the ongoing healthcare debate, discussions about physician ownership of hospitals have ignored the positive impact these facilities have had on minority communities and minority physicians. Physician-owned general acute care hospitals, who have unprecedented amounts of minority owners, have allowed Hispanic, Black, and Asian Americans to enter into the field of hospital ownership. The largest physician-owned hospital, Doctors Hospital at Renaissance, is over 50 percent minority owned.

To help my colleagues understand what is at stake, I would like to highlight some of these success stories:

In Houston, St. Joseph's Hospital, a full-service general acute care center, is the only hospital that serves one of the most income-challenged and African-American sections of the city. Within the last few years, a for-profit corporation abandoned this hospital and the surrounding community. Physician ownership provided an avenue for it to stay open and prevent a critical loss for the neighborhood.

In South Texas, out-of-state corporations forced over 700,000 Texans to travel more than 250 miles to receive life-saving medical procedures. Decisions not to offer needed services by out-of-state healthcare conglomerates and the lack of public or county hospitals, left patients with two options: go without or to transfer to another facility up to 350 miles away. Income-challenged families who could not afford the travel were placed in great peril. Physician ownership enabled a group of local doctors to open a new hospital with advanced medical capabilities that reduced the need for travel to seek care. Doctors Hospital at Renaissance, a 506-bed premiere general acute care center, now provides some of the best care in the Nation and consistently has been recognized by Thompson Reuters as a Top 100 Hospital in the Nation.

In the Chinatown section of Los Angeles, California, the Pacific Alliance Medical Center (PAMC), a 142-bed full-service hospital, has been the community's main hospital for 140 years. This facility was purchased by a group of physicians 20 years ago after the existing hospital board planned to close and demolish the facility. Physician ownership once again provided an avenue for the hospital to stay open and serve an at-risk community.

I will continue to work on behalf of these Americans and to to save physician-owned hospitals that are currently treating patients or under significant development, to ensure that Americans can continue to receive healthcare at the local hospitals they have come to depend upon. Physician-owned hospitals take care of patients covered by Medicare and Medicaid, as well as patients who are uninsured or cannot pay for their care. They also provide emergency departments access for

their communities. At a time when we are concerned about the shortage of hospital beds in the face of epidemics like the swine flu, my amendment to this landmark bill will make sure no hospital is forced to shut its doors or turn away Medicare or Medicaid patients. The benefits that will come from our efforts to protect physician-owned hospitals are far reaching and will prevent any further losses to local economies. Not only do physician hospitals deliver high-quality medical care to the patients they serve, they also provide much needed jobs, pay taxes, and generate significant economic activity for local businesses and communities. Existing physician-owned hospitals employ approximately 51,700 individuals, have over 27,000 physicians on staff, pay approximately $2,421,579,312 in payroll taxes and $512,889,516 in other federal taxes, and have approximately $1.9 billion in trade payables. Hospitals currently under development would employ approximately 21,700 more individuals. With approximately 50 physician-owned hospitals, Texas leads the Nation in the number of physician-owned hospitals. The Texas economy could lose more than $2.3 billion and more than 22,000 jobs.

In my district, the 18th Congressional District of Houston, Texas, St. Joseph Medical Center is a general acute-care hospital that treats all patients. In fact, its 40 percent Medicaid patient population is double the average hospital's patient population in the entire State of Texas and is one of the highest in the country. St. Joseph's was operated by the Sisters of Charity for many years until it was scheduled to be closed because the order could no longer support it. The hospital was offered to for-profit and not-for-profit hospital systems but no one would accept responsibility for operating St. Joseph's. A plan was developed to convert the hospital into condominiums. I refused to allow that to happen. It was only at that point that the physicians who had practiced there for many years came together to buy the hospital to save it from closing.

St. Joseph's takes care of patients covered by Medicare and Medicaid, as well as patients who are uninsured or cannot pay for their care. The emergency departments of many physician-owned "specialty hospitals" have been criticized for not having a true emergency department. St. Joseph's has a department which is open 24 hours per day, 7 days per week, providing an access point for patients in need of emergency services. In fact, St. Joseph's admissions through the emergency department are double the State average;

St. Luke's hospital in Houston, which is church-owned, has three new facilities under development; the nonprofit religious mission has the controlling interest. One full-service hospital has one phase already operating, but would be under the growth restrictions; the hospital cannot be completed if the new restrictions apply. The hospital brought approximately 300 new jobs to the community; and

Baylor Health Care System, based in Dallas, has found that their partnership with physicians has increased measurable quality, increased patient satisfaction, and decreased the cost in the delivery of their excellent care. This joint venture model has produced a heart hospital that has the lowest readmission rate in the entire United States. And yet this bill would deny Baylor Health Care System the right to add a single operating room or procedure room to meet its community's need. During the moratorium on physician-owned hospitals some years ago, Baylor wanted to add a badly needed OB/GYN service at its Frisco, Texas, hospital. This service is a money-losing service, but there was no such service within many miles for those people—Baylor fulfilled the need. It was prohibited from adding this service simply because the hospital had physicians holding a minority of the ownership of the hospital. After the moratorium was lifted, the service was added and is currently working at its capacity.

Mr. Speaker, can we imagine witnessing an impact, of no patient beds, 6- to 8-hour waiting times, to extend even to 10-hour waiting times, turning emergency patients away at the door? Can we imagine the dramatic case, when patients are not able to have access to quality care? This is true of the most serious trauma, of the most serious medical cases. Physician-owned hospitals serve in many cases at least 40 percent of the city's population. I don't just mean the city's population. We are discussing a population that is between 500,000, which is the indigenous population, and the population of 1.5 million that's in the city every day.

When a hospital downsizes in a particular city, it extends beyond the boundaries of that city, and in doing so, with this hospital being downsized, it's impacting all of the hospitals, not only in the city, but those hospitals in nearby jurisdictions. We're seeing the epicenter of a catastrophic event, and unless we realize the importance of this one medical facility, but look at it not from the perspective that it serves this city, but we have to realize that it serves the world. It serves the Nation. At the very least, it serves the Nation; at the very most, it most serves the world. So when you start looking at it from those perspectives, then it becomes more than just a problem of Houston, Texas, but a problem of this Nation. And it should be addressed in that manner.

If we do not work closely together to look deeper at this issue, we will face a number of medical facility closures that is a disservice to the American people. So, we see that there seems to be a phasing-back or cutback in all of the major services, but the most important of those services, which directly affect the health and well-being of the citizens, or again, those 1.5 million people who visit and work in the city every day. So, we hear the same thing time and time again, even though individuals are saying that the patient caseload can be handled by the surrounding hospitals. You need but step into any emergency room on any day, at any time, and just see the impact of this one hospital being downsized. The impact will reach out throughout the city of Houston.

Mr. Speaker, through all the debate, name-calling, threats, and fear-mongering, we will once again be on the right side of history and put the American people first. In the midst of it all, some of my colleagues have been called derogatory names, including racial epitjets; have been spat on and have been threatened that there will be blood in the streets. But there is something that I must say to my fellow Americans as we stand on the threshold of the door that opens up to access to quality and affordable care and, in turn, a better quality of life for all Americans. Heeding one of this country's greatest leaders in history, Dr, Martin Luther King, Jr., I urge us to remember that "in the process of gaining [life, liberty, and the pursuit of life], we must not be guilty of wrongful deeds. Let us not seek to satisfy our thirst for freedom by drinking from the cup of bitterness and hatred. We must forever conduct our struggle on the high plane of dignity and discipline . . . we must rise to the majestic heights of meeting physical force with soul force.

Mr. Speaker, I urge my colleagues and I to stand strong, support this bill on behalf of all Americans.

Mr. GEORGE MILLER of California. I yield myself the balance of my time.

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Speaker, I rise in support of this truly historic and great legislation that addresses two of America's greatest troubles: the crushing cost and high obstacles of obtaining both quality health care and a quality college education. Our Nation has suffered from our longstanding failure to make health care and college accessible to all American people. Americans have waited a long time for health insurance reform, nearly a hundred years.

Today, Congress and President Obama will deliver on a central promise, a dream deferred, and on a crucial demand. Because of this legislation, for the first time in America's history, never again will Americans have to worry about losing their health insurance if they change or lose their job. The insurance companies will not be able to jack up premiums or deny coverage because of preexisting conditions. They will not be able to drop people's coverage when they get sick—when they need it the most. Our reforms will improve the lives of every single American, those with insurance today and those without.

