The Senate was not in session today. Its next meeting will be held on Tuesday, January 25, 2011, at 10 a.m.

House of Representatives

TUESDAY, JANUARY 18, 2011

The House met at 2 p.m. and was called to order by the Speaker pro tempore (Mr. CONAWAY).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The Speaker pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC, January 18, 2011.
I hereby appoint the Honorable K. MICHAEL CONAWAY to act as Speaker pro tempore on this day.

JOHN A. BORINER,
Speaker of the House of Representatives.

PLEDGE OF ALLEGIANCE

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

Mr. WOMACK led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

TRIBUTE TO SERGEANT ETHAN C. HARDIN

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

Mr. WOMACK. Mr. Speaker, I rise today with a heavy heart to remember the brave service of Sergeant Ethan C. Hardin, of Fayetteville, Arkansas, who died in service to this great Nation on January 7, 2011, in Logar Province, Afghanistan.

Sergeant Hardin served with B Company, 2nd Battalion, 30th Infantry Regiment, 10th Mountain Division, a battalion affectionately known as the Wild Boars, fitting for this proud Arkansan who hailed from razorback country. Nicknamed “Easy” for his easygoing personality, Sergeant Hardin was also a veteran of the conflict in Iraq.

Sergeant Hardin was the product of a loving Christian family and a 2004 graduate of Fayetteville Christian School. His dedication to God and country defined him as both man and soldier.

While we mourn with his parents, Tom and Ciel Hardin, we celebrate the life of this American patriot, knowing he has eternal life through the grace and glory of Almighty God.

END FOR-PROFIT HEALTH CARE

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

Mr. KUCINICH. Mr. Speaker, everyone knows that insurance companies make money not providing health care. After all, they are in the insurance business; they are not charities. But with as many as 29 million Americans suffering from preexisting conditions, insurance companies want Congress to repeal health care reform. The provisions which require covering people with preexisting conditions would eventually cut into insurance company profits. Repeal means Americans will continue to pay more for insurance but get less—that is, if they can afford health insurance in the first place. The very idea of health care reform, solely within the context of a for-profit system, has been more than problematic.

Today, 50 million Americans have no health insurance. What are we going to do for them? Rather than waste time debating how much reform insurance companies will permit, if any, it is time to change the debate. It is time to
end the for-profit health care model. It is a time for not-for-profit health care, single payer, universal Medicare for all, with an emphasis on wellness and personal responsibility. More about that tomorrow.

ATTACK IN TUCSON

MR. POE OF TEXAS asked and was given permission to address the House for 1 minute.

MR. POE OF TEXAS. Mr. Speaker, it is the shooter, not the gun. Not the bullets; not rejection by the Army; not the Internet; not radio talk shows; not the political climate; not people assembling to protest; not the press; and not bold speech that is to blame for the crimes by the terror from Tucson. Hold the assassin accountable. He and he alone should be judged. In this frenzied furor to make excuses and to find other causes for the crime, Congress itself would do well not to do violence against our Constitution.

Those elitists, even those in Congress, who think that they and they alone are now authorized to regulate speech, press, assembly, and the right to bear arms should understand they cannot use this assault and murder as an excuse to steal away the rights of citizens, all under the false illusion of making us safe from killers.

The Constitution should not be imprisoned, for it is the terror of Tucson who should be locked in chains.

And that's just the way it is.

NO REPEAL OF HEALTH CARE REFORM

MR. BUTTERFIELD asked and was given permission to address the House for 1 minute and to revise and extend his remarks.

MR. BUTTERFIELD. Mr. Speaker, today we begin debate on the Republicans' unfortunate effort to repeal health care reform. I pray that this debate today is civil and that it is respectful.

As you know, Mr. Speaker, and many of our colleagues know, I served as a judge in my State for many years. I understand what it means to be objective and to have a fair debate. And I know there are usually two sides to every issue. But when it comes to repealing the reforms that Democrats have passed, I just can't figure it out.

Why would Republicans add $230 billion to the deficit when their mantra has been deficit reduction? Why would Republicans force small businesses to pay higher taxes after fighting for cuts? Why would Republicans take away a parent's right to cover their adult children? Why is it in the world would Republicans make seniors pay more for their prescription drugs? I just don't understand. It appears to me that this may be partisan politics.

DO NOT REPEAL HEALTH CARE REFORM

MRS. CHRISTENSEN asked and was given permission to address the House for 1 minute.

MRS. CHRISTENSEN. Mr. Speaker, there will be no repeal of the health care reform law, so let's be clear. The agenda that the Republican leadership has set for this week's floor activity and the committee work that follows is nothing more than an opportunity to bad talk and fuel the misinformation about the Affordable Care Act which is a good law that will help over 30 million people, the healthier, create millions of jobs, make our country more productive and stronger, and reduce the deficit.

So I am urging all of my colleagues, but especially those on the other side of the aisle, in the name of collegiality and honesty with the public we serve, to drop the charade and let us use the time the people of this country have hired us for to work together to create more jobs and make sure the health care law is implemented properly, to save the homes of families, and to create an educational system that will once again make our children the first in the world.
Mr. Speaker, Presidential inaugural addresses are always historic and are often some of the most memorable events during different eras of our country’s history.

We can recall Abraham Lincoln’s inaugural address in 1861, President Franklin Roosevelt’s inaugural address in 1933, and, of course, President Ronald Reagan’s inaugural address in 1981, among many others, as addresses that inspired this Nation at particular moments of importance to our country.

In 1961, President Kennedy’s inaugural address rightly challenged us to ask what we can do for our country and not what our country can do for us. As people across this land did 50 years ago, so we must continue to do so now.

Mr. Speaker, I too believe we should look for inspiration to President Kennedy’s eloquent address given 50 years ago. I support this resolution authorizing use of the rotunda and urge all my colleagues to support it. I reserve the balance of my time.

Mrs. DAVIS of California. I yield myself such time as I may consume.

Mr. Speaker, I am pleased to support this concurrent resolution to allow for the use of the rotunda in recognition of the 50th anniversary of the inauguration of President John Fitzgerald Kennedy.

You may have read this morning’s Washington Post front page story, declaring that 82 percent of Americans think the tone of our Nation’s political discourse is negative. At a time when the majority of Americans hold our political discourse in such low regard, there couldn’t be a more timely or necessary opportunity to revisit the inaugural address that inspired our country 50 years ago.

The speech called for unity, for respect of opposing views and for commitment to public service, all at a time of great change and challenge for the United States. It was a call for every one of us to work together, to do our part in making America and the world a better place.

The words that were spoken on January 20, 1961, still ring true to this day. In the words of President Kennedy: “So let us begin anew, remembering on both sides that civility is not a sign of weakness, and sincerity is always subject to proof.

“Let us never negotiate out of fear, but let us never fear to negotiate.”

Let us explore what problems unite us instead of belaboring those problems which divide us.”

Mr. Speaker, 50 years ago, the President’s inaugural address sought to challenge our country and its leaders, and it sets standards that still must guide our political discourse and ourselves, particularly with its closing lines: “Ask of us here the same high standards of strength and sacrifice which we ask of our military. With a good conscience our only sure reward, with history the final judge of our deeds, let us go forth to lead the land we love.”

I hope all of my colleagues will continue to work together to answer President Kennedy’s call, and I urge all Members to support this resolution.

Mr. LEWIS of Georgia. Mr. Speaker, I would like to thank Congressman BRADY and the Democratic leadership, and especially our new Speaker and his staff for their help with this bill and their support for holding this historic event in the rotunda.

Mr. Speaker, I rise in support of S. Con. Res. 2, authorizing the use of the rotunda for a ceremony to honor the 50th anniversary of the inauguration of President John Fitzgerald Kennedy.

President Kennedy came to us during difficult times. In 1961, America was a very different place. In the South, Jim Crow and racial segregation were a part of everyday life—a part of my life.

Around the world, the possibility of nuclear war and the spread of communism were clouds that hung over every country. Tensions were rising. The danger was real. The world, once again, looked to us.

For me, and for millions of Americans, the young man from Massachusetts looked like the future.

As a young activist, I know that I challenged him to ensure that the future included civil rights. But on inauguration day, just outside this very building, he challenged me. He called me to serve in a new way.

He reminded me that the principles upon which this country was founded must live within each of us; inspire and guide each of us; and be sacred to each of us.

President Kennedy came to us during difficult times. And he was taken from us during difficult times. He never saw the success in civil rights, the fall of the Berlin Wall or men on the moon. But on his very first day—he gave us a new hymn. One that seemed to express what we had been struggling to put into words. His inaugural address gave us a hymn of hope, a hymn of optimism, a hymn of service.

Mr. Speaker, I am proud to support this resolution, and I think it is appropriate and fitting that Congress honor this important anniversary in the rotunda of the United States Capitol.

Mrs. DAVIS of California. I yield back the balance of my time.

Mr. HARPER. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Mississippi (Mr. HARPER) that the House suspend the rules and concur in the concurrent resolution, S. Con. Res. 2.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was concurred in.

A motion to reconsider was laid on the table.

STOP THE OVERPRINTING (STOP) ACT

Mr. HARPER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 292) to amend title 44, United States Code, to eliminate the mandatory printing of bills and resolutions by the Government Printing Office for the use of the House of Representatives and Senate, as amended.

The Clerk reads the title of the bill.

The text of the bill is as follows:

H.R. 292

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

SECTION 1. ELIMINATION OF MANDATORY PRINTING OF BILLS AND RESOLUTIONS FOR USE OF OFFICES OF MEMBERS OF CONGRESS.

(a) ELIMINATION OF MANDATORY PRINTING.—

(1) IN GENERAL.—Chapter 7 of title 44, United States Code, is amended by inserting after section 706 the following new section:

“§ 706A. Prohibiting printing of bills and resolutions for use of offices of Members of Congress

“(a) No Printing Permitted.—The Public Printer shall make bills and resolutions available for the use of offices of Members of Congress only in an electronic format which is accessible through the Internet.

“(b) MEMBER OF CONGRESS DEFINED.—In this section, ‘Member of Congress’ means a Senator or a Representative in, or Delegate or Resident Commissioner to, the Congress.’

(2) CONFORMING AMENDMENT.—Section 706 of such title is amended—

(A) by striking ‘‘Shall be printed’’ each place it appears and inserting ‘‘Subject to section 706A, shall be printed’’; and

(B) by striking ‘‘Or concurrent and simple resolutions’’ and inserting ‘‘Subject to section 706A, of concurrent and simple resolutions’’.

(3) CLERICAL AMENDMENT.—The table of sections of chapter 7 of such title is amended by striking after the section following section 706 the following new item:

“706A. Prohibiting printing of bills and resolutions for use of offices of Members of Congress.

(b) EFFECTIVE DATE.—The amendments made by this Act shall take effect upon the expiration of the 3-month period which begins on the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Mississippi (Mr. HARPER) and the gentlewoman from California (Mrs. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Mississippi.

GENERAL LEAVE

Mr. HARPER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Mississippi?

There was no objection.

Mr. HARPER. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. LEE).

Mr. LEE of New York. I thank the gentleman for yielding and for his assistance in bringing this bill to the floor.

Mr. Speaker, our national debt just recently broke $14 trillion. It is well past time for Washington to get serious about cutting spending, and that effort starts right here in our own House.

With this in mind, Speaker BOEHNER proposed a measure to cut every Member’s budget by 5 percent. In a 410-13
vote, the measure to save $35 million easily passed. It’s called leading by example.

Another simple way to continue this process is by passing legislation that I brought up in the last Congress and which became part of the YouCut initiative, which saves all taxpayers the ability to vote on what Federal spending they want Congress to cut.

When a Member of Congress introduces or originally cosponsors a bill, we automatically receive multiple printed copies of the legislation, regardless if we have asked for them.

When the health care bill was introduced, the Government Printing Office printed and delivered over 100,000 pieces of paper to the original cosponsors alone. That is just one single piece of legislation we’re talking about. At the start of Congress, the Small Business Paperwork Mandate Elimination Act, which repeals the onerous 1099 provision of the health care bill, won the support of 245 original cosponsors, all of whom will automatically receive multiple printed copies of the bill.

For each bill introduced, there are between 300 and 475 copies printed. This overprinting of bills is wasteful and inefficient. When we need to be tightening our budgetary belts and looking for greater efficiencies. In the 111th Congress, nearly 14,000 bills were introduced. That is a lot of unnecessary and costly printing.

That is why I introduced the Stop the OverPrinting Act— to save both time and money. This bill is a near mirror image of the legislation I introduced last year in H.R. 4840, keeping with the initial intent to strictly end the wasteful practice of printing copies of legislation for Members.

However, note that this bill will not hinder the daily operation of the House, the archiving process, or affect the transparency that this Congress has made a priority. This legislation will not prevent Members from having access to the most up to date and every year—money that can be used, frankly, for better uses.

With technological advancements, we have become a paperless world. It is a waste of taxpayer dollars to automatically print and send multiple unsolicited copies of something that is readily available online. Should a Member’s office truly need a printed copy, they will still be available in the document rooms and also in the committees.

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

Mr. Speaker, I will support this bill in the form now before the House. It certainly bothers me to see multiple copies of bills in our office’s recycling bins every day. Too many bill copies waste time, trees, and taxpayer dollars.

The gentleman is right to examine this matter and try to effect a reduction if appropriate. This amended bill represents a vast improvement from the original version. Concerns were raised about the original bill’s possible adverse effects on GPO’s staff and others who labor in support positions inside the House and Senate, so I commend the gentleman for listening to concerns and making sensible changes.

As we promised in the Pledge to America, and we have promised here on the floor during the initial days of the 112th Congress and as we have tangibly verified by our transparency-enhanced Rules Package, our bipartisan
vote to trim Congress’ budget, and now through this bill, this Republican majority is committed to fiscal stewardship, to having a hawkish and relentless eye towards waste and inefficiency, and a continued commitment throughout this 112th Congress to reduce waste, create private sector jobs, and challenge ourselves not just in word and rhetoric but, more importantly, in action and meaningful legislation.

Mr. Speaker, this bill, introduced by my good colleague from New York, should garner overwhelming bipartisan support. I thank him for introducing it and for his commitment to a more responsible and efficient stewardship of taxpayer dollars. I urge all of my colleagues to support this matter.

Mr. FITZPATRICK. Mr. Speaker, I rise today in support of the STOP Act.

First we reduced congressional budgets and now I stand in support of another bill that seeks to do what my constituents have asked me to do: find ways reducing the federal deficit and saving taxpayer money. The STOP Act accomplishes this by helping the government operate more efficiently, stop wasteful spending and all the while helping the environment.

I have heard the lament from small business owners across my district we would all be better off if government were run more like a business. Today, for businesses in Quakertown, Bensalem, and in between, many transactions are now entirely paperless. With this bill, the Congress is taking a step in that direction.

Going hand-in-hand with efficiency, the STOP Act will also help end wasteful spending in government. Mr. Speaker, without the STOP Act, Congress will spend seven million dollars this year alone on printing costs. In the last Congress, there were nearly 14,000 different bills introduced. Some of those bills, like last year’s healthcare law, ran thousands of pages in length. In an era when constituents in Bucks County and across Pennsylvania’s eighth congressional district are being forced to find every savings in their household budget, so should Congress. The STOP Act will trim 35 million dollars from the operational budget of Congress over the next 10 years.

The STOP Act will also end needless waste that harms our environment. All across America citizens are pitching in to do their part for the environment. Shoppers in Langhorne carry their own reusable bags to Geunardi’s grocery store, families in Bristol install compact fluorescent light bulbs in their homes, and countless civic groups and businesses across our nation and across the eighth district of Pennsylvania adopt highways to keep our roads clean and our environment healthy. If citizens are asked and expected to do their part, Congress must do the same.

The STOP Act creates important demonstration to Americans that this Congress is serious about ending government waste, ending government inefficiencies and ending needless overuse of environmental resources.

Mr. HARPER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from Mississippi (Mr. HARPER) that the House suspend the rules and pass the bill, H.R. 292, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair’s prior announcement, further proceedings on this motion will be postponed.

RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CONAWAY) at 3 p.m.

REPEALING THE JOB-KILLING HEALTH CARE LAW ACT

Mr. RYAN of Wisconsin. Mr. Speaker, pursuant to House Resolution 26, I call up the bill (H.R. 2) to repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act of 2010, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The SPEAKER pro tempore. Pursuant to House Resolution 26, the amendment printed in part A of House Report 112-2 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 2

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Repealing the Job-Killing Health Care Law Act”.


(a) JOB-KILLING HEALTH CARE LAW.—Effective as of the enactment of Public Law 111-148, such Act is repealed, and the provisions of law amended or repealed by such Act are restored or revived as if such Act had not been enacted.

(b) HEALTH CARE-RELATED PROVISIONS IN THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.—Effective as of the enactment of the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), any provision of the Act (Subtitle B of Title II) that is restored or revived as if such provision had not been enacted.

Mr. Speaker, I am going to begin by saying why we’re doing this, and I want to get into the accounting of all this at a later time in this debate. But let me just simply say why we are here.
We are here because we heard the American people in the last election. We are here because we believe it's really important to do in office what you said you would do. We said we would have a straight up-or-down vote to repeal this health care law, and that's precisely what we are doing here today.

Now, Mr. Speaker, why do we believe this? Because this health care law, if left in place, will accelerate our country’s path toward bankruptcy. This health care law, if left in place, will do as the President’s own chief actuary says it will do: It will increase health care costs. We are already seeing premiums go up across the board. We are already hearing from thousands of employers across the country who are talking about dropping their employer-sponsored health insurance, and we are already hearing about the lack of choices that consumers will get as this new law is put in place. This new law is a fiscal house of cards, and it is a health care house of cards. It does not make our health care system better. I would argue it makes it weaker.

There are two ways to attack this problem, and I want to say in the outset to my friends on the other side of the aisle we agree that health care needs fixing. We agree that there are so many serious, legitimate problems in the health system that need fixing. Affordable insurance, the uninsured, people with high health care costs and high health care risks, those need to be addressed. But we can fix what's not working in health care without breaking what’s working in health care.

With that, Mr. Speaker, I would simply say this: We believe we can get to the moment of having affordable health care for every American, regardless of preexisting conditions, without the government taking it over. Without $1 trillion of a combination of Medicare benefit cuts and tax increases, We believe in this: Let's have affordable insurance, the uninsured, people with high health care costs and high health care risks, those need to be addressed. But we can fix what's not working in health care without breaking what’s working in health care.

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

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself an additional 30 seconds to simply say we believe that health care ought to be individually based, and it ought to be patient centered.

There are two ways to go: Put the government in charge and have the government in place rationing mechanisms to tighten the screws and ration health care; or put the consumer in charge and have providers compete for our business as patients, hospitals, doctors, and insurers. That’s the system we want.

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

Mr. VAN HOLLEN. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, I have the tenor and substance of the debate we have in this House over the next few days will be worthy of the American people and reflect well on this Congress.

Many of us believe we should focus our efforts here today on measures to help put people back to work, rather than on a bill that takes away important patient and consumer protections. And we don’t think it makes a whole lot of sense to debate a bill that, thank you, in the Senate and would certainly be vetoed by the President. However, the Republican majority is entitled to use its time here as it chooses. And while we believe we should be doing that focused job to clear up many of the myths and misinformation about the health care law that was signed by President Obama.

I’m interested to hear my colleagues say that they can identify with all the problems in the health care system. Between the year 2000 and year 2006, premiums in this country doubled, health insurance company profits quadrupled, and this Congress did nothing. Why not put your plan on the table first so you know more before you begin taking away the important patient protections in this bill taking effect just since last March? And within that 9-month period, that law has made an important and positive difference to millions of Americans.

In fact, we wish our Republican colleagues would take a few days, maybe even just a few hours, to have congressional hearings to listen to those individuals and families. The new Republican majority needs to stop talking to the American people, but it has not invited a single American outside this Congress to a hearing to testify on the repeal bill we are debating today.

As a result, we on the other side of the aisle have had to schedule an unofficial hearing. It’s going on right now, not 100 yards from where we debate, in the Capitol Visitor Center. And I encourage all of you to drop by, because if you do, you’re going to hear some first-hand stories from moms and dads about the stories from moms and dads of young people who will tell you how they are relieved that their sons and daughters are no longer kicked off their insurance policies when they turn age 22 or graduate from college and cannot now stay on their parents’ insurance plan until the age of 26. As a result, if their 20-year-old child gets sick or hit by an automobile or another terrible accident, they can get care without the family going bankrupt. You will hear from those moms and dads with kids who have cancer, asthma, diabetes or other preexisting conditions telling you they’re relieved that finally insurance companies can’t deny their children coverage because of preexisting conditions. And you will hear from senior citizens who are unable to pay for the huge prescription costs of their bills, and then as of January 1 of this year, they are getting a 50 percent discount and they can afford to pay for the medicines their doctors say they need. You will hear from small businesses. The number of small businesses using the tax credit has exceeded everyone’s expectation. You will hear from those small businesses saying they can now afford to purchase affordable coverage for their employees and, as a result, hire more people. You would hear all that and more.

Now why is it such a mistake, it’s an historic mistake, to take away these patient protections and throw these individuals back over to the whims and the many abuses of the insurance industry. There’s no doubt that the insurance industry will be popping champagne bottles if the health care law was ever to be repealed. Let’s put the interests of our constituents, patients and consumers first in this debate.

Mr. Speaker, I yield myself an additional 30 seconds.

And let’s make sure that as we do this, we tackle the deficit and the debt. I think it is important to my colleagues to talk about the debt, but we all know that the independent, nonpartisan Congressional Budget Office in a letter to Speaker BOEHNER dated January 6, 2011, indicated that repealing this bill will increase the deficit by over $200 billion over the first 10 years and by another $1.2 trillion over the second 10 years.

Our colleagues have criticized those findings, but they’re the same people who applauded when the numbers came back their way.

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

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to a new member of the committee but a senior Member of Congress, the gentleman from California (Mr. CALVERT).

Mr. CALVERT. Mr. Speaker, I rise today in support of H.R. 2, a bill that would repeal the disastrous government takeover of health care.

The more we learn about the new health care law, the more we understand how devastating it will be to our economy. Already employers across the country have suffered increases in their health premiums as a result of the health care law, yet we were told that the law would bend the health care cost curve downward.

We were told that the bill would reduce the deficit by $143 billion over 10 years. However, we now know that the figures given to the CBO did not accurately reflect the law’s real costs. When you add back the $115 billion needed to implement the law and subtract the bill’s double-counting of revenue and other budgetary gimmicks, the true cost is a staggering $700 billion over 10 years.

We were told the bill would protect the uninsured; yet all it does is roll back an experimental program that has resulted in more people turning to the ER for their medical needs.
We were told this bill would help seniors; instead, it guts Medicare Advantage leaving 50 percent of beneficiaries on the verge of losing their current coverage. What happened to the promises that if you like your health care plan, you can keep your health care plan?

In addition to all the false promises, the health care bill will impose $52 billion in new taxes on businesses. Our economy relies on the ability of businesses to grow, hire, invest and succeed, and this will devestate our economy and turn the American Dream into a nightmare.

The bottom line is that we cannot afford this new health care law, no matter how well intentioned. We must repeal ObamaCare and replace it with legislation that decreases health care costs, increases competition in the marketplace, maintains the sanctity of the doctor-patient relationship and truly helps those without insurance.

I urge my colleagues to vote in favor of H.R. 2.

Mr. VAN HOLLEN. Mr. Speaker, I yield 2½ minutes to the gentlelady from Pennsylvania (Ms. SCHWARTZ).

Ms. SCHWARTZ. I rise to speak very forcefully about the importance of proceeding with the health care bill, the health care law that we had in place and the critical protections that it is providing to literally millions of Americans in each and every one of our districts across the country. I think, have heard from them.

The new health care law reduces the deficit. We’re here talking about, from the Budget Committee, it is going to reduce the deficit while promoting more efficient and higher quality care. Reducing the deficit and slowing the growth of health care costs means real savings to American families, American businesses and to the Federal Government. And yet their first major act in the Senate and the House is to repeal the legislation that decreases health care costs, increases competition in the marketplace, maintains the sanctity of the doctor-patient relationship and truly helps those without insurance.

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The new health care law reduces the deficit. We’re here talking about, from the Budget Committee, it is going to reduce the deficit while promoting more efficient and higher quality care. Reducing the deficit and slowing the growth of health care costs means real savings to American families, American businesses and to the Federal Government. And yet their first major act in the Senate and the House is to repeal the legislation that decreases health care costs, increases competition in the marketplace, maintains the sanctity of the doctor-patient relationship and truly helps those without insurance.

I urge my colleagues to vote in favor of H.R. 2.

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months ago, when the CBO was reporting deficit numbers and the cost of the bill, were singing CBO’s high praises. Now let’s look at some of the items that were just mentioned. Let’s look at the doctor fix payment. Let us look at the bill. Mr. Speaker, don’t say that there has been an issue that has been taken with this House for years and years. It has nothing to do with the health insurance reform bill that was signed by the President. We are going to have to deal with that issue whether we had health insurance reform or no health insurance reform. And, Mr. Speaker, they know that.

We also heard that we front-loaded the revenue in this bill and disguised the out-year costs. If that were the case, how is it possible that CBO would say that it actually reduces the deficit by more in the first 10 years than in the first 10 years?

The fact of the matter is this bill will increase Social Security revenue as employment replaces more of the compensation in the form of wages that are subject to payroll taxes. Double counting is not the issue. The fact is it reduces the deficit, and CBO says that.

Now, CBO is the independent referee that we have in this body. They are like the guy on the football field, the referee, who calls the plays, calls when there are penalties and no penalties. Sometimes we like the call and sometimes we don’t. But it is an unprecedented step to say that we are going to totally ignore the decisions and judgment of the independent CBO and we are going to replace that with our judgment for the purposes of deficit reduction calculations in legislation that goes to reducing our debt. That is a recipe for budget anarchy. It is a recipe for fiscal chaos. We should not go down that road.

The CBO has been very clear that the fiscally responsible thing to do is to move consideration of all of this debt in this bill. We obviously can fix things as they come up that need to be addressed, specific items. But to repeal this whole sale will—the folks that we rely on as the independent, nonpartisan judges here say that repealing this bill as our colleagues are proposing to do will add $1.4 trillion to the deficit over 20 years. I reserve the balance of my time.

Mr. RYAN of Wisconsin. I yield 2 minutes to the gentleman from Michigan (Mr. AMASH), a new member of the Committee.

Mr. AMASH. Mr. Speaker, the Founders were keenly aware of the threat a powerful and overbearing Federal Government poses to our liberty. With this concern in mind, they wrote a Constitution that created a Federal Government with limited powers. Later they proposed the 10th Amendment, which reserves to the States or the people powers not delegated to the Federal Government.

The debate we are having today goes beyond health care, although there is no doubt health care coverage is an important and difficult issue. What we are discussing today goes to the core of our Constitution’s design. It asks Members of Congress whether we can take constitutional limits on our power seriously.

We have all witnessed everyday Americans’ renewed interest in the Constitution. As they have asked tough questions about the constitutionality of this law, the law’s proponents have tried to dress up their answers in constitutional language.

They say Congress’s power to tax upholds this law. But when this law originated, it had the same, if not more, revenue raisers. Proponents were the first to claim the bill included no new taxes. They try to find support in Congress’s power to regulate interstate commerce. If forcing Americans to start commerce is the same as ending existing commerce, it would have been news to the Founders.

Finally, grasping at clauses, they claim Congress can do anything that is in the general welfare of the country. If this law is constitutional, if Congress has such broad power, our limited Federal Government will become limitless, and all without changing our Constitution or the approval of the Americans whom it protects. It is not just for the courts; it is our duty as a Congress to pay attention to the Constitution and its limits on our power.

I urge we repeal this unconstitutional law.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY of Virginia. Mr. Speaker, I rise as a member of the Budget Committee to oppose this deficit-busting repeal, and I want to speak today on behalf of Suzanne from Virginia.

Suzanne’s daughter suffers from a debilitating neurological disease. Before health care reform, Suzanne and her husband could not get health insurance for their daughter. Though, though no fault of her own, she, like 129 million other Americans, had a preexisting condition.

While many of those Americans wait for their insurance company will deny them, Suzanne, unfortunately, already knew. She was willing to pay for health insurance to protect her daughter; the insurance companies said no and wouldn’t insure her daughter at any price. Suzanne had no option until she crept into high-risk insurance pools under health care reform. Suzanne’s words to me after health insurance reform passed were, Now at least we have hope for the future.

Voting for this repeal will take away that hope, throwing Suzanne’s daughter off of insurance. I urge my colleagues to remember Suzanne’s daughter and the other 129 million Americans like her and vote against this repeal. Mr. Speaker, I yield 1 minute to the gentleman from South Carolina (Mr. MULVANEY), a new member of the Budget Committee.

Mr. MULVANEY. I rise in favor of this bill. I can’t tell you how excited I am to hear the language coming from the other side of the Chamber this evening. I am hearing discussions about the importance of cutting deficits and the importance of keeping spending in line. It makes me wonder, Mr. Speaker, what has been happening here for the last several years. At least when it comes to this side of the aisle, I think we have been consistent with that message over the course of this debate. I believe when we got information from the American Enterprise Institute, who said this bill was unsustainable in its spending. I don’t know where they were with this attitude when we heard from that same body that this bill actually cost trillions of dollars. I don’t know where this attitude about being fiscally responsible was when we got information from the American Enterprise Institute, who said this bill was unsustainable in its spending. I don’t know where they were with this attitude when we heard from that same body that this bill actually raised the cost of health care versus not passing the bill.

But, Mr. Speaker, I am extraordinarily excited to hear this level of discussion because, as a member of the Budget Committee, I look forward to this level of debate continuing beyond this bill, beyond the health care discussion and into the upcoming discussion on the budget because my guess is if we have this level of discussion on health care, then the budget will be an easy, easy debate this year, and we will be able to make dramatic inroads to cutting our spending.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. CUELLAR).

Mr. CUELLAR. Mr. Speaker, in the long rich history of Congress, when a prior Congress passes a piece of legislation, the prudent step is to look at that legislation and agree on making the changes on what doesn’t work. I think to come today and just say to repeal and not have a health plan in place is not prudent and not what the public wants. We have to see what works and what doesn’t work, and I think that would be the prudent step to take today.

We have to focus on the deficit and jobs. Deficit is important. I think we can come together and work in a bipartisan approach. Jobs, we certainly have to look at. But to just come in and say this is something that kills jobs is not the right step to take.

If you look at, for example, the FNIB Research Foundation, when they looked at this piece of legislation, they said that a number of health care professional jobs would be created by this
legislation. This is something that we need to look at. Again, the prudent step is to look at what works and what doesn’t work. Mr. Speaker, that is what we need to look at.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 90 seconds to the gentleman from Oklahoma (Mr. COLE), a new member of the Budget Committee.

Mr. COLE. Mr. Speaker, I rise to support H.R. 2, the repeal of last year’s so-called health bill. The American people, quite frankly, have never liked this bill, as they demonstrated last November. You can’t find a poll where it cracked 50 percent in approval. And those wanting to repeal it have generally always been above that mark.

The bill itself may be unconstitutional. Over 20 States are now challenging it in Federal court. It is certainly likely to be unworkable. The creation of dozens of boards, agencies, and commissions with rulemaking authority, the fact that hundreds of companies have already asked for waivers under the legislation, suggest it is going to be a bureaucratic nightmare.

Finally and most importantly, the bill itself is fiscally irresponsible and unsustainable. The idea that we would take hundreds of billions of dollars out of Medicaid and Social Security and Medicare at a time when the baby boomer generation is beginning to retire is simply irresponsible. I am all for saving money in Medicare, but when we do, those savings are going to be needed to sustain Medicare.

So I urge this House to take the fiscally irresponsible course—repeal this bill and start over, and give the American people the health care bill they deserve and the health care bill they can afford.

Mr. VAN HOLLEN. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Ms. WATERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise to oppose the Republican majority’s callous attempts to repeal the Affordable Care Act. Reform has already made a dramatically positive difference for millions of our constituents and small businesses while tackling our ballooning national debt.

We in Congress must continue doing all that we can to support American families and businesses as we emerge from this recession. Democrats have pledged to measure all legislation by a proposal’s success at creating jobs, at strengthening the middle class, and at bringing down the deficit. Unfortunately, the Republican majority’s attempts to repeal the Affordable Care Act fails on all such counts.

Repeal would hurt small businesses, canceling $30 billion worth of tax credits to help employees afford coverage. Repeal would stall middle class job growth, as one-third of small business owners told the small business majority they were more likely to hire new employees as a result of reform. And of course repeal would deepen our already exploding deficit, increasing it by $230 billion in the next 10 years and by more than $1 trillion in the following decade.

Many of my colleagues across the aisle have rebuffed this analysis from the Congressional Budget Office, because it doesn’t fit the Republican narrative or campaign promise to tackle the deficit. However, while they may be entitled to their own opinions, they are not entitled to their own facts.

Health care reform is the epitome of fiscal irresponsibility, and it counters our most basic American values: life, liberty, and the pursuit of happiness. We lose liberty when insurance companies can freely drop those who are sick from coverage. We lose liberty when our seniors have to choose between medications and groceries. And we lose the pursuit of happiness if we return to the days when only job security guaranteed health security.

Our national priorities, Mr. Speaker, must be a reflection not only of our economic future but of the statement of our most central national values. By ensuring that Americans have vital coverage rather than cruelly denying it to them, we are fulfilling the dreams of liberty and justice for all.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1 minute to the gentleman from Kansas (Mr. HUELSKAMP), a member of the Budget Committee.

Mr. HUELSKAMP. Mr. Speaker, as a result of this law, employers across America have discovered that onerous reporting requirements will force them to file 1099 forms for every vendor with which they do $600 worth of business. This past weekend, I visited with an accountant in my district who indicated he would have to expand his staff by 25 percent to accommodate all the extra red tape and paperwork.

Mr. Speaker, this is not the type of job creation American envisioned.

Additionally, businesses and labor unions alike have realized that ObamaCare is a bad deal, and at least 222 have sought waivers from having to comply with the law. HHS Secretary Kathleen Sebelius has approved special privilege exemptions for dozens of labor unions and the half a million union members they cover. Even more troubling is that Secretary Sebelius has been tardy in responding to a FOIA inquiry regarding the secretive details of these waiver requests.

Fortunately, rather than selective waivers for the politically connected, we have a universal remedy—repeal the law.

I urge my colleagues to heed the calls of voters made last year during the debate and at the ballot box.

Mr. VAN HOLLEN. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, the choice here is whether to give more money to insurance monoplies or to leave just a little bit in the pockets of middle class Americans. But for House Republicans, always putting insurance companies first seems to be a pre-existing condition.

This bill is not repeal and replace; it is replace and forget. Forget the health care needs of millions of Americans, forget the hundreds of billions of dollars that with this repeal they add to our Federal debt.

Within a year, Allison, a 23-year-old from Bastrop, Texas, who is completing her college degree while caring for her mother as her mother faces another round of breast cancer, would lose her health insurance.

Emily, from Wimberley, who is battling cancer herself, would now face lifetime limits on what doctor-recommended care her insurer will pay for. Of course, if her husband loses or changes his job, she won’t have any insurance at all.

When an Austin senior, would have to pay more for prescriptions and preventative health care, while Republicans reduce the solvency of the Medicare Trust Fund by more than a decade.

Family budgets would be crushed by this bill as health care costs remain the leading cause of credit card debt and bankruptcy. This same devastating Republican bill would also hike the Federal debt. That’s why Republicans have rejected pay-as-you-go budgeting and instead will borrow from the Chinese to pay this legislation.

Yes, repeal is a priority for the insurance companies and their apologists, but neither our family budgets nor our Federal budget can afford it. I believe that every American is entitled to a family doctor, not to an appointment with a bankruptcy judge because of soaring health care costs.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 seconds to a member of the Budget Committee, the gentleman from Oklahoma (Mr. LANKFORD).

Mr. LANKFORD. Mr. Speaker, I rise today in support of H.R. 2.

A few months ago, I visited with a small business owner in Oklahoma who has five employees but whose health care costs for 2011 will go up by 50 percent. When he asked about that, the reason he was given was: the cost of implementing the new health care law. And these businesses and families that he would not hire new employees until he could figure out what the cost of health care is going to be, so he will just stop hiring.

While some in this Chamber talk about universal coverage and cost controls, many people in my district are frustrated with this so-called “solution.” Every person should control his own health care option and opportunities. Every young student should have the motivation to go into medical research and the pursuit of medicine. As our population ages, every doctor should have greater incentives to take on Medicare patients.
We need to deal with the root causes of health care costs and not just move the costs to the States and put in price controls on doctors and hospitals. Shared pain is not what America was looking for. America was looking for solutions. The new health care law will create long-term budget issues in the days to come. From a budget perspective, you can look the numbers all you want, but this bill will dramatically increase our Federal debt again.

We need answers, not bigger problems. This is the United States of America. I believe we can do better than this. It is time to repeal this law and start the hard work of solving the cost issues of health care delivery.

With that, sir, I urge my colleagues to support H.R. 2.

Mr. VAN HOLLEN. Mr. Speaker, if I could inquire as to how much time remains.

The SPEAKER pro tempore. The gentleman from Maryland has 3 1⁄2 minutes remaining.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. YARMUTH).

Mr. YARMUTH. Mr. Speaker, tomorrow we vote on H.R. 2, the Republican health care bill. This bill is another example of actions speaking louder than words.

