Mr. Speaker, I rise in strong opposition to H.R. 2, the Republican Patients' Rights Repeal Act.

The question is just simply fundamental here, whether or not people will be able to have control over their health care needs and their health insurance needs, or whether or not we will go back to the pre-existing condition of the previous system that is dictated by the insurance companies where people are thrown off of policies willy nilly, where people are not reimbursed for costs willy nilly, given excuses, paperwork back and forth, where young people are thrown off their parents' policy when they graduate from high school, and whether or not they will have insurance or not, or whether people will have the freedom to make the choices, to have insurance that will cover them, to have the freedom to make the choices, or whether or not we will be encouraged to grow and hire, forces employers to choose between risks or regulate our way to job creation.

Instead of keeping what they already have, individuals and employers will have to pay more for something new and unfamiliar. The more costly it is for employers to provide coverage, the less likely existing health plans will be eliminated and the need for government assistance will grow. As the rolls for government programs expand, the cost to taxpayers will skyrocket.

At a time when every job creator should be encouraged, facing the Democrats' health care law instead forces employers to choose between rising health care costs and government penalties. It is time to end the uncertainty facing families, employers, and workers. It is time to push Obamacare aside so America's job creators, both large and small, can move forward with the confidence they need to hire new workers.

Mr. Speaker, I urge my colleagues to support the bill. I reserve the balance of my time.

Mr. Speaker, I rise in strong opposition to H.R. 2, the Republican Patients' Rights Repeal Act.

The question is just simply fundamental here, whether or not people will be able to have control over their health care needs and their health insurance needs, or whether or not we will go back to the pre-existing condition of the previous system that is dictated by the insurance companies where people are thrown off of policies willy nilly, where people are not reimbursed for costs willy nilly, given excuses, paperwork back and forth, where young people are thrown off their parents' policy when they graduate from high school, and whether or not they will have insurance or not, or whether people will have the freedom to make the choices, to have insurance that will cover them, to have the freedom to make the choices, or whether or not we will be encouraged to grow and hire, forces employers to choose between risks or regulate our way to job creation.

Instead of keeping what they already have, individuals and employers will have to pay more for something new and unfamiliar. The more costly it is for employers to provide coverage, the less likely existing health plans will be eliminated and the need for government assistance will grow. As the rolls for government programs expand, the cost to taxpayers will skyrocket.

At a time when every job creator should be encouraged, facing the Democrats' health care law instead forces employers to choose between rising health care costs and government penalties. It is time to end the uncertainty facing families, employers, and workers. It is time to push Obamacare aside so America's job creators, both large and small, can move forward with the confidence they need to hire new workers.

Mr. Speaker, I urge my colleagues to support the bill. I reserve the balance of my time.

Mr. Speaker, I rise in strong opposition to H.R. 2, the Republican Patients' Rights Repeal Act.

The question is just simply fundamental here, whether or not people will be able to have control over their health care needs and their health insurance needs, or whether or not we will go back to the pre-existing condition of the previous system that is dictated by the insurance companies where people are thrown off of policies willy nilly, where people are not reimbursed for costs willy nilly, given excuses, paperwork back and forth, where young people are thrown off their parents' policy when they graduate from high school, and whether or not they will have insurance or not, or whether people will have the freedom to make the choices, to have insurance that will cover them, to have the freedom to make the choices, or whether or not we will be encouraged to grow and hire, forces employers to choose between risks or regulate our way to job creation.

Instead of keeping what they already have, individuals and employers will have to pay more for something new and unfamiliar. The more costly it is for employers to provide coverage, the less likely existing health plans will be eliminated and the need for government assistance will grow. As the rolls for government programs expand, the cost to taxpayers will skyrocket.

At a time when every job creator should be encouraged, facing the Democrats' health care law instead forces employers to choose between rising health care costs and government penalties. It is time to end the uncertainty facing families, employers, and workers. It is time to push Obamacare aside so America's job creators, both large and small, can move forward with the confidence they need to hire new workers.

Mr. Speaker, I urge my colleagues to support the bill. I reserve the balance of my time.

Mr. Speaker, I rise in strong opposition to H.R. 2, the Republican Patients' Rights Repeal Act.

The question is just simply fundamental here, whether or not people will be able to have control over their health care needs and their health insurance needs, or whether or not we will go back to the pre-existing condition of the previous system that is dictated by the insurance companies where people are thrown off of policies willy nilly, where people are not reimbursed for costs willy nilly, given excuses, paperwork back and forth, where young people are thrown off their parents' policy when they graduate from high school, and whether or not they will have insurance or not, or whether people will have the freedom to make the choices, to have insurance that will cover them, to have the freedom to make the choices, or whether or not we will be encouraged to grow and hire, forces employers to choose between risks or regulate our way to job creation.

Instead of keeping what they already have, individuals and employers will have to pay more for something new and unfamiliar. The more costly it is for employers to provide coverage, the less likely existing health plans will be eliminated and the need for government assistance will grow. As the rolls for government programs expand, the cost to taxpayers will skyrocket.

At a time when every job creator should be encouraged, facing the Democrats' health care law instead forces employers to choose between rising health care costs and government penalties. It is time to end the uncertainty facing families, employers, and workers. It is time to push Obamacare aside so America's job creators, both large and small, can move forward with the confidence they need to hire new workers.

Mr. Speaker, I urge my colleagues to support the bill. I reserve the balance of my time.
or other chronic diseases find out they have run out of insurance at the exact moment they need it. No longer will that be the case under the current law.

Now, the choice is to repeal that law and to make it more difficult for small businesses and insurance companies. Under the enactment of the tax credit under this law, we now see that hundreds of thousands of employees have been extended health insurance by small businesses employing 50 workers or less because of that tax credit, a tax credit that was not there before.

So we already see the hundreds of thousands of employees that did not have access to insurance because they worked for small businesses today have insurance. That’s not the reporting of the government. That’s the reporting of the health insurance companies where people and businesses are making applications for insurance.

So what we see now is young people are once again covered and can have the security that they will have health insurance while they go to school or while they start a new job that may not have health insurance with that coverage. We now see that people who may have had a bout of cancer early on know that they will not disqualify them from having insurance as they go out and continue to work to provide for their families.

We now see that after 2014 when people change their jobs or they lose their jobs, they will have insurance so they will not have to go to the poor house because of the insurance costs that they will not be able to provide for because they are unemployed. They will not be locked into a job that they don’t want. They will be able to be entrepreneurial and go out and seek a new job knowing that they will have health insurance. That’s the certainty of this legislation.

We can now choose the chaos of the current insurance system. We can choose the chaos of people getting a letter saying you no longer have insurance, getting a letter saying your child is no longer covered, getting a letter saying your premium is up 59 percent, as they did last year in California. We have seen health insurance premiums jump dramatically over the cost of living over the last decade and over the last decade have seen more and more businesses shed coverage for their employees.

The Republicans want to believe that there is certainty in that. The Republicans want to believe that’s a comfort to the American working family. The Republicans want to believe that’s a comfort to grandparents who see their grandchildren thrown off their parents’ policies.

That’s not a comfort. What is a comfort is the freedom to know that never again will you have to contest the arbitrary rulings of an insurance company about your pre-existing conditions, about the coverage of your child’s health care. Never again will you have to contest whether or not you will get help paying for your pharmaceuticals if you are a senior. Never again will you have to pay for preventive medical checkups to try to keep you healthy if you are a senior. That’s the certainty that this legislation presents.

Last night I had a telephone town hall meeting with over a thousand seniors in my district, and all of them—all almost all of them, I would say there were three or four in the call—almost all of them wanted the certainty of knowing they would get help with their pharmaceutical payments. They struggle with the doughnut hole. They were appreciative of the $250 check they got last year, and they were appreciative of the health they were going to get paying for their pharmaceuticals this year. That’s the certainty that we ought to reject by rejecting Repeal of the health care act.

Mr. CLINE. Mr. Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. PETRI).

Mr. PETRI. Today I rise in support of H.R. 2, legislation which would repeal the health care mandate. Even if it is unlikely that this bill will pass the Senate, I think it’s important for the House majority to state its position in the clearest possible terms to encourage a general reevaluation of the new law.

Make no mistake. My colleagues and I support health care reform which would ensure that all Americans, including those with preexisting conditions, have access to affordable coverage. However, the health care law that passed last year takes a fundamentally wrong approach to achieving that goal and will only make worse our skyrocketing health care costs and Federal deficits.

My State of Wisconsin is a leader in terms of providing efficient, high-quality care; and I have been meeting and will continue to work with medical providers in my State as well as my colleagues on both sides of the aisle to develop proposals which will reward high-quality, low-cost medical services instead of simply giving government more control over our health care.

Only by implementing proposals that rein in out-of-control health care costs will we be able to make affordable coverage available to all Americans. I look forward to working with my colleagues on this important issue.

Mr. GEORGE MILLER of California. I yield 4 minutes to the gentleman from New Jersey (Mr. ANDREWS).

Mr. ANDREWS. I thank the gentleman for yielding.

As we sit here this morning, there are millions of Americans sitting in front of computers or the want ads desperately looking for their next job, 15 million unemployed Americans. The question they’re asking this Congress is why don’t you work together to help small businesses and entrepreneurs create jobs for our country?

The answer the majority gives them is we will get to that someday. What they are doing today raises some real questions as well.

A mother has two 4-year-old twins who are diagnosed with leukemia and need to buy health insurance. The insurance company said to tell it to you because your children have leukemia, or we will charge you five times as much.

We say that should be illegal and the law today the majority tries to repeal that differently. A “yes” vote for repeal means she is told, Sorry, no insurance.

A person who has faithfully paid his premiums for years and suddenly needs a quadruple bypass heart operation receives a letter from his insurance company saying, “Sorry, we are rescinding your coverage. We say, and the law says, that should be illegal. But a vote for repeal means sorry, you are on your own.

A pregnant woman who has a very difficult pregnancy and gives birth to a child with severe impairments that cost hundreds of thousands of dollars each month, the law says, and we say, that the insurance company should be legally obligated to pay her bills as long as she and her baby need it, no lifetime policy limits.

But a vote for repeal means she’s on her own.

A senior citizen who runs out of prescription drug coverage the Fourth of July or Labor Day, the law says, and the bill says, they should get some help to continue to buy their prescriptions for the rest of the year. But a vote for repeal means she’s on her own. We’re all on our own on paying the debt. Our President is meeting with the President of China today; and as we do that, the majority is adding over $1 trillion to the national debt with this vote.

Ladies and gentlemen of the House, this bill doesn’t create jobs for the middle class. It creates pain for the middle class. The right vote is “no” on this repeal. The right course is get back to the job of creating jobs for the American people. Vote “no.”

Mr. CLINE. Mr. Speaker, I am pleased to yield 1 minute to another member of the committee, the gentleman from South Carolina (Mr. WILSON).

Mr. WILSON of South Carolina. Thank you, Mr. Chairman, for your leadership.

Mr. Speaker, one of the many threats of this unconstitutional health care takeover is the unfunded State mandates. In my home State of South Carolina, newly inaugurated Governor Nikki Haley has correctly warned that the Palmetto State cannot afford the health care mandate. Governor Haley even went so far as to ask the President to opt out of this unfunded mandate. The reason is because the health care takeover calls for an additional $1 billion in new State spending.
The takeover will cripple small businesses. A recent study by the National Federation of Independent Business, NFIB, America’s largest organization of small businesses, has indicated that the mandate will lead to the elimination of 1.6 million jobs.

This bill will burden all Americans. It’s a threat to senior citizens in that it will lead to waiting lists, deferral services, and rationing. It’s a threat to our Nation’s youth in that it burdens them with excessive debt.

It’s a threat to our Nation’s youth in that it burdens them with excessive debt. The mandate will lead to the elimination of 1.6 million jobs. We should be strengthening the historic progress we made is not the answer. Instead, we have a bill before us today that makes it harder for businesses to provide benefits to the employees that they want to hire.

Mr. Speaker, I rise today to support H.R. 2, the repeal of the Affordable Care Act.

I rise today in support of H.R. 2, which repeals the job-destructive government takeover of our health care system. The repeal of ObamaCare doesn’t reduce jobs; it saves lives. I strongly urge my colleagues to vote “no” on H.R. 2.

Mr. Speaker, I am pleased to yield 5 minutes to a physician on the committee, the gentleman from Tennessee, Dr. ROE.

The Affordable Care Act doesn’t reduce jobs; it saves lives. I strongly urge my colleagues to vote “no” on H.R. 2.

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

This bill, by the way, goes in precisely the wrong direction. Just when we should be strengthening the historic progress we made is not the answer. Instead, we have a bill before us today that makes it harder for businesses to provide benefits to the employees that they want to hire.

The Affordable Care Act doesn’t reduce jobs; it saves lives. I strongly urge my colleagues to vote “no” on H.R. 2.

Mr. ROE of Tennessee. I thank the gentleman for yielding.
for your business. It was supposed to hold costs down. We saw our costs in Tennessee from 1993 until 2004 and 2005 go from $2.6 billion to $8 billion. It tripped. And what we found was that half the people who went on the government plan had private health insurance and didn’t opt out. It was on the government plan. This plan took up almost every new dollar our State took in. We balanced this on the backs of college students. We have less highway patrolsmen in our State than we had 30 years ago, 2 million more people. What our Democratic Governor did was rationed care by cutting the rolls of TennCare patients and also limiting the access to physicians to eight visits per year.

Let’s look at Massachusetts Care where there is a mandate right now. You are required to buy a good or service and the government decides what the right good or service is, not you as the consumer. So what happens is it hasn’t come down there either. They have the highest private insurance premiums in America in Massachusetts. Emergency room visits are not down. And why is that? The same as TennCare. These plans don’t pay for the cost of the care, shifting more cost over to the private sector, making it more and more expensive.

The second thing this mandate does is it empowers lobbyists. How it does that is you will see the lobbyists come to us, the politicians, and say, Hey, we want this device, this medicine, or this device on our plan. And these are the people that write the checks to the politicians, so you are empowering them.

Let’s finally look at Medicare, a program that started in 1965 as a $3 billion program. The government estimators at that time said in 25 years this will be a $15 billion program. It was over a $100 billion program. Today, it is over $400 billion.

So we have three examples where costs are out of control in the government-run plans.

The senior citizens understand this. When you take $500 billion out of a plan, and in the next 10 years we are going to add 36 million seniors, three things are going to happen when you have got more patients chasing fewer dollars: You will have decreased access, you will have decreased quality, and you will have increased costs. That is a given.

We had the President say last year, I will go over this bill line by line. I have read this bill. I wanted to go over it. I wanted to have meaningful health care reform but was denied that privilege.

Without exception, our States are almost broke, every one of them. And we are adding another unfunded Federal mandate to require them to pay and implement a plan that is already breaking them, the expansion of Medicaid. And TennCare is a great plan, why have, to date, 222 businesses opted out, including McDon-

I cosponsored an amendment to ensure that all seniors will continue to receive the increased benefits in Medi-
care and that the doughnut hole will continue to be closed. The Republicans did not allow this amendment to come up for a vote.

I cosponsored an amendment to ensure that small businesses continue to receive the tax cuts provided for in the Affordable Care Act. The Republicans didn’t allow this amendment to come up for a vote.

I cosponsored an amendment to ensure that we are responsible stewards of our Federal budget and to prevent this repeal bill from adding to the defi-
cit. The Republican Party did not allow the amendment to come up for a vote.

This new Congress ran on a campaign of lower taxes on small businesses and reducing the Federal budget deficit. This bill, however, would raise taxes on small businesses and individuals and add a trillion dollars to the deficit.

Just to be clear, a vote for this bill will be a vote for higher taxes and increases in the deficit. Although there is an effort to bring this repeal bill to the floor today, what is being proposed in place of affordable care? Nothing.

My office has dealt with this for years. Please, vote “no” on this bill.

Mr. ROE of Tennessee. Mr. Speaker, just to address my colleague from Califor-

nia, I would argue that Tennessee has fought for this and then opted them-

selves out? I find that ridiculous when our plan. And these are the people that

want this medicine or this device on

that shifts costs. We saw that in our

to our plan. That is the difference.

I yield 2 minutes to the gentlewoman from New York (Mrs. McCARTHY),

a member of the committee.

Mrs. McCARTHY of New York. I ap-
preciate the gentleman’s yielding me this time.

Mr. Speaker, I rise today in opposi-
tion to H.R. 2, a bill that would repeal

the Patient Protection and Affordable

Care Act.

The Affordable Care Act, signed into law in March of 2010, is an important

first step in reforming our health insur-

ance system, a system that every-

one knows is broken. The Affordable

Care Act provides access to the insur-

ance market for millions of Americans,

puts in place important consumer pro-

tections, and reduces our country’s def-

ticit.

This new Congress was elected prom-

ising a transparent process with input

from all Members. This repeal bill, how-

ever, has not even been considered by

a single committee in the House. Members are also being shut out of the pro-

cess.

I cosponsored four amendments sub-
mitted to the Rules Committee; none

were accepted.

I cosponsored an amendment to en-

sure that women continue to receive

the preventive health care provided by the

Affordable Care Act. The Republicans did not allow this amendment to come up to the floor.
association health plans, and allowing the purchase of health insurance across State lines.

Americans agree. A Gallup/USA Today poll this week confirms that only 13 percent of Americans support the current law. Simply put, the American people have not been convinced by the law, and so do I, as I promised.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Mrs. Davis).

Mrs. DAVIS of California. Mr. Speaker, my mother always told me that if you have your health, you have everything, which is why I have always believed every American should have access to the care they need to be healthy.

Now my colleagues want to repeal health care without an alternative. Well, it is easy to say you are against something, but it is much harder to come up with solutions. Americans deserve to know how my colleagues’ plan will protect patients.

Specifically, women shouldn’t get denied care based on gender or have to pay hundreds more in insurance premiums than men, nor should they need a permission slip to see an OB-GYN.

The 32 million Americans without insurance need access to coverage.

Insurers shouldn’t deny children coverage because they have been sick.

□ 110

Medicare must be kept solvent over the long term, and seniors should have access to affordable prescriptions. Americans shouldn’t face outrageous annual premium hikes, such as the 59 percent increase many of my own constituents are looking at today.

The health care reform bill addresses each of these problems and many more. It is irresponsible to repeal without a plan to fix the issues in our health care system. Further, thanks to Governor Schwarzenegger’s efforts before leaving office, California is leading the way in implementing reforms already authorizing health insurance exchange marketplaces to buy affordable insurance. Repeal will cripple health reform efforts in my State and leave it without direction going forward.

I can’t support legislation that does not offer solutions and goes backward. Let’s focus on creating jobs and not taking away health care from patients.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to a new member of the committee, the gentleman from New Jersey (Mr. HOLT), a member of the committee.

Mr. HOLT. Mr. Speaker, I rise in strong opposition to the budget-busting legislation that fails to create one new job and returns our health decisions to insurance companies rather than doctors.

Repealing the health reform law would be a big mistake. Instead of focusing on job creation or retirement security or fair taxes, we’re debating a law that protects Americans from insurance company abuses and provides fairer and more accessible health care for children, for veterans, for seniors, for employees, for employers. The law saves the average taxpayer money, and it saves the insured money.

On Monday, we celebrated Dr. Martin Luther King, Jr. Day. Dr. King fought for an America where everyone regardless of race or class background had access to the American opportunity. He said, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Today, the new majority is trying to repeal the health reform law that we enacted just one year ago. That historic law provides secure health insurance coverage for all Americans and lowers the deficit. The days of “you’re on your own” are past now. The law ensures that health insurance companies actually have to provide health insurance, not just in name, but it requires that they spend your premium dollars on actually providing health care.

If this reform law were repealed, Anna’s 24-year-old son in Kendall Park, New Jersey would become uninsured; Todd from Easttown would not be able to get insurance due to his pre-existing condition; and thousands of seniors on Medicare, like Howard from Monroe, would not be able to afford his lifesaving prescriptions.

Matthew VanDyke of Dover, Delaware wrote to me to say, “I just graduated from college, and I’m working at a job with no health care.” He’s grateful now that he can be on his parents’ health insurance plan, but he’s concerned if this is repealed. He says, “I have a pre-existing condition, and shockingly, I truly would be without insurance and in deep trouble if this law were reversed.”

I urge my colleagues to vote against this repeal that would take away the progress that we are making to protect our constituents. I urge my colleagues to stop protecting insurance companies...
Mr. KLINE. Mr. Speaker, I am very pleased to yield 1 minute to another new member of the committee, a physician, the gentleman from Indiana, Dr. Bucshon.

Mr. BUCSHON. Thank you, Chairman KLINE.

Mr. Speaker, I rise today in support of H.R. 2, the repeal of the Affordable Care Act. I consider this one of the most crucial votes in this Congress. As a cardiothoracic surgeon, I can speak from the perspective of a physician who has dealt with the growing need for health care reform in our country.

We all know there are too many uninsured, too many underinsured. But a government solution is the wrong approach. This law does nothing to address the critical issue in health care today, and that's the rising cost of health care.

Now let's touch on my patients. Sixty to 70 percent of my patients are in Medicare. A $500 billion cut in the funding of Medicare and decreasing reimbursement for physicians, for hospitals and other providers over the course of time will lead to what it has led to in every other country that has a government health care system—rationing of health care for some of the most vulnerable people in our society, our American seniors.

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

Mr. BUCSHON. Thank you.

Mr. GEORGE MILLER of California. I yield 2 minutes to the gentleman from Virginia, Mr. Scott, a member of the committee.

Mr. SCOTT of Virginia. Thank you.

Mr. Speaker, it is important that we focus attention on the substance of the debate on health care. Some think that just repealing health care reform ObamaCare or calling it a job killer when it will actually create jobs, or even calling it a government takeover when it doesn't even include a public option constitutes the discussion.

But we need to talk about what is actually in the bill and what is actually going to be repealed, because we need to talk about what's going to happen to those under 26 that are now able to stay on their parents' policies. Repeal will kick them off of those policies.

We need to talk about what's going to happen to those with preexisting conditions. We need to talk about what is happening to those who can now get checkups, annual checkups and preventive care with no copays and deductibles.

We need to talk about the fact that we are digging senior citizens out of the doughnut hole and that repeal will keep them in the doughnut hole.

Insurance reform: No rescissions, no cutoffs, no cutting insurance in the middle of a treatment.

We need to talk about what we are doing as to unreasonable increases.

That's what you're going to be repealing if you repeal health care reform.

Affordability: All Americans under health care reform in 2014 will be able to afford health care. We will be giving tax credits to businesses to encourage them to provide health care.

This bill will create jobs. You will be destroying jobs. And you say nothing about the deficits. The CBO has already calculated that you will significantly increase the deficit if this bill passes.

Mr. Speaker, health care reform is a matter of life and death. If Republicans want to repeal health care, they ought to be clear and tell the public what will actually happen to young adults, those with preexisting conditions, seniors, what is going to happen to the doughnut hole or insurance abuses or the future of the affordability of health care.

We should not just be resorting to labels and slogans. We have to be as clear as to what we are doing to the public.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another new member of the committee, the gentleman from South Carolina, Mr. Gowdy.

Mr. GOWDY. Thank you, Mr. Chairman.

Mr. Speaker, the Constitution of the United States of America has limits. Surely one of those limits must be that Congress cannot compel a private citizen to engage in a private commercial transaction.

Surely the Congress of the United States cannot compel a person to purchase life insurance, because generational debt is a bad thing.

Surely the Congress of the United States cannot compel someone to purchase vision insurance or dental insurance.

The Constitution of the United States places limits on Congress, and it is time that this body honored those limits envisioned by our Founding Fathers. To ask for self-restraint or respect for the Constitution should not invite challenges to our humanity or accusations of moral acquiescence.

I am from the upstate of South Carolina; and every time I go home, I hear about the need for health reform and about the fear that people have with respect to preexisting conditions; but I support a solution that is patient centered and not government centered. I support a solution that is affordable and not generational embezzlement, and I support a solution that is consistent with the Constitution.

Mr. GEORGE MILLER of California.

Mr. Speaker, I yield 2 minutes to a member of the committee, the gentleman from Massachusetts, Mr. Tierney.

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

Mr. TIERNEY. Mr. Speaker, it is deeply disappointing that, following last week's near universal calls for unity and cooperation and amidst all of the calls to lower the temperature of political discourse and to move to working together to solve America's pressing issues, the new Republican majority is moving full steam ahead with an attempt to repeal the Affordable Care Act.

Is the health care law not perfect—that prospect would always certainly be open to debate and suggestions on how it might be improved might also be open to debate—but instead of working together and building on the work that has been done and the progress that has been made, we find ourselves here today, debating and voting on a bill, which, while it may pass the House, most certainly will never become law—nor should it.

Some may call it political catharsis. Others may call it pure theater, plain and simple; but let's be clear: the positive impact the existing health care reform law is having on millions of residents and families in all of America is very real, and this law's important, commonsense consumer protections are very popular.

Specifically, this misguided legislation will spell the end of one meaningful consumer protection and others fought to get into the law. This protection, the medical loss ratio requirement, holds insurance companies accountable and ensures consumers are receiving the health services for which they are paying top dollar.

In 1993, many private companies routinely spent 95 cents of every dollar on health services. By 2008, in the absence of regulation otherwise, many had reduced their spending on services to below 75 percent, some to even less than 60 percent of those premium dollars. That meant that companies could spend up to 43 cents of your premium dollar on executive salaries, advertising, lobbying, bonuses, dividends, and other administrative costs instead of using it for what you had contracted for—health care.

To keep their excessive profits up, you may have been charged ever-higher premiums or may have lost health care through a number of anticonsumer gimmicks. You might have been denied coverage because you or your family member had a preexisting condition or because you had coverage capped or was taken out of coverage when it was most needed, or, as a parent, you were refused coverage for your children under 26 even if they were still unemployed or were working someplace where no coverage was available.

All of these injustices are addressed in the bill. Its repeal would reverse all of this.

In 1993, many private companies routinely spent 95 cents of every dollar on health services. By 2008, in the absence of regulation otherwise, many had reduced their spending on services to below 75 percent, some to even less than 60 percent of those premium dollars. That meant that companies could spend up to 43 cents of your premium dollar on executive salaries, advertising, lobbying, bonuses, dividends, and other administrative costs instead of using it for what you had contracted for—health care.

To keep their excessive profits up, you may have been charged ever-higher premiums or may have lost health care through a number of anticonsumer gimmicks. You might have been denied coverage because you or your family member had a preexisting condition or because you had coverage capped or was taken out of coverage when it was most needed, or, as a parent, you were refused coverage for your children under 26 even if they were still unemployed or were working someplace where no coverage was available.

All of these injustices are addressed in the bill. Its repeal would reverse all of this.

In 1993, many private companies routinely spent 95 cents of every dollar on health services. By 2008, in the absence of regulation otherwise, many had reduced their spending on services to below 75 percent, some to even less than 60 percent of those premium dollars. That meant that companies could spend up to 43 cents of your premium dollar on executive salaries, advertising, lobbying, bonuses, dividends, and other administrative costs instead of using it for what you had contracted for—health care.

To keep their excessive profits up, you may have been charged ever-higher premiums or may have lost health care through a number of anticonsumer gimmicks. You might have been denied coverage because you or your family member had a preexisting condition or because you had coverage capped or was taken out of coverage when it was most needed, or, as a parent, you were refused coverage for your children under 26 even if they were still unemployed or were working someplace where no coverage was available.

All of these injustices are addressed in the bill. Its repeal would reverse all of this.

In 1993, many private companies routinely spent 95 cents of every dollar on health services. By 2008, in the absence of regulation otherwise, many had reduced their spending on services to below 75 percent, some to even less than 60 percent of those premium dollars. That meant that companies could spend up to 43 cents of your premium dollar on executive salaries, advertising, lobbying, bonuses, dividends, and other administrative costs instead of using it for what you had contracted for—health care.

To keep their excessive profits up, you may have been charged ever-higher premiums or may have lost health care through a number of anticonsumer gimmicks. You might have been denied coverage because you or your family member had a preexisting condition or because you had coverage capped or was taken out of coverage when it was most needed, or, as a parent, you were refused coverage for your children under 26 even if they were still unemployed or were working someplace where no coverage was available.
another new member of the committee, the gentlelady from Alabama (Mrs. ROBY).

Mrs. ROBY. Thank you, Mr. Chairman.

Mr. Speaker, I rise today to stand with my colleagues in support of H.R. 2 that will repeal the Health Care Reform Act.

Sadly, this law is less about providing health care for all citizens and more about expanding Federal Government.

It translates into substantial cost, over $300 billion, that must be paid for by hardworking, tax-paying Americans. In economic hard times, it is our responsibility to ensure that this does not occur. If we do not repeal this law, our inaction will serve as nothing less than gross fiscal irresponsibility. This must not happen.

I would like to tell you about the owner of the Pizza Hut in Headland, Alabama, who will be forced to close his doors due to the costs associated with this law. Then there is the gentleman who owns pharmacies throughout the Southern United States, who told me he has the ability to create two jobs but who cannot do so because he doesn’t know what the Federal Government is going to do to him next.

Just like our forefathers answered the call to right wrongs, we too must answer a call. The citizens in our districts have spoken, and in their words, We must repeal this law.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. BISHOP).

Mr. BISHOP of New York. Mr. Speaker, I believe it is time that this Congress does what President Obama called on Americans to do last week: approach our debates and our differences with civility and honesty.

We appear to be doing reasonably well with regard to civility, but less so with honesty. Once again, we tackle health care, and the debate is sliding back to one-line attacks and misrepresentation instead of the new health care law’s merits or its actual impact on real Americans.

The Affordable Care Act has been referred to as a “job-crushing law.” This is simply not honest as my colleagues across the aisle disregard the fact that, since it was signed into law last March, over 1 million private sector jobs have been added to the economy, with 207,000 of those jobs coming from the health care sector.

Some speak of the repeal as if eliminating health care reform would have no meaningful fiscal consequences. This, too, is not honest. The Congressional Budget Office has estimated full repeal would increase the deficit by $230 billion over 10 years and another $1.2 trillion in the following decade.

Some argue that repeal will, in fact, reduce the deficit. If this is true, why have our economists given us a positive score that affirms such a point?

Repeal does nothing, absolutely nothing, other than leaving families with real health issues no place to go for help.

What do I tell the parents of the 9,000 children in my district with pre-existing conditions who will be unable to access coverage when the ban on discriminating against children with pre-existing conditions is lifted?

When insurance companies can claim cancer or pregnancy as a preexisting condition, what will survivors and mothers do for health coverage?

What will the 126,000 so affected individuals on Long Island do?

What will the 2,400 young adults who have been able to stay on or to rejoin their parents’ health insurance on eastern Long Island do if repeal is successful?

What will the 112,000 Medicare beneficiaries who can now receive free cancer screenings and other preventive care do?

What about the 8,500 part D prescription drug plan recipients who can no longer afford a drug that was closed and who will, once again, face higher drug costs if repeal is successful?

Mr. Speaker, simply replacing the positive impact the Affordable Care Act has had on American families with inaccurate arguments does not solve our problem. I urge my colleagues to vote “no” on the legislation.

Mr. KLINE. Mr. Speaker, I am very pleased to yield 2 minutes to another new member of the committee, a physician, the gentleman from Nevada, Dr. HECK.

Mr. HECK. Mr. Speaker, increasing access to high-quality health care while reducing costs, that was the goal of the recently enacted health care law. But no matter how well intentioned, very few now stand by that law in its entirety. The new health care law will cost money that taxpayers don’t have, and it will cost jobs we can’t afford to lose.

Now is the time to reexamine this misguided law before young families are forced to buy something they can’t afford or face fines from their government, before seniors are forced to find new doctors or lose the kind of insurance plans they enjoy now, before small businesses shed jobs or are forced to close their doors due to budget-busting regulations.

More access, lower cost. It’s safe to say that every American supports that idea. As an emergency medicine doctor, I know that I do. And working on the frontlines of health care I’ve seen what works and what doesn’t. Forcing people to buy insurance or fining them, eliminating seniors’ access to Medicare Advantage, and burdening small businesses with onerous taxes don’t work.