We're also pairing this historic health reform with another opportunity that cannot be missed, the chance to make the single largest investment in college affordability ever, at no cost to the taxpayers. We're going to take $61 billion of wasteful subsidies that have gone to the banks and student lenders and instead recycle that money on behalf of students, their families who are trying to pay for education, to make that education more affordable and pay down the deficit of this country.

We now face a very simple choice. We can side with America's families and make health insurance and college more affordable and accessible while creating millions of jobs and reducing the deficit, or we can side with the insurance companies and the banks. It's a very simple choice. One is to stand with the families and the students of this country, to stand with our future, to modernize our education system, to make it more affordable, and to modernize and make more affordable our health care system.

I suggest all my colleagues should stand with American families in this country.

Mr. Speaker, I rise in support of this truly historic legislation that addresses two of America's greatest troubles—the crushing costs and high obstacles of obtaining both quality health care and a college education.

Our Nation and its economy have suffered from our longstanding failure to make health care and college accessible and affordable to all of the American people.

Americans have waited a long time for health insurance reform—nearly 100 years.

Today, Congress and President Obama will deliver on a central promise, on a dream deferred, on a crucial demand.

Because of this legislation, for the first time in America's history, never again will Americans have to worry about losing their health insurance if they change or lose their job.

Insurance companies will not be able to jack up premiums or deny coverage because of a pre-existing condition.

They will not be able to drop people's coverage when they get sick—and need it most.

There is no other plan on the table today that offers Americans these vital assurances.

Our reforms will improve the lives of every single American—those with insurance today and those without it.

They will improve our economy by reducing the deficit, creating up to 4 million jobs over the next decade, and unshackling innovative business decisions from crippling health insurance costs.

Our legislation offers families and employees of small businesses access to choices of affordable health plans; security and control over their health care; vital federal and state consumer protections; accountability for insurance companies; and coverage for 32 million Americans who don't have insurance today.

This legislation also intends to lessen and eventually eliminate the loopholes and inconsistencies in our current system. More specifically, it seeks to begin the creation of a joint national and state health care system. Currently, we have a fragmented and unfair set of rules.

If you are poor you may or may not be covered by Medicaid and your benefits will vary depending on the state you live in.

If you are employed, you may or may not be offered benefits by your employer and those benefits vary from employer to employer. As providers continue to increase costs year after year, insurers, employers and states have been unable to effectively negotiate and responded by cutting benefits and increasing costs for individuals and families.

This bill will help change this unsustainable and unfair dynamic. Under this legislation, every American will have an obligation and an opportunity to enjoy meaningful health benefits. The Secretary of Health and Human Services will establish an essential benefits package that will provide a basic but comprehensive set of benefits for all Americans. Although existing employer plans are not required to provide this level of benefits, it is our hope that employers will meet or exceed this standard. However, the bill does end a wide series of abuses that all health plans, including employer provided plans, must comply with.

These include an end to all pre-existing condition exclusions, limits on waiting periods for coverage, and elimination of annual and lifetime caps on benefits.

In order to make health care more affordable for workers and employers, the bill establishes exchanges that will negotiate with insurers to offer health coverage to individuals in a given area or state. These government-sponsored exchanges will establish a level playing field market place that will make health benefits fairer to all parties.

Insurers will get organized access to large pools of individuals who are required to purchase insurance with lower income individuals receiving federal subsidies to afford essential benefits. Employers will be relieved of their current burdens of designing and negotiating for health benefits under this new health system. Employers will simply facilitate the enrollment and payroll deduction of their employees in exchange health plans with no other responsibilities. Employers may select a plan level to which any employer contribution will be limited, but employees are free to choose plans in that or a more favorable level.

The health plans offered through the exchange are state licensed (with the exception of the national plans) and are not ERISA plans. States have full authority to protect their residents and enrolled individuals have state law rights and consumer protections. There is no federal preemption of any state law that does not prevent the application of any of the rights and responsibilities included in Title I of this bill.

Small employers that choose to offer health coverage may be eligible for tax credits and cannot offer health benefits that discriminate in favor of highly compensated employees. For employers who use employee payroll and similar organizations (i.e. Professional Employee Organizations), I expect that the U.S. Department of Treasury will issue rules to make clear the circumstances by which the small employer may take the tax credit and satisfy the prohibition against discrimination.

The bill contains an individual mandate to either obtain health insurance or pay a penalty. This provision is grounded in Congress's taxing power but is also necessary and proper—indeed, a critical linchpin—to the overall effort to reform the health care market and bring associated costs under control throughout interstate commerce. For example, without this requirement, some reforms may create the opportunity for moral hazards, such as the prohibition on pre-existing conditions.

Without an individual mandate, individuals could wait to purchase health insurance until they are sick—thereby driving up insurance costs and undermining the bill's efforts to bring health care costs and costs to the broader economy under control. This requirement spreads risk to ensure lower costs for everyone, prevents adverse selection, helps end overpayment by the government and other consumers for the uninsured, and makes health care reform overall sustainable.

I also would like to address a few other important provisions in the bill:

I am pleased that the essential benefits in the Patient Protection and Affordable Care Act include rehabilitative and habilitative services and devices, as these benefits are of particular importance to people with disabilities and chronic conditions.

The term ''rehabilitative and habilitative services'' includes items and services used to restore functional capacity, minimize limitations on physical and cognitive functions, and maintain or prevent deterioration of functioning. Such services also include training of individuals with mental and physical disabilities to enhance functional development.

The term ''rehabilitative and habilitative devices'' includes durable medical equipment, prosthetics, orthotics, and related supplies. It is my understanding that the Patient Protection and Affordable Care Act requires the Secretary of Health and Human Services to develop, through regulation, standard definitions of many terms for purposes of comparing benefit categories from one private health plan to another. It is my expectation ''prosthetics, orthotics, and related supplies'' will be defined separately from ''durable medical equipment.'' I also expect that durable medical equipment will not be limited to ''in-home'' use only.

Pursuant to employer requests, this bill codifies the use of wellness programs. Wellness programs are proving to be an emerging area of health care reform that holds both great promise and potential for abuse. The Departments of HHS and Labor will need to issue regulations to assure that employer wellness programs meet established standards of medical treatment and patient protection. It is my understanding from discussions with my colleagues in both the House and Senate that the design and implementation of voluntary wellness programs, including the issuance of policies and procedures and the adoption of practices and methods of administration, shall not have the purpose or effect of mandating participation in such programs or punishing, denying, limiting or curtailing any rights, privileges, and protections under the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, the Health Insurance Portability and Accountability Act, the Family and Medical Leave Act, and Title VII of the Civil Rights Act of 1964.

In order to ensure existing civil rights and privacy protections, regulations related to wellness programs promulgated by the Secretary of Health and Human Services should include standards and criteria developed and certified by the Attorney General, the Secretary of Labor, and the Equal Employment Opportunity Commission. I expect that nothing in the Patient Protection and Affordable Care Act shall limit the independent authority of the Attorney General, the Secretary of Labor, and the Equal Employment Opportunity Commission to issue regulations, interpretations, and guidance regarding the applicability of the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, the Health Insurance Portability and Accountability Act, the Family and Medical Leave Act, and Title VII of the Civil Rights Act of 1964 to the design and implementation of wellness programs. I urge the Department of Labor and other agencies to monitor and ensure that health plans properly comply with the standards established by this Act. I also urge the Congress to continue to review and revisit this developing area of health care.

The Senate bill includes provisions that would provide for a ''level playing field'' between private health insurance issuers and a competing Consumer Operated and Oriented Plan (''CO-OP''), a community health insurance option, or a nationwide qualified health plan. These provisions would prevent unfair competition within a state where these plans compete.

For example, if a CO–OP is established in New York State, it would have to be subject to all the same federal and state laws enumerated in these level playing field provisions as private health insurance issuers in New York

State are. Or, for example, if a CO–OP were established in Florida and was exempted from a state law relating to licensure, private health insurance issuers in Florida would also have to be exempted from the same state law.

The bill we are passing contains protections for employees who are retaliated against for reporting violations involving health insurance regulation and the operation of exchanges, and provides recourse for workers who are fired or otherwise discriminated against because they participate in the exchange and the employee receives a tax credit or a subsidy to purchase health insurance through an exchange. Under this legislation such employees can bring a complaint to and receive assistance from the Department of Labor.

Section 2951 of H.R. 3590 makes an amendment to section 511 of Title V of the Social Security Act to require states to conduct statewide needs assessment and to coordinate such assessment with other appropriate assessments, and cross-references section 640(g)(1)(C) of the Head Start Act. This should not be interpreted to provide states with any new authority over Head Start grantees or entities applying for Head Start funds.