Now, many of my Republican colleagues have said they support certain health care choices: a ban on pre-existing condition discrimination, allowing young adults to stay on their parents’ health policies until age 26, closing the prescription doughnut hole, and eliminating lifetime limits on coverage.

They could have crafted this bill any way they wanted. They could have guaranteed any or all of those important provisions—those protections—they claim to support, but they didn’t. They could have ensured that, by 2016, annual health care premiums for the average American wouldn’t be $24,000 and that, over the next decade, small businesses wouldn’t lose more than $52 billion in profits.

They could have crafted the bill that way, but they didn’t. They can say whatever they want, but the truth is that the Republican plan is no care—no matter if the alternative they claim to support, but they didn’t. They could have said things like, well, this employer said their insurance was going up 15 percent. As companies have begun to digest this health care bill, costs have only risen. CBO has found that this law will actually increase health care premiums by as much as 10 to 13 percent.

Now, one of the areas that I looked at—and I’ve heard from a lot of people in the medical community and I’ve asked them, What is one major thing you would have liked for us to put in this bill? And that is tort reform. It’s missing from this legislation. It is imperative that any serious reform of the health care system take a very hard look at the issue of medical liability reform. Unfortunately, this bill fails in that regard, too.

Finally, in the area of constitutionality, the Constitution grants Congress the authority to regulate commerce among the several States and the Supreme Court has long acknowledged Congress’s ability to regulate and prohibit all sorts of economic activity, this bill goes even further because, for the first time in the history of the U.S. Government, we are regulating inactivity. For the first time, Congress has mandated that individuals purchase a private good approved by the government as the price of citizenship.

On the first day of Congress, I introduced a bill, H.R. 21, the Reclaiming Individual Liberty Act, legislation which would take out that individual mandate, because, while I believe Congress has the ability to pass legislation which I believe is bad policy, I do believe it is wrong to pass unconstitutional legislation.

Mr. VAN HOLLEN. Mr. Speaker, I notice the gentleman mentioned CBO. What CBO said in that regard was that, of the exchanges, there would be some people who would not seek their health care through employment. They would be liberated to be able to get it through the exchange. I’m glad the gentleman confirmed the importance of CBO numbers.

Mr. Speaker, I yield 1 minute to my colleague from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. Mr. Speaker, I was going out to dinner the other night, and as I was walking in, one of the young folks who was working there walked up to me and said, Sir, can you tell the new leaders in Congress about my story?

The story was that he is a 25-year-old kid who is working at a restaurant and has seizures and could not get any medication, could not get any health care coverage, but because of the law that was passed here last year, this young person now can get the medication, can stay on his parents’ health care, and now is a productive member of society.

I know my friends on the other side have said things like, well, this employer said their insurance was going up 50 percent. That’s been going on for decades now, especially in the last decade. This is going to fix that. I know my name sake from Wisconsin also said there are some employers who are going to have to let their people go into the exchange because their competition is going to let people go into the exchange. The bottom line is people were dumping workers for a decade and there wasn’t an exchange. Now there is an exchange that these people will have some remedy and ability to get health care.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. MCCLINTOCK).

Mr. MCCLINTOCK. I thank the gentleman for yielding.

Mr. Speaker, the central promises of ObamaCare were that it would bend health costs down and wouldn’t threaten existing plans. We now know that both of these claims were false.

The CBO warns us that the law will increase average private premiums by $2,100 within the next 5 years above what they would have been without ObamaCare. The administration’s own agency admits that the law bends the cost curve up—not down—by $311 billion over the next 10 years.

We now know that many existing plans are, indeed, jeopardized and that scores of companies that have been offering their employees basic plans have either dropped them or are continuing them only with waivers left to the whims of administration officials. But the most dangerous provision of this law is the individual mandate. The dangers are that it now has the power to force every American to purchase products that the government believes they should purchase whatever or not they want them, need them, or can afford them. If this President prevails, the Federal Government will have usurped authority over every aspect of individual choice in the care of our families and can logically extend that power to every other commodity in the marketplace.

The tragedy is that every day we continue down this road is a day we have lost to address the real problems in our health care system: the spiraling costs of malpractice litigation and the loss of the medical freedom to shop across State lines, the loss of the freedom to tailor plans to the needs of individuals and families, and the absence of the tax advantages that families need to afford and choose their own health plans according to their own needs.

Churchill said all men make mistakes but wise men learn from them.
Mr. Speaker, the American people understand that ObamaCare was a huge mistake. Let us acknowledge that, learn from it, and move on to enact the reforms that will reduce health costs and increase health care choices for Americans. And that is why the American people want to see us go down in history for having taken 54 million people, according to the CBO, off the rolls of the uninsured and given them insurance.

I’ve been looking over my congressional district over the holiday and talking to a lot of people about health care. I haven’t found one parent in the 14th Congressional District that didn’t like the idea of having their children remain on their health care policy until age 26. Have you found anybody that would like not to have their children extended until 26? Please see me after this debate, because we’ve got so much to be proud of.

The health care bill that Republicans attack today ensures that millions of Americans have access to essential medical care.

Now, a lot of people on the other side of the aisle said health care is a right and we are giving it to the people. Well, if we declare such things as a right to be given to us by government, then it’s government’s right to ration these things; it’s government’s right to regulate these things; it’s government’s right to pick and choose winners and losers. Health care is too important for that. I want to be in control of my and my family’s health care.

I want individuals to be in control of their health destiny. We have to ask ourselves when we create these new programs how much of our children’s future and our grandchildren’s future are we willing to sacrifice to give them this mountain of debt that is because of our already existing debt? So we should be asking ourselves if we’re willing to give our children’s future and our grandchildren’s future to government.

I yield myself the balance of my time.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from Texas (Mr. SMITH) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I yield back the balance of my time.

Mr. Speaker, the issues here are simple. It’s a matter of right versus wrong. The Democrats have said this is a significant step towards making the American health care system more equitable.

The Democrats’ health care bill provided a coordinated, community-based system of care for those who could not afford health care. The Democrats’ health care bill was about making sure that people had access to health care. The Democrats’ health care bill was about making sure that people could afford health care.

Mr. Speaker, the American people have already spoken. They have voted for a new majority. And that new majority wants to make sure that people have access to health care. It’s time for us to move forward and enact the reforms that will reduce health costs and increase health care choices for Americans.

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I yield myself the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself 3 minutes.

Ladies and gentlemen of the House, I am very pleased to defend what has not been intended as a compliment, but to defend the so-called ObamaCare bill.

Mr. Speaker, the health care bill that Republicans attack today ensures that millions of Americans have access to essential medical care.

Now, a lot of people on the other side of the aisle said health care is a right and we are giving it to the people. Well, if we declare such things as a right to be given to us by government, then it’s government’s right to ration these things; it’s government’s right to regulate these things; it’s government’s right to pick and choose winners and losers. Health care is too important for that. I want to be in control of my and my family’s health care.

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The SPEAKER pro tempore. The gentleman from Maryland.

Mr. Speaker, this past year, around June, I was speaking to a woman who is a single mother. She has two young children. She is a real estate agent, and it has been tough in California. But through all of that, she managed to pay her premium to have health care for herself and for her two children.

In June, her daughter, for the first time, had an epileptic attack, and she didn’t know what to do. She was scared to death. So she took her to the hospital, and her daughter got better, but of course her daughter will have more of these. One month later, she found out that her daughter would now be covered. If this was your daughter, you would not refuse discriminating against those with pre-existing conditions.

Mr. Speaker, is the new majority willing to say our children’s future are we willing to sacrifice to give them this mountain of debt that is because of our already existing debt? So we should be asking ourselves if we’re willing to give our children’s future and our grandchildren’s future to government.

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The SPEAKER pro tempore. The gentleman from California (Ms. LORETTA SANCHEZ).

Ms. LORETTA SANCHEZ of California. I thank my colleague from Maryland.

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Mr. Speaker, this past year, around June, I was speaking to a woman who is a single mother. She has two young children. She is a real estate agent, and it has been tough in California. But through all of that, she managed to pay her premium to have health care for herself and for her two children.

In June, her daughter, for the first time, had an epileptic attack, and she didn’t know what to do. She was scared to death. So she took her to the hospital, and her daughter got better, but of course her daughter will have more of these. One month later, she found out that her daughter would now be covered. If this was your daughter, you would not refuse discriminating against those with pre-existing conditions.

Mr. Speaker, is the new majority willing to say our children’s future are we willing to sacrifice to give them this mountain of debt that is because of our already existing debt? So we should be asking ourselves if we’re willing to give our children’s future and our grandchildren’s future to government.

I yield myself the balance of my time.

Mr. Speaker, I yield back the balance of my time.

Mr. Speaker, I think we have already found public policy achievements. And to those with pre-existing conditions, I have not found one parent in the 14th Congressional District that didn’t like the idea of having their children remain on their health care policy until age 26. Have you found anybody that would like not to have their children extended until 26? Please see me after this debate, because we’ve got so much to be proud of.

The health care bill that Republicans attack today ensures that millions of Americans have access to essential medical care.

It enables businesses to provide health care to their employees—which protects and creates the jobs we so desperately need.

It protects Americans from notorious insurance company practices like denying coverage to those with pre-existing conditions and children with birth defects.

It stops insurance companies from dropping your coverage when you get sick.

And it takes critical first steps towards getting health care costs under control, cutting hundreds of billions of dollars from the deficit.

Everyone in America who gets health insurance through their work has seen premiums and co-pays skyrocket year after year. Those increases affect our entire health care economy. Before we passed the Affordable Care Act, they threatened to engulf the entire federal budget. Those who would repeal this law are simply not serious about our debt.

Repealing this bill would undo all these profound public policy achievements. And towards what end?

Repeal would add 54 million people to the rolls of the uninsured. Is that what the new majority wants as their first legislative act?

Repeal would permit health insurers to resume discriminating against those with pre-existing conditions. Does the new majority want
to tell women who have survived breast cancer or children with birth defects that they are not allowed to buy health care?

Repeal would lead to millions of young people being dropped from their parents’ insurance coverage. In this economy, with work and the health insurance that comes with it so hard to find, does the new majority really want to kick these children off the insurance rolls?

And finally, repeal would add more than $230 billion to the near term federal deficit. Is that what the new majority has in store for the American taxpayer?

The majority apparently feels that all these costs are acceptable, because they will “re-place” the health care bill with something else. But that is simply not credible.

After all we went through to pass this bill, it obviously would be no simple thing to draft a replacement. So if the majority is serious about wanting to improve our health care system, at the least they should hold off on repealing the current law until their replacement actually exists. Voting now suggests the true motive here is the politics of health care, not the policy.

During the health care debate last year, we saw the Republican approach—and it simply does not improve our health care system. Indeed, in November of 2009, the Republicans put forward their own plan which the non-partisan Budget Committee found would cover only 3 million people. That meant that for the 54 million people left without the ability to afford insurance, the Republicans’ “No Care” plan provided exactly that—no care; no hope; no security.

Mr. Speaker, as each of us have traveled back to our districts over the past several months, we’ve heard from our constituents—from seniors to families to small businesses—speaking out convincingly. They demanded that this new Congress focus on legislation that encourages job growth, cuts spending, and shrinks the size of government. What better way to start than by repealing the President’s trillion-dollar health care law, a massive new government intrusion into Americans’ health care which promises to skyrocket costs even further. Our immediate action today demonstrates that we are listening.

This is not to say that reforms aren’t necessary. We must improve our health care system. We must enact sensible reforms that address the core problems of our health care system—not by tinkering with how health care is provided, but by shrinking the size of government. We must enact real medical liability reform, allow Americans to purchase health care coverage across State lines, empower small businesses with greater purchasing power, ensure access for determining conditions, and create new incentives to save for the future health needs. Republicans want health care reform; however, we must reform it the right way.

Today, we take a much-needed first step. America deserves legislation that addresses our health care problems and helps our economy prosper. This bill is the first step to do that, and I urge my colleagues to vote in favor of it.

Mr. Speaker, I am pleased to yield 1 1/2 minutes to a senior member of the Judiciary Committee, Ms. Sheila Jackson Lee of Texas.

Ms. JACKSON LEE of Texas. There is nothing that one can do when you’re dealing with a civil case and trial and to respect the American people, who, many of them, are in the jaws of terrible disease, rehabilitation, or maybe some have already lost their lives. And the repeal of this health bill, just a couple of pages, would sentence people to possibly to dying. H.R. 2 talks about jobs when we’re talking about lives.

So I think it is important that we follow what the repeal of this patient protection and health care bill does—end consumer protection, patient protection. And I think it is important for us to be able to hold this Constitution and prove that the Affordable Care Act is constitutional.

Well, I could say that there are 1.1 million jobs already created, that the deficit will blow up $143 billion, a trillion over 20 years. But I really want to refer to the 14th Amendment that allows and guarantees you equal protection under the law.

If this bill is repealed, Ed Burke, a hemophiliac, will probably have serious health issues because he would have lifetime caps. Or Mr. Land, who was on my health care teleconference—where 18,000 people in Harris County were contacted—maybe he, who is from my district, and family of people who have children that have schizophrenia, maybe he would not be guaranteed the equal protection under the law.

The SPEAKER pro tempore. The time of the gentlewoman has expired. Mr. CONYERS. I yield the gentleman 15 seconds.

Ms. JACKSON LEE of Texas. Thank you very much.

Maybe that would not be able to win their battle for this onslaught on their rights because the Constitution guarantees them equal protection. And some who have insurance and some who do not would not be treated equally.

And finally, let me say that in Texas, the Department of Insurance has said that this bill helps Texans.

I hope my colleague from Texas will vote not to repeal this bill. I will vote “no” on the repeal.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Iowa (Mr. KING), who is a senior member of the Judiciary Committee.

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman from Texas, the chairman of the Judiciary Committee.

It is a pleasure to serve on this committee and come here and speak in support of the repeal of ObamaCare. It’s something that I have worked on every day since it passed last March. It’s legislation that I initially asked for the draft the same day that it passed. People thought that we couldn’t get to this point. We are.

But this is Judiciary Committee subject matter. And the bill didn’t go through the Judiciary Committee. We didn’t address the tort reform that’s so essential if we’re going to do something to put health care back on track here in this country. And when I look at this, and serving on the committee, I believe it was in the legislation in the House that addressed the lawsuit abuse that drives up the costs of our health care. It didn’t get taken up in the Senate. And here we are with a huge ObamaCare bill, ready to vote on it, and part of the discussion needs to be why didn’t it have tort reform in it. We are prepared to take a look at this as we go forward.

When I look at the numbers that are produced in part by the insurance underwriters, they and others will tell me that somewhere between 3.5 and 8.5 percent of the overall cost of our health care goes because of lawsuit abuse and the defensive medicine that’s associated with it.

I have a friend who is an orthopedic surgeon who tells me that 95 percent of the MRIs that he orders, he knows exactly what he is going to see when he gets inside to do the surgery, but he has to order them protect himself from that 5 percent that might end up being in litigation. And he said that in his little practice that’s an additional million dollars a year in unnecessary tests. That’s just one small piece of the lawsuit abuse that drives up the costs of health care that we must address if we’re going to have managed costs.

And then the other component that is a Judiciary Committee component of this ObamaCare legislation that is about to have us vote on repeal here that we are debating is the components that are unconstitutional. The individual mandate is the most egregious
component of ObamaCare that compels Americans to buy a policy produced or approved by the Federal Government.

Mr. CONYERS. Mr. Speaker, I am pleased to yield 1½ minutes to a former subcommittee chairman of Judiciary, the gentleman from Georgia, HANK JOHNSON, to defend the ObamaCare legislation.

Mr. JOHNSON of Georgia. Thank you, Mr. Ranking Member.

I rise in opposition to the repeal of health reform. Repeal of health care reform would strip 32 million Americans of health insurance, including 139,000 residents of my district. Repeal will allow insurers to discriminate against people with preexisting conditions and reopen the doughnut hole, which would devastate Joseph Williams, a former corrections officer in my district who relies on Medicare for his prescription drugs. I will be voting against repeal, and I urge my colleagues to do the same.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. COBBLE), who is also the chairman of the Courts, Commercial and Administrative Law Subcommittee of the Judiciary Committee.

Mr. COBBLE. I thank the gentleman from Texas (Mr. SMITH). Mr. Speaker, when we debated health care reform during the 111th Congress, I made the statement that we need to fine-tune the engine, not overhaul it. I reiterate that theory today.

President Obama has elevated health care to the number one issue facing America, mistakenly so, in my opinion. I think the number one issue facing America then and now involves jobs, or more precisely lack of jobs, and reckless spending. There is agreement from both sides of the aisle that we need to improve our health care system. I believe these improvements must enhance the quality and accessibility of care in a fiscally responsible manner. The law implemented last year failed to meet these criteria, particularly in the onerous 1099 tax increase on small businesses. That is just one glaring example.

By repealing ObamaCare, we will have the opportunity to take the more prudent approach of fine-tuning our health care law to ensure that it encompasses sound principles.

Mr. Speaker, this will likely be an obvious vote, but it serves a purpose. It sends a message to the American people that we are serious about fixing our broken health care system. Physicians do this daily. They make a diagnosis and fix the problem. I support the passage of H.R. 2 because Congress should take the same approach: fix the problem. Much energy and attention was directed to this matter, when it probably should have been directed to jobs and reckless spending. Too late for that now. But we need to address look forward to the vote that I guess will be tomorrow.

Mr. CONYERS. Mr. Speaker, I yield 1 minute to Dr. JUDY CHO of California, a very valuable member of Judiciary Committee.

Ms. CHO. The health care repeal act will hurt many people, but especially seniors. It raises cost for prescriptions and preventive care. It weakens Medicare and takes away your freedom to make your own decisions, returning your health back to the hands of insurance companies. At the start of this year, seniors began receiving free preventive services such as mammograms and an annual exam, while, if repeal succeeds, good-bye free check-ups and free life-saving tests.

Today, seniors in the Medicare doughnut hole are getting half off many brand-name drugs; but if repeal passes, your prescription drugs are going to double. And those who get a $250 check to help cover high drug costs might even have to pay it back. The original health reform bill extended Medicare’s life until 2029; but if we repeal it, the Medicare Trust Fund becomes insolvent. The Patients Rights Repeal Act hurts seniors. It’s dangerous for America’s health.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. POE). Mr. Speaker, never before in the history of our great country has a tax been levied on individuals in the Federal Government with the purpose of forcing citizens to do something the government wants them to do. And never before has the government self-righteously ordered Americans to buy a product or pay a punitive fine.

In my opinion, the Constitution does not give the Federal Government, even well-intentioned government, the authority to make citizens buy any product, whether it’s a car, whether it’s health insurance, or even whether it’s a box of chocolates.

The individual mandate provision of the health care bill is unconstitutional. The author of the Constitution, James Madison, said: “The powers delegated by the Constitution to the Federal Government are few and defined. Those that remain to State governments are numerous and indefinite.” The health care bill is a theft of the individual freedom to control one’s health to have health insurance, or even whether it's a car, whether it's a box of chocolates.

The Affordable Care Act will stave off the 55 percent of personal bankruptcies caused by health care emergencies. By banning rescissions, banning preexisting condition insurance bar, banning annual and lifetime coverage caps and capping annual out-of-pocket expenses, this law ensures that nobody will go broke because they get sick.

The bill will save the lives of the approximately 45,000 Americans who now die every year because they lack health insurance. For America’s seniors, the Affordable Care Act strengthens the Medicare program. Seniors will no longer pay out of pocket for preventive services; and the cruel doughnut hole, which forces seniors to choose between taking their drugs or going without, will be closed.

And owners of small businesses will get billions of dollars in tax credits to help them provide health coverage to their employees—unless, of course, the Republicans are successful in enacting a tax increase on small businesses by repealing the law.

We did all this and more while reducing the deficit by what CBO now estimates will be $230 billion in the first 10 years and $1.2 trillion in the next 10 years.

The Republicans say the bill is an unprecedented or unconstitutional expansion of constitutional power. They are wrong. There is nothing radical, dangerous, or unconstitutional about the act. We have the power to enact this comprehensive plan, including its minimum coverage requirement under the commerce, necessary and proper, and general welfare clauses of article 1, sections 8 of the Constitution. Similar attacks were levied against the Social Security Act of 1935, saying it was unconstitutional for the same reasons. Those arguments were unsound and rejected then and will fare no better today.

Indeed, leading Republican lawmakers championed individual mandates as part of their Health Equity 
and Access Reform Today Act of 1993 introduced by Senator Dole and Senator Chafee. The requirement of individual participation was valid then, and it is valid now.

For all of these reasons, I strongly encourage my colleagues to vote "no" on this misguided repeal bill.

Mr. Speaker, following is my statement in its entirety:

I rise in opposition to the Republican effort to deny 32 million Americans health care, to deny millions of middle-class Americans the ability to get health care insurance if they have pre-existing conditions, and to drive up our national debt by an additional $1.4 trillion over the next 20 years.

Last March I had the distinct pleasure and honor of voting for the Affordable Care Act, which achieves many of the goals I have been fighting for my entire adult life.

The Affordable Care Act will stave off the 55 percent of personal bankruptcies caused by health care emergencies. By banning rescissions, banning the "pre-existing conditions" insurance bar, banning annual and lifetime coverage caps, and capping annual out-of-pocket expenses, this law ensures that nobody will go broke because they get sick.

When fully implemented more than 32 million additional Americans will have access to health care coverage. This translates into saving the lives of the 45,000 Americans, who now die every year because they lack health insurance.

In addition, the Affordable Care Act extends greater rights and benefits to women. No longer can insurance companies discriminate against women by charging women higher rates than men for the same coverage. No longer will women be denied coverage because insurance companies consider pregnancy, C-sections, and being the victim of domestic violence to be pre-existing conditions. No longer will women go without critical maternity care, coverage, access to mammograms, and other key preventive care services—services that will be available without co-pays and deductibles. Ending these routine, disgraceful, and patently unfair practices are a tremendous victory for women and children.

For all these reasons, I urge my colleagues to vote "no" on the misguided repeal bill, and instead, to say "yes" to guaranteeing health care for 32 million more Americans. To say yes to enabling millions of Americans with pre-existing conditions to obtain health insurance. To say yes to ending pre-existing conditions. To say yes to allowing parents to cover their adult children on their health care plans. To say yes to strengthening Medicare for our seniors. To say yes to growing our economy by supporting small businesses. To say yes to reducing our deficit.

Mr. Speaker, when our predecessors passed similarly historic laws such as Social Security in 1935 and Medicare and Medicaid in 1965, they knew the measures would require further consideration. In the years since those crucially important programs were signed into law, Congress has made, and will continue to make, improvements to those programs to make improvements to the law. Instead of spending our time looking for ways to build on and perfect the health care reform law, Republicans want to take a sledgehammer to it, to throw out everything, without any consideration at all. No matter that that is not the American way.

No matter that millions of Americans remain out of work.

The Republicans say the bill is an unprecedented or unconstitutional expansion of Congressional power. They are wrong. There is nothing radical, dangerous, or unconstitutional about the Act, through which Congress is regulating the vast interstate health and insurance markets in a number of ways that protect the American people. We have the power to enact this comprehensive plan, including its minimum coverage requirement, under the Commerce, Necessary and Proper, and General Welfare clauses of Article I, Section 8 of the Constitution. Similar attacks were levied against the Social Security Act of 1935. They were unsuccessful and rejected then and will fare no better today.

We require citizens to participate in programs—like Medicare and Social Security—when necessary to accomplish an objective wholly within Congressional powers, and there simply is nothing so surprising or severe in requiring similar participation—by requiring that those who can obtain insurance do so or pay a tax penalty—in our comprehensive framework for health care reform. Indeed, leading Republican lawmakers championed individual mandates as part of their Health Equity and Access Reform Today Act of 1993. The requirement of individual participation was valid then, and it is valid now.

For all of these reasons, I strongly encourage my colleagues to vote "no" on this misguided repeal bill, and instead, to say "yes" to guaranteeing health care for 32 million more Americans. To say yes to enabling millions of Americans with pre-existing conditions to obtain health insurance. To say yes to ending pre-existing conditions. To say yes to allowing parents to cover their adult children on their health care plans. To say yes to strengthening Medicare for our seniors. To say yes to growing our economy by supporting small businesses. To say yes to reducing our deficit.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the chairman of the House Administration Committee, the gentleman from California (Mr. DANIEL E. LUNGREN).

Mr. LUNGREN. Mr. Speaker, in the scope of the American constitutional system of governance, the Congress is the body whose power is defined within the contract that created it, and this is more than a matter of structural mechanics because it goes to the heart of the issue of governmental power, or if one prefers the flip side of the coin, personal freedom and responsibility.

If government has the power to require that you buy item A, it means that you are less able to buy item B, C, D or anything else.

Now, economists would call this the opportunity cost of foregone goods or services, but the fundamental question is the question of freedom to choose how we as individuals will spend the fruits of our labor.

The commerce clause lacks the elasticity that would accommodate a requirement that every American buy health insurance which conforms to the dictates of the Federal Government, as the Federal Government would change it on a yearly basis. Such an interpretation would render the notion articulated by James Madison and Federalist 45, that is, one of limited government, a nullity.

Now, I know we have smart people here. I know we have those in the administration who believe that this is totally constitutional; but, frankly, Mr. Speaker, my bet goes with James Madison.

He did say that the powers delegated by the proposed Constitution of the Federal Government are few and defined. He did say that the Federal Government will be exercising their responsibilities principally on external objects as war, peace, negotiations, and foreign commerce and the States would do much else.

Then, of course, we have the 10th Amendment, later adopted, which said, again, that this is a government of limited enumerated powers. Now, either the 10th Amendment means something, or it means nothing; and either James Madison knew what he was talking about, or he does not.

Mr. CONyers. Mr. Speaker, I am pleased to yield 1 minute, and I congratulate the ranking member of Government Reform, to the gentleman from Maryland, ELIJAH CUMMINGS.

Mr. CUMMINGS. Mr. Speaker, I rise before you in fervent opposition to the bill we are considering today. I have heard from many of my constituents and small businesses who are grateful for the benefits of this law.

Children with preexisting conditions are no longer being denied access to private health insurance. Maryland small businesses offering health insurance to their employees are eligible for a 35 percent tax credit.

Further, as ranking member of the Committee on Oversight and Government Reform, I note that repealing this law would also eliminate the new private health plan currently providing coverage for many uninsured Americans with preexisting conditions.

I find it repugnant that Republicans want to strip Americans of this law's protections that will save the lives of our fellow citizens.

I urge a "no" vote on this bill.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GOHMERT).

Mr. GOHMERT. Mr. Speaker, lest we forget, this is the disaster that we are to deny would be repugnant to the people.

It started out as an act to amend the Internal Revenue Code of 1986 to modify first-time homebuyers' credit in the
Mr. SMITH of Texas. Madam Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. GOODLATTE), who is also chairman of the Intellectual Property, Competition, and Internet Subcommittee of the Judiciary Committee.

Mr. GOODLATTE. I thank the chairwoman for yielding.

Madam Speaker, I stand in strong support of this legislation, which repeals the sweeping health care reform law rammed through Congress last year. In February, I led the Big Government takeover of our health care system, one that will lead to fewer choices, higher prices, and rationed care.

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It creates more than 150 new government agencies and programs at a cost of well over $1.3 trillion. It includes over $500 billion in devastating new tax increases and cuts Medicare by over $500 billion. Americans are frustrated by rising health care costs. We must repeal the new health care law that kills jobs, raises taxes, threatens seniors' access to care, and will cost millions of people to lose the coverage they have and like, and increases the cost of health care coverage. Then we must replace it with commonsense reforms that lower health care costs and empower patients.

For those who argue that somehow this is going to save the taxpayers money, think of the mandates that are not covered by the Federal Government. Think of the fact that it is not credible that at a time when senior citizens, baby boomers, are going to retire in unprecedented numbers to take over $500 billion out of a Medicare program. And think of the jobs that are already being lost because the taxes on this are already being put into place, and by the time they occur, they will be effective for 4 years. That legislation was smoke and mirrors. This legislation repeals it. We should support it and then start anew on commonsense reforms.

Mr. CONYERS. Madam Speaker, I’m pleased to yield 1 minute to the distinguished gentleman from Iowa (Mr. BRALEY).

Mr. BRALEY of Iowa. I thank the gentleman for yielding.

Madam Speaker, I want to show the face of the repeal of health care that is Tucker Wright from Malcom, Iowa. He is 4 years old. And 2 years ago, before the Affordable Care Act was passed, Tucker was diagnosed with liver cancer and had two-thirds of his liver removed. He faces a long and uncertain medical future. But on January 2 of this year, because we passed the Affordable Care Act, Tucker’s father, Brett, was able to change jobs because he no longer had to worry about the stigma of preexisting conditions. No amount of rhetoric about repealing this bill, I’ll tell you why it is not a good deal for Tucker Wright. Because even though our friends talk about wanting to fix some of the problems that they now think are important, the first thing that’s going to happen to Tucker Wright and his family as soon as this bill is repealed is his family will get a rescission letter from their insurer. They will no longer be required to provide insurance for this young boy because he has pre-existing conditions. That’s why this bill is a bad idea, and that’s why I urge you to vote “no” and think about Tucker Wright.

Mr. SMITH of Texas. Madam Speaker, may I ask how much time remains on each side?

The SPEAKER pro tempore (Mrs. CAPITO). The gentleman from Texas has 5½ minutes remaining. The gentleman from Michigan has 8½ minutes remaining.

Mr. SMITH of Texas. I reserve the balance of my time.

Mr. CONYERS. I yield 1 minute to the gentleman from Minnesota (Mr. WALZ).

Mr. WALZ of Minnesota. I thank the gentlewoman for yielding.

Madam Speaker, I rise today to state my strong opposition to the repealing of the Affordable Care Act. Repealing this law will eliminate consumer protections, raise taxes on small business, explode the deficit, and put insurance company CEOs directly between Americans and their doctor.

I’m very proud to represent the Mayo Clinic in Rochester, Minnesota. They’re a symbol of what we can achieve when we deliver the world’s highest quality care at the most efficient and effective costs. When we passed this law last year, they said it was a good first step. And I agree.

Now is not the time to step backwards. Folks in my district are already seeing the benefits of this new law. So why receive help paying for their expensive prescription drugs and have better access to preventative care saving money. And just a few weeks ago, I received a letter from a dad in my district named Paul. Paul’s son Joe is 21, works part-time and has diabetes. Joe couldn’t get the insurance he needed to pay for the expensive equipment and treatment he needs to stay healthy and alive. Paul wrote to say thank you for passing the Affordable Care Act. Because of the new law, Joe got back on his parents’ insurance, and a new insurance card came in the mail on January 2. A vote to repeal this legislation pulls that card away.

Mr. SMITH of Texas. Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. REED), former mayor of Corning and a new member of the Judiciary Committee.

Mr. REED. Madam Speaker, I rise today in support of the repeal of the job-killing Obamacare legislation. This bill is a whopping 2,500 pages, a monster of new spending and government bureaucracy, rushed to approval after only 48 hours of arm-twisting and deal-making. Unfortunately,
just as Republicans predicted, this legislation did absolutely nothing to address the real problem of health care—its cost.

Republicans have long advocated for tort reform to be included in any legislation to lower the costs of health care. For just as long, those who have written this legislation have continually ignored the need for tort reform. As even as the nonpartisan Congressional Budget Office estimates, tort reform initiatives could save approximately $54 billion. I will say that the other side attempted to address tort reform by providing $50 million to States to consider the concept of tort reform. Here we go again. Another example of what’s wrong with Washington, spending $50 million to figure out how to save money. The American people recognize Republicans have a better plan, one which reduces health care costs.

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

Mr. SMITH of Texas. Madam Speaker, I yield the gentleman an additional 30 seconds.

Mr. REED. The American people recognize Republicans have a better plan, one which reduces health care costs and ends the red tape and bureaucracy outfits of our doctors' and nurses' offices.

Let’s repeal this bill, focus on bipartisan initiatives we all agree on like fixing the doughnut hole, and pass tort reform legislation once and for all and gets lawyers and bureaucrats out of our doctors' and nurses' offices.

We must repeal the law and replace it with legislation that would hurt small businesses in Missouri who are finally gaining access to affordable coverage for their employees. Since 2010, the health care coverage among small firms has increased by more than 12 percent. If this bill passes, those small business owners will lose the tax credits that are providing up to 50 percent of their health care costs. Many of them will have to drop the very health insurance they have just now been able to provide their employees and their families.

These are real people, people like Michelle Barron, who owns an independent book store in Rock Hill, Missouri, used to be able to afford coverage for her employees, but over the years couldn’t keep up. She had to drop her employees and finally drop her own coverage because of preexisting conditions. Last year when the health care bill was signed into law, new options opened up for Michelle and countless small business owners like her.

But if we repeal health care, it will turn back the clock for small business owners like Michelle. Insurers would be able to go back to denying coverage for preexisting medical conditions, and small business owners would lose the tax credits that are helping make health care coverage affordable. We cannot go back to the bad old days of insurance company control. This is not the step to step backwards.

Mr. SMITH of Texas. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. QUAYLE), who is a member of the Judiciary Committee.

Mr. QUAYLE. I thank the chairman for yielding.

Madam Speaker, I rise today in support of H.R. 2.

Last year, behind closed doors and against the will of the American people, the Democratic majority of the 111th Congress passed a bill that fundamentally changes the doctor-patient relationship. They passed a bill that will increase the cost of health care and explode our national debt. They passed a bill that expands the scope of government well beyond the parameters set forth in the Constitution.

The genius of our Constitution is that this document didn’t set forth what the government must do for us, but rather that the government can do to us. Requiring every individual to enter into a commercial contract certainly falls within the realm of what the government can’t do to us.

The people in my district understand this, as does the people that our health care system needs sensible, patient-centered reforms that will reduce costs and increase access. Unfortunately, the health care bill that was passed will increase costs and increase access. The government that drafted the bill tried to conceal the true costs from the American people. But if you look beyond the accounting gimmicks, that bill increases our debt by $701 billion over the next 10 years.

It is time to get our country back on the right track, and H.R. 2 is a necessary step to fulfilling that mission.

Mr. CONYERS. Madam Speaker, I yield 2 minutes to the distinguished gentleman from Florida, DEBBIE WASSERMAN SCHULTZ.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. GRIFFIN), who is a member of the Judiciary Committee.

Mr. GRIFFIN of Arkansas. I thank the chairman for yielding.

Madam Speaker, I think it is important to address the notion of job killing versus job creating. We’ve heard a lot of talk about the title of this bill and the jobs that it supposedly kills.

But let’s look at the facts here thought of the 1.1 million private-sector jobs—documented—that were created last year, fully 200,000 of those were in the health care sector, or one-fifth. We’ve actually had an average of 20,000 jobs per month created in the health care sector alone over the course of the last 2 years.

There have been no job losses in the health care sector. None. And I challenge our colleagues on the other side of the aisle, on the Republican side of the aisle, who are vociferously advocating the repeal of health care reform on the premise that it is a job killer to name one. In fact, there have been no job losses. I would suspect that we would hear crickets chirping, because there are none. There isn’t a single area of health care that there have been job losses; not before health care reform passed and not since.

Also, I think it is important to address the comments from my colleague on the other side of the aisle (Mr. GOHMER) who stated that President Obama told the Democratic Caucus that health care reform would supposedly allow us to shrink five tests performed on a patient to one. That is simply not true. That never happened.

I would also say that at the end of the day we need to make sure that we are entitled to our opinions but not to our own facts.

I suspect that our colleagues on the other side of the aisle are making up their own facts because their arguments don’t stand on the strength of their ideas and aren’t strong enough to stand on their own. I thought it was important to clear that up.

Madam Speaker, I believe we need health care reform badly, but the law we got isn’t what we need. That is why I rise today in support of H.R. 2 to repeal the current health care law. The health care law provides for an increased government role and will ultimately lead to decisions made by the government instead of doctors and patients.

It ignores the issue of cost. It was loaded with gimmicks to make it seem deficit neutral. But once those are accounted for, we find that it adds over $700 billion to the deficit in the next 10 years.

Firms that operate on the tightest margins, many of which are still not written, will be hit hardest because they operate on the tightest margins and will have the toughest time complying with the numerous regulations, many of which are still not written, creating uncertainty for employers.

We must repeal the law and replace it with one that lowers costs, preserves the doctor-patient relationship, lets American businesses keep the coverage they have, allows the private sector to create jobs and follows the Constitution.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentleman from New Jersey, Mr. ROB ANDREWS.

Mr. ANDREWS. Madam Speaker, as we meet this afternoon, there are 15 million unemployed Americans. And no matter where you go in this country, you hear that the number one concern of our constituents is creating an environment where businesses and entrepreneurs can put people back to work.
So what is the House doing this week? Re-litigating, regurgitating, re-arguing a political debate about health care again. I believe the people of this country want us to work together to get jobs back in the American economy.

The Republicans offer us a slogan, a job killing health care bill. What kills jobs is paralysis in Congress. What kills jobs is ignoring the economic problems of this country. “No” is not simply the right vote on the merits, it’s true because health care is the wrong bill at the wrong time.

Mr. SMITH of Texas. Madam Speaker, I only have one more speaker on this side and I am prepared to close.

Mr. CONYERS. How much time have we remaining, Madam Speaker?

The SPEAKER pro tempore. The gentleman from Michigan has 3 1⁄2 minutes remaining, and the gentleman from Texas has 1 3⁄4 minutes remaining.

Mr. CONYERS. Madam Speaker, I yield myself 1 minute.

Because this is the Judiciary Committee and so little has been said about the constitutionality. I am pleased to quote from the dean of the law school of the University of California, Erwin Chemerinsky, who said that opposing health care reform and relying on an argument that it is unconstitutional is an inadequate way to proceed.