What the American people want are solutions that don’t cost more tax dollars and don’t force small businesses to hire new employees; making sure people don’t lose their coverage once they get sick; letting dependent children stay on their parents’ insurance until they turn 26; making sure anyone who wants to buy insurance can purchase a policy regardless of preexisting condition; and allowing consumers choice while creating incentives for purchasing insurance that fits their needs.

But no matter how well intentioned, the laws and regulations that are part of the health care law are not the solutions are there, but there is more wrong with this bill than there is right.

So let’s repeal this law that doesn’t work. Let’s repair those pieces that could work. Let’s replace it with pieces that everyone can agree will work. And let’s give the American people the health care they deserve.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentlewoman from Hawaii (Ms. HIRONO), a member of the committee.

Ms. HIRONO. Mr. Speaker, Democrats’ top priority is creating jobs. We want to work with Republicans to achieve this goal, but instead of focusing on jobs and growing the economy the new leadership has decided to start by debating H.R. 2, which will repeal patients’ rights, put insurance companies back in charge, and add to the deficit.

Yesterday, the Democratic Steering and Policy Committee held the only hearing the new Congress will have on this bill. We heard from families from Maine to Florida, from Rhode Island to Missouri, real people, real stories. Freedom was a common thread in their stories. Because of health care reform, these families are free from worrying about being denied coverage because of a preexisting condition and free from worrying about escalating medical debt because of lifetime caps on their insurance plans. These families now have a sense of security and peace of mind.

For over 37 years, thanks to Hawaii’s landmark Prepaid Health Care Act, our families have largely been protected from some of the most unfair insurance company practices, but health care reform is still helping thousands of families and small businesses across my State. A mother in Kailua, Hawaii contacted me to tell me that she can now add her 21-year-old son and 24-year-old daughter to her work-sponsored insurance plan. This mom used to pay $900 a month for just her daughter’s health insurance and prescription drugs. Now she pays $300 a month to cover both of her children under her company’s plan. This family used to spend $10,800 a year for health care for one child; now they spend $3,600 a year for health care for their entire family.

I recently heard from a senior in Waimea on Hawaii Island who referred to her $250 Medicare doughnut hole rebate check as a blessing in these tough economic times. Let’s help. The Patient’s Bill of Rights Repeal Act will hurt, not help, middle class families and small businesses in Hawaii and across our Nation.
I urge my colleagues to join me in voting against H.R. 2.

Mr. Speaker, listen to Stacie Ritter’s story. Stacie is the mother of twin daughters, Hannah and Madeline, now 11, who were diagnosed with leukemia at the age of 4. Stacie has worked hard to ensure her children’s health and having health insurance to cover the stem cell transplants and other cancer treatments. Because of health care reform, Stacie doesn’t have to worry about the twins being denied coverage because of a pre-existing condition. This repeal bill will allow insurance companies to deny Hannah and Madeline health insurance for the rest of their lives. The 19.4 million children in our country with pre-existing conditions would face the same fate.

I listened to Dr. Odette Cohen, from Willingboro, New Jersey, a small business owner. The small business tax credits in the health care reform law not only lower the cost for her to provide good health insurance for her employees, but they also give her the flexibility to hire her grandfather as a nurse practitioner. She’ll be seeing more patients and growing her business and helping the economy.

According to Forbes Magazine, major health insurance companies around the country are reporting an increase in reinsurance rates on small businesses offering health care benefits to their employees. Repeal would either force small businesses to drop their employees’ coverage or businesses would bear the full cost of insurance themselves.

Speaker BUCHENOR has pledged to listen to the people. Because of Hawaii’s landmark Prepaid Health Care Act of 1974, which mandates that employers provide insurance coverage for their full-time employees, Hawaii’s families have long been spared from some of the most unfair insurance practices. But health care reform still helps thousands of families across our state.

A mother in Kailua, Hawaii contacted me to thank us because she could now add her 21-year-old son and 24-year-old daughter to her work-sponsored insurance plan. This mom used to pay $700 a month for her daughter’s health insurance and $200 a month out-of-pocket for her prescription drugs.

Now, this mother pays just $300 a month to cover her children under her company’s health plan. This family used to spend $10,800 a year for health care for one child. Now, they spend $3,600 a year for health care for the whole family. This family is using the money saved on health insurance for other household needs, including paying down past medical debt.

Middle class families are saving money because of health care reform. Young adults, many of whom are having a hard time finding jobs, now have health insurance. Under H.R. 2, thousands of young adults will lose their insurance coverage, including 2,500 in Hawaii.

Here’s what else repealing health care reform will do to the people of Hawaii: 193,000 seniors in Hawaii who have Medicare would no longer be able to pay for prescription drugs in the “donut hole” coverage gap in 2010. I recently heard from a senior in Waiman on the island of Hawaii who referred to this check as a blessing. She was able to use that money to pay for her other medical bills.

Under Medicare, beneficiaries who fall into the “donut hole” in 2011 will be eligible for 50 percent discounts on covered brand name prescription drugs. Closing the Medicare donut hole is an especially critical issue for Hawaii as we are home to the Nation’s largest percentage—36 percent compared to 26 percent—of beneficiaries who fall into this gap of prescription drug coverage. Without repeal, the burden of high prescription drug costs would hurt millions of Medicare beneficiaries across the country.

An estimated 28,700 small businesses in Hawaii would no longer be eligible for the new federal tax credits that will help make providing health care coverage for their employees more affordable.

Let’s be clear, the Patients’ Rights Repeal Act will hurt, not help middle class families in Hawaii and across our Nation. That’s bad enough. But this repeal also expands the federal deficit. The non-partisan Congressional Budget Office reported that repealing the health reform law would increase the federal deficit by $230 billion over the next ten years and more than $1.2 trillion in the following decade.

At a time when our focus needs to be on jobs, bills should pass the following 3-pronged test: 1) Does it create jobs? 2) Does it strengthen America’s middle class? and 3) Does it reduce the deficit? On all counts, H.R. 2 is a resounding failure. I urge my colleagues to join me in voting against H.R. 2.

Mahalo nui loa (thank you very much).

Mr. KLINE, Mr. Speaker, I am pleased to yield 1 minute to another new member of the committee, the gentleman from Florida (Mr. Ross).

Mr. ROSS of Florida, Mr. Speaker, today I rise in support of repealing and replacing the recently enacted health care law that nationalizes nearly one-sixth of our country’s gross domestic product.

This past November, the American people sent a resounding message to Congress and to this administration that they do not want to pay higher taxes for a one-size-fits-all health care system that replaces doctors with bureaucrats. Instead, the American people want complete control of their health care dollars and health care decisions, and they want to be able to take these dollars with them when they go to work without being penalized by the Federal Government.

Americans need privatized health care that forces competition in order to achieve affordability, choice, and innovation. As a small business owner, I understand that adding $1.44 trillion in taxes and compliance costs to our unstable job market creates a massive burden on our taxpayers and is not the best way to encourage economic growth.

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

Mr. KLINE. I yield the gentleman an additional 15 seconds.

Mr. ROSS of Florida. Imposing new regulations on small businesses by mandating employers provide health insurance stifles economic growth and makes it difficult for businesses to survive. We can bring down costs and increase affordability by allowing the free market to create robust competition. One commonsense reform is to allow for the interstate sale of health insurance. By breaking down the barriers to the sale of ‘‘external’’ insurance, citizens will have the ability to choose the plan that best fits their needs at a rate that is affordable to them. By allowing competition, we bring costs down and provide the best possible product for the American people.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, in 1986 over 66 percent of America’s employers provided retiree health insurance. In 2009, that number had collapsed to 29 percent. What the health care bill did was use a tried and true method of setting prices for health care products that we use for flood insurance, terrorism insurance, and to insure the nuclear energy industry.

This fund, which will cost-share and cost-spread the high claims of older 55-plus Americans, is a program that employers have stampeded into. Over 4,700 employers have entered into this program. Over half the Fortune 500, many whose corporate logos are right here—something that Coke and Pepsi and AT&T and Comcast can come together on—are voting with their feet because this is a program that works.

Mr. Speaker, public employers are also taking advantage. This map shows yellow States who have not entered the program. If you notice, no yellow States have not entered the program. All 50 States with Republican governors and Democratic governors have entered into this program. States who are suing the Federal Government to overturn the health care bill—they know a program that’s going to work to make sure that their health care costs are going to be controlled and spread. This means that police officers, teachers, people working in corporations who are 55 and up can retire with confidence, opening up opportunities for young Americans which clearly the prior system was not going to allow.

Mr. Speaker, this bill will blow up this program, which employers who are voting with their feet say will work. That is not creating jobs. This program creates jobs. It lowers costs for employers and provides an avenue for young people to have a future in this country.

We should vote ‘‘no’’ on this legislation. Let’s grow America’s economy. Let’s preserve the Early Retiree Reinsurance Program.
Mr. FLEMING. I thank the gentleman from Minnesota.

Mr. Speaker, repealing ObamaCare is an imperative for four reasons. First, while it increases the numbers under coverage, it will ultimately sharply reduce access to care. Like Canada and Britain, a socialized medicine system, it will mean carrying an insurance card that will entitle you only to less choice, longer waits, and rationing.

Second, while the health care system is now hard to navigate, under ObamaCare it will be a nightmare. With over 150 new mandates and agencies controlled by unelected, unaccountable bureaucrats and IRS agents, to whom will we turn when the system fails us?

Third, as yet another entitlement program financed through a Disney fantasy of accounting, it will add to the current entitlement fiasco in Washington, exploding the budget for many generations to come.

And fourth, raising higher taxes and more restrictions on businesses, employed Americans will continue to decline or become an endangered species altogether.

Let’s repeal the worst legislation in a generation of government.

Mr. GEORGE MILLER of California. I can say to the gentleman from Minnesota, I think I’m starting to understand the physician shortage in the country; most of them are in the Congress, apparently.

Mr. KLINE. And we’re so happy to have them.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Mr. Speaker, I am committed to working with my colleagues to create jobs. But here we are, debating health care reform. Instead of focusing on job creation, in fact, health care reform was a good start. Since enactment in March of 2010, private-sector job growth has grown by some 1.1 million jobs. Among those, over 260,000 jobs were created in the health care sector alone. That is why my top priority remains job creation and growing our economy—not obsessing on repealing a bill that is working.

If my friends on the other side of the aisle are successful, then seniors, young people, and small businesses in the capital region of New York would be hurt. Take my constituent Tim from Albany, New York, for example. Tim is forced to dig into his pocket to pay for prescription drugs even though he is a retired pharmacist on Medicare.

Mr. Speaker, I am really pleased, following the comments of the gentleman from California, to yield 1 minute to another physician, a new member of the committee, the gentleman from Tennessee, Dr. DESJARLAIS.

Mr. DESJARLAIS. Mr. Speaker, I rise today in support of H.R. 2. As a practicing physician for nearly two decades in Tennessee, I stand before you as an expert witness to failures of a government-run health care model. ObamaCare takes the problems I’ve seen in my home State and expands them to a national level.

This bill raises taxes, increases spending, and will add $701 billion to the Federal deficit. Most importantly, ObamaCare will ultimately end up restricting patients’ access to quality health care by placing Washington bureaucrats between patients and their doctors.

Moving forward, we do offer solutions. We must work towards reducing waste, fraud, and abuse in Medicare, instituting meaningful tort reform—thus reducing the practice of defensive medicine. We can see some of the goals of the health care reform without the creation of a giant, new Federal bureaucracy.

By voting to repeal this unnecessary health care bill we will effectively put a stop to the creation of a massive entitlement program that did not want, we do not need, and we cannot afford.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from California (Ms. BASS).

Ms. BASS. Madam Speaker, the health care reform that we did not pass by the 111th Congress.

Mr. ANDREWS. Mr. Speaker, I wanted to explore one of the aspects of this repeal promise that’s being kept.

Thus far, there are hundreds of thousands of seniors who have gotten $250 rebate checks to help them pay for prescription drugs. I would ask anyone on the other side, what does the legislation say about whether or not the seniors will have to repay those checks to the government?

Mr. Speaker, I rise in strong opposition to the Patients’ Rights Repeal Act.

Proponents of this bill contend that the current health care law will destroy jobs, but CBO estimates of $230 billion support the fact that it is the repeal being debated today, not the health care law, that would harm jobs...
and drain funds from potential job-building appropriations.

Essentially what is being repealed are the protections afforded to taxpayers through the recently enacted health care legislation, the relief given to American taxpayers who were forced to spend their hard-earned dollars for uncompensated health care costs—which we never hear mentioned over there—and the progress our country made last year to come out of the dark ages as one of the only three developed countries in the world that do not provide universal health care.

Fifty-eight hundred seniors in my district and over one million seniors in the country were relieved last year by the doughnut hole rebate. But repeal would reintroduce that stress. Nearly 44 percent of non-elderly constituents in New Jersey and 134 million Americans nationwide have preexisting conditions.

Repeal would reintroduce the hopelessness these Americans felt in the past as health coverage denied and stole their access to quality health care. Repeal would remove nearly 1.2 million young adults from their parents' health care plan—including my grandson who's 23 and is on his mother’s plan—and remove their ability to take preventative measures now to avoid becoming a burden to the system.

I urge defeat of this bill.

Mr. KLINE. Mr. Speaker, before I yield to the gentleman from Pennsylvania, I will take about 10 seconds to respond to my friend, the gentleman from New Jersey, about the $250. It's not contemplated in the legislation, nor is it our understanding of the scoring that there is any intention of that $250 being brought back from those seniors.

I yield 2 minutes to the gentleman from Pennsylvania (Mr. THOMPSON).

Mr. THOMPSON of Pennsylvania, Mr. Speaker, as a health care professional for almost 30 years, I actually sat down and read all 2,000 pages of the health care bill. And as I read through the measure, I became increasingly alarmed at the level of control over an individual's health that would be vested in the Federal Government.

I've spent my life working with those facing life-altering disabilities and diseases. And I've been quick to point out that we have the best health system in the world, but there must be improvements. That is why I am supporting the repeal of the Patient Protection and Affordable Care Act—and I believe there are plenty of reasons for my colleagues to join me.

The law mandates purchase of a government-defined insurance plan, a mandate that the President opposed on several occasions when running for office. As a result of failing to live up to this promise, the Justice Department is now attempting to defend the mandate on the grounds that it is a tax.

According to the nonpartisan Medicare Actuary, because of the law, national spending will increase by more than $310 billion over the first 10 years. The law will not lower health care costs, despite numerous claims that we've heard.

According to a Congressional Budget Office analysis, health insurance premiums could rise on average of $2,100 per family. This increase comes despite promises of lower premiums.

Mr. Speaker, if this law remains in place, up to 35 million people could lose health care access. According to the former CBO Budget Director, the health care law, quote, "provides strong incentives for employers, with the agreement of their employees, to drop employer-sponsored health insurance for as many as 35 million Americans."

The National Taxpayer Advocate issued a report that suggests 40 million businesses will be impacted by the new IRS 1099 filing requirements. This will require vendors and small businesses to do paperwork on any transaction over $600. In addition, the Taxpayer Advocate does not believe that this will result in improved tax compliance. This provision is so unrealistic that even the President's Small Business Administrator has called for its repeal.

Mr. Speaker, we must repeal and replace this law and continue together as the entire Congress, not just the two parties, and move forward with commonsense ideas that will include better access, affordability, quality, and promote patient choice. I encourage my colleagues to join me and vote for repeal.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. I am going to cite two Republicans who give good reasons to oppose this legislation and keep health care reform. One of the new Republicans, when he didn't think he was going to get his insurance immediately, said, "What am I, not supposed to have health care? It's a practicality. I'm not going to become a burden for the State because I don't have health care, and God forbid I get into an accident and I can't afford the operation. That can happen to anyone." He succinctly summed up the reason why everyone should have the same opportunities as members of Congress have to have health care.

But more importantly, in a more intentional way, one of the most revered doctors in the world, former Republican majority leader, Senator Bill Frist, said yesterday that he urged the Republicans to drop the charade and build on the legislation. He said if he would have been here, he would have voted for the bill. And it was important to consider the bill the "law of the land" and move on from there. "It is the traditional platform, upon which all future efforts to make the system better for the patient and family will be based." And that is a fact. It has strong elements. I support Dr. Frist.

Mr. KLINE. Mr. Speaker, I yield 1 minute to a member of the committee, the gentleman from Pennsylvania (Mr. PLATTS).

Mr. PLATTS. Mr. Speaker, I appreciate the gentleman yielding.

I rise today in support of House Bill 2. This simple two-page bill seeks to repeal the new unconstitutional health law that will cost our nation more than $2 trillion per decade, increase taxes, and impose job-destroying mandates on businesses, cut Medicare by hundreds of billions of dollars, and further increase health care premiums for individuals by more than 10 percent.

The goal is not only to repeal the new health care law, but also to replace it with real reforms, debated openly through the ordinary legislative process, that are truly about reducing health care costs—reforms such as allowing small businesses and individuals to join together in national group plans to cut premium costs; allowing individuals to purchase health insurance across State lines, thereby increasing competition for their businesses; and enacting medical malpractice liability reform legislation.

I will continue to push for commonsense reforms that are focused on truly reducing health care costs for all Americans. I urge my colleagues to support H.R. 2.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Michigan (Mr. PETERS).

Mr. PETERS. Mr. Speaker, with unemployment in Michigan at over 12 percent, I am not going to support a bill that raises taxes on small businesses. Let us be clear. Voting for the Patients' Rights Repeal Act will eliminate the Small Business Health Care Tax Credit. Small businesses have faced outrageous increases in their health care costs over the past decade. This tax credit helps reduce that burden and is already making a real difference.

The L.A. Times reported that small businesses are signing up for health care coverage for their employees, despite the bad economy, since the tax credit took effect. Among firms with three to nine employees, there has been a 46 percent increase in the number offering health benefits. But this bill would put a stop to that.

The Detroit News reported that last week more than 125,000 small businesses in Michigan would lose the tax credit under this bill. The last thing that small businesses in Michigan and across the country want now is higher taxes. But that's exactly what this bill would deliver.

Mr. Speaker, I urge my colleagues to vote "no" and join me in standing up for our small businesses.

Mr. BARLETTA. Mr. Speaker, I yield 1 minute to a new member of the committee, the gentleman from Pennsylvania (Mr. BARLETTA).
Mr. BARLETTA. I thank the chairman for yielding.

Mr. Speaker, I rise today in support of repealing the health care law. I believe everyone should have access to affordable, quality health care. However, the situation last year does not verify the truth. It makes health care unaffordable; it diminishes the quality of care; it forces seniors out of their Medicare drug coverage, and it prevents small businesses from getting Americans back to work.

In my district, we have the highest number of seniors in Pennsylvania, and the $206 billion in cuts in Medicare Advantage will cause 7.5 million seniors to lose their retiree drug coverage by 2016. Small businesses face a $2,900 fine per employee if their plans do not meet a bureaucrat-approved standard.

At a time when the unemployment level in my district is over 9 percent, Congress must not discourage job creation by placing mandates and levying penalties on those who will get us back on track towards a more prosperous Nation.

I urge my colleagues to vote "yes" on H.R. 2.

Mr. GEORGE MILLER of California. I yield 1½ minutes to the gentleman from Oregon (Mr. WU).

Mr. WU. Mr. Speaker, while America desperately wants more and better jobs, Washington Republicans want to waste time today debating a health care repeal charade. But let's look at what health care reform repeal would actually do.

In my congressional district alone, repealing this law would allow insurance companies to deny coverage for up to 300,000 individuals with preexisting conditions, including up to 45,000 children. Let's mend this act, don't end it.

A repeal would eliminate health care tax credits for up to 19,000 small businesses and 164,000 families. Mend it, don't end it.

A repeal would eliminate new health care coverage options for 3,100 uninsured young adults. It is time to mend it and not to end it.

In 50 years, Mr. Speaker, health care reform will stand beside Social Security, the GI bill, and Medicare as a pillar of American health care and humane values. The people of that time will not understand why it was hard to pass in the first place or why we are spending time today rehashing old business as usual rather than finding solutions to fix health care reform's remaining deficits and to mend it, not to end it.

Mr. GEORGE MILLER of California. Mr. Speaker, may I inquire of the time remaining?

The SPEAKER pro tempore. The gentleman from California has 8 1⁄2 minutes; the gentleman from Minnesota has 15 minutes.

Mr. KLINE. Mr. Speaker, I yield 1 minute to another new member of the committee, the gentleman from Pennsylvania (Mr. KELLY).

Mr. KELLY. I thank the gentleman for yielding time.

Mr. Speaker, last week Federal Reserve Chairman Ben Bernanke said that the economy cannot begin to recover until small businesses prosper. Well, the overreaching and burdensome requirements of ObamaCare will hurt small businesses. And their benefits are not just for large companies, which account for over half of the private sector economy, are more likely to struggle than survive under this law. If I had followed the plan prescribed for my dealership after the government takeover, the lost customers, would have lost the business that my father started 57 years ago. We need to address the years of hard work and the spirit of entrepreneurship that will be destroyed under this law.

Small employers have limited autonomy under ObamaCare. The Federal Government is dictating what benefits they must offer and then punishing them for expanding their operations or paying their people more.

The economic basis under ObamaCare are: provide government-mandated health care and face ruinous costs, or drop the coverage and pay fines just to keep those folks employed.

If we burden small businesses with the requirements set forth in this law, we hamper the recovery of the U.S. economy and damage the spirit of free enterprise that has made America great for over two centuries.

Mr. KLINE. Mr. Speaker, in an effort to balance the time here—we have an embarrassment of riches in numbers of speakers; that's what happened in November—I yield 1 minute to a member of the committee, the gentlelady from Illinois (Mrs. BIGGERT).

Mrs. BIGGERT. I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the health care law because it and not to end it.

The benefits to individuals in need of care; the senior citizens, and those with preexisting conditions, to businesses, to local governments, and to the country as a whole.

The benefits to individuals in need of health care with preexisting conditions, to the young adults under 26 years of age, and many other groups are well known and will be missed if the law is repealed.

But most significantly, the law will drive down the cost of health care by encouraging and increasing quality care and good outcomes in health care treatments instead of encouraging potentially unnecessary procedures. It rewards quality rather than quantity of health care. This will ultimately reduce the cost, both public and private, of health care in this country.

Because of these reasons, I strongly oppose the health care reform.
Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from California (Mr. ROYCE).

Mr. ROYCE. Mr. Speaker, the claim that this new health care law will somehow cure our budget deficit is proof that logic does not always prevail here in Washington, DC.

This is a $2 trillion additional entitlement; and just like past entitlement programs, this one will be far more costly than projected. As a result, our budget deficit is going to increase unless we repeal this. It’s going to increase our dependence on China and Japan to finance our debt.

The credit-rating agencies say we are on the verge of losing our AAA credit rating and this debt contagion, you all see it, is continuing to spread across Europe. Let us take this important step. Repeal this $2 trillion fiscal train wreck and begin work on market-based solutions that will actually lower health care costs.

This will give us some hope in the future of bringing that budget into balance and not hitting that fiscal train wreck.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to a new Member of this body, the gentleman from Missouri (Mr. DUFFY).

Mr. DUFFY. Mr. Speaker, Americans have wanted health care reform for some time now, but they don’t want what passed last spring.

This is a 2,000-page bill that gives us more mandates and more regulation. It doesn’t accomplish the goal of reducing cost and increasing access; and it puts our health care decisions in the hands of bureaucrats, not in the hands of patients and family members where it belongs.

There is a better way. With today’s repeal, this is the first step. Tomorrow we begin the process of replacement with commonsense market-based solutions that are going to bring costs down, like competition across State lines, portability, price transparency, tax parity, and allowing folks who have preexisting conditions to obtain coverage.

I look forward, starting tomorrow, to working with not only my friends here on the right but also my colleagues here on the left to craft a bill that’s going to work for the American people.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Washington State (Mr. LARSEN).

Mr. LARSEN. Washington.

Mr. SPEAKER. Order. Mr. LARSEN. The time of the gentleman has expired. I ask for 15 seconds for an additional speaker.

Mr. DOLD. Mr. Speaker, today I rise in support of H.R. 2. And what we’ve heard today on both sides of the aisle is how this is going to affect small business. Well, I run a small business. That’s where I came from. And let me tell you that this is going to have a devastating impact on small business.

What this law did is it addressed access to insurance. It does not address cost or quality. These are the things that we need to address. My health insurance rates for the people that I work with each and every day last year went up 44 percent—44 percent.

There is no question that we need reform. We need a healthy debate. We need openness in this body to actually discuss what needs to be going forward in health care. What we had last year was anything but. There was no bipartisanship in what happened last year. The only bipartisanship in last year’s bill was the opposition to it.

I welcome the opportunity to reach across the aisle to Members on the other side, to work with them to craft a bill, one that will talk about malpractice reform, one where the government will not come in between a decision that you make with your physician.

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

Mr. KLINE. I yield the gentleman an additional 15 seconds.

Mr. DOLD. We have an opportunity here, an opportunity for real reform. We want it. We need that. The American people have demanded it. From American businesses and people all across the United States, they demand it.

And from the other side who said we came in and had health care reform, I did not take the congressional plan. We know we can do better, and I ask my colleagues on the other side to support H.R. 2.

Mr. GEORGE MILLER of California. Mr. Speaker, we have two remaining speakers.
Mr. KLINE. We’re in that time of trying to balance here.

At this time, I will yield 1 minute to the gentlelady from Florida (Mrs. ADAMS).

Mrs. ADAMS. Mr. Speaker, I rise today in support of repealing the government takeover of health care and replacing it with commonsense reforms that will reduce the costs and increase the access to quality, affordable health care especially for my constituents in Florida.

The American people have soundly—soundly—rejected the Democrats’ flawed government takeover of health care, and it is time to show that their voices have been heard.

The existing health care law moves this country in the wrong direction by raising taxes, cutting Medicare, restricting private-sector job creation, and putting power into the hands of Washington bureaucrats rather than into the hands of individuals themselves. We want to make their own health care decisions. They don’t want government making them for them.

Repealing the current health care law is the first step towards keeping our promises to the American people that we are serious about cutting spending, creating jobs, and limiting—limiting—our way to Washington bureaucrats rather than the hands of individuals themselves.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from New Jersey (Mr. RUNYAN).

Mr. RUNYAN. Mr. Speaker, I rise in support of H.R. 2 to repeal the 2010 health care legislation. The law that we seek to repeal today is not the best way to provide cost-effective, quality health care to all Americans.

I support enacting incremental reforms such as enabling individuals to purchase coverage across State lines, allowing small businesses to pool together to purchase more affordable coverage, and prohibiting insurance companies from denying coverage to those with preexisting conditions.

I urge my colleagues to support H.R. 2. Let’s work together on reforms that truly reduce costs and provide quality health care.

Mr. GEORGE MILLER of California. May I inquire of the Chair how much time is remaining?

The SPEAKER pro tempore. The gentleman from Minnesota has 5 minutes remaining; the gentleman from California has 5½ minutes remaining.

Mr. GEORGE MILLER of California. I yield 3 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. So in the hours that we’ve spent thus far during this debate, we could have been debating ways to help small businesses and entrepreneurs create jobs for the American people, but we did not. Instead, we have gotten a slogan, “Job-killing health care bill.” The slogan is very much at odds with the facts.

The fact is that the health care bill was signed by the President, and the private sector has generated 1.1 million new jobs. The fact is that the chief economist for Barclays says he believes that the economy is on track to add many, many jobs this year, probably 200,000 or so per month is his projection.

Mr. ANDREWS. We’ve heard about protecting the children and grandchildren of the country against mounting debt. For years, there has been an misunderstanding here that the referee in budget disputes has been the Congressional Budget Office, through Republican and Democratic majorities, Republican, Democratic, and Independents, they are the referee who decides what the rules are. So the Congressional Budget Office was asked by Speaker Boehner, “Job-killing health care bill.” The slogan is very much at odds with the facts.

The fact is that since the health care bill was signed by the President, the private sector has generated 1.1 million new jobs. The majority didn’t like what they said, so they just chose to ignore it and make up the rules as they go along.

But what they haven’t done as they’ve gone along is still answer the fundamental question we started with this morning. When a mother of two 4-year-old twins goes to buy health insurance and the health insurer says, “I’m sorry, we won’t insure your family because your 4-year-olds have leukemia,” should that be legal or not? That’s the question.

Mr. ANDREWS. The law the President signed in March says it should be illegal. This repeal says, let’s go back to the good old days when the insurance companies made that decision. We are not going back. We should go forward together to create jobs for our people and end the charade we’ve seen on the House floor here this morning.

Mr. KLINE. Mr. Speaker, I had two more speakers en route. They are not here. So I plan to close, and I will reserve the balance of my time.

Mr. GEORGE MILLER of California. I thank the gentleman.

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

I want to thank all of our colleagues who participated in this debate today. I think it has shown some fundamental disagreements and some fundamental differences.

First of all, there is the strong suggestion here from an NFIB study that was done before this law was ever written, that has nothing to do with this law, saying you might lose jobs. But what do we see since the law has passed? We see that for employers of under 10 employees, health care coverage has risen by 10 percent because we’ve made it less expensive for small businesses to offer that health insurance.

That is not a self-interested study. What you see from United Health Care, the largest health insurer in the country, 200,000 new health plans from employees of small businesses because the small businesses find it affordable to extend health insurance as a benefit of working for that small business.

Blue Cross/Blue Shield of Kansas City says the number of small businesses buying insurance since April, the first month after the legislation was signed, has jumped 58 percent.

Small business employers are for the first time able to extend affordable insurance to their employees, and that is why the job creation that Mr. ANDREWS referred to of a million jobs since the passage of this bill has continued and expected to continue. That is why it is different than the economy prior to the Obama administration where over 8 years almost 800,000 jobs were lost during those years of the Bush administration.

But there is something more important in this legislation, and that is whether or not families will have the control of their health insurance destiny, whether they will have the freedom to make these choices. Many on the other side of the aisle said this is a bureaucratic system. Has anybody, any family in America, any single mother, any spouse, any child, any grandparent, met a more bureaucratic system than the American health insurance system? There is no more bureaucratic system.

When you send in your premium, they tell you you sent it to the wrong place. When you send in your bill, you sent it to the wrong person. When you send it to the right person, they say that person has left their job. When you say, I went to the doctor, they say you should’ve called us first. When you say, I had emergency surgery, they say, you should’ve called us first; we’re not covering it.
You want to talk about bureaucracy, ladies and gentlemen, and that is why this legislation is growing in popularity, because small businesses see, senior citizens see, parents with children under 26, they see a chance to liberate themselves from the most arbitrary, most capricious system in our entire free economy, and that is the insurance companies. Everybody has been run around the block by their insurance company. It is something that they all share.

If it is birth, compile problems they share with their cable company, not quite. That is not as dramatic as here because this is life and death. This is the security of your family. This is whether or not you can change jobs. This is whether or not your children will be protected. This is whether or not your parents will be able to afford their prescription drugs, because that is what this legislation enables and gives the freedom to American families to have.

Repeal, we go back into the clutches, the clutches of these bureaucrats spread across the world. In the insurance company, you call for help and you reach somebody in another country, or you are gone with no understanding of the emergency that your family, your child, your parent, your grandparent faces. Nobody wants to go back there, ladies and gentlemen. Nobody. They have been there for 50 years. Those costs have gone up faster than any other segment in our economy. Faster than anything you can imagine. Faster than a speeding rocket, faster than a speeding airplane. Faster than Superman, health care costs have gone up because of insurance bureaucrats.

Mr. KLINE. Mr. Speaker, in closing, I actually don’t know anybody who is supporting the red tape of the insurance company. What I find interesting is that is a better way of adding thousands of pages of new government regulations and thousands of new government bureaucrats on top of that system and think somehow it is going to be better.

Let me address a couple of things that have come up in this debate and some things that we discussed in the past. One of them is the cost of this bill. Other committees have talked about it and will again.

There have been claims today that repeal will cost the taxpayers variously $230 billion or a trillion dollars based on what the CBO has said. We find that incredible that repealing this job-killing legislation is actually going to cost us money. So the question comes why are these numbers different?