Now, we're pairing these truly historic health insurance reforms with another opportunity that cannot be missed: The chance to make the single largest investment in college affordability ever—and at no cost to taxpayers.

We are going to take tens of billions of dollars that for decades has gone to banks in the student loan program and instead give that money to students and to pay down the deficit.

For decades, banks have enjoyed a sweetheart deal: They receive taxpayer money to make virtually risk-free loans to students.

As we speak, the federal government is now funding 88 percent of all federal student loan volume.

It has proven to be a more stable lender for students through shaky financial markets and a more cost-effective lender for taxpayers.

Ending these subsidies is not a radical idea.

President Clinton first identified these subsidies as wasteful in the 1990s.

President Bush eyed them in three of his budgets.

And President Obama has correctly proposed ending this boondoggle once and for all by originating all loans through the federal direct lending program—saving taxpayers $61 billion over 10 years.

And that's what our legislation accomplishes.

Our reforms are good for students, taxpayers and American jobs.

We will help low and middle-income students pay for college and invest in the support they need to graduate.

We will be more responsible with taxpayer dollars by using $10 billion of these savings for deficit reduction.

And we will end the practice of banks shipping lending jobs offshore.

This bill makes unprecedented investments to expand high-quality educational opportunities to all Americans. It invests in the Pell Grant scholarship award, strengthens Historically Black Colleges and Universities and minority serving institutions, and provides more resources to states for college access and completion efforts through the College Access Challenge Grant program.

Further, these investments are paid for without increasing our nation's deficit, through key reforms in the federal student loan programs designed to provide a stronger, more reliable, and more efficient student loan system. The legislation directs $10 billion of the savings generated under this legislation to paying down the country's deficit.

The education provisions of this legislation will convert all new federal student loans to the Direct Loan program starting in July 2010, saving $61 billion over the next 10 years. These changes will also upgrade the customer service borrowers receive when repaying their loans and promote jobs. The legislation will maintain jobs by maintaining a robust role for the private sector, allowing lenders and non-profits to get contracts with the Department of Education to service Direct Loans.

These education provisions will convert all new federal student loans to the Direct Loan program starting in July 2010, saving $61 billion over the next 10 years. These changes will also upgrade the customer service borrowers receive when repaying their loans and promote jobs. The legislation will maintain jobs by maintaining a robust role for the private sector, allowing lenders and non-profits to get contracts with the Department of Education to service Direct Loans.

The legislation significantly increases the federal Pell Grant award; the cornerstone of need-based federal student assistance since its creation in 1972. Investments in this program are essential to ensuring educational access and making college more affordable for students and families. Both the House and Senate authorizing and appropriating committees have made significant investments in increasing the maximum Pell Grant award in the past few years—32 percent since 2006. The investments in this legislation build on these commitments by indexing the maximum Pell Grant award to the Consumer Price Index beginning in the 2013–2014 academic year, to reach an estimated maximum of $5,975 in the 2017–2018 academic year.

The legislation invests additional resources in the College Access Challenge Grant program created under the College Cost Reduction and Access Act of 2007 to assist states working in partnership with institutions of higher education, non-profit philanthropic organizations, and other organizations with experience in college access, to ensure that students have access to high-quality, affordable higher education.

It is the intent of Congress that states receiving grants under the College Access Challenge Grant program should partner with entities, including guaranty agencies (including their non-profit subsidiaries), to provide financial literacy, delinquency and default aversion activities, and other loan counseling activities for borrowers.

While this legislation seeks to ensure increased access and success for all students, we intend for the Secretary to work with states to address the unique access issues faced by underserved communities, including: low-income individuals, individuals with disabilities, homeless and foster care youth, disconnected youth, nontraditional students, members of groups that are traditionally underrepresented in higher education, individuals with limited English proficiency, veterans (including those just returning from active duty), and dislocated workers.

The legislation also includes a continuation of funding for investments in Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges, Alaska and Hawaiian Native, Predominantly Black Institutions, institutions serving Asian American and Pacific Islanders, and institutions serving Native Americans, first made under the College Cost Reduction and Access Act of 2007, recognizing the critical role these institutions play in serving the nation's emerging majority populations.

Concerning the servicing contracts with eligible not-for-profit servicers, this legislation recognizes that not-for-profit servicers play a unique and valuable role in helping students in their states succeed in postsecondary education and that students should continue to benefit from the assistance provided by not-for-profit servicers, including customer service, financial counseling, and college access and success programs.

In addition, by including more high-quality servicers in the contracting process, competition will be increased thereby delivering better quality for student borrowers. Under the bill, not-for-profit servicers will be allocated a minimum of 100,000 borrower loan accounts. With sufficient loan volume and competitive servicing rates, eligible not-for-profit servicers can individually or collectively generate sufficient revenue to continue the valuable services they provide to borrowers. Because of the significant increase in loan volume as all federal loans are moved to the Direct Loan program, additional servicing capacity will be needed and is provided for through the contracts provision. I encourage the Secretary to implement these provisions so that many local not-for-profit servicers will continue to play a role in the student loan program.

As more students become increasingly dependent on loans, the Department of Education must increasingly focus on the assistance, information, and repayment tools that assist students in successful loan repayment. When evaluating the resources and services available to student borrowers and schools under the Direct Loan program, I encourage the Secretary to use existing contracting authority to contract, when appropriate, with state-designated guaranty agencies for the delivery of services that increase student loan repayment and decrease default. Such agencies shall include those non-profit subsidiaries of guaranty agencies that were established, pursuant to State law, on or before January 1, 1998.

Community colleges serve an instrumental role in both our educational and workforce systems, providing post-secondary education and job training, particularly to individuals and families hardest hit by difficult economic times. This includes workers eligible for training under the Trade Adjustment Assistance program for communities and for individuals who are, or may become eligible for unemployment compensation. To ensure that these institutions have access to the resources they need to develop and improve educational and career training programs designed to meet the needs of these communities, the legislation directs the Secretary of Labor to award Community College Career Training Grants especially to struggling 2-year public community colleges, (as defined in Section 101 of the Higher Education Act of 1965). As the legislation ensures that all States benefit from these resources with the inclusion of a state minimum, I also encourage that the Secretary strive to

ensure a diverse geographical representation of community colleges in both urban and rural areas.

I'd like to thank RUBÉN HINOJOSA, our higher education subcommittee chair, TIM BISHOP, and all of our committee members for their tireless work on student loan reform.

Along with all the members of our committee, I'd like to especially thank ROB ANDREWS, our health subcommittee chair, for his backbreaking work over the last year on health reform.

And I would like to thank the many members of my staff for their long hours and tremendous work over the last year on these two pieces of reform: Mark Zuckerman, Danny Weiss, Alex Nock, Michele Varnhagen, Jody Calemine, Denise Forte, Ruth Friedman, Megan O'Reilly, Julie Radocchia, Jeff Appel, Ajita Talwalker, Celine McNicholas, Meredith Regine, Lillian Pace, Kara Marchione, Helen Pacjic, Rachel Racusen, Aaron Albright, Melissa Salmanowitz, Andra Belknap, Betsy Kittredge, Mike Kruger, Amy Peake and Courtney Rochelle.

Their commitment and expertise has been invaluable.

We almost didn't get here today. You know that.

Opponents of health care reform have said anything and done everything to distort the facts, delay the process, and try to put off what Americans have asked for and needed for generations. They have tried to sow fear into the American people.

They cannot win on the merits. And they will continue to lie and distort the facts going forward. But we have made it to the final step in this process—despite all that noise.

And now we face a simple choice.

We can side with America's families and college students and make health insurance and college more affordable and accessible—while creating millions of jobs and reducing the deficit.

Or, we can side with insurance companies and banks.

That's it.

That's the choice.

I'm siding with the American people.

I urge each of my colleagues to join me.

The SPEAKER pro tempore. The gentleman from South Carolina (Mr. SPRATT) is recognized for 15 minutes as a designee of the majority leader.

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

Mr. RYAN of Wisconsin. Mr. Speaker, I'd like to yield 2 minutes to the gentlewoman from Wyoming (Mrs. LUMMIS).

Mrs. LUMMIS. The world is begging America to get its financial house in order. This Congress responds by doubling the debt in 5 years and tripling it in 10.

Americans are begging for jobs, careers, and stability. This Congress responds by hiring 17,000 people at the IRS to enforce on Americans government-approved health insurance.

Small business entrepreneurs beg Congress to empower them to create jobs. Congress responds with 20 new taxes in this health care bill, amounting to half a trillion dollars.