Somebody here must remember that there is Medicare, Medicaid, Social Security. Please, this is not new that the Constitution has ruled that government economic regulation has been found constitutional and constitutionality. I now mention the Fifth Amendment.

Those opposing health care reform are increasing an argument on an argument that has no legal merit: that the health care reform legislation would be unconstitutional. There is, of course, much to debate about how to best provide and pay for health care services. But there is no doubt that bills passed by House and Senate committees are constitutional.

Some who object to the health care proposals claim that they are beyond the scope of congressional powers. Specifically, they argue that Congress lacks the authority to compel people to purchase health insurance or pay a tax or a fine.

Congress clearly could do this under its power pursuant to Article I, Section 8 of the Constitution, for instance with respect to health care revenues. But there is no doubt that bills passed by House and Senate committees are constitutional.

The SPEAKER pro tempore. The gentleman from Texas, Mr. Chair, you are absolutely right. This is a constitutional question that has been raised, and as I came to the floor earlier, I mentioned my predecessor, Congresswoman Jordan, who broke this side. In this Constitution without question, I mentioned the 14th Amendment. I now mention the Fifth Amendment.

First of all, from the commerce clause covers this bill, but the Fifth Amendment speaks specifically to denying to someone their life and liberty without due process. That is what H.R. 2 does, and I rise in opposition to it. And I rise in opposition because it is important that we preserve lives and we recognize that 40 million couldn’t get dental care, I know they would question why we’re taking away their rights.

Today we stand before this body, we beg of them to ask themselves whether this is all about politics or about the American people. I urge you to extend a hand of friendship, standing on the Constitution, to enable us to provide for all of the citizens of this country.

This bill has been vetted, this bill is constitutional, and it protects the constitutional rights of those who ask the question: Must I die, must my child die because I am now disallowed from getting insurance? To our seniors, there are health plans specifically to denying to them primary care doctor. This is about closing the doughnut hole that will allow you to be able to get discounts on your prescription drugs that some of you have avoided because you have to pay more and you have to buy your food.

Texas, a big State, has already said through a governmental agency, we need this bill. And we hope that those who come from our State and many other States will not vote against the protection of patients. Vote against H.R. 2 and provide yourself with the protection of the Constitution.
The repeal would eliminate tax credits for small businesses. The health reform law provides tax credits to small businesses worth up to 35 percent of the cost of providing health insurance. There are up to 14,600 small businesses in my district, small businesses that could be helped by this. Additionally, this repeal would force these small businesses to drop coverage or bear the full costs of coverage themselves.

The repeal would increase retiree health care costs for employers. The health reform law alleviated the burden on employers by continuing to provide health insurance for their retirees. As many as 5,500 district residents who have retired but are not yet eligible for Medicare could ultimately benefit from this early retiree assistance.

The repeal would increase costs for employers and jeopardize the coverage their retirees are receiving. The repeal would increase the cost of uncompensated care born by hospitals. The Health Reform Law benefits hospitals by covering the uninsured and reducing the cost of providing care to the uninsured.

The repeal would undo this benefit, increasing the cost of uncompensated care by $27 million annually for hospitals in my district.

As evidenced in the recent elections, the public has indicated they want less spending and a balanced budget. The Congressional Budget Office estimates the budget will be negatively impacted to the tune of $230 billion dollars over a 10 year period if health care reform is repealed. Additionally, more than four million small businesses would lose health insurance tax credits as a result of repeal, and the cost of offering employer-based health insurance could increase by more than $3,000 annually, according to the U.S. Public Interest Research Group.

As a Congress we have continued to debate this issue for decades without resolution. The uninsured, the underserved, vulnerable and minority communities are particularly at risk. Let us forget—in 1999 we asked the Institute of Medicine to recommend health care reforms whose reports are considered the gold standard for health care policymakers—to investigate disparities in health and health care among racial and ethnic minorities. The results were damning: the ensuing study, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, found that minorities had poorer health and were consistently receiving lower-quality health care even when factors such as insurance status and income weren’t involved.

As stated by Newsweek, minorities and the underserved were less likely to get lifesaving heart medications, bypass surgery, dialysis, or kidney transplants. They were more likely to get their feet and legs amputated as a treatment for diabetes—Mary McDermott Carver, The Great Divide, Newsweek, February 15, 2010.

In our current system, most people do not choose to be uninsured but are priced out of insurance. These people cannot, as free market proponents often argue, “pull themselves up by their bootstraps.” Instead, they and their families are too often cyclically and systemically trapped in their economic situation. As a result, minority communities suffer grave income disparities that would otherwise be limited but for lack of access to health care due to race and quality care. What is the price for improving the life expectancy of millions of Americans of all ages?

In 2007, only 49 percent of African-Americans in comparison to 66 percent of non-Hispanic whites used employer-sponsored health insurance, according to the Department of Health and Human Services. During the same year, 19.5 percent of African-Americans in my district who were 18 to 64 years old had no health insurance, compared to 10.4 percent of non-Hispanic whites were uninsured.

Hispanics have the highest uninsured rates of any racial or ethnic group within the United States. In 2004, the Centers for Disease Control and Prevention reported that private insurance rates among Hispanic groups varied as follows: 39.1 percent of Mexicans, 47.3 percent of Puerto Ricans, 57.9 percent of Cubans, and 45.1 percent of other Hispanic and Latino groups. Health care reform also is critical to ensure that women have access to affordable health care coverage. An estimated 64 million women do not have adequate health insurance coverage. About 1.7 million women have lost their health insurance coverage since the beginning of the economic downturn. Nearly two-thirds lost coverage because of their spouse’s job loss. And nearly 39 percent of all low-income women lack health insurance coverage. Women also are more likely to deplete their savings accounts paying medical bills or forgoing treatment to save money to be poor. This bill gives women access to the health care that they need and deserve.

Health care reform is a critical step in helping to reduce such health disparities. Are we now telling the American public we will not lower costs for minority families and all Americans should forget about preventive care for better health.

Racial and ethnic minorities are often less likely to receive preventive care. Vietnamese women, for example, are half as likely to receive a pap smear, and twice as likely to die from cervical cancer as are whites. Obesity rates are also high among certain minority groups. By ensuring all Americans have access to preventive care and by investing in public health, health insurance reform will work to create a system that prevents illness and disease instead of just treating it when it’s too late and costs more. Are we telling the citizens of this country that we will not make health care accessible to everyone.

African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population. By providing health insurance choices to all Americans and providing premium assistance to make it affordable, health insurance reform significantly reduces disparities in accessing the best quality for health. We will tell you our constituents that you will not: Control chronic disease and promote primary care.

Nearly half of African Americans suffer from a chronic disease, compared with 40 percent of the general population. Chronic illness is growing in other minority communities as well. Health insurance reform is slated to include a number of programs to prevent and control chronic disease, including incentives to provide medical homes and chronic disease management pilots in Medicare. By investing in the primary care workforce (including scholarships and grants to increase diversity in health professions), health reform will make sure that all Americans have access to a primary care doctor and strengthen the system of safety-net hospitals and community health centers to ensure accessible care.
The people of my home State of Texas, in particular, with 6 million uninsured persons, and 26 percent uninsured in my district, have been hit especially hard when it comes to lack of access to quality, affordable care. Many Americans continue to be forced from their health care plans due to decisions by insurance companies that consider profit over people.

So how do the million plus Houston residents without an insurance company get health care—the emergency room, ER? Emergency rooms have become the health care providers of last resort for well over 100 million Americans annually.

Will we allow this trend to continue? Over a 10 year period from 1994 to 2004, ER visits on a national level saw an 18 percent jump, according to the Centers for Disease Control and Prevention. Emergency rooms in Houston hospitals are routinely overcrowded as overcrowding is seen from a heart attack or gunshot wound to an ear infection or toothache. ER overcrowding is so bad in the Houston area that patients have called one ER to get to another, according to one report. When the President signed the health care bill into law, he ensured that Americans who have been flocking to emergency rooms for primary care will have another option—affordable health care.

Repealing the health act is not in the best interest of Americans. Health is not partisan and we should not treat it as such. Will we tell the citizens of this great nation, we will not?

Barack Obama has built a set of tools contained in the Affordable Care Act to serve to safeguard taxpayer dollars and enhance funding for operations and start-ups of community health centers being established in fiscal year 2011, a repeal of the Affordable Care Act will threaten the very fabric of this nation’s health care system. Currently, more than 1,100 community health centers operate 7,900 service delivery sites and provide care to nearly 9 million Americans each year, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

The Affordable Healthcare Act included enhanced funding for operations and start-ups of federally qualified health centers in the Harris County Hospital district, which is in the 18th Congressional District of Texas, my home district, thereby increasing the availability of primary health care and preventive health care services. The Affordable Healthcare Act also provided funding for and policy direction to increase the number of primary care providers in the Harris County Hospital district and the state of Texas, inclusive of physicians and physician extenders (advanced nurse practitioners).

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Specifically, my amendments would amend that is before the body of Congress today.

Americans who are at risk of the legislation that is before the Congress today.

Several amendments to protect the millions of Americans at risk of the legislation that is before the Congress today.

Looking for solutions that hold down costs, not increasing costs for families and business in the current economy cannot be best for the nation.

The Affordable Healthcare Act included enhanced funding for operations and start-ups of federally qualified health centers in the Harris County Hospital district, which is in the 18th Congressional District of Texas, my home district, thereby increasing the availability of primary health care and preventive health care services. The Affordable Healthcare Act also provided funding for and policy direction to increase the number of primary care providers in the Harris County Hospital district and the state of Texas, inclusive of physicians and physician extenders (advanced nurse practitioners).
The Affordable Healthcare Act also directed states to increase provider payment rates to physicians in the Medicaid program. This is significant in that rates are so low in Texas many physicians are unwilling to take Medicaid patients.

According to the Texas Health and Human Services Commission Study, there are currently 1.1 million uninsured in Harris County, Texas. Full implementation of health care reform would reduce that number to a little over 390,000. The reforms resulted a 65 percent reduction in the number of uninsured residents. Diminished access to primary and preventive health care services that in turn will lead to a more use of acute care hospital inpatient services and emergency center encounters at much higher costs to county taxpayers, while higher Medicaid per capita expenditures for the state and Federal government. Without reform, cuts to the Medicare and Medicaid program will put a greater strain on existing safety net providers and local tax payers. Without expanded care and insurance reform, people will not have access to affordable, lower cost health care services.

Specifically, in my Congressional district, the South Central Houston Community Health Center serving the Houston community since 1994 has and has locations in the Sunnyside and Third Wards areas of Houston. By being the oldest, Federally qualified health center in the city of Houston, the community health center has grown to receive over 1.2 million in annual Federal funds, which is instrumental in providing quality health care to the medically underserved, uninsured, and underinsured people of the greater Houston area. The South Central Houston Community Health Center has made tremendous progress toward reducing healthcare disparities and increasing access to healthcare services to the Houston community.

The Legacy Community Health Center in my Congressional district has also benefited greatly from the Affordable Healthcare Act. The Legacy Community Health Center is a full-service, community health center that provides comprehensive, primary healthcare services to all Houstonians in a culturally sensitive, judgment-free and confidential environment. Legacy also has specialized in HIV/AIDS testing, education, treatment and social services since the early 1980's. They also provide care for other chronic health conditions like diabetes and high blood pressure disparity impacting minorities. Generous financial support from individuals, businesses and charitable foundations allows Legacy to provide no-cost or low-cost healthcare services to over 30,000 men, women and children each year.

The Good Neighbor Healthcare Center also in my Congressional district offers a wide array of programs serving families living in the great er Houston area. Services include primary health care, dental care, optometry, and behavioral health services. Good Neighbor Healthcare Center has a special mission to the community that goes right to the heart of providing affordable, preventable, primary care and dental care to those in need. Good Neighbor Healthcare Center serves patients from virtually every zip code in Harris County, and the diverse staff is ready to assist patients with all of their health care needs. Good Neighbor Healthcare Center assists patients in Spanish or English as needed as well.

Community health centers are an integral part of our communities providing a source of local employment and economic growth in many underserved and low-income communities. In 2009, community health centers across the Nation provided more than $11 billion in operating expenditures directly into their local economies. Community health centers also implemented and served more than 5,700 nurse practitioners, physician assistants, and certified nurse midwives to treat patients through culturally competent, quality and integrated care.

And Congress has added an amendment that would be essential to an unprecedented opportunity to serve more patients, retain existing and support new jobs, meet the significant increase in demand for primary health care services among the nation’s uninsured and underserved populations and address essential construction, renovation, and equipment and health information technology systems needs in community health centers. I cannot turn my back and shut the door on the constituents I represent in securing accessible, affordable healthcare services in my Congressional district.

If the Healthcare Repeal Bill were to pass, this amendment would ensure that insurance rates do not increase from those rates that would have been left intact. Health care reform is something that people have fought for fervently for years, and it would be a great disservice to the American people if the health care law were repealed as a result of politics. The Patient Protection and Affordable Care Act insure access to quality, affordable healthcare for all Americans. It also makes necessary changes that will make our system of health care more efficient. Children are allowed to stay on their parents' health insurance until the age of twenty-six. Patients with pre-existing conditions will be able to get insurance coverage because of pre-existing conditions. Insurance premiums were lowered and mechanisms are in place to avoid them getting any higher. Repealing health care reform would reverse all of this good that has been done.

However, if the Patient Protection and Affordable Care Act is repealed, it is important that certain provisions of the law remain intact. For aforementioned reasons, I urge my colleagues to reason with the American people and provide an opportunity for every American so that affordable and quality healthcare. If the Healthcare Law is repealed without the inclusion of my amendment, that would ensure that insurance rates do not increase from those rates that would have applied if the law is left intact, we are left great emphasis for health insurance rates to rise, much like they did in the past, to levels which make coverage inaccessible and unaffordable for many Americans.

Before the Healthcare Reform Bill was signed into law, increasing healthcare costs were crushing the budgets of families and American businesses, making us less competitive in the ever growing global market, placing Medicare and Medicaid in serious danger, damaging our long-term fiscal stability, and causing Americans to continue to go without basic health care coverage. This broken health care system was driving up health care costs and weakening our economy. Minorities in general were more in danger of being uninsured and falling victim to frequent emergency visits, increasing debt that leads to bankruptcy, and premature death.

Without healthcare reform, a devastating number of citizens would have had to continue to live without healthcare. No American citizen should have to face a decision of whether to buy food or pay healthcare premiums. Putting a face to healthcare is recognizing Iris Williams from Houston, Texas.

For many mothers, finding a good doctor for their children can be quite difficult, especially if they don’t have health insurance. When the child has fears of going to the doctor, the difficulty only worsens.

Iris Williams first brought her son, Simon, to Legacy Community Health Services in 2007. A resident in the Houston area, Iris liked the convenience of Legacy’s Community Health Center on Lyons Avenue in the heart of her neighborhood. When she found out Legacy offered school physicals, even to those without health insurance, she was thrilled.

“My son had a bad experience with a doctor when he was younger and did not like going to the doctor,” Iris sighed. “But Legacy was able to schedule a physical for Simon within the week, and I was told it would only cost $45."

Now that Iris had an appointment for her son at an affordable cost, she only had to worry about whether Simon would like the doctor.

“Just love Dr. Levine, he is so kind and wonderful,” Iris continued, “he not only made my son feel at ease but he also treated him like a young man. That made us both feel really good.”

This past summer Simon hurt his finger at a summer program. Iris had to take him to the emergency room to get his fingernail removed. For his follow-up care Iris sought out Legacy to clean the wound and make sure it was healing properly.

“Again the staff at Legacy was great and the finger is healing nicely,” Iris gloomed. “I am so glad Legacy had a doctor to care for him after the visit to the ER. When people in Iris’s neighborhood ask her where to go for quality and affordable healthcare, Iris doesn’t hesitate to refer them to Legacy. She knows they will get great care. Iris stated, ”it gives me great satisfaction knowing that Legacy is here for all of us and can take care of our health care needs.”

Madam Speaker, what do you expect I say to constituents similar to Iris Williams?

Madam Speaker, before the Healthcare Reform Bill passed, the need for more efficient healthcare was dire, especially within my home State of Texas. One in four Texans, about 5.7 million people, or 24.5 percent of the State’s population, had no health insurance coverage. An estimated 1,339,550 Texas children—20.2 percent of Texas children—were uninsured. According to the U.S. Census Bureau, Texas had the highest percentage of uninsured residents. This posed consequences for every person, business, and local government in the State who were forced to bear extra costs to pay for uncompensated care. If the Patient Protection and Affordable Care Act is repealed, Texas, like many other States, runs the risk of a reoccurrence of statistics such as these.

Over the years, I have had the opportunity to meet with health care providers who have been on the front lines of health care debates from day one. It is no surprise that they enthusiastically endorsed healthcare reform, and many are still holding out hope for progressive changes to the current healthcare laws as we move forward in this new Congress. These
I rise today in support of H.R. 2, legislation to repeal the job-destroying health care law that was rushed through Congress last year. The American people have repeatedly voiced their frustration over the way the health care law put the government between patients and their doctors. They have protested this law’s outrageous Federal mandates and high taxes. They have demanded that reform of our Nation’s health care system focus not on bigger government, not on more bureaucratic red tape, but on meaningful ways to address this Nation’s economic challenges.

I urge my colleagues to recognize the greater need to work across the aisles with one another and strengthen our healthcare system to one day provide universal healthcare for all Americans. Again, I am in opposition of H.R. 2.

Mr. SMITH of Texas. I yield myself the balance of my time.

Madam Speaker, the Democrats’ health care bill squanders health care resources and saddles businesses with unaffordable taxes. It explicitly prevents States from making any effective legal reforms under its provisions, and expands opportunities for doctors to sue doctors with absolutely nothing wrong. And it limits the supply of doctors when patients need them most.

In fact, one particularly costly part of our health care system is the practice of so-called “defensive medicine,” which occurs when doctors are forced by the threat of lawsuits to conduct tests and prescribe drugs that are not medically required. A survey released last year found defensive medicine is practiced virtually all physicians. Lawsuit abuse does more than make medical care much more expensive. It drives doctors out of business. Doctors who specialize in inherently high-risk fields are leaving their practices and hospitals are shutting down because their high exposure to liability makes lawsuit insurance unaffordable.

It can have deadly consequences. Hundreds and even thousands of patients die annually for lack of doctors.

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I urge Members to oppose the bill, and I urge the new leadership to focus on meaningful ways to address this Nation’s economic challenges.

I reserve the balance of my time.

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

Ms. VELÁZQUEZ. Madam Speaker, I rise in opposition to the bill before us today.

As we begin the 112th Congress, it is unfortunate that one of the first bills before this body is more about politics than policy. This bill will not help a single small business secure a loan, open a new market for its products, or invest back in its operations. By their own admission, the other side acknowledges this legislation is going nowhere. It is ironic this grandstanding occurs when health insurance continues to be a top challenge facing small businesses. Over the last decade, small employers have seen their premiums rise by an average of $700 every single year. These small businesses are unable to pay $6,500 in 2000. Why should small businesses believe they can deliver on a promise this time?

While our economy has added nearly 400,000 jobs over the past 3 months, more must be done. We must continue to confront the problem of health coverage for small businesses, but voting for today’s bill will not do that.

I urge Members to oppose the bill, and I urge the new leadership to focus on meaningful ways to address this Nation’s economic challenges.

I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from South Carolina (Mr. MULVANEY).

Mr. MULVANEY. Madam Speaker, I rise in favor of H.R. 2. It is hard to know where to begin when you are talking about how bad the current health care legislation is. The near failure of the current health care bill that this Congress passed last year has an incentive for businesses to go from 50 employees to...
It has an incentive for businesses to go from 25 employees down to fewer, and it has a disincentive then for small businesses to grow. There is a financial incentive to pay your employees less because the tax credit that we talked so much about last year goes away as you put more people in.

In fact, it is almost as if the folks who wrote this piece of legislation last year either have no idea how small business works or they don’t care how small business works. Either way, the current health care legislation is a complete disaster for small business, and the number one priority for small business this year should be repealing of the existing health care and passing of H.R. 2.

Ms. VELÁZQUEZ. Madam Speaker, in the State of South Carolina as a result of this repeal legislation, small businesses in the State of South Carolina will see a tax increase of $540 million.

I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. I thank the gentlelady for yielding.

Madam Speaker, I rise today in strong opposition to H.R. 2. We on the other side of the aisle believe we need a system that works. This repeal of this tax credit is a system that does not work.

First, it must be understood that the small-business tax credit was not a financial assistance to small businesses. It has been a systematic way to incentivize small businesses to provide health coverage to their employees. We made a promise to those small businesses to do everything we can to make it easier for them to thrive in this economy, and this is a good first step.

I urge my colleagues to vote against this repeal.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Tennessee (Mr. FLEISCHMANN).

Mr. FLEISCHMANN. Madam Speaker, tonight I rise in support of the repeal of ObamaCare.

This is my first speech on the floor as a Member of Congress, and I thought it only appropriate that it be on this topic—a topic I campaigned hard on and a topic I believe strongly in.

We must repeal this health care legislation. As a small business owner for the past 24 years, I know firsthand the kind of damage this legislation would do to American small business if it is allowed to be put in place.

The National Federation of Independent Business conducted a study that showed the employer mandate found in ObamaCare could lead to a loss of 1.6 million jobs throughout the country, and 66 percent of those lost jobs would come from the small business workforce. That same study showed if the mandates are allowed to be put in place, roughly $113 billion in real output and account for 56 percent of all real output lost.

As a member of the Small Business Committee, I promise to use my personal experience to fight every day for small business owners everywhere. Starting tonight, we must repeal ObamaCare.

Ms. VELÁZQUEZ. Madam Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. MILLER).

Mr. MILLER of North Carolina. Madam Speaker, I rise today to speak against this bill.

Even before the recession, my State of North Carolina was losing one wave of jobs after another in our traditional industries, and we have needed the energy and the job creation that comes from small business—from people leaving jobs, whether they jump or are pushed, and starting their own businesses. Half the American economy, our gross domestic product, is generated by small business. Even more importantly, small businesses create 75 percent of new jobs.

By providing access to State high-risk pools and the reinsurance market for individuals, the health care reform bill passed last year will make it possible for American workers to start their own businesses without worrying they are going to lose health care for themselves or for their families. I do know firsthand what it is like as a small business owner to buy health insurance for employees. It is one of the greatest frustrations—trying to find something affordable and trying to figure out what you really bought, and you’re not going to know until one of your employees gets sick or gets hurt.

This bill, the bill passed last year—this legislation—will make it afford-

able. It will provide tax credits of 35 percent for small businesses to provide health insurance, and that is going to go up to 50 percent. That will increase health care coverage by more than 12 percent amongst small business owners. Even more importantly, they’re going to know that it’s not going to be insurance that really covers what it ought to cover. It is not going to be filled with small-print exceptions of one kind of care after another, one condition after another. Employers are going to get the care they need.

Reform has freed people who want to start a business to do it without worrying about what kind of shape it’s going to leave them in and their family members in.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to another member of the Small Business Committee, the gentlewoman from Washington (Ms. Herrera Beutler).

Ms. HERRERA BEUTLER. Madam Speaker, I rise in support of this bill, and I hope this is only a first step in the pursuit of making quality, affordable health care available to all Americans.

This year we have the chance to correct mistakes made by both parties. The ObamaCare bill passed by the other party last year was the wrong approach. It increases the debt and the deficit for future generations while doing nothing to decrease the inflationary curve of health care. It was the wrong approach.

No party is perfect. The last time our party had the majority, while there were many on our side of the aisle who worked diligently to reform health care, the job was left undone. Getting this right is one of the reasons the people of southwest Washington sent me to Congress. Now, the good news is that sensible solutions exist that reform our health care system and bring costs down for middle-income families. Today, we hit "reset" on health care reform.

I invite my Democratic colleagues to join me in advancing solutions that help small businesses and middle-income families—solutions like small business health plans, ending junk lawsuits that drive up the cost of everyone’s care, the expanded use of health savings accounts, and the ability to cross-state health care across State lines.

These are patient-centered solutions that don’t grow government, but are solutions that will make health care truly affordable we’ve got. It is the SPEAKER pro tempore. The gentleman from New York has 12½ minutes remaining. The gentleman from Missouri has 15 minutes remaining.
Ms. VELÁZQUEZ. Madam Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Colorado (Mr. TIPPTON).

Mr. TIPPTON. Madam Speaker, the question is this: what is, or are we willing to commit to build what could be?

America has always been a land of self-determination. Our constitutionally guaranteed rights as individuals, as a people, as a Nation have made us flourish. Innovation, creativity, and freedom are American hallmarks.

I rise in support of H.R. 2. It does not indite intent, but it does address outcome. In fact, the deeper we dig into the health care act, the more we discover that it is stopping job creation, eliminating tax burdens on American families who are already struggling. We can and must do better.

Let us commit ourselves to addressing the basic concerns we hold in common concerning health care—affordability and accessibility. Let us strive to empower our people to make their own choices about the care they receive, to empower private sector solutions to lower costs and increase the quality of care, and eliminate government-stumbling blocks and not build bigger government.

Ms. VELÁZQUEZ. Madam Speaker, I yield 2 1/2 minutes to the gentlewoman from California (Ms. ROYBAL-ALLARD).

Ms. ROYBAL-ALLARD. Madam Speaker, today, millions of Americans have more freedom to choose and control their health care as a result of the Affordable Care Act.

In my congressional district, nearly 40 percent of my constituents were uninsured. Thousands more were underinsured and living on the brink of financial disaster when facing a serious illness or accident. With health care reform, positive change is taking place for them and for individuals, families, and small businesses throughout the country.

Young adults are grateful they can remain on their parents' insurance until age 26; seniors living in fear of not being able to afford their medications are thankful for discounts on brand-name drugs when reaching the doughnut hole; families with pre-existing conditions are comforted by the new high-risk insurance pool; and those facing serious illness are relieved their insurers can no longer drop them when they need coverage the most.

Small businesses, which abound in my district and which are a mainstay of our Latino and minority communities, can take advantage of tax credits to offer health insurance to their employees.

A 2009 study by MIT economist Jonathan Gruber found that, as a result of the Affordable Care Act, small businesses in the State of Illinois will see a tax increase of $1.7 billion.

Madam Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. MURPHY).

Mr. MURPHY of Connecticut. Madam Speaker, when I testified against this repeal before the Rules Committee, I told a story about a family in my district. The husband lost his job and, therefore, his insurance because of a debilitating injury. This family faced a choice: They either had to dip into their savings account, their high school son's college fund, or they had to sell their house. They chose to first spend down the college account so that they could keep a roof over their head. One told me that, over the years, one Republican on the committee basically said, "Wait, I don't get it. They had money, they had a house, why should somebody else pay for their health care if they had assets?"

Mr. GRAVES of Missouri. Madam Speaker, today, millions of Americans have freedom to choose and control their health care as a result of the Affordable Care Act.

Mr. WALSH of Illinois. Madam Speaker, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Madam Speaker, I rise today in support of H.R. 2, Repealing the Job-Killing Health Care Act.

I commend the Republican leadership for simplifying this process by drafting a two-page, stand-alone bill for repeal.

It will be very clear, Madam Speaker, to the American people where we stand on repeal.

During this past campaign, I, like a lot of candidates, spoke to small businesses every single day. There is a reason why 90 percent of small business employees and women in this country support repeal. From the billions in taxes, to the needless paperwork, to the burdensome regulations, to the 1.6 million estimated job loss, small business men and women are adamant that we need to repeal.

Finally, Madam Speaker, our opposition last year said that if you like your plan, you can keep it. To date, there are 222 organizations, including some of ObamaCare's biggest union supporters, who have received waivers.

Ms. VELÁZQUEZ. Madam Speaker, as a result of this action, small businesses in the State of Illinois will see a tax increase of $1.7 billion.

Ms. ROYBAL-ALLARD. Madam Speaker, I rise today in support of H.R. 2. It does not indite intent, but it does address outcome. In fact, the deeper we dig into the health care act, the more we discover that it is stopping job creation, eliminating tax burdens on American families who are already struggling. We can and must do better.

Let us commit ourselves to addressing the basic concerns we hold in common concerning health care—affordability and accessibility. Let us strive to empower our people to make their own choices about the care they receive, to empower private sector solutions to lower costs and increase the quality of care, and eliminate government-stumbling blocks and not build bigger government.

Ms. VELÁZQUEZ. Madam Speaker, I rise today in support of H.R. 2, Repealing the Job-Killing Health Care Act.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Madam Speaker, I rise today in support of H.R. 2, Repealing the Job-Killing Health Care Act.

I listen to this delivery ahead of me. I spent 28% years in business. I met payroll for over 1,400 consecutive weeks. I never saw a regulation that
made my job easier or allowed me to make more money. This is 2,400 pages of legislation. It’s thousands more pages of regulation. It’s oppressive to small business. It should be called the “Entrepreneurial Extinction Act,” not this bill.

This is ObamaCare. It must be pulled out completely by the roots. The American people know this. That’s why there are 87 freshman Republicans on this side and nine freshman Democrats on this side. The American people have spoken. It is our obligation to go down this path. It’s not symbolic. It’s very important. Because without this vote on this floor, we can’t move forward with the rest of the scenario to eliminate ObamaCare.

The language in the bill is pretty simple, and it concludes with this language, “act is repealed, and the provisions of law amended or repealed by such act are restored or revived as if such act had never been enacted.”

Mrs. ELLMERS. Madam Speaker, I yield 2 minutes to the gentleman from New Mexico (Mr. LUJAN).

Mr. LUJAN. Madam Speaker, during these difficult economic times that we’re facing, it’s critical that we make job creation a priority. That is why I’m concerned about the impact H.R. 2 will have on small businesses.

The Republican plan will repeal a 35 percent tax credit for small businesses that offer health insurance to their employees. It would allow insurers to deny a business coverage if their employees had preexisting conditions.

As a result of health insurance reform, New Mexicans no longer face this discrimination. If this protection is repealed, having cancer or diabetes or even being a victim of domestic violence could lead to a denial of insurance. Discrimination for preexisting conditions will be alive and well. All of that would be dangerous for New Mexicans.

People like Yvonne from Santa Fe would once again have to worry about losing their health care. Yvonne lost her job when the company she worked for was shipped overseas. Yvonne was diabetic, and because of the high cost of COBRA, she was forced to ration her medicine. As a result, she became gravely ill and had to visit the emergency room. There, doctors noticed an other problem that required further examination. Yvonne could not afford COBRA and because private insurance companies would not insure her because she had diabetes, the hospital released her. The only option Yvonne had left was to wait 2 months to be seen at the University of New Mexico Hospital. After that visit, she was diagnosed with a form of lung cancer that would have been caught earlier if she had not been kicked out. Yvonne passed away from complications resulting from the cancer, having result in a system that discriminated against her.

We simply cannot return to the days when people like Yvonne are forced to suffer because of insurance companies’ bad practices. Please, let’s not turn a blind eye on people like Yvonne.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentlelady from North Carolina, a nurse and the new chairwoman of the Subcommittee on Health Care and Technology.

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

As a nurse for 20 years, co-owner of a wound care clinic, and in practice with my husband in his general surgery practice, we know the problems that exist for Americans in health care. Instead of being a remedy to these problems, ObamaCare has already done more harm than good to both the quality of health care and the quality of our economy. As a nurse, I look for pathways to solutions; this is a problematic pathway undoubtably.

In the face of rising unemployment, unsustainable Federal deficits, and overwhelming public opposition, it took more than a year to cobble together an unpopular government takeover of health care so riddled with provisions that violate right-to-life principles and support government rationing of care that it cannot simply be patched.

ObamaCare is bad for workers. It’s bad for employers and bad for America.

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

Mr. GRAVES of Missouri. Madam Speaker, I yield the gentlelady 30 additional seconds.

Mrs. ELLMERS. Repealing it allows us to start with a clean slate and look at market-based reforms that will actually lower health care costs, increase accessibility, let Americans keep the competition. We also need to implement real health care reform that will lower the cost of care and open up access.

Tort reform, red tape reform, preexisting conditions reform: these are reforms that will work—reforms the current law fails to adequately address or ignores altogether.

If we are serious about putting our Nation back to work, then we can start by repealing this onerous health care law and work hand-in-hand with the American people to implement true health care reform.

Ms. VELAZQUEZ. Madam Speaker, I continue to reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. GOSAR).

Mr. GOSAR. Madam Speaker, America is hurting, but the health care law passed last year did not fix any problems. It will only make things worse. Small businesses can barely make ends meet. And now the Federal Government is imposing more mandates, more taxes, and more red tape? Enough is enough.

As a health care provider, a small business owner, and a father, I know that the way to provide health care to more individuals and create more jobs is not through government bureaucracies, deficit spending, and higher taxes. Rather, we need to empower businesses—big and small—to band together to purchase health insurance. We need to open markets with free competition. We also need to implement real health care reform that will lower the cost of care and open up access.

Mr. FITZPATRICK. I rise today in support of the repeal and replacement of the so-called Affordable Care Act of 2010 because the Affordable Care Act is in fact unaffordable for small businesses and individuals who purchase their health insurance.
January 18, 2011

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Since the implementation of the act, businesses and individuals across my home county of Bucks County have seen double-digit premium increases. The act is unaffordable for States, already billions in the red, that will be required to shoulder untold millions more in Medicaid costs. The act is unaffordable for America’s seniors who will see a half-trillion-dollar reduction in Medicare spending over the next 10 years. And, finally, the act is unaffordable to the American taxpayer who will see a $700 billion increase in the Federal deficit.

We must enact real health care reform, tort reform for doctors to stop the wasteful practice of defensive medicine, permitting individuals real competition of purchase across State lines, and enacting and enhancing health saving accounts.

These are the cornerstones of real health care reform and affordability and will make health care affordable and accessible for patients, for seniors, States, and for generations of taxpayers to come.

Ms. VELÁZQUEZ. Madam Speaker, I would like to inquire as to how much time each side has remaining.

The SPEAKER pro tempore. The gentlewoman from California (Ms. RICHARDSON).

Ms. VELÁZQUEZ. At this time, I yield 2 minutes to the gentleman from Missouri (Mr. STIVERS).

Mr. STIVERS. I yield 1 minute to the gentleman from Ohio (Mr. STIVERS).

Mr. STIVERS. I rise today in strong opposition to H.R. 2. And I also urge my colleagues to consider not reversing. It’s not time to go back. It’s time to step forward. It’s time to arrive at a patient-centered bill, not the government-centered plan we got last year.

Moving forward, I’m committed to working with my colleagues in a bipartisan manner to support reforms that we agree on, such as helping people with preexisting conditions get access and allowing young adults to stay on their parents’ plan.

But I’m equally committed to eliminating the job-killing portions of the current law, such as the burdensome mandate and the 1099 requirement in the legislation.

A small business owner from my district, Cathy, called us the other day and wanted to talk to me about the burdens of the 1099 provision. She called it a nightmare. It will increase her burden by 12 times.

The bottom line is, we need to work to lower health care costs for families and allow a more patient-centered approach while not placing unnecessary burdens on the backs of small business and job creators.

Ms. VELÁZQUEZ. I continue to reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Arkansas (Mr. WOMACK).

Mr. WOMACK. I thank the gentleman from Missouri for the time.

Through the gentleman, there’s been a lot of talk about jobs. And there should be. There is little doubt that this law impacts American workers. Take, for example, Baldor Electric in Fort Smith, Arkansas. Madam Speaker, this is a company that has 6,000 employees across America, and the impact of the health care law in the first year alone is $2.9 million. How does a company like Baldor absorb that cost? By further automating its processes and through attrition, allowing 50 jobs to disappear.

Eliminating 50 jobs in the first year of this law for a company like Baldor—not to mention thousands of companies across America similarly situated—is not my idea of restoring economic prosperity for America.

I urge my colleagues to support H.R. 2 and begin the process of crafting a meaningful, affordable, and workable solution. That’s the way forward.

Ms. VELÁZQUEZ. Madam Speaker, I yield 1½ minutes to the gentleman from Missouri (Mr. WEINER).

Mr. WEINER. I’m curious. Any of the Members who have spoken about the impact on small business, are any of them in favor of the tax incentive that is provided on small businesses to provide health care? Of course they are.

Now, they might not know it’s in the bill because to listen to the rhetoric—and a lot of them can be forgiven; they just came off the campaign trail. They were used to saying glib things like “government takeover,” “job killing.” But I would urge you to read the bill.

Small businesses get a 30 to 50 percent tax incentive to provide health care for their workers. Small businesses do.

And do you know what requirements they have to go along with that? None. No gaudy regulation, no government takeover. And just a word on this whole government takeover thing. I mean I love you guys, and I know you are caught up in the rhetoric of the campaign, this is tax breaks that are going to go to citizens to buy, wait for it, private insurance policies. Where is the government takeover in that?

Now, some of us believe that Medicare, which of course you refer to as a government takeover of health care, and I am sure you are opposed to that as well, some of us believe that, frankly, the insurance companies aren’t providing a lot of value-added here. But they are the beneficiaries of this plan.

Small businesses today, if the Republicans are successful, will lose that tax incentive. Think that will create a lot of jobs, guys? It’s not going to. And you think small businesses benefit when they don’t provide health insurance and then people go to hospital emergency rooms for care? Who do you think pays that bill? The bill fairy? Your taxpayers. Your taxpayers in your States.

Now, what’s your solution? Well, they don’t have a solution. We know what they are against—health reform. We don’t know what they are for. Welcome to the Republican majority.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. GIBSON).