It turns out there is a wonderful piece in The Wall Street Journal today that addresses that specifically. I will just quote it. It says: How then does the Affordable Care Act magically convert the unneeded costs in new spending into painless deficit reduction? It is all about budget gimmicks, deceptive accounting and implausible assumptions used to create the false impression of fiscal discipline.

We heard some words today addressing that fact. Some of our physicians pointed out that in order to get the numbers to add up, you have to assume that we will punish physicians who are providing Medicare services. And there is nobody in this body who believes we are actually going to do that. Nor did they believe that we were going to do it when that sort of gimmicky accounting was used to justify the cost in the first place.

We have heard discussions about how this is a very good deal for businesses large and small; and yet if you look at associations that represent businesses across America, they are saying today, not just 6 months ago or a year ago, but saying today that they support repeal of this job-killing legislation. And a short list, just some of them are the National Federation of Independent Businesses, the National Retail Federation, the National Restaurant Association, the U.S. Chamber of Commerce, the International Franchise Association, the America Bankers Association, the American Hotel and Lodging Association, the National Stone and Gravel Association, and on and on. Businesses do not like this government takeover of health care, and they support repeal. This is not a good deal for business.

My colleagues on the other side of the aisle chose to focus their remarks on a handful of provisions included in the law that are more attractive than tax hikes, penalties imposed on employers, and higher health care costs. And no one is disputing that such provisions exist, but it is wrong to suggest that the only way to reform health care is to bankrupt our Nation with this albatross.

I believe we can improve health care without orchestrating a government takeover. That is why I look forward to casting my vote to repeal this law so we can move forward to carry out the wishes of our constituents. Repeal is the first step toward the right kind of reform.

Mr. Speaker, I yield back the balance of my time, and I ask unanimous consent that any minute or two that I have left be granted to the chairman of the Energy and Commerce Committee during that portion of the debate.

The SPEAKER pro tempore. Without objection, the gentleman from Michigan will control the time.

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House. Manifestation of approval or disapproval of proceedings is in violation of the rules of the House.

Mr. UPTON. Mr. Speaker, if I may just ask how much extra time I might have been given by the gentleman from Minnesota.

The SPEAKER pro tempore. The gentleman has 1½ additional minutes.

Mr. UPTON. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, today we take a step toward compassionate, innovative, and job-creating health care. It is ironic we must end something to realize a new beginning, but that is exactly what ObamaCare has compelled us to do; and that is precisely what we will do today. It’s time to be honest with the American people. Remember the Hippocratic oath? First, do no harm.

ObamaCare produces the opposite of growth, compassion, and innovation in health care. It destroys jobs, busts budgets, creates an unsustainable set of mandates on individuals, employers, and States. It will stifle innovation and the development of life-saving medicines. It will make health care more expensive, not more affordable.

Mr. Speaker, that is not compassionate. That won’t produce innovation, and that’s why repeal is the first step toward a better beginning. What is compassionate about allowing employers, employers, to provide insurance that they cannot afford to employees who will lose their jobs due to ObamaCare? What is compassionate about creating a rigid new entitlement that States are commanded to fund with money that they simply do not have? Is that compassionate about cutting over $200 billion from the Medicare Advantage program, leaving seniors with fewer services, higher co-pays, and more out-of-pocket expenses? What is compassionate about shaming more Americans with greater government dependence?

ObamaCare was created—erected—on a foundation of false promises: if you like your health insurance, you can keep it; health care premiums will go down; employers will not drop coverage; seniors won’t see any changes in their Medicare benefits. Today we know that those were only slogans—sound bites in a cynical sales pitch—and certainly not promises kept, today, by the president in the House. We will then embark on reform that I believe can be supported by both Republicans and Democrats.

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

Mr. UPTON. I yield myself an additional 1 minute.

Ensuring those with preexisting conditions have access to affordable coverage, we’ll do that. Allowing families to include their children up to 26, we’ll do that. Medical liability reform to reduce the unneeded cost of defensive medicine, we’ll do that. Provide incentives for employers rather than penalties and mandates that will cost jobs and depress wages, we will provide those incentives. Yes, we will.

Those are just some of the principles that I believe we can agree on with both sides of the aisle. If it is repeal; then replace. I’m ready for the challenge to put real health reform back together that is bipartisan rather than partisan and
achieves the goal of lower health care costs for every American family.

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

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

I strongly oppose this effort to repeal the health care bill. Millions of Americans are already benefiting from this legislation: insurers have stopped discriminating against sick children; seniors are saving money on prescription drugs; and small businesses are receiving billions of dollars in tax credits to provide health care coverage. Repeal will roll back these benefits.

The repeal bill reminds me of the story of Robin Hood, but in reverse. Repeal will take essential health benefits from millions of struggling American families and give new powers and profits to the insurance companies. If we repeal health reform, there will be no prohibition on discrimination against over 100 million Americans with preexisting conditions; no prohibition on insurance companies canceling your coverage when you get sick; no prohibition on lifetime caps and annual limits; no required coverage for young adults on their parents’ policies; no assistance to struggling to afford the cost of drugs in the doughnut hole; no free annual checkups and preventive care in Medicare; no tax credits for families and small businesses to pay for health insurance.

These changes will affect every congressional district in the country. My staff has been analyzing what the impacts of repeal will be in each district. These are now available on our Web site. They tell a compelling story.

We have a new Member on our committee from West Virginia. In his district, repeal will mean increasing prescription drug costs for 12,000 seniors and taking new preventive care benefits from over 100,000 Medicare beneficiaries.

We have another new Member on our committee from New Hampshire. In his district, repeal would mean over 50,000 constituents would lose protections against rescissions. And these aren’t just statistics. Behind every number is a real person with real problems, like diabetes or breast cancer or a child with special needs.

Repeal is a boon for the insurance companies but an enormous setback for American families. If we pass this bill, the insurance companies can raise their rates, discriminate against millions of Americans with preexisting conditions, and cut off coverage when someone becomes sick.

There are many reasons to oppose repeal. The health reform bill is creating thousands of new jobs. It will cut the deficit by curbing the growth of health care costs, saving taxpayers over a trillion dollars.

This is why I urge Members to vote “no” on this legislation. If there’s a change the Republicans want to make, let them propose it. But don’t throw it all out the window and say they’re going to do all these things we’ve already done.

I urge Members to oppose this legislation.

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

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the chairman emeritus of the Energy and Commerce Committee, JOE BARTON, whose State could lose perhaps 64 hospitals that would close with the continuing of ObamaCare.

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

Mr. BARTON of Texas. I thank the gentleman and look forward to working with him as the chairman of the committee.

Mr. Speaker, before I begin to discuss health care, I would like to say that our prayers continue to go out to Congresswoman GIFFORDS in Arizona. We are very gratified to learn of her continuing progress. We hope that some time in this Congress she does come back to the House floor and give her voice to the voice for her constituency. We all miss her and we wish her the very best.

Mr. Speaker, we are here today because the existing law of the land on health care is fatally flawed. Most of us think it is unconstitutional. We think it is overreaching. We think the Federal Government is intervening more and more in the private practice of health care between the doctor-patient relationship. And we think it needs to be repealed before it does irreparable harm to our health care system, which is the best in the world.

We think that on basic principles it’s unconstitutional. We believe that you shouldn’t have the Federal Government mandate that an individual has to have health insurance, whether he or she wants it. That particular constitutional question is wending its way through the courts and we hope soon to have an answer to that question.

We want to repeal today so that we can begin to replace tomorrow. We want to deliver on our Pledge to America that we meant it when we said if the American voters gave us the majority, we would repeal this existing law, and that is step one. But step two is to replace it. I see that my good friend and colleague from Michigan (Mr. DINGELL) has the floor.

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

Mr. DINGELL. I thank my good friend.

Well, so much for openness and transparency. We’re going to do all this without any hearings, without knowing what’s going on. But I’m going to tell you a little bit on my Republican side of the aisle here about what this is really going to do:

Insurance companies will be able to deny 292,000 individuals in my district, including 33,000 children, an opportunity to have health insurance, and this will be because of preexisting conditions. They’re going to increase the number of uninsured in my district, the 15th of Michigan, by 20,000. They will increase the costs to hospitals of providing uncompensated care in the 15th District alone by $182 million.

They’re going to cost each American $1,000 more because the uninsured are going to go in and get health care anyhow.

I want to tell you what is going to happen with one young lady who has a terrible condition called endometriosis. She is going to see to it that Americans can begin to replace the bad things, we cannot begin to work on the good things.

So, Mr. Speaker, with all due respect, we hope that we can repeal it on a bipartisan basis in the House and, under the leadership of Mr. URTON and Mr. CAMP and others, begin to replace it tomorrow.

Please vote to repeal this law today. Mr. WAXMAN. Mr. Speaker, I yield the floor to the gentleman from New Jersey who chaired the Health Subcommittee in the last Congress and who has done a great deal to advance this legislation, Mr. FRANK PALLONE.

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey will control the balance of the time.

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey will control the balance of the time.

There was no objection.

Mr. PALLONE. At this time, Mr. Speaker, I would like to yield 2 minutes to the dean of the House of Representatives and the House sponsor of the health reform legislation, the gentlewoman from Michigan (Mr. DINGELL).

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

Mr. DINGELL. I thank my good friend.
hurt small business because it’s going to take billions in tax benefits away from small business who would do this. I urge the House to vote down this outrageous piece of legislation.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the chairman of the Oversight and Investigations Subcommittee, the gentleman from Florida, Mr. CLIFF STEARNS.

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

Mr. STEARNS. Mr. Speaker, let me give you some important reasons why we need to repeal this law.

Yes, you will create jobs—but in an ever-expanding Federal bureaucracy. The Joint Economic Committee reported this bill creates over 150 new Federal offices. With that, of course, small businesses must comply, are mandated to comply, with all the new and many regulations.

Now, if this bill is so good, why is the Obama administration giving a pass to over 220 organizations and corporations that have received exemptions from this law, including many, many unions?

With the proposed $500 billion cut in Medicare and the increase in taxes that is already occurring, this law is simply not credible. With record unemployment, this law will hurt small businesses and prevent job creation, adding burdensome taxes, and it will not increase growth in this country.

Republicans will replace this bill with a health care law based upon choice, competition, and the traditional American exceptional value system, which is compassion—but compassion with accountability. We need to repeal this law.

Mr. PALLONE. I yield myself 2 minutes.

Mr. Speaker, I wanted to thank my colleague from Florida, who just spoke, for saying and admitting that health care reform does create jobs, because, if you listen to the Republicans, they have been saying over and over again that that’s not the case. But he finally said, yes, it does create jobs.

That’s what we really should be doing here. We should be creating jobs and improving the economy, not talking about repealing health care reform, which is providing so many benefits to many Americans.

Yesterday, I saw a statement from our former Republican majority leader, Senator Frist from Tennessee, who said that we shouldn’t do the repeal. He recognized the fact that this legislation, this health care reform, is actually making a difference in people’s lives and that we should build upon it, as Senator Frist said, a Republican, rather than just trying to do an outright repeal, which is a complete waste of time.

Now what I am hearing from my constituents is that they like the benefits that are already coming out from health care reform, whether it is eliminating all the discriminatory practices, like lifetime caps or preexisting conditions or annual caps, or being able to put your children up to age 26 on your policies. These benefits have already kicked in, and Americans actually like the benefits. They understand why they are helpful to them.

The only group I can think of that actually would benefit from repeal is the big insurance companies. Unfortunately, that is the bidding, if you will, that the Republicans are doing. The other side of the aisle. The insurance companies want to continue to increase premiums by more than double digits. They don’t want to cut into their profits.

One of the things that kicked in on January 1 is a provision that says that 80 percent of your premiums have to actually go to provide benefits. They can’t go to shareholders or to the profits of the insurance companies. The insurance companies are the only ones that benefit from repeal because they can raise premiums, they can have discriminatory practices, and they can just increase their profits.

I will use an example. I think the gentlewoman from New York (Ms. SLAUGHTER) used this example before about someone who has breast cancer. The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. Mr. Speaker, I yield myself an additional 15 seconds.

Now, because of the policies of the health insurance reform, if people have breast cancer and there are recurrences, they will not experience lifetime caps or annual caps. They will be able to go back and have chemotherapy or whatever is necessary.

Those are the types of benefits that have kicked in, and they should continue. We should oppose repeal.

Mr. UPTON. Mr. Speaker, before I yield to the gentleman from Kentucky (Mr. WHITFIELD), I yield 30 seconds to the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. I thank my colleague. Mr. Speaker, perhaps the gentleman from New Jersey didn’t listen to me when I just spoke.

It’s creating 150 new government agencies, and these are all government jobs. So, if you’re talking about increasing jobs, they’re government jobs. It also provides a $1 trillion in taxes. burdensome 1999 paperwork requirements, according to a study by the Nation’s largest small business association, the NFIB. I would like you to talk about that 1999.

These employer mandates that are in the health care bill are terrible, and it is estimated they will wipe out 1.6 million jobs over just 5 years.

So I caution the gentleman from New Jersey to listen carefully to my speech. Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Mr. Speaker, I am delighted we have the opportunity today to revisit the health care bill that was passed last year.

I am delighted because, first of all, when it came to the floor last year, this bill affected every aspect of health care in America, and we did not have the opportunity to offer one amendment on the floor. In addition to that, this bill takes $500 billion out of Medicare, which means less money to nursing homes, hospitals, and Medicare beneficiaries. Then the claim that this would reduce the deficit by $128 billion was calculated by including 10 years of tax revenues under this bill but only 6 years of expenditures.

How can you claim that we are supporting insurance companies by repealing this bill when the insurance companies supported the bill, and they supported the bill because it mandates that small businesses and individuals buy health insurance?

So I urge the repeal of this legislation, and then we can fix health care the way it should be fixed.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY. I thank the gentleman.

Mr. Speaker, this Republican bill is the wrong prescription for our country. It isn’t just a repeal; it’s a bad deal. It’s a bad deal for small businesses and middle class families, who would lose tax credits included in the new law to help them pay for health insurance. It’s a bad deal for grandma, who will face higher costs for the life-saving medications she needs to be able to stay independent. It’s a bad deal for pregnant women, who could be denied coverage when they need it the most.

Lydia Swan, my constituent, shared her story with me during the health care debate last year. Lydia was pregnant when her husband switched jobs. Her new insurance company said her pregnancy was a preexisting condition, and they wouldn’t pay any expenses. So Lydia was insured, but she wasn’t covered.

That is wrong. It is just plain wrong.

Mr. Speaker, a newborn child should be a pleasure and not a preexisting condition. New parents expect some sleepless nights. They don’t expect their insurance company to deny coverage for the pregnancy. New parents should worry about the baby and not about the medical bills.

The new health care law closes the book on these kinds of insurance company abuses. Let us not today reopen it once again. Say “no” to this Republican bad deal that takes away patients’ rights and freedoms, and say “yes” to a health care system that protects American families.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Illinois (Mr. SHIMKUS), I yield 30 seconds to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman for yielding.
Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. SHIMKUS).

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

Mr. SHIMKUS. Mr. Speaker, my friends on the Democrat side are supporting this bill based on 10 pages of the legislation: immediate access to insurance for the uninsured, an extension of dependent coverage, no lifetime or annual caps. Ten pages. This health care law was 2,990 pages. This is only volume one.

What do you find when you go through the entire bill? This is what they are defending their bill on? This is only volume 1 of 4. And what’s in here?—a $500 billion cut to Medicare, a $500 billion cut to Medicare for our seniors.

What else is in here? Five hundred billion dollars of tax increases. What else is in here? Six years of benefits for 10 years of cost. What else is in here? A new entitlement program.

Our Nation is broke. It is broke because of our entitlement program, and this law added a new entitlement.

Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. I thank the chairman. Mr. Speaker, I rise in opposition to what I think is really an unwise, unwarranted, and unfair effort to repeal the historic health care law which has brought much-needed insurance reforms to the American people.

For the first time in our Nation’s history, Congress passed legislation to ensure that every American has a comprehensive health insurance plan just as Members of Congress have. We’ve reduced the deficit by $1.43 trillion over 10 years and $1.2 trillion over 20.

I want to tell an important story which I think underscores why repeal is wrong.

Ronit Bryant in my district was battling stage four breast cancer—that’s the worst—when her HMO decided to stop paying for her treatment. In the middle of her treacherous ordeal through mastectomy, chemotherapy, a bone marrow transplant, and radiation, she was also battling her insurance company in Federal court where she had to listen to lawyers argue over whether her life was worth saving or not. A woman of less strength would never have made it through this. I am proud to say that Ronit made a full recovery. She watched her children grow, and she became the mayor of one of the major cities in my district, Mountain View, California.

So a 50 percent discount on prescription drugs for seniors makes sense. Prohibiting rescissions—what was done to Ronit—eliminating that makes sense. Allowing children to stay on their parents’ insurance policy until the age of 26 makes sense. Thirty-five percent tax credits for small businesses makes sense.

What the Republicans are doing today does not make sense. It’s wrong for America; it’s bad for Americans, and I urge my colleagues to reject it.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. Mr. Speaker, I might just respond: ObamaCare spends over $1 trillion but leaves 23 million people uninsured.

Mr. Speaker, my colleagues on the other side of the aisle have been arguing that we can’t afford to repeal ObamaCare. I would argue just the opposite. Our country cannot bear the true cost of ObamaCare, and it must be repealed.

Our repeal would mean that Americans with employer-provided health coverage will keep their current plan, yet the administration estimates that seven out of 10 individuals will lose their current coverage under ObamaCare.

Our repeal means that half of all employers—as many as 80 percent of small businesses—will be able to keep their current plan rather than lose it over the next 2 years. The administration’s estimates reveal that their own onerous regulations will force most businesses to give up their current plans, subjecting them to costly new mandates that will increase premiums.

Our repeal means that 7.4 million more seniors will participate in Medicare Advantage plans, according to the Medicare act. Our repeal also means that the Medicare Advantage beneficiaries will not face an average increase of $873 per year in out-of-pocket costs between now and 2019.

Our repeal means that individual health insurance premiums will not increase by $2,100. Our repeal means that taxpayers will not face $569 billion in tax increases scheduled to take effect over the coming years.

Our repeal means that the economy would keep an estimated 750,000 jobs that will be lost because the incentives included in ObamaCare actually discourage individuals from working, according to the CBO.

Our repeal means that national health spending will go down by $310 billion, according to the Medicare actuary.

Our repeal means that seniors’ part D premiums won’t increase by 4 percent in 2011 or rise up to 9 percent in 2019 as CBO estimates would happen under the current law.

Without repeal, employer retiree drug coverage will drop from 20 percent of retirees to 2 percent by 2016, according to the Medicare Trustees Report.

Finally, repeal means that States will avoid a massive forced expansion of their Medicaid programs, at a cost of $20 billion to the States, at a time when they cannot sustain Medicaid.

The costs of leaving this job-slaughtering health care law in effect are much too high. It must be repealed.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Mr. Speaker, I thank the gentleman for yielding to me.

I am very, very sorry that my Republican friends have chosen to put this repeal bill through. In light of the events in Tucson, we all say we are going to work together. The American people want us to solve their problems. This is not the way to do it. If there’s a problem with the bill, we should tweak it or change it. We shouldn’t repeal it.

If there is a problem and things need to be changed, we could.I am delighted by this issue because we can finally get the truth out. The American people understand that right now, if they have a pre-existing condition, they cannot be denied coverage. An insurance company might now, with this bill, cannot say, “Sorry, you have a lifetime cap or an annual cap and we’re not going to insure you.” The insurance company now can’t deny your 24- or 25- or 26-year-old child insurance to be on your plan. We are finally closing the doughnut hole to put more money in the hands of seniors.

This is what the Republicans would repeal. They say that this is a government takeover of health care. No, it isn’t. And if they had better plans for health care, they were in power for 6 years with the President and both Houses of Congress and they did nothing to make health care affordable for the American people.

Let’s work together. Let’s change the bill. Let’s tweak the bill. Don’t repeal it.
Mr. UPTON. Mr. Speaker, I yield 1 minute to the vice chair of the full committee, the gentlelady from North Carolina, Sue MYRICK.

Mrs. MYRICK. Mr. Speaker, we oppose this health care law for many reasons. I’m especially concerned about the growth in bureaucracy that will have on the ability of our doctors to care for their patients as they see fit.

It creates well over 156 bureaucracies, programs, and regulatory systems which will further regulate and control the way medicine is practiced, paid for, and allocated. Doctors who practice medicine as small business owners are already forced to dedicate significant resources and manpower to keep up with the bureaucracy of reimbursement alone.

This law does nothing to slow the growth of Medicare and Medicaid programs—we know those are two huge problems we have to deal with—but it will surely add to the regulatory burdens faced by doctors, patients, and, most importantly, the American people, who are going to have to foot the bill.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Texas Mr. GENE GREEN of Texas.

Mr. GENE GREEN of Texas. Mr. Speaker, as a Member of Congress from Texas, I supported the health care reform law proudly. Texas has some of the highest rates of uninsured in the United States.

In our district in Houston and Harris County, 40 percent of my constituents were uninsured when we passed the Affordable Care Act in March of last year. Repeal, H.R. 2, would be a major step back to what we’re trying to do in our own district.

To cite a few local statistics from the repeal on my constituents: increase the number of people without insurance by almost 217,000; allow insurance companies to deny coverage to at least 102,000 people in our district, including at least 12,000 children with preexisting conditions; eliminate health care tax credits for 14,600 small businesses and 177,000 people; increase prescription drug costs for 4,400 seniors in my district who fell into that doughnut hole except for health care reform. My Republican colleagues want to work on improving it. I’m here to do it, but repeal is not the answer.

Dear Governors and Speaker: In accordance with Section 32.022, Texas Insurance Code, I am pleased to submit the biennial report of the Texas Department of Insurance. (Department or TDI). The report summarizes needed changes in the laws relating to the regulation of the insurance industry, provides information on market conditions, and includes reviews required by Senate Bill 1 (81st Legislature, Regular Session). The Department is available to discuss any of the issues contained in the report and to provide technical assistance. Please contact me or Carol Cates, Associate Commissioner of Government Relations, with any questions or if you need additional information. Thank you for your consideration.

Respectfully Submitted,

Mike Geeslin, Commissioner of Insurance
Texas Department of Insurance
Austin, Texas

Table 1: Sources of Health Insurance—2009

<table>
<thead>
<tr>
<th>Source of insurance</th>
<th>Number</th>
<th>Texas percent</th>
<th>National average (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private insurance</td>
<td>12,257,000</td>
<td>53.8</td>
<td>63.9</td>
</tr>
<tr>
<td>Employment</td>
<td>11,693,000</td>
<td>48.2</td>
<td>55.8</td>
</tr>
<tr>
<td>Individual</td>
<td>1,351,000</td>
<td>6.2</td>
<td>8.9</td>
</tr>
<tr>
<td>Government insurance</td>
<td>6,950,000</td>
<td>29.1</td>
<td>30.6</td>
</tr>
<tr>
<td>Medicaid</td>
<td>3,951,000</td>
<td>16.0</td>
<td>15.7</td>
</tr>
<tr>
<td>Medicare</td>
<td>2,710,000</td>
<td>11.1</td>
<td>14.9</td>
</tr>
<tr>
<td>Military</td>
<td>1,052,000</td>
<td>4.3</td>
<td>4.1</td>
</tr>
<tr>
<td>Total insured</td>
<td>28,934,000</td>
<td>51.7</td>
<td>55.8</td>
</tr>
<tr>
<td>Uninsured</td>
<td>12,066,000</td>
<td>48.3</td>
<td>44.2</td>
</tr>
</tbody>
</table>

Table 2: Uninsured rates by poverty level—2008

<table>
<thead>
<tr>
<th>Income as a percentage of poverty level</th>
<th>Number uninsured</th>
<th>Percent of total uninsured</th>
<th>Percent uninsured within income category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 100%</td>
<td>917,263</td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>100% to 138%</td>
<td>1,041,179</td>
<td>5.7</td>
<td>5.7</td>
</tr>
<tr>
<td>138% to 199%</td>
<td>897,803</td>
<td>4.7</td>
<td>4.7</td>
</tr>
<tr>
<td>200% to 249%</td>
<td>820,667</td>
<td>4.1</td>
<td>4.1</td>
</tr>
<tr>
<td>250% or Higher</td>
<td>1,800,667</td>
<td>9.8</td>
<td>9.8</td>
</tr>
</tbody>
</table>

Total: 6,076,870

Like other states, the majority of uninsured in Texas live in families with low to moderate incomes (Table 3). Detailed analysis of 2008 CPS data shows that 59 percent of the uninsured (3.5 million people) reported family incomes below 200 percent of the federal poverty level. Another 12 percent had incomes between 200 and 249 percent FPL. The data also confirms that individuals with lower incomes were much more likely to be uninsured than insured individuals. Forty-five percent of individuals under 50 percent of FPL were uninsured compared to only 14 percent of individuals at 250 percent or higher.

While most states have experienced declining rates of employer-sponsored coverage in recent years, the decline in Texas is more pronounced. Since 2001, the percentage of Texans with employer coverage has dropped from 58.3 percent to 48.2 percent, an 18 percent decrease in eight years. Additional data from the annual Medical Expenditure Panel Survey—Insurance Component (MEPS–IC) indicates that even when firms offer insurance, many employees are ineligible or choose not to purchase coverage. The MEPS–IC survey, administered by the Health Resources and Services Administration (HRSA) collects detailed information on employer-sponsored insurance, including data for both large firms (defined as having 50 or more employees) and small businesses (2–49 employees). Table 3 summarizes information on both insurance offer rates and participation rates for large and small businesses and highlights important differences based on firm size. Some of the most significant findings are:
Most large firms (94 percent) offer health insurance to almost 34.2 percent of small firms. Nearly half (49.1 percent) of employees in small firms work for an employer offering coverage, compared to 95.7 percent of employees in large firms.

Of those employees with employer-sponsored health coverage, more than 5.8 million workers in large firms compared to 658,12 workers in small firms. More than 1.3 million workers have access to coverage in a large or small firm but are not enrolled. While we are uninsured, some have other coverage, such as a spouse’s employer-sponsored plan. However, a large number of these eligible workers are uninsured and have not enrolled due primarily to costs.

Although most large employers offer coverage, many workers are not eligible. More than one million workers in large firms do not qualify for their employer-sponsored plan because they work part time, are temporary or contract workers, or have not worked long enough to meet the required waiting period. Again, however, not all of these workers are uninsured.

More than one million employees in small firms also do not have access to coverage. Most of these workers (1,038,936) are employees in small firms that do not offer coverage. Another 189,415 workers are not eligible for coverage offered by their employer.

### TABLE 3: EMPLOYER SPONSORED INSURANCE: OFFER AND PARTICIPATION DATA—2009

<table>
<thead>
<tr>
<th>Texas Insurance Enrolment Data</th>
<th>Small firms</th>
<th>Large firms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of firms</td>
<td>324,554</td>
<td>2,041,132</td>
</tr>
<tr>
<td>2. Total number of employees</td>
<td>1,038,936</td>
<td>6,375,152</td>
</tr>
<tr>
<td>3. Percentage of firms that offer insurance</td>
<td>34.2%</td>
<td>94.0%</td>
</tr>
<tr>
<td>4. Number of firms that do not offer insurance</td>
<td>1,002,196</td>
<td>6,101,020</td>
</tr>
<tr>
<td>5. Percentage of firms that offer insurance</td>
<td>49.1%</td>
<td>95.7%</td>
</tr>
<tr>
<td>6. Number of employees working in firms that do not offer insurance</td>
<td>213,537</td>
<td>7,541</td>
</tr>
<tr>
<td>7. Percentage of employees working in firms that do not offer insurance</td>
<td>41.4%</td>
<td>97.5%</td>
</tr>
<tr>
<td>8. Number of employees working in firms that do not offer insurance</td>
<td>1,038,936</td>
<td>7,241,132</td>
</tr>
<tr>
<td>9. Number of employees eligible for coverage</td>
<td>632,781</td>
<td>4,947,118</td>
</tr>
<tr>
<td>10. Number of employees who are enrolled</td>
<td>653,162</td>
<td>3,818,716</td>
</tr>
<tr>
<td>11. Percentage of all employees that have employer-sponsored coverage</td>
<td>32%</td>
<td>60%</td>
</tr>
<tr>
<td>12. Number of employees who have access to coverage but are not enrolled</td>
<td>179,619</td>
<td>1,208,402</td>
</tr>
<tr>
<td>13. Employees who do not have access to coverage</td>
<td>1,206,351</td>
<td>4,428,034</td>
</tr>
</tbody>
</table>


Of those employers that do not offer coverage, extensive research shows the most common reason cited is the increasing cost of insurance. Consistent with national trends, Texas employers and employees have experienced significant premium rate increases over the past ten years, despite a number of programs and industry efforts to hold down costs. As Table 4 below indicates, average premium costs across all firms (including both fully insured and self-funded) have more than doubled in the past ten years.

### TABLE 4: AVERAGE EMPLOYER-SPONSORED INSURANCE PREMIUM COSTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Average annual premium for single coverage</th>
<th>Average annual premium for dependent coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>$2,336</td>
<td>$6,208</td>
</tr>
<tr>
<td>2000</td>
<td>$2,627</td>
<td>$6,308</td>
</tr>
</tbody>
</table>


Though most employers are challenged by significant premium increases, higher rates are usually more difficult for small firms (those with 2-50 employees) to absorb. Because a small employer’s rates are based on the age, gender and health status of the employer’s workers and their dependent enrollments, rates can vary significantly from the average cost based on a group’s specific demographics. Generally, groups with younger, healthier employees will pay lower premiums while groups with older, less healthy workers will pay higher rates. An employer with even one worker with a pre-existing condition may see their group rates increase by up to 67 percent based on health status underwriting factors. TDI data shows groups that are subject to a combination of the highest allowed rating factors may see premium rates for individual employees in excess of $20,000 a year, a cost that is higher than maximum rates charged for coverage in the Texas Health Insurance Pool for individuals who are uninsured in the individual market.

Over the last 10 years, the Department of Insurance has conducted significant research to collect information on uninsured Texans and uninsured small businesses, why they have no coverage, how much they can afford, and options to assist them with purchasing coverage. Through a federal State Planning Grant administered by HRSA, TDI conducted multiple focus groups, surveys, and community events across the state. Though some of the study findings are somewhat dated, many of the conclusions are likely still applicable given the high cost of insurance and continued high uninsured rate. Beginning in 2002 and continuing through 2006, TDI conducted focus group sessions with individuals, small business owners and their employees in 20 different cities across Texas representing all of the major geographical areas of the state. Focus group sessions were attended by uninsured individuals or small employers who were unable to provide insurance for their employees. The personal stories expressed at these focus group sessions are likely still applicable given the high cost of insurance and continued high uninsured rate.

Beginning in 2002 and continuing through 2006, TDI conducted focus group sessions with individuals, small business owners and their employees in 20 different cities across Texas representing all of the major geographical areas of the state. Focus group sessions were attended by uninsured individuals or small employers who were unable to provide insurance for their employees. The personal stories expressed at these focus group sessions are likely still applicable given the high cost of insurance and continued high uninsured rate.

The primary conclusion from these discussion sessions was that health insurance remains unaffordable for many of these individuals and employers. Most of the participants expressed willingness to pay for insurance, and most had attempted to buy coverage within the past year but could not find affordable health coverage. (For additional information on the research findings, please see TDI reports at: http://www.tdi.state.tx.us/health/spg.html.)

Even when employer coverage is offered, many employees decline to enroll due to employer premium payments and cost sharing requirements. While the majority of employer-sponsored health coverage in 2009 was for employee-only coverage, employer contributions for both employees and dependent coverage have declined as more employers struggle to keep up with increased premium costs and other economic pressures. Employers increasingly are asked to share more of the cost of coverage through increased premium contributions and higher cost-sharing provisions, particularly in the small group market. In 2009, the MEPS-IC data show small employers in Texas reported the third highest individual deductible levels in the country at $1,834, compared to a national average of $1,263. Large employers had the sixth highest individual deductible at $1,990 compared to a national average of $882. For family deductibles, small employers reported the sixth highest average ($3,210 compared to $2,652 nationally), and large firms were at the second highest level ($1,883 in Texas compared to $1,610 nationally).