Our military families beg us to leave TRICARE alone. This bill transfers TRICARE out of the Department of Defense.

Americans are fed up with government takeovers of business, like the auto industry that closed dealerships and threw Americans out of work. This health care bill includes a government takeover of the student loan business, throwing 31,000 more Americans out of work.

We Republicans implored the majority for a bipartisan health care reform bill. The majority party responded with special deals cut behind closed doors to garner votes for its most reluctant members.

America deserves better than this. America is better than this. Let's listen to America. Kill this bill. Start over with health care we can afford. Create jobs and save our economy.

Mr. RYAN of Wisconsin. Mr. Speaker, at this time I'd like to yield myself the remainder of our Budget Committee time.

Mr. Speaker, there's a lot wrong with this bill. We know the problems with its costs. We know it doesn't really reduce the deficit. We know premiums are going to go up. The CBO has given us all this information and it's clear that we have a bill that is chock full of gimmicks and hidden mandates. I'm not going to get into all of that again, but what I want to ask is this: Why has this decision become so personal to our constituents? Why are so many people swarming the Capitol today? Why have we received a hundred thousand calls an hour from around the country? It's because health care affects every one of us. And yet, here we are, debating whether the government should have a bigger role in making those personal decisions.

So make no mistake about it. We are not just here to pass a health care bill. We are being asked to make a choice about the future path of this country. The speakers to my left are correct: this is history. Today marks a major turning point in American history. This is really not a debate about prices, coverage, or choosing doctors. This is ultimately about what kind of country we are going to be in the 21st century.

America is not just a nationality. It's not just a massive land from Hawaii to Maine, from Wisconsin to Florida. America is an idea. It's the most pro-human idea ever designed by mankind. Our Founders got it right when they wrote in the Declaration of Independence that our rights come from nature and nature's God—not from government.

Should we now subscribe to an ideology where government creates rights, is solely responsible for delivering these artificial rights, and then systematically rations these rights?

Do we believe that the goal of government is to promote equal opportunity for all Americans to make the most of their lives, or do we now believe the government's role is to equalize the results of people's lives?

The philosophy advanced on this floor by this majority today is so paternalistic and so arrogant. It's condescending, and it tramples upon the principles that have made America so exceptional.

My friends, we are fast approaching a tipping point where more Americans depend upon the Federal Government than upon themselves for their livelihoods, a point where we, the American people, trade in our commitment and our concern for individual liberties in exchange for government benefits and dependences.

More to the point, Mr. Speaker, we have seen this movie before, and we know how it ends. The European-style social welfare state promoted by this legislation is not sustainable. This is not who we are and it is not who we should become.

As we march toward this tipping point of dependency, we are also accelerating toward a debt crisis; a debt crisis that is the result of the politicians of the past making promises we simply cannot afford to keep. Déjà vu all over again. It's unconscionable what we are leaving the next generation.

This moment may mark a temporary conclusion of the health care debate, but its place in history has not yet been decided. If this passes, the request to reclaim the American idea is not over. The fight to reapply our founding principles is not finished. It is just a steeper hill to climb, and it is a climb that we will make.

On this issue, more than any other issue we have ever seen here, the American people are engaged. From our town hall meetings to SCOTT BROWN's victory in Massachusetts, you have made your voices heard and some of us are listening to you.

My colleagues, let's bring down this bill and bring back the ideas that made this country great.

Mr. SPRATT. Mr. Speaker, I first recognize the gentleman from California (Mr. BACA) for a unanimous consent request.

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

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Mr. BACA. Mr. Speaker, I rise in strong support of this legislation.

Mr. SPRATT. I yield to Mr. ISRAEL of New York to make a unanimous consent statement.

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

Mr. ISRAEL. Mr. Speaker, I rise in support of this bill.

Mr. Speaker, I rise in support of this bill for one fundamental reason. It is simply the right thing to do. Not for my Party, not for the President, not for the Speaker, not for me. But for the people I represent. The middle class and working families; the backbones of our economy—small businesses—challenged by rising health costs.

Few debates have been as long and as passionate as this one. Since last August I

have heard the strong voices on both sides of this issue. I have listened to the angry chants of opponents of the bill at Town Hall meetings. I have read the mail from people who insist this is a march towards socialism, that it is a dangerous experiment, that it involves government death panels who will deny senior citizens the life-saving health care they need. I have watched protesters march outside my district office on Long Island. I have seen the repugnant signs here in Washington comparing health care to the Holocaust.

I have seen and heard it all. But I have also heard others. They are the average Long Islanders—not rich, not poor, but usually somewhere in between—who live in quiet desperation and concern.

The small business owner on Long Island who told me he just received a 22 percent increase in health insurance premiums and agonizes at the prospect of either scaling back the care he provides his workers or scaling back the workers he pays. Under this bill, his business will receive a tax credit to help him provide insurance to his workers. And he will be able to shop for competitive rates and services in a new market-driven ''Health Insurance Exchange.''

The woman who thought health care worked pretty well for her, until her daughter was diagnosed with breast cancer. She's been forced to deal with high medical costs to care for her daughter. But, under this bill, she will not have to worry about an insurance company that refuses to pay for her chemotherapy.

The middle class family with two kids just out of college who are having trouble finding a job that provides health insurance. Under this bill, those young adults can get coverage on their parents' plans until they turn 26.

The retired plumber on the block where I live. One day he came to my house. I thought he wanted to debate this bill with me. Instead, he said: ''I wish you would pass this now. Don't these people know that if they lose their jobs they lose their health care?''

And just yesterday, Mr. Speaker, a small business owner called me with concerns and plentiful questions about the legislation we will vote on today. After I explained it, he said: ''There's been too much confusion about this bill. I wish it had been explained.''

He is right. This bill has changed in over a year of debate. Sometimes in an effort to accept bipartisan recommendations. Sometimes to reduce its cost. While one side has had the responsibility to improve the bill, the other side has taken the opportunity to brand it with mischaracterizations. But now the ink is dry, Mr. Speaker. And the dry ink of this bill represents the best hope to protect the middle class and working families I represent. The small business owner in East Northport who now has a level playing field when shopping for insurance. The family in Sayville who can now keep a child insured until the age of twenty-six. The senior in Deer Park whose drug costs will be covered. The accountant in Huntington who lost his job but will be able to shop for affordable health care.

This bill will improve coverage for 485,000 of my constituents with coverage through their employer, give tax credits to as many as 81,000 families and 21,000 small businesses to make health care affordable in my district, and extend coverage to 29,000 uninsured residents of the towns I represent.

This bill will reduce our debt. Yesterday, the Congressional Budget Office certified that the bill is fully funded and will actually reduce federal deficits by $143 billion in the first 10 years and over a trillion dollars in the next 10.

This bill is an urgent reversal from 8 years of ignoring the crisis. Between 2000 and 2008, health insurance premiums doubled, insurance company profits quadrupled, and an additional 6 million Americans became uninsured. As a result, the leading cause of personal bankruptcy today is unpaid medical bills. Without action, these trends will grow worse.

These are the middle class families and businesses that have always expanded our economy. But rising health costs and insecurity have undermined the middle class. This bill will provide them with the basic security they need to do what they've always done: build our economy.

This vote is no different than the 1965 vote for Medicare. Back then, when one quarter of American seniors were living in poverty and wracked with unpayable medical bills, there were loud voices that said, ''do nothing'' and ''start over'' and ''vote no.'' Public opinion was skeptical then. Had I been in Congress in 1965, and the choice was voting for Medicare and risking my seat, or voting against Medicare and saving my seat, I would have voted for Medicare. It became the backbone of economic security for our senior citizens and helped build a middle class with economic security. This is no different. No less necessary. No less historic.

Mr. SPRATT. Mr. Speaker, I yield to the gentlewoman from Ohio for a unanimous consent request.

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

Ms. SUTTON. I rise in support of this historic legislation.

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

Congress cleared the way for health care reform in the budget resolution. And when we did, we stipulated that reform had to be deficit-neutral. We can now say that the House, Senate and President have all abided by this principle. The bill put before us has been scored by the Congressional Budget Office. In this case, CBO found that the 10-year cost of all the covered changes in the bill put before us amount to $788 billion. But the bill before us also includes reductions, savings, and new revenues which total $931 billion.