Mr. GIBSON asked and was given permission to revise and extend his remarks.

Mr. GIBSON. I thank the gentleman from Missouri for yielding.

I rise today to express the sentiments of my district in upstate New York. With health care costs continuing to rise at several times the rate of inflation year after year, clearly we need reform. Health care costs were 4.7 percent of the GDP in 1960. They are over 17 percent today. We must drive down costs. But the bill passed last year is not the answer. We’re going to end up with higher costs, higher premiums, higher taxes, and more burdensome regulation, and more big government at a time we should be consolidating.

We need to start over again and arrive at a patient-centered bill, not the government-centered plan we got last year. I believe we can find solutions that drive down costs and expand access without hurting small businesses and without stepping on our freedoms.

This bill passed last year dramatically expands the government’s involvement in the delivery of health care, which is already significantly increasing premiums in my district and...
stifling job creation. I believe that both sides of the aisle believe that we should be focusing on job creation. This is not the way forward. Indeed, the new taxes and regulations will hurt our small businesses, including the medical device industry, a sector of the economy where our region leads the Nation.

Ultimately, the new law, if not repealed, will hurt families across my district and across America. Moreover, the changes to the Medicaid program will put burdens on States that already are facing a very difficult challenge. I plan to vote for repeal. And then later this week, I plan to vote for House Resolution 9, so that we can instruct committees to report a replacement bill that includes insurance reform for wider access to options and choices, and medical liability reform to rein in defensive medicine practices. I think we should engage in a civil, bipartisan discussion with our colleagues across the aisle. Our replacement bill should include coverage for preexisting conditions and ensure that coverage can’t be dropped when you are sick.

Ultimately, I believe the fate of this repeal effort will hinge on the content and quality of the replacement bill. If we bring forward in this House a new plan that drives down costs, increases access, while protecting choices and the patient–doctor relationship, I believe the American people, evaluating the two respective plans side by side, will pressure the Senate and the President to repeal and replace, because we need reform, but the bill last year is not the answer. It’s time to start over.

Ms. VELAZQUEZ. Madam Speaker, may I inquire of the time remaining?

The SPEAKER pro tempore. The gentleman from New York has 3 minutes remaining. The gentleman from Missouri has 2¼ minutes remaining.

Ms. VELAZQUEZ. I would like to inquire through the Chair how many speakers the gentleman has remaining.

Mr. GRAVES of Missouri. I don’t have any more speakers, and I am prepared to close.

Ms. VELAZQUEZ. I yield 2 minutes to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. Madam Speaker, this is the most remarkable of all Chambers where discussions take place. I was in the Chamber if you can say something that is not true, often enough somebody will believe that it’s actually true. What I have heard today on the floor I am just going, well, that’s a marvelous thing, when in fact our colleagues on the Republican side want to enact reforms that are already in place. Already in place is the Patients’ Bill of Rights. No rescissions. No preexisting conditions. Children being able to stay, or young adults being able to stay on their parents’ policies until the age of 26. They say they want it—it’s already the law of America. Wow. What are we going to repeal? You are going to repeal that?

You want small businesses to be well taken care of? Well, so do we. That’s why, if you employ less than 50 people as a small business you don’t have any requirements at all. But if you want to provide health insurance to your employees, wow, the government’s going to pay 65 percent now, building to 50 percent in the years ahead. What’s wrong with that? Where’s the harm to small business? What in the world are our colleagues talking about here? I don’t get it. It’s in the law without pressure.

Everything I have heard here in the last half hour is the law of America. So why are you repealing it? So you can have the insurance companies get another shot at taking over the care of patients, which is exactly what they do, and exactly what I know because I was the insurance commissioner for 8 years in California, and I know what the insurance companies do. They are the ones that make the decisions. We don’t have any role in that. I don’t know if the Patients’ Bill of Rights is the law in America today. The Patients’ Bill of Rights would be repealed by this H.R. 2. Not good for Americans. Not good. Some 30 million people would lose their opportunity for insurance.

Mr. GRAY of Missouri. Madam Speaker, what will small businesses lose if health care reform is repealed? The small business tax credit of up to 50 percent will be lost. Insurers will be able to deny small businesses coverage without any justification. New health insurance options for small businesses will be eliminated. Small businesses will be unable to pool resources to purchase coverage. Insurers will be able to delay small businesses’ access to health insurance. New health options for the self-employed will be abolished.

I urge a no vote. And I hope that we continue to move forward, on this Congress on measures that truly get small businesses hiring and creating jobs. What we need is to get this economy back on track. By repealing health care reform, we will not achieve that.

I yield back the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, some of my colleagues on the other side of the aisle continue to claim that the health care law is actually going to benefit small businesses by eliminating disparities and making the cost of insurance more affordable. The taxpayers are 45 percent of new HIV infections. African American men are 30 percent more likely to die from heart disease than White Americans. White women, we are 34 percent more likely to die from cervical cancer as White women.

Both African-American and Mexican-American men are 30 percent more likely to die from heart disease than White Americans. African-Americans were 2.2 times as likely to die from diabetes as White Americans, and African-Americans are 45 percent of new HIV infections.

Many Americans are suffering from a lack of access to health care because health insurance is simply unaffordable. This problem has existed for far too long in the most prosperous nation in the world. Meaningful health care must be available for all Americans regardless of race, level of income, gender, or the existence of a pre-existing condition. That’s why the health care reform law specifically addresses these disparities and other pre-existing conditions and makes illegal to be denied health care insurance because of them.

So I implore my Republican colleagues to work with us to strengthen the law, make it better, and provide health care and jobs to millions of Americans.

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of this bill is postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o’clock and 29 minutes), the House existing in recess until approximately 6:30 p.m.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. CAPITO) at 6 o’clock and 30 minutes p.m.
ELECTING MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. HENSARLING. Madam Speaker, by direction of the Republican Conference, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 37

Resolved, That the following named Members be and are hereby elected to the following standing committees of the House of Representatives:

(1) COMMITTEE ON THE BUDGET.—Mr. Garrett, Mr. Campbel, Mr. Biggert, Mr. Akin, Mr. Cole, Mr. Price of Georgia, Mr. McClintock, Mr. Stutzman, Mr. Lankford, Mrs. Black, Mr. Ribble, Mr. Flores, Mr. Mulvaney, Mr. Huelskamp, Mr. Young of Indiana, Mr. Amash, and Mr. Rokita.

(2) COMMITTEE ON EDUCATION AND THE WORKFORCE.—Mr. Petri, Mr. McKeon, Mrs. Biggert, Mr. Broun of Georgia, Ms. Buerkle, and Mrs. Noem.

(3) COMMITTEE ON FOREIGN AFFAIRS.—Mr. Smith of New Jersey, Mr. Burton of Indiana, Mr. Gohmert, Mr. Rohrabacher, Mr. Manzullo, Mr. Royce, Mr. Chabot, Mr. Quayle, Mr. Pence, Mr. Wilson of South Carolina, Mr. Mica, Mr. Bilirakis, Mr. Biggert, Mr. Broun of Tennessee, Mr. Barletta, Mr. Womack, Mr. Roybal-Allard, Mr. Graves, Mr. Fleischmann, Mr. Stearns, Mr. Lamborn, Mr. Bilirakis, Mr. Kelly.

(4) COMMITTEE ON HOMELAND SECURITY.—Mr. Smith of Texas, Mr. Daniel E. Lungren of California, Mr. Rogers of Alabama, Mr. McCaul, Mr. Bilirakis, Mr. Broun of Georgia, Mrs. Miller of Michigan, Mr. Walberg, Mr. Cravacka, Mr. Walsh of Illinois, Mr. Hinchey, Mr. Quayle, Mr. Long, Mr. Duncan of South Carolina, and Mr. Marino.

(5) COMMITTEE ON JUDICIARY.—Ms. Lowey, Mr. Broun of Georgia, Mr. Coble, Mr. Gallegly, Mr. Goodlatte, Mr. Daniel E. Lungren of California, Mr. Chabot, Mr. Issa, Mr. Pence, Mr. Forbes, Mr. King of Arizona, Mr. Gohmert, Mr. Jordan, Mr. Poe of Texas, Mr. Chaffetz, Mr. Reed, Mr. Griffin of Arkansas, Mr. Marino, Mr. Gohmert, Mr. Ross of Florida, and Mr. Quayle.

(6) COMMITTEE ON NATURAL RESOURCES.—Mr. Young of Alaska, Mr. Duncan of Tennessee, Mr. Gohmert, Mr. Bishop of Utah, Mr. Lamborn, Mr. Wittman, Mr. Brown of Georgia, Mr. Fleimng, Mr. Coffman of Colorado, Mr. McClintock, Mr. Thompson of Pennsylvania, Mr. Denham, Mr. Biggert, Mr. Duncan of South Carolina, Mr. Tipton, Mr. Gosar, Mr. Labrador, Mrs. Noem, Mr. Southerland, Mr. Flores, Mr. Harris, Mr. Landry, Mr. Fleischmann, Mr. Runyan, and Mr. Panassa.

(7) COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM.—Mr. Burton of Indiana, Mr. Mica, Mr. Platte, Mr. Turner, Mr. McHenry, Mr. Jordan, Mr. Chaffetz, Mr. Mack, Mr. Walberg, Mr. Lankford, Mr. Amash, Ms. Buerkle, Mr. Gosar, Mr. Labrador, Mr. Meehan, Mr. DesJarlais, Mr. Walsh of Illinois, Mr. Granger, Mr. Ross of Florida, Mr. Quayle, Mr. Lucas, Mrs. Biggert, Mr. Akin, Mr. Neugebauer, Mr. McCaul, Mr. Broun of Georgia, Mrs. Adams, Mr. Quayle, Mr. Fleischmann, Mr. Rigel, Mr. Palazzo, Mr. Brooks, and Mr. Harris.

(9) COMMITTEE ON SMALL BUSINESS.—Mr. Barton, Mr. Chabot of Ohio, Mr. Cofman of Colorado, Mr. Mulvaney, Mr. Tipton, Mr. Fleischmann, Ms. Herrera Beutler, Mr. West, Mrs. Eillmers, and Mr. Walsh of Illinois.

(10) COMMITTEE ON VETERANS' AFFAIRS.—Mr. Stearns, Mr. Lamborn, Mr. Bilirakis, Mr. Roe of Tennessee, Mr. Stutzman, Mr. Flores, Mr. Johnson of Ohio, Mr. Douglas, Mr. Raja, Mr. Besheke, Ms. Buerkle, and Mr. Huelskamp.

Mr. HENSARLING (during the reading). I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

The SPEAKER pro tempore. The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on the motion to suspend the rules and pass the bill, as amended.

STOP THE OVERPRINTING (STOP) ACT

The SPEAKER pro tempore. The Speaker pro tempore.

The Speaker pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on the motion to suspend the rules as amended.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on the motion to suspend the rules as amended.

Mr. HENSARLING (during the reading of the resolution). I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

The SPEAKER pro tempore. The SPEAKER pro tempore.
Mr. TONKO. Madam Speaker, I rise today in strong opposition to repealing health care reform. I am committed to working with my colleagues on the other side of the aisle to create jobs and extend his remarks.

Mr. BROWN of Indiana. Madam Speaker, an extraordinary event happened in my district. Fishers High School, after being in existence for only 5 years, won the State 5A high school football championship. And I just wanted to congratulate Coach Rick Wimmer and his Tigers for doing such an outstanding job. You know that many schools that have been in existence for a long time do great things, but to do it in only 5 years is really extraordinary. So congratulations to this great school.

HEALTH CARE REFORM

Mr. TONKO. Madam Speaker, I rise today in strong opposition to repealing health care reform. I am committed to working with my colleagues on the other side of the aisle to create jobs and improve our Nation’s economy. We need to focus on jobs right now, not repealing health care reform.

Mr. BROWN of Indiana was given permission to address the House for 1 minute and to revise and extend his remarks.

FISHERS TIGERS 5A STATE CHAMPS

Mr. BROWN of Indiana asked and was given permission to address the House for 1 minute and to revise and extend his remarks.

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THE UNINSURED OF TEXAS

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

Ms. JACKSON LEE of Texas. Madam Speaker, I have listened for a couple of hours to the debate on health care and will have additional hours going forward tomorrow.

I think it is important that each Member look carefully at their own congressional area and as well their own State. I hope maybe I will be able to convince a few Members of the reality of the State of Texas. And by the way, I don’t know how far this legislation will go. We expect a victory on the repeal tomorrow. I don’t want Americans to be frightened who need this bill.

Mr. President, be prepared to use your veto pen.

But Texas is the number one State with uninsured. Health care premiums have grown five times faster than income, and 500,000 middle class workers have lost their private insurance. In Harris County, where many of us live, more than 800,000 will be put on the health care rolls if this bill continues to go forward, meaning the Patient Protection bill. But if the repeal goes, we’ll throw 800,000 people to the wolves.

There is a reason to support this bill, particularly in Texas, which has an enormous number of uninsured.

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REPEAL AND REPLACE OBAMACARE

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

Mr. BROUN of Georgia. Like the house built upon the rock, America was created upon the solid foundation of the Constitution. With the passage of ObamaCare, liberals have drilled holes in the rock and foundation of our Constitution. Madam Speaker, I rise today to introduce a bill, H.R. 299, that restores our economic freedom. It repeals the bureaucratic boondoggle of ObamaCare and replaces it with commonsense solutions. By allowing individuals to shop for health care across State lines, the cost of health care is reduced through basic, free market solutions. Instead of adding massive new debts to fund an equally massive bureaucracy, my plan allows people to deduct 100 percent of their health care expenses.

My bill also creates high-risk pools and allows health care associations to form, empowering Americans to get the coverage that they need at a much lower cost.

Madam Speaker, residents of the 10th District of Georgia overwhelmingly oppose ObamaCare. I’m proud to fulfill my commitment to repeal it and replace it with some commonsense solutions.

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AMANDA GAYLE'S KITCHEN

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

Mr. POE of Texas. Madam Speaker, I want to tell you about a good work that's going on in Houston, Texas. It's a program supported by the government. In fact, the government is not involved in this project at all. It all started 15 months ago when Amanda Gayle and her mother, Linda Gayle Lee, decided they would start going from Humble, Texas, my hometown, to downtown Houston, about 30 miles away, and start feeding the homeless. And so they fix hot meals for the homeless. They go out to downtown Houston in a remote area of that city, right across the street, on a hot night. And they've done it for 15 months.