In addition to premium contributions and deductibles, enrollees in group health plans have other out-of-pocket expenses, including co-payments and coinsurance. The personal stories expressed at these focus group sessions underscore the challenge of making health plan decisions that are subject to a combination of the highest allowed rating factors may see premium rates for individual employees in excess of $20,000 a year, a cost that is higher than maximum rates charged for coverage in the Texas Health Insurance Pool for individuals who are uninsured in the individual market.

The primary conclusion from these discussion sessions was that health insurance remains unaffordable for many of these individuals and employers. Most of the participants expressed willingness to pay for insurance, and most had attempted to buy coverage within the past year but could not find affordable health coverage. (For additional information on the research findings, please see TDI reports at: http://www.tdi.state.tx.us/health/spg.html.)

Even when employer coverage is offered, many employees decline to enroll due to employer premium payments and cost sharing requirements. While the majority of employer-sponsored health coverage in 2009 was for employee-only coverage, employer contributions for both employees and dependent coverage have declined as more employers struggle to keep up with increased premium costs and other economic pressures. Employers increasingly are asked to share more of the cost of coverage through increased premium contributions and higher cost-sharing provisions, particularly in the small group market. In 2009, the MEPS-IC data show small employers in Texas reported the third highest individual deductible levels in the country at $1,834, compared to a national average of $1,263. Large employers had the sixth highest individual deductible at $1,990 compared to a national average of $882. For family deductibles, small employers reported the sixth highest average ($3,210 compared to $2,652 nationally), and large firms were at the second highest level ($1,883 in Texas compared to $1,610 nationally).

These data underscore the relatively high cost low income families incur to enroll their families in employer-sponsored benefit plans. While some workers may find employee-only coverage affordable depending on the employer’s actual contribution rate and the employee’s overall financial circumstances, adding family coverage would likely be cost-prohibitive for most low-income families. On average, workers in Texas pay $3,924 individually and $4,036 for family coverage. These data underscore the relatively high cost low income families incur to enroll their families in employer-sponsored benefit plans. While some workers may find employee-only coverage affordable depending on the employer’s actual contribution rate and the employee’s overall financial circumstances, adding family coverage would likely be cost-prohibitive for most low-income families. On average, workers in Texas pay $3,924 individually and $4,036 for family coverage.

### TABLE 5: AVERAGE COST SHARING REQUIREMENTS FOR EMPLOYER-SPONSORED INSURANCE, 2009

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Small firms</th>
<th>Large firms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Total Employee-Only Deductible</td>
<td>$4,391</td>
<td>$4,523</td>
</tr>
<tr>
<td>Average Total Family Deductible</td>
<td>$12,674</td>
<td>$13,288</td>
</tr>
<tr>
<td>Average Family Deductible</td>
<td>$3,210</td>
<td>$3,883</td>
</tr>
<tr>
<td>Average Co-payment for an Office Visit</td>
<td>$50.63</td>
<td>$53.44</td>
</tr>
<tr>
<td>Average Percentage Coinsurance for an Office Visit</td>
<td>19.0%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Average Employee Payment for Employee-Only Deductible</td>
<td>$588</td>
<td>$1,079</td>
</tr>
<tr>
<td>Average Employee Payment for Family Coverage</td>
<td>$3,924</td>
<td>$4,036</td>
</tr>
</tbody>
</table>

While premium amounts alone exceed the budgets of many Texas families, out-of-pocket expenses add to the burden. Using 2007 MEPS-IC data for average costs of out-of-pocket expenses for non-elderly enrollees adjusted for family income and state, we find average per person eligible annual out-of-pocket expenses range from $463 to $631 per person. Table 7 illustrates this example with Texas families.

### TABLE 7: IMPACT OF HEALTH COSTS ON TEXAS FAMILIES

<table>
<thead>
<tr>
<th>Family size</th>
<th>Average annual out-of-pocket expenses</th>
<th>Average annual employer premium contribution</th>
<th>Average annual employee premium responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family of 1</td>
<td>$463 (6.4%)</td>
<td>$2,500 (38%)</td>
<td>$2,500 (38%)</td>
</tr>
<tr>
<td>Family of 2</td>
<td>$608 (8.5%)</td>
<td>$3,000 (46%)</td>
<td>$3,000 (46%)</td>
</tr>
<tr>
<td>Family of 3</td>
<td>$753 (10.8%)</td>
<td>$3,500 (52%)</td>
<td>$3,500 (52%)</td>
</tr>
<tr>
<td>Family of 4</td>
<td>$908 (13.5%)</td>
<td>$4,000 (59%)</td>
<td>$4,000 (59%)</td>
</tr>
</tbody>
</table>

While the vast majority of Texans with private insurance coverage are enrolled in an employer-sponsored benefit plan, an estimated 1.5 million residents have purchased some type of individual medical insurance. The individual market offers a wide variety of options designed to meet varying healthcare needs. Some policies provide comprehensive coverage similar to benefits included in an employer-sponsored plan while others provide more limited benefits. Other plans provide supplemental coverage to Medicare or only cover certain diseases, such as cancer. People shopping in the individual market have the opportunity to choose the plan that best fits their needs and financial situation, which vary widely among consumers.

Unlike the group market, it is important to note that individual health insurance is subject to strict medical underwriting requirements that determine whether or not a person is eligible to purchase coverage. People with pre-existing health conditions or a past history of health problems are often denied coverage or may receive plans that exclude coverage for certain services related to their pre-existing condition. Premiums are based on the applicant’s medical status, age, gender, and area of residency, and are usually significantly higher for older applicants or people with health conditions.

Although TDI does not collect detailed enrollment or premium cost data on the individual market and is unable to determine the number of enrollees by type of plan, the insurance association America’s Health Insurance Plans (AHIP) conducted a survey in 2009 of insurers participating in the individual health insurance market. Limited data on state-specific results show that average annual premiums in Texas for a comprehensive health insurance policy were $3,208 for single coverage (i.e., one person) and $6,459 for family coverage. These policies had an average annual out-of-pocket maximum limit (the maximum amount a person would pay for eligible healthcare services) of $5,000. Some family policies had an annual limit of $10,000.

Because the individual market allows carriers to medically underwrite applicants and select only those individuals that meet the carrier’s specific requirements, some applicants will be unable to purchase individual coverage at any price from any carrier. Though the federal Patient Protection and Affordable Care Act (PPACA) of 2010 prohibits carriers from denying coverage of dependents based on the health condition beginning with new policies issued on or after September 23, 2010, this provision does not extend to adults until 2014. Individuals who cannot obtain coverage in the individual market and have no access to group coverage may obtain insurance from the Texas Health Insurance Pool (THIP, formerly Texas Health Insurance Risk Pool) or the newly created federal Pre-Existing Condition Insurance Plan (PCIP).

THIP was created by the Texas Legislature to provide insurance for individuals who are unable to obtain coverage from the commercial market. It also serves as the Texas alternative for individual health insurance coverage under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), guaranteeing insurance to qualified individuals who lose coverage under an employer-based plan. Eligibility and premium rating requirements are established by law.

The federally operated PCIP was created under the recently enacted federal healthcare reform legislation, PPACA. Beginning in 2014, PPACA requires insurers to offer plans that cover all aspects of health status. To assist individuals with health conditions who cannot obtain commercial coverage prior to 2014, PPACA includes provisions for federally or state-run insurance programs. Texas opted for the federally operated insurance pool, PCIP. The PCIP functions in many ways like the THIP, but there are some differences which include cost-sharing limits, with annual deductibles from $1,000 up to $7,500. Higher deductibles will lower the premium rate for the enrollee. Due to the variability of rating factors, monthly premium costs vary widely from a low of $150 a month for an individual age 18 or lower with a deductible of $7,500 to a high of $2,207 a month for a male age 60–64 with a deductible of $1,000. In 2009, 13 percent of THIP enrollees selected a $1,000 deductible, 30 percent a $2,500 deductible, 37 percent a $5,000 deductible and 10 percent a $7,500 deductible. The average monthly premium was $620.

Premium rates for PCIP are set at the average standard rate in the commercial market and vary based on the age of the applicant and the plan they select. Monthly premiums for Texas enrollees beginning January 1, 2011 are as follows:

<table>
<thead>
<tr>
<th>Plan type</th>
<th>Age</th>
<th>0–18</th>
<th>19–34</th>
<th>35–44</th>
<th>45–54</th>
<th>55+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>$174</td>
<td>$261</td>
<td>$313</td>
<td>$400</td>
<td>$567</td>
<td></td>
</tr>
<tr>
<td>Extended</td>
<td>$234</td>
<td>$351</td>
<td>$432</td>
<td>$519</td>
<td>$749</td>
<td></td>
</tr>
</tbody>
</table>

While both programs (PCIP and THIP) provide comprehensive coverage, PCIP has no waiting period for treatment of pre-existing conditions, an important benefit for this population since all enrollees have some pre-existing medical condition as a condition of eligibility. By contrast, the THIP includes a 12 month pre-existing condition exclusion waiting period for most new enrollees (with exceptions for enrollees with credible coverage and some enrollees with continued coverage under a previous employer plan). This means that, while individuals in PCIP are immediately eligible for benefits for their pre-existing condition, enrollees in THIP must wait 12 months before pre-existing conditions are covered.

**IMPACT OF FEDERAL HEALTH REFORM**

The federal health reform Patient Protection and Affordable Care Act includes significant private insurance market provisions...
that will dramatically alter the insurance market in Texas and other states. The law includes a series of reform requirements that begin in 2010, with the most dramatic changes occurring in 2014. With a few exceptions, most of the initial reforms effective in 2010 through 2013 will primarily affect individuals who already have insurance coverage and will have little impact on individuals who are uninsured or who are enrolled in public plans. However, beginning in 2014, several federal requirements should significantly assist lower income families and employees obtain affordable health insurance, including the following:

- Advanceable tax credits will be available to families earning up to 400 percent of federal poverty level to purchase affordable health insurance;
- Insurance plans must meet certain benefit requirements and cost-sharing provisions designed to ensure benefit plans provide comprehensive services with limited out-of-pocket costs to enrollees;
- Most large employers will be required to offer health insurance benefits that meet minimum requirements or may face penalty payments;
- Insurance plans are prohibited from denying coverage based on an individual’s health status;
- Insurance plans will not be able to increase premiums based on an individual’s health status or gender, and premium rates for older individuals are limited; and
- Insurers will provide access to health insurance plans that meet standard benefit requirements and provide simplified application and enrollment procedures for individuals, small businesses and Medicaid CHIP enrollees.

The provisions listed above will require federal action, in some cases the legislative and/or regulatory action to fully implement. Until the details of these requirements are finalized, it is impossible to predict the long-term impact on the affordability of insurance coverage. However, the removal of underwriting restrictions; new premium rating reforms, availability of subsidies and limitations on out of pocket expenses for low and middle income families should make it easier for many low-income Texans to obtain private insurance.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. WALDEN), whose State would be minute to the gentleman from Oregon (Ms. SLAUGHTER).

Mr. WALDEN. Mr. Speaker, 42.7 percent of Oregon’s seniors—that’s about 200,000 in Oregon, nearly 41,000 in my district—were enrolled, at the time this law was established, in Medicare Advantage programs.

You know, under this bill, under this new law, Medicare gets whacked by $500 billion, and the reports indicate one out of two seniors might lose their Medicare Advantage across the country.

Look, I want a patient-centered health care system. It’s your life. It’s your health. You should have the right to choose your doctor and your hospital and make those decisions. We will address, with our replacement bill, pre-existing conditions, making sure kids who are in college or up to 26 or whatever the age is decided by the committee, as was the effect on individual and group plans, will be able to be covered by your insurance.

But I’ll tell you what. In the law that is on the books today, it drives up the cost of health care, it drives up premiums, and it adds to the Nation’s debt when you look at it in the long term, according to CBO.

The manager at Taurus Freight, a small freight logistics business in Bend, Oregon, never-prior, by the way, in the 1999 reporting provision in this bill, she’s going to quit buying from various businesses, consolidate. It’s going to cost jobs and put new headaches on small businesses.

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

Mr. UPTON. I yield the gentleman an additional 30 seconds.

Mr. WALDEN. And I think that’s one of the big arguments here that I get from the people out in my district is: Why did the government take over, this put all of these other provisions in, ram a bill through the House that creates this new trillion dollar entitlement that costs jobs and doesn’t drive down the cost of health care?

We can do better than this, given the chance. And under the Republicans, the committees will actually have a chance to work on a bill for replacement and everybody can participate from both sides of the aisle. And we will get an opportunity to a patient-centered health care system in America that does reform the current system and drives down costs.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the distinguished ranking member of the Rules Committee, the gentlewoman from New York (Ms. SLAUGHTER).

Ms. SLAUGHTER. Mr. Speaker, I speak to you today on behalf of the women of America, the millions of whom I will never meet but are set to receive countless protections from the Affordable Care Act by the time it is fully implemented in 2014.

Health care reform is a major victory for women, and any attempt to repeal or delay this legislation is simply unfair to us, our daughters, our mothers, and our grandmothers. The fact of the matter is that the Affordable Care Act ends the widespread discrimination that has existed and will come back against women in the health care system.

It took us decades until we passed this bill to make it illegal, finally, for insurance companies to charge women higher premiums and stop the egregious practice of charging them 48 percent more and to not cover domestic violence victims. Yes, that’s right. In eight States and the District of Columbia, insurance would not cover victims of domestic violence on the grounds, I assume, that it might happen again.

Equally egregious, women were routinely denied health insurance coverage if they had been victims of domestic violence. Shocking as it is, insurance companies often classified women who had been victims of domestic violence as a “pre-existing condition” and it was completely legal for insurance companies to deny coverage to domestic violence victims in eight states and the District of Columbia.

No more. Both of these morally reprehensible practices are outlawed by the passage of the Affordable Care Act. Thanks to the new law, women no longer have to worry about being discriminated against for being born a woman.

This is not where benefits for women end. Before the time the Affordable Care Act is fully implemented in 2014:

- Maternity services will be included in all health insurance plans offered as part of the health insurance exchanges.
- Insurance companies will no longer be allowed to deny coverage or charge higher premiums for women with “pre-existing conditions” like C-sections or pregnancy.

Insurance companies will no longer be allowed to place “lifetime limits” on health benefits for women, and end care when it is need-
The "donut hole" in Medicare Part D will be closed through the Affordable Care Act, helping women pay for healthcare as they grow older.

All these benefits and protections are provided to women while lowering our Nation's deficit—-再次强调。

The choice is clear. For the health and well-being of our Nation's women, we must end this ill-advised attempt at repeal, and implement the valuable protections of the Affordable Care Act.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Oklahoma (Mr. SULLIVAN), I yield 30 seconds to the gentlelady from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, in reference to the comments that were just made about women in the health care law, I would just remind the body one of our primary concerns with this legislation was the way in which women would be adversely impacted when you look at the comparative results board and the fact that they were going to change the ratings that were coming from the task forces, and it would be more difficult for women under the age of 50 and over the age of 75 to get mammograms. And I use that as an example.

We need this bill off the books.

Mr. SULLIVAN. Mr. Speaker, I rise today in support of legislation to repeal ObamaCare. This health care law is bad for patients, bad for doctors, bad for small businesses, and terrible for our troubled economy.

I hear from small business owners across the First Congressional District every day. Many are being forced to cut back on health benefits. They can't afford to hire new employees, and they are scared to death that ObamaCare will put them out of business.

Not only is this unconstitutional to force the American people to purchase government-approved health insurance, but this prescription for disaster has put our Nation on a path to bankruptcy by adding billions of dollars to our already record-setting deficit.

In addition, ObamaCare actually reverses over 30 years of bipartisan efforts to keep tax dollars from funding abortions, which I find reprehensible.

Mr. Speaker, repealing ObamaCare is not just the first step in the debate over reforming our health care system. It's the first step in implementing a health care system that works for all Americans, with and without pre-existing conditions, at a cost we can afford.

Mr. TERRY. Mr. Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. TERRY), I yield 30 seconds to the gentleman from Texas, Dr. BURGESS.

Mr. BURGESS. I thank the gentleman for yielding.

You know, the fact is on those tax credits for small business, they are so confusing—-I hear from my small businesses all the time about how no one understands how to actually make those benefits work. And they are time limited. They will soon expire.

But here's the real deal. If you really wanted to help small business, let's repeal that 1099 provision. Why was it even in there? Well, one reason, so the IRS could enforce the mandate. But the other reason was maybe they're going to need a value-added tax in order to pay for this monstrosity. Let's repeal it and get it done the right way.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. TERRY).

Mr. TERRY. Mr. Speaker, I embrace the gentleman's efforts to work together across the aisle to implement it in a way that helps every single American.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentlelady from Florida (Mrs. CAPPS), I yield 30 seconds to the gentleman from Texas, Dr. BURGESS.

Ms. DEGETTE. Mr. Speaker, over and over today I've heard supporters of this bill saying it is just the first step, then maybe they'll think about fixing the bill. Well, tell that to the millions of Americans who are now reaping the benefits of the legislation, who, if this actually became law, would lose what they have only just now gained: Citizens whose children suffer from diabetes or asthma and have finally been able to get coverage; citizens like the small business owners I met with last fall in Denver who, because of the health care law, their tax credits, are finally able to get health insurance for their employees; and citizens like the next generation of our country's leaders, like my young neighbor who has type 1 diabetes and is going to college but knows his glucose levels and he can stay on his parents' insurance.

I keep hearing "repeal and replace," but, frankly, Mr. Speaker, that's not what we're doing today. We're repealing these benefits that help millions of Americans and we are replacing them with nothing.

If the proponents of this bill really intended to cover these things, why didn't they just put the 10 pages that my colleague talked about in the bill? The answer is because if you want to give benefits like this to millions of Americans, to young people, to women with gender disparity, and to small businesses, you have to have comprehensive reform.

We all know it. And that's why we need to resist this effort. We need to resist repealing this legislation. And we need to work together across the aisle to implement it in a way that helps every single American.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentlelady from Nebraska (Ms. DEGETTE) and then drive to the House floor with no amendments allowed. We will do this right. We will have the people involved. This whole body will be involved. Even the other side of the party is going to be involved in this debate, which we weren't allowed before. So we will do this right and do it right for the American citizens.

Mr. FALLONE. Mr. Speaker, I yield myself 15 seconds.

Mr. Speaker, I have heard talk on the other side of the aisle about small business, but I would point out that repeal would eliminate tax credits for small businesses. In Mr. BURGESS's district, there are up to 13,600 small businesses that are eligible for the tax credit, and repeal would force these small businesses to drop coverage or bear the full costs of coverage themselves.

I yield 2 minutes to the gentlelady from California (Mrs. CAPPS).

Ms. CAPPS. Mr. Speaker, I rise in strong opposition to this misguided and costly legislation. First, I think we should be spending our time here on creating jobs instead of rehashing settled law. Secondly, I want to talk on behalf of the millions of Americans already benefiting from the strong consumer protections in this law. Across the country, parents now know that their children can be insured after graduation from high school or college. Seniors in the dreaded doughnut hole have received help to pay for prescription drugs and now can have a free physical each year. And women no longer have to worry about paying higher premiums, because insurance companies often consider females a preexisting condition. And all Americans are now eligible for free preventive screenings. People already sick can no longer be dropped from their plans. Lifetime and annual coverage limits, that fine print that can thrust a family into bankruptcy just because someone gets sick, these are gone. Because the law bans insurance companies from excluding folks from pre-existing conditions, people who need insurance the most can now have access to it.

For some of my colleagues, these important provisions may seem abstract; but for my constituent Gwenoldyn Strong and her family, this law means everything. Gwenoldyn is a 21-year-old, diagnosed with spinal muscular atrophy. She would reach her policy's lifetime limit and then become uninsured because she has a preexisting condition. But the consumer protections in the Affordable Care Act mean that Gwenoldyn will receive the care that she needs, and her family is protected from bankruptcies.
A vote for this misguided bill will put the future of the Strong family and millions of other families at risk again. The impact is real. In my district, Medicare benefits will be taken from 100,000 seniors. It will raise taxes on over 16,000 small businesses. And none of us—none of us—will be covered by a $230 billion repeal will add to our deficit. That’s why I am urging my colleagues on both sides of the aisle, for the sake of the Strong family, for the sake of all families, vote ‘no’ on H.R. 2.

Mr. UPTON. Mr. Speaker, I yield 1½ minutes to the gentleman from Pennsylvania, Dr. MURPHY.

Mr. MURPHY of Pennsylvania. Mr. Speaker, Republicans agree, and we want families to keep their kids on their plans if they wish. And last Congress that’s why we offered proposals that would have allowed dependent children to stay on their parents’ plans. But once again, the other side is trying to hide 3,900 pages of a law by discussion other issues. We want to work on this, and we will achieve this in the replacement bill.

But the other side also fails to mention the other part of this 2,900 pages that will ignore what’s going to cause health insurance premiums to go up 17 percent because of this care plan. What good is coverage on a policy if a family can’t afford it?

On another issue, chronic illness consumes 70 percent of health care costs and some Medicare. The health care bill, however, cuts $500 billion from Medicare, and much of that by eliminating chronic care management that otherwise could save lives and money. So for 7.4 million seniors on Medicare Advantage, if you like your plan, you can’t keep it.

So what does chronic disease management do? UPMC in Pittsburgh reduced hospitalization rates for diabetes by 75 percent. Washington Hospital cut readmissions rates 50 percent for heart disease. And Gateway Health Plan reduced asthma readmissions by 28 percent. It’s better care at lower cost; but the health care bill says if you’re sick, you’re on your own.

Tragically, it pays to amputate the feet of a diabetic, but won’t pay a nurse $5 to make sure you are following up on prescriptions, therapies, diets, and treatments. The new law does have a pilot and grant program to be sure, but you will find no reimbursement for that care plan. That’s why we must repeal and replace this bill for the sake of our seniors and for the sake of our children.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. DOYLE).

Mr. DOYLE. Mr. Speaker, I rise in opposition to H.R. 2, the Patients’ Rights Repeal Act.

Day after day, new studies are showing just what’s at stake in this debate over health care reform. The Department of Health and Human Services released a staggering report stating that up to 129 million Americans with pre-existing medical conditions could lose their newly enacted protection from insurance company discrimination. The CBO has reported that this Republican repeal bill would add $230 billion to the Federal deficit. The Center for Medicare and Medicaid found that repealing health care reform would reduce the solvency of the Medicare program by 12 years.

Repeal of last year’s health care reforms would raise insurance costs for people in my home district of Pittsburgh, Pennsylvania, and across the country, whether they are small business owners, retirees, working Americans, or recent college graduates. Health care reform took power away from the insurance companies and gave it back to the American consumers. Repeal of this reform would allow private health insurance companies to go back to the practice of cherry-picking low-risk customers and sticking it to the rest of us. What’s more, it would increase prescription drug costs for seniors who fall into the doughnut hole, raising the average cost of prescription drugs for these seniors by over $500 this year and by over $3,000 in 2020.

In a nutshell, the Republican repeal means this: children with preexisting conditions denied coverage; young people up to age 26 can’t stay on their parents’ plans; pregnant women and breast and prostate cancer patients could be thrown off their insurance policies; seniors will pay more for their drugs; the deficit will increase by $230 billion; small businesses pay higher taxes.

That doesn’t sound very good to me. Repeal helps no one, no one but the insurance industry. I adamantly oppose this effort to repeal this health care reform bill.

Mr. UPTON. Mr. Speaker, before I yield 2 minutes to the gentleman from Texas, Dr. Burgess, I yield 30 seconds to the gentleman from Georgia, Dr. Gingrey.

Mr. GINGREY of Georgia. Mr. Speaker, with my slow drawl, I don’t think in 30 seconds I can refute everything the gentleman from Pennsylvania had to say—but 120 million people with pre-existing conditions, they would all have to have hang nails and fever blisters to have preexisting conditions. And if you believe those statistics, I’ve got a beach I can sell you in Pennsylvania.

This business about $230 billion savings, we’ve already discussed that. They use 10 years of revenue and 6 years of charges. It’s smoke and mirrors.

And, finally, on the issue of the doughnut hole, the drug companies have already solved that problem.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Texas, Dr. Burgess, the vice chair of the Health Subcommittee.

Mr. BURGESS. I thank the gentleman for yielding.

Mr. Speaker, it is important that we have this vote today, and it is important that we vote to repeal this legislation. Let me be clear: I was for and supportive of reforming the health care system, but the law that was passed does not do what was necessary to be done.

We heard from our constituents over and over again in the summer of 2009: don’t mess up what we all have and please do something to help us with costs. We ignored them on both counts.

I am troubled because of the drafting errors in this law. I am troubled because we have had not a single oversight hearing in the 10 months since this law was passed. And I am troubled because from the start the government takeover of health care has provided numerous red flags to which Congress has not responded.

Secret deals: what about the five groups of health care providers, doctors, insurance companies, medical device manufacturers, drug companies, who were all invited down to the White House, along with a labor union, to kind of come up with some ideas for health care reform? They came out to the Rose Garden and said, We saved $2 trillion. I simply asked for that information in a committee hearing and was denied. $2 trillion in savings, and I am asked to believe that no one wrote anything down?

This was not transparency; this was a photo op. How could we ever be expected to be legislators if we are not even knowing that the ending was written before the bill was even on the floor?

The President promised the American people that there would be open hearings and meetings that would be televised on C-SPAN, but that didn’t happen.

Amendment after amendment was offered in committee. Some were, in fact, accepted by Chairman Waxman and the Democrats, but then the bill went to the Speaker’s office. The Speaker, along with the White House, rewrote the bill. It doubled down to the floor, and it was pushed through.

Why even have the committee hearings if Speaker Pelosi and the White House are going to rewrite the bill to suit their needs?

Inattentive construction was all over the place in this legislation. The President kept saying, if you like what you have, you can keep it. But apparently that’s only true for some people. Now, many people say that Members of Congress actually ought to take what they were forcing the American people to take.

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

Mr. UPTON. I yield the gentleman an additional 30 seconds.

Mr. BURGESS. But, in fact, that was not true. Members of Congress are required now to be covered under the exchange. Their staffs are required to be covered under the exchange.

But are there exemptions? Yes, committee staff and senior leadership staff
Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, I just wanted to mention the gentleman from Texas was decrying the HHS study about preexisting conditions. These are very sordid preexisting conditions: heart disease, cancer, asthma, arthritis, high blood pressure. They are people that have had their policies canceled or they couldn’t get insurance because of these preexisting conditions. I don’t think they should be belittled.

Mr. Speaker, I yield to the gentlewoman from California (Ms. HARMAN).

Ms. HARMAN. Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, I just wanted to mention the gentleman from Texas was decrying the HHS study about preexisting conditions. These are very sordid preexisting conditions: heart disease, cancer, asthma, arthritis, high blood pressure. They are people that have had their policies canceled or they couldn’t get insurance because of these preexisting conditions. I don’t think they should be belittled.

Mr. Speaker, I yield to the gentlewoman from California (Ms. HARMAN).

Ms. HARMAN. Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, I just wanted to mention the gentleman from Texas was decrying the HHS study about preexisting conditions. These are very sordid preexisting conditions: heart disease, cancer, asthma, arthritis, high blood pressure. They are people that have had their policies canceled or they couldn’t get insurance because of these preexisting conditions. I don’t think they should be belittled.

Mr. Speaker, I yield to the gentlewoman from California (Ms. HARMAN).

Ms. HARMAN. Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, I just wanted to mention the gentleman from Texas was decrying the HHS study about preexisting conditions. These are very sordid preexisting conditions: heart disease, cancer, asthma, arthritis, high blood pressure. They are people that have had their policies canceled or they couldn’t get insurance because of these preexisting conditions. I don’t think they should be belittled.

Mr. Speaker, I yield to the gentlewoman from California (Ms. HARMAN).

Ms. HARMAN. Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, I just wanted to mention the gentleman from Texas was decrying the HHS study about preexisting conditions. These are very sordid preexisting conditions: heart disease, cancer, asthma, arthritis, high blood pressure. They are people that have had their policies canceled or they couldn’t get insurance because of these preexisting conditions. I don’t think they should be belittled.

Mr. Speaker, I yield to the gentlewoman from California (Ms. HARMAN).

Ms. HARMAN. Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, I just wanted to mention the gentleman from Texas was decrying the HHS study about preexisting conditions. These are very sordid preexisting conditions: heart disease, cancer, asthma, arthritis, high blood pressure. They are people that have had their policies canceled or they couldn’t get insurance because of these preexisting conditions. I don’t think they should be belittled.

Mr. Speaker, I yield to the gentlewoman from California (Ms. HARMAN).

Ms. HARMAN. Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, today’s health care repeal debate reminds me of tennis great John McEnroe’s famous rant, ‘You can’t be serious.’

Mr. Speaker, I just wanted to mention the gentleman from Texas was decrying the HHS study about preexisting conditions. These are very sordid preexisting conditions: heart disease, cancer, asthma, arthritis, high blood pressure. They are people that have had their policies canceled or they couldn’t get insurance because of these preexisting conditions. I don’t think they should be belittled.
thing over and over again, same old same old.

My advice would be that taking your notes from 2009 and 2010 are stale and irrelevant today. Now some, I guess the cynics out there, are wondering why you would be obsessed with this measure as soon as you took over the majority. Some would say that it is just political theater, but I venture to guess that there’s another reason: time is not on your side. The more time you allow for this bill and its full implementation, you lose your argument because you’re wrong.

You said it was a government take-over of health care. Wrong. Time has proven you wrong. You said it would be costing thousands and thousands of jobs by now. You were wrong. And with the passage of more time, that only will be solidified that you misread it.

I’m not questioning your intent or sincerity, but you just were simply wrong. Because what happened in the intervening years is that we were able to get insurance for their children despite preexisting conditions. They could keep their children up to age 26 years on their policies. Seniors were helped with the problems they faced. The right thing to do was the right thing.

You were in charge for 12 years and did nothing. We moved forward with something meaningful, and all you can think of is to go back to the inaction. And that is what’s wrong today. Why do you force repeal without a discussion to the American people of what you want to replace it with? Isn’t that a fair assumption? You were wrong in 2009. You were wrong in 2010. And you are wrong today.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind all Members to address their remarks to the Chair.

Mr. UPTON. Mr. Speaker, before I yield, Mr. Gingrey of Georgia, I would like to yield 15 seconds to Dr. Burgess of Texas.

Mr. BURGESS. I thank the chair.

And I would address to the chair: the gentleman who previously spoke must understand that this legislation was litigated in front of the American people for the last 2 years. They rendered their verdict, and the jury verdict in November was, “We reject what you have done. We want something better.” That’s what this process amounts to today.

Mr. UPTON. Mr. Speaker, I would yield 1 minute to the gentleman from Georgia, Dr. Gingrey.

Mr. GINGREY of Georgia. Mr. Speaker, the gentleman from Texas who just spoke was right about not looming thousands of job losses. It cost 4 million lost jobs since the Democrats took over in 2007.

Mr. Speaker, I have seen a number of posters here that morning showing really fairly well-drawn people struggling with health care issues. I don’t have a poster; but if I had one, it would show men and women all over this country in cities holding soup cans in line waiting, hoping desperately to get a job. And I will guarantee you, every one of them would take those jobs even if they didn’t have health insurance.

The point here, Mr. Speaker, is the Democratic priority was entirely wrong. Yes, it’s something they’ve been wanting to do since the 1990s; and, yes, it’s something the American people didn’t want since the 1990s. Every time it’s come up, the American people don’t want the government to take over health care. They have rejected it time and time again.

We will vote for H.R. 2 and pass it. And if the Senate and the President want to ignore the will of the American people, they do it at their own peril.

Mr. PALLONE. Mr. Speaker, I yield myself 15 seconds.

I hear talk on the other side of the aisle about jobs, but I would point out that under Democratic policies, including health reform, there’s been a strong private sector job growth this past year. There have been 12 straight months of private sector job growth. And under the Obama administration overall this past year, we have created a total of 1.3 million new private sector jobs.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. Scalise).

Mr. SCALISE. Mr. Speaker, with the exception of a liberal in Congress, the only person that would suggest that this Obamacare law would actually reduce the deficit has got to be an Enron accountant.