When the $931 billion is netted against the $788 billion, the result is a net savings, which reduced on-budget deficits over the next 10 years by $143 billion. That's CBO's estimate of the first 10 years under these reforms, a reduction in the deficit of $143 billion. What about the next 10 years? CBO estimates that these two bills together will save around .5 percent of GDP over the second 10 years. Now that may sound minimal, but during that period of time, GDP cumulatively is $272 trillion, so .5 percent of that easily equals more than $1.2 trillion.

You will hear numbers of all sorts in this debate, but remember these because they come from a disinterested source with a well-proven record. This is what CBO estimates as the effects of these bills on the deficit: a reduction of $143 billion over the next 10 years and a reduction of $1.2 trillion over the following years. We have kept the promise we made at the outset by keeping health care reform deficit-neutral, and that's one more reason to vote for this bill.

I reserve the balance of my time.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. CAMP) is recognized for 20 minutes as a designee of the minority leader.

Mr. CAMP. Mr. Speaker, at this time I yield 3½ minutes to the distinguished gentleman from Indiana (Mr. PENCE), our conference chairman.

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

Mr. PENCE. This is truly a remarkable moment in the life of this Nation. Some say we're making history. I say we're breaking history. We're breaking with our finest traditions—limited government, personal responsibility and the consent of the governed. The first principle of public service in a free society is humility. The arrogance we've witnessed in this institution is breathtaking. Only in Washington, D.C., could you say you're going to spend $1 trillion and save the taxpayers money. Only in Washington, D.C., could you exchange the pro-life protections enshrined in the law for 30 years for a piece of paper, signed by the most pro-abortion President in American history.

Despite overwhelming public opposition today, this administration and this Congress is poised to ignore the majority of the American people. Let me say, Mr. Speaker, this is not the President's House. This is not the Democrats' House. This is the people's House, and the American people don't want a government takeover of health care. Now I know they don't like us to call it that. But when you mandate every American to have government-approved insurance, whether they want it or need it or not, when you create a government-run plan, paid for with job-killing tax increases, and you provide public funding for abortion, that's a government takeover of health care, and the American people know it.

The American people want to face our challenges in health care with more freedom, not more government. And this really is about freedom. The more I think about this debate, the more I think about what Ronald Reagan said in 1964. He said then and now, It's about whether we abandon the American Revolution and confess that a little intellectual elite in a far distant capital can plan our lives better than we can plan them ourselves.

You know, today we gathered in the old House Chamber for a time of worship and prayer. Members of Congress have been doing that for about 200 years. It's a Chamber filled with statues of great Americans: Sam Houston, Lew Wallace, Robert Fulton, William Jennings Bryan, soldiers, heroes and

heroines of freedoms past. As I sat there, I thought of that Bible verse that said, ''We are surrounded by such a great cloud of witnesses.'' Standing here tonight, I believe we are as well. And I mean, not just those that are looking in tonight from here and around the country, but those who have gone before. Men and women who did freedom's work in their time who persevered, who made this the greatest Nation on Earth possible.

Now it's our turn. We can reform health care without putting our country on a pathway towards socialized medicine. We can reform health care by giving the American people more choices, not more government. So I say to my Democratic colleagues, stand with those who have gone before and made the hard choices to defend freedom in their time. Stand with us. Stand for freedom, and the American people will stand with you.

Mr. SPRATT. Mr. Speaker, I yield for a unanimous consent request to Ms. FUDGE of Ohio.

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

Ms. FUDGE. Mr. Speaker, I rise in support of this health care legislation.

Mr. Speaker, I rise today to vote for my constituents. Ohioans want health care reform and they want it now. They told me: " Now is the time to stand for change. Now is the moment to fight for quality care."

I'm voting for Vera—a former nurse who lost her insurance after a divorce, despite a lifetime of caring for others. She has over ninety thousand dollars in medical debt, as a result of her 3 strokes.

I'm voting for "Mary's" mom, who faced cancer without health coverage. "Mary's" mom died in her daughter's arms in pain and without medication because she had no insurance.

I'm voting for the father in my District, who is forced to choose between maintaining his child's health insurance or meeting his monthly bills. He shouldn't have to choose between treating his son's sickle cell disease and putting food on the table.

As a pastor said this morning:

I'm voting like unborn children depend on me.

I'm voting like a single mom in East Cleveland depends on me.

I'm voting like seniors in Warrensville Heights depend on me.

I'm voting like foster youth are waiting on me.

I'm voting for the person in Euclid who died too soon.

I'm voting like I don't have health care insurance myself.

I'm voting for justice and equality.

I'm voting for health care reform, so that I can hold my head high, look my neighbors in the eye and tell them: "I voted for you, and you, and you."

Mr. SPRATT. Mr. Speaker, could I inquire as to the remaining time?

The SPEAKER pro tempore. The gentleman from South Carolina has 13½ minutes, and the gentleman from Michigan has 16½ minutes.

Mr. CAMP. Mr. Speaker, at this time I yield 2 minutes to the distinguished gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY of California. Mr. Speaker, this is the people's House, and we were sent here to represent people throughout America. Some are actually in the gallery, some have been marching around this building, some are sitting at home watching on TV. Or they're in their car driving back from church, and many of them have been calling this Congress. And they've been asking one thing, Why does Washington refuse to listen? They see what many on this side of the aisle see, the arrogance of Washington. We are here to represent our constituents, which is why we are asking, Why are we voting on a health care bill today that empowers government instead of the people?

Survey after survey demonstrates the great unpopularity of today's bill. Not only the substance of it, but the trickery, the deals and the shortcuts that led us to where we are today. But this bill is being pushed through because the majority in this Congress refused to listen to the people. The Speaker has even said that she believes that we have to pass this bill so people can find out what's in it. The logic here is, Washington knows better than the people.

All this at a time when Washington is borrowing 43 cents out of every dollar it spends, adding to our national debt, mortgaging our children's future. And this $2.4 trillion bill will steal even more money from our children's futures at a time when this administration and Congress are poised to run up the debt more than any other administrations combined. It doesn't have to be this way. We could have easily found a positive bipartisan agreement on commonsense health care reforms that reduce the costs, increase competition and increase access, all without raising the debt. Today is a legacy vote for Members of this people's House, and I urge my colleagues to start over and craft the bill to solve the problem.

Mr. SPRATT. Mr. Speaker, I yield to the gentleman from North Carolina (Mr. WATT) for a unanimous consent request.

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

Mr. WATT. Mr. Speaker, I rise in support of the 32 millions Americans who will get insurance under this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Under clause 7 of rule XVII, Members may not refer to the occupants of the gallery.

Mr. SPRATT. I now take pleasure in yielding 3 minutes to my colleague from South Carolina (Mr. CLYBURN), the majority whip.

Mr. CLYBURN. I thank the gentleman for yielding me the time. Mr. Speaker, we have come to a defining moment in our Nation's history. Tonight I am thinking about the woman who called in to a talk radio program that I appeared on last August. She called in to take issue with the gentleman who had just called in earlier to say that he did not support our efforts to reform the health care system because he liked the insurance he had. The caller shared her experiences of having been dropped from coverage by an insurance company she thought she liked just as she started her second treatment for breast cancer. She said to the gentleman that maybe he liked the insurance he had because he had never tried to use it.

With these reforms, dropping people from coverage when they are diagnosed with catastrophic illnesses will no longer be allowed, and denying insurance to children with diabetes and other preexisting conditions will end immediately. These reforms will allow children to remain on their parents' insurance policies until their 26th birthday. This bill will immediately begin closing the doughnut hole for prescription medications for seniors and eliminating burdensome copays or deductibles for their preventive care.

Despite deafening protests from the other side, the nonpartisan Congressional Budget Office says that the reforms included in this bill will reduce our deficit by $143 billion in the first 10 years and $1.2 trillion in the second 10 years. This bill will also create jobs, 400,000 good-paying jobs, reliable jobs for every year and for small businesses. Small businesses will get a tax break on their health care premiums that will free up money for them to hire 80,000 more employees.

Mr. Speaker, we have debated this issue for several generations. The time has come to act. This is the Civil Rights Act of the 21st century, and tonight we will take a significant step to move our country forward.

Mr. CAMP. Mr. Speaker, at this time just for the purpose of a unanimous consent request, I yield to the gentleman from Pennsylvania.

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

Mr. DENT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Undeniably, health care reform is needed. Families and businesses are struggling to keep up with rising insurance premiums. Thousands of constituents in my district do not have access to affordable insurance because of skyrocketing costs. An increasing number of Americans are impacted by policies that preclude individuals with pre-existing conditions from securing insurance. Patients are frustrated with the difficulty of navigating the health care system and insurance bureaucracy. We have all experienced our doctors practicing defensive medicine—ordering unnecessary tests and procedures in an effort to ward off frivolous lawsuits. Poor reimbursement rates mean that doctors cannot afford to place an emphasis on prevention and wellness.