I call this Amanda Gayle's Kitchen. And they are feeding the homeless—not just the homeless, but I believe these are the rejected homeless. These are the homeless that can't get into shelters. They don't live in shelters. They winter in the very cold weather—and they live on the streets of Houston, Texas. And every night for 15 months, they've fed about 100 of these homeless individuals with a hot meal.

```powershell
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```
a report that they released recently entitled “ObamaCare: A Budget-Busting, Job-Killing Health Care Law.” I have a copy of it here if anybody wants to get it. All you have to do is contact the Republicans.

Mr. Speaker, in the last Congress, we took up the challenge of reforming health care in this country because the system was broken and creating tremendous damage to the American economy. The fact is the health care law will hit the economy. It will result in more efficiency, more stability of care, healthier Americans, and at fairer costs. That’s what the law will do.

Republicans have repeatedly misused statistics from the CBO to support their argument that the law is primarily a “jobs killer.” We are truly in a situation of Republican conclusions desperately in search of honest facts.

Let’s look at the typical example—the Republican twisting of the views of experts to support their view. On the very first page of the report House Republicans released on January 6 entitled “ObamaCare,” Republicans state that according to a nonpartisan CBO report from August 2010, the law will result in a loss of 650,000 jobs. Now you can get that from the CBO. It’s available for people to read. But if you actually go to what they cite from the CBO report—it’s on page 48—the report really says that the economy will use less labor because people will choose to work less, or retire early, as a result of the benefits of the new law.

Let me read the exact quote from the Republican report. It says, “the nonpartisan CBO has determined that the law will reduce the amount of labor used in the economy by roughly half a percent,” an estimate that adds up to roughly 650,000 jobs. The Republican report, however, deliberately chops off the last part of the CBO sentence to substantiate their claim. Here is the entire sentence: “The Congressional Budget Office estimates that the legislation, on net, will reduce the amount of labor used in the economy by a small amount—roughly half a percent—primarily by reducing the amount of labor that workers choose to supply.” CBO explicitly makes clear that jobs will not be lost but instead that people will choose to work less in order to have a decent life. With the new health care law, the American people won’t be drowning in health care costs and risks to their coverage.

Some evening, on Friday, fly home to Seattle with me and meet the flight attendants from United Airlines. We have the oldest base in the country. Most of those workers are working so that they can have health care benefits for their family because their husband has a job and no health care benefits. They’re not flying for the salary. They’re flying for the benefits until they can get to Medicare.

The Republicans want to focus on their message—no matter what the facts are. Republicans say that health care reform is bad for American business. The National Business Group on Health, a collection of nearly 300 large employers including Wal-Mart, Lockheed Martin and others, disagrees and says repeal will be bad, bad for businesses.

I will close by quoting, in a somber splash of honesty, the economics editor of the Wall Street Journal. On January 6, just 2 weeks ago, he wrote:

Talking about the health care law—remember, this is the Wall Street Journal—talking about repeal of the health care law may be a winning political strategy for Republicans, a rare way to please both workers and business executives, and here is what they finally end with—as long as they don’t actually succeed in doing it.

The health care law isn’t a job killing bill. It’s good for business, it’s good for American taxpayers, it’s good for consumers, it’s good for everybody in the society. I urge my colleagues to recognize that words really do matter and they should stop mischaracterizing the health care law and confusing the American people.

BETHESDA NAVAL HOSPITAL

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

Mr. JONES. Mr. Speaker, today I had the honor and privilege of visiting the wounded warriors at Bethesda Naval Hospital. Each one of the young men I saw, the oldest being 23, is very special, as are all of our men and women in uniform.

The medical staff at both Bethesda and Walter Reed is truly amazing. They have done a wonderful job repairing the broken bodies and spirits of our young servicemembers. The number of wounded warriors returning from war has become more prevalent with the increased use of IEDs by the enemy. More and more of our young men and women are returning without their arms and legs. Tonight, Mr. Speaker, as a constant reminder of the pain of war, I show you this picture of a young triple amputee and his wife. This man gave his body for this country and will struggle for the rest of his life. How many more of our men and women will have to return home in this condition?

This young man and his wife have just returned from the hospital. He is in a wheelchair. He lost an arm and two legs and he is looking at a beautiful American flag that was on the wall that had been drawn for him.

It is time we declare victory and get our troops out of Afghanistan. It is evident that President Karzai does not appreciate our commitment. If he did, he would not be so corrupt. If he did, he would not have let 3 Triana deployments that he now has three main enemies—the Taliban, the United States and the international community as stated in the Washington Post on December 13. He said that if he had to choose sides today, he would choose the Taliban. The Taliban are killing American service men and women.

Mr. Speaker, I have joined DENNIS KUCINICH as well as many other members of both parties in the hope that President Obama will keep his promise to start withdrawing our troops in July of this year.

In closing, I would like to urge the American people to get engaged in this cause and to let their Members of Congress know how they feel. They must encourage the Members of Congress to vote to bring our troops home. The pain must end, and we can easily declare a victory and bring our brave men and women home.

Mr. Speaker, as I do all the time on the floor of the House when I speak, I ask God to please bless our men and women in uniform, to bless the families of our men and women in uniform. I ask God in his loving arms to hold the families who have given a child dying for freedom in Afghanistan and Iraq. I ask God to please bless the House and Senate that we will do what is right for the American people. I ask God to give strength, wisdom, and courage to President Obama that he will do what is right for the American people. And three times I will ask God please, God please, God please continue to bless America.

SMART SECURITY

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

Ms. WOOLSEY. Mr. Speaker, our Nation is now in its longest war of war. The military occupation of Afghanistan is longer than any war in our Nation’s history. An entire generation of young people—including my three grandchildren who came with me to visit Washington for the swearing in—is growing up knowing nothing but a Nation at war.

This war is not just a moral abomination with devastating human costs, and it is not just fiscally irresponsible and unsustainable with a price tag of about $370 billion, though it most certainly is all of that. Perhaps the most tragic irony of this war is, for all of the sacrifice, it is not even doing what it was supposed to do: keeping us safe and defeating a terrorist threat.

If Iraq and Afghanistan have proven anything to us, Mr. Speaker, it is that we need an entirely new national security model; one that emphasizes brain over brawn; one that uses soft power instead of hard; one that protects America by relying on the most honorable—values—love of freedom, desire for peace, moral leadership, and compassion for the people of the world.

With these values in mind, this week I
once again introduced a resolution calling for the adoption of a SMART Security platform. SMART Security would redirect our energy and resources away from warfare and it would focus instead on nonproliferation, conflict prevention, international diplomacy, and humanitarianism. That means renewing our commitment to cooperation with other nations through the United Nations and other international institutions.

SMART Security would build on the new START treaty that was ratified last month and move us more aggressively toward a goal of eliminating all nuclear weapons. It would rearrange our budget priorities so we are no longer throwing billions of dollars at weapons systems designed for a different era and instead invest in human capital around the world. That means addressing root causes of instability and violent conflict by increasing development aid and debt relief to poor countries.

We would implement programs that promote sustainable development, that promote democracy building, human rights education, a strong civil society, gender equality, education for women and girls, and much, much more.

The Quadrennial Diplomacy and Development Review recently completed at the State Department reaffirms the principles underlying SMART Security, calling for civilian power to lead the way in resolving conflicts and reducing threats around the world, with diplomacy and development mutually reinforcing one another; also strongly recommending a renewed focus on the rights of women and girls.

The bottom line, Mr. Speaker, is that might doesn’t make right. The conventional wisdom of peace through strength does not work, especially in an era with the greatest threats we face being from nonstate actors.

A nation based on occupation and conquest has been given a chance to work over the last decade, and it has failed miserably. What we need in Afghanistan is a civilian surge, not a military surge. For the security of the American and the Afghan people, we need to be humanitarian partners, not military occupiers. It is time, Mr. Speaker, to bring our troops home and implement SMART Security principles. It is time that we do it now.

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

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

DEFFENDING OUR BORDER

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

Mr. BURTON of Indiana. Mr. Speaker, in October, five Members of Congress wrote to the President—myself, Ted Poe of Texas, Ralph Hall of Texas, Pete Olson of Texas, and Ed Royce of California—and we asked the President to take more steps to deal with the problems on the Texas border because people have been killed and beaten in that area. Shots have been fired across the border. And 80 miles into the country, the United States of America, we have signs telling people, warning people not to go south of there because they might be in danger from Mexican drug cartels, and they are spaying for the drug cartels. So there is a real problem.

Well, we didn’t get an answer back from the President. And so we wrote again in November, and again we didn’t get a reply. And then around the end of December, we got a reply from Homeland Security, from a fellow in Legislative Affairs, and he went through the same song and dance that they have gone through for a long time, talking about how we can solving the problem on the border.

Just recently in the last few weeks, four road workers were out there in Texas and they were working on the roads trying to fill potholes with gravel and do some other things. It was a shovel-ready project, incidentally. And they were fired at from across the border, which was about half a mile away. The bullets didn’t hit any of them, but it sure scared the dickens out of them. And Mike Doyle, the chief deputy of the Hudspeth County Sheriff’s Office, said that a rancher spotted a white pickup truck fleeing the area on the Mexican side after the shots were fired, and they think that the drug cartel may have been firing those shots to divert attention away from what was going on there in order to get drugs smuggled across the border.

The reason I bring all of this up once again is because we sent 17,000 National Guard troops to the border with hard-earned funds from the oil spill in the gulf, and it was something that we should have done. We should have dealt with that problem as quickly as possible to make sure that we stopped any environmental damage that might accrue from that, and to help the people from Louisiana who were suffering, and the other border States down there. But we haven’t done anything but send about 1,400 National Guard troops down to the border, or close to the border, and many of them have been withdrawn.

We have to do something to protect that 1,980-mile border between us and Mexico. Americans can’t go within 80 miles of the border of Arizona and Mexico because there is a threat for their safety and security. There is something we cannot tolerate as a Nation. We have a war going on on the Mexican-American border, and we have to do whatever is necessary to protect Americans and to stop the drug trafficking coming across our border.

We did it in Colombia with Plan Colombia, and that is not on our border. That is down south of the Panama Canal. So we really need to address this problem.

So if I were talking to the President tonight, Mr. Speaker, I would say: Mr. President, come on, let’s do what has to be done to protect our southern border. We are doing the job over in the Far East: we are doing the job over in the Middle East, and that’s okay.

Yet our border, our front yard, is threatened every single day by these drug cartels and by these terrorists coming across the border, and American ranchers and businesspeople cannot conduct their daily lives down there because there is a threat of security.

So, if I were talking to the President, I would say:

Mr. President, please review this issue. Don’t ignore Members of Congress. We must tell you today to express our extreme concern regarding the deteriorating security situation along our Nation’s southern border. It seems that every day brings a new report of some atrocity; the most recent being the apparent murder of a U.S. citizen at Falcon Lake, Texas; yet little if anything appears to be being done by our government or the Mexican government to stop this violence and bring the perpetrators to justice.

Protecting our borders and our citizens is a paramount responsibility of the Federal government; enshrined in Article 3 of the Constitution. It would be an unforgivable breach of our constitutional responsibilities if we do not take stronger measures not only to prevent the upward spill of drugs from further spilling over into the United States and threaten the safety of U.S. citizens on American soil but to reclaim those areas of our border already overrun by smugglers and criminals. We can no longer pretend that this is simply Mexico’s problem. The time has come to recognize that the drug violence along the border is a direct threat to the United States and act accordingly.

First, it has become apparent that the Mexican government and law enforcement authorities are either unwilling or unable to address this problem unilaterally. Therefore, we believe it is imperative that you immediately begin serious dialogue with President Calderon on building a comprehensive framework, in the spirit of Plan Colombia, that will better coordinate a more aggressive and proactive strategy to turn the tide of this conflict.

Second, we must complete construction of the border fence. Any responsibility we have for the security of the United States pales in comparison when measured against the value of human lives that will be lost if we do not seal the border.

Finally, we believe it is critical that we deploy additional National Guard troops to the
Francisco “Quico” Canseco, R-Texas said: “It is completely unacceptable that Americans at work, doing their job in America, come under gunfire from across the border in Mexico. Our citizens are being threatened by violence that threatens American lives. Securing our border against the cartels and their violent lackeys should be a priority. After the shooting, two Texas Rangers and Hudspeth County Sheriff Arvin West and Chief Deputy Doyle were at the scene looking for the bullets with a metal detector, which when weighed against the alternatives is preferable to a medical examiner digging bullets out of heads. "The U.S. Government built narrowly spaced steel poles north of the Rio Grande to fence the border in that West Texas area. The solution for people to cross, but small objects can fit between the 15-foot-tall poles." Thus, the lone gunman must be dedicated to scattering the bullets because nothing deterred this squeezer of the gun barrel through or shooting off the bullets. This particular shot across the border initiated Hudspeth County into an elite group. "In El Paso, stray bullets from a drug-related gunfight hit City Hall in June. Another stray bullet struck the University of Texas at El Paso building in August." And to date, newlyweds David Hartley’s body has yet to be recovered after being shot by Mexican gunmen on Falcon Lake, a border area near Laredo, Texas. After the bullets missed the U.S. four workers, went undetected, as the shooting was not as loud as the scene, which successfully accomplished the original intent of the shooter: Disperse the crowd and clear the area so as to drive unhindered right on through to Texas. Moreover, and much to the relief of the high-powered rifleman, Border Patrol spokesman Bill Brooks assured drug- and gun-runners, as well as marauding banditos with high-powered rifles, that Border Patrol does not plan to deploy additional agents to the area. Brooks vowed: "There is no beefing up in any way." Governor Rick Perry’s spokeswoman, Katherine Cesinger, said that "If these reports are true, it is yet another incident of border violence and spillover. It goes back to the need for the federal government to provide more resources to the border, which is certainly feeling the effects of the escalating violence in Mexico." Nevertheless, not all is lost, Texas could follow Arizona’s lead in recently close to address violent behavior by distributing "Together we Thrive" tee shirts.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPITUR) is recognized for 5 minutes. (Ms. KAPITUR addressed the House. Her remarks will appear hereafter in the Extens of Remarks.)

IN SUPPORT OF THE AFFORDABLE CARE ACT

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

Mr. BLUMENAUER. Mr. Speaker, we are having a serious health care debate because Americans are nervous about changing something so important to their families, and that, of course, makes politicians nervous about re-form. This skepticism is understandable. Attempting to adjust policies and programs that comprise now 17 percent of our economy, the biggest driver of the Federal deficit that literally touches every American family, poses daunting challenges. Yet, as people begin the analysis, the appropriate comparison is not some idealized, magical state but the comparison to the path we are on, which everybody agrees is unsustainable.

Medical costs, left unchecked, will literally bankrupt the country. The Department of Defense will spend more on health care this year than China uses to run its entire military operation for 7 months. Every objective, independent expert acknowledges and laments the fact that the United States is the world’s health care underachiever. We pay more for health care than our major allies and competitors in Europe, Japan, and Canada, but our people get sick more often; they die sooner, and unlike any other country, people are bankrupted by medical costs—about 2,000 people per day. All this, while, we have a number of uninsured Americans—now over 50 million.

Sadly, we are getting exactly what we paid for: more procedures, multiple providers, an emphasis on specialty care rather than someone who can help us with our own efforts to negotiate this complex, fragmented health care system. America actually spends more administering our health insurance system and finding ways to deny care than any other country in the world spends on providing care.

Starting from scratch, we could give better care for less money, but we are not starting from scratch. We are starting with an economic and structural behemoth, encompassing, as I said, 17 percent of the economy. It is the largest employer in most communities, and it has evolved over two-thirds of a century of public and private investment and government legislation. Today, our hybrid system is largely administered through hundreds of insurers, providers, and providers, with the Federal Government paying half the bill directly.

The good news is that we have proven that we can get better results for less than we are spending, and the health care reform legislation provides this framework. First, we don’t need more money. In fact, if we implement the existing legislation, it can be a source of savings in the future.

The good news is we don’t have to deal with unproven techniques or technologies. We know what to do. We don’t even have to look at foreign models that are more successful than ours. We can look right here in the United States. My community of Portland, Oregon, delivers better health care for Medicare, for instance, to its recipients than other communities where costs are twice as high. It’s not just Portland. This can be found in areas in the

border. Media reports indicate that 17,000 National Guard troops were deployed to the Gulf region to respond to the recent oil spill. Yet, you have only pledged 1,200 National Guard troops to protect the border—and according to media reports only a small fraction of those troops have arrived to date. It is another clear indication that a mere 1,200 National Guard troops, even with the support of the Border Patrol, can effectively cover the nearly 2,000 mile long Southwestern border of the United States. We must put additional bodies on the ground and we must give them the weapons and specify rules of engagement that give them the authority to do whatever is necessary to secure the border. A National Guard trooper armed with only a pistol and given no authority to engage the enemy is useless against a criminal armed with military grade weapons and ammunition.

Mr. President, we implore you to view this situation for what it is, a war and to act accordingly.

Sincerely,

[Signatures]
West and the upper Midwest. There are also innovative health care practices in the Mayo Clinic, the Cleveland Clinic, and Gunderson Lutheran.

The government, itself, has proven how to be more efficient. The Veterans Administration is a practice model for older citizens with complex health problems that face our veterans. The VA has automated its medical records system. It pays its doctors for performance, not procedures, and they figured out a way to get better prescription drug costs for our veterans.

Many of the techniques for reducing the number of unnecessary hospital admissions, for bundling services, for having accountable care organizations are known and actually supported by my Republican friends. They've been embraced by Republican Governors.

This is not foreign territory. We know it can work. The path forward is clear. It is important not to lose 2 important years in reforming our medical system, giving better health care, and starting to reduce these massive future deficits.

After having identified weak spots in the implementation, let's work to hold people accountable. Don't attack the CBO for the bill as written, which is their job. Attack efforts to undermine the cost-saving elements of the bill. If States can more creatively provide health care envisioned in the exchanges, let them do it. Give them the waivers and encourage them to experiment as long as they meet minimum national standards.

Absolutely allow people to purchase insurance across State lines to improve competition and choice, but only after everybody agrees to provide insurance according to the same quality standards of accountability. That prevents gaps in coverage. We don't want massive marketing budgets while denying the money for essential treatment. We need not have long protracted battles over if we understand and agree upon the terms.

We've reached a critical point where we cannot continue on the path that we've been headed. We do have reform legislation that encourages much of what has bipartisan support. We are spending more money than we need to and there are huge opportunities to improve the quality of service. I would hope that this exercise would be the last of the political ritual on health care. Instead let's turn to working with the Administration to figure out how to achieve the objectives, so critical for our citizens.

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

Mr. FRELINGHUYSEN. Mr. Speaker, I rise to support H.R. 2—legislation to repeal the so-called Affordable Care Act—a new effort to strengthen our health care system.

This will be the first step in ensuring that the American people will remain in control of their health care through a system that is patient-centered and provides health care choices, not government-imposed mandates.

Many people question why we are doing this. They ask, Why repeal the new health care law if there are good provisions in it?

Well, there may be some aspects of the 3,000-page bill, which is now law, that were commendable 10 months ago. However, those few positive provisions do not outweigh the fact that the new law's most damaging aspect is that it turns over to the Federal Government individuals' rights to make their own health care choices for themselves and for their families. The new law has given bureaucrats extraordinary power to control the health care decisions of all Americans:

Forcing us to buy health insurance that Washington deems to be acceptable; potentially fining us for refusing to do so which I believe would be unconstitutional; determining our choices of doctors, hospitals and home care; deciding which medicines we can take and which medical procedures will be available to our families; putting one-sixth of our economy under government control.

Let me be clear. I support health care reform. However, I do not support this new health care law, which represents, to a very great extent, a Washington takeover of our health care system. This law is creating over 150 new boards, bureaus, committees, commissions, offices, pilot programs, working groups, and agencies which will issue onerous regulations that will change our health care system forever—and not for the better.

Remember, over 90 percent of Americans have health coverage for themselves and for their families. Why did the last Congress insist on a virtual takeover of the other 10 percent?

That is why I support the repeal, coupled with major changes to assist those who do not have coverage, without harming the plans of hundreds of millions of Americans who do.

My colleagues, my friends, my neighbors, why is this repeal necessary today?

Because the negative effects of this new law are already being felt and are threatening the practice of medicine as we know it. This new law has eroded your right to choose your health care and your doctors, and it is putting bureaucrats and politicians in charge.

Despite predictions from the White House, insurance premiums are not going down. To the contrary, premiums are rising across the Nation for people who have insurance companies struggle to pay for the costs of a raft of new mandates imposed by Washington.

Even as we speak, doctors are changing their practices because this new law discourages their ability to work as single practitioners or in group practice. In addition, doctors face more paperwork, more red tape, and more risk to their licenses to practice.

Furthermore, the new law does nothing to solve or diminish the wave of judicial, medical lawsuits that doctors, medical professions, and hospitals will face to practice expensive defensive medicine.

Also missing from the law is any program to promote and support medical education in America, the next generation of young people who will count on for care. At the same time, doctors and hospitals will face reduced Medicare reimburments and even more onerous Medicare rules and regulations, causing even more physicians to refuse to treat senior citizens.

And what about the promises we heard about the benefits of the new law? To protect Americans from being denied coverage due to pre-existing conditions, 27 States have created their own high-risk insurance pools. Others have used an option in the law to let their residents buy coverage through a new Federal health plan. Last spring, Medicare's chief actuary predicted that 375,000 people would sign up for one of these special plans by the end of 2010. In fact, the Department of Health and Human Services reported last month that just over 8,000 people had enrolled. This difference of 367,000 enrollees raises real questions about the then-majority's demand for this provision.

And with claims to provide coverage for another 34 million Americans, we need to be reminded that 18 million of these newly insured people will gain coverage through the financially stressed Medicaid program, which is almost broke. My colleagues, current Medicaid enrollees are already having trouble finding doctors who will see them because of low reimbursement rates. This law proposes to add another 18 million patients to a struggling and absolutely necessary program.

In addition, our hospitals are already reeling. Passage of the new health care law has accelerated the layoff of hundreds of employees in hospitals in my congressional district. When further Medicare cuts take hold, how are these institutions going to maintain their quality of care? They aren't.

And what of the advertised benefits of the new health care law? Backers actually claimed the new law would reduce the Federal deficit. This claim is based on dubious economic assumptions, double counting, and other budget gimmickry. And it is astounding that this law counts 10 years of anticipated revenues to offset 6 years of new spending. Here's a simple fact: If Obamacare is fully implemented, it will not cut the deficit. The law will actually add more than $700 billion to the deficit in its first 10 years.
And what about jobs? Our first priority should be creating private sector employment opportunities, especially in America’s small businesses.

However, the evidence is clear: by raising taxes, imposing new health mandates and regulations, and increasing uncertainty for small business employers, investors and entrepreneurs, ObamaCare is already destroying jobs in our country.

With nearly 10 percent unemployment and mass layoffs, the repeal law that is patient-centered and provides control of their own health care through a system that is patient-centered and provides health care choices, not Washington-imposed mandates.

That’s why I urge my Colleagues to support this important repeal legislation and take the first steps towards replacing it with reforms that will bring down costs, expand health care accessibility and protect American jobs.

Mr. Speaker, this week we have the opportunity to ensure that our constituents remain in control of their own health care through a system that is patient-centered and provides health care choices, not Washington-imposed mandates.

I urge support of H.R. 2—the repeal of Obamacare.

50TH ANNIVERSARY OF PRESIDENT KENNEDY’S INAUGURAL ADDRESS

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

Mr. KEATING. Mr. Speaker, I rise today to honor the 50th anniversary of President John F. Kennedy’s inaugural address. Fifty years ago, he said, ‘‘Let both sides explore what compromises unite us instead of belaboring those problems which divide us.’’ I welcome this challenge, and I will spend my time in Congress living up to those words.

Good ideas are not restricted to one political party or the other, so I look forward to hearing from my constituents of all political stripes. If my neighbor in Weymouth has an idea to create jobs, I support it. If a resident of Plymouth has a proposal on how we can move our country forward, I want to help. If a fellow citizen in Barnstable has a plan to make our country safer and stronger, I look forward to working together.

In closing, let us remember that President Kennedy had a long-term vision for this country. He understood that a change in direction takes time, and we understand that a return to the values that he knows will not be immediate. ‘‘All of this work will not be finished in the first 100 days, nor will it be finished in the first 1,000 days, nor in the life of this administration, nor even perhaps in our lifetime on this planet. But let us begin.’’

So as we celebrate the 50th anniversary of President John F. Kennedy’s inauguration, let us begin anew.

PATIENTS’ RIGHTS REPEAL ACT WILL HAVE DISASTROUS CONSEQUENCES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York (Mrs. LOWEY) is recognized for 5 minutes.

Mrs. LOWEY. Tomorrow, the House will vote on the Patients’ Rights Repeal Act. While none of us thought that the landmark reform bill passed last year was perfect, repeal would only recreate many problems that last year’s bill solved. Instead of identifying specific improvements, Republicans have proposed to repeal every single consumer protection, protections that benefit all of our constituents. We cannot allow this irresponsible bill to become law.

During the debate over health insurance reform in 2009, I received countless letters from individuals throughout my district who testified to the dire need to address high costs and inadequate coverage. For example, a constituent from White Plains told me about her 27-year-old son who was battling cancer and cannot afford some of the treatments. She wrote, ‘‘From discrimination by insurance companies against the millions of us with pre-existing conditions to lack of affordable care, we’ve had enough.’’

By ending denials of coverage based on preexisting conditions. 9,200 residents of my congressional district with preexisting conditions will now have access to health insurance. That is just one benefit of reform that’s at stake.

If the repeal legislation were to become law, insurers could impose devastating annual and lifetime benefit caps. Young adults would lose coverage on their parents’ plans. Pregnant women and breast cancer and prostate cancer survivors could be denied coverage when they most need it. Seniors would pay higher prescription drug costs.

Consumer protections for 445,000 constituents who have private insurance would be rescinded, resulting in higher health care costs and reduced coverage. 22,100 businesses and 9,200 families in my district would not receive tax credits to access better and more affordable coverage. Large insurers would no longer be required to spend at least 85 percent of premiums on health benefits and justify large rate increases.

And reforms the Commonwealth Foundation estimates will lower the rate of premium increases by $2,000 on average by the end of the decade will be undone.

I am very happy to work with anyone who genuinely wants to improve health care and make it more affordable. I am deeply concerned that this vote tomorrow is about keeping campaign promises without serious examination of the impact of this repeal, especially on Americans like my 27-year-old constituent in White Plains who has cancer.

To my colleagues, if you want to help your constituents who have insurance and the millions of Americans who don’t, I urge you to vote ‘‘no’’ on repealing every consumer protection that benefits them.

Thank you.

ARLENE BUSH

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

Mr. PAULSEN. Thank you, Mr. Speaker.

I rise to commemorate the service of my dear friend Arlene Bush, who is entering her 30th year as a member of the Bloomington School Board of Minnesota. Arlene, who turns 80 later on this year, first joined the school board in 1981. And while times have changed since then, Arlene’s dedication to Bloomington students and the schools that they attend has not.

She started her own educational journey in a small two-room schoolhouse in the tiny town of Odin, Minnesota. Later, she moved to Minneapolis, where she graduated from

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

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

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Illinois (Mr. DOLD) is recognized for 60 minutes as the designee of the majority leader.

Mr. DOLD. Mr. Speaker, it is with tremendous honor, excitement, and humility that I rise to the floor of this great Chamber to represent the aspirations and hardworking values of Illinois' 10th Congressional District—Chicago's north and northwest suburbs.

Let me begin by expressing our thoughts and prayers remain with Congresswoman GIFFORDS as she undergoes medical treatment for her recovery. My heart goes out to her, her family, and those who have lost a loved one.

Tonight I am here to continue the tradition of this congressional seat by delivering a speech that lays out how I intend to legislate and explains the manner in which I will work with my colleagues to move this country forward.

Over the past 18 months, I have traveled all over the district trying to ask people what keeps them up at night. Stretching from Wilmette to Waukegan, Libertyville to Glenview, Highland Park to Palatine, I am fortunate to represent a congressional district that encompasses a diverse community that asks its political leaders to tackle a wide-ranging ambitious agenda. And from all conversations I've had at train stations and town centers, at countless small businesses, in diners and in town hall meetings, there is one thing I know: the 112th Congress must focus on jobs and the economy, on rein- in the out-of-control spending here in Washington, and to make sure that our country remains safe and free.

Beyond talking with members of the community, along with the opportunity to study the heritage of the congressional seat representing the people of northern Cook and eastern Lake Counties. Beginning with our first representative, John McLean, upon Illinois' founding, statehood in 1818, ours is an area that has maintained a high standard of leadership, a commitment to local issues, and yet an eye towards American leadership in the world.

Our community is bound by deep-rooted characteristics—namely, a desire for pragmatic, effective leadership; vigorous independence; and the ability to work with the other side of the aisle in a civilized and bipartisan manner. These are the virtues that I pledge to continue in Congress as I work to serve the people of the 10th Congressional District.

In looking at the work of my predecessors, I have come across a number of individuals who served in the highest tradition of public service, with the commitment to the greater good. Tonight, I would like to take a moment to speak about a few of them.

The first woman to represent northeastern Illinois in Congress did so with remarkable distinction, skill, and effectiveness. Marguerite Stitt Church took to Congress in 1949, succeeding her late husband, Congressman Ralph Church. She served until 1962 promoting fiscal restraint, equal pay for women, and civil rights. She held a healthy disdain for extravagant Federal spending, which we can all certainly appreciate today. And fore- shadowing the men who would follow her, Marguerite Church encouraged democratic reform abroad from her position on the Committee on Foreign Affairs.

Mrs. Church retired in 1963 only to be succeeded in the 88th Congress by a man whose dedicated service to the cause of conservation made him a leader in the world: Donald Rumsfeld. The people of northeastern Illinois elected Secretary Rumsfeld—a fellow New Trier High School graduate—to Congress at the young age of 30. From 1963 to 1969, he served our area with great distinction. He had a spot on the Joint Economic Committee, and during perhaps the most critical time in the development of our space program, he sat on the House Committee on Science and Aeronautics. His tenure in Congress was just the beginning of a long career in public service.

Ten years later saw the beginning of another incredible career devoted to public service. For 21 years, John Porter served the people of the 10th district. In that time, he made his great mark both at home and abroad. Serving on the Appropriations Committee and as the chairman of the Subcommittee on Labor, Health and Human Services, and Education, John Porter achieved a record of tremendous legislative success. Reflecting on the values of his district, he advocated for scientific funding and advancements in health care research, displayed a commitment to the environment, championed a strong defense budget, authored the first budget, and set a standard for high quality constituent service.

John Porter also recorded impressive accomplishments in the area of foreign policy. After a trip to the Soviet Union in 1984, he founded the Congressional Human Rights Caucus. This led him to help free refuseniks in Russia, fight for the rights of North Korean refugees,
and work for religious freedom in China. I am honored and fortunate to have Congressman Porter’s support and valuable mentorship as I begin my career in this body.

For the past decade, and following in Congressman Porter’s footsteps, the people of the 10th Congressional District have been tremendously fortunate to enjoy the representation of Mark Kirk. In Congress, Mark Kirk set the standard for thoughtful, independent leadership. And his centrist pragmatism mirrored the values of our district. His success is no secret to me or anyone who followed his career. Mark Kirk worked tirelessly in all areas of our district.

The Illinois 10th Congressional District is a unique area that demands sensible, independent leadership. Congressman Kirk knew the people, he knew their concerns; and perhaps most importantly, he knew how to translate that into action and legislative successes. To look at his record of accomplishments in the areas of foreign policy, defense, environmental protection, human rights, and transportation, the economy is to see a Representative who knows what his constituents value most. His record as a fiscal conservative and a social moderate, his desire to reach across the aisle in search of the best ideas, these are the qualities that I hope to carry forward as I begin my career in public service to the people of the 10th District.

I am honored and fortunate to call now-Senator Kirk a close friend, a valued mentor. We are comforted by the fact that Senator Kirk continues to represent the State of Illinois, and all Americans, in the United States Senate. And the communities of northern Cook and eastern Lake Counties are privileged to share his talents with the rest of the State and the country.

Like Congressman Porter and Congressman Kirk, I too will represent our independent-minded congressional district by working in a bipartisan fashion, by listening to all people for the best ideas, and by governing in a pragmatic, sensible manner. The American people demand solutions, and I will always remember that all of us are here to improve the lives of all Americans.

While we can and should disagree at times, I am committed to the principles of open debate, the free exchange of ideas, and to charitably interpreting and considering other positions, all with a common objective: improving the lives of America. To that end, I will be the strong and independent fiscal conservative and social moderate that I believe matches our community’s values, as so accurately and valuably represented before me by Congressman Porter and Congressman Kirk.

I ran for Congress because I wanted to get the key in the door and open up the economy, jump-starting the economy, to help ensure that the best conditions exist to create good jobs, high-paying and secure jobs for all people across this country, and to preserve those that already exist. It’s jobs, first and foremost.

As I have so often been reminded, the unemployment rate nationally is 9.4 percent. In Illinois, it’s even higher. And in certain municipalities within the 10th District, the unemployment rate is higher than 20 percent. To me, this is simply unacceptable, which is why I will highlight, strengthen, and support those local institutions that provide critical job-skills training to the unemployed.

On a more fundamental level, however, we need laser-like focus on job creation. This means establishing certainty across America for employers, keeping taxes low, maintaining vigorous regulatory oversight, and expanding opportunities so that businessmen and -women can do what they were meant to do: to innovate, to prosper, to grow, to invest, and to hire.

We need to ensure that the Federal Government is not making it more difficult and more costly for businesses to put the key in the door and open up their businesses each and every day. As a small business owner myself, I am here as part of a wave of people who know from experience how to run a company, to meet a payroll and to meet a budget, and to create jobs. This is not theory, but rather this is a commonsense, proven, practical approach which will guide my philosophies in this Congress. This is a great American priority, and we must get it right.

Next, we must tackle Federal spending and get it under control, to get our fiscal house in order. There can be no greater example as to the urgency of this than what happened in my home State of Illinois this last week. During the final hours of the State’s legislative session last Wednesday, Illinois State lawmakers passed a massive State income tax increase to make up for the State’s rampant, unchecked spending.

With a 66 percent increase in personal income tax rates, and corporate income tax rates also rising dramatically, families and businesses in Illinois and the 10th District were hit hard. Unfortunately, in this State the politicians cannot control themselves and the spending. This acts as a huge additional burden, with no meaningful State commitment to cut spending. This is devastating for job creation in this State that so desperately needs it. We need to cut spending, and this will only increase the trend of employers not hiring, laying off, and possibly even leaving the State.

I will work hard to make sure that the 10th District, American families, and businesses are not put in a similar position, crippling themselves here at the Federal level. And that work begins immediately.

Tomorrow afternoon, this House will vote on health care reform, an area where I think last year we missed a golden opportunity. Last year’s health care overhaul addressed access to insurance, but it failed to address cost or quality of health care. Today, I have an opportunity to make a difference in my district in Vernon Hills to highlight yet one small, very small, section in this legislation, one that will have a devastating impact on businesses, the new 1099 rules. This provision will likely burden small businesses with mounds of paperwork and compliance fees and will certainly hinder the economy at the worst possible time.

Fortunately, I believe that most in this body see the wisdom in correcting this terrible legislative mistake. I am proud to be a cosponsor of this bill to repeal these unworkable and unnecessary and unproductive 1099 rules. I look forward to working with both Republicans and Democrats to keep this legislation simple, and to pass it as soon as possible.

Now, when we look at health care, there are certainly some good aspects of this law. The coverage of preexisting conditions, for one, should be strongly considered. Going forward, there is also a critical issue: keeping children on your insurance until they are 26. But there’s a lot, plenty that needs to be corrected. And we need to put a better system in place. I firmly believe that affordable and accessible health care is a vital issue, and we need to make sure that it is available to all Americans; but we need to be talking about meaningful malpractice reform, interstate competition, consumer-driven care, and tax breaks for individuals to purchase insurance on their own, just like businesses have today.

The American people deserved better. They deserve health care reform that passes the House with broad bipartisan support. One of the biggest flaws in this health care law is that broad bipartisan cooperation did not happen. Rather, the law grew out of a closed legislative process, where some of the best ideas to lower costs and to raise quality were ignored. We cannot afford another missed opportunity. As such, I invite all Members of this Congress, Republicans and Democrats, to reach across party lines so that we can produce the best bill with the best ideas for the American public.

In that spirit, it is my intent to introduce a practical and centrist alternative to the current health care law. This plan will reduce health care costs and expand insurance coverage without raising taxes and will guarantee that the government does not come between a decision you make with your doctor. It will address malpractice reform and allow any individual who finds a plan that better suits them anywhere in our Nation the ability to purchase it. It is practical that we maintain aid in this area of health care reform so that we can have the best system possible, one that works for all Americans.
This is a sentiment that I have consistently heard in communities all across the 10th District.

Another concern I hear all over our district, and a major priority of mine, is to keep our Nation safe and free. The 10th District is fortunate to have a tradition of congressional leadership on national defense and foreign affairs, and I look forward to stepping forward in this area.

I will always be focused on keeping our Nation strong and free, and it will be an honor to work to support the incredible men and women who wear our Nation’s uniform and service.

On a more local level, I will be an advocate for the people of my district, to me and to the people of my district, to the people of the 10th District.

I will continue to advocate for its strengthening. I will always be focused on keeping our Nation safe and free and work to support the incredible men and women who wear our Nation’s uniform and service.

In northeastern Illinois we are fortunate to be home to one of the greatest natural resources in the world, Lake Michigan. With 26 miles of Lake Michigan shoreline, the 10th Congressional District enjoys tremendous benefits from its precious resource. We also have an obligation to preserve and protect this great natural resource that is vital to the 10th District and to the entire United States. From drinking water to recreational opportunities, I will work diligently to protect the lake to improve her water quality.

I will also work with local, State and Federal parties to clean up Waukegan Harbor and de-list this wonderful resource as an area of environmental concern, despite efforts for all.

By focusing on jobs and the economy, reinventing our Nation and its health care system, our education system and the environment, we owe a tremendous debt of gratitude to Senators KINK and DURBIN, along with many others, for bringing it to our community. This facility shows our country is on the right track for the future, but it is also a reminder of the sacrifice required to protect American freedoms.

Currently, I believe Iran’s pursuit of a nuclear weapon to be the biggest threat to our national security and to our democratic allies abroad. The sanctions that Congress passed last year are clearly having an impact on the Iranian regime, but I believe that we cannot rest until the Iranian nuclear threat is affirmatively and effectively dismantled. I pledge to aggressively monitor developments in this area and search for ways in which I can help in Congress, because a nuclear-armed Iran is simply unacceptable.

In the tradition of those who have served the people of Chicago’s north and northwest suburbs before me, I look to be a voice of pragmatic, centrist ideas, someone who listens to all people on both sides of the aisle and looks for ways that we can work together to best serve the American people.

As a fiscal conservative and a social moderate, I am a firm believer in smaller government. This will guide my service in this House. I have some very large shoes to fill; but it is my promise that I will work diligently to protect the care that they need when they have health care problems.

I thank the people of the 10th District of Illinois for the opportunity to serve them. I will never forget why I am here or who I am here to represent.

HONORING SARGENT SHRIVER AND HEALTH CARE

The SPEAKER pro tempore, Under the Speaker’s announced policy of January 5, 2011, the gentleman from California (Mr. GARLEMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARLEMENDI. Mr. Speaker, thank you for this opportunity to discuss health care this evening.

But before I get to health care, I was notified early this afternoon that a unique, iconic American had died today: Sargent Shriver is no longer with us.

As a scout, a Boy Scout and now a scout master, I was taught by my scout masters Lee Getchow, Charlie Barnes and Artie Bergman to love the outdoors and nature.

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This individual has had an impact on America and the world around us that will last for centuries. He literally created the United States Peace Corps. The idea was developed by him and his brother-in-law, JFK, and put into effect in the first year of the Jack Kennedy administration.

Thousands, indeed over nearly 200,000 Americans, have joined the Peace Corps in the ensuing years. For my wife and I, it changed our life; it changed the path upon which we have traveled. We were the third iteration of the Peace Corps once again in the 1960s. We were sent to Ethiopia. We served in a village out in the boondocks of southwestern Ethiopia, and it put in place in our lives the vision that we could and should continue to serve.

In the 1960s, Sargent Shriver returned once again to assist the Peace Corps as the Clinton administration undertook the rebuilding and expansion of the Peace Corps. My wife was then working at the Peace Corps as the legislative director and together they and the other staff opened the Peace Corps to the former Soviet Union nations, Eastern Europe and beyond and also to South Africa. It was a period of time when I once again was in a period in which the Shriver enthusiasm and the Shriver determination to reach out to everyone in this world so that they could have a better life created these opportunities.