If you look at this bill, it rations care, it raises health care costs for families—you, that was scored to raise the cost of health care. It’s actually pushing thousands of doctors out of the practice of medicine.

This job-killing bill is not reform. What we need to do is go back to the table and actually repeal this and replace it with real reform. But if all of my colleagues on the other side are correct in what they’re saying about this, then why is it that when this bill was in committee, we actually brought up an amendment that said, if this is so good, all the Members of Congress have to join the government option. Guess what happened, Mr. Scalise? Every single member of the committee who voted for this bill voted to exempt themselves from it. So clearly that tells you, if you’re not willing to put your money where your mouth is, it’s not good law.

Let’s repeal this and start over with real reforms that actually lower the cost of health care, that address real problems like making sure people with a preexisting condition can’t be discriminated against. And we can address the doctor-patient relationship. That starts with repeal.

Mr. PALLONE. I yield 2 minutes to the gentleman from Washington (Mr. Inslee).

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

Mr. INSLEE. Mr. Speaker, I’m opposed to this effort to repeal a bill, a reform bill without anything to replace it at hand. It’s asking Americans to jump without a parachute and without a net. And it’s the wrong thing to do because we are a country that has always moved forward.

I want to mention two ways this bill moves forward which we should not repeal. One is that we have finally addressed this horrific geographic disparity where physicians and hospitals get treated differently, unfairly around the country. We finally are fixing that, long, long overdue.

And, second, this bill really helps us move forward to reduce waste in our medical industry. A Dartmouth study suggested as much as 30 percent of all the things we do have been wasted in health care because we haven’t had the right incentives.

Where I come from in Washington State, we’re doing things that we need to do around the country to stop waste in medicine. At Virginia Mason they just won the national Leapfrog to the Top Award, where they’ve saved over $1 million a year just by bringing efficiencies in how you provide supplies. At Group Health, they’ve reduced the readmission rate by about one-third by bringing efficiencies to the system. At the Providence-Everett Hospital, I was so impressed when I met a Dr. Brevig, a cardiac physician, who brought some efficiencies in how they handle cardiac patients. So instead of moving the patient all around, they bring the physicians to the patient. Do you know what? They’ve knocked almost a full day off the time you have to be in a hospital, and they’ve reduced the infection rate by almost one-half, improving quality.

At Children’s Hospital, they are building a hospital which uses 30 percent less square footage than the average hospital.

These are the types of efficiencies that we need to reduce the rate of medical inflation. This is one of the reasons that the Congressional Budget Office found that this bill will actually reduce the deficit by $230 billion. Let’s keep moving forward and not go backwards. Defeat this bill.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. Latta).

Mr. LATT A. Mr. Speaker, I rise to express my strong opposition to Obama Care. Obama Care will single-handedly have more negative ramifications on the American economy than any bill passed in our Nation’s history. If not repealed, the $1.2 trillion government takeover of health care will increase the cost of care, eliminate jobs, and cause budget deficits and the national debt to explode.

The Democrats’ health care takeover contains $569 billion in taxes, increased government spending, a half-trillion
Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Iowa (Ms. BALDWIN).

Ms. BALDWIN. Mr. Speaker, I rise today on behalf of hundreds of thousands of Wisconsin families who have already begun to benefit from health care reform. I am mindful of the children, young adults, and seniors who would lose access to affordable health care coverage should the measure Republicans are pushing today to repeal our recently passed health care law come to pass.

Over the years, I have heard thousands of stories from constituents about their struggles to find access to affordable health coverage. This year, my constituents’ calls and letters have changed, and have been transformed into stories of thanks and gratitude.

I think of Kate of Fitchburg, Wisconsin, whose family has already seen the benefits of this law in the short time it’s provisions have been in effect. Kate recently shared with me how her 16-year-old daughter, Maggie, had been unable to receive affordable health care because she was born premature with a genetic anomaly that requires frequent doctors’ visits. However, as a result of health care reform, Maggie is no longer denied health care coverage because of her preexisting condition. Kate also has the peace of mind knowing that once her daughter becomes an adult, she can remain on Kate’s health insurance until she turns 26.

Additionally, Kate’s parents are both on Medicare and have fallen into the prescription drug doughnut hole. As a result of our recently passed health care law, they have already received additional help to pay for their medications.

Unfortunately, Kate’s family would no longer enjoy these benefits should this measure we are considering today to repeal the health care reform law succeed. And Kate’s family isn’t alone.

Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. HARPER).

Mr. HARPER. Mr. Speaker, the so-called Affordable Care Act is nothing short of politics above economics. This penalizing law is loaded with excessive constraints and oppressive Federal mandates on States. As Medicaid rolls rise, State revenues continue to fall, and this law only increases the challenges governors face in their attempts to balance their budgets.

Instead of granting State executives the authority to tailor their Medicaid programs to their State’s diverse populations, the Affordable Care Act implements a one-size-fits-all maintenance of effort provision which restricts States from changing their Medicaid programs.

Republicans want to provide States with the flexibility they need to manage their health programs. This is simply one reason why I am committed to repealing this carelessly crafted health care law and replacing it with reforms centered on decreasing costs and protecting our middle class jobs.

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

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. LANCE).

Mr. LANCE. Mr. Speaker, I rise today in support of H.R. 2, an important first step toward implementing sustainable health care reform that our Nation can afford.
The health care law passed last year includes sleights of hand to mask the true cost of the measure. For example, 6 years of entitlements and subsidies are paid by 10 years of taxes, and premiums are collected for the first 10 years, yet a long-term care program with no benefit stating that pecuniary.

Douglas Holtz-Eakin said it best when he wrote in today’s Wall Street Journal that the health care law is “all about budget gimmicks, deceptive accounting, and implausible assumptions used to create the false impression of fiscal discipline.”

Failure to repeal the health care law will add an additional $700 billion to our national deficit in the next 10 years. However, we can work together in a bipartisan capacity to enact common sense health care solutions that lower health care costs without raising taxes or adding to our national debt.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana, Dr. Cassidy.

Mr. CASSIDY. Mr. Speaker, I discuss this bill as a doctor who has been treating the uninsured for 20 years.

Now, opponents of repeal argue that this gives Americans insurance, but what in truth it often gives is Medicaid. Now, Medicaid is a Federal-State program, which is often called “welfare medicine,” and it is a program which is destroying State budgets.

Last spring, the New York Times spoke about how this has implications for patient care. They spoke of a woman on Michigan Medicaid with metastatic cancer who could not find an oncologist because Michigan Medicaid had been cut so much because of Michigan’s budget problems.

Carol died a week after the article.

That’s Medicaid.

Now the supporters of the ObamaCare bill believe that more people on Medicaid is good. Republicans disagree because what happened in Michigan is happening across the Nation.

Last year, before this bill was passed, 20 States cut Medicaid payments, and 39 cut provider payments. This is threatening to bankrupt them. Now imagine what happens when their rolls double. Mandating that 16 million more Americans get put on Medicaid is not health care; it is a way around State budgets. It is the illusion of coverage for patients.

Let’s repeal this law and pass real reform.

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

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I believe the health care bill passed last year will not only burden American families but will also bankrupt already struggling State governments.

It has been estimated that the health care bill will saddle Kentucky with a $303 million unfunded mandate. This burden will leave fewer resources available for public education, infrastructure projects, and other worthwhile State efforts.

It is not just Kentucky. States all across the Nation face the same dilemma. They are facing already difficult budget situations, and will soon be strapped with higher Medicaid costs due to a reform in health care law. Further, the law prohibits States from altering their Medicaid offerings, essentially removing their ability to contain the rising costs.

We must repeal this law from going into effect and from further burdening our State governments and American families. I urge my colleagues to vote “Yes.”

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. Let me thank the ranking member for the time and certainly thank him for his leadership on our committee.

Mr. Speaker, as we debate the Republican proposal to repeal health care reform, I hope—I truly hope—that the American people will open their eyes and realize that this legislation will put insurance companies back in charge of their health care.

I don’t know about my friends on the other side. I don’t know what kind of districts you represent, but I represent a low-income rural district in eastern North Carolina. My constituents need affordable health insurance. They need access to health care now.

In my district, this repeal would allow insurance companies to deny coverage to 261,000 individuals with pre-existing conditions. It would eliminate health care tax credits for up to 11,600 small businesses and 193,000 families.

The number of people without health insurance in my district would grow by 56,000 people. It would increase the costs to hospitals for uncompensated care by more than $65 million, and it would increase prescription drug costs for 7,300 seniors who hit the Medicare drug doughnut hole.

So I take great offense to any effort to repeal health care reform. This repeal would only lead to bigger Federal deficits and higher taxes for small businesses. Children, students, seniors, and small businesses owners would be devastated by losing these protections.

Mr. Speaker, I urge my Republican colleagues to stop playing politics with health care.

Open your eyes, and see the pain of America’s working families. Listen to the silent majority in your districts, not the loudest people in your districts. Reject this repeal effort, and let’s debate ways and means of creating jobs in America.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. OLSON).

Mr. OLSON. I thank my colleague from Michigan. I rise in strong support of H.R. 2.

Mr. Speaker, many of my colleagues have come to this floor tonight to highlight the numerous job-destroying provisions in this new health care law. They have outlined serious threats to our health care system and our economy.

Now I would like to highlight something that was not included in the law—medical liability reform.

My home State of Texas has implemented liability reform with positive results. It is a model for America to follow. Before reform in Texas, doctors could not afford to stay in practice. Frivolous lawsuits were forcing them to close their doors. Now, with reform, they are flocking—flocking—to Texas.

Here is the proof.

Since implementation in 2003, we have seen a 60 percent increase in the number of doctors practicing in our State—60 percent—and a 27 percent drop in the cost of medical liability insurance premiums.

We must repeal and replace this economy-busting health care bill by enacting meaningful health care reform. On November 2, we made a promise to the American people. Today, it is a promise kept.

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

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from West Virginia (Mr. MCKINLEY).

Mr. MCKINLEY. Mr. Speaker, this law needs to be repealed for a host of reasons, especially because of its impact on small businesses and seniors.

Recently, I spoke to an owner of a coal mine in West Virginia which has 24 employees. She told me the act has caused her annual premiums to increase by $34,000.

It was the wrong approach, and it will cost jobs.

Let’s not lose sight, though, of our most vulnerable citizens in our society—senior citizens. The law’s $500 billion in cuts to Medicare is unconscionable. Reducing benefits for some senior citizens and jeopardizing access to other care is unacceptable to those of our Greatest Generation.

Congress should never have broken its promise that it made decades ago by cutting the health care senior citizens deserve. Let’s repeal it and replace it with something that is bipartisan, that lowers costs, that saves jobs, and that protects our senior citizens.

Mr. PALLONE. I yield myself 15 seconds, Mr. Speaker.

Mr. MCKINLEY. Mr. Speaker, this law needs to be repealed for a host of reasons, especially because of its impact on small businesses and seniors.

Recently, I spoke to an owner of a coal mine in West Virginia which has 24 employees. She told me the act has caused her annual premiums to increase by $34,000.

It was the wrong approach, and it will cost jobs.

Let’s not lose sight, though, of our most vulnerable citizens in our society—senior citizens. The law’s $500 billion in cuts to Medicare is unconscionable. Reducing benefits for some senior citizens and jeopardizing access to other care is unacceptable to those of our Greatest Generation.

Congress should never have broken its promise that it made decades ago by cutting the health care senior citizens deserve. Let’s repeal it and replace it with something that is bipartisan, that lowers costs, that saves jobs, and that protects our senior citizens.

Mr. PALLONE. I yield myself 15 seconds, Mr. Speaker.

Mr. MCKINLEY. Mr. Speaker, this law needs to be repealed for a host of reasons, especially because of its impact on small businesses and seniors.

Recently, I spoke to an owner of a coal mine in West Virginia which has 24 employees. She told me the act has caused her annual premiums to increase by $34,000.

It was the wrong approach, and it will cost jobs.

Let’s not lose sight, though, of our most vulnerable citizens in our society—senior citizens. The law’s $500 billion in cuts to Medicare is unconscionable. Reducing benefits for some senior citizens and jeopardizing access to other care is unacceptable to those of our Greatest Generation.

Congress should never have broken its promise that it made decades ago by cutting the health care senior citizens deserve. Let’s repeal it and replace it with something that is bipartisan, that lowers costs, that saves jobs, and that protects our senior citizens.

Mr. PALLONE. I yield myself 15 seconds, Mr. Speaker.

Mr. MCKINLEY. Mr. Speaker, this law needs to be repealed for a host of reasons, especially because of its impact on small businesses and seniors.

Recently, I spoke to an owner of a coal mine in West Virginia which has 24 employees. She told me the act has caused her annual premiums to increase by $34,000.

It was the wrong approach, and it will cost jobs.

Let’s not lose sight, though, of our most vulnerable citizens in our society—senior citizens. The law’s $500 billion in cuts to Medicare is unconscionable. Reducing benefits for some senior citizens and jeopardizing access to other care is unacceptable to those of our Greatest Generation.

Congress should never have broken its promise that it made decades ago by cutting the health care senior citizens deserve. Let’s repeal it and replace it with something that is bipartisan, that lowers costs, that saves jobs, and that protects our senior citizens.
Mr. Speaker, I yield 1 minute to a member of the committee, the gentleman from Colorado, Mr. Cory Gardner.

Mr. Gardner. I thank the gentleman from Michigan.

Mr. Speaker, I am here to talk about jobs. I want to highlight a story about what is happening to one company in my district when it comes to this health care bill, one company in my district that employs 120 people, a manufacturing company, one of the few left in the country. Even during the worst of the recession, this company kept every single employee employed by having them paint houses and do leaves instead of firing them, because they felt obligated to their employees.

Without this health care bill, they predicted that their health care costs would increase by about 5 percent. With this bill, their cost will increase by about 20 percent—an additional $200,000 a year—to afford the cost of the health care bill. That's six people that they could have employed and hired and put to work, providing them with benefits, but instead we passed a job-destroying health care bill.

It is time for this Congress to act to fulfill the promise it made to America, the promise to repeal this bill and to see small businesses thrive again. That is why repeal is so dangerous and why the Affordable Care Act is so critical to small businesses in Sacramento and throughout our country.

For these small businesses, I urge my colleagues to vote "no" on this bill. Mr. Upton. Madam Speaker, I yield 1 minute to the gentleman from Kansas (Mr. Pompeo).

Mr. Pompeo. Madam Speaker, last week, Attorney General Derek Schmidt filed to join a Federal lawsuit challenging the constitutionality of the Affordable Care Act, and I want to applaud Attorney General Schmidt, Governor Sam Brownback and the 25 other states that have taken on the duty of correcting what this Congress did unconstitutionally last cycle.

Our Nation was founded on liberty, and that liberty was enshrined in our Constitution. They gave to us, as Members of Congress, certain powers, enumerated and very limited. The ObamaCare law strikes at the heart of that constitutional principle and for the first time requires every citizen of America and Kansas to buy a health care product or face a stiff penalty. Never before has Congress required anyone to buy a private product in this way. It can't be right. If that power were to exist in Congress, our power would be unlimited, and that's not how our Founders intended it.

I urge every one of my fellow colleagues to take aim at this law which threatens our liberty, our health care system, and jobs in America and Kansas.

Mr. Pallone. Madam Speaker, I yield 2 minutes to the gentleman from Vermont (Mr. Welch).

Mr. Welch. I thank the gentleman. Madam Speaker, about a year ago, I got a call from Donna, a mother who lives in Plainfield, Vermont, and this was her story:

She has a son who had his first job. It paid like $8 an hour and it came with no health care, but they were excited that her son was getting out in the workforce, learning discipline, learning self-responsibility. But he lost the health care because he was no longer on her policy. He got into an accident. He's fine, but he has $20,000 in medical bills that were uncovered. That is a burden on him and it's a burden on the family. When she learned that we passed health care that included coverage for her 21-year-old son, she said it is an enormous burden on this family because they knew that their son would have coverage.

For these small businesses, I urge my colleagues to vote "no" on this bill. Mr. Speaker, I yield 1 minute to the gentleman from Michigan.

Ms. Matsui. I thank the gentleman for yielding me time.

Madam Speaker, I rise in strong opposition to the bill before us. This bill would cost the American small business sector $55 billion this year.

In Sacramento, over 86,000 small businesses are eligible to take advantage of the tax credits provided under the current law to help offer and afford meaningful health insurance coverage. Gordon’s Health Care, the owner of a communications firm in midtown Sacramento, covers 100 percent of his 13 employees’ health insurance premiums. This is the firm’s second highest expense next to payroll. As a result of the tax credits in the Affordable Care Act, Gordon’s company is expecting to save roughly 25 percent in employee premiums. This frees up much-needed capital so Gordon’s business can prosper and expand.

Another small business that will grow as a result of the tax credits is a small cafe owned by Pat and Kim in downtown Sacramento. They currently employ four full-time employees who receive full benefits and 25 part-time employees. With the savings they are planning to see from the tax credits, Pat and Kim will be able to hire another full-time employee.

This is the type of job creation that we need to help repair our economy and seem meaningful again. That is why repeal is so dangerous and why the Affordable Care Act is so critical to small businesses in Sacramento and throughout our country.

For these small businesses, I urge my colleagues to vote “no” on this bill. Mr. Upton. Madam Speaker, I yield 1 minute to the gentleman from Kansas (Mr. Pompeo).

Mr. Pompeo. Madam Speaker, last week, Attorney General Derek Schmidt filed to join a Federal lawsuit challenging the constitutionality of the ObamaCare Act, and I want to applaud Attorney General Schmidt, Governor Sam Brownback and the 25 other states that have taken on the duty of correcting what this Congress did unconstitutionally last cycle.

Our Nation was founded on liberty, and that liberty was enshrined in our Constitution. They gave to us, as Members of Congress, certain powers, enumerated and very limited. The ObamaCare law strikes at the heart of that constitutional principle and for the first time requires every citizen of America and Kansas to buy a health care product or face a stiff penalty. Never before has Congress required anyone to buy a private product in this way. It can’t be right. If that power were to exist in Congress, our power would be unlimited, and that’s not how our Founders intended it.

I urge every one of my fellow colleagues to take aim at this law which threatens our liberty, our health care system, and jobs in America and Kansas.

Mr. Pallone. Madam Speaker, I yield 2 minutes to the gentleman from Vermont (Mr. Welch).

Mr. Welch. I thank the gentleman. Madam Speaker, about a year ago, I got a call from Donna, a mother who lives in Plainfield, Vermont, and this was her story:

She has a son who had his first job. It paid like $8 an hour and it came with no health care, but they were excited that her son was getting out in the workforce, learning discipline, learning self-responsibility. But he lost the health care because he was no longer on her policy. He got into an accident. He’s fine, but he has $20,000 in medical bills that were uncovered. That is a burden on him and it’s a burden on the family. When she learned that we passed health care that included coverage for her 21-year-old son, she said it is an enormous burden on this family because they knew that their son would have coverage.

This repeal bill is taking away that coverage for Donna’s son. Why?

The question that we have is different from the campaign where we made our arguments. We now are in Congress and we have a mutual responsibility to decide whether we are wrong to spend our time here continuing to make partisan political points or making practical progress for the American people.

You have some good arguments about the health care bill and about what reforms we need, and we’ve got to wrestle with the cost of health care. No matter how we pay for it, the cost can’t go up higher than wages and salaries. But what we should do is improve what we have, correct what must be corrected, and get rid of what doesn’t work. But to throw it all out, all these insurance reforms—health care for Donna’s son, preexisting conditions, preventive care for seniors where by getting care is the only way to save us money—that’s the wrong thing to do.

When does it make sense to toss out the good rather than correct the bad?

Ms. Matsui. I thank the gentleman. Madam Speaker, I yield myself 15 seconds.

I appreciate what the gentleman from Vermont just said. I want to assure him that as we look at the replace piece of this, that element—to make sure children under the age of 26 will, in fact, be covered. I made that point in the Rules Committee 2 weeks ago, and we will be doing that again in the days to come.

Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. Kinzinger).

Mr. Kinzinger of Illinois. Madam Speaker, for the last 10 months, I have traveled around my district and I’ve heard from people through the campaign and then now as a Member. I heard from people that we need to repeal this health care bill. The folks back home get it. They understand this is a burden that is going to add mountains of debt on our children, and it’s job killing to the tune of hundreds of thousands of jobs a year.

Recently, 200 economists came out and recognized that this is a “major barrier to job growth” and “creates massive spending increases and a crushing debt burden.” The path to affordable health care starts with being able to buy insurance across State lines, providing reduced premiums, and also we have to have lawsuit abuse reform. That is a key element to getting health care costs down. Ultimately, we have to have reforms, though, that will protect the doctor-patient relationship that is so sacred in America and in medicine.

So today we begin working to carry out the voice of the people by implementing health care solutions that will reduce costs, increase accessibility, and recognize that the cost of the health care bill is going to add mountains of debt on our children, and it’s job killing to the tune of hundreds of thousands of jobs a year.

Recently, 200 economists came out and recognized that this is a “major barrier to job growth” and “creates massive spending increases and a crushing debt burden.” The path to affordable health care starts with being able to buy insurance across State lines, providing reduced premiums, and also we have to have lawsuit abuse reform. That is a key element to getting health care costs down. Ultimately, we have to have reforms, though, that will protect the doctor-patient relationship that is so sacred in America and in medicine.

So today we begin working to carry out the voice of the people by implementing health care solutions that will reduce costs, increase accessibility, and recognize that the cost of the health care bill is going to add mountains of debt on our children, and it’s job killing to the tune of hundreds of thousands of jobs a year.
Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

Madam Speaker, I would just like to point out again—we’ve said it over and over again—that the CBO, which gives the official estimate, says that over the next 10 years, because our bill, the current law, actually reduces the deficit.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from Virginia, Morgan Griffith.

Mr. GRiffITH of Virginia. Madam Speaker, I believe the minimum essential coverage provision penalty is unconstitutional.

I took an oath to uphold the Constitution. This time last year, as a member of the Virginia House of Delegates defending that Constitution, I was proud to cast my vote for House Bill 10, which mandated no Virginian shall be required to buy health insurance.

Our attorney general has joined the fray and filed suit in court and is winning. As Virginians, we did not accept the change of George III, nor will we accept the change of ObamaCare.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time at this point.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from the great State of Michigan, Dr. BENISHEK.

Mr. BENISHEK of Michigan. Madam Speaker, before coming to this House, I have actually been taking care of patients for the last 30 years, and as a surgeon, I work with patients to provide care and earn their trust. The doctor-patient relationship is the very foundation of the practice of medicine. Unfortunately, the law overregulates and limits patient trust. The doctor-patient relationship is the very foundation of the practice of medicine. Unfortunately, the law overregulates and limits patient relationship; it undermines it.

Full of hidden costs and red tape, the law overregulates and limits patient relationship; it undermines it. The doctor-patient relationship is the very foundation of the practice of medicine.

Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

If you’re in love with insurance companies and want them to succeed and you don’t care about anything else, by all means, this is your team. These are your guys. But if you believe that we need to make sure that people get health insurance, that they’re not passing along their bills to the taxpayers each and every single day, that you believe in programs like Social Security and Medicare, these are your guys.

This is kind of your half-time wrap-up for the debate that we’re having here today. And those are the two sides. Ladies and gentlemen, pick your side.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mrs. MILLER of Michigan). Members will address all of their remarks to the Chair.

Mr. UPTON. Madam Speaker, I yield 1½ minutes to the gentleman from Texas, Dr. Burgess.

Mr. BURGESS. I thank the chair.

Remarks to the Speaker.

All right, Madam Speaker, who loves insurance companies? We’re in the party that gave them the constitutional mandate that drilled their stock prices through the roof last March 23? Maybe it was.

We talk about new agencies and that the Republicans are misleading the American people on how many new agencies are created. Your own Congressional Research Service said the actual number of new agencies is in excess of 150 but the actual number is unknown. They took a phrase from former Secretary of Defense in that regard.

What about the new agencies? What about the Office of Consumer Information of Insurance Oversight? Where did that come from? Authorized in the bill? I think not. Appropriations in the bill? Your guess is as good as mine, but they’re out there today hiring people and renting space.

There’s the Payment Advisory Board. Is that just a canard or is that a real phenomenon that threatens the financial solvency of every hospital, public or private, in this country?

Exchanges. Good idea? Bad idea? We can have that debate. But it is the subsidies within the exchanges that are intolerably high and paid for by taking the money out of our seniors’ Medicare system.

These are the problems. These are the issues that should be debated. We’re talking about modest changes on the margins.

The real fundamentals of this bill are so deeply flawed and the risk to the American public because of the expansion of this deficit. It requires the repeal of OB taken today.

Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

Madam Speaker, again, Dr. Burgess talked about impact on hospitals. I want to point out that the health care reform law benefits hospitals by covering more Americans and thereby reducing the costs of providing care to
the uninsured. Repeal would undo this benefit, increasing the costs of uncompensated care by $249 million annually for hospitals in his district.

I yield 15 seconds to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I want my colleagues to understand that you’re not going to give them insurance, who do you think then pays for those uninsured? Who do you think then comes in and pays? It is your citizens in your towns, States, and cities. That’s who pays. We’re the uninsured and all of us who wind up footing the bill.

You talk about responsibility. What about the responsibility not to pass the bill along to everyone else?

Mr. UPTON. May I inquire how much time is left?

The SPEAKER pro tempore. The gentleman from Michigan has 5 minutes remaining; the gentleman from New Jersey has 2½ minutes remaining.

Mr. UPTON. I yield 1 minute to the gentleman from South Carolina (Mr. CANSECO).

Mr. CANSECO. I thank the gentleman from Michigan.

Madam Speaker, I rise in support of repealing the $2.6 trillion Washington takeover of health care.

I spent the past year speaking with thousands of Texans in the 23rd District. The message I received was explicit and distinct: Repeal and replace the jobs-destroying health care law.

We must reform health care in America. However, we must do so in a way that doesn’t destroy jobs but ensures the American people can get the health care that they need when they need it, at a price they can afford, and doesn’t put Washington bureaucrats in charge of America’s health care.

Mr. PALLONE. I continue to reserve the balance of my time.

Mr. UPTON. I yield 1 minute to the gentleman from South Carolina (Mr. DUNCAN).

Mr. DUNCAN of South Carolina. The first time I stood on the floor to speak, I spoke to read the United States Constitution. Now I rise to defend this great document that I carry with me every day by advocating for the repeal of the unconstitutional health care bill, ObamaCare.

Let me convey the thoughts and feelings of the people from my home State, South Carolina.

To the last Congress I ask: Where in this document, the United States Constitution, or in the writings of our Founding Fathers leads you to believe that we as free Americans should not be able to choose and pick our own doctors? What leads you to believe that the government takeover of health care is even constitutional? And why didn’t you destroy the millions of Americans who yelled at the top of their lungs that we don’t need or want the government to be in control of our health care decisions?

I think it’s time we return this House to the people, and we can start by repealing the job-killing, socialistic, and out-of-touch health care bill.

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Madam Speaker, I yield my time. While we are in the Constitution means anything, it also shows that as Members of the House and the Senate, the legislative branch, it’s not our job to decide constitutionality. My opinion is just as important as yours. It’s the nine people making the law that the Constitution gives that authority to.

And I think the health care law is constitutional, because all those companies serve all of our States. It’s across State lines. The commerce clause works that way. So hiding behind the Constitution—and we read it here on the floor—this bill will be constitutional because Social Security’s constitutional, mandatory insurance in our States is constitutional. So we can have that argument. It doesn’t do any good.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from New Hampshire (Mr. GINTA).

Mr. GINTA. I thank the chairman from New Jersey for yielding the time. Madam Speaker, I rise to add my voice to those calling for repeal of last year’s misguided overhaul of our national health care system. Seldom has a well-intentioned desire, in this case making health care better, strayed so disastrously off course.

The new law destroys existing jobs, inserts government between you and your family doctor, and allows Washington to still spend more money, more borrowed money. Even worse, it fails to accomplish its primary goal. Instead of making health insurance more affordable, premiums today remain sky high for individuals and employers.

Now we have a two-part opportunity before us. First, we must repeal last year’s unconstitutional legislation. Then we need to begin the process of delivering what Americans are demanding, a patient-centered health care system that is effective, efficient, and simply reduces costs.

Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

The gentleman from New Hampshire, if he votes for this repeal, he is eliminating new health care coverage options for 1,900 uninsured young adults, increasing the number of people without health insurance by 24,000 individuals, and increasing the cost to hospitals of providing uncompensated care by $35 million annually in his district.

Mr. UPTON. Madam Speaker, may I inquire of the time remaining?

The SPEAKER pro tempore. The gentleman from Michigan has 2 minutes. The gentleman from New Jersey has 1½ minutes.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from Maryland, Dr. HARRIS.

Mr. HARRIS. Madam Speaker, as a physician delivering care in labor and delivery for 26 years, I know that the last thing we need is a new government bureaucrat looking over our shoulders when I am in that delivery room administering an anesthetic to a mother for an emergency cesarean section to save her baby’s life. But that’s exactly what ObamaCare will do if we don’t repeal it.

Instead of the last Congress making sure that the baby born that day has a real chance at the American Dream by creating jobs and solving America’s long-term fiscal crisis, they added over $2 trillion to our children’s and grand-children’s debt with that job-destroying ObamaCare bill. That’s why we should repeal it today.

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

Madam Speaker, in this debate the truth should be told about the Republican repeal. In fact, the Republican bill should come up with a health care system that the American people can get the health care they need when they need it, at a price they can afford, and doesn’t put Washington bureaucrats in charge of America’s health care.

Mr. CANSECO. I thank the gentleman from Michigan.

Madam Speaker, I rise in support of repealing the bill along to everyone else?

Mr. UPTON. May I inquire how much time is left?

The SPEAKER pro tempore. The gentleman from Michigan has 5 minutes remaining; the gentleman from New Jersey has 2½ minutes remaining.

Mr. UPTON. I yield 1 minute to the gentleman from New Jersey (Mr. WEINER).

Mr. WEINER. I yield myself 15 seconds.

The CONGRESSIONAL RECORD — HOUSE

January 19, 2011

H291
Mr. UPTON. Madam Speaker, to close our debate, I yield the balance of my time to the gentleman from Illinois (Mr. HULTGREN).

Mr. HULTGREN. I thank the chairman from Michigan for yielding.

Madam Speaker, the so-called Affordable Care Act Act actually failed to make health care more affordable. Since the passage of this law, I have heard from local families throughout my community concerned about what this will mean to their pocketbooks and from small business owners who are concerned about how they will keep their doors open.

Making health care affordable requires that we address out-of-control costs, such as lawsuit abuse reform. This issue was completely and inexplicably ignored in this act. The act has also created paralyzing uncertainty and new layers of bureaucracy, putting new demands on businesses in the form of mandates and new taxes, forcing them to comply with yet-to-be-written regulations that prevent them from hiring and stalls the economic recovery that we need so dearly.

After this vote, I look forward to working with all of my colleagues to find ways of lowering the cost of health care, maintaining a patient-focused system, making health care more accessible to all Americans, and working with families and businesses to find quality insurance. This act failed to accomplish such commonsense goals. In fact, it made matters worse. Therefore, I will vote for its repeal, and I encourage all of my colleagues to join with me on both sides of the aisle and vote “yes.”

Mr. CAMP. Madam Speaker, I yield myself 4½ minutes.

The Democrats’ health care law is fundamentally flawed; and we will, having listened to the will of the American people, vote to repeal it today. The problem with this law, among its many flaws, is that it puts government at the center of health care decisions, not doctors and patients. Instead of families and employers deciding what coverage is best for them, this law has the Secretary of Health and Human Services making that choice. Instead of families and employers deciding how much they can afford, the IRS is making that decision.

Instead of families and employers deciding if they need health insurance, the government is mandating they purchase it.

This is all about the government. It’s Washington knows best, and it’s wrong. By virtually every measure, this law is a failure. The health care law fails to control costs. It fails to let Americans keep the insurance they have and like. It fails to protect jobs and, in fact, hurts job creation at a time when the unemployment rate has remained above 9 percent for 20 months. It fails to ensure seniors have access to their doctors and hospitals, and it fails to prevent tax increases from hitting middle class families.

