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Grayson  
Green, Al  
Green, Gene  
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Johnson, E. B.  
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Lungren, Daniel  
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Miller (FL)  
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Miller, Gary

Miller, George  
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Mollohan  
Moore (KS)  
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Moran (KS)  
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Murphy (CT)  
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Murphy, Patrick  
Murphy, Tim  
Myrick  
Nadler (NY)  
Napolitano  
Neal (MA)  
Neugebauer  
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Reyes  
Richardson  
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Roe (TN)  
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Rohrabacher  
Rooney  
Ros-Lehtinen  
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Ross  
Rothman (NJ)  
Roybal-Allard  
Royce  
Ruppersberger  
Rush  
Ryan (OH)  
Ryan (WI)  
Salazar  
Sánchez, Linda  
T.  
Sanchez, Loretta  
Sarbanes  
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Westmoreland  
Whitfield  
Wilson (OH)  
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Wittman  
Wolf  
Woolsey  
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Yarmuth  
Young (FL)

NAYS—3

Broun (GA)

Paul

Young (AK)

NOT VOTING—9

Boustany  
Davis (AL)  
Gutierrez

Hinchev  
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 recommend 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 gentleman 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 of all 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 we face 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 "yesses."

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 health 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



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 administered 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 elec-

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

Wasserman  
Schultz  
Waters  
Watson

Watt  
Waxman  
Weiner  
Welch

Wilson (OH)  
Woolsey  
Wu  
Yarmuth

NAYS—200

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

itol. 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" that's 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 Dis-

trict 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 pre-existing 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 pre-existing 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 enhance 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 unani-

mous 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 liability 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 decied 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 pre-existing 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 common-sense 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	Bright	Crenshaw
Aderholt	Broun (GA)	Crowley
Adler (NJ)	Brown (SC)	Cuellar
Akin	Brown, Corrine	Cuberson
Alexander	Brown-Waite,	Cummings
Altmire	Ginny	Dahlkemper
Andrews	Buchanan	Davis (AL)
Arcuri	Burgess	Davis (CA)
Austria	Burton (IN)	Davis (IL)
Baca	Butterfield	Davis (KY)
Bachmann	Buyer	Davis (TN)
Bachus	Calvert	Deal (GA)
Baird	Camp	DeFazio
Baldwin	Campbell	DeGette
Barrett (SC)	Cantor	Delahunt
Barrow	Capito	DeLauro
Bartlett	Capps	Dent
Barton (TX)	Capuano	Diaz-Balart, L.
Bean	Cardoza	Diaz-Balart, M.
Becerra	Carnahan	Dicks
Berkley	Carney	Dingell
Berman	Carson (IN)	Doggett
Berry	Carter	Donnelly (IN)
Biggert	Cassidy	Doyle
Bilbray	Castle	Dreier
Bilirakis	Castor (FL)	Driehaus
Bishop (GA)	Chaffetz	Duncan
Bishop (NY)	Chandler	Edwards (MD)
Bishop (UT)	Childers	Edwards (TX)
Blackburn	Chu	Ehlers
Blumenauer	Clarke	Ellison
Blunt	Clay	Ellsworth
Boccheri	Cleaver	Emerson
Boehner	Clyburn	Engel
Bonner	Coble	Eshoo
Bono Mack	Coffman (CO)	Etheridge
Boozman	Cohen	Fallin
Boren	Cole	Farr
Boswell	Conaway	Fattah
Boucher	Connolly (VA)	Filner
Boustany	Conyers	Flake
Boyd	Cooper	Fleming
Brady (PA)	Costa	Forbes
Brady (TX)	Costello	Fortenberry
Bralley (IA)	Courtney	Foster