We mourn his passage. Our prayers go out to his family and to remind all of us that we too in any way possible should be serving our fellow man.

Sargeant Shriver, we miss you and we know that Americans and millions of people around the world that were affected by your programs will miss you also.

Let me now turn to another issue that affects every American, their well being, their lives, their ability to get the care that they need when they have health care problems.

On this floor today we began the debate of the repeal of the Affordable Health Care Act, an extraordinary law that would have affected one of us in this Nation; and as it affects us, it will also affect people around the world because this law will help America finally join the other industrialized nations in the world and provide health care to all of our people, not just those who are fortunate enough to be employed by an employer who has found it useful, wise or even correct to provide health care for their employees, but those individuals who were not so fortunate to be with an employer that does not provide health care, and for those who are unemployed.

This is an extremely important debate going on here on the floor of this House. It’s a debate about all of our lives.

It was estimated before this law went into effect that some 30,000 to 40,000 Americans every year lost their lives because they did not have health care. It was too late for them to get their blood pressure under control. It was too late for them to deal with their diabetic situation or their cancer had
run its course so that it was not treatable, 30,000 to 40,000 Americans every year.

That is not the way America should be. We should be providing insurance to all Americans.

On the floor today, the debate commenced, and I was pleased and a bit curious to hear my colleagues on the Republican side talk about repeal and replace. And as they talked about what they would replace, I began to say, Excuse me. Wait a minute. What you’re replacing is already the law in America. The health care bill that became law this year deals with every American from birth through their school years, through their years of building a family, in their employment and through their retirement. It deals with the entire cycle of life by providing the opportunity for health insurance, improved health insurance, at every stage of life.

Let me show you how that works. It’s the Patient’s Bill of Rights, which apparently our Republican colleagues want to repeal. The Patient’s Bill of Rights is a fundamental reform of the insurance industry. I was insurance commissioner for 8 years in California, and I understand the insurance industry very, very well. And it’s about profits. It all too often, the health insurance industry puts profits before people. In doing so, they deny coverage. The Patient’s Bill of Rights goes directly to this issue of insurance companies putting profit before people.

Let me show you where this works. Children. My very first speech here on the floor as the health care debate came up in 2009, in November of 2009, I spoke to an individual, a friend of ours who lives here in Washington, whose child was born with a very serious kidney problem. The mother was covered by insurance through the pregnancy and through the delivery. The moment it was discovered that that child had this preexisting kidney ailment, they dropped the coverage on the child. The family struggled and continues to struggle to provide care for that child, limping along trying to get the money together for the next procedure to provide care for that child, limping along trying to get the money together for the transplant.

All of those things should have been covered by insurance, but with the insurance company putting profit before people, they denied that child coverage. The Patient’s Bill of Rights stops that and says that every child has a right to coverage, no longer the kind of discrimination that took place here with my friend’s family.

Secondly, young adults. I happen to have had six young adults. All of them have passed through the age 23, and that period where their coverage stopped was the scary time for us in our family. It is the period where every family in America. At the age of 23, insurance companies were allowed to drop patients’ coverage. And if you’re a 23-year-old and you have any kind of a preexisting condition, you’re out of luck. The Patient’s Bill of Rights guarantees that that young woman or man will be able to get coverage until the age of 26. And if they have a preexisting condition, that can no longer be discriminated against. The Patient’s Bill of Rights would be repealed by the piece of legislation that will be brought to this floor tomorrow.

If you are a woman, you have a preexisting condition. It is called being a woman. I have a friend who I have seen this during my tenure as insurance commissioner. Routinely, the insurance companies would deny coverage because you are a woman and you might get pregnant or you might have any number of conditions. That will no longer be the case.

If you happen to have cancer, you cannot be denied coverage. The Patient’s Bill of Rights protects every single American when it comes to getting insurance through the pregnancy and through the birth of a child.

Many other provisions are in this bill, and I find it astounding that our colleagues on the Republican side would repeal the Patient’s Bill of Rights and literally open every single American up to gross discrimination that the insurance companies have foisted upon Americans for decades, putting profits before people.

There are many other parts of the Patient’s Bill of Rights, but I want to just take a moment and invite to this conversation my colleague from the great State of New Jersey, Frank Pallone, who has been fighting this fight for decades both as a Member of Congress and as a concerned citizen.

Mr. PALLONE, if you will join with us, share with us your thoughts and your experiences, and we will continue on with this discussion. I yield.

Mr. PALLONE. Thank you, I want to thank you for all that you do on this issue and coming to the floor so many times over the last year or more talking about the importance of the health care reform and now, of course, pointing out how ridiculous it is to try to repeal it, which is what the Republicans are going to try to do tomorrow.

I just want to start out by saying that we were just home for the Martin Luther King weekend, and so there was an opportunity to talk to a lot of people at the Martin Luther King events over the 3 or 4 days that we were home, and the issue is jobs. That’s all people want to talk about. Everyone comes up to me and says, What are you going to do about the economy? What are you going to do about jobs? Nobody talks about repealing the health reform bill.

And what I get basically from my constituents is they know the health reform bill passed. They know that it’s kicking in. A lot of the patients’ protections that you mentioned have already kicked in, and they want to see how it goes. Even those who were not necessarily for it in the beginning think it is a complete waste of time for us to be rehashing the debate and talking about repeal because they want to see what is actually going to happen with the health care reform. And to the extent that they have seen certain things not go the way that they were happy with it. And what they say to me is, Look, if over the next few years if certain aspects don’t work out, then you can go back and revisit it and maybe make some changes. Nobody is saying we can’t do it on a bipartisan basis. But this idea of just repealing it outright when it just went into effect a few months ago, almost no one I talked to is in favor of that. They just don’t think that makes sense.

In other words, if you wanted to say, and I keep stressing over and over again—I actually have this chart, and I know you pointed to it as well—is: Who is going to actually gain from the repeal? We know that insurance companies keep raising their prices. We know that historically they try to discriminate by eliminating people who have preexisting conditions or by having lifetime caps on insurance policies. The times that global, that’s all repeal of the insurance companies because essentially they can go back to the situation, to the status quo where they can have double-digit premium increases. You know, in your own State of California, it was not uncommon to have a 30 percent increase. I think Blue Cross just announced a 50-something percent increase. And so they make money by constantly raising premiums and also by discrimination.

In other words, if you had a policy, a woman, for example, that has breast cancer and then she has a recurrence, well, if she reaches the cap on coverage for the year or the cap on coverage for a lifetime, then she has no insurance to cover her reoccurring issue for breast cancer and wouldn’t have insurance at all, even when you thought you had the greatest need for it.

So I just want to stress, this chart says GOP patients’ rights repeal would put insurance companies back in charge where children with preexisting conditions are denied coverage, young people aged 26 can’t stay on their parents’ plan, pregnant women and breast and prostate cancer patients could be thrown off insurance rolls—that’s the rescission—seniors pay more for their drugs.

The bill, as you know, has, for those in the doughnut hole, until this bill is fully effective in the doughnut hole, then you had to pay 100 percent for your prescription drugs. You got a $250 rebate last year. As of January 1, you have a 50 percent reduction, and that’s going to eventually become zero so you will have complete coverage under Medicare Part D.

So, if you repeal it, seniors are going to pay more for their drugs. And that’s
the other thing that is amazing. They talk about how this is going to, I guess they’re not using the term “killing jobs” anymore. They got away from that.

Mr. GARAMENDI. Crush. Crush jobs. Mr. PALLONE. What is it now? Crush jobs?

The fact of the matter is that the bill actually decreases the deficit by $230 billion, so you’d be increasing the deficit if you repealed the bill.

And with regard to jobs, I mean, look, if you think about what’s in the bill, because everybody gets coverage, you’re going to have to have a lot more health professionals, so that creates jobs, because premiums will stabilize, employers won’t have the double-digit inflation that comes and makes it harder for them to hire people. So just the fact that your premiums stabilize makes it easier for employers to hire people.

In addition to that, this is an extremely important bill for small businesses. This bill, as you said, actually subsidizes the cost of health care for small businesses. If you have less than 50 employees, you can get a subsidy, up to 35 percent, for buying health care for your employees. And if you don’t want to buy health care, you don’t have to if you have less than 50 employees.

I don’t understand this debate about small businesses being harmed. In fact, the Kaiser Family Foundation has shown that in the last year, probably as a result of this bill—that’s their conclusion—the number of small businesses providing health insurance has grown from 46 percent to 59 percent.

Mr. PALLONE. If the gentleman would yield, one of the things that I wanted to point out and I am going to certainly talk about it, I’ll talk about it more a little bit tonight, is my committee, the Energy and Commerce Committee today, put out a report essentially that talks about the impact of repealing the health care reform law in each congressional district, district by district. I have the information on the R&D in the Sixth in New Jersey, that talks about the tax credits for small businesses, and it says in this report that the health reform law provides tax credits to small businesses worth up to 35 percent of the cost of providing health insurance. There are up to 18,200 small businesses in my district alone that are eligible for the tax credit. And, of course, repeal would force these small businesses to drop coverage or bear the full cost of covering employees.

The bottom line, every small business owner I know wants to provide coverage. It’s just a question of whether they can afford it. And what we do in the bill is make it affordable by giving them themselves tax credits. Eighteen thousand two hundred small businesses in my district alone can benefit from it and would lose that if we repealed the bill.

Mr. GARAMENDI. That is similar in every district, Republican or Democrat, across the Nation. The number of small businesses may vary district to district, but the point is that every small business has an opportunity to reduce by more than one-third the cost of health care by simply providing health care. And that will grow to 50 percent in just 3 years. It climbs up 35 and then 50 percent in 2014. And in 2014, every State will have an exchange, an insurance marketplace, where small businesses, individuals, can buy health insurance in a marketplace that talks about the quality and the cost so there is competition.

Once again, why would you want to repeal that, where individuals can shop for health insurance in a competitive marketplace? We talk about competition here. Well, let’s let it happen. Right now it doesn’t really occur because many insurance companies don’t compete. There are many, many aspects of this.

I notice that our friend from the New Jersey Times, said the biggest lie of 2010 was government takeover of health care, a big lie. Just like Goebbels; you say it enough, you repeat the lie, you repeat the lie, you repeat the lie, and eventually people believe it. Like blood libel. That’s the same kind of thing. The Germans said enough about the Jews and the people believed it and you had the Holocaust. You tell a lie over and over again. And we’ve heard it on this floor; government takeover of health care. It’s a lie over and over again. It’s a lie, and eventually people believe it. And they summarily dismiss it.

I think it’s an interesting debate about health care, a big lie. Just like Goebbels: you say it enough, you repeat the lie, you repeat the lie, you repeat the lie, and eventually people believe it. Like blood libel. That’s the same kind of thing. The Germans said enough about the Jews and the people believed it and you had the Holocaust. You tell a lie over and over again. And we’ve heard it on this floor; government takeover of health care, a big lie. Just like Goebbels: you say it enough, you repeat the lie, you repeat the lie, you repeat the lie, and eventually people believe it.

Mr. COHEN, if you will, what is going on in Tennessee? Do they want to repeal this? Do they really want to do away with the patient’s bill of rights? The preventative care that seniors are able to get under this bill? The closing of the doughnut hole? Is that the Tennessee folks want?

Mr. COHEN. Thank you, sir. I don’t think so. And the tide has been turning. The national polls, which I think are reflective of Tennessee at least on a percentage basis, have shown that it’s gone from 10 points up on people that want to repeal this bill to where it’s even, as many people for it as against it in this country. There’s been a 10-point switch in the last 2 weeks as people have looked at the possibilities of the repeal of the law and seen the benefit.

I thought about, Mr. GARAMENDI, I was in New York, New York City, about 2 weeks ago, and I went in the Time Warner Building. They had an exhibit there of Salvador Dali; surreal, things looking out of space, strange, strange pictures and thoughts. It’s hard to think of this Congress and the Republican majority that’s come in trying to repeal a bill that’s going to become as popular, once it gets implemented, as Social Security and Medicare and Medicare have over the years, that they are so out of touch with America today and its needs and the future. Because while this may seem to be important to the minority, the tail wagging the dog in that party, the tea party that’s wagging the dog, saying repeal health care, the fact is down the line, the people are going to embrace this bill like they embraced the Great Society’s Medicaid and Medicare and the New Deal’s Social Security. It’s going to be a long-term victory but a long-term defeat. And the myopia of the other side, let alone the hypocrisy of some of its members, is hard to fathom. But you can only see through the eyes of Salvador Dali, because obviously they are Salvador Dali, and they’re saying things in a surreal way.

The nonpartisan, bipartisan Congressional Budget Office says it’s going to save us $230 billion the first decade and $1.2 trillion thereafter, and they say, “Well, they can have their opinion.” Those are facts. Those are nonpartisan facts of people we hire to give us the truth. They don’t like the truth so they summarily dismiss it.

I don’t think anyone in Tennessee wants a government takeover of health care, a big lie. Just like Goebbels; you say it enough, you repeat the lie, you repeat the lie, you repeat the lie, and eventually people believe it. Like blood libel. That’s the same kind of thing. The Germans said enough about the Jews and the people believed it and you had the Holocaust. You tell a lie over and over again. And we’ve heard it on this floor; government takeover of health care. It’s a lie, and eventually people believe it.
she's drunken the Kool-Aid, and that's just not true.

We heard in August 2009 that there were death panels and killing grandmother. Everybody agrees now, that was a big lie; just like government takeover of health care is a big lie. And it's a buzzing fly, denying the fact on the deficit, claiming it's a government takeover, claiming there were death panels.

This lady on my Facebook page talked about the fact that it was going to tax insurance companies out and there was a public option. Well, there is no public option. And the exchanges aren't a public option but the exchanges are private insurance where people can come together and get better rates that they couldn't get if they were dealing as individuals on the open market.

People don't understand. If you read Paul Krugman today, or yesterday—today in Memphis, we get it a day late—but yesterday in the New York Times, he talked about the errors in arithmetic, basically the lies that are being put about how it will affect the budget. And Krugman, who's only a Nobel prize winner, says it's just not true, and what it comes down to, the bottom line, is there is a group in America that don't feel like they have a responsibility, a social responsibility, a moral responsibility, to those 32 million Americans who can't afford health care and right now are seeing death panels and panels that say you won't have insurance and you won't have health care.

As we are just one day beyond Dr. Martin Luther King's holiday, America's holiday celebrating Dr. Martin Luther King, Dr. King was not only for social justice, which everybody embraces today and talks about kumbayah and integration, but it was also economic justice. And economic justice involves health care, and it involves giving everybody an opportunity to stay alive, to get educated, and to get a job.

The first priority I have always believed of government is to keep people alive, their health care. The second is to get them educated. And the third is to get them a job. This rhetoric on the other side of the aisle about whatever they want to call it is not only false—read Krugman, a Nobel Prize winner—but it is the third priority. The first thing is keeping people alive. And you want to tell those 32 million Americans we don't want you to have insurance, we don't care about you. That is wrong. Dr. King wouldn't approve of it. I don't approve of it. America won't approve of it.

And it is as I started with, surreal to think that the first thing that this Republican Congress is doing is trying to repeal the known events out and years as one of the great acts ever passed by this United States Congress. It will be to the fortune of the Democratic because like Social Security and Medicare and Medicaid and voting rights and civil rights, they are Democratic initiatives that brought America forward, progressive initiatives that have been brought forth by this side of the aisle. And the myopia of the other side is politically welcomed, if not policy-wise said.

Mr. GARAMENDI. Mr. COHEN, thank you very much. You pointed out the nature of the debate taking place on the floor. I listened to much of the debate so far, and it was going on, and tomorrow it is probably going to be the same. Like you, I was surprised and in many cases disappointed with the rhetoric that I heard. It simply wasn't based on fact.

They talked about the government takeover of health care. You used the word “big lie.” Well, in fact it is not going to happen. This is not the government takeover of health care. There are many who said we simply should do it like Medicare to all. And now that is a program that is government collection of the money, but the services are provided by individual doctors, hospitals, and other provider groups. It is not a government takeover, true, and it is government finance program.

You mentioned the uninsured. Actually, it is about 42 million uninsured in America. They get sick. Who pays for them when they go to the emergency room? They are not covered under any insurance policy. They are certainly not going to be able to afford the cost of an emergency room and any procedure. Those people who are uninsured do get sick. They do go to the emergency room, and they do get medical care. And who pays the taxpayer.

Mr. COHEN, property taxes.

Mr. GARAMENDI. In Tennessee, the property tax base. In California, the general tax base and the Federal Government will help fund every health insurance policy in the Nation pays for the uninsured. So we have health care coverage. In fact, this law requires that the three of us and all 435 Members of Congress and 100 Members of the Senate will get the exact same benefits and the three of us and all 435 Members of Congress and 100 Members of the Senate will get the exact same kind of insurance that every American gets. We don't get a special deal. In fact, we get to pay for part of it ourselves. That is a fact.

So what about those people that are sick and uninsured that get sick. They go to pay for it, they go to see the clinician: every health insurance policies because that cost is shifted over to us, the taxpayer. There is no free lunch here. The question we have is should everybody participate in this insurance pool. I think it is only fair to say that participate. I don't know what I said, Mr. PALLONE, that made you come to your feet, but please proceed.

Mr. PALLONE. Everything you said is absolutely true. I know in my State there is a group of those who still have job, who have insurance policy, for those who have insurance and are paying their premiums, there is built into it something like $1,000 to $1,500 per year in your premium that pays for uncompensated care for others. And I actually have a statistic in that Energy and Commerce study that I mentioned that says in my district alone repeal would increase the cost of uncompensated care by $54 million annually for hospitals.

But what I wanted to point out was you can actually eliminate a lot of the uncompensated care because what happens, people don't have health insurance and so they don't see a primary care provider on a regular basis, and they get sicker, and their only recourse is to go to an emergency room. I tried to get the CBO to build into this the savings that would come about because of preventive care. In other words, the fact that all of these people who are uninsured go to the emergency room, don't see a doctor, and all of a sudden you see a doctor and they take preventive care of themselves and they do wellness and then they don't end up getting sick and going to the hospital. But that was never built into the system. The CBO won't score prevention, so to speak.

But I would maintain there is huge savings. We talk about a $230 billion a year from the deficit, but in my opinion it is trillions of dollars because not built into this is the fact that all of these people who don't have primary care and end up in an emergency room now will have a doctor. They won't get sicker, they won't have to pay for all that care. So the system as a whole saves a tremendous amount of money, which is not really calculated here, in my opinion. That is what you made me think of.

Mr. GARAMENDI. You are quite correct. It is some very simple things which I think all Americans understand. Blood pressure, high blood pressure, the silent killer, people don't know they have high blood pressure, get yourself covered under insurance policy. They do get medical care. And who pays the taxpayer.

Mr. PALLONE. Everything you said is absolutely true. I know in my State there is a group of those who still have job, who have insurance policy, for those who have insurance and are paying their premiums, there is built into it something like $1,000 to $1,500 per year in your premium that pays for uncompensated care for others. And I actually have a statistic in that Energy and Commerce study that I mentioned that says in my district alone repeal would increase the cost of uncompensated care by $54 million annually for hospitals.
didn’t want to put up the 20 percent. Now they get it free.

The Republicans say that costs money. It doesn’t. It may cost money up front; but in the long run because the people get the wellness check and they get the mammogram, they don’t get sicker. So we actually recoup the money because they don’t get sick. I think it is a very important point that you are making.

Mr. GARAMENDI. Mr. COHEN.

Mr. COHEN. Sir, I appreciate your leadership have been an outstanding Member; and your first vote, I think, was for this bill. You have a lot of experience of this issue. You were commissioner of insurance, if I am correct, of the largest State in the country, California. So you have knowledge here.

Mr. PALLONE worked very hard on this bill, too, as I did; but Mr. PALLONE was in a senior position.

As I think back on the passage of this bill, I remember a lot of criticism; and the other side and the people who were critical said we didn’t take enough time to pass the bill. We only took a year, a year and a half to pass the bill. And they are going to take 2 days to repeal it. Take enough time! Where are the people who think we should take enough time for the legislative process to work, to have hearings, to have thoughtful discussion, to have analysis of expert opinion today?

Two days and it is going to be voted on, and yet they want their constituents to have it. Now that’s hypocrisy.

Mr. GARAMENDI. Last week, on this floor, many of us tried to put an amendment on this piece of legislation that would read: If the repeal occurs, then every Member of Congress would lose his health care, keeping in mind that 31 million Americans will not have health insurance if the repeal takes place.

So, 35 of us. If the bill is repealed, we should join the 31 million Americans who will not have health insurance if the bill is repealed. It seems to be the least we could do. If we want to harm 31 million Americans, if we want to take away the insurance from 31 million Americans, surely, 35 of us should be willing to go without insurance also. It turns out that not one Republican voted for that amendment.

I wonder why. They want something that they are going to deny to 31 million Americans.

Mr. COHEN. What is good for the goose should be good for the gander. There but for the grace of God go I. You should care about your brother and your sister.

And this is going to be repealed in the same week as Dr. King’s holiday? I mean, I know it took a while for Dr. King’s holiday to come about. It was in the same week as Dr. King’s holiday to come about. It was in the same week as Dr. King’s holiday? I mean, I know it took a while for Dr. King’s holiday to come about. It was in the same week as Dr. King’s holiday to come about. I wonder why. They want something that they are going to deny to 31 million Americans.

Mr. COHEN. Mr. GARAMENDI. Mr. PALLONE. Mr. PALLONE. Mr. PALLONE. Mr. PALLONE.

Mr. PALLONE. Yes. Exactly. So, I mean, that’s an important point. Again, everything that we do shore up Medicare, provides more Medicare, provides more benefits under Medicare for seniors, expands their benefits.

Go ahead. I didn’t want to put up the 250 percent. I mean, the bottom line is that all the things we have done with Medicare extend benefits. A lot of seniors think that somehow, you know, Medicare is going to be negatively impacted, which is simply not true. So, if you could go through that, I’d appreciate it.

Mr. GARAMENDI. Well, I will do my best, and along the way, if my colleagues would join in on any one of these issues, I’d appreciate it.

Health care reform means security and stability for America’s seniors.

First of all, despite all the rhetoric on the floor, this legislation actually improves the financial status of Medicare. It extends the solvency of Medicare. I think, by almost a decade.

Mr. PALLONE. You know, on the first point that you have there, I actually went before the Rules Committee—I guess it wasn’t last week. It was a few weeks ago and last week we had the tragedy of our colleague from Arizona—and I had an amendment that actually said that the repeal would not go into effect if it actually negatively impacted solvency. It actually is 12 years. In other words, the bill, the health care reform, added 12 years of solvency to the Medicare trust fund. In other words, with the repeal, insolvency would begin in 2017. So this is a very big deal. When we got it back on, when there is not enough money to pay out, another 12 years.

Mr. GARAMENDI. So it pushes it back to 2023.

Mr. PALLONE. Yes. Exactly. So, I mean, that’s an important point. Again, everything that we do shore up Medicare, provides more Medicare, provides more benefits under Medicare for seniors, expands their benefits.

Go ahead. I didn’t want to put up the 250 percent. I mean, the bottom line is that all the things we have done with Medicare extend benefits. A lot of seniors think that somehow, you know, Medicare is going to be negatively impacted, which is simply not true. So, if you could go through that, I’d appreciate it.

Mr. GARAMENDI. Let’s just continue on here.

We talked about prescription drugs. It’s not only the doughnut hole but there are certain kinds of generic prescription drugs that would also benefit as a result of this legislation and, of course, the doughnut hole issue, which we’ve discussed here in some detail.

The doughnut hole is squeezed shut, and initially, this last year, $250. Now, I don’t imagine the repeal would force the seniors to refund the $250 check they had. Nonetheless, that doughnut hole would remain wide open if the repeal were to take place. We’ve talked about the improvement of the quality of senior care, and both of my colleagues here have spoken to this, I think, very correctly.

Preventative care.

Now, we talked a moment ago about high blood pressure—clearly, the silent killer and a major problem for seniors. Okay. You’re going to get, free of charge, an annual blood pressure test. You know, it’s not too expensive, and the drugs to treat high blood pressure are cheap also, but the cost of not treating it is extraordinary.
There is another one that affects not only seniors but others around this Nation, and that is diabetes. This is an enormous cost. It can be treated. It can be taken care of, but if you ignore it, you are in for a world of harm and a very, very great expense to all of the people, including, in this case, to the taxpayers.

This is an interesting one. Primary care doctors.

Nobody has really talked about this much on the floor, but in the legislation, there is a significant increase in medical education opportunities, not only for doctors but also for others in primary care—nurse practitioners, physician assistants, and nurses. There is an enormous increase.

This one happens to be really, really important to me. Our daughter graduated from medical school just 3 days ago, and we go, Yes.

She says, I want to do primary care. I'm going, Terrific. How about geriatric medicine, to serve the elderly? And we go, Yes, sir, we do.

This is really important. She has an opportunity under this piece of legislation, as do all other primary care doctors who choose to serve in underserved areas and she may very well decide to do that—to have their medical loans reduced as they provide service in underserved areas, and some of those underserved areas are in our urban communities.

Now, that brought Mr. COHEN to his feet, and Mr. PALLONE, please share, gentlemen.

Mr. PALLONE. I'll let my colleague from Tennessee go first.

Mr. COHEN. Well, there are so many problems.

I represent an urban district in Memphis, and we do have a lack of health care in the urban areas. We need more primary care doctors, and we also need more community health centers. That's something else the bill is going to provide. It is a significant community health centers. There are large areas in my community where there are very few doctors who are available and where there are not community health centers. So that's another portion. It's not just the primary care doctors who are so important—and we've got some of the greatest in Memphis—but it's the difficulty in not having community health centers.

Mr. GARAMENDI. That has not been discussed in today's debate.

In every part of America, people need to know about the enormous increase in the community clinics that will be available. That's in the legislation. It costs money, but it saves money because, once again, people will be able to get care early.

Mr. PALLONE. Could I ask the gentleman to yield?

Mr. GARAMENDI. Please.

Mr. PALLONE. This is true in the health reform, that there's a lot more money for community-based health care clinics, but we also have that in the stimulus, the Recovery Act.

Actually, I had two clinics that were funded under the Recovery Act that had not received Federal funds before. And just to give you an idea of what they did, one clinic is in my hometown of Long Branch. They coordinated with the emergency room at Monmouth Medical Center so that every time someone comes to the emergency room who's eligible for the community health center—because they probably have uncompensated, no insurance—now they go back and coordinate so that that person doesn't come back to the emergency room again—which, of course, is a tremendous expense—and instead goes to the community health center where they get primary care. So that is an example of where some Federal dollars that are going to community health centers are new being used to make it so that people don't have to go to the hospital. Because that's something else the bill is going to provide for, more community health centers. That's something else the bill is going to provide for, more community health centers.

This is an interesting one. Primary Care Physicians, and we do have a lack of health care clinics, but we also have that in the stimulus bill. And part of what you talked about is the idea of using electronic medical technology to provide continuity of care. Whether you are in this clinic or that hospital, you could be able to get that information across from one to another.

Mr. COHEN. Do you want to carry on?

You talked to me about this some time ago, and you had some pretty good notions of what would happen in Tennessee.

Mr. COHEN. Well, just the idea—and I will yield to Ms. JACKSON LEE in just a second—but the idea of having medical records on computers rather than having them on notes. My father was a doctor. I inherited his penmanship. I got a C in penmanship. The teacher was kind to me.

Doctors don't write real well. If you have to go from written records, it's difficult, and they don't get transposed well. But if you have them on computers, it's very easy to see what shots and inoculations the patient has had in the past, what treatments they've had. It makes it easy to render a diagnosis immediately. And not have to repeat tests that are unnecessary and costly. It is so important. And part of this bill is to see to it that the records are put on electronic devices so that they're available throughout the World Wide Web and everywhere. That saves medical costs in the long run.

Mr. GARAMENDI. Some of this, if I might for a moment, sir, already exists. I've been with Kaiser for three decades. They have put all the records, all of my history, all of their patients, millions of patients, on the electronic information system. I could present myself at any Kaiser facility across this Nation in an emergency situation and they could take my number and immediately call up my entire history so that they don't have to start at the beginning with blood tests and all of the other procedures that are common in today's emergency room simply to know about the individual's health circumstances. All they need to do is enter that number, bingo, they've got my information. That's where the electronic medical records would be found. And it's interesting that our Republican colleagues want to repeal that? I don't think so.

Finally, at last we're going to hear from a woman. We need that perspective here. Please join us. Thank you so very much for coming in.

Ms. JACKSON LEE of Texas. I thank the gentleman from California, but more importantly I thank him for really turning the light bulb on. We want to make sure that we are still in the habit of taking care of ourselves, we probably have forgotten to articulate all of the nuances of this bill. It is unbelievable.

I hesitated to use the term "frivolous" today, but, frankly, I'm saddened that we are having a frivoulous debate in a frivoulous debate. So I just wanted to say to the gentleman, some years ago under the Bush administration I took note of the fact that we did not have enough community health clinics, and I am sure my collective research caused us to put that legislation in the bill.

Last Monday, I convened my community health clinics. It was amazing the expanded work they do because some of them received stimulus dollars. One of my clinics was able to open up 21 legacies, and one of my community health clinics was able to open up 21 new patient rooms because of stimulus dollars.

But what I want to say on that point is three things:

Community health clinics help seniors and families. And to seniors, this gives you, in addition to the comfort of being nearby your home, but you get, in addition, a primary home or a medical home. You can use that clinic, that doctor to be part of your medical home. The community health clinics can then multiply themselves or improve themselves by having electronic records. Where, as a senior who has extended medical records, can you imagine in the future what happens with seniors when they can put all their data into electronic records to be able to track seniors and to assure their good health? So contrary to frightening seniors and talking about death panels, this bill provides community clinics, a medical home, electronic records, and the inevitable closing of the doughnut hole so that seniors do not have to choose between paying rent and buying food or paying for their brand drugs that they need.

So I just wanted to say there's so much. And then as you mentioned your
daughter and the training. That's creating jobs. How do they talk about losing jobs—which I think, by the way, again, is frivolous because we created 1.1 million jobs.

And, frankly, I would just say to you that losing lives because jobs are very important. We've created jobs. But even the title of their legislation, H.R. 2, "Job-killing"? This is killing Americans if we take this bill away, if we repeal this bill.

So I would argue that maybe my good friends—who some of them are new and I appreciate their newness; I appreciate their desire to keep a commitment to constituents. But when you come to the Congress, you have to govern. You have to look at the whole of America. And therefore, looking at the whole of America, you need to look at the crux. The crux is saving lives.

So I thank the gentleman for bringing us to this point. I know that we will be getting another hour that I hope they have an opportunity to share some thoughts. But again, I will yield back my time and just say this is about saving lives.

Mr. GARAMENDI. I thank the gentlewoman for her insight into the way in which that affects her community because that's what all this is about; it's really about the community.

Mr. PALLONE. If you would like to take those moments and wrap, and then I will provide the final wrap here as we close down this 1-hour discussion.

Mr. PALLONE. I mentioned before how the money that was going to the community health center in Long Branch, in my home town, was being used to coordinate with Monmouth Medical Center so that people didn't have to go to the emergency room. When they came once, they were put into a computer, and it was exactly the electronic system that you talked about.

I went to Monmouth Medical Center one day because they had expanded their emergency room because they had so many people flooding the emergency room. Particularly in these tough economic times, a lot of people don't have health insurance, more and more people, so they had actually doubled, I think, the capacity of their emergency room. But they coordinated electronically with the community health center with this money that came in. So they showed me how a person would come in, and then they would be put into the system electronically with the community health center and they wouldn't come back to the emergency room.

One of the big issues now across the country—in fact, I just did an opinion piece about it in my local newspaper, the Asbury Park Press—is how emergency rooms are being flooded with more and more patients because more and more people don't have insurance. So we have to figure out a way to deal with that. Obviously, the health care reform does that, because once everybody gets insurance, sees a doctor and gets primary care, you won't have the need for as many people to go to the emergency room.

When you expand an emergency room and add on all this additional capacity, it's millions of dollars. That money isn't necessary if people see a primary care doctor. An emergency room should just be for an emergency, when people are trauma or something else that happens. It shouldn't be a place people have to go because they can't get a doctor.

I yield back to the gentleman.

Mr. GARAMENDI. Well, it has become just that.

I think I will wrap with where I started. The health care reform, the Affordable Health Care Act, really is about making life better for every American. From the moment they're born, that young baby, that newborn baby cannot be denied insurance, from the moment they're born, whatever their circumstance is. That's part of the Patient's Bill of Rights, and it starts right at birth. This is where a student, when you graduate from college, you are not only getting a diploma; you'll also be losing your health care benefit that you were covered by under your parents.

So it extends coverage to the age of 26. And into a marriage, into a family when you're building a family, you know that you'll be able to get insurance. Thirty-one million Americans are going to be able to get health care insurance as a result of this legislation.

And in the workplace, a lot of talk about this being a job crusher, when in fact it actually creates jobs. And for small businesses, this is an enormous benefit because they'll get a subsidy reducing the cost if they choose to provide insurance. If they have 50 employees or less, they don't have to buy insurance. And then later, they'll be able to get insurance through an exchange in 2014. California is probably going to set one up next year.

And for seniors, I've never heard so many inaccurate statements as concerns Medicare and the way in which this bill actually works. It extends Medicare. As you said, Mr. PALLONE, for 12 years—the financial solvency's extended for 12 years. Otherwise, it would be just 7 years, and it would be in financial trouble. So this really helps. And for individual seniors, they'll be able to get preventive care; their drug costs are going to be reduced. It is a very, very important part.

So for the circle of life—and all of us would want to go through that circle of life—this health care reform provides a benefit at every stage of people's lives and this is an estimate that was made in the last year—some 30,000 to 40,000 Americans every year die because they don't have health insurance. What is that? A stain upon America. Every other industrialized country in the world would do it.

Our Republican friends talk about repeal and replace, but everything I've heard on this floor about replacement is already the law in America. It's already the law.

They talk about lifetime caps; they talk about putting in no rescissions; they talk about no preexisting conditions. That's the law, folks. Our Republican colleagues, let's pass this bill. Go to healthcare.gov. Read the bill. That is already the law. Why in the world would you repeal what is already the law and put this whole thing back at risk?

Don't forget, Americans, the insurance industry, the health insurance industry has dominated American health care for decades. And you think for a moment they're going to let the Republican majority write a bill that is not in their interest; that will force them to provide care; that will force them to pay the bills; that will force the insurance companies to no longer be the death panel? In fact, that's where the death panel is—and this I know.

I was the insurance commissioner. I fought the insurance companies for 8 years of my life when they denied coverage; when they said, You have run out of benefits; when they said, Your child is going to be resuscited. I fought them. And I know the result when they won that fight: people died.

We need the Patients' Bill of Rights. It should not be repealed.

Tomorrow, our Republican colleagues in H.R. 2—without one committee hearing, with only 2 days of debate on this floor and no committee hearings at all—put Americans at risk. Thirty-one million Americans will not get coverage. That's what this is about.

I look forward to tomorrow's debate, and we will see what happens.

TUCKER WRIGHT

The SPEAKER pro tempore (Mr. AMASH). Under the Speaker's announced policy of January 5, 2011, the gentleman from Iowa (Mr. BRALEY) is recognized for 23 minutes.

Mr. BRALEY of Iowa. Mr. Speaker, one of the things that we've heard a lot today is talk about policy, but I want to spend some time tonight talking about the face of the efforts to repeal the Affordable Care Act. And the face could not be any clearer than this young man to my right.

This is Tucker Wright, a 4-year-old boy who lives in Malcom, Iowa, and January 2 of this year was an important day for Tucker and his family because 2 years ago this young boy was diagnosed with liver cancer before he reached his second birthday. And some amazing doctors and nurses took care of him after they removed two-thirds of his liver, and, miraculously, he is alive today.
And his parents had done everything they were supposed to do. They both had full-time jobs. They had the best health care coverage you could get in the State of Iowa at that time. Yet, in spite of that, they ended up with tens of thousands of dollars of uninsured medical bills. And this little boy faces an uncertain future filled with CT scans, tests, medical procedures over his lifetime—and he is just getting started in his life.

Now, imagine January 1 of this year. His father and mother couldn’t change their jobs because if they had, their coverage would have been denied because of a preexisting condition—his liver cancer. But because of the Affordable Care Act passed in this Congress and signed into law by President Obama last year, as of January 2 his parents no longer were bound to their jobs, because they had the freedom to get a different job and not worry about having his health care benefits excluded under a policy called pre-existing conditions.

Now, what our friends on the other side of the aisle don’t want you to know about Tucker is that if they get what they want and they repeal this health care bill, the very first thing that’s going to happen is his insurance company is going to send his parents a notice of rescission—that his coverage is terminated because he has a pre-existing condition that would then be subject to excluding his coverage.

Now, they could do that because we banned the practice of preexisting conditions, and we banned the practice of rescission in the Affordable Care Act after hearing days of testimony from witnesses who had experienced those practices firsthand and talked about the devastating impact it had on their lives.

So when we’re on the floor tomorrow talking about repealing the Affordable Care Act, I want you to think about Tucker Wright’s life, and what this bill does. And what did they do during that period of time.

And our friends on the other side of the aisle are telling us, Don’t worry, we’re going to repeal this bill and then we’re going to come back and we’re going to fix these problems, Really.

You’re here in 2006, Mr. Speaker; and I was proud to be part of that class of 2006. But when I got here, the Republicans had been in power for 6 years. They had George Bush in the White House, they had a majority in the House and a majority in the Senate. And what did they do during that period to ban the practice of pre-existing conditions? What did they do to ban the practice of rescissions? Nothing. Not one thing. Despite multiple health care bills that were presented during that period, none of the concerns they were talking about being committed to fixing now were addressed by them.

You hear a lot of talk about this unfair, unconstitutional burden of an employer mandate. Well, folks, if you go back to 1993, you will see that Republicans—including my Republican Senator from Iowa, Chuck Grassley—offered legislation in Congress to have an individual mandate because they knew the only way we were going to get costs under control was by bringing more people into insured plans, spreading the risk, and making health care more affordable for all Americans.

So why do we find ourselves where we are now? We find ourselves here because of an unwillingness to face the reality that Democrats in the House, and the Senate, and President Obama faced a problem that had been plaguing this Nation for decades: millions upon millions of Americans without access to quality, affordable health care. And that was a stain on our national reputation. And we decided to do something about it. And we didn’t make any bones about the fact that this was going to be a mandate.

Some of my colleagues and I ran on this issue in 2006 because of the problem of 47 million Americans without access to health care coverage. We hear complaints about the burdens on small businesses, it was a small business owner in Iowa for 20 years. And at the end of my career, every year we would fill out five to seven applications for every one of our employees, trying to find insurance coverage that was affordable that would take care of their medical needs. Small businesses were being priced out of the insurance market, and nothing was being done about it. That’s why I’m proud of the fact that Democrats took this challenge head on.

We were serious about the problem. We listened to days and days of testimony from people all across the health care spectrum, all across the health care landscape. We held days of bipartisan markups to give people on both sides of the aisle the opportunity to offer amendments and improve this bill. And contrary to what you’re hearing, we accepted amendments from our Republican colleagues. They were included in the bill. They made it a better bill when we brought it to the floor and voted on it. And yet now it’s like we want to go back and eliminate everything good that happened during that period of time.

It’s like the movie “Men in Black,” where they had that little pen-like device that they would hold in front of your head, and once it flashed you would forget everything you had just heard, tell we cannot afford to let that happen. Too many people’s lives, like Tucker Wright’s life, are depending on what we do here. And that’s why when we talk about these important issues, remember the faces of the people who are benefiting from this important legislation.

One of the things that we don’t hear much talk about is the enormous positive impact this bill has on the lives of young people. One other thing that has changed dramatically from when I graduated from college many years ago is that now young college graduates are required to perform an unpaid internship in order to get a job. It means that students graduate from college, if they’re younger than 22 they get kicked off their parents’ insurance policies.

Okay. Well, in the past, people would go out and find work, and usually that work had insurance coverage with it. Not any more. We have generations of young people out there looking for work with no health insurance. And when they get sick and need medical care, if they don’t have insurance, they still get the care; but somebody pays for it. And that somebody—the U.S. taxpayers and people who buy private insurance, who have their premiums increased or their taxes increased to take care of people who don’t have health insurance.

This bill does amazing things for young people. It prohibits discrimination of people like Tucker Wright. And it allows seniors access to care so that they know they’re getting the wellness and preventive check-ups they need to make sure that they’re getting the best care that they can.

There’s a lot of talk on the floor in support of repealing this bill, about the imposition that this bill has on health care providers and the barriers it erects between them and their patients. And nothing could be further from the truth. In fact, what this bill does is promotes an atmosphere between physicians, health care providers, and patients that strengthens the doctor-patient relationship by giving patients more access to their doctor and their health care providers at the time they need it most, when they are making decisions about chronic care, which is one of the biggest cost-drivers in health care today, managing their diseases, and in lowering the cost of health care for all of us. And yet you won’t hear one word about that as a critical benefit of this bill.