The consequences of reform are profound for families, our economy and the future of our country. Reform policies will have a direct impact on the lives of all Americans and the budgets of every household. These changes will affect one-sixth of our economy. Done

right, we will lift burdens that are holding employers back from growing and revitalizing our economy. Done wrong, jobs will be lost and 10 percent unemployment will become the norm rather than the exception. Health care expenditures make up an increasing percentage of state and federal spending. Addressing health care costs is vital to the long-term economic health of the United States.

I support reform. I have advocated for deliberate policies that will reduce the cost and increase the quality of health care, provide all Americans with the opportunity to obtain affordable health insurance, give patients more control over their health care decisions, and promote innovations and wellness initiatives that lead to cures.

I oppose the bill before us today because it will increase health care costs for Americans and bend the curve of health care spending in the wrong direction; it will create a new trillion dollar entitlement program that the bill does not realistically address how we will afford; and it will impede economic growth, particularly in our district.

Above all else, health care reform must address the escalating health care costs that are crippling American families and overall, slow our nation's healthcare spending. This bill does not accomplish those critical objectives. According to an analysis by the Congressional Budget Office (CBO), premiums will increase by 10 to 13 percent for families who are purchasing health insurance in the individual market. This amounts to more than $2,000 a year for a family. In addition, the CBO indicates that H.R. 3590, which will be the law of the land if we pass it today, will increase the federal budgetary commitment to health care by more than $200 billion over the next decade. If the reconciliation package (H.R. 4872) is also signed into law, the combined budgetary impact on health care spending will be $390 billion. American families can't afford that increase and neither can our country.

Moreover, this bill creates an unsustainable new entitlement program at the expense of seniors who will be impacted by more than half a trillion dollars in Medicare cuts and all Americans who will pay higher health care costs and more than half a trillion dollars in increased taxes, fees and penalties. The bill uses ten years of taxes and Medicare cuts in order to pay for six years of programs. Overall, in the first 10 years of full implementation (2014 to 2023), the health care package will result in more than $2.6 trillion in spending. Although the CBO estimated the overall deficit reduction will be $124 billion over 10 years, in its analysis the CBO cautioned that its long-term deficit projections "reflect an assumption that the key provisions of the reconciliation proposal and H.R. 3590 are enacted and remain unchanged throughout the next two decades, which is often not the case for major legislation. For example, the sustainable growth rate mechanism governing Medicare's payments to physicians has frequently been modified to avoid reductions in those payments, and legislation to do so again is currently under consideration by the Congress."

House Leadership has already said it will consider a bill to address the physician payment issue. Just that policy alone will cost $200 billion, which is not reflected in the CBO score.

Finally, this bill will have an immediate impact on economic growth. New taxes and regulations will lead to lower wages, lost jobs and decreased investment. Employers with more than 50 employees who do not provide health insurance coverage that is deemed "acceptable" by federal standards will be saddled with a tax of up to $2,000 per employee. The bill will levy a tax of as much as 2.5 percent of household income on Americans who do not comply with the individual mandate, which requires all Americans to maintain acceptable coverage. Many investors will face a new tax of 3.8 percent on capital gains, dividends, interest, rents, royalties and other investment income. This tax coupled with scheduled rate increases will lead to a top rate of 23.8 percent for capital gains and 43.4 percent for dividends.

We will feel the impact close to home. A 2.3 percent medical device tax will increase the cost of medical devices—everything from tongue depressors to wheelchairs—and discourage the development of critical new medical innovations. Specifically, this tax will impact businesses in our district imperiling jobs; curtailing advanced research and innovation; reducing purchasing from Pennsylvania vendors; and hampering investment in capital equipment. The ripple effect on our economy and on working families will be far greater than the sum of the tax. And ultimately, patients will see increased costs as a result.

Just yesterday, I offered two amendments to the Rules Committee that would have reduced the negative impacts of H.R. 3590. The first amendment would have inserted commonsense medical liability reforms. Specifically, the amendment would enact nationwide reforms aimed at ending the costly practice of defensive medicine and encourage states to adopt effective alternative medical liability laws that will reduce the number of health care lawsuits that are litigated and the average amount of time taken to resolve lawsuits, and reduce the cost of malpractice insurance. The provisions would save our country billions of dollars and reduce national health care spending. The second amendment would have struck the ill-advised medical device tax that a company in my district has dubbed the "death tax" because it will increase their tax burden by 77 percent, raising their effective tax rate to over 73 percent. This is an innovation tax that will mean less investment in research and development that leads to medical innovations. Unfortunately the leadership of the House would not allow these important amendments to be debated on the House floor today.

I regret very much where we are today and wish that bipartisan efforts to address the shortcomings of our system—access and affordability—while building on our strengths—choice, quality and innovation had prevailed.

Mr. CAMP. At this time, Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Washington (Mrs. MCMORRIS RODGERS).

Mrs. MCMORRIS RODGERS. Mr. Speaker, I know that some of my colleagues on the other side of the aisle are still undecided, and I sincerely urge you to vote "no." This is the wrong bill at the wrong time. At a time when 15 million Americans are out of work, this is the wrong time to hit small businesses with more taxes and more requirements. At a time when premiums are surging for working families is the wrong time to pass a bill that everyone acknowledges is actually going to increase premiums.

At a time that we have a $3.8 trillion budget, 40 percent of which is deficit spending and is being put on the credit card, this is the wrong time to pass a new massive government spending program. And at a time when Americans are losing trust in Congress, it is the wrong time to strike backroom deals and pass a bill over the will of the people.

Everybody in this body acknowledges the need for real health care reform. But this health care reform will make things worse, not better, for the people we serve. We should not let the hunger to do something—anything—trick us into passing a bill that will cripple free enterprise and permanently diminish the freedom of the American individual.

Today I'm reminded of a quote by President Ford: "A government that is big enough to give you everything you want is a government big enough to take it all away." This is a time for courage and clear thinking. I urge my friends on the other side of the aisle to join in standing with the American people and vote against this bill.

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Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentlewoman from Pennsylvania (Ms. SCHWARTZ).

Ms. SCHWARTZ. Mr. Speaker, health care reform represents the largest deficit-reduction measure in nearly a generation while controlling the rising cost of health care for families and businesses, and improving access to and quality of coverage for 95 percent of Americans.

This plan strengthens coverage and health care for all Americans, including provisions that I have fought hard for: prohibiting insurance companies from excluding coverage for preexisting conditions for children and adults; prohibiting insurers from dropping coverage when you get sick, or placing annual or lifetime limits on benefits; insuring that all insurance policies use plain, easy-to-understand language so that consumers know what they are buying and can honestly compare their choices; allowing young adults up to the age of 26 to stay on their parents' policies; offering tax credits to small businesses so they can afford to provide insurance coverage for their employees; eliminating copayments for preventive care for seniors; closing the Medicare prescription drug coverage known as the doughnut hole, making sure that we close that doughnut hole; promoting the important education and research missions of our Nation's teaching hospitals and academic medical centers which train the next generation of doctors and nurses; focusing on primary care by better ensuring Americans, particularly those with chronic diseases, have access to ongoing primary care; investing in American innovation and technologies

by creating new incentives for the development of new cures and treatments; and incentivizing collaboration among health providers through new payment reforms that promote high quality, efficient delivery of care.

These provisions, and others, in health reform ensure new consumer rights and protections for those with insurance. It contains costs for families, businesses and for our Nation. And it extends affordable, meaningful coverage to 32 million Americans. Health care reform is vital to the health of Americans and the health of our economy. The status quo is unacceptable and unsustainable. I urge a ''yes'' vote.

Mr. CAMP. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from California (Mr. MCKEON).

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

Mr. MCKEON. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. CAMP. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from West Virginia (Mrs. CAPITO).

Mrs. CAPITO. Mr. Speaker, for a moment let's think of this bill as a blanket, a blanket of health care legislation that may be draped across America and its population in the coming years. Unfortunately, this blanket is woven not from all hands working together, but is the handiwork of strong-arm, political deal-making, and, perhaps most disheartening, a resistance to listen to the American people.

Its cloth has been cut behind closed door, and its color is tinged by partisan hands. It is too short in some areas, and too long in others, woven to cover the winners and to leave out the losers. Once this blanket of legislation is laid out, those that huddle beneath it will find that it does not provide the real health care reform they need for their families. In fact, it will become a wall of government between them and their doctor.