Fox	Loeb	Loeb
Frank (MA)	Lofgren, Zoe	Loeb
Franks (AZ)	Lowey	Loeb
Frelinghuysen	Lucas	Loeb
Fudge	Luetkemeyer	Loeb
Gallegly	Luján	Loeb
Garamendi	Lummis	Loeb
Garrett (NJ)	Lungren, Daniel	Loeb
Gerlach	E.	Loeb
Giffords	Lynch	Loeb
Gingrey (GA)	Mack	Loeb
Gohmert	Maffei	Loeb
Gonzalez	Maloney	Loeb
Goodlatte	Manzullo	Loeb
Gordon (TN)	Marchant	Loeb
Granger	Markey (CO)	Loeb
Graves	Markey (MA)	Loeb
Grayson	Marshall	Loeb
Green, Al	Matheson	Loeb
Green, Gene	Matsui	Loeb
Griffith	McCarthy (CA)	Loeb
Grijalva	McCarthy (NY)	Loeb
Guthrie	McCaul	Loeb
Gutierrez	McClintock	Loeb
Hall (NY)	McCollum	Loeb
Hall (TX)	McCotter	Loeb
Halvorson	McDermott	Loeb
Hare	McGovern	Loeb
Harman	McHenry	Loeb
Harper	McIntyre	Loeb
Hastings (FL)	McKeon	Loeb
Hastings (WA)	McMahon	Loeb
Heinrich	McMorris	Loeb
Heinrich	Rodgers	Loeb
Hensarling	McNerney	Loeb
Herger	Meek (FL)	Loeb
Herseth Sandlin	Meeks (NY)	Loeb
Higgins	Melancon	Loeb
Hill	Mica	Loeb
Himes	Michaud	Loeb
Hinchee	Miller (FL)	Loeb
Hinojosa	Miller (MI)	Loeb
Hirono	Miller (NC)	Loeb
Hodes	Miller, Gary	Loeb
Hoekstra	Miller, George	Loeb
Holden	Minnick	Loeb
Holt	Mitchell	Loeb
Honda	Mollohan	Loeb
Hoyer	Moore (KS)	Loeb
Hunter	Moore (WI)	Loeb
Inglis	Moran (KS)	Loeb
Inslee	Moran (VA)	Loeb
Israel	Murphy (CT)	Loeb
Issa	Murphy (NY)	Loeb
Jackson (IL)	Murphy, Patrick	Loeb
Jackson Lee	Murphy, Tim	Loeb
(TX)	Myrick	Loeb
Jenkins	Nadler (NY)	Loeb
Johnson (GA)	Napolitano	Loeb
Johnson (IL)	Neal (MA)	Loeb
Johnson, E. B.	Neugebauer	Loeb
Johnson, Sam	Nunes	Loeb
Jones	Nye	Loeb
Jordan (OH)	Oberstar	Loeb
Kagen	Obey	Loeb
Kanjorski	Olson	Loeb
Kaptur	Olver	Loeb
Kennedy	Ortiz	Loeb
Kildee	Owens	Loeb
Kilpatrick (MI)	Pallone	Loeb
Kilroy	Pascarell	Loeb
Kind	Pastor (AZ)	Loeb
King (IA)	Paul	Loeb
King (NY)	Paulsen	Loeb
Kingston	Payne	Loeb
Kirk	Pence	Loeb
Kirkpatrick (AZ)	Perlmutter	Loeb
Kissell	Perriello	Loeb
Klein (FL)	Peters	Loeb
Kline (MN)	Peterson	Loeb
Kosmas	Petri	Loeb
Kratovil	Pingree (ME)	Loeb
Kucinich	Pitts	Loeb
Lamborn	Platts	Loeb
Lance	Poe (TX)	Loeb
Langevin	Polis (CO)	Loeb
Larsen (WA)	Pomeroy	Loeb
Larsen (CT)	Posey	Loeb
Latham	Price (GA)	Loeb
LaTourette	Price (NC)	Loeb
Latta	Putnam	Loeb
Lee (CA)	Quigley	Loeb
Lee (NY)	Radanovich	Loeb
Levin	Rahall	Loeb
Lewis (CA)	Rangel	Loeb
Lewis (GA)	Rehberg	Loeb
Linder	Reichert	Loeb
Lipinski	Reyes	Loeb
LoBiondo	Richardson	Loeb