And that’s why, as the American people, Mr. Speaker, listen to the debate tomorrow leading up to this important vote, they need to ask themselves what’s this all about, and whose lives really are going to be impacted if we repeal health care. It’s time to talk reality. It’s time to talk about the Tucker Wrights of this world and what this will do to them, because rather than seeing this as a Patients’ Bill of Rights that finally preserves protection between patients and their insurance providers, we are talking about going back to the bad old days when those protections didn’t exist, when patients were playing against a stacked deck.
and were often cut out of the decision-making process.

The risk is too great. We need to think of who is going to benefit from this bill and who will be harmed if it is repealed. And I call upon all of my colleagues to search in their hearts and their souls for the real impact that this bill is going to have if repealed.

And with that, I yield back the balance of my time.

CONGRESSIONAL BLACK CAUCUS AND THE AFFORDABLE CARE ACT

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 5, 2011, the gentlewoman from the Virgin Islands (Mrs. Christensen) is recognized for 30 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, it’s an honor for me to join my colleagues in the Congressional Black Caucus for this half hour or so to talk to the American people about the importance of the provisions of the Affordable Care Act. For African Americans and other people of color, as well as rural Americans, who make up more than half of the uninsured, we cannot allow the consequences of these provisions to be repealed. Not when we have just gotten one foot in the health care door, some of us for the very first time.

For African Americans, who have higher death rates from all causes than any other population group, preventive care is critical, the strengthening of the public health force, the diversifying of an expanded workforce, the community health workers, the community health centers, the Offices of Minority Health, those equity provisions cannot be repealed. It’s a matter of life and death for us.

I know that the Republicans and their leadership who are calling for repeal won’t ever say that they want to take away those benefits of the law that make sure sick children can be ensured, that allow families to keep their children who can’t get jobs right away on their insurance until they are 26, or make sure that your insurance will be there for you when you need it most, when you get sick. They won’t tell you that they want to take those away, but that’s exactly what would happen if they are allowed to unravel this very carefully put together law.

Moreover, it should cause concern to every genuine and justice-seeking person in this country that two of the very first acts of this 112th Congress have been to take away rights, privileges, or benefits from United States citizens. They took away the vote in the Committee of the Whole from Representatives elected and sent here by over 5 million Americans.

And now the leadership is trying to take away services and benefits that in effect would take away the right that everyone should have to health care. What the leadership tries to take away next, good people must stand and speak and act to prevent them from doing so, as we must not let them repeal the job-creating health care reform law now.

Rev. Dr. Martin Luther King, Jr., who we remember yesterday, spoke about the appalling silence of good people.

So, my fellow Americans, what I am saying to you is we cannot be silent. I know it must be difficult for you, our constituents, to know what the Affordable Care Act does and what it doesn’t do, because there is so much distortion of the facts. So to help explain what the bill, what the law does, and how devastating the repeal would be, I want to now yield to my colleagues.

I will begin by yielding to the gentleman Georgia (Mr. Johnson).

Mr. JOHNSON of Georgia. I thank my colleague for yielding to me.

I must admit that I feel somewhat, gosh, it seems like only yesterday that the Republicans were accusing us of not taking care of what was the business at hand, which was job creation and what they call reckless spending. They accused us of wasting our time in the 111th Congress, and they said, we should have been dealing with jobs and spending, and they are doing the same thing.

They are wasting their time. The first month of the 112th Congress, they are wasting their time trying to repeal the health care for Americans, the Affordable Care Act. It’s mind-boggling to me that after the Democrats’ first month in office we dealt with the recovery package, jobs, and thereafter we went through a long process of putting in place a measure that will create 4 million new jobs in this economy that they ran into the ground.

We pulled the car out of the ditch, got the car running, ready to create 4 million new jobs, health care, 4 million new jobs. We got 32 million more Americans who would have access to the health care system in this country as a result of our passage of that act. And the Republicans, the first thing they do is want to kill a job-creating act that will enable their constituents and mine to have affordable health care.

It boggles the mind that we would want to turn the clock back, that we would want to start walking in the opposite direction, taking away benefits that have already come into effect under the health care act that we passed. They want to hurt small businesses which are able to receive a 35 percent tax credit when they spend money insuring their employees. They want to hurt small businesses which are able to receive a 35 percent tax credit when they spend money insuring their employees.

I saw a report earlier today indicating that hundreds of thousands of new policies have been issued by insurance companies based on these small businesses of less than 50 people that are choosing to offer health care insurance to their employees. That is significant.

The health insurance industry is making a profit by offering fair coverage to Americans. Preexisting conditions were something that young people, children, were denied insurance for under the old regime of insurance regulation. Under our act that the Democrats passed, no more can you ban children from getting insurance based on preexisting conditions, and that is something that we must not allow to be repealed.

My colleague from Iowa was just talking about a young child in his district who would be denied coverage for a preexisting condition if his parents had to go back into the market to purchase insurance if they lose their job or whatever, move, whatever the case might be. So this is quite significant. We don’t want to take that health care coverage away from the children who have received it even though they have preexisting conditions.

The $250 rebate for seniors who had reached the dreaded doughnut hole, seniors got a $250 check in the mail in 2010 to help them with that. In 2011, they will get a 50 percent discount on all their prescription drugs, 50 percent. That is going to help so many Americans with their drug bills. This is what they want to repeal. They want to cost you, as a consumer, more money for prescription drugs.

I am happy to be on the side of those who say “no” to a repeal of the health care legislation that we passed.

They want to be able to repeal provisions in the law that prevent and prohibit insurance companies from canceling your insurance when you get sick. That’s a commonsense regulation to protect American consumers. My friends on the other side of the aisle would, at the behest of those in the insurance industry who spent about $100 million to defeat health care legislation—and that was unsuccessful, so they went out and spent hundreds of millions of dollars more to defeat the Democrats who voted for it. And so now we are at the point where they want to reciprocate to those who elected them at the expense of the very American people who voted for them. It doesn’t make a whole lot of sense to me, Mr. Speaker, it really does not.

Lifetime caps on coverage already in effect, they would repeal that. They would allow the sale of insurance policies that would have a cap on them, a lifetime cap. So you would pay ever-increasing premiums with an ever-lessening amount of lifetime insurance coverage.

Well, we have taken that cap off. We have taken the unfairness out of that equation by mandating that those clauses in insurance contracts are void and unenforceable. So no more lifetime caps on insurance. These are some of the things that enabled the insurance companies and their corporate bosses, offices, shareholders and the like to obtain millions and millions and billions and billions of dollars of profits every year, filling up everywhere. Your premiums going up also, just reckless; no regulatory impact, no care about what’s that’s doing to America.
It’s actually costing the taxpayers a lot of money. Mr. Speaker, because if people don’t have insurance, that does not immunize them from getting sick.

We’re all going to get sick one day. We’re all going to need medical care. We’re all going to, at some point, need the care of a doctor or a nurse. And it costs money. And if we don’t have insurance paid for. So people without insurance don’t get access to the health care system until they get so ill that they have to go to the emergency room. And at that point, taxpayers have to subsidize that cost. And so it stands to reason that with 17 percent of our gross domestic product being spent for medical care in this country, and the fact that that has an impact on our interstate commerce, it means that the Federal Government certainly has a role to play in regulating the health insurance industry. And that’s exactly what we did.

I want to now recognize, or flip it, if you will, back to my good friend from the Virgin Islands.

Mrs. CHRISTENSEN. I want to thank you, Mr. JOHNSON, for helping to clarify some of the important areas that are provided for in the Affordable Care Act. Everyone is entitled to their own opinion, but not everyone is entitled to creating their own facts. And I think what we’re hearing tonight are the facts.

I would like to yield now for 5 minutes to the gentlelady from Texas, Congresswoman SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. I thank the gentlelady. It is a pleasure to be able to join my colleagues on the floor, including Congressman GREGORY MEeks of New York, who we’ll have the opportunity to hear from, and I thank Dr. CHRISTENSEN for your continued leadership, and my colleague on Judiciar Committee, we had the opportunity to contribute to the debate today.

The Judiciary Committee has as its jurisdiction the Constitution, and our friends on the other side of the aisle keep talking about that this is unconstitutional. It baffles me and almost frustrates me because I’m trying to grab hold to what the argument is, particularly since we have had Medicare by the Federal Government since 1965, and it has withstood any constitutional challenge, and that was implemented by Congress.

But frankly, if we have an argument to make on the Constitution, I will share with you why this is clearly a constitutional bill, because we are actually denying people both due process and for in under the law. And under the present system because we have a nation that is divided between the haves and have-nots. Forty million, plus 44 million, now I hear 32 million persons were uninsured. That’s what grabbed our attention. Those people did not have access to health care.

Clearly, if you look at the Constitution that says that the 14th Amendment says equal protection under the law, all people treated equally, and the Fifth Amendment says can’t deprive someone of life or liberty without due process. Well, I can tell you over the time that we debated this bill we saw the numbers rise actually in 26. And Andrew today said he’s been working very hard, he graduated from college, but unfortunately the job that he had offered to him has been pushed back because of the economy. He is working to get more experience as an intern with no compensation. His family cannot afford to keep him on to pay for independent insurance at this point. But yet he is being constructive, and he can be constructive because he can be on his parents’ insurance. Pregnant women and breast and prostate cancer patients, in particular, African American women and minority women have a devastating form of breast cancer. My father had prostate cancer, and at the age he was and the atmosphere that we were in, he was able to get his access he had at that time, one, he didn’t tell the family, two, we were uninformed about this thing called prostate cancer, and we didn’t find out about it until it had metastasized. My father actually had prostate cancer and died.

There is a statistic: An African American male over 65 that did not have the proper access to health care to be able to catch his prostate cancer. Now this bill will provide for prevention. And I think so much of what economic station you are in or status you are in, you have the ability to access health care, meaning you can go to a community health clinic or the community health centers, excuse me, or you may be able to buy your own health insurance at the rate in the amount you can.

There is a complaint here, as I said, about lacking the ability or not wanting to buy health insurance. Well, I want to argue to the contrary that the argument I made about the 10th Amendment and automobile insurance, but I also argue, would you rather have these individuals die or burden the massive public health system? Or would you rather have them have access to be healthy as opposed to being sick?

Then something has been said, job-killing bill. And one of the points that the Republicans make is 650,000 jobs lost. They are not telling the accurate story. The 650,000 jobs lost are people deciding not to work or to work less because they now have the ability to get their own insurance that is not tied to a job through the exchange. That is the accuracy of it. It’s voluntary, voluntary separation from a job because I am independent now to be able to go into business, to be a sole entrepreneur, a sole proprietor, and still have my insurance. And so these people would immediately be thrown off because we have considered a preexisting condition; breast cancer, obviously one of the more devastating diseases; prostate cancer. And
do you know what else? Heart disease which kills or has 43 million women today living with heart disease, some of whom do not know it because they do not have preventive care.

And then, our seniors have been frightened by community health clinics you can go to, you will have what we call a medical home so you won’t have to be worrying about, who is my doctor? You will have a consistent doctor, maybe even electronic records.

Particularly hard-hit are minority seniors or seniors in rural areas where hospitals are not even. But if they can go to a community health clinic that can diagnose them so they don’t have to go to an emergency room or be helicopter to a major city because they reached a crisis, seniors, this is a living bill for you.

And then, of course, this whole question of the deficit, I’ve already mentioned, but this idea of small businesses, let me tell you that small businesses are jumping for joy. Dr. Odetta Coin today said to us that she is glad that her pediatric practice will be able to get tax credits for her employees to provide health care and that she will be able to add another nurse practitioner just because this bill provides for small businesses.

So I can only say that this whole question of job loss is shaky, the whole question of the Constitution is shakey, and I conclude by saying this, and I will be on the floor again tomorrow: The Constitution has been misused in this debate. I beg of people to get the Constitution and 14th and 5th Amendments.

H.R. 2 is unconstitutional, because it creates an unequal system in America, a system of inequality as relates to health care. We’ve lived that way but we have not been able to get those who have been most deprived to take this case up all the way to the Supreme Court. Why did I not have health insurance? Why does my neighbor have it and I don’t have it? Well, we are now equalizing. With the Patient Protection and Affordable Care Act, we are giving the protection of the Constitution to the 14th Amendment and the Fifth Amendment of due process and equal protection. I can’t imagine a better way to value America than to say the dignity of our flag and our Constitution.

I thank the gentlelady, Dr. CHRISTENSEN, for her leadership.

Mrs. CHRISTENSEN. Thank you, Congresswoman JACKSON LEE and thank you for tying in to the Constitution to the 14th Amendment and the Fifth Amendment, for every legislation that we introduce and the constitutional issue has been raised over and over again and I thank you for addressing that in your remarks.

I would now like to yield to the gentleman from New York, Congressman MEEKS.

Mr. MEEKS. I want to thank the gentlelady from the Virgin Islands. I also want to thank the gentlelady from Houston, Texas, SHEILA JACKSON LEE, for that excellent statement on the Constitution and the 14th and the Fifth Amendments.

I am so serious about this issue that on this night when I don’t have much of a voice, it is important to talk about what is really going on here. When you think about the Constitution, the first thing that we were doing when we came back in the 112th was the reading of the Constitution. The Constitution was really put in place to help and protect Americans. It’s one thing to read the Constitution. It’s another thing to live the Constitution. I think the gentlelady put out the facts clearly down to the 14th and the Fifth Amendments, this is constitutional. I think it is also clearly what the Constitution, what the individuals who wrote in 1787, it was a Constitutional Convention, that it should remind us that the sacred text employs and empowers us to provide for and protect the American people.

What is the most precious thing that one has? Is it money? What is the most precious thing? It’s called life. Without life, what do we have? And what is the most important thing in living a good life? It’s health. So wouldn’t it seem that what would be the most appropriate thing to do is that we provide health care for Americans? It is without question I think that we can agree, whether we’re Democrat or Republican, we believe that we have the best country on the planet, in the history of the planet. But look at the blemish that has been on the American people, if we do not provide or give access to health care for all Americans. This is a struggle that we have had for debate after debate after debate, from President before President before President. And finally this Congress did come together in the 111th Congress and said, we’re going to provide health care to 95 percent of all Americans. No, we’re not perfect. The fact of the matter is I don’t know any bill that has ever been passed by any legislative body that is perfect. We’ve got to work, and in fact we talk about our union, to make it a more better union. The health care reform bill clearly does that.

Now the logic to come and to repeal the whole bill is unfounded. For even the Constitution of the United States of America was not a perfect document. Clearly for those of us who happen to be African Americans, when the Founding Fathers wrote it, they said we were only three-fifths of a human being. Clearly the Constitution didn’t give women the right to vote. The document itself as it was initially written was flawed. But we as a Nation didn’t say come and strike the entire Constitution; repeal the Constitution. That’s not what was done. What we did was we said, Let’s fix it. Let’s look and see where we can agree upon to amend it. In fact, there was a small debate on the floor right here where this Constitution would be read. Would it be the amended version? And that’s what we talked about, the amended version of the Constitution. That’s what was read here.

So where is the logic now where we clearly have the law of the land to come and say, get rid of it all? You’ve clearly heard from the gentleman from Georgia and the others that have spoken this evening about making sure that there is no individual who’s denied health care because of a preexisting condition. This bill assures us of that. If you have a child under 26 years of age, not working, they can stay on their parents’ health care. Seniors and the doughnut hole, we fixed that.

So if you’ve got a serious problem that you want to negotiate and talk about that’s within this bill that’s a problem, that’s a flaw, that needs to be addressed, then I think that as a body we can sit down and work together to get that done.

And so I say when I look at where we are, or ask my staff, for example, in my little district in New York, the Sixth Congressional District.

The SPEAKER pro tempore. The time of the gentlewoman from the Virgin Islands has expired.

Mr. MEEKS. Let me just end by saying this.

Let’s make sure that health care is not a privilege for a few but a right for the many. Let us make sure that we do not destroy this great health care reform bill that’s now law.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, let me thank our CBC Chair, Emanuel Cleaver and the gentlelady from the Virgin Islands, Congresswoman CHRISTENSEN for bringing this Special Order in order to pursue a very important discussion on the leadership of the Congressional Black Caucus and the Health Care Reform.

We remain committed to our diligent work to build the conscience of this Congress for finding this Special Order in order to provide dedicated and focused service to the citizens and Congressional Districts that have elected us. I hope that this discussion will highlight the impact of how the repeal of the Affordable Act would impact the American people, particularly, within the minority community.

We know that not all Americans have equal access to health care.

It is too unfortunate that persons of low-income, or of diverse racial and ethnic backgrounds, and other underserved populations have higher rates of disease.

This same population frequently experience fewer treatment options, and reduced access to the care they need.

Worst of all, minority populations are also less likely to have health insurance than the population as a whole.

But now, because of the Affordable Care Act, minorities can benefit from:

Preventative Care that includes regular Preventative Care that includes regular screenings, annual wellness check-ups, cancer screenings, and immunizations—all at no additional cost.
Care that is coordinated to help patients manage their chronic diseases such as diabetes, heart disease, high-blood pressure, cancer, and many other ailments that require multiple health teams.

Training to increase diversity within the health professions so that patients have more choice of providers who are racially and ethnically diverse. Also, health plans will be required to use language services and community outreach in underserved communities.

Expansion of the health care workforce with increased funding for community health centers, which provide comprehensive health care for everyone no matter how much they are able to pay.

Banning insurance companies from discriminating against those patients who have been sick. No longer will sick patients be excluded from coverage or charged higher premiums. Neither will women have to pay higher premiums simply because of their gender.

I am confident that if we repeal Affordable Care Act, we present a grave, unhealthy danger to the lives of our most vulnerable populations who need health care most by playing politics.

I urge my Republican colleagues to revisit the thought of repealing the Patient Protection and Affordable Care Act by working with eager Democrats to continue building a bridge to a healthier America—for all.

REMOVAL OF NAMES OF MEMBERS AS COSPONSORS OF H.R. 61
Mr. SCALISE, Mr. Speaker. I ask unanimous consent that the following Members be removed as cosponsors of H.R. 61: Mr. BILBRAY, Mr. COLE, Mr. FLEMING, Mr. GRAY, Mr. GREENBERGER, Mr. KLINE, Mr. LAMMORN, Mrs. LUMMIS, and Mr. MCHENRY.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Louisiana?

There was no objection.

GENERAL LEAVE
Mrs. CHRISTENSEN, Mr. Speaker. I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and add any extraneous material on the subject of my Special Order this evening.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from the Virgin Islands?

There was no objection.

LEAVE OF ABSENCE
By unanimous consent, leave of absence was granted to:

Ms. MCCOLLUM (at the request of Ms. PELOSI) for today on account of official business in the district.

Ms. CLARKE of New York (at the request of Ms. PELOSI) for today.

Mr. HUNTER (at the request of Mr. CANTOR) for today on account of travel delays.

Mr. AUSTRIA (at the request of Mr. CANTOR) for January 7 on account of attending the funeral, in the district, of a slain police officer.

SPECIAL ORDERS GRANTED
By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

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

Mr. McDERMOTT, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. BUMENFAIR, for 5 minutes, today.

Mr. KEATING, for 5 minutes, today.

Ms. LOWEY, for 5 minutes, today.

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

Mr. Poe of Texas, for 5 minutes, today and January 19, 20, and 24.

Mr. JONES, for 5 minutes, today and January 19, 20, and 24.

Mr. DOLD, for 5 minutes, today.

Mr. PAUL, for 5 minutes, January 19 and 20.

Mr. BURTON of Indiana, for 5 minutes, today and January 19 and 20.

Ms. BUERKLE, for 5 minutes, today.

Mr. FREELINGHUYSEN, for 5 minutes, today.

Mr. PAULSEN, for 5 minutes, today.

Ms. ROS-LEHTINEN, for 5 minutes, today and January 19.

Mr. FLEMING, for 5 minutes, today.

Mr. DRRIER, for 5 minutes, January 19 and 20.

Ms. FOXX, for 5 minutes, January 19.

ADJOURNMENT
Mr. SCALISE, Mr. Speaker. I move that the House do now adjourn.

The motion was agreed to; accorded to:

Mr. PAULSEN, for 5 minutes, today.

Ms. ROS-LEHTINEN, for 5 minutes, today.

Mr. FLEMING, for 5 minutes, today.

Mr. DRRIER, for 5 minutes, January 19 and 20.

Ms. FOXX, for 5 minutes, January 19.

EXECUTIVE COMMUNICATIONS, ETC.
Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:


75. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Texas; Emissions Banking and Trading of Allowances Program (EPA-R06-OAR-2005-0012; FRL-9246-3) received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.


77. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule Approval and Promulgation of state plans for Designated Facilities and Pollutants; State of Florida; Control of Large Municipal Waste Combustor (LMWC) Emissions From Existing Facilities [EPA-R04-OAR-2010-0392(a); FRL-9246-4] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.


83. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Action to Ensure Authority to


86. A letter to the Assistant Secretary, Legislative Affairs, Department of State, transmitting Transmittal of D.C. ACT 18-611, “Wayne Place Senior Living Limited Partnership Real Property Tax Exemption Act of 2010”, pursuant to the reporting requirements of Section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.


By Mr. Camp:
H.R. 297. A bill to require amounts remaining in Members' representational allowances at the end of a fiscal year to be used for deficit reduction or to reduce the Federal debt, and for other purposes; to the Committee on House Administration.

H.R. 298. A bill to designate the facility of the United States Postal Service located at 500 East Whitestone Boulevard in Cedar Park, Texas, as the "Army Specialist Matthew Troy Morris Post Office Building"; to the Committee on Oversight and Government Reform.

By Mr. Broun of Georgia:
H.R. 299. A bill to repeal the Patient Protection and Affordable Care Act and the Health Care and Education Assistance Act of 2010, repeal the 7.5 percent threshold on the deduction for medical expenses, provide for increased funding for high-risk pools, allow acquiring health insurance across State lines, and allow for the creation of association health plans; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, Education and the Workforce, Appropriations, the Judiciary, Natural Resources, House Administration, and Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. Carson of Indiana:
H.R. 300. A bill to establish a grant program in the Department of the Treasury to fund the establishment of centers of excellence to support research, development and planning, implementation, and evaluation of effective programs in financial literacy education and financial practices among individuals aged 18-24 years old, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. Forbes:
H.R. 301. A bill to ensure the energy independence of the States by promoting research, development, demonstration, and commercial application of technologies through a system of grants and prizes on the scale of original Manhattan Project; to the Committee on Science, Space, and Technology.

By Ms. Foxx (for herself, Mrs. McMorris Rodgers, Mr. Hice, Mr. Garrett, Mr. Frank of Arizona, Mr. Rohrabacher, Mr. Broun of Georgia, Mr. Pois of Texas, and Mr. freshman)
H.R. 302. A bill to provide for State approval of national monuments, and for other purposes; to the Committee on Natural Resources.

By Mr. Bilarakis:
H.R. 303. A bill to amend title 10, United States Code, to permit additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation and to eliminate the phase-in period under current law with respect to the receipt of the benefits; to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. Gallegly:
H.R. 304. A bill to amend the limitation on liability for certain passenger rail accidents or incidents under section 25101 of title 49, United States Code, with respect to a transportation, and in addition to the Committee on Transportation and Infrastructure, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. Eddine Bernicke Johnson of Texas (for herself, Mrs. Virginia, Mr. Filner, and Mrs. Christensen)
H.R. 305. A bill to waive the time limitations specified by law for the award of certain military decorations in order to allow the posthumous award of the Medal of Honor to Doris Miller for actions while a member of the Navy during World War II; to the Committee on Armed Services.

By Mr. Jones (for himself, Mr. Coble, Mr. Connolly of Virginia, and Mr. Price of North Carolina)
H.R. 306. A bill to direct the Secretary of the Interior to enter into an agreement to provide for management of the free-roaming wild horses in and around the Currituck National Wildlife Refuge; to the Committee on Natural Resources.

By Ms. Kaptur
H.R. 307. A bill to require persons who seek to retain seed harvested from the planting of patented or certain seed-bearing crops; to the Committee on Agriculture, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. McCarthy of New York (for herself, Mr. Clay, Ms. Norton, Mr. Weiner, Ms. Eshoo, Mr. Israel, Mrs. Maloney, Mr. Ackerman, Mr. Moran, Ms. McCollum, Mr. Brady of Pennsylvania, Mr. Serrano, Ms. Pingree of Maine, Mr. George Miller of California, Mr. McGovern, Ms. Harman, Mr. Pascrell, Ms. Hinson, Mr. Van Hollen, Ms. Napolitano, Mr. Nader, Ms. Edwards, Mr. Hastings of Florida, Ms. Matsui, Ms. Waters, Mr. Cicilline, Ms. Chu, Mr. Sherman, Mr. Thompson of Virginia, Ms. Slaughter, Mr. Ellison, Mr. Quigley, Mr. Meeks, Mr. Himes, Mr. Honda, Mr. Langevin, Mr. Speier, Mr. Cohen, Mr. Waxman, Mr. Conyers, Mr. Farr, Mr. Yarmuth, Ms. Jackson Lee of Texas, Ms. Woolsey, Mr. Blumenauer, Mr. Bishop of New York, Ms. Green, and Mr. Gibson)
H.R. 308. A bill to prohibit the transfer or possession of large capacity ammunition feeding devices, and for other purposes; to the Committee on the Judiciary.

By Mr. Mica:
H.R. 309. A bill to provide compensation for certain World War II veterans who survived the Japanese internment and were held as prisoners of war by the Japanese; to the Committee on Armed Services.

By Mr. Murphy
H.R. 310. A bill to deny certain Federal funds to any institution of higher education that admits as students aliens who are unauthorized to be present in the United States; to the Committee on Education and the Workforce.

By Mrs. Myrick:
H.R. 311. A bill to amend title II of the Social Security Act to require the Commissioner of Social Security to notify individuals of improper use of their Social Security account numbers; to the Committee on Ways and Means.

By Mrs. Myrick:
H.R. 312. A bill to establish procedures for the issuance by the Commission of Social Security of "no match" letters to employers, and for the notification of the Secretary of Homeland Security regarding such letters; to the Committee on Ways and Means.

By Mr. Smith of Texas (for himself and Mr. Schiffer):
H.R. 313. A bill to amend the Controlled Substances Act to clarify that persons who enter into a conspiracy within the United States to possess or traffic illegal controlled substances outside the United States, or engage in conduct within the United States to aid or abet drug trafficking outside the United States, may be criminally prosecuted in the United States, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. Thornberry:
H.R. 314. A bill to provide grants to States for health care tribunals, and for other purposes; to the Committee on the Judiciary.

H.R. 315. A bill to reduce the amount of paperwork and improve payment policies for health care services, to prevent fraud and abuse through health care education, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. Platts:
H.J. Res. 20. A joint resolution proposing an amendment to the Constitution of the United States to limit the number of consecutive terms that a Member of Congress may serve; to the Committee on the Judiciary.

By Mr. Hensarling:
H.R. 37. A resolution electing Members to certain standing committees of the House of Representatives; considered and agreed to.

By Mr. Dreier:
H.R. 38. A resolution to reduce spending through a transition to non-security spending at fiscal year 2008 levels; to the Committee on Rules.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII, Mr. Markley introduced a bill (H.R. 316) for the consideration of a joint resolution, which was referred to the Committee on the Judiciary.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

[Correction to the Record of January 5, 2011]

By Mr. Conyers:
H.R. 108. Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 1 of the United States Constitution. This provision permits...
Congress make or alter the regulations pertaining to Federal elections.

By Mr. CONYERS:
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses 14 and 18, among others.

[Omitted from the Record of January 12, 2011]

By Mr. AL GREEN of Texas:
H.R. 283.
Congress has the power to enact this legislation pursuant to the following:
The Constitutional authority to enact this legislation can be found in: Commerce Clause (Art. 1 Sec. 8 Cl. 3), Necessary and Proper Clause (Art. 1 Sec. 8 Cl. 18).

Constitutional analysis is a rigorous discipline which goes far beyond the text of the Constitution, and requires knowledge of case law, history, and the tools of constitutional interpretation. While the scope of Congress' powers is an appropriate matter for House debate, the listing of specific textual authorities for routine Congressional legislation about which there is no legitimate constitutional concern is a diminishment of the majesty of our Founding Fathers' vision for our national legislature.

By Mr. AL GREEN of Texas:
H.R. 284.
Congress has the power to enact this legislation pursuant to the following:
The Constitutional authority to enact this legislation can be found in: General Welfare Clause (Art. 1 Sec. 8 Cl. 1), Commerce Clause (Art. 1 Sec. 8 Cl. 3), Necessary and Proper Clause (Art. 1 Sec. 8 Cl. 18).

Constitutional analysis is a rigorous discipline which goes far beyond the text of the Constitution, and requires knowledge of case law, history, and the tools of constitutional interpretation. While the scope of Congress' powers is an appropriate matter for House debate, the listing of specific textual authorities for routine Congressional legislation about which there is no legitimate constitutional concern is a diminishment of the majesty of our Founding Fathers' vision for our national legislature.

[Submitted on January 18, 2011]

By Mr. CAMP:
H.R. 297.
Congress has the power to enact this legislation pursuant to the following:

Clause 7 of section 9 of Article 1 of the Constitution.

By Mr. CARTER:
H.R. 298.
Congress has the power to enact this legislation pursuant to the following:
The constitutional authority on which this bill rests is the power of Congress to establish Post Offices and post roads, as enumerated in Article 1, Section 8, Clause 7 of the United States Constitution.

By Mr. BROU of Georgia:
H.R. 299.
Congress has the power to enact this legislation pursuant to the following:

Article VI Clause 3 of the U.S. Constitution declares that Members of Congress are bound by oath or affirmation to support the U.S. Constitution. This Article places an obligation on Members of Congress to observe the limits of their authority and repeal unconstitutional acts of Congress.

The taxing and spending power found in Article I, Section 8, Clause 18, of the U.S. Constitution gives Congress the power “to lay and collect taxes, duties, imposts, and excises, to pay the debts and provide for the common defense and general welfare of the United States.” Repealing the deduction threshold for medical expenses and strengthening high-risk pools are permissible under this enumerated power.

The interstate Commerce power found in Article I, Section 8, Clause 3 of the U.S. Constitution explains that Congress shall have power to regulate commerce among the several states. Eliminating state barriers to interstate purchase of health insurance and allowing association health plans to exist are permissible under this enumerated power.

By Mr. CARSON of Indiana:
H.R. 300.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. FORBES:
H.R. 301.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses I, III, and general Welfare of the United States.

By Ms. FOXX:
H.R. 302.
Congress has the power to enact this legislation pursuant to the following:

By Mr. AL GREEN of Texas:
H.R. 303.
Congress has the power to enact this legislation pursuant to the following:
The Constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 13, 14, and 16), which grants Congress the power to raise and support an Army; to provide and maintain a Navy; to make rules for the government and regulation of the land and naval forces; and to provide for organizing, arming, and disciplining the militia, and to make all laws necessary and proper for carrying out the foregoing powers.

By Mr. JONES:
H.R. 304.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 3 of the United States Constitution.

By Mrs. KAPTUR:
H.R. 305.
Congress has the power to enact this legislation pursuant to the following:

The Constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 13, 14, and 16), which grants Congress the power to raise and support an Army; to provide and maintain a Navy; to make rules for the government and regulation of the land and naval forces; and to provide for organizing, arming, and disciplining the militia, and to make all laws necessary and proper for carrying out the foregoing powers.

By Mrs. BILIRAKIS:
H.R. 306.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress by Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. MYRICK:
H.R. 307.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress by Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. CARTER:
H.R. 308.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress by Article I, Section 8, Clause 3 of the United States Constitution.

By Ms. KAPTUR:
H.R. 309.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress by Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. MICA:
H.R. 310.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress by Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. BILIRAKIS:
H.R. 311.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress by Article I, Section 8, Clause 3 of the United States Constitution.

By Mrs. MYRICK:
H.R. 312.
Congress has the power to enact this legislation pursuant to the following:
Clause 18 of Section 8 of Article I of the Constitution.

By Mr. SMITH of Texas:
H. R. 313.
Congress has the power to enact this legislation pursuant to the following:

The authority to enact this bill is derived from, but may not be limited to, Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. THORNBERY:
H. R. 314.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8 of the United States Constitution.

By Mr. THORNBERY:
H. R. 315.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8 of the United States Constitution.

By Mr. MARKEY:
H. R. 316.
Congress has the power to enact this legislation pursuant to the following:

Clause 3 of Section 8 of Article 1 of the Constitution and Clause 4 of Article 1 of Section 8 of the Constitution.

By Mr. PLATTS:
H. J. Res. 20.
Congress has the power to enact this legislation pursuant to the following:

"Article V: The Congress, whenever two thirds of both Houses shall deem it necessary, shall propose Amendments to this Constitution, or, on the Application of the Legislatures of two thirds of the several States, shall call a Convention for proposing Amendments, which in either Case, shall be valid to all Intents and Purposes, as Part of this Constitution, when ratified by the Legislatures of three fourths of the several States or by Conventions in three fourths thereof, as the one or the other Mode of Ratification may be proposed by the Congress; Provided that no Amendment which may be made prior to the Year One thousand eight hundred and eight shall in any Manner affect the first and fourth Clauses in the Ninth Section of the first Article; and that no State, without its Consent, shall be deprived of its equal Suffrage in the Senate."

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H. R. 2: Mr. DUNCAN of South Carolina and Mr. SOUTHERLAND.

H. R. 4: Mr. SHULER.

H. R. 21: Mr. FAIRENTHOLD, Mr. GARDNER, and Mr. FLEMING.

H. R. 38: Mr. ROSS of Florida, Mr. LONG, Mr. WALKER, Mr. JOHNSON, Mr. LEOB, Mr. FAIRENTHOLD, and Mr. DUNCAN of South Carolina.

H. R. 44: Ms. BERKLEY and Mr. HASTINGS of Florida.

H. R. 68: Mr. ROSS of Arkansas, Mr. GOODLATT, Mr. HUELSKAMP, and Mr. MCCLINTOCK.

H. R. 69: Mr. ROSS of Arkansas, Mr. HUELSKAMP, and Mr. MCCLINTOCK.

H. R. 86: Mr. MCCLINTOCK and Mr. CARTER.

H. R. 87: Mr. DUNCAN of Tennessee, Mr. KIND of Iowa, and Mr. ROSS of Florida.

H. R. 96: Mr. MACK, Mr. GALLAGHY, Mr. MCCOTTER, and Mr. SCHROCK.

H. R. 97: Mr. MCCOTTER, Mr. GARDNER, Mrs. EMERSON, Mr. COLE, Mr. CAMP, Mr. MILLER of Florida, Mr. ADEHLOTT, Mr. CAMPBELL, Mr. WILSON of South Carolina, Mr. McCaul, Mr. LEWIS of California, Mr. ROGERS of Alabama, Mr. ROSS of Florida, Mr. POSEY, Ms. JENKINS, Mr. FLEMING, and Mr. THOMPSON of Pennsylvania.

H. R. 104: Mr. LATOURETTE and Mr. CUBBERSON.

H. R. 116: Mr. COHEN.

H. R. 121: Mr. PLATTS, Mr. RENACCI, Mr. RUNyan, Ms. JERZINA, Mr. SHUSTER, Mr. ROHRABACHER, Mr. WILSON of South Carolina, Mr. PAUL, and Mr. BACHUS.

H. R. 122: Mr. DUNCAN of South Carolina.

H. R. 126: Mr. ALEXANDER.

H. R. 146: Ms. FOXX, Mrs. MYRICK, Mr. LANDRY, and Mr. BURGESS.

H. R. 155: Mr. HUELSKAMP and Mr. SAM JOHNSON of Texas.

H. R. 177: Mr. COFFMAN of Colorado, Mr. SENNENBRENNER, Mr. BURTON of Indiana, Mr. POMPEO, and Mr. ADEHOLT.

H. R. 198: Mr. CONNOLLY of Virginia, Mr. WU, Mr. KISSELL, Mr. KUCINICH, Mrs. BLACKBURN, Mr. CRUNTZ, Mr. MCDERMOTT, and Mr. HANNA.

H. R. 217: Mr. BARLETTA, Mr. WRIGHT, Mr. FORTENBERRY, Mr. HURT, Mr. WITTEN, Mr. DESJARLAIS, and Mr. KINGSTON.

H. R. 245: Mr. MCCLINTOCK.

H. R. 280: Mrs. MYRICK.

H. R. 282: Mrs. MYRICK.

H. R. 291: Ms. FUDGE.

H. R. 292: Mr. PAUL, Mr. BRADY of Texas, Mr. CALVERT, Mr. SCHOCK, Mr. POSEY, Mr. HANNA, Mr. BROUN of Georgia, Mr. PAULSEN, Mr. BURTON of Indiana, Mr. SESSIONS, Mr. GRIFF, Mr. MURPHY of Pennsylvania, Mr. FITZPATRICK, Mr. REED, and Mr. GARDNER.

H. J. Res. 8: Mr. DUNCAN of South Carolina, Mr. POMPEO, Mr. GIBBS, Mr. FAIRENTHOLD, Mr. BACHUS, Mr. DUNCAN of Tennessee, Mr. LEWIS of California, Mrs. EMERSON, Mr. REHBERG, Mr. NUEGEBAUER, and Mr. ROSS of Arkansas.

H. J. Res. 19: Mr. COFFMAN of Colorado.

H. Con. Res. 3: Mr. HELDER and Mr. PAUL.

H. Res. 11: Mr. CAPUANO, Mr. PASCRELL, Mr. GONZALEZ, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. BERMAN, Mr. LOEB, Mr. STARK, Mr. NADLER, Mr. RYAN of Ohio, and Mr. OLIVER.

H. Res. 15: Mr. KLINK.

H. Res. 19: Mr. GHIJALVA, Mr. OLIVER, Mr. FILNER, Mr. PRICE of North Carolina, Mr. MARKY, Ms. SCHAROWSKY, and Mr. STARK.

H. Res. 20: Mr. FILNER, Mr. KUCINICH, Ms. SCHAROWSKY, and Mr. NADLER.

H. Res. 23: Mr. POSEY and Mr. HUNTER.

H. Res. 25: Mr. POSEY, Mr. BISHOP of Georgia, and Mr. BILBRY.

H. Res. 36: Ms. BASS of California, Ms. EDWARDS, Mr. CLARK of Michigan, Mr. WATT, Mr. SCOTT of Virginia, Mr. DAVID SCOTT of Georgia, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. MCCOLLUM, Mr. SMITH of Washington, and Mr. MARKY.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

OFFERED BY MR. DANIEL E. LUNGREN OF CALIFORNIA

The provisions that warranted a referral to the Committee on House Administration in H. R. 292 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

DELETION OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H. R. 61: Mrs. LUMMIS, Mr. DUNCAN of South Carolina, Mr. GRAVES of Georgia, Mr. BILBAY, Mr. MCHENRY, Mr. COLE, Mr. KLINK, Mr. GIBBS, Mr. LAMBORN, and Mr. FRANKS of Arizona.
CONGRATULATING THE GATOR BOWL CHAMPION MISSISSIPPI STATE UNIVERSITY FOOTBALL TEAM

HON. GREGG HARPER
OF MISSISSIPPI
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. HARPER, Mr. Speaker, the Mississippi State University Bulldogs concluded their 2010 football season with a crushing 52–14 victory over the University of Michigan in the 66th annual Gator Bowl held on January 1, 2011. This commanding win marked Mississippi State’s fourth consecutive bowl victory and capped the Bulldogs’ 9–4 season as the No. 15 ranked team in the Associated Press Top 25 Poll.

Second-year Mississippi State head coach Dan Mullen crafted an explosive offensive performance led by junior quarterback Chris Relf, who completed 18 of his 23 pass attempts for 281 yards and three touchdowns. Relf also punched the ball in from the one-yard line bringing his totals to 311 yards and four touchdowns. The junior from Montgomery, Ala. honored defensive end Nick Bell by wearing his No. 36 jersey. Bell lost his short battle with cancer after starting two games this season, including his final game against Georgia where he tallied seven tackles.

Mississippi State junior running back Vick Ballard carried the ball for three scores, making the Pascagoula, Miss. native the first MSU player to record 19 touchdowns in one season.

Although Michigan led at the break, the Bulldog defense did not allow the Wolverines to score in the second half. The dominating defense held Michigan’s Heisman hopeful quarterback to just 59 yards on the ground though he entered the post-season game averaging 136.9 rushing yards.

When it was all said and done, the Bulldogs finished 4–4 in the Southeastern Conference with wins over No. 22 Florida and their in-state rivals Ole Miss. To boot, the four losses were to top-twelve teams.

I congratulate all of the players, coaches and fans for a phenomenal season and look forward to many great years of football in Starkville, Miss. I am extremely proud to represent Mississippi State University in the U.S. House of Representatives.

EXPRESSING SENSE OF HOUSE REGARDING ARIZONA SHOOTING

SPEECH OF
HON. DIANA DeGETTE
OF COLORADO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 12, 2011

Ms. DeGETTE, Madam Speaker, it is under somber circumstances that this body gathers here today. On behalf of the people of Colo-

rado and the constituents I represent in the First District, we send our prayers and compassion to all who are mourning the events of last weekend and trying to come to terms with the grief this incident has caused.

As two of three treasures in the U.S. House of Representatives from the Rocky Mountain West, GABBY and I spoke often about the sometimes difficult task of staying close with family and loved ones, while shuttling back and forth across long distances between our homes and Washington. She has always been extraordinarily dedicated to her family, and in the wake of this tragedy we see the love her family and community has shown her in return.

While GABBY was the victim with whom I shared a personal connection, the tragedy of last weekend runs far deeper than just reflecting on the attack on our colleague. What happened to GABBY and 19 others on that sunny Tucson morning, happened to all of us—to all Americans. The victims came from all walks of life, each one representing their own unique story, yet each one also reflecting in many ways, people we all know and love. From the young girl with dreams of changing the world; to the dedicated staffer committed to serving his country and helping the people of home-town; to the man willing to give his own life to save the life of the woman he loves; to the federal judge devoted to the cause of justice and law; to the retired woman escaping cold, snowy winters for warmer climes; to the wife of a former Marine quietly living out her Gold Star days. These years with the souls unite us all in the common dreams and blessed experiences we hold as Americans.

Last Saturday, that unity was assaulted as a single, deranged gunman attempted to cut through the very bedrock of our democracy, by attacking an event at which a Member of Congress was performing her most fundamental responsibility—meeting with her constituents. The attack felt particularly heinous against a Member of this institution in which each of us have been asked by voters to serve largely because of its proximity to the people.

And while these events have understandably renewed discussions about congressional security, we must ensure that these efforts do not leave us insulated from our constituents. We each have an obligation to protect ourselves, our constituents, and our staff. But our professional obligation mandates that we remain accessible and inviting, because it is through us that the every American from Tucson, Arizona, to Portland, Maine, has a voice in the corridors of Washington, D.C.

Finally, it is important to remember that these were the actions of one individual clearly in need of mental health assistance. While it is too early to know what motivated him to violence, not all level of political discourse in this country is not meeting the standard to which we should hold ourselves, nor meeting the standard our country’s founders envisioned for our great nation. Far too often we have failed to find a way to, as Speaker Boehner put it last week, “disagree without being disagreeable.”

It is my hope that the events of the past weekend serve as a wake-up call for everyone and remind us all that we need to reject extremism and violence, respect those who answer the call to public service, and strengthen our country with our every deed—just as those in Tucson have done since that fateful day.

GABBY is a friend and treasured colleague, and my deepest condolences extend to her family, as well as the friends and family of the constituents and staff members wounded or killed in the unspeakable attacks of January 8, 2011.

God bless this Body, and God Bless the United States of America.

RECOGNIZING MAJOR GERARD ACOSTA

HON. BEN RAY LUJÁN
OF NEW MEXICO
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. LUJÁN, Mr. Speaker, today I recognize and pay tribute to MAJ Gerard “Gerry” Acosta, United States Army, on the occasion of his departure from the Army House Liaison Office to pursue Command and General Staff College studies at Fort Belvoir, Virginia. I, and many other members of this chamber, have had the pleasure of working with him over the past 3 years that he has served as a part of the U.S. Army Office of Legislative Affairs and as a Liaison Officer in the Army Liaison Office in the U.S. House of Representatives.

Major Acosta has had a remarkably varied and successful career. He was born in the Panama Canal Zone, Panama. As a military brat, Major Acosta grew up in Central and South America, eventually residing in the Commonwealth of Puerto Rico. In 1997, after completing the United States Military Academy Preparatory School and Fort Monmouth, New Jersey, and 2 years at the United States Military Academy, Gerry had to transfer to the University of Florida to support a family emergency. In 1999, Gerry graduated, with a Bachelor of Science in Chemistry and a minor in Chemical Engineering. In the completion of the Reserve Officer Training Corps, Major Acosta was commissioned a second lieutenant in the Quartermaster Branch and branch-detailed to the Infantry.

Major Acosta’s initial assignment was to Fort Lewis, Washington, where he served as a Motor Platoon Leader, Company Executive Officer, and later Assistant Brigade Logistics Officer (S-4) in the 3rd Brigade, Second Infantry Division. Major Acosta then attended the Combined Logistics Career Course and Petroleum Officer Course in Fort Lee, Virginia. Upon completion of his courses, Major Acosta served 13 months as an Aide-de-Camp to the Commanding General of Army Material Command, Southeast Asia in Camp Arifjan, Kuwait and Bagram, Afghanistan.

Upon his return to the United States, Major Acosta served 31 months as a Quartermaster Direct Support Company Commander in the
RECOGNIZING WILLIAM D. JAMES, MD, FAAD, OUTGOING PRESIDENT OF THE AMERICAN ACADEMY OF DERMATOLOGY

HON. CHAKA FATTAH OF PENNSYLVANIA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. FATTAH. Mr. Speaker, I would like to take the opportunity to revise remarks I included in the CONGRESSIONAL RECORD previously and submit the following remarks in their stead.

Mr. Speaker, I rise today to congratulate Dr. William James, a University of Pennsylvania dermatologist who will conclude his term as President of the American Academy of Dermatology in February. He will have held office for one year and also held the same position for the American Academy of Dermatology Association.