Let’s review the facts. The health care law makes health insurance more expensive for millions of Americans. Well, according to the nonpartisan Congressional Budget Office, the Democrats’ health law will increase premiums for millions of families by up to $2,100 on average by 2016—$2,100 more expensive than it would have been if Congress had done nothing, almost $3,200 more expensive than the Republican alternative we offered last Congress.

The Democrats’ health care law forces millions of Americans out of the health care plan they have and like. The Obama administration has predicted that as many as 7 out of 10 employers will have to change the coverage they offer their employees because of the Democrats’ health care law.

The health care law discourages employers from hiring new workers, increasing wages, or retaining existing employees. There are over $500 billion in new job-destroying taxes, many of which hit middle class families.

With all these taxes and new regulations, it’s harder for major employer groups such as the National Federation of Independent Business, the National Association of Manufacturers, the U.S. Chamber of Commerce, as well as Business Roundtable and The Business Council to call the Democrats’ health care law destructive and dangerous.

The health care law jeopardizes seniors’ health care. Again according to the Obama administration’s own actuaries at CMS, the massive Medicare cuts contained in the Democrats’ health law could threaten seniors’ access to care and cause providers to stop treating Medicare patients.

Entitlement expansion is not health care reform, but gives big powerful and regulations to departments like HHS and letting the IRS hire up to 16,000 new auditors, agents, and other employees is not the same as empowering doctors and patients, and it isn’t the job creation America needs.

The American people know that like a tree that’s rotten at the center, we can’t cut it down and put something new in its place. That’s what we are doing today, cutting the government out of the waiting room, out of the doctor’s office and out of your medicine cabinet.

Once we have done that, we will begin tomorrow to implement step-by-step commonsense reforms that actually lower the cost of health care and actually respect the doctor-patient relationship. This House, this majority, Republicans, have heard the American people loud and clear, and we will not let government dictate your health care coverage. We will repeal this law, and we pledge that until Americans are again free to choose their health insurance plan, to choose their doctor and to choose what is best for them, their family, and their business. This is a Congress dedicated to empowering the American people, not increasing the size, scope, and cost of the Federal Government.

I urge my colleagues to vote with me to repeal this job-destroying and cost-increasing health care law.

I reserve the balance of my time.

Mr. LEVIN. I yield myself 4 minutes. Madam Speaker, health care reform is an American family law. Repealing it would hurt families all across our Nation. Repeal would mean rescission, taking away benefits from millions of Americans, giving power back to health insurance providers.

Let’s be clear: This law is working. Repealing it would have real-life consequences for millions of Americans.

As many as 19 million kids in our county have health problems preexisting conditions. In the past it could have led health insurance companies to drop their coverage. This new law changed that. One example—there are 3 millions. One mother in my district, Tilda Tisdale, said she has been anxious about her daughter’s health insurance since she was diagnosed with diabetes at age 3. Ms. Tisdale and others like her no longer have to worry about their children being denied coverage.

More than 1 million young adults are already benefiting from the provision that allows them to stay on their parents’ plan until they turn 26. Just one example: A constituent, Sean McCarthy, an auto worker, told me in a letter that his two children, ages 19 and 23, could not afford to stay in college, but he was grateful that the new law at least enabled them to get health insurance by joining his plan.

And then seniors, millions, millions have seen their out-of-pocket drug costs go down under this new law. Nearly 3 million Medicare recipients have received a reimbursement check in the mail in the last year relating to the doughnut hole.

One gentleman who I represent, Harry Wimble of Warren, Michigan, wrote to me, thankfully, that his wife received $250 that she otherwise would not have. He said his wife paid thousands of dollars out of pocket in 2010 because of the doughnut hole.

Repeal would mean releasing insurance companies once again to impose unreasonable premium increases, to deny insurance to whomever they please whenever they please, to set annual lifetime benefit limits, to discriminate against women through higher rates and arbitrary definitions of preexisting conditions. Repeal would mean retreat, retreat, from moving America ahead.

We will fight that retreat. It will not happen.

I reserve the balance of my time.

Mr. CAMP. I yield 3 minutes to a distinguished member of the Ways and Means Committee, the gentleman from California (Mr. HERGER).

Mr. HERGER. I rise in strong support of this legislation to repeal ObamaCare.
Madam Speaker, Americans expect a new Congress to make job creation a priority and get our country back on the path of fiscal responsibility. Any serious plan to achieve these goals must begin with repeal of ObamaCare.

Madam Speaker, I represent 10 rural counties in northern California with chronically high unemployment rates. Last year I spoke with the owner of a restaurant chain based in Redding, California. He had originally planned to open 10 new locations this year, creating hundreds of new jobs. But because of the higher labor costs imposed by ObamaCare, he has decided not to expand at all.

At the other end of my district in California’s Capay Valley, I have heard from a family-owned farm that delivers fresh produce to residents across the State. They are facing a staggering $1.7 million in costs from the new health care mandates. Add these to thousands of similar stories across the country, and it is clear that this law will have a devastating impact on workers and employers alike.

That’s why the National Federation of Independent Business and the U.S. Chamber of Commerce are urging Congress to vote “yes” on repeal. My friends on the other side claim that ObamaCare will reduce the deficit. Yet no one truly believes that a new trillion-dollar government entitlement is the solution to a deficit crisis caused by reckless spending.

As 200 respected economists wrote just this week, the assertion that ObamaCare will reduce the deficit by more than $500 billion the first decade and by nearly $1.5 trillion the following decade is “misconstrued, in letting people who follow debate know this is not going to take away the benefits that you received under the Affordable Care Act, that you will continue to receive these preliminary benefits now, and as the years go forward and you find that your are in need of service or some one of your dear ones, you would find that the bill that people were screaming had to be repealed that we would have joined in realising the political theater part about it, but we will be forced to review the bill, improve it if we can, and at the same time be able to say that it’s not a Democrat bill, but the Congress in support of the President. I saw fit after all of these decades of not recognizing the right of our citizens to have health care to come together and have a bipartisan effort to provide this care.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a true American hero, a distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. SAM JOHNSON).

Mr. SAM JOHNSON of Texas. Thank you, Mr. Chairman.

I rise in support of freedom and free enterprise. This is America where the Constitution and freedom and free enterprise are the hallmarks of this great democracy. I think one of the most compelling reasons people went to the ballot box last November was that their vote was they felt angry that those in power were disregarding personal liberties and trampling the U.S. Constitution.

r as you know, under ObamaCare the Federal Government forces freedom-loving Americans to hand over their hard-earned money for a mandatory product, in this case health insurance.

That’s just not how it should be done in a democracy. In a democracy, you have the freedom to choose if you want to buy health insurance, you have the freedom to choose if you want to purchase health insurance. In a democracy, you have the freedom to choose just to say no.

This vote is about freedom and free enterprise and what’s best for the future of America. As a constitutional conservative, I say vote for freedom and repeal ObamaCare.

I will close with some words from Patrick Henry: “The Constitution is not an instrument for the government to restrain the people but a safeguard for the people to restrain the government—lest it come to dominate our lives and our interests.”
care rather than being forced into some government-run plan that is centered around what Washington needs and not what you need.

Thanks to the last Congress, this is your new health care plan. We had our staff spend 4 months, weekends and evenings, by the way, through all 2,981 pages of that bill, and we just said, tell us how it works. And this is the answer. We couldn’t even fit the whole bill on one page. This is one-third of all the new bureaucracies. At the bottom line, 150 new Federal Government agencies, commissions and bureaucracies in between you and your doctor.

Now, is this the health care reform you were hoping for? If ObamaCare is so great for families, why are health care costs going up and going to go up even higher? If it’s so great for small businesses, why are they here today in Washington pleading for us to stop it? And if it’s so great for seniors, why have so many been forced out of their Medicare Advantage plan? They can’t even see a local doctor anymore because so many local doctors can’t see them. They can’t afford to cover Medicare senior patients.

Health care is too important to get wrong, and ObamaCare got it wrong. American families, our seniors and our businesses deserve better; and the right place to start is to start over. Repeal ObamaCare and let’s come back with some commonsense reforms America can embrace.

Mr. LEVIN. It is now my privilege to yield 2 minutes to another long-time fighter for health care for Americans, Mr. MCDERMOTT of Washington.

Mr. MCDERMOTT. Madam Speaker, a very famous Republican 100 years ago proposed that we have national health insurance in this country. And he also said—his name was Teddy Roosevelt. And he said, “It’s not the critic who counts; not the man who points out how the strong man or woman stumbles, or where the doer of deeds could have done them better.”

“The credit belongs to the man or the woman who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes up short again and again, and yet who knows the great enthusiasms, the great devotions, who spends himself in a worthy cause; who at the best knows in the end the triumph of achievement, and who at the worst, if he fails, at least fails while daring greatly; so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

□ 1450

Now, I have been here for 23 years, and since the Republicans defeated the efforts of the Clintons in 1993–1994, I have waited for 16 years for my cold and timid friends to make one proposal that will deal with the preexisting condition question. We have 125 million Americans who cannot go out and get insurance, who cannot leave their job if they have insurance through their job because of a preexisting condition, and you have been silent for 16 years. Now you want to come up and throw this away.

Why don’t we just settle down and we can make some improvements to this bill. I think there are some things wrong with it. There is a lot of stuff that I didn’t get into it when it came through this House. I am sure that there are some things that you would like. But throwing it away is a political farce. You know it isn’t going to work. You have admitted it isn’t going to work. It is never going to pass, and so we go through.

Let’s get the vote out of the way. Vote “no.”

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are advised to address their remarks to the Chair.

Mr. CAMP. I yield 2 minutes to the gentleman from California (Mr. NUNES), a distinguished member of the Ways and Means Committee.

Mr. NUNES. Madam Speaker, at enormous cost and in the face of tremendous opposition across the country, the previous majority in Congress forced on the American people a great socialist experiment in government health care. No area of the American health care system was left untouched by ObamaCare.

In the name of reform, the Democrat majority expanded a broken government program, Medicaid. They cut funding from what is already the Nation’s largest unfunded liability, Medicare. And then, basking in their glory, they added a whole new entitlement program to our catastrophic national debt.

The American people were never told the truth. They were promised health care choices but saw them taken away. They were promised they would save money but saw their health care get more expensive. The most in need were promised access to health care through Medicaid, a program that is not only bankrupting the Federal Government but the State governments as well.

Madam Speaker, this plan was unfortunately turned back last year. Failed socialist policies reemerged from the dust bin of history, and it was a dark chapter for our Nation. Instead of improving the lives of all Americans by fixing our broken health care system, starting with Medicare and Medicaid, the Democratic majority subjected the American people to class warfare, anti-capitalist hate speech and vitriolic rhetoric. Bathed in excesses of power, they passed a bill that, by their own Office of Management and Budget, says that it increases our debt.

Now is the time for job creation, not job elimination.

We have heard some say that health reform will bankrupt our Nation. But we know that is not true. In fact the Congressional Budget Office has confirmed that health reform lowers the deficit by over $1 trillion.

We have heard some say that the business community cannot afford health care reform. But we know that revealing reform actually increases the job opportunities and lowers health care tax credits.

Repealing the health care reform law means:

Discrimination against individuals with pre-existing conditions—jeopardizing coverage for up to 305 thousand individuals in my District.

Gender discrimination that allows insurance companies to charge women higher premiums than men for the same coverage; and

Higher prescription drug costs for seniors on Medicare—including over 5 thousand seniors in my District who will be thrown back into the “Donut Hole.”

Hospitals in my District are already busting at the seams. They can’t afford the $146 million in uncompensated care costs that repeal would bring.

I refuse to go back home and tell parents in my District that 56 thousand of their children will no longer be able to find insurance because of pre-existing health conditions.

We must continue to move forward and focus on job creation. Now is not the time to return to the failed policies of the past.

Let’s stand with American families and say “no” to more insurance company control; “no” to increasing the deficit; and “no” to all efforts to repeal health reform.

Mr. LEVIN. I yield for a unanimous consent request to the gentleman from California (Mr. BACA).

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

Mr. BACA. Madam Speaker, I oppose this repeal of the health bill that is good for my district.

Madam Speaker, right now, Democrats and Republicans should be coming together to create new jobs, help struggling middle class families, and reduce the deficit. But instead of working on the problems of today, our Republican friends want to turn back the clock.

Now is the time for job creation, not job elimination.

We have heard some say that the business community cannot afford health care reform. But we know that revealing reform actually increases the job opportunities and lowers health care tax credits.

Repealing the health care reform law means:

Discrimination against individuals with pre-existing conditions—jeopardizing coverage for up to 305 thousand individuals in my District.

Gender discrimination that allows insurance companies to charge women higher premiums than men for the same coverage; and

Higher prescription drug costs for seniors on Medicare—including over 5 thousand seniors in my District who will be thrown back into the “Donut Hole.”

Hospitals in my District are already busting at the seams. They can’t afford the $146 million in uncompensated care costs that repeal would bring.

I refuse to go back home and tell parents in my District that 56 thousand of their children will no longer be able to find insurance because of pre-existing health conditions.

We must continue to move forward and focus on job creation. Now is not the time to return to the failed policies of the past.

Let’s stand with American families and say “no” to more insurance company control; “no” to increasing the deficit; and “no” to all efforts to repeal health reform.

Mr. LEVIN. I yield for a unanimous consent request to the gentleman from Arizona (Mr. PASTOR).

Mr. PASTOR of Arizona asked and was given permission to revise and extend his remarks.

Mr. PASTOR of Arizona. I thank the gentleman for yielding.

Madam Speaker, I rise today in opposition of H.R. 2 and I am disappointed that the House has acted to repeal the landmark health care reform legislation we passed last year.
This act represents a huge step backwards in ensuring that everyone has access to affordable health care. This bill flies in the face of the idea that health care is a right and that everyone deserves access to care.

The repeal of the Patient Protection and Affordable Care Act (P.L. 111-142) will have a major impact on the people in my district. Without maintaining the strong protections enacted under these laws, hundreds of thousands of people in the 4th district, including 60,000 children, could be denied coverage because of a pre-existing condition. Additionally, nearly 5,000 seniors on Medicare will face immediate increases in the cost of their medication, while an additional $8,000 will be forced to pay out of pocket for preventive screenings for conditions such as breast and colon cancer. And with our economy struggling to get back on track, repealing health care will deny hundreds of small businesses and thousands of families in my district crucial care, while an additional 58,000 will be forced to pay out of pocket for preventive screenings for conditions such as breast and colon cancer. And with our economy struggling to get back on track, repealing health care will deny hundreds of small businesses and thousands of families in my district crucial access to care.

A majority of my constituents want a patient-centered approach, not a government-centered approach; an approach where doctors and nurses are at the center of the process, not government bureaucrats in Washington, D.C. In addition, Madam Speaker, a third of my seniors who are on Medicare Advantage like the health care they have. Apparently, they won’t be able to keep it under this provision of the law.

So, today we have an opportunity, and the debate is over whether we change what we have, repeal it and replace it with something better, something that is patient centered and patient focused.

Mr. LEVIN of Georgia. I want to thank the gentleman from Michigan for yielding me this time.

Madam Speaker, it is unbelievable that with so many people out of work and millions of people uninsured that the first item of this new Congress is to take health care away from people who just got coverage. More people have insurance today because of the Affordable Care Act; more small businesses are offering health insurance to their workers. For the first time in the history of our Nation, we are headed in the right direction. We are making health care real and not a privilege.

The repeal will force seniors to pay for more drugs. It would kick young people off of their parents’ insurance. We will go back to a time when insurance companies were allowed to discriminate. And once again it will allow insurance companies to put profits above patients’ health.

We must not turn back. We have come too far. We cannot go back. The American people are counting on us to do what is just, what is fair. We made a promise of health care to the American people. We must keep that promise. Vote “no.” Keep the promise of health care for all of our citizens.

Mr. CAMP. Madam Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. TIBERI), a distinguished member of the Ways and Means Committee.

Mr. TIBERI. Madam Speaker, I rise in favor of this bill to repeal the government health care law that was passed in 2009. This issue was front and center of my campaign, as I am sure it was in many of the campaigns of the people in this body today. Most of my constituents in central Ohio opposed the 2,000 page bill that became law, and are just beginning to find out what’s in it. Sure, they knew about some of the good things like dealing with pre-existing conditions, which most of us on this side of the aisle support doing something with as well. But they didn’t know about the medicine cabinet tax, for instance. That’s right, flexible savings account changes. No more over-the-counter medicines for moms who are buying that infant Motrin for their babies. And next year, a cap of $2,500 for that flexible savings account. They didn’t know about the health savings account withdrawal tax that will impact many Americans across our country.

A majority of my constituents want a patient-centered approach, not a government-centered approach; an approach where doctors and nurses are at the center of the process, not government bureaucrats in Washington, D.C. In addition, Madam Speaker, a third of my seniors who are on Medicare Advantage like the health care they have. Apparently, they won’t be able to keep it under this provision of the law.

So, today we have an opportunity, and the debate is over whether we change what we have, repeal it and replace it with something better, something that is patient centered and patient focused.

Mr. LEVIN. I yield 2 minutes to the gentleman from Massachusetts (Mr. NEAL), a member of our committee.

Mr. NEAL. During the course of the campaign, we heard that this was going to be repeal and replace. What we have in front of us is simply repeal, because there has never been a credible alternative offered for replace.

This legislation is modeled after a modest, market-driven proposal offered by that left-winger, Mitt Romney; that was “ClintonCare”—“government takeover,” “socialism,” and the best one of all, “death panels.”

People wonder why the language here is so charged, why it is so incendiary. It is because it is chosen for the purpose of scaring the American people. As President Bush said, if you need health care, go to the emergency room.

Remember what this proposal does: It removes 57 million people with pre-existing conditions from insurance. It eliminates provisions for 2.4 million young adults to maintain health care on their parents’ coverage until they are 26. This bill would allow a return to discrimination toward a woman based on her pre-existing conditions. It increases taxes. It massively cuts senior benefits. And the math, if we use the same math that is used by the rest of the country.

Since this law was passed, premiums have increased again, putting more families in the difficult position of choosing between paying for their health insurance, paying their heating bills, or putting food on their tables.

In addition to failing to achieve any key goals of health care reform, this law imposes new taxes, penalties, fees, and paperwork burdens on small businesses that drive our economy. The National Federation of Independent Business has found the employer mandate alone will cost 1.6 million jobs, with about half of those lost by small businesses.

Face it. ObamaCare massively increases taxes. It massively cuts senior benefits. It creates over 100 new agencies, commissions, and boards, and that will massively increase costs. Over 100 new agencies mean more Federal employees, more tax dollars required, more complications in access to health care, and it brings the IRS into your private health care decisions for the first time—without addressing the key drivers of health care in our economy or increasing the debt that will be owed by our children and grandchildren.
As a member of the Ways and Means Committee, I look forward to following through on our promise to replace the current law with proposals that actually accomplish these goals of reforming Washington, bringing private market reforms, reducing costs, and dealing with the rising costs of medicine through real debate, real hearings, real markups, and bipartisan input.

As an original cosponsor of H.R. 2, I urge all of my colleagues to join me in supporting this repeal.

Mr. Speaker, I yield 2 minutes to another distinguished member of our committee, the gentleman from California (Mr. Thompson).

Mr. Thompson of California, Madam Speaker, I rise in opposition to the repeal of the Patients' Bill of Rights.

As Congress debates this legislation to repeal the historic health care reform law, it is important that our constituents know what working families, small businesses, and seniors stand to lose.

Repealing the health care reform law would remove new protections for 57 million Americans with preexisting conditions. That includes over 8,000 children in my district. It will end the chance for 2.5 million young adults to remain on their parents' plans until they are 26 years of age. In my district, over 4,000 young people will lose this coverage. It will increase prescription drug costs for more than 10,000 seniors in my district who hit the Medicare part D doughnut hole. These seniors will pay another $500 this year and, between now and 2020, another $3,000. Some 16,000 small businesses in my district alone will pay higher taxes.

Repeal will increase the deficit by $230 billion over the next 10 years and more than $1.2 trillion over the following decade. Repeal will shorten the life of the Medicare program by 12 years, putting Medicare benefits and the seniors who depend on it at great risk.

So when you consider these facts, it is clear that repealing the health care reform law is bad for families, bad for small businesses, and bad for seniors in my district and across our great country. I urge a "no" vote.

Mr. Camp, Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Washington (Mr. Reichert).

Mr. Reichert. I thank the gentleman for yielding.

Madam Speaker, I am here today to say that I am going to vote "yes" to repeal this health care bill because I think the American people deserve better.

There were promises made in this bill—promises, promises, promises. There were promises made and, unfortunately, promises that were broken. Think back to last year. Think back to what the American people were promised in this bill. Three promises come to mind: One, Americans were told that the overhaul would make health care more affordable. Two, they were told that this would make health care more efficient. Three, they were told that they could keep their health care if they liked it.

The American people deserve to hear the truth, and the American people deserve better. It is their health. It is their life. Here is the truth: Over $500 million worth of taxes on small businesses and American families across this country and $500 billion cut from Medicare.

Here are some examples: a 2.3 percent tax on medical devices, wheelchairs, and walkers; a 3.8 percent tax on employers; an additional tax penalty on employers who don't provide a certain amount of health care for their workers; a 40 percent tax on so-called "Cadillac" health care plans—and government paperwork bureaucracy.

There is a requirement that you fill out a 1099 form for employees, requiring the hiring of 16,000 IRS workers. Who is going to pay for that? Remember this promise President Obama made and others made: You can keep your health care if you like it? President Obama himself said, Well, there was some stinging language snuck into this bill that runs contrary to that promise.

Madam Speaker, the American people deserve better. The American people deserve the truth. It is their health and it is the life of seniors who depend on it at great risk. Here is the truth: Over $500 million will creep into the approach from my colleagues is not serious in tone, what we are hearing is not serious in attitude, and bipartisan input.

Mr. Levin. I yield myself 5 seconds.

The truth is we moved to repeal 1099. It was opposed by the now majority. Madam Speaker, I now yield 2 minutes to the very distinguished gentleman from Oregon (Mr. Blumenauer), a member of our committee.

Mr. Blumenauer. I thank the gentleman.

People deserve a serious debate on a serious subject. Unfortunately, while serious in tone, what we are hearing from my colleagues is not serious in content. I have listened to people come to the floor repeatedly, talking about a government takeover of health care, which was judged by Politifact to be the political lie of the year for 2010.

Indeed, we instead built upon the current system that is a balance to the current system. It incorporates the very distinguished gentleman from California (Mr. Thompson) and bipartisan input.

Mr. Camp. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Louisiana, Dr. Boustany.

Mr. Boustany. Madam Speaker, I rise in favor of repeal of this bill because I've made this point before and I'll make it again. It's going to fail on coverage, and it's going to fail on quality.

First, cost. Premiums are going up. In fact, they're going up even higher and at a faster rate than they would have if we had done nothing in many cases.

With respect to the deficit, there are a number of gimmicks in this bill: double counting, excluding the doc fix, creating new entitlements such as the CLASS Act, which is a Ponzi scheme. And, finally, it does not account for the discretionary spending for this massive increase in the bureaucracy that's going to be created. Taxes are going to go up on innovation, especially medical innovation.

On coverage. What kind of coverage are we expanding? Medicaid coverage. That's a ticket to the emergency room. It doesn't lead to a good doctor-patient relationship, and it's the most expensive and inefficient way to provide health care. And those costs are going to be passed on to the States and on quality. Let me relate an inside story from my own practice as a cardiovascular surgeon. I was once called to see a patient who was 101 years old. He had carotid artery blockage and was getting ready to have a stroke. He had imminent symptoms. I was skeptical. I went to see the guy. This fellow was vigorous, strong handshake, lived by himself, independent, worked in his own yard, took care of himself without any help, and so I chose to do the carotid operation on him. Thankfully it was successful, and it gave him 6 more years of a high-quality life as a result of this. He died from some unrelated cause later. But in the absence of that, he would have had a stroke. He would have been in a nursing home, lots of expense, no quality to his life.

Madam Speaker, there is an art and a science to medicine, and the art involves the doctor-patient relationship. It's built on mutual trust and understanding. And, at the end of the year, at the trust on both the patient and the doctor's part to do what's in the best interest of the patient. But not only
that; the doctor-patient relationship is where costs are incurred and quality occurs. This gentleman would not have had the quality of life if he had not had this operation and if this law had been in existence, which would have delayed this operation and if this law had been in effect, he would not have had the quality of life if he had not had this operation.

Mr. LEVIN. I yield the gentleman an additional 10 seconds.

Mr. PASCRELL. That means that the people of Texas pay, the people of New Jersey pay, the people of California pay. In essence, everyone pays for people who don't have it. Let's get straight on this. We can't afford this, and we must reject repeal.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Nevada (Mr. HELLER).

Mr. HELLER. I thank the gentleman for yielding.

I rise in support of H.R. 2.

Last year the previous Speaker of the House told Members that we needed to pass the health care bill so that we could find out what was in it. Now Members and the American people have had the opportunity to read it, and they don’t like it. What they have found includes a $1.2 trillion price tag and more than 100 new Federal programs and onerous mandates that re- nal and keep Nevada’s seniors in their current Medicare Advantage plan while preventing higher prescription drug prices.

Madam Speaker, this Congress is in the business of cutting red tape, not creating it. I strongly support passage of H.R. 2. I look forward to working with my colleagues to pass meaningful legislation that will promote better, more affordable medical care.

Mr. LEVIN. I yield the gentleman an additional 10 seconds.

Mr. PASCRELL. That means that the people of Texas pay, the people of New Jersey pay, the people of California pay. In essence, everyone pays for people who don’t have it. Let’s get straight on this. We can’t afford this, and we must reject repeal.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Nevada (Mr. HELLER).

Mr. HELLER. I thank the gentleman for yielding.

I rise in support of H.R. 2.

Last year the previous Speaker of the House told Members that we needed to pass the health care bill so that we could find out what was in it. Now Members and the American people have had the opportunity to read it, and they don’t like it. What they have found includes a $1.2 trillion price tag and more than 100 new Federal programs and onerous mandates that re-
There are 600,000 of my fellow Nevadans who have no health insurance. This doesn’t mean that they don’t get sick. It means that they wait until they’re very sick and then they go to the emergency rooms to get care. Every hospital in our state has a line of people in the red. Why is that? Because the cost of providing health care to the uninsured in emergency rooms is astronomical.

But there’s more. If we repeal this bill, we will be eliminating the pre-existing condition ban. If you have a pre-existing condition, which at least 129,000 people in my congressional district have, you will not be able to get any insurance at all.

If we repeal this bill, all of those 20-somethings who are living at home and because of the economy they can’t find a job, they’re not going to be able to stay on their parents’ health care plan. That’s 26,000 people in my congressional district, including my two children.

The health care reform bill eliminates lifetime caps. Ask Jazelle Scott, age 9, or Michael Braun, age 5. They both have diabetes and they both have already exceeded their lifetime caps. Better yet, why don’t you ask your mothers how they’re going to be able to afford the lifesaving medication for their children if this bill is repealed.

And what should we tell our seniors, the millions that fall into the doughnut hole that this law starts to close? We changed our minds? And who’s going to give 90,000 seniors in my district who received the $250 check last year to help with the high cost of their medications to return the check? I’m not going to do that. Or the discount they’re going to be receiving this year on prescription medication, it’s not going to be available? I’m not going to do that to them. And are we going to take away the preventative health care benefits that will help 90,000 seniors in my congressional district to do that.

And what about the 16,000 small businesses who will now be eligible for health care tax credits? We’re saying small businesses don’t want that? I know at least one. Thousands more have contacted my office. Ron Nolson has a small family business. He also wants to be able to provide health care insurance for his employees.

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

Mr. LEVIN. I yield 2 minutes to another distinguished member of the Ways and Means Committee, the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. I thank my friend from Michigan for yielding the time.

Madam Speaker, today we consider the first major piece of legislation of the 112th Congress—the first bill.

Does this legislation create one job? Not one single job will be created by this legislation. In fact, if this bill were to become law, over 4 million jobs that will be created over the next 10 years will not come to fruition.

Does this bill reduce the deficit? This bill does not reduce the deficit by one penny. In fact, if it became law, it would increase the deficit by $230 billion.

Does it strengthen our middle class? No, this bill will not strengthen our middle class. It will devastate the lives of millions of Americans who are financially broke from the fear that they or their children will not have health insurance.

I’ve heard from so many throughout my constituency and throughout this country of the importance of what this bill has done for their lives. I’m not going to go back and tell them today that’s all undone.

And despite what you may say on the other side of the aisle, if this bill becomes law, 3 million people in this country who have received checks for $250 will have to pay that money back. There is no alternative. You can say what you want. But as this law is written, that’s exactly what will happen.

For the 20 million children who now have insurance, who’s going to pay the costs for what they’ve invested so far? Are their parents going to pay it? Are they responsible for it?

Republicans are not offering a single solution to this problem. They can’t even tell you what their secret plan is. It’s part of the Harry Houdini health care strategy—now you have health care, now you don’t. Our constituents deserve better.

But don’t just take my word for it. Independent sources have confirmed the danger that repeal will cause to our country—stopping job creation, exploding the deficit, and even shortening the life of the Medicare trust fund by 12 years.

This bill is clearly wrong for our economy and it’s clearly wrong for our country. We cannot go backwards, no way, no how, not now, not ever.

Mr. CAMP. I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Pennsylvania (Mr. GERLACH).

Mr. GERLACH. I thank the gentleman.

Madam Speaker, it’s been almost 1 year since many of us here in the House offered a sobering prognosis about the devastating side effects the massive $2.4 trillion health care plan would have on our small businesses, our seniors, and our families. Last year many warned that concocting a scheme centered on expensive government mandates, $500 billion in new taxes, and bigger bureaucracy would weaken our economy and is simply the wrong prescription for bringing about meaningful change to a health care system that truly needs a strong dose of reform.

Well, that prognosis has turned out to be painfully accurate. Small business owners are furious over the ever-increasing insurance premiums that continue to this day, and the 1099 mandate, which requires them to send a slip of paper to the IRS for every business transaction of $600 or more. A new 2.3 percent tax on innovators in our healthcare industry is also choking off investment and hurting job growth. And that’s jeopardizing approximately 20,000 jobs in Pennsylvania alone.

And all the enactments, tax hikes, and mandates could put an estimated 700,000 Americans out of work at a time when unemployment hovers at 10 percent. Let there be no mistake: Reform is needed. But not big government,
high tax solutions. No, we need common-sense ideas, ideas that would lower costs by creating more competition among insurance companies, allowing greater freedom of choice for consumers to buy insurance across State lines, and eliminating lawsuit abuses that drive up costs by as much as $150 billion every year.

We have the opportunity, starting with a “yes” vote today, to begin working on true reforms that will lower costs and increase affordability and accessibility of health insurance. So let’s start that process with the right reforms today, together.

Mr. LEVIN. It is my special privilege to yield 1 minute to our very distinguished leader, the gentlewoman from the State of California (Ms. PELOSI).

Ms. PELOSI. I thank the gentleman for yielding.

Madam Speaker, today a bill has come to the floor to repeal patients’ rights, to put insurance companies back in charge of the health of the American people, and to balloon the deficit. Yesterday, in the one and only hearing on this very important bill, the repeal of patients’ rights, Democrats heard from Americans benefiting from the health care reforms. Nothing could have been more eloquently to the success of health care reform than their own personal stories.

After hearing from seven of them yesterday, I wished the entire Congress could hear your testimony. I wish our Republican colleagues would have had a hearing so they could hear from you the difference this has made in your lives and the difference it’s making in the lives of millions of Americans. So I told them that I would share their stories with you.

First, we heard from a young woman, Vernal Branch, who was diagnosed with breast cancer 15 years ago. The good news is that Vernal survived breast cancer. The not so good news is that she has a preexisting medical condition for the rest of her life. As she told us yesterday, the Affordable Care Act changed all that. What she said was the Affordable Care Act represents protection from the uncertainty and fear that came with being denied health insurance coverage because of my past disease.” She said, “It represents freedom for my husband and me to make important choices about our lives.”

Repeal of the patients’ rights that is being proposed today would mean that 129 million Americans under the age of 65 like Vernal would lose their health insurance because they have preexisting medical conditions.