Its huge holes will not protect the cold wind of job loss, new taxes, government bureaucracy, and increased health care costs. And though we hear of coming patches in the future, in all likelihood they will be made of the same flimsy fabric of broken promises.

All of America will feel the weight of this uncomfortable burden. The real cost of the $2.6 trillion bill will only increase in the future. States like mine, West Virginia, will feel the weight in huge budget shortfalls caused by millions of dollars in unfunded mandates. States must balance their budgets and will be forced to absorb the massive increase in Medicaid spending demanded by this bill.

But, the full burden will be paid by those who enjoyed this beautiful spring day, playing outside in backyards across America. Little do they know as they play that we are on the cusp of burdening them with generational debt. The Speaker and her team will drape this legislation across citizens, ignoring their pleas against it. And America will again shake its head in disbelief and ask how Washington can turn a deaf ear and be so disconnected from the American people.

If we stand here in obedience to our purpose, the Congress will be an effective representation of the people of the United States. We should stop this unfortunate endeavor, take a step back and listen, listen to the heartbeat of America, the beat that yearns for true health care reform, the beat that asks for bipartisan government committed to solving America's problems, the beat that asks that we put America's families first. America deserves this. America deserves to be heard.

Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BOYD).

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

Mr. BOYD. Mr. Speaker, I thank my friend, Mr. SPRATT from South Carolina.

Mr. Speaker, ladies and gentlemen, I heard a wise man once say that you never saw a great country with an uneducated and unhealthy population. We are headed there. Sixty-seven thousand uninsured in the congressional district that I represent will be helped by this bill. We all know the statistics about the spiraling cost of insurance and the ever-increasing percentage of uninsureds within our own districts and across this Nation. We all agree this is an unsustainable path. I have heard you say it many times. So I ask you, How high do these numbers have to go before we act?

Earlier I heard the gentlelady from Washington State say it is the wrong time. For 22 years in my legislative service, as I have been trying to find solutions, I have heard it is the wrong time. I know many of you have been trying to find those solutions, too, from time to time; solutions for those high costs, the spiraling high costs, the ever-increasing number of uninsureds on an annual basis, solutions that would do it in a fiscally responsible way and use the good parts of our private-sector delivery system. Ladies and gentlemen, this bill does all four of those things.

Mr. Speaker, if we fail to act now, the path we are on will create a society of haves and have-nots based solely on one's ability to purchase health insurance.

I know this bill isn't perfect. There are some things in it that I don't like; but seldom are bills perfect the first time around. The other side has brought us no viable alternatives. So then I ask you, ladies and gentlemen, if not this, then what? If not now, then when?

Mr. Speaker, I urge my colleagues to vote ''yes'' for the health of our people and the strength of our economy.

Mr. CAMP. For the purposes of a unanimous consent request, Mr. Speaker, I yield to the gentleman from Nebraska (Mr. SMITH).

(Mr. SMITH of Nebraska asked and was given permission to revise and extend his remarks.)

Mr. SMITH of Nebraska. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. CAMP. Mr. Speaker, at this time I yield 3 minutes to the distinguished gentleman from Tennessee, Dr. ROE.

(Mr. ROE of Tennessee asked and was given permission to revise and extend his remarks.)

Mr. ROE of Tennessee. Mr. Speaker, today we debate and vote on the most important piece of social legislation in decades, a massive expansion of government unparalleled in our Nation's history, with the potential to bankrupt future generations by lowering the standard of living for our children and grandchildren.

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 in this country the highest quality of health care in the world. But I will also say that this care is too expensive for an increasing number of people.

Health care should not be a partisan issue. I have never operated on a Republican or a Democrat cancer in my life. We have heard about how this is going to save money and reduce the budget deficit. Seventeen years ago in Tennessee we tried a plan called TennCare. It was an idea where different companies were going to compete and we were going to cut costs. What happened in that? Just 10 budget years later, our costs had tripled and we had to cut the rolls in Tennessee because the State was literally going bankrupt. And this year for the first time, we have had to limit patients' visits to 8 doctor visits per year, and this plan will only pay $10,000, I don't care what the cost of the care is, and those costs are shifted to private insurers. Also the physicians are not taking TennCare because it pays them less than 60 percent of their costs of actually providing the care. That approach, which is pretty much the same approach we are voting on here today, failed, and I know because I am a physician who worked in that system.

Mr. Speaker, I have one question for every Member of this body: If we have seen how this Big Government scheme doesn't work, why would you vote for it again? Well, the States know. They are already well ahead of the Federal Government. Thirty-seven States, including Tennessee, are now proposing legislation to opt out if the ObamaCare plan should pass.

So the States get it because they can't afford it. The seniors get it because they understand $500 billion will be cut from this program. And let me tell you, in the next 10 years we are going to add 35 million people to the Medicare rolls in this country when the baby boomers hit. Three things will happen when that occurs: you will decrease access; you will decrease quality

because you can't see your doctor; and costs will go up. So seniors get it.

The doctors get it. They are going to work harder and get paid less. Also, there is no meaningful tort reform, and without that, you cannot reduce the cost of care. The American people get this. The people of Tennessee don't want this plan. The people of the United States don't want this plan; but the politicians who vote for it are not listening.

I choose to listen to the American people and vote ''no,'' and urge my colleagues to do the same.

Mr. SPRATT. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from New York (Mr. MEEKS).

(Mr. MEEKS of New York asked and was given permission to revise and extend his remarks.)

Mr. MEEKS of New York. Mr. Speaker, I rise in support of this historic legislation.

Mr. Speaker, I rise in support of Affordable Care for America.

I am proud to stand with my colleagues in the U.S. House of Representatives in support of this critical legislation to ensure that each and every American has access to affordable, quality healthcare. This bill will put Americans and small businesses back in charge of their health care choices and make coverage affordable for everyone. Premium tax credits and cost-sharing assistance will be offered to low- and middle-income Americans, which will be the largest tax cut for health care in the history of this nation.

My constituents in the Sixth Congressional District and across the country will be provided the opportunity to make informed decisions about their health insurance and purchase the plan of their choice.

It is extremely important that every hard working American receives affordable high quality healthcare. This critical legislation will extend coverage to 95 percent of all Americans when passed. For the Sixth Congressional District this means that 54,000 residents who currently do not have health insurance will receive coverage.

By passing this historical legislation we will be able to provide the people of the United States the proper healthcare they deserve. No American should be denied the right to better and affordable health care coverage. No American should be discriminated against by insurance companies based on pre-existing conditions, health status and gender. No American should be forced into medical bankruptcy because their Medicare access was terminated. I urge my colleagues in the House of Representatives to vote "yes" so no American is told "no" again.

Mr. SPRATT. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentlewoman from California (Ms. ROYBAL-ALLARD).

(Ms. ROYBAL-ALLARD asked and was given permission to revise and extend her remarks.)

Ms. ROYBAL-ALLARD. I rise in strong support of this bill.

Mr. Speaker, I rise in support of the Senate Amendments to H.R. 3590—the Patient Protection and Affordable Care Act. This legislation represents a milestone in our Nation's history. Building on the promise that was begun with the passage of Medicare in 1965, we take an historic step today toward acknowledging health care as a universal right for everyone.

The people of America have suffered far too long from a health care system that is unaffordable, discriminates on the basis of gender, disability, and pre-existing conditions, and frequently denies coverage for lifesaving services and treatments. While we pay more than any other country in the world for health care, we die younger with the highest rate of preventable deaths among 19 industrialized nations. Obviously this status quo is unsustainable and the time for change is now.

The bill we are voting on today reflects many long months of discussion and compromise. Clearly it is not perfect, and many of us would have preferred to see the bill go much further towards granting universal access to health care for every man, woman and child in this country. But with an issue that impacts so many stakeholders, and involves so many competing interests, it is doubtful that any single legislative effort could ever satisfy everyone and address all the problems we face in our current system.

So while this bill falls short of what many of us had hoped would be included in a final bill, I believe it is critical that we move forward today in response to a crippled health care system that has been failing our country. With the passage of this bill we will improve the quality and affordability of health services, prioritize prevention and the reduction of health disparities, and take the necessary albeit difficult steps to rein in the escalating costs of health care in this country.

I will be voting for this bill today for the people in my 34th Congressional District of California. Over 23 percent of my constituents live below the federal poverty level, and 40 percent of them are uninsured. In 2008, over 1100 of my constituents faced health care-related bankruptcies caused primarily by health care costs that were not covered by their insurance. This bill will extend coverage to 185,000 of my constituents, and will guarantee that 28,500 residents with pre-existing conditions can obtain coverage while protecting those who do have insurance from bankruptcy due to unaffordable health care costs.