After beginning his academic career at the U.S. Military Academy at West Point, Dr. James earned his medical degree from Indiana University School of Medicine. He completed a medical internship at Walter Reed Army Medical Center, in Washington, DC, and his residency in dermatology at the former Letterman Army Medical Center in San Francisco. He is the Paul R. Gross professor and vice chair of the department of dermatology at the University of Pennsylvania in Philadelphia. He also serves as the residency and fellowship program director.

An active member of the American Academy of Dermatology, Dr. James has served as a member of the board of directors, the council on member services, and numerous task forces and committees. He is the past chief of dermatology service at Walter Reed Army Medical Center. He has authored more than 310 publications, including co-authorship of the last three editions of Andrews’ Diseases of the Skin. Additionally he served as founding editor-in-chief of the dermatology section of Emedicine.com, a clinical resource developed by WebMD. He has been named Bynum Mayer, Pennsylvania, with his wife, Ann. They have two children and are expecting a grandchild in early 2011.

GREATER VALPARAISO CHAMBER OF COMMERCE BUSINESS AWARD WINNERS FOR 2010

HON. PETER J. VISCLOSKY OF INDIANA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. VISCLOSKY. Mr. Speaker, it is with great pleasure that I stand before you today to recognize the Greater Valparaiso Chamber of Commerce business award winners for 2010 and to congratulate the 2010 Distinguished Community Leader Award recipient, Mr. Bruce Leetz, and the 2010 Legacy of Service Award recipient, Mr. Larry Klemz. These outstanding recipients were honored during the Chamber’s annual “Salute to Leadership” dinner that took place on Saturday, January 15, 2011, at Strongbow Inn in Valparaiso, Indiana.

The Greater Valparaiso Chamber of Commerce utilizes members of the community in order to improve the quality of life within the community of Valparaiso through business development and community service. Each year, Chamber members and friends gather together to honor the recipients of the Distinguished Community Award and the Legacy of Service Award.

This year, the Greater Valparaiso Chamber of Commerce honored its 2010 Business Award Winners. Peoples Bank and Urschel Laboratories were honored with the 100 Years in Business award. The 75 Years in Business award was given to Lincoln Office, L.L.C., and the recipient of the 50 Years in Business award is G.E. Marshall, Inc. Each business is dedicated to providing excellent business to the community and for that reason, they are to be commended.

The 2010 Distinguished Community Leader Award recipient is Bruce Leetz. A graduate of Valparaiso High School and Ball State University, Bruce is the President and Chief Executive Officer of North Coast Distributing and has been employed with the company for over 45 years. A local, family-owned beer wholesaler since 1939, North Coast, formerly Valpo Beverage, has become one of the premier distributors in the Midwest under Bruce’s leadership. In addition to his successful career, Bruce has continuously been an active participant in his community, having served on the boards of the Northwest Indiana Forum, the Greater Valparaiso Chamber of Commerce, and the Northwest Indiana Entrepreneurship Academy. He is also a past president of the Porter County United Way and the Valparaiso Rotary Club, and he is a Ruling Elder at First Presbyterian Church of Valparaiso. For his outstanding dedication to serving his community, Bruce is worthy of the highest praise.

Larry Klemz is the recipient of the 2010 Legacy of Service Award. Larry received a Bachelor of Arts degree in Business from Valparaiso University. Following graduation, Larry worked for Home Mountain Publishing, which he purchased in 1978. He previously bought a small printing company in Valparaiso named the Herald Press and merged the two businesses together. Larry serves as President of his company, Larry’s Leadership and dedication to his company has made Home Mountain Printing an industry leader in Northwest Indiana.

CONGRATULATING TCU HORNED FROGS

HON. KAY GRANGER OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Ms. GRANGER. Mr. Speaker, I rise today to offer my congratulations to the TCU Horned Frogs football team for their 21–19 victory over the Wisconsin Badgers in the 2011 Rose Bowl. Quarterback Andy Dalton was named the Most Valuable Offensive Player, while linebacker Tank Carder was named the Defensive MVP.

The Rose Bowl attendance of 94,118 was the largest crowd to ever attend a TCU football game. Excluding the NFL, the 2011 Rose Bowl Game was the most-watched event in ESPN and cable television history. In addition to an outstanding performance in the Rose Bowl game, TCU posted its third straight top-10 ranking this season, and its fourth top-10 in the last six seasons. TCU’s 13–0 overall record was the second undefeated season in program history.

The 13 wins mark the most victories in a single season for TCU. As any college football fan knows, breaking into a BCS game is a huge accomplishment for a non-automatic qualifying school, and I am proud that the Horned Frogs became the first non-automatic qualifying school to play in and win the Rose Bowl. With this feat, TCU has proven once again that they can play with any college football team in the Nation.

TCU had five first-team All-Americans: linebacker Tank Carder, defensive end Wayne Daniels, safety Tejay Johnson, return specialist Jeremy Kerley and center Jake Kirkpatrick. Jake Kirkpatrick won the Rimington Trophy as the Nation’s top center.

Congratulations to the team, the coaches, and the entire Horned Frogs staff for an outstanding year and an incredible performance in the Rose Bowl game. The Horned Frogs have made TCU and the entire Fort Worth community proud.
A TRIBUTE TO LOUISA JOSEFINA MORRIS

HON. EDOLPHUS TOWNS
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. TOWNS. Mr. Speaker, I rise today in recognition of Louisa Josefinna Morris on the occasion of her 100th birthday.

Louisa Josefinna Morris was born in Colon, Panama on January 17, 1911 to Elmina Cox and Charles Watts. She was raised by her grandparents Ella and Ernest Beury in Panama’s Gatun, Cristobel Canal Zone. Her grandparents proved to be important role models; they provided a loving and caring home for her to develop and grow.

Louisa met and married Irving Benjamin Morris, and together, they had five children: Irene Walker, Davina Morris, Olivia Aikens, Leo Morris, and Elisa Morris.

In 1958, Louisa left Panama and relocated to the United States, where she got a job at a local hospital. She became a citizen five years later. Her children and husband all came to the United States shortly after Louisa.

All of her children grew up and had children of their own, giving Louisa and Irving many grandchildren. Louisa contributed to raising the first generation of her grandchildren. Now each of her grandchildren has children of their own.

Through the past 100 years, Louisa has lived a full life, through World War I and World War II, Vietnam, segregation, Martin Luther King Jr., Malcolm X, the assassination of President John F. Kennedy, and the election of President Barack Obama, and says now that she has seen it all, and has had the pleasure of doing what many have not been privileged to do.

Mr. Speaker, I urge my colleagues to join me in recognizing the life of Louisa Josefinna Morris.

EXPRESSING SENSE OF HOUSE REGARDING ARIZONA SHOOTING

SPEECH OF
HON. JOSÉ E. SERRANO
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 12, 2011

Mr. SERRANO. Madam Speaker, it is with heartfelt sadness that today I remember those who lost their lives in this tragic shooting in Tucson, Arizona on January 8, 2011. I remember those who reacted with bravery in trying to stop the gunman. I remember those who were wounded and even now are fighting to recover from their wounds. I remember all of the family members who are struggling with great losses.

Finally, I remember with hope for her speedy recovery, Representative Gabrielle Giffords.

This is a sad time for our Nation, a time when we reflect on how all too often violence strikes and randomly takes some of our best and brightest. All of the lives that were lost were special to those who loved them—to their spouses and their children and the grand and the great. Judge John Roll was a public official serving our country with distinction and dedication. Christina Taylor Green was a young child with an interest in learning more about how government works. I hope that in the future our children will be able to meet with their representatives without endangering their lives.

As a Member of Congress who has worked with Representative Giffords, I am especially touched by this senseless tragedy. Representative Giffords is a very friendly, hard working colleague. She is someone who is easy to get along with and always willing to chat and lend a helping hand. She was doing what is expected of all of us who represent our constituents—we met with our constituents and we listen to their concerns and we try to help them. That is what we were elected to do—and so it is especially hard to see that one of our own was injured while doing—what we all do—our job.

Please let me conclude by saying that my thoughts and prayers are with all of those who died or were injured and with the families who loved them. My prayers are with Representative Giffords as she recovers and my hope is that soon she will be back with us here in the House of Representatives where she belongs.

HISTORIC INAUGURATION IN SOUTH CAROLINA

HON. JOE WILSON
OF SOUTH CAROLINA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. WILSON of South Carolina. Mr. Speaker, Senator Glenn McConnell (R-Charleston) presided over the historic inauguration in Columbia, South Carolina on January 12, 2011, as President of the State Senate. With the Inauguration of Governor Nikki Randhawa Haley as the first female Governor in the 341-year history of the state and in the first all-Republican inauguration in over 150 years, Senator McConnell delivered a moving tribute to our Constitution:

"Welcome to the inauguration of the 117th Governor of South Carolina and for the Inauguration of the Lt. Governor of South Carolina and Constitutional Officers."

As a wife and the mother of two, Nikki Haley understands the importance of what is at stake both for our state and for her family. With young children and a husband who wears the uniform of our state and Nation, she should know full well the importance of what is ahead in the coming years for our state and this country, and knowing that, she has offered herself for service in this difficult time. Her steadfast convictions have brought her forward to serve herself for service in this difficult time.

We have come again to celebrate the wonder of our system of government—a system of government that allows for the transition of power from one person to another without the need for guns or violence but with only words and ideas.

We have all been called to serve for myriad reasons. We all have different ideas and varied goals. Despite our different issues and the different paths we take to get there, our legislative journey must all have the same starting point—the oath of office. No matter the political party or our philosophical bent we all have one thing in common: the bedrock of our political service is our sworn oath to uphold and follow the constitution.

To paraphrase Hugo Black, our constitution was not written in sand but in the foundation of our state and Nation. It is our bedrock and is not to be altered by the shifting winds of current sentiment. Our constitution must always be followed strictly and faithfully by all those who elect to serve this country. It is what our founders put in place to protect those at home from those of us in Columbia and Washington. It is a limit on what we can do. The constitution is both the means to an end as well as the beginning and end of what we do. We must never allow our desire to achieve some laudable goal tempt us to try and bypass the constitution. No great right will ever justify the wrong needed to get there.

Let us depart from each issue we confront as we leave this celebration—united in a desire to provide for a better future for our children and grandchildren. With God's will, we will muster the strength, wisdom and patience to do what we must do.

Our state's motto is "Dum Spiro Spero" or "while I breathe, I hope." Let us leave here and each have that breadth we take and each word we speak give hope to those at home that our best days are not behind us but yet are still ahead.

HONORING DAN PETTY

HON. EDDIE BERNICE JOHNSON
OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I am honored to pay tribute to a good friend, great Texan, and wonderful individual, Dan Petty, former President and CEO of the North Texas Commission, who passed away on January 11, 2011, leaving a legacy of accomplishments and good will that will last for generations to come. Dan was a kind man with a drive to bring people together to collaborate on projects that impact the entire North Texas region. His proudest moment was the region-wide collaborative efforts that resulted in North Texas hosting Super Bowl XLV.

Dan Petty was a 1957 Texas High School graduate, received a Bachelor of Science in civil engineering from the University of Texas at Austin, Master of Government Administration from the Fels Institute of Government at The Wharton Graduate School, Master of Arts in Public Administration from the University of Texas, and a Master of Management in Electronic Commerce from the University of Dallas.

A lifelong Longhorn, Petty played football on scholarship at the University of Texas as in Coach Darrell Royal's first recruiting class. His modesty kept these and other recognitions in the background as he worked with state, local and academic leaders across the state for the benefit of Texans.

In addition to being the former President and CEO of the North Texas Commission, he served as President of Henry S. Miller/Grubb & Ellis Commercial Realtors; President of the Woodbine Development Corporation/Hunt Realty Services and Wilcox Realty Group; Assistant City Manager of Lubbock, Texas; Director of Urban Affairs for the North Central Texas Council of Governments; Executive Assistant to the Governor of Texas; Director of Public Affairs for the University of Texas; Assistant
City Manager of Dallas, Texas; President of the Dallas Chamber of Commerce, Past Chairman and Board of Directors of the Cotton Bowl Athletic Association, Board of the State Fair of Texas, and a Member of the Super Bowl Bidding Committee who were instrumental in North Texas winning the 2011 Super Bowl XLV.

His civic service included: Chairman for the Dallas Convention and Visitors Bureau; Texas Economic Development Commission, Museum of African American Life and Culture, American Cancer Society, Cattle Baron’s Ball, Dallas Area Rapid Transit, Community Foundation and Dallas County Children’s Services Task Force.

Dan will be greatly missed by his family, especially by his wife Mary Jane Petty, children Adrienne Watson and her husband Chas, Kent Petty and his wife Jennifer, and step-children Maggie Colbert and her husband Geoff, and Robert Riley; and seven grandchildren.

Mr. Speaker, I ask that my colleagues join me in mourning the death of Dan Petty and recognizing his legacy.

A TRIBUTE TO STEIN BUEER

HON. DORIS O. MATSUI
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Ms. MATSUI. Mr. Speaker, I rise today to recognize and honor Stein Bueer for his leadership as the Executive Director of the Sacramento Area Flood Control Agency, SAFCA. Stein recently departed SAFCA after six successful years to return to the California Department of Water Resources, where he will serve as Assistant Chief of the Division of Flood Management. In this role, Stein will assist in the design and implementation of the State’s FloodSafe Program, an undertaking that will significantly benefit from his experience and comprehensive approach to flood protection.

Mr. Speaker, I stand today to recognize and honor the exceptional leadership of P. Stein Bueer. His ability to address the concerns of many and work towards common goals has been truly remarkable. I ask all my colleagues to join me in thanking Stein for his dedication to protecting the people of Sacramento from flooding.

Over the past six years I have worked with Stein to improve Sacramento’s flood defenses and I have always found him to be a man of intelligence, integrity and vision. Under his leadership, SAFCA was instrumental in repairing some of Sacramento’s most vulnerable levees, he worked with the California legislature to implement better flood management policies, and led by aggressively moving forward on both the Folsom Dam Joint Federal Project and the Natomas Levee Improvement Project.

Since Stein’s tenure began at SAFCA in 2004 he has worked to finish ongoing levee projects and quickly start new ones. Some of Stein’s most successful projects include working to certify the levees along some of Sacramento’s urban creeks, and along both the American and Sacramento Rivers. These certifications were instrumental in improving public safety and removing tens of thousands of homeowners from the 100-year floodplain. Under his watch, SAFCA has also started over 40 miles of levee improvements in the Natomas Basin.

From Folsom Dam to South Sacramento, Stein’s imprint can be seen throughout the Sacramento Region. Shortly after arriving at SAFCA, Stein and his colleagues from a number of government agencies had to rapidly redesign a series of modifications to the Folsom Dam in the wake of potential cost overruns.

Through this refined project, a second spillway will be added to the Folsom Dam which will significantly improve the management of larger flood events. Thanks in large part to his efforts, this project is on time and on budget.

An advocate for both public safety and environmental conservation, Stein was a driving force at the California Association for Science Conference and the California Levees Roundtable. During these discussions, he brought the U.S. Army Corps of Engineers, the California Department of Water Resources, and other key stakeholders together to discuss the importance of maintaining and improving existing levees.

After a great deal of success and more than six years as the Executive Director, Stein has decided to return to the California Department of Water Resources as the Assistant Chief of the Division of Flood Management. In this role, Stein will assist in the design and implementation of the State’s FloodSafe Program, an undertaking that will significantly benefit from his experience and comprehensive approach to flood protection.

Mr. Speaker, I stand today to recognize and honor the exceptional leadership of P. Stein Bueer. His ability to address the concerns of many and work towards common goals has been truly remarkable. I ask all my colleagues to join me in thanking Stein for his dedication to protecting the people of Sacramento from flooding.

RECOGNIZING THE 100TH ANNIVERSARY OF THE FORT BRAGG LIBRARY

HON. MIKE THOMPSON
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. THOMPSON of California. Mr. Speaker, I rise today in recognition of the one year Anniversary of the Fort Bragg Library.

Fort Bragg Library soared and became equal to and sometimes exceeded the operations of the County’s main library at the county seat in Ukiah.

Mr. Speaker and colleagues, for its hundred years (and counting) historic and civic importance and invaluable service to the community it is appropriate that we honor the Fort Bragg Library.

ONE YEAR ANNIVERSARY OF THE HAITI EARTHQUAKE

HON. YVETTE D. CLARKE
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Ms. CLARKE of New York. Mr. Speaker, I rise today in recognition of the one year Anniversary of the devastating earthquake in the island nation of Haiti. One year ago, the United States joined the rest of the world in witnessing the aftermath of the 7.0 magnitude earthquake that left hundreds of thousands dead and one million people homeless. We joined the rest of the world in donating billions of dollars in financial and material aid. The Obama Administration acted quickly and compassionately, making an impressive impact on the emergency phase of one of the largest coordinated international disaster responses that the world has seen. The President quickly awarded Temporary Protected Status (TPS) to Haitian nationals living in the U.S. to increase remittances back to Haiti. The international community rallied around the Haitian government providing unprecedented support. The Haitian Diaspora instantaneously responded with the same diligence and fortitude necessary to assist our Nation with the distribution of aid, as well as keep our government accountable to every step of the way. Lastly, the Haitian people exhibited the type of quintessential strength and perseverance that many of us could only imagine.
RECOGNIZING MAJOR MARK O'NEILL, UNITED STATES ARMY, ON THE OCCASION OF HIS DEPARTURE FROM THE ARMY’S HOUSE LIAISON OFFICE

HON. GEOFF DAVIS
OF KENTUCKY
IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 18, 2011

Mr. DAVIS of Kentucky. Mr. Speaker, today I recognize and pay tribute to Major Mark O’Neill, United States Army, on the occasion of his departure from the Army’s House Liaison Office and his new assignment as a student at the Army’s Command and General Staff College. Major O’Neill has had a varied and distinguished military career. Upon graduation from Villanova University in May of 1998, he was commissioned as a second lieutenant in the United States Army. After completing the Infantry Officer Basic Course and Ranger School at Ft. Benning, Georgia, he was assigned to the elite 82nd Airborne Division as an airborne infantry platoon leader. In March of 2000, he led his thirty-nine-man platoon in a joint exercise in Oman with the Omani army. During this time with the 82nd, Mark, a paratrooper to the core, participated in fifteen airborne operations.

In December of 2000, he transferred to the 3rd U.S. Infantry Regiment (The Old Guard) where he served as a platoon leader and regimental personnel officer. With the Old Guard, first Field Artillery and then 3rd Infantry Division, he commanded the dozens of military funerals and state ceremonies. The same dedication with which he accorded respect to grieving families and friends during funerals at Arlington National Cemetery was in evidence on September 11, 2001, when Mark led his platoon in the initial response to the attack on the Pentagon.

Major O’Neill left active duty in May of 2003, joining the Cintas Corporation as a Service/Sales Manager, but in February of 2006 he was recalled to active duty as an embedded trainer with the fledgling Afghan National Army. As an advisor to the Afghan National Army (ANA) infantry company, Major O’Neill helped develop the company’s capabilities in both tactical and logistical tasks and accompanied them on over twenty combat patrols. On more than one occasion, he experienced combat firsthand. He was cited for bravery in October of 2006 for organizing the defense of his ANA company and repelling a Taliban ambush.

In June of 2007, Mark joined the Army National Guard and was assigned to the National Guard Bureau’s Directorate of Domestic Operations. From February 2010 to present, he served as the National Guard’s legislative liaison with the Department of the Army’s House Liaison Division. During his assignment to the Army House Liaison Office, Major O’Neill developed outstanding rapport with Members of Congress and their staffs—both personal and committee. Whether escorting congressional delegations to visit soldiers and families at Army installations, soldiers in the theater of operations, or White House Warriors at Walter Reed, Mark has been a strong advocate for soldiers and a superb representative of Army values.

I ask that my colleagues please join me in recognizing the outstanding accomplishments of Major Mark O’Neill in serving the United States Army and the Nation.

EXPRESSING CONDOLENCES TO THE PEOPLE OF AUSTRALIA FOR THE LOSS OF LIFE AND DESTRUCTION OF PROPERTY DUE TO THE WORST FLOODING IN HALF A CENTURY

HON. ALCIE L. HASTINGS
OF FLORIDA
IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 18, 2011

Mr. HASTINGS of Florida. Mr. Speaker, I rise today to express my condolences for the loss of life and destruction of property that is occurring in Australia’s northern state of Queensland, as a consequence of the worst floods in half a century. The flood, which has affected three-quarters of Queensland, has killed 20 residents and resulted in thousands of people being evacuated from their homes and businesses.

The steady rain that fell for days before Christmas caused rivers to swell and inundated 22 cities and towns. The Australian National Climate Centre has predicted that the region is highly likely to receive even more than average rainfall from now until the end of March, when the full impact of a strong La Nina cycle will be felt. Estimates of the number of Queenslanders affected go as high as 200,000. States of natural disaster have been declared in 41 of Queensland’s 73 municipalities and more than 11,000 homes have been evacuated. In addition, the floods have cut off food supplies to communities in the north including Townsville, Cairns and many indigenous communities.

Economists predict that the floods will have an impact on the national GDP of between 0.25 percent and 0.5 percent, or $3 billion to $6 billion, with the mining and agricultural industries affected the most. Half of the state’s agricultural crops have been destroyed, coal deliveries have been halted, and mines shut. The international economy will likely feel this economic burden because Queensland supplies half of the world’s cooking coal for steel manufacturing, which accounts for about two-thirds of the global trade. The Premier of Queensland and Australia’s Prime Minister have announced additional disaster relief assistance to help small businesses and primary producers that have been impacted.

Encouragingly, the size of the tragedy has been matched by the size and speed of the response to the disaster, but the long-term impact to be determined. It will be a long wait before the massive amount of water recedes and the recovery process starts, involving the resurfacing of roads, reconnecting of power and repairing of infrastructure—all requiring an unparalleled rebuilding effort. I extend my sincere appreciation to the emergency service personnel, army and air force crews, volunteers, and Australia’s federal and Queensland governments for their well coordinated response to this disaster. The loss suffered would have been far greater without the skill, dedication, compassion, and sacrifice of these emergency responders.

Mr. Speaker, the flood in northern Australia is a major natural disaster and has caused...
loss and destruction on a catastrophic scale. I want to send a message of condolence to those Australian families who have lost lives and livelihoods. Australia is and always will be an important ally and friend to the United States. The Australian people will truly be in my thoughts and prayers over the coming weeks. I wish the affected communities the very best as they rebuild their lives and communities, and I encourage my colleagues to do so as well.

TRIBUTE TO ARNOLD AMELL

HON. WILLIAM L. OWENS
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. OWENS. Mr. Speaker, I rise today to honor and remember the life of Arnold "Arnie" Amell, the chair of Plattsburgh State’s College Council in Upstate New York.

A native of Binghamton, New York, Amell spent decades devoting his life to the New York education system. Throughout the years, he served as a teacher, a guidance counselor, director of guidance, assistant principal and principal. Outside of the classroom, he served as a member of the college council at SUNY Plattsburgh, President of the Kiwanis Club of Schenectady, and a member of the Northeast Parent and Child Society. Most recently, he spent the last two years as chair of the College Council at SUNY Plattsburgh. Through his decades of service, he worked to enhance the quality of education youth receive in Upstate New York, and provided a strong foundation for countless students of all ages.

Everyone who knew Amell can say that they knew a man completely devoted to his family and his community. I have personally known Amell for years and have served on the college council at Plattsburgh State University with him.

The Plattsburgh community has lost a true friend and a great leader, but his memory and spirit will continue to inspire generations of Upstate New Yorkers who will work to better their community in this tradition.

IN HONOR OF THE RETIREMENT OF ASSISTANT CHIEF HARLAND WESTMORELAND

HON. KENNY MARCHANT
OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. MARCHANT. Mr. Speaker, I rise today to recognize Mr. Harland Westmoreland, a dedicated public servant who will retire as assistant chief of the Eufaula Police Department. As assistant chief, Mr. Westmoreland carried out his duties with honor, boldness, and enthusiasm. With a commitment to service, Mr. Westmoreland has been a leader in the Eufaula Police Department over the past 35 years.

Mr. Westmoreland was born in Gorman, Texas, and attended Reagan County High School in Big Lake, Texas and Dallas Baptist University for both undergraduate and graduate school. At Dallas Baptist University, Mr. Westmoreland earned a masters degree in counseling and psychology. Along with numerous certifications and licenses, Mr. Westmoreland is a master peace officer. Mr. Westmoreland and his wife Juanita reside in Eufaula and have four children and ten grandchildren.

In 1974, while working in the private sector, Mr. Westmoreland joined the Eufaula Police Department as a reserve officer. By 1975, Mr. Westmoreland chose to make law enforcement and public service a full time career. In 1982, Mr. Westmoreland became an investigator, and in 1985 he was promoted to sergeant. In January 1993, Mr. Westmoreland was promoted to the Eufaula Police Department as a part-time officer. In December of the same year he earned the rank of captain. In September 2004, Mr. Westmoreland became assistant police chief of the city of Eufaula.

Assistant Chief Westmoreland has committed his career to protecting the citizens and community of Eufaula. Throughout his career in law enforcement, Mr. Westmoreland has positively affected the lives of countless individuals. As exemplified by his many acts of heroism, Mr. Westmoreland has sacrificed his well-being to ensure the public safety of the residents of Eufaula. I ask all of my colleagues to join in recognizing Assistant Police Chief Westmoreland for his bravery, for his courage, and for his distinguished career with the Eufaula Police Department.

THE HOUSE’S READING OF THE CONSTITUTION

HON. RUSHD. HOLT
OF NEW JERSEY
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. HOLT. Mr. Speaker, when we read the Constitution in this body on January 6, 2011, we missed a good opportunity. I joined in the reading. I was certainly not going to allow one political party to claim the Constitution for its own, as it has sometimes tried to claim the U.S. flag. However, by reading an altered version of the Constitution and by doing so without warrant we lost a great educational moment.

I revere the U.S. Constitution and carry a copy of the Constitution with me every day. I often ask students what they think is the greatest invention of humans. Because they know that I am a scientist, they usually say something technical like the laser or a microchip in answer to my question. I reply that the greatest invention is the U.S. Constitution. It is truly ingenious: Because of this Constitution we admit when we are wrong and most importantly, we must never believe we are so infallible that we fail to strive for a “more perfect Union.”

CONGRATULATIONS PERRY FAMILY

HON. JOE WILSON
OF SOUTH CAROLINA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. WILSON of South Carolina. Mr. Speaker, I am happy to congratulate my good friend Richard Perry, a Washington and Lee University graduate, and his wife Kristin Perry on the birth of their daughter Liza May Perry. Liza was born on Saturday, January 1, 2011, in Washington, DC.

Liza May Perry is six pounds and two ounces of pride and joy to her loving grandparents, Anne and Robert “Skipper” Perry, Jr. of Arlington, South Carolina, and Winifred Joan Off of West Chester, Pennsylvania. I am so excited for this new blessing to the Perry family and wish them all the best.
EXPRESSING SENSE OF HOUSE REGARDING ARIZONA SHOOTING

SPEECH OF
HON. GREGORY W. MEeks
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 12, 2011

Mr. MEeks. Madam Speaker, I rise in support of the Resolution Honoring Congresswoman Gabrielle Giffords and the victims of this weekend’s horrific shooting.

I had the opportunity to serve with Congresswoman GIFFORDS on the Foreign Affairs Committee. In our time serving together, I have witnessed a courageous, hardworking, admirable public servant, dedicated to her constituents and to this Nation.

Most importantly, GABBY is highly regarded and a family person. Just a few months ago, GABBY’s cousin, Elisa Giffords, told my wife how proud she and her family are of Congresswoman Gabrielle Giffords and that they all know how important she is to her constituents.

Those who know GABBY best, her family, love and respect her.

GABBY GIFFORDS has developed a reputation as an astute public servant. The community meeting she organized in Arizona, last weekend—an event she had called ‘Congress on Your Corner,’ which exemplifies the essence of our democracy. Americans with varied views gathered peacefully to discuss how they could work together to improve their community.

We all now know how this public gathering aimed that positive community action ended tragically. A mother of two and wife of fifty years, Dorothy Morris; Judge John M. Roll, a devoted husband, father and grandfather; Church volunteers, Phyllis Schneck and Dorwan Stoddard; Gabriel Matthew Zimmerman, a 30 year old Congressional staffer, engaged to be married; and Christina Taylor Green, a third grader, there to meet a role model—Congresswoman Giffords—were all senselessly taken from us.

While shocking, this horrific event cannot be allowed to detract from our obligations to our constituents or the need to peacefully assemble, a right GABBY so eloquently conveyed to her constituents.

No foreign leader has fared worse in the cables released by WikiLeaks than Sri Lanka’s President Mahinda Rajapaksa, who has been resisting calls for an international inquiry into possible war crimes committed when Sri Lankan troops wiped out the secessionist Tamil Tigers in May 2009.

In this particular case, disclosure of an American diplomat’s confidential assessment serves the cause of human rights, validating the stand of Human Rights Watch, Amnesty International, and the International Crisis Group. All three have argued, rightly, for a credible investigation of alleged war crimes in Sri Lanka, whether committed by the Tamil Tigers or government forces.

The documents show that US Ambassador Patricia Butenis observed last January that no regional nation, not even Sri Lanka’s senior officials for war crimes. She then added, in a devastating aside, that in Sri Lanka “responsibility for many of the alleged crimes rests with the country’s senior civilian and military leadership, including President Rajapaksa and his brothers.”

The ambassador’s candor illuminates a recurring contradiction between the moral imperatives of human rights and the cold logic of diplomacy. Videos and survivor accounts strongly suggest that hundreds, if not thousands, of Tamils were stripped naked, had their hands bound behind their backs, and were murdered during the final weeks of the government’s war against the Tigers. Yet for reasons of state, neighboring powers India and China show no interest in documenting and punishing such crimes.

All the more reason for America to heed the awful truth in Butenis’s cable and push for a legitimate UN investigation of war crimes in Sri Lanka.

EXPRESSING SENSE OF HOUSE REGARDING ARIZONA SHOOTING

SPEECH OF
HON. LYNN C. WOOLSEY
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 12, 2011

Ms. WOOLSEY. Madam Speaker, I have the privilege of serving with GABBY GIFFORDS on both the Science, Space, and Technology Committee and the Foreign Affairs Committee, and she has always shown one of great energy, intelligence and integrity. She is exactly what you want a member of Congress to be, and a role model for young women who want to serve their communities through elected office.

This unspeakable, gruesome attack has shocked and saddened us all. But one thing it will not do, in this body, is conquer our spirit or stop us from doing our jobs. GABBY GIFFORDS was wounded because she saw it as her duty to engage directly with the people for whom she works, hearing their concerns and holding their questions in touch with their government. That is how we do it in a democracy, and the violent acts of one madman will not change that.

INVESTIGATE WAR CRIMES IN SRI LANKA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 18, 2011

Mr. MARKY. Speaker, to achieve lasting peace in Sri Lanka, there should be an independent, international investigation into alleged war crimes at the end of the country’s 25-year civil war in May 2009. Last August, I joined 57 of my fellow Members of Congress in urging Secretary Clinton to press for a United Nations investigation. I renew this call now.

As the Boston Globe stated in an editorial on December 29, 2010, ‘Probe both sides in Sri Lanka’...
Those who were tragically killed in the attack were holding up their end of the democratic bargain—active citizens eager to connect with their representative. Also, there were other public servants, a federal judge who had sat on the bench for nearly 20 years, and a member of Gabby’s staff, whose dedication reminds me so much of the young people who work for me. My heart goes out to those who loved Christina Taylor Green, Dorothy Morris, John Roll, Phyllis Schneck, Dorwan Stoddard and Gabriel Zimmerman. Even as we mourn their deaths, may we celebrate their rich and glorious lives. Let’s also send our get-well wishes to all of the wounded and our undying gratitude to the first responders, including the courageous intern who may have saved GABBY’s life.

There is every expectation that GABBY will make a full recovery. And hopefully she will return to the House of Representatives to continue a promising career in public service. I can think of no greater gift we can give her—no better way to honor her—than to put this House in better order.

I hope we can dedicate this session to her, conducting our debate on health care and other issues with passion and conviction, but also with maturity and respect. As we take up our important business, let’s do it in a manner worthy of GABRIELLE GIFFORDS. As a tribute to her, to those who died, and to everyone whose lives are forever changed by the senseless shooting, let’s do our work in a way that showcases the very best of our democracy, just as it was on display in that shopping center the morning of January 8.

CELEBRATING LOUDOUN CARES CONTRIBUTIONS TO THE COMMUNITY AND THE NONPROFIT SECTOR

HON. FRANK R. WOLF
OF VIRGINIA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. WOLF. Mr. Speaker, I rise today to recognize the important work of Loudoun Cares, an innovative organization in Virginia’s 10th District that promotes the sharing of community services under one roof to save on the overall costs to other nonprofits in the surrounding community. Loudoun Cares is a leader in the local effort to develop a multi-tenant nonprofit center which provides affordable and stable office space and shared services for Loudoun County charities serving families in need.

On October 1, 2010, Loudoun Cares celebrated the completion of renovations to its facility. This innovative collaboration promotes efficiencies and enhances service delivery to citizens in need. It also serves as a model for other communities seeking to develop non-profit infrastructure that will improve, streamline and consolidate human service deployment.

The ongoing success of the 6-year-old Loudoun Cares is a direct result of a collaboration that includes nonprofits, faith communities, business partners and government.

I would like to recognize and thank Loudoun Cares and its board of directors, staff, volunteers and contributors for their work on behalf of the Loudoun community, especially Andy Johnston, the executive director, and Jennifer Montgomery, director of operations.

INTRODUCTION OF BILL TO REPEAL PATIENT PROTECTION AND AFFORDABLE CARE ACT

HON. PAUL C. BROUN
OF GEORGIA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. BROUN of Georgia. Mr. Speaker, today, I am honored to introduce a bill that repeals the Patient Protection and Affordable Care Act, and the accompanying Health Care and Education Reconciliation Act of 2010, and replaces it with four specific health care reform policies which will improve the challenges facing our country’s health care financing.

Americans desire true health care reform that lowers premium costs, meets their medical needs regardless of what job they currently have or which state they live in, strengthens the doctor-patient relationship, and provides an affordable approach for medical insurance coverage for those uninsured or with pre-existing medical conditions. Many Members in Congress have expressed support for the ideas listed above and for the following specific solutions to these issues:

1. Individuals should be afforded the same tax advantages that businesses have in being able to deduct their 100 percent of all of their health care expenses from their taxes, including insurance.

2. Strengthen and expand new avenues for affordable health care for sick Americans through high-risk pools.

3. Expand choice and competition by allowing consumers to shop for health insurance across state lines.

4. Create association health plans, which would allow small businesses and other entities to form pools that will increase availability and allow their sheer size to negotiate lower costs for their employees or members.

While it’s understood that these concepts do not make up a complete solution to our nation’s health care financing problems, they would be a strong foundation to start to address the inequities inherent in the health care financing system, while still allowing for future additional reforms.

COMMEMORATING MARTIN LUTHER KING DAY

HON. ALBIO SIRES
OF NEW JERSEY
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. SIRES. Mr. Speaker, I rise today to honor the life and service of Reverend Dr. Martin Luther King, Jr.

This year marks the 25th anniversary of the Martin Luther King Federal holiday. This milestone gives us the opportunity to reflect on Dr. King’s profound legacy and revel in the incredible example he has given all public servants. As a vital figure of the modern era and instrumental leader during the Civil Rights Movement, he paved the way for equality and justice for all. His lectures, dialogues, and leadership inspired, and continue to inspire, generations of individuals to question the status quo and demand change.

Throughout his life, he also emphasized the importance of public service, which he continuously participated in through his work as a minister, community organizer, and civil rights activist.

It is for this reason that MLK Day is the only Federal holiday observed as a national day of service. The MLK Day of Service empowers citizens to volunteer in their communities, discuss social problems, and create viable solutions.

I see no better way to commemorate this incredible individual than by continuing on with his legacy of service and encouraging others to find ways to serve their communities.

OPPOSITION TO H. RES. 5

HON. JERRY F. COSTELLO
OF ILLINOIS
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. COSTELLO. Mr. Speaker, I rise in strong opposition to H. Res. 5, the new Republican Majority’s rules for the U.S. House of Representatives.

H. Res. 5 contains a provision that reverses a long-standing policy, known as Clause 3, which requires the Appropriations Committee to fully fund transportation requests at levels authorized in the highway bill. The purpose of this rule was to ensure that the level of spending from the Highway Trust Fund was not greater than revenues that come in, which are paid by the users and taxpayers. This mechanism works; it ensures that obligation levels are known and fully used on an annual basis for transportation improvements.

Instead, the new rules package eliminates this guarantee of minimum annual spending from the Highway Trust Fund and puts road, transit and airport projects—and jobs—at risk. Removing the funding certainty that States rely on to secure contracts, make long-term infrastructure plans and hire employees will have a negative effect on the economy. Further, the proposed modification to current House rules could lead to reduced transportation obligation levels, less efficiency, a backlog of transportation projects, and unexpected cuts for states already facing severe budget deficits.

In Illinois, lower national obligation levels will translate into a reduced highway improvement program. With reduced Federal funds, the Illinois Department of Transportation, IDOT, will not be able to deliver its planned program, and many important projects that need additional Federal funds may be deferred.

As a senior member of the Transportation and Infrastructure Committee, I am opposed to this process of using the rules package to strip budgetary planning certainties from States. Repealing Clause 3 would cut transportation spending; rather it will merely allow the gas tax and other revenues being put into the trust fund to accrue without being spent, leaving critical infrastructure safety improvement projects languishing.

In the 112th Congress I expect to debate a new transportation reauthorization bill to replace the current law, which expired in September 2009. The Highway Trust Fund and obligation limitations are issues that will be
Mr. Speaker, I strongly believe that maintaining an efficient, multi-modal transportation system is critical to regional and national economic growth. H. Res. 6 repeals an important policy that will hurt investment in transportation infrastructure and reduce jobs. Twenty-one transportation and economic groups are also opposed to this change in the rules package, including State Departments of Transportation.

I urge my colleagues to vote against H. Res. 5.

ATTACKS IN EGYPT

HON. JOSEPH R. PITTS
OF PENNSYLVANIA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. PITTS. Mr. Speaker, I would like to extend my deepest condolences to the families and communities of the Egyptians who lost their lives in the recent New Year’s bomb attack. The horror of this tragedy continues to reverberate across the world—a tragedy in which those peacefully practicing their faith were attacked and brutally murdered.

The Government of Egypt has a responsibility to protect all its citizens. Sadly, it has not done that. Over the last decade, there has been a disturbing pattern of the Government allowing, condoning, or responding with apathy to attacks against Christians in Egypt. There is simply no excuse for the lack of protection in this recent attack, last year’s Christmas attack, and any other attacks against the Christian community or their places of worship and service.

When will the Egyptian Government wake up to its duty to protect its citizens?

Until Egypt is a free country where all Egyptians are able to peacefully practice their faith without fear or restriction, none of Egypt is truly free. Those in the government who would support the extremists who engage in these attacks are the ones who undermine democracy, freedom, and stability for the Egyptian people.

Again, governments do not need to take overt action for discrimination or persecution to occur. Denial of justice occurs by governments when the governments themselves, though not directly involved in persecution, indirectly encourage it by their statements, actions and subsequent policies. Instead, they look the other way when injustice happens. A prime example of this is the 1998 Al-Kosheh case in which the government exonerated individuals charged with persecuting, arresting, and torturing over 1,000 Coptic Christians, and even gave job promotions to the state security officials responsible for the persecution. That is not protection of citizens and that is not justice.

I call on the Egyptian Government to ensure that the perpetrators of this heinous crime against the Copts, and ultimately against the people of Egypt, are brought to justice.

To the Coptic community, please know that our hearts and prayers go out to you in this time of grief and loss. We stand with you.

HONORING U.S. ARMY SERGEANT 1ST CLASS JOHN P. FLEMING, RECIPIENT OF THE SILVER STAR MEDAL

HON. JERRY F. COSTELLO
OF ILLINOIS
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 18, 2011

Mr. COSTELLO. Mr. Speaker, I rise today to ask my colleagues to join me in honoring Army Sgt. 1st Class John P. Fleming, who was recently awarded the Silver Star Medal by U.S. Secretary of Defense Robert Gates while on active duty in Afghanistan.

The Silver Star Medal is the third highest military decoration to be bestowed by the U.S. Army, after the Medal of Honor and the Distinguished Service Cross. First established as the Citation Star by an Act of Congress in 1918, the Silver Star is awarded for gallantry in action while engaged in military operations. The required gallantry must have been performed with marked distinction.

John Fleming grew up in Alton, Illinois, and attended Marquette High School, graduating in 1996. He enlisted in the Army in 2001. John’s family has a proud tradition of military service. Both of his grandfathers served in the Army and he has a brother who served in the Air Force.

In 2010, Sgt. Fleming was in his first deployment in Afghanistan after three deployments to Iraq. On November 17 his platoon was engaged with the enemy in a Taliban stronghold in the Pech Valley of Kunar Province. Cut off from their main support, Fleming and his men came under heavy fire. Fleming had just put on his helmet before the bullets and shrapnel came raining in on them which no doubt saved his life. He took three shots to the helmet and one to his chest, which was protected by his body armor.

While under intense enemy fire, Sgt. Fleming tended to his platoon, including patching wounds in a fellow soldier’s chest and back. When support aircraft were sent to his position, Sgt. Fleming provided directions to the enemy locations so covering fire could enable evacuation of the wounded. Six soldiers from Fleming’s platoon died as a result of wounds suffered during the battle.

Sgt. John Fleming’s courage and decisive action under the most extreme circumstances contributed to saving the lives of many in his platoon. For this tremendous gallantry, he was awarded the Silver Star, which was presented to him in a ceremony on December 7, 2010, by Secretary Gates.

Sgt. Fleming and his wife, Helen, have two sons, Thomas, and John Jr.

Mr. Speaker, I ask my colleagues to join me in congratulating Sgt. John Fleming on receiving the Silver Star and expressing our sincere gratitude for his service to our country.
Tuesday, January 18, 2011

Daily Digest

Senate

Chamber Action
The Senate stands in recess pursuant to the provisions of S. Con. Res. 1, until 10:00 a.m., on Tuesday, January 25, 2011.

Committee Meetings
No committee meetings were held.

House of Representatives

Chamber Action
Public Bills and Resolutions Introduced: 19 public bills, H.R. 297–315; 1 private bill, H.R. 316; and 3 resolutions, H.J. Res. 20; and H. Res. 37–38 were introduced. Pages H253–56

Additional Cosponsors: Page H256

Reports Filed: There were no reports filed today.

Speaker: Read a letter from the Speaker wherein he appointed Representative Conaway to act as Speaker pro tempore for today. Page H205

Suspensions: The House agreed to suspend the rules and pass the following measures:

Authorizing the use of the rotunda of the Capitol for an event marking the 50th anniversary of the inaugural address of President John F. Kennedy: S. Con. Res. 2, to authorize the use of the rotunda of the Capitol for an event marking the 50th anniversary of the inaugural address of President John F. Kennedy; and Pages H206–07


Agreed to amend the title so as to read: “To amend title 44, United States Code, to eliminate the mandatory printing of bills and resolutions for the use of offices of Members of Congress.”. Page H232

Recess: The House recessed at 2:30 p.m. and reconvened at 3 p.m. Page H209


Pursuant to the rule, the amendment printed in part A of H. Rept. 112–2 shall be considered as adopted.

H. Res. 26, the rule providing for consideration of the bill, was agreed to on Friday, January 7th.

Recess: The House recessed at 5:29 p.m. and reconvened at 6:30 p.m. Page H230

Committee Elections: The House agreed to H. Res. 37, electing Members to certain standing committees of the House of Representatives. Page H231

Quorum Calls—Votes: One yea-and-nay vote developed during the proceedings of today and appears on pages H231–32. There were no quorum calls.

Adjournment: The House met at 2 p.m. and adjourned at 10 p.m.

Committee Meetings

SUDAN AT THE CROSSROADS
Committee on Foreign Affairs: Held a briefing on Sudan at the Crossroads. Testimony was heard from Princeton Lyman, Special Advisor for Sudan, Department of State; Richard S. Williamson, former Special
Envoy to Sudan, and Ambassador to the U.N. Commission on Human Rights; and a public witness.

COMMITTEE ORGANIZATION

Committee on Ways and Means: Met for organizational purposes. Committee adopted its rules of procedure for the 112th Congress.

COMMITTEE MEETINGS FOR WEDNESDAY,
JANUARY 19, 2011

(Committee meetings are open unless otherwise indicated)

Senate

No meetings/hearings scheduled.

House

Committee on Foreign Affairs, briefing on Assessing China’s Behavior and Its Impact on U.S. Interests, 10:30 a.m., 2172 Longworth.

Committee on the Judiciary, to meet for organizational purposes, 3 p.m., 2141 Rayburn.

Committee on Rules, hearing and markup of a resolution To Reduce Spending Through a Transition to Non-Security Spending at Fiscal Year 2008 Levels, 3 p.m., H–313 Capitol.
Next Meeting of the SENATE  
10 a.m., Tuesday, January 25

Next Meeting of the HOUSE OF REPRESENTATIVES  
10 a.m., Wednesday, January 19

Program for Tuesday: Senate will be in a period of morning business.


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