Next we heard from a mom, Lori Bresman. She has a 22-year-old son suffering from celiac disease. Still a student, he was facing the prospect of finishing school and entering the workforce without insurance but with a preexisting condition. Because of the law, Lori said, “We are thrilled we have the option to keep him on our insurance in this interim when families so often struggle to keep their kids covered.”

In a similar vein, Alexander Lataille, a new graduate, struggling to find work in this economy even though he has two degrees, one in atmospheric science and one in social science—he wants to be a meteorologist—would fail that if he lost his ability to stay on his parents’ insurance plan until age 26, he would be faced with a choice, “either to pay my student loans or to get health insurance.” He actually said, “I would have to make a choice in the matter. If I had to, I would need to pay down my college loans first and go uninsured.”

Repeal, as being suggested by our Republican colleagues, would mean that over 12 million young Americans like Lori’s son and Alexander would lose their insurance coverage that they received through their parents’ plans.

We next heard from Ed Burke, who has testified before. He told me he had been denied health insurance coverage because of his health condition. Nothing could have been more eloquently to the success of health care reform than his personal story, it was very powerful, about his two cousins, Rhonda and Roger. Both of them were diagnosed with cancer. Both of them, the twins.

Next we heard from a small businesswoman, a doctor. Dr. Odette Cohen is a small business owner from Willingboro, New Jersey. She said she will be better able to afford to give her employees health care because of the reform. But she also told us a very personal story, it was very powerful, about her two cousins, Rhonda and Roger. Both of them were diagnosed with cancer about the same time. Rhonda worked for a large corporation. She had health care. She had an early intervention. And she received aggressive care and life-giving care. Roger, however, received only pain treatment in the emergency room. He worked for a small company and didn’t have health insurance. So he couldn’t have that early intervention. Rhonda is alive and well. Roger died.

As Dr. Cohen said, “The choice to work for a small business versus a large company should not be a choice between life and death in the United States. But it was the choice for my cousin.” Repeal, as is being suggested today, would mean that more than four million small businesses like Odette’s, Dr. Cohen’s, would lose the opportunity to use the tax credits to provide health insurance to their employees. As we know, small businesses are the engine of job creation in our country.

Odette told us that she wanted to attract the best talent, and she wanted to have health insurance for them in order to do that.

We next heard from Claudette Therriault. She and her husband, Richard, are seniors on Medicare. Richard is 65 like Vernal would lose their health insurance for yielding.

Madam Speaker, today a bill has come to the floor to repeal patients’ rights, to put insurance companies back in charge of the health of the American people, and to balloon the deficit. Yesterday, in the one and only hearing on this very important bill, the repeal of patients’ rights, Democrats heard from Americans benefiting from the health care reforms. Nothing could have been more eloquently to the success of health care reform than their own personal stories.

After hearing from seven of them yesterday, I wished the entire Congress could hear your testimony. I wish our Republican colleagues would have had a hearing so they could hear from you the difference this has made in your lives and the difference it’s making in the lives of millions of Americans. So I told them that I would share their stories with you.

First, we heard from a young woman, Vernal Branch, who was diagnosed with breast cancer 15 years ago. The good news is that Vernal survived breast cancer. The not so good news is that she has a preexisting medical condition for the rest of her life. As she told us yesterday, the Affordable Care Act changed all that. What she said was the Affordable Care Act represents protection from the uncertainty and fear that came with being denied health insurance coverage because of my past disease.” She said, “It represents freedom for my husband and me to make important choices about our lives.”

Repeal of the patients’ rights that is being proposed today would mean that over 165 million Americans with private insurance coverage like Ed would again find themselves subject to lifetime limits on how much insurance companies will spend on their health care.

Next we heard from a small businesswoman, a doctor. Dr. Odette Cohen is a small business owner from Willingboro, New Jersey. She said she will be better able to afford to give her employees health care because of the reform. But she also told us a very personal story, it was very powerful, about her two cousins, Rhonda and Roger. Both of them were diagnosed with cancer about the same time. Rhonda worked for a large corporation. She had health care. She had an early intervention. And she received aggressive care and life-giving care. Roger, however, received only pain treatment in the emergency room. He worked for a small company and didn’t have health insurance. So he couldn’t have that early intervention. Rhonda is alive and well. Roger died.

As Dr. Cohen said, “The choice to work for a small business versus a large company should not be a choice between life and death in the United States. But it was the choice for my cousin.” Repeal, as is being suggested today, would mean that over 2.7 million Medicare beneficiaries would again fall into the doughnut hole, and Medicare would no longer pay for an annual checkup for 44.1 million seniors.

One of the most powerful testimonials—I say this as a mother and a grandmother—was from Stacie Ritto. Stacie has 12-year-old twin daughters, Hannah and Madeleine.

Well, they are 11, almost 12. Can you imagine having these beautiful daughters, Hannah and Madeleine? They are 12 now. When they were 4 years old they were both diagnosed with cancer. Both of them, the twins.

At 4 years old, diagnosed with leukemia, Hannah and Madeline faced stem cell transplants, chemotherapy and total body irradiation. But as their mother, Stacie, said, “We were very fortunate at the time. My husband had full coverage through his employer.” But because of the additional cost of health care, “We ended up bankrupt, even with full insurance coverage.”

She told the stories about how the insurance company— she did this, that and the other thing. But in any event, today Hannah and Madeline are healthy, happy 12-year-olds; but they still have a preexisting condition. According to Stacie, “My children now have protections from insurance discrimination based on their preexisting cancer condition. They will never have to fear the rescission of their insurance policy if they get sick. They can look forward to lower health insurance costs and preventive care.”

The repeal suggested today would mean that 17 million American children with a preexisting medical condition could lose their health insurance because they have preexisting conditions. It would change everything for Hannah and Madeline.

In Congress, on behalf of these Americans, Democrats have made a firm commitment that we will judge every proposal that comes to the floor by whether it creates jobs, strengthens the middle class, and reduces the deficit.

The repeal of patients’ rights falls on all three counts. In fact, consider the cost to our Federal budget. According
to the nonpartisan Congressional Budget Office, repeal would add $230 billion to the deficit over the next decade.

Just less than a year ago on this floor I quoted the late Senator Kennedy, many of us did, our inspiration in all of this, calling health care reform “the final unfinished business of our society.” By completing that great unfinished business of our society, now patients and their doctors are in charge of their health, not insurance companies.

Because of the wonderful testimony that we had yesterday, which was representative of what Members of Congress have told the Rules Committee, our colleagues and told us from our districts across the country, because of their stories of success of this bill only being in force for a few months—these provisions, most of them, only went into effect since September—because of them, because of Hannah and Madeline, because repeal would be devastating to so many Americans, I am pleased to join a broad coalition in opposing it, every organization from the AARP to the UAW and everything in between, the Catholic Health Association, Easter Seals and the NAR, just to name a few.

I think we should send a strong message today with a great vote against this repeal, which is so harmful to the health of the American people, which is so damaging to our fiscal health as well, and I believe that that's exactly what we want to have is best for them.

We all want them to think in order for them to have the same kind of access to health care that we do, we should say to them, “Run for Congress.” We want them to have it because Congress has acted upon their needs, their strengths and the strength of our country.

I urge a “no” on the repeal.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Georgia, Dr. Price.

Mr. PRICE of Georgia. I thank the gentleman.

Madam Speaker, over the past 4 years the previous majority took every opportunity to expand the reach and the scope of the Federal Government. You see, they believe in government solutions. We believe in people.

We believe in solutions that embrace people. Now, a physician with countless personal stories, those solutions in health care mean patient-centered solutions, not government-centered solutions.

It’s important to repeal this bill for many reasons. Let me highlight two very specific reasons. First, it’s exactly what we said we were going to do. If given the privilege of leading once again, we would vote to repeal this bill. And, second, it’s the principled thing to do. If you think about it, all of the principles that we fought for that’s exactly where we will lead once again.

Mr. CAMP. Madam Speaker, I yield 1½ minutes to an active former member of our committee, the distinguished gentleman from New York (Mr. HIGGINS).

Mr. HIGGINS. I thank the gentleman.

Madam Speaker, since 1970, health care costs have increased an average of 9.9 percent a year, far outpacing inflation and creating a drag on our economy by increasing the expense of new hiring and undermining new business investment in this Nation.

This trend is unmanageable. Yet while costs are increasing, the quality of coverage is declining. Last year, the inability to pay medical bills caused 62 percent of all personal bankruptcies in this country, even though the filer had health insurance in 75 percent of these cases.

That is 886,000 American families who went broke last year simply because they got sick, did not have insurance or their insurer refused to cover their bills. That is unacceptable.

I often say that health care reform needed a start, not a finish, and that will be amending and improving the law for years to come.

However, the bill before us today takes us back, not forward, with no persuasive plan to reduce costs, improve quality and coverage. This challenge deserves a more serious response. I urge opposition to the bill.

Mr. CAMP. Madam Speaker, I yield 1½ minutes to the distinguished chairman of the Ways and Means Committee, the gentleman from Florida (Mr. BUCHANAN).

Mr. BUCHANAN. Madam Speaker, I stand before you today as a self-made businessman with 30 years of experience, I have been fortunate to create thousands of jobs, meet payrolls, and balance budgets.

As the past chairman of the Florida Chamber, which represents 137,000 businesses across Florida, the number one issue is, as I mentioned before I was chairman and the number one issue today is affordable health care for small businesses.

They are the job creators. They create 70 percent of the jobs. The Business Roundtable says today that the average employee for their family of four is $10,000. This bill does nothing to bring down the costs. In fact, in the next 10 years it’s going to go from $10,000 to $25,000.

I was with a pharmacist the other day, a private pharmacist. He employs about 20 to 30 people. We talked about various things. I didn’t go there to talk to him about health care; he brought out his health care bill, just had it, it went up another 22 percent. It went up 20 percent the year before.

I don’t know who my friends on the other side are talking to, but most small businesses in Florida that I know, they are very, very concerned about health care and the escalation of the costs going forward. It’s a job killer.

With a national unemployment rate at 9.5 and even higher in our State of Florida, the number one issue is how we grow, succeed and provide health care at affordable cost.

They do create, as I mentioned before, 70 percent of the jobs. We can’t get the job unless we can help small businesses obtain affordable health care.

Mr. LEVIN. Madam Speaker, it is now my privilege to yield 2 minutes to another distinguished former member of our committee, Ms. SÁNCHEZ of California.

Ms. LINDA T. SÁNCHEZ of California. Madam Speaker, it’s no secret that our economy is still sluggish. So our top priority in this Congress should be about creating jobs. It’s certainly my top priority. And I want to work with Republicans to meet in the middle. In fairness, House Republicans are focused on repealing patients’ rights, putting insurance companies back in charge and ballooning the deficit. American families have suffered and waited far too long for the freedom and security that affordable health care provides. And now the Republican majority is trying to take that freedom and snatch that security away.

If Republicans have their way, families will once again lose their benefits when insurers unfairly cancel or cap their coverage. If Republicans have their way, children with disabilities and pregnant women won’t be safe from discrimination by insurers. If Republicans have their way, seniors in my district will be forced to return the $250 in prescription assistance they received under the Democratic health care reform bill, and millions of hard-working Americans will lose the freedom to start their own business because they will be afraid of giving up the health insurance tied to their current job.

This is a costly plan for seniors, children, and families in my district and...
for the taxpayers of America. To stand up for families that deserve and need our help, we must reject this plan. I urge everybody to vote “no” on the repeal of health care. I thank the gentleman from Michigan.

Mr. CAMP. I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Nebraska (Mr. SMITH).

Mr. SMITH of Nebraska. Madam Speaker, I would like to share a perspective on employment in my district. Visiting this small business, actually a few hundred employees but still considered a small business, we toured the plant. He shared with me the benefit plans for the employees. He went on to say that orders are coming in, but they are refraining from hiring new people because of the uncertainty of the cost of hiring a new employee. This shows that the health care bill, primarily, is causing uncertainty in the employment sector and causing employers to hold back on hiring new people. This is not good for our economy. It’s not good for our deficit. Most importantly, it’s not good for the American people. And that’s why I’m extremely concerned with the $20 billion in device taxes that will just increase the cost of cutting-edge medical technology for consumers and patients themselves.

Madam Speaker, we need a patient-centered health care plan, one that does not expand government programs, one that focuses more on patients, and one that will cause a lot of the problems to go away.

Mr. LEVIN. Could you please tell us, Madam Speaker, the time remaining on each side for our committee?

The SPEAKER pro tempore. Mr. LEVIN of Michigan has 15½ minutes remaining. Mr. CAMP of Michigan has 15 minutes remaining.

Mr. LEVIN. It is now my privilege to yield to the very distinguished gentlewoman from California (Ms. Lee).

Ms. LEE of California. I want to thank the gentleman for yielding.

Madam Speaker, I rise in strong opposition to this bill. Every time we take on this bill to repeal the very important freedoms provided by the health care reform law, it’s really a critical minute that we are not focusing on jobs. We should be debating how to create jobs, how to get our economy going and how to reduce the deficit. Instead, Republicans want to add $230 billion to the deficit and to empower health insurance companies—mind you, health insurance companies—to take away patient’s rights in their own health decisions, that is, they should be making with themselves and their health care physicians, nurses, and providers.

This repeal gives insurance companies much, much, much too much power. Literally, their idea is to return to the same failed system that has left 50 million people, including 7½ million children, without health care. In the current economic environment, where more people are without coverage and where jobs are scarce, making it more difficult for people to access health care or to keep their health care coverage is downright wrong. Repeal of the law would mean that once again health care would be a privilege for those who can afford it rather than a basic human right for each and every American.

When I voted for health care reform, I said it was in the memory of all of those who died prematurely because they had no health care and also in honor of and support for those who will now live longer and healthier lives because they would have health care. Repealing this health care law really is morally wrong, and it’s fiscally irresponsible.

Mr. CAMP. Madam Speaker, I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Virginia (Mr. Schock).

Mr. SCHOCK. Madam Speaker, I rise today in strong support of the repeal of this job-killing health care law. How many times as American citizens did we hear on television, “If you like your health care coverage, you can keep it!” But for the rest of the Americans, let me talk to you. Well, ladies and gentlemen, wake up, because if you are one of the 80 percent of Americans who have an employer-provided health care plan that you like, you’re about to lose it.

Simply put, the burdens placed on employers by this new law are too costly. The estimated cost for an employer to provide the “minimum essential benefits” package as prescribed by this bill will cost them per full-time employee $12,250 a year. As we speak, businesses all across America are crunching the numbers and figuring out that it’s financially more beneficial for them as companies to pay the $2,000 per employee penalty and dump their employees into the government-run health care plan. The result, of course, will be that 50 percent of Americans who currently like their health care coverage will be put in a government-run system that, of course, will be riddled with inefficiencies and limited options. Think the DMV or your license plate?

Additionally, this health care legislation is riddled with job-destroying regulations, burdens, and tax increases that will stifle private-sector growth and smother economic recovery in this country.

According to the National Federation of Independent Business and the Chamber of Commerce, this will cost 1.6 million jobs as it currently stands. I urge passage and repeal.

Mr. LEVIN. It is now my privilege to yield 1½ minutes to the gentleman from Georgia (Mr. Scott).

Mr. DAVID SCOTT of Georgia. Thank you very much, Chairman Levin. I really appreciate it so very much.

I have listened for the last 2 days, and I have heard my friends from the other side refer to this as ObamaCare, so derisively, mean-spiritedly. But let me assure you what we’re talking about is whether or not the law of the land today is not ObamaCare. It is America’s health care law for all the American people. It is the health care law for that senior citizen, the one who is 65 years old in these tough economic times. The American people want this and do not want to see it repealed.

And I want to say to the American people, have no fear, let not your heart be troubled. This law will not be repealed. Yes, they will vote for it today. But it’s not going to be taken up in the Senate, and it’s not going to be signed by the President. So what do the American people say about this? They want it fixed. They’d love to see Democrats and Republicans working together on the 1099s. Sure, there’s too much paperwork for small businesses. Let us work on that. This medical liability issue, the number one reason why kids are not going into medicine, let us work on that. And the reimbursement rate for our physicians. The American people want us to fix it, not repeal it.

Mr. CAMP. I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from New York (Mr. Lee).

Mr. LEE of New York. Madam Speaker, today we are doing what we promised the American people we would do after the November election. We will vote to repeal last year’s massive health care law. Madam Speaker, today we are doing what we promised the American people we would do after the November election. We will vote to repeal last year’s massive health care law. Madam Speaker, we will also vote to begin replacing this massive new government entitlement with commonsense reforms that actually remove costs from our health care system.

□ 1600

We can all agree our current health care system is unsustainable. It is ripe for reform. Passing last year’s 2,300-page monstrosity will raise health care costs by $311 billion over the next decade, according to the administration’s own actuaries. It will raise health care costs for seniors and cut more than $500 billion from Medicare and Medicare Advantage, which are both very popular plans. It will cause employers to simply drop the insurance they offer employees because they have done the math and they understand that it’s cheaper to pay the tax penalty for the insurance, leading to struggling Americans being kicked out of their current plan they have and they like.
That is not the reform Americans deserve. We need to include medical liability reform. The CBO has scored that at a $54 billion savings.

Meaningful reform will allow western New Yorkers to start buying insurance across State lines. To encourage competition, meaningful reform will empower small businesses to group together to cut costs and provide coverage to their employees.

Republicans are pursuing these commonsense reforms because we made a promise to the American people and because we believe health care reforms need to address both affordability and accessibility. It can be done, and we are committed to making it happen.

Mr. LEVIN. I now yield 1½ minutes to the gentlewoman from New York (Mrs. MALONEY).

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

Mrs. MALONEY. Mr. Speaker, I rise in strong opposition to the Republican bill which would take health care away from millions of Americans, children, families, and individuals.

I have heard my Republican colleagues mention cost throughout this day. No mistake, there would also be a cost in leaving tens of millions of Americans uninsured.

According to a recent study published by the American Journal of Public Health, uninsured working age Americans have a 40 percent higher risk of death than their privately insured counterparts. The study estimates that lack of health insurance causes over 44,000 excess deaths annually. That works out to about one death every 12 minutes from lack of health insurance. My colleagues, let us not forget to count those lives as a very real and continuing cost: over 44,000 deaths a year, one every 12 minutes.

I urge my colleagues to support the Democratic plan, lifesaving legislation, and vote against the Republican repeal of health care. It is wrong for America. I urge a “no” vote.

Mr. Speaker, I rise in strong opposition to this harmful, ill-conceived bill.

When the Republican Majority said it was going to make the deficit their defining issue this Congress, most of us did not realize it was to make the deficit bigger. But according to the Congressional Budget Office, their first act of to-do list do just that—add $230 billion to the deficit while making Americans pay more for health care.

Instead of focusing on job creation, Republicans are running up our deficit, jeopardizing the health of millions of Americans, and threatening the creation of new jobs.

Under the Republican repeal effort:

Insurance companies will once again be able to drop people when they get sick—exactly when coverage is needed most;

Children with pre-existing conditions will be denied coverage, while insurance companies would again impose devastating annual and lifetime caps;

Young people will not be able to stay on their parents’ plans until age 26;

Pregnant women and breast cancer survivors can be denied coverage;

Seniors will face an increase in their prescription drug costs—millions thrown back into the Medicare Part D Donut Hole. Repeal would deny seniors a 50 percent discount on prescription drugs, re-creating the devastating coverage gap.

Each of these things will disappear if Republicans are able to repeal the historic health reform law.

In my home state of New York, repealing the Affordable Care Act would be devastating. New York residents, providers, small businesses and other employers would be denied critical new benefits of the law, from protections against insurance industry abuses to new coverage options and millions of dollars in support so states like New York can deliver quality, affordable health care options to all of its residents.

Without the Affordable Care Act, New York will suffer:

- 77,800 young adults would lose their insurance coverage through their parents’ health plans, sometimes just after they finish school and as they are looking for a job. Families across New York would lose the peace of mind the Affordable Care Act provides by making sure that young adults can stay on their parents plan to age 26 if they do not have coverage of their own.

- More than 10 million residents of New York with private insurance coverage would suddenly find themselves vulnerable again to having lifetime limits placed on how much insurance companies will spend on their health care.

- Insurance companies would once again be allowed to cut off someone’s coverage unexpectedly when they are in an accident or become sick, because of a simple mistake on an application. This would leave 734,000 people in New York at risk of losing their insurance at the moment they need it most, as one of the worst abuses of the insurance industry would become legal again.

- New insurance plans would no longer be required to cover recommended preventive services, like mammograms and flu shots, without cost sharing, nor would they have to guarantee enrollees the right to choose any available primary care provider in the network or see an OB-GYN without a referral.

- Nearly 2.9 million seniors in New York who have Medicare coverage would be forced to pay a co-pay to receive important preventive services, like mammograms and colonoscopies.

- Medicare would no longer pay for an annual check-up visit, so nearly 2.9 million seniors in New York who have Medicare coverage would have to pay extra if they want to stay healthy by getting check-ups regularly.

- 192,596 on Medicare would see significantly higher prescription drug costs: In New York, 192,596 Medicare beneficiaries received a one-time, tax-free $250 rebate to help pay for prescription drugs in the “donut hole” coverage gap in 2010. Medicare beneficiaries who fall into the “donut hole” in 2011 will be eligible for 50 percent discounts on covered brand name prescription drugs. Without the law, the burden of high prescription drug costs could hurt millions of Medicare beneficiaries across the country.

- For the sake of argument, if we remove the moral obligation of providing health care to 32 million Americans who would lose coverage with this repeal, we are still left with a compelling fiscal reason for opposing the repeal of this law:

- Repeal adds $230 billion to the deficit over the first 10 years and more than $1.2 trillion in the second decade (around one-half percent of GDP).

Americans purchasing health insurance on their own will see their costs rise. Americans will get fewer health benefits for their money.

Mr. Speaker, I urge my colleagues to oppose this bill that will balloon the deficit, burden our children and grandchildren, halt the creation of jobs, and compromise the health of millions of Americans.

Mr. CAMP. I yield 1½ minutes to the gentlewoman from Kansas (Ms. JENKINS), a distinguished member of the Ways and Means Committee.

Ms. JENKINS. Mr. Speaker, I thank the chairman for yielding.

Last March I voted against ObamaCare. Rather than bringing down health care costs for all Americans, helping small businesses provide health care for their employees, and preserving Medicare for our Nation’s seniors, this law will result in higher premiums for families, costly unfunded mandates, a government health care plan, according to the non-partisan Congressional Budget Office, $230 billion over the next 10 years. It is such an overreach of the Federal Government’s power, a U.S. district judge has already deemed it unconstitutional.

Americans want reforms to our health care system, but they have spoken clearly: This bill is not the change they wanted.

I will be voting in support of H.R. 2, voting to repeal this government take-over of our health care system, just as I promised my constituents I would.

Let’s repeal this bill so we can go to work replacing it with reforms the American people want and support. I encourage all of my colleagues in the House to listen to their constituents and join me in voting “yes.”

Mr. LEVIN. I now yield 1½ minutes to Ms. EDWARDS from Maryland.

Ms. EDWARDS. Mr. Speaker, I stand today in strong opposition to Republican attempts to repeal and dismantle our health care law, the law that Congress has passed to give health care to the American people.

Mr. Speaker, this repeal bill may fulfill an empty campaign promise, but it fails to put the key American objective at the top of the agenda. In fact, the independent Congressional Budget Office estimates that this repeal will
increase the deficit by $230 billion over the next 10 years. In Maryland, by contrast, we will save $800 million in 10 years with the new law.

We have heard the debate, but now it is time to hear the stories of countless millions who have a chance at real health care. I know these stories because I hear them every day. Mr. Speaker, stories like Chuck, an engineer from Hyattsville, Maryland, who suffers from chronic thyroid condition and believes he will be denied health care coverage should health care reform be repealed; Nancy, a mother in Germantown, Maryland, who is grateful that the health care law has allowed her 20-something daughter currently in graduate school to stay on her mother’s health insurance policy. I have even heard from constituents of some of our Republican colleagues, afraid about having to repay the money because they slipped into the doughnut hole. And I want to tell you about one of mine, 28 years old, diagnosed with leukemia, who would have reached lifetime caps because she and her parents are trying to save her life.

Mr. Speaker, it is unfortunate we are here today. Let’s create jobs and stop this theater.

Mr. CAMP. Mr. Speaker, I yield 1½ minutes to the gentleman from Minnesota (Mr. PAULSEN), a distinguished member of the Ways and Means Committee.

Mr. PAULSEN. Mr. Speaker, I rise in support of this effort to repeal the job-destroying health care law that a majority of Americans oppose.

Now, last year Congress put job creation on the back burner and instead pushed a very partisan, trillion-dollar overhaul of our health care system. Last year, at the Democrat leadership’s request, Congress passed the bill to “find out what is in it.” Well, here is what we found: a laundry list of tax increases, job-crushing mandates that will make it harder for small businesses to make ends meet and further delay an economic recovery. This problem is so serious that the National Federation of Independent Business, an advocacy organization representing countless small businesses that drive the engine of our economy, found that the new employer mandate could cost 1.6 million jobs.

In and around my district, hundreds of medical technology companies are now facing higher taxes to the tune of $20 billion. We are penalizing innovation when we should be encouraging it. We are preventing lifesaving technologies from coming to market when we should be promoting them. This is unacceptable.

The American people deserve health care reform that doesn’t break the bank. We need health care reform that lowers costs and doesn’t increase premiums. We should repeal this law now and replace it with commonsense, patient-centered alternatives; otherwise, our economy will stagnate, our small businesses will not be able to expand, and the medical device industry in my district will continue to suffer.

Mr. LEVIN. I yield 1½ minutes to the gentlewoman from California (Ms. SPEIER).

Ms. SPEIER. Mr. Speaker, I thank the gentleman for yielding.

You know, the real question is who is supporting this repeal of health reform. Are the doctors of America supporting the repeal? No; the American Medical Association opposes it.

Is AARP supporting a repeal? No; they are opposed to it.

Are the hospitals supporting a repeal? No; they are opposed to it as well.

Who supports a repeal of health care reform? The National Chamber of Commerce, period.

So what do our constituents really want? They want the costs to be brought down. There is not one of us who hasn’t heard a complaint from a constituent saying, I can’t afford it anymore.

Well, health care reform requires that 80 percent of the premium go to providing health care. It is starting to put a governor on the costs of health insurance.

The second thing that people are concerned about is access for their kids and for themselves. Well, let’s talk about these children.

In my district there are 30,000 children with preexisting conditions, and I know you have gotten the same phone calls I have gotten: a parent calling, crying on the phone, talking about the leukemia their child has or the asthma their child has and their fear if their spouse loses their job they won’t have health insurance and they will go to the individual market and there will be no health insurance.

Let me tell you about Sophie O’Riley, who, at 5 years of age, had very serious asthma. Her parents went to every insurer in the individual market and could not get insurance. So what did they do? They went bare for a year in order to be able to access insurance.

H.R. 2 is bad medicine. I urge a “no” vote.

Mr. CAMP. Mr. Speaker, I yield 1 minute to a distinguished member of the Ways and Means Committee, the gentleman from North Dakota (Mr. BERG).

Mr. BERG. Mr. Speaker, I rise today in firm support of repealing this job-killing health care law.

This is a $500 billion tax that will hurt small businesses at a time when we need these job creators to help put our country back on track. America’s small businesses need our help with the tax hikes and government mandates in this law. Medicare payroll taxes will increase. Costly penalties will be imposed on small businesses, and there will be increased health care costs.

Repealing this law and removing these barriers will provide businesses with the certainty they need to help get America back on track.

My wife is a family practice doctor, and when this law first passed, our first concern was this puts government between patients and their doctors. We need to repeal this law and put those health care decisions back between the patients directly and their doctors. I urge my colleagues to support this legislation.

Mr. LEVIN. Mr. Speaker, I yield 1½ minutes to the gentleman from North Carolina (Mr. PRICE).

Mr. PRICE of North Carolina. Mr. Speaker, this bill lays bare what this new Republican majority is all about. They would repeal benefits and protections that have already dramatically improved health care for families and small businesses, with no credible assurance they would put anything in their place.

A “yes” vote would take away tax credits available to up to 17,000 small businesses in my district alone—credits that will let them offer their employees health care coverage just like their larger competitors do.

A “yes” vote on repeal would increase the average cost of prescription drugs for seniors in the “doughnut hole” coverage gap by more than $500 this year and more than $3,000 by 2020.

What seniors on fixed incomes can afford this kind of price hike?

A “yes” vote on repeal would say to parents, who now for the first time can get affordable coverage for their children with preexisting conditions: Once again, you can be denied coverage altogether.

This legislation is flying under disgracefully false colors. Fiscally sound? The Congressional Budget Office says it will increase deficits by $230 billion over the next 10 years. Republicans like to call health insurance reform “job killing.” But their repeal bill would cost as many as 4 million jobs over the next decade. Republican colleagues have put their tea party base above everything else, including the health care needs of the American people. We must recognize their cynical political gesture for what it is. This House can and must do better.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Ohio (Mr. BOEHNER), the Speaker of the House.

Mr. BOEHNER. I thank my colleague for yielding. I am going to thank all the Members of this body for a spirited but respectful debate on what is a critical issue to the American people.

Both sides of the aisle have very different viewpoints on what government’s role in this health care issue should be, and if there is one thing that we do agree on, it is that this health care law needs improvement. The President said as much yesterday.

Why does it need improvement? One only needs to look at the facts.

Yesterday, 200 economists and experts put out a letter calling this health care bill “a barrier to job...
growth.” The letter talks about how employers are struggling to keep up with all the mandates and tax hikes in this law, flooding the job market with additional uncertainty.

The one thing the American people want out of health care reform is lower costs rather than the authorizing language of this law promised; but according to these economists, this law will increase spending by nearly $1 trillion—and that is a minimum number—and add nearly $1.5 trillion to the national debt.

So, if we agree that this law needs improving, why would we keep it on the books? Why would we keep one hand tied behind our backs when we are dealing with 10 percent unemployment and a $14 trillion national debt?

Now, let me be clear about what repealing this health care law means for families, small businesses, and taxpayers:

Repeal means preventing more than $700 billion in tax hikes and eliminating all the mandates and penalties so that small businesses can grow and hire new workers.

Repeal means reducing spending by $540 billion, another step in tackling the massive debt that faces our kids and grandkids.

Repeal means protecting more than 7 million seniors from losing or being denied coverage under Medicare Advantage—a program they like.

Repeal means the way for better solutions that will lower costs without destroying jobs or bankrupting our government.

And repeal means keeping a promise. This is what we said we would do. We listened to the people. We made a commitment to them—a pledge to make their priorities our priorities. When you look at the facts and when you listen to the people, this is a promise worth keeping.

Let’s start payment on this check before it can destroy more jobs and put us into a deeper hole. Then let’s work together to put in place reforms that lower the costs without destroying jobs or bankrupting our government.

Let’s challenge ourselves to do better.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. REYES).

Mr. REYES. I thank the gentleman for yielding.

Mr. Speaker, I rise to express my strong opposition to H.R. 2, which takes us into a deeper hole. Then let’s work together to put in place reforms that lower the costs without destroying jobs or bankrupting our government.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the distinguishedgentleman from Florida (Mr. CRENSHAW).

Mr. CRENSHAW. I thank the gentleman for yielding, and I thank him for his great leadership.

Mr. Speaker, I plan to vote to repeal this health care law and replace it with some commonsense, workable solutions. Why? Because I’ve been listening to my constituents—listening to what they have to say, what they ask for.

I can tell you they are not asking for a bill that weakens our economy and causes jobs to disappear. They are not asking for a brand new entitlement and then pretending only partly to pay for it. They are not asking for a bill that takes away the rights of seniors to have a choice in the Medicare program, and they are certainly not asking for new taxes—but that’s what they’re getting under this health care bill unless it’s replaced.

What they are asking for is the right to choose their own doctors and the right to get the treatment they need when they need it. That’s what they’re asking for. They’re asking that we bring down the cost, to make some commonsense reforms, to make it more affordable, more accessible.

That’s what we should focus on.

Mr. LEVIN. Mr. Speaker, it is now my privilege to yield 1½ minutes to a former very distinguished member of our committee, the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Thank you very much, Mr. Chairman.