I will be voting for this bill today for the small businesses in my District. With its passage, over 16,000 small businesses in my district that have 100 employees or less will be able to join the health insurance exchange, benefiting from group rates and a greater choice of insurers. H.R. 3590 will also help make small businesses more competitive by providing tax credits that will make it more affordable for them to offer health insurance to their employees. In my district approximately 15,000 small businesses would qualify for these credits.

As chair of the Congressional Hispanic Caucus Health Task Force, I will be voting for this bill today for Hispanic communities all across the country. It is of great concern to me that this segment of the population continues to face the highest uninsured rate of any racial or ethnic group within the United States. In fact, a recent report found that 42 percent of Hispanic adults lacked health insurance compared to the national average of 16 percent.

This legislation will provide access to affordable health care to the millions of uninsured Latinos in this country through Medicaid expansion. The legislation will also provide access to health insurance exchanges and subsidies to help low- and moderate-income families. Additionally, the bill expands Community Health Centers which have been a cornerstone of primary care services in communities of color, and expands coverage for preventive care which has been disproportionately inaccessible to minorities.

Finally, I will be voting for this bill today for the women and mothers in this country who have long managed the health care of their children, their spouses, and the elderly in their families. This legislation will mandate coverage for maternity care, so all women will be able to give their babies the healthiest start in life.

By preventing insurance companies from dropping coverage for extended illness or denying coverage for pre-existing conditions, it will give moms the peace of mind knowing that their children and spouses will have the health coverage they need if they become ill or suffer from a genetic condition or disability. As their young adult children start out in life they can protect them by keeping them on their family insurance policy until their 26th birthday

And who among us will not be more secure knowing that our parents will be protected from the Medicare Part D donut hole which has made life saving medications so unaffordable for those that need them most?

Mr. Speaker, I thank you for your courage, tenacity and leadership throughout this year of deliberation on Health Care Reform. We owe you, the Majority Leader, and the Leadership team of this House a debt of gratitude for bringing this House to this historic day. I am proud to cast my vote for the passage of the Senate Amendments to H.R. 3590—the Patient Protection and Affordable Care Act.

Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT of Virginia. Mr. Speaker, America has been debating health care for over 100 years, and during this debate we have heard complaints and blame and misrepresentations, slogans, even name-calling. But today, we finally get to discuss the bills.

The bills will provide affordable health care insurance to over 30 million Americans who are uninsured today, including those with preexisting conditions. These bills will provide security for those who have insurance because 14,000 Americans will no longer lose their insurance every day, and others will no longer have to watch the cost of their insurance skyrocket every year.

Insurance companies will no longer be able to cancel policies or stop making payments in the middle of an illness. No longer will those with health care have to make copayments for preventive services, or go bankrupt, because the bills provide affordable limits on copays and deductibles.

And because the legislation will provide affordable insurance to virtually all Americans, families with insurance will not have to pay an extra thousand dollars a year to offset health care costs for those who show up at hospitals without insurance.

Seniors will no longer fall into the doughnut hole.

Our youth will be able to stay on their family policies until they are 26. And small businesses will see significant savings in health insurance costs because they will purchase insurance with the same price advantages as large businesses. And many small businesses will receive temporary tax credits.

That's what is in the bill, and it is more than paid for. The CBO projects significant savings for the first 10 years, and huge savings for the next 10 years.

Mr. Speaker, future generations will look back at the votes we cast today, just as today we look back at the votes on Social Security and Medicare. Those future generations will see that we proudly voted in favor of health care for all.

Mr. CAMP. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from Colorado (Mr. LAMBORN).

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

Mr. LAMBORN. Mr. Speaker, I rise in opposition to this flawed health bill.

N O T I C E

Incomplete record of House proceedings. Except for concluding business which follows, today's House proceedings will be continued in Book II.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6713. A letter from the Secretary, Department of Commerce, transmitting a report in accordance with the provisions of Section 1512 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999; to the Committee on Foreign Affairs.

6714. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — Migratory Bird Permits; Control of Muscovy Ducks, Revisions to the Waterfowl Permit Exceptions and Waterfowl Sale and Disposal Permits Regulations [Docket Number: FWS-R9-MB-2007-0017] (RIN: 1018-AV34) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6715. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — Migratory Bird Permits; Control of Purple Swamphens [Docket Number: FWS-R9-MB-2007-0018] (RIN: 1018-AV33) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6716. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — Migratory Bird Permits; States Delegated Falconry Permitting Authority [FWS-R9-MB-2009-0071; 91200-1231-9BPP] (RIN: 1018-AW98) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6717. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Grand Junction, CO [Docket No.: FAA-2009-0941; Airspace Docket No. 09-ANM-17] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6718. A letter from the Assistant Chief Counsel for General Law, Department of Transportation, transmitting the Department's final rule — Pipeline Safety: Administrative Procedures, Address Updates, and Technical Amendments [Docket No.: PHMSA-2007-0033] (RIN: 2137-AE29) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6719. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; PIAGGIO AERO INDUSTRIES S.p.A. Model P-180 Airplanes [Docket No.: FAA-2009-1081; Directorate Identifier 2009-CE-058-AD; Amendment 39-16187; AD 2010-03-04] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6720. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bell Helicopter Textron, Inc. Model 205B and 212 Helicopters [Docket No.: FAA-2010-0065; Directorate Identifier 2009-SW-01- AD; Amendment 39-16186; AD 2010-03-03] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6721. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Model 747-200C and -200F Series Airplanes [Docket No.: FAA-2009-0608; Directorate Identifier 2008-NM-215-AD; Amendment 39-16188; AD 2010-03-05] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6722. A letter from the Assistant Chief Counsel for Hazardous Materials Safety, Department of Transportation, transmitting the Department's final rule — Hazardous Material; Miscellaneous Packaging Amendments [Docket No.: PHMSA-06-25736 (HM-231)] (RIN: 2137-AD89) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

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 Ms. RICHARDSON:

H.R. 4897. A bill to amend the Internal Revenue Code of 1986 to allow a deduction for interest paid on indebtedness incurred in connection with the purchase of a new automobile or light truck; to the Committee on Ways and Means.

By Ms. RICHARDSON (for herself, Ms. NORTON, Ms. JACKSON LEE of Texas, Ms. CLARKE, and Ms. KILROY):

H.R. 4898. A bill to authorize the Secretary of Homeland Security to establish a competitive program to make emergency preparedness planning and implementation grants to local educational districts/agencies located in areas under a high threat of terrorist attacks, natural disasters, or public health emergencies; to the Committee on Transportation and Infrastructure, and in addition to the Committees on Homeland Security, and 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. OBEY:

H.R. 4899. A bill making emergency supplemental appropriations for disaster relief and summer jobs for the fiscal year ending September 30, 2010, and for other purposes; to the Committee on Appropriations, and in addition to the Committee on the Budget, 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.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 949: Mr. MICHAUD.
H.R. 959: Mr. ELLSWORTH.
H.R. 1017: Ms. CORRINE BROWN of Florida.
H.R. 1822: Mr. DEAL of Georgia.
H.R. 1879: Mr. TIM MURPHY of Pennsylvania.
H.R. 2067: Mr. ARCURI.
H.R. 2254: Mr. BERRY, Mr. BISHOP of Georgia, and Mr. ENGEL.
H.R. 2360: Mr. MATHESON.
H.R. 3217: Mr. BILBRAY.
H.R. 3365: Mr. TONKO.
H.R. 4404: Mr. SESTAK and Mr. ETHERIDGE.
H.R. 4405: Ms. FUDGE, Mr. RUSH, and Mr. BLUMENAUER.
H.R. 4684: Mr. HODES.
H.R. 4710: Mr. KAGEN.
H.R. 4874: Ms. RICHARDSON.
H.R. 4894: Mr. KLINE of Minnesota, Mr. WAMP, and Mr. TIAHRT.
H.J. Res. 76: Mr. TANNER.
H. Res. 1116: Mr. LEWIS of Georgia, Mr. HODES, Ms. CORRINE BROWN of Florida, Mr. LEVIN, and Mr. FILNER.
H. Res. 1199: Mr. CONAWAY.

DISCHARGE PETITIONS

Under clause 2 of rule XV, the following discharge petition was filed:

Petition 10, March 15, 2010, by Mr. WALTER B. JONES on H.R. 775, was signed by the following Members: Joe Wilson and Adam H. Putnam.