Rodriguez	Wolfe	Wolfe
Roe (TN)	Woolsey	Wolfe
Rogers (AL)		Wolfe
Rogers (KY)		Wolfe
Rogers (MI)		Wolfe
Rohrabacher		Wolfe
Rooney		Wolfe
Ros-Lehtinen		Wolfe
Roskam		Wolfe
Ross		Wolfe
Rothman (NJ)		Wolfe
Roybal-Allard		Wolfe
Royce		Wolfe
Ruppersberger		Wolfe
Rush		Wolfe
Ryan (OH)		Wolfe
Ryan (WI)		Wolfe
Salazar		Wolfe
Sánchez, Linda		Wolfe
T.		Wolfe
Sanchez, Loretta		Wolfe
Sarbanes		Wolfe
Scalise		Wolfe
Schakowsky		Wolfe
Schauer		Wolfe
Schiff		Wolfe
Schmidt		Wolfe
Schock		Wolfe
Schrader		Wolfe
Schwartz		Wolfe
Scott (GA)		Wolfe
Scott (VA)		Wolfe
Sensenbrenner		Wolfe
Serrano		Wolfe
Sessions		Wolfe
Sestak		Wolfe
Shadegg		Wolfe
Shea-Porter		Wolfe
Sherman		Wolfe
Shimkus		Wolfe
Shuler		Wolfe
Shuster		Wolfe
Simpson		Wolfe
Sires		Wolfe
Skelton		Wolfe
Slaughter		Wolfe
Smith (NE)		Wolfe
Smith (NJ)		Wolfe
Smith (TX)		Wolfe
Smith (WA)		Wolfe
Snyder		Wolfe
Souder		Wolfe
Space		Wolfe
Speier		Wolfe
Spratt		Wolfe
Stark		Wolfe
Stearns		Wolfe
Stupak		Wolfe
Sullivan		Wolfe
Sutton		Wolfe
Tanner		Wolfe
Taylor		Wolfe
Teague		Wolfe
Terry		Wolfe
Thompson (CA)		Wolfe
Thompson (MS)		Wolfe
Thompson (PA)		Wolfe
Thornberry		Wolfe
Tiahrt		Wolfe
Tiberi		Wolfe
Titus		Wolfe
Tonko		Wolfe
Towns		Wolfe
Tsongas		Wolfe
Turner		Wolfe
Upton		Wolfe
Van Hollen		Wolfe
Velázquez		Wolfe
Visclosky		Wolfe
Walden		Wolfe
Walz		Wolfe
Wamp		Wolfe
Wasserman		Wolfe
Schultz		Wolfe
Waters		Wolfe
Watson		Wolfe
Watt		Wolfe
Waxman		Wolfe
Weiner		Wolfe
Welch		Wolfe
Westmoreland		Wolfe
Whitfield		Wolfe
Wilson (OH)		Wolfe
Wilson (SC)		Wolfe
Wittman		Wolfe

Wolfe  
Woolsey

Wu  
Yarmuth  
Cao

Young (AK)  
Young (FL)

NOT VOTING—1

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 CON-  
SIDERATION 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	Castor (FL)	Donnelly (IN)
Altmire	Chu	Doyle
Andrews	Clarke	Driehaus
Baca	Clay	Edwards (MD)
Baird	Cleaver	Ellison
Baldwin	Clyburn	Ellsworth
Bean	Cohen	Engel
Becerra	Connolly (VA)	Eshoo
Berkley	Conyers	Etheridge
Berman	Cooper	Farr
Berry	Costa	Fattah
Bishop (GA)	Costello	Filner
Bishop (NY)	Courtney	Foster
Blumenauer	Crowley	Frank (MA)
Boccheri	Cuellar	Fudge
Boswell	Cummings	Garamendi
Boyd	Dahlkemper	Giffords
Brady (PA)	Davis (CA)	Gonzalez
Bralley (IA)	Davis (IL)	Gordon (TN)
Brown, Corrine	Davis (TN)	Grayson
Butterfield	DeFazio	Green, Al
Capps	DeGette	Green, Gene
Capuano	Delahunt	Grijalva
Cardoza	DeLauro	Gutierrez
Carnahan	Dicks	Hall (NY)
Carney	Dingell	Halvorson
Carson (IN)	Doggett	Hare