Under no circumstances would I vote to repeal the most effective, most meaningful, most sensitive health legislation that has been passed in this country since the Medicare-Medicaid provisions of the 1960s. Under no circumstances would I vote to repeal legislation that would provide the 107,000 individuals in my congressional district who have preexisting conditions.

Would I vote to repeal health insurance for more than 32 million Americans who otherwise would have no coverage? No way.

Vote this legislation down. Let’s support the American people, keep them with their health care.

The Seventh Congressional District of Illinois includes some of the most medically underserved communities in America. Census data revealed that 24 percent of families and 44 percent of children under 18 live below the poverty line. As a result, many of these individuals are susceptible to an anomaly of diseases and poor health. In fact, some communities on Chicago’s west side experience infant mortality rates comparable with third-world countries. By repealing the Patient Protection and Affordable Care Act will take away support for community health centers, which provide critical resources for millions of Americans in every state and territory.

In my district, there are many Medicare and Medicaid recipients that have established community health centers in their medical homes. Medicaid beneficiaries that rely on health centers for usual care were 19 percent less likely to use the emergency room at a hospital than other providers for non-emergency and usual care services. Overall, health centers save the health care system between $9.9 billion and $17.6 billion annually.

Community health centers provide high quality health care regardless of the ability to pay, and health centers in Illinois have a tremendous impact on our economy and employment. In 2008, 40 health centers operated 127 clinics, contributed $1.3 billion dollars to the Illinois economy, and directly employed almost 6,000 Illinoisans. Indeed, for every 10 people employed by an Illinois health center, an additional 4 jobs were created in their surrounding communities. Illinois health centers served over 1.1 million patients—nearly 60 percent of whom fell below the federal poverty level and 30 percent who had no health insurance, helping them cope with chronic health conditions and general health issues to be able to work and care for their families.

Repeal of the health care law would eliminate $11 billion in support for community health centers over the next 5 years, funding that will nearly double the number of patients served today and greatly strengthen Illinois’s economy. Repealing the health care law would dramatically harm the health of hundreds of thousands of citizens in Chicago and Illinois.

Repeal of the health care law would greatly increase an already high level of health disparities among African-Americans and Hispanics. In a recent study, comparing health outcomes among African-Americans and Caucasians found that the gap in health disparities across the Nation was narrowing across ten (10) indicators; however, in Chicago, the reverse was occurring in health disparities among African-Americans and Caucasians are widening. Given all that has been stated above, the reversal of health care reform would have tremendous negative impact on Chicago when considering the unemployment rate, the crisis in the housing market and the abundance of the urban poor that exists within our communities. Most affected will be the working poor who are most commonly uninsured as their company provides little or no medical benefits. The middle aged childless individual who is not eligible for Illinois public aid and naturally men without children who are not veterans or eligible to be covered through Illinois public aid are affected. Lastly, we must consider the devastating impact the burden of the uninsured has placed on the healthcare delivery system, specifically hospitals who avoid caring for uninsured patients and resulting in the lack of access to primary and specialty care. The funding from the Affordable Care Act would assist community...
Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Alabama (Mr. BROOKS).

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Alabama (Mr. BROOKS).

Mr. BROOKS. Mr. Speaker, Americans enjoy the best health care in the world. Every year, profit motive and American ingenuity create new and better diagnostic tools and treatments. Yes, there are ways to improve America’s health care, but President Obama’s socialized medicine is not it. For example, we can cut health care costs by implementing tort reform, by forcing health care competition, and by removing the millions of Americans who get free health care at our cost.

Socialized medicine strangulates creativity and obstructs life-saving medical advances. It is care rationed by bureaucrats with mind-numbing regulations. Simply stated, socialized medicine pulls all America down to health care mediocrity.

Lives and freedom are at stake. We must repeal this job-killing government takeover of America’s health care. Today, I will proudly vote to do exactly that.

Mr. LEVIN. It is my privilege to yield 1½ minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

(MR. LANGEVIN asked and was given permission to revise and extend his remarks.)

Mr. LANGEVIN. Mr. Speaker, I rise today in opposition to the Patients’ Rights Repeal Bill, and I find it absolutely regrettable that my Republican colleagues have made this their first priority of the new Congress.

Rhode Islanders sent me here with a clear purpose to create jobs, strengthen our economy, and reduce the Federal deficit. Those are the issues we need to address, and doing so should be our first order of business and our top priority. Instead, we are considering a bill that will increase already skyrocketing health care premiums for Rhode Island families and businesses, give insurers back the power to deny or drop coverage when people get sick, and raise the deficit by an additional $230 billion over the next 10 years and over $1 trillion the decade after that.

Mr. Speaker, this bill is not about health reform. This bill is not about putting our economy, and reduce the Federal deficit, first. It is an act of irresponsibility—by voting in favor of this repeal, I am afraid I have just received information from the IRS on the tax credit to help provide coverage to employees. These tax credits will help ease the burden of the cost of providing health insurance.

Community health centers are vital to the health and economic well-being of Chicago and Illinois. For this reason, I do not support H.R. 2, Repeal the Job-Killing Health Care Law and Health care related provisions in the Health Care and Education Reconciliation Act of 2010.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Texas (Mr. PALAZZO).

Mr. PALAZZO. Mr. Speaker, I rise today to express my strong support for the repeal of this health care monstrosity. It was a bill passed over the objections of most Mississippians, built on constitutional mandates and unprecedented burdens for State governments. In short, this government takeover is poised to destroy the greatest health care system in the world. Don’t take my word for it, but look at how some of the most ardent backers have been quietly working to obtain special waivers so they will not be held to the same standards most small businesses face.

Mr. Speaker, it’s time we give all Americans the same relief the President’s political friends have worked so hard to get—relief from this job-destroying legislation—by voting in favor of this repeal. I am proud that the first speech I have given in this Chamber and the first bill I have co-sponsored in Congress is one to repeal this 2,700-page monstrosity.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the gentlelady from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise to share the story of Patricia Maisch.

Pat, as her friends call her, lives outside Tucson and has been fittingly hailed as one of the heroes during the tragic shooting of our colleague, GABBY GIFFORDS. Pat actually knocked the second gun clip out of the shooter’s hand as he was attempting to reload, very likely saving the lives of more innocent people.

She was in line to talk to her Congresswoman to share that she thought that the title of the repeal bill was disingenuous, and because Pat and her husband own a small business north of Tucson. The spouse of one of their employees has a preexisting condition, and they have been unable to find affordable insurance to cover her. Pat wanted to tell Congresswoman Giffords that the health reform law will help them provide insurance for this employee. She wanted GABBY to stand up to attempts to repeal health care reform. Pat was unable to deliver her message to her representative but asked that I share it with you now.

Heed the words of Pat Maisch. Heed the words of millions of Americans needing health care. Don’t repeal health care reform.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Texas (Mr. FLORES).

Mr. FLORES. Mr. Speaker, back in September of last year, one of the owners of a small Waco, Texas, software company showed me a notice he had just received from his health insurance provider. This notice showed that as a result of the Affordable Care Act, they were being charged $3,600 per month for health care coverage. This notice showed that as a result of the Affordable Care Act, they were being charged $3,600 per month for health care coverage. They do not believe that is fair, and neither do I.

Mr. Speaker, this bill is not about health care. It is about the grandmother in Cranston whose health care coverage, and eliminating the yearly and lifetime caps. These are major steps forward in health care reform. All that goes away if we repeal this health care law that we’ve seen put into effect. Please oppose this Republican bill that’s before us today.

Mr. Speaker, the Affordable Care Act is just beginning to ease costs and increase access to care for thousands of Rhode Islanders. Almost 10,000 seniors have already received a $250 rebate for prescription drugs to cover their Medicare Part D “donut hole.” That’s one small but important step toward making prescription drugs affordable. Over 3,500 young adults now have access to their parents’ health plans, giving them peace of mind knowing that they can remain covered until age 26. Additionally, over 18,000 small businesses in Rhode Island have already received information from the IRS on the tax credit to help provide coverage to employees.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Texas (Mr. PALAZZO).

Mr. PALAZZO. Mr. Speaker, I rise today to express my strong support for the repeal of this health care monstrosity. It was a bill passed over the objections of most Mississippians, built on constitutional mandates and unprecedented burdens for State governments. In short, this government takeover is poised to destroy the greatest health care system in the world. Don’t take my word for it, but look at how some of the most ardent backers have been quietly working to obtain special waivers so they will not be held to the same standards most small businesses face.

Mr. Speaker, it’s time we give all Americans the same relief the President’s political friends have worked so hard to get—relief from this job-destroying legislation—by voting in favor of this repeal. I am proud that the first speech I have given in this Chamber and the first bill I have co-sponsored in Congress is one to repeal this 2,700-page monstrosity.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the gentlelady from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise to share the story of Patricia Maisch.

Pat, as her friends call her, lives outside Tucson and has been fittingly hailed as one of the heroes during the tragic shooting of our colleague, GABBY GIFFORDS. Pat actually knocked the second gun clip out of the shooter’s hand as he was attempting to reload, very likely saving the lives of more innocent people.

She was in line to talk to her Congresswoman to share that she thought that the title of the repeal bill was disingenuous, and because Pat and her husband own a small business north of Tucson. The spouse of one of their employees has a preexisting condition, and they have been unable to find affordable insurance to cover her. Pat wanted to tell Congresswoman GIFFORDS that the health reform law will help them provide insurance for this employee. She wanted GABBY to stand up to attempts to repeal health care reform. Pat was unable to deliver her message to her representative but asked that I share it with you now.

Heed the words of Pat Maisch. Heed the words of millions of Americans needing health care. Don’t repeal health care reform.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Texas (Mr. FLORES).

Mr. FLORES. Mr. Speaker, back in September of last year, one of the owners of a small Waco, Texas, software company showed me a notice he had just received from his health insurance provider. This notice showed that as a result of the Affordable Care Act, they were being...
result of ObamaCare he was faced with a 30 percent increase in his health insurance premiums. Now he has to deal with the harsh reality of cutting the size of his workforce to deal with this increase, or worse, to cancel coverage altogether.

What is even more disturbing is that this is just the beginning of what is to come under ObamaCare. All across our Nation this cost-increasing, job-killing, tax-hiking bill is inflicting irreversible damage on American employers and employees. Rather than learn from this in the outcome of the midterm elections, Democrats choose to oppose and dismiss Republican efforts to repeal ObamaCare and to replace it with something better. There are solutions and clear alternatives to improving our health care system, and the first step is to repeal ObamaCare.

Mr. LEVIN. I yield for the purpose of making an unanimous consent request to the gentleman from New York (Mr. ACKERMAN).

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

Mr. ACKERMAN. I rise in strong opposition to repealing the Patients' Bill of Rights.

Today, the House will vote to take away new health-care freedoms from my constituents and give that power right back to the big health-insurance companies. Repeal of the health-insurance companies right back into the driver's seat of rationing health-care decisions for the rest of us. Repeal means they get to decide who is denied health coverage because of a pre-existing condition in my district; which young adults in my district can and cannot remain on their parents' plans; and which constituents who are sick in my district would have their plans rescinded just because they got sick in the first place. And the list of lost health-care freedoms goes on and on and on.

Mr. Speaker, what specifically does repealing the health-care law mean for the 5th congressional district of New York? Repeal would mean as many as 311,000 people could be denied health coverage, including up to 37,000 children, because of a pre-existing condition. Repeal would mean that 2,400 young adults up to age 26 in my district would no longer be able to choose to stay on their parents' plans until they get that first job with health insurance. And repeal would mean that 335,000 constituents in my district would lose the most vital consumer freedoms, such as protection from unreasonable policy rescissions and the prohibition of annual and lifetime spending limits.

Already, my constituents and millions of others across the country are benefiting from the new health care law. Seniors in the Medicare prescription-drug "donut hole" received a $250 payment last year and are scheduled to receive a 50 percent discount on their drugs this year; children are now no longer being denied health coverage because of pre-existing conditions, repeal and they will be denied again; and young adults can now be able to keep coverage through their parents' plans. Turning back the clock, to repeal the new law, as if it never happened is not only harmful, but costly: according to the independent and non-par-

Mr. CAMP. I yield 1 minute to the distinguished gentleman from Mississippi (Mr. NUNNELEE). Mr. NUNNELEE. I thank the gentleman for yielding.

As a former Member of the Appropriations Committee in the Mississippi Senate, I was responsible for balancing our State's budget. The Affordable Care Act will push added costs to already strapped States and will ultimately require tax increases at the State level.

The overall cost to implement health reform in Mississippi is $1.7 billion over 10 years. From fiscal years 2014 to 2020, this dramatic increase in enrollment will cost our taxpayers an extra $225 million to $250 million a year. Approximately 400,000 new individuals will be added to our Medicaid rolls because of the expansion, meaning one in three Mississippians will be on Medicaid.

More money devoted to Medicaid means less funding for other necessary State services and added financial burden on our taxpayers in Mississippi, as well as the rest of the taxpayers of this Nation that will further stifle job creation.

So because of that, I will proudly vote to repeal this law.

Mr. LEVIN. I regret this bill is being brought up today, but there are at least two silver linings.

Number one, this bill will not become law. Health care reform remains the law of this land. And, secondly, and most importantly, it gives us Democrats a further chance to talk sense with the American people.

We on this side are on the offensive on this issue. We are going everywhere. We are an American truth squad. There will be a vote today on this bill. It may well pass. It will not prevail.

MORE THAN 200 ORGANIZATIONS OPPOSED TO H.R. 2, PATIENTS' RIGHTS REPEAL ACT

AARP
APL-CIO
AFSCME
AIDS United
Alliance For A Just Society
Alliance for Children and Families
Alliance for Retired Americans
American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Psychosocial Rehabilitation
American Association of Pastoral Counselors
American Association of University Women (AAUW)
American Association of University Women (AAUW)
American Cancer Society Cancer Action Network
American Counseling Association
American Dance Therapy Association
American Diabetes Association
American Federation of Teachers
American Foundation for Suicide Prevention/SPAN USA
American Group Psychotherapy Association
American Heart Association
American Lung Association
American Mental Health Counselors Association
American Muslim Health Professionals
American Nurses Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association
American Public Health Association
American Small Business League
Anxiety Disorders Association of America
Asian & Pacific Islander American Health Forum
Association for Ambulatory Behavioral Health Care
Association for Community Affiliated Plans
Association for the Advancement of Psychology
Association of University Centers on Disabilities
Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
Beauticians Association
California Primary Care Association
California Rural Indian Health Board
Campaign for Tobacco-Free Kids
Campus Progress
Catholic Health Association
Catholics United
Center for American Progress Action Fund
Center for Clinical Social Work
Center for Community Change
Center for Integrated Behavioral Health Policy
Center for Medicare Advocacy
Center for Reproductive Rights
Center on Budget and Policy Priorities
Centers for Community Change
CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder, Inc.)
Child Welfare League of America
Childbirth Connection
Children’s Defense Fund
Children’s Dental Health Project
Children’s Health Fund
Clinical Social Work Association
Clinical Center for Mental Health Law
Coalition for Human Needs
CommonHealth ACTION
Community Workers of America
Community Action Partnership
Community Catalyst
Community Organizations in Action
Consumer Action
Consumers Union
Corporation for Supportive Housing
Cystic Fibrosis Foundation
Depression and Bipolar Support Alliance
Direct Care Alliance
Disability Rights Wisconsin
Doctors for America
Easter Seals
Eating Disorders Coalition for Research, Policy & Action
Every Child Matters Education Fund
Faith in Public Life
Faithful America
Faithful Reform in Health Care
Families USA
Health Care for America Now
Heronid Alliance
HIV Health and Human Services Planning Council of New York (Planning Council)
Japanese American Citizens League
Jewish Women International
Labor Council for Latin American Advancement
Leadership Council on Aging Organizations
League of Women Voters of the U.S.
LiveStrong
Main Street Alliance
Maryland Women’s Coalition for Health Care Reform
Mautner Project: The National Lesbian Health Organization
Medicare Rights Center
Mental Health America
MomRising
Montana Women Vote
NAACP
NAADAC, the Association for Addiction Professionals
NARAL Pro-Choice America
National Alliance on Mental Illness
National Asian Pacific American Women’s Forum
National Association for Children’s Behavioral Health
National Association for Rural Mental Health
National Association of Anorexia Nervosa and Associated Disorders—ANAD
National Association of Area Agencies on Aging (n4a)
National Association of Chronic Disease Directors
National Association of Community Health Centers
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Mental Health Planning & Advisory Councils
National Association of Pediatric Nurse Practitioners
National Association of Public Hospitals and Health Systems
National Association of Social Workers
National Association of State Mental Health Program Directors
National Black Leadership Commission on AIDS
National Coalition for LGBT Health
National Coalition for Mental Health Recovery
National Coalition on Health Care
National Committee to Preserve Social Security and Medicare
National Consumers League
National Council for Community Behavioral Healthcare
National Council of API Physicians
National Council of Asian Pacific Americans
National Council of Jewish Women
National Council of La Raza
National Council of Urban Indian Health
National Council on Aging
National Council on Problem Gambling
National Disability Rights Network
National Education Association
National Farm Union
National Federation of Families for Children’s Mental Health
National Foundation for Mental Health
National Gay & Lesbian Task Force Action Fund
National Health Law Program
National Hemophilia Foundation
National Hispanic Medical Association
National Indian Health Board
National Institute for Reproductive Health
National Latina Health Network
National Latina Institute for Reproductive Health
National Medical Association
National Minority AIDS Council
National Network of Public Health Institutes
National Organization for Women
National Partnership for Women and Families
National Physicians Alliance
National Puerto Rican Coalition
National Research Center for Women & Families/Cancer Prevention and Treatment Fund
National Senior Citizens Law Center
National Spinal Cord Injury Association
National Viral Hepatitis Roundtable
National WIC Association
National Women’s Health Network
National Women’s Law Center (and 37 others)
NETWORK
Out of Many, One
Paralyzed Veterans of America
Partnership for Prevention
PHI (Paraprofessional Healthcare Institute)
Physicians for Reproductive Choice and Health
PIKC
Planned Parenthood Federation of America
Prevention Institute
Preventive Cardiovascular Nurses Association
Progressive States Action
Raising Women’s Voices for the Health Care We Need
Religious Action Center of Reform Judaism
Religious Coalition for Reproductive Choice
Safe States Alliance
Sargent Shriver National Center on Poverty Law
School Social Work Association of America
SEIU
Small Business Majority
Society for Adolescent Health and Medicine
Summit Health Institute for Research and Education, Inc.
The AIDS Institute
The Arc
The Association for Community Affiliated Plans (ACAP)
The Greenlining Institute
The Ministry of Caring, Inc.
The National Consumer Voice for Quality
Long-Term Care: The Patients’ Union
Therapeutic Communities of America
Third Way
Treatment Access Expansion Project
Trust for America’s Health
U.S. PIRG
U.S. Positive Women’s Network
U.S. Psychiatric Rehabilitation Association
Union for Reform Judaism
United Auto Workers
United Cerebral Palsy
United Methodist Church General Board of Church and Society
United Neighborhood Centers of America
United Spinal Association
United Steel Workers
Universal Health Care Action Network
Universal Health Care Foundation of Connecticut
Vermont Legal Aid—Office of Health Care Ombudsman
Voices for America’s Children
Witness Justice
WomenHeart: The National Coalition for Women with Heart Disease
Young Democrats of America
Young Invincibles
YWCA USA
I yield back the balance of my time. Mr. CAMP. I yield the balance of my time to the distinguished gentleman from Ohio (Mr. JOHNSON).
Mr. JOHNSON of Ohio. I thank the gentleman for yielding.
Mr. Speaker, today we’re debating the repeal of economically damaging legislation that punishes job creators and does nothing to control rising health care costs. We can’t afford the $1.2 trillion price tag on the government takeover of health care while our national debt stands at $14 trillion.
Today, we can right a serious wrong and still achieve the goals we share, like ensuring access to quality, affordable health care for all Americans; real health care reforms that control costs; and ensuring that Americans with pre-existing conditions get the care they need and can afford.

In my district in eastern and south-eastern Ohio, more than 26,000 senior citizens currently enrolled in Medicare Advantage are at risk of losing this program because of the $200 billion in cuts to Medicare required by this job-destroying health care law.

Later today we will vote to repeal the government takeover giving us the opportunity to start over and enact real patient-focused health care reforms.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the gentlewoman from New York (Ms. BUERKLE).

Ms. BUERKLE. Mr. Speaker, I rise in support of H.R. 2 because I believe that the American people deserve a health care reform that will actually reduce costs and improve access without damaging the quality of our health care. Last year’s enacted health care reform was a victory for Big Government and an affront to our Constitution. This law is so fundamentally flawed, it must be repealed.

When our Founders envisioned this legislative process, it was meant to be a deliberative one—thoughtful and respectful. Today, our current system, in particular, the problems arising from government restrictions on hospitals and businesses, and tort liability issues. Unfortunately, this Affordable Care Act does not alleviate these problems and will further damage an overburdened system. According to the Health Care Association of New York State, my home State, we will face a $15 billion reduction in Medicare and Medicaid—affecting our hospitals, our skilled nursing facilities, our home health agencies and hospices over the next 10 years.

We need to implement true health care reform in a manner that preserves patient choice, protects access to health care, and controls costs without hurting job growth.

Mr. CLYBURN. Mr. Speaker, I yield myself 2 minutes to the chair of the Democratic Caucus, the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. I thank the gentleman for yielding.

My colleagues on the other side of the aisle are honorable people. I cannot accept that they are indifferent to millions of Americans with pre-existing conditions who would continue to be denied coverage and forced to pay higher rates with repeal. I cannot accept that they are indifferent to the 129 million Americans with pre-existing conditions who would continue to be denied coverage and forced to pay higher rates with repeal. Addressing these fundamental issues of fairness was what the health care legislation and law is all about.

Because what has been the result, Mr. Speaker? It’s been this: it’s been job loss, it’s been increases on the American people. I have seen everything from 26 percent increases on health insurance to 15 percent increases on health insurance. This will break the bank, and we won’t let that happen to our country.

So make no mistake, Mr. Speaker. Where we are right now is not firm. We will continue this fight until ObamaCare is no longer the law of the land and until we can actually pass reform that will cut the costs of health care.

Mr. CLYBURN. Mr. Speaker, I yield 2 minutes to the chair of the Democratic Caucus, the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. I thank the gentleman for yielding.

Equal protection under the law is the cornerstone of our Constitution. That is why we as Nation strive to form a more perfect Union in a commonsense way of looking out for one another. No one can prepare for a birth defect, catastrophe, or accident of life that may happen to any one of us. This Congress cannot disenfranchise the 129 million Americans with preexisting conditions impacted by this repeal proposal. The proposal that is before us is not worthy of the party of Lincoln or the tea party. Repeal, repeal, repeal is not a plan. It is an empty political refrain.

Mrs. NOEM. I thank the gentleman for yielding.

I yield 1½ minutes to the gentlelady from South Dakota (Mrs. NOEM).

Mrs. NOEM. I thank the gentleman for yielding.

Mr. Speaker, in 1966 Dr. Martin Luther King, Jr., whose life and legacy we just finished celebrating, expressed his concerns about health care. He stated, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Those words were brought home to me last year when a constituent from Florence, South Carolina, told me that she had just been informed by her insurance carrier that because of her 8-year-old daughter’s cancer treatments, her family had reached their lifetime benefits limit.

What could be more inhumane than repealing this law’s patients’ rights and telling that mother that the life-saving treatments for her daughter must end?

Mr. Speaker, I rise today for the first time on the floor of the United States House of Representatives to make a case for a very important piece of legislation, namely H.R. 2, the health care repeal bill.
Mr. Speaker, there are a multitude of reasons why this law should be repealed, but the most important is because it is a major impediment to job creation for small businesses and job creators in South Dakota and across the country. According to one study, an economic analysis alone could lead to the elimination of 1.6 million jobs between 2009 and 2014, with 66 percent of those coming from small businesses.

Mr. Speaker, one of the most important jobs and job-creation measures that repeal will bring is to get the government off our backs, and protect American jobs. What I heard time and time again on the campaign trail last year from South Dakota’s small business owners is that they are simply waiting. They are waiting to hire another worker or to invest in new technology because of the looming threat of this health care law.

Whether it’s a foundry owner in northeastern South Dakota or a motorcycle parts manufacturer in central South Dakota, the refrain is the same: get the government off our backs, and we’ll be the small business job-creation engine that this country so desperately needs right now.

Mr. Speaker, I urge my colleagues to listen to the citizens of this great country on this important issue.

Mr. CANTOR. Mr. Speaker, I am proud to yield 2 minutes to the gentlelady from Connecticut (Ms. DELAUR), the chair of our policy committee.

Ms. DELAUR. Mr. Speaker, I am delighted to find that the President has finally found common ground with the conservatives. The President wrote in The Wall Street Journal yesterday that he issued an executive order calling for all agencies to identify job-killing and costly red tape that could be eliminated. We should help him resolve this by eliminating thousands of new regulations that will be dumped on individuals and businesses over the next 4 years by the bad health care law.

The Federal Register contains 6,123 pages of requirements for the new health care rules created by this law.

Mr. CARTER. Mr. Speaker, I am delighted to yield to the gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY of California. Let me ask for an opening 2 minutes to the balance of my time. Let’s repeal it today, reduce the deficit, and lower taxes.

Mr. CANTOR. Mr. Speaker, it is now my pleasure to yield 2 minutes to the majority whip, the gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY. Mr. Speaker, one of the most important issues we face today is the repeal of the Affordable Care Act. I am honored to be joined by my friend from South Dakota (Mr. CANTOR), who is very passionate about this issue.

Mr. CANTOR. Mr. Speaker, when it comes to the health of my mother, I don’t want this President, or any President, or his bureaucrats or commissions making decisions for my loved ones. Let’s repeal it today, reduce the deficit, and lower taxes.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the secretary of the Republican Conference, the gentleman from Texas (Mr. CARTER).

Mr. CARTER. Mr. Speaker, I am delighted to find that the President has finally found common ground with the conservatives. The President wrote in The Wall Street Journal yesterday that he issued an executive order calling for all agencies to identify job-killing and costly red tape that could be eliminated. We should help him resolve this by eliminating thousands of new regulations that will be dumped on individuals and businesses over the next 4 years by the bad health care law.

The Federal Register contains 6,123 pages of requirements for the new health care rules created by this law.

The Center for Health Transformation lists 159 new Federal agencies created by this law.

We can replace this bad bill with bipartisan reforms that can let the people both keep their job and their health insurance.

Mr. Speaker, let’s support the President’s initiative and reduce bad regulations by repealing this bad law.

Mr. CANTOR. Mr. Speaker, I yield 2 minutes to the chairman of the Republican Conference, the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, let me offer 1.6 million reasons why we should repeal ObamaCare. That’s the number of jobs that will be lost from just one provision, the employer mandate, according to the NFIB, the largest small business organization in America. The half a trillion dollars in new taxes, the 1099 form, the minimum benefit standard, all job-crushing regulations. Mr. Speaker, when it comes to Obamacare you cannot help the job seeker by punishing the job creator.

Let me offer 2.6 trillion more reasons that we must repeal ObamaCare. That is the true cost of this legislation: $700 billion more added to the deficit.

Now, I know my friends on the other side of the aisle will contend something else, but somehow in their accounting they left out the $115 billion it costs to implement. They double-counted almost half a trillion dollars in taxes, Social Security, cutting Medicare by half a billion, the sleight of hand of 10 years of taxes, 6 years of spending. Mr. Speaker, you cannot implement health care of a nation by impoverishing its children.

Here is one more reason, Mr. Speaker. The American people don’t want it. It’s personal.

Here is my story. Two days ago I was in San Antonio, Texas. My mother had a large tumor removed from her head. They wheeled her away at 7:30 in the morning. By noon, I was talking to her, along with the rest of our family. It proved benign. The prayers and good doctors at the Methodist Hospital in San Antonio, my mother is fine. I am not sure that would be the outcome in Canada, the UK, anywhere in Europe.

No disrespect to the President, but when it comes to the health of my mother, I don’t want this President, or any President, or his bureaucrats or commissions making decisions for my loved ones. Let’s repeal it today, reduce the deficit, and lower taxes.

Mr. CANTOR. Mr. Speaker, it is now my pleasure to yield 2 minutes to the majority whip, the gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY of California. Let me thank the gentleman for yielding.

First of all, let me say I respect my friends on the other side of the aisle. I do believe, all of us, want to improve America’s health care system. Congressional Republicans and Democrats don’t differ on that goal.

Where we differ, and differ quite drastically, is on how we get there. And the American people’s opinion on health care reform radically differs from that, Mr. Speaker, of President Obama and the congressional Democrats.

Americans understand that our health care system, warts and all, is still the very best in the world. We have the best doctors, nurses, hospitals, and health innovators in the world.

We should be working together to improve the system rather than turning it over to thousands of health care bureaucrats who believe they can make better choices than patients and doctors.

The debate today is a little different than the debate that I remember when this bill was passed. Mr. Speaker. Members are not held over for a weekend vote. There are not protesters outside rallying, wanting, Mr. Speaker, to have the job they have been hired. Today is an open, cordial discussion.

That’s what the American people asked for, a health care system that
works, that doesn’t deter, a health care system devised by the patient and doctor.

Mr. Speaker, our families deserve better, our small businesses deserve better, and to all my colleagues, America deserves better.

Let’s repeal this health care bill, start to replace it with an open and honest debate, where the American people are involved, patients are involved, doctors are involved, and the American people can have a health care bill that lowers the cost without destroying jobs and a health care system that keeps the innovation we know so well.

Mr. CLYBURN. Mr. Speaker, I yield 2 minutes to the vice chair of the Democratic Caucus, the gentleman from California (Mr. BECERRA).

Mr. BECERRA. I thank the gentleman for yielding.

Listening to this debate, I can understand employees might be confused about the direction of health care in this Nation. But let me thank my Republican colleagues for producing at least one important result by debating this misguided Republican plan to repeal patients’ health care rights.

Catastrophes are now beginning to understand the valuable rights and freedoms they secured when the Affordable Health Care Act became law last year. Last year, when Eric, a self-employed architect in my district, wrote to me that he and his wife were in a terrible bind, he explained something. They had insurance, but they could only secure the most costly of insurance with the highest deductibles. But the real bind wasn’t that. The real bind was that their insurance company refused to include, within their health insurance policy, their 8-year-old son because their 8-year-old son had suffered from a stroke.

Now, for Eric and his wife and his son, the Affordable Care Act was real. Today, Eric and his family can get insurance for their son because today Eric and his wife have a right to be insured and to have their son insured because no insurance company today can discriminate against any child for a preexisting condition.

That’s what health care reform was all about. It was also about making sure that today America’s businesses could afford to offer health insurance to their employees.

Health insurance reform was about reducing the cost of health care, and that’s why the impartial referee that we use here in Congress, the Congressional Budget Office, has said that this health reform that was passed last year will save us $1.5 trillion, despite all the rhetoric that you hear.

My Republican friends say repeal these health care rights and protections that were extended last year. Do that today, and in the future we will restore those rights and make them prettier as well.

Well, we have a bird in the hand. We don’t want to go after two in the bush.

For 12 years, they had control of the Congress. For 6 years, they had a Republican President to work with. They never once did it.

Let’s keep that bird in the hand and move forward for the rest of America.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the gentleman from South Carolina (Mr. SCOTT).

Mr. SCOTT of South Carolina. Mr. Speaker, this health care bill is a job-destroying bill.

Shifting who pays simply does not reduce the cost of health insurance. As a matter of fact, when you look at it, the CMS says over the next 10 years we will see an increase of $311 billion in the cost of health care. This is $2.3 trillion of new taxes on Americans.

The deficit: Over the first decade, over $500 billion of new deficit spending; $1.5 trillion in the second decade.

Massive bureaucratic: 68 new programs, 47 new bureaucratic entities, and 29 pilot programs as a part of this bill.

It destroys the relationship, the intimate relationship between a patient and a physician.

The NPIB, the National Federation of Independent Business, says that over the next 10 years we will lose 1.6 million jobs in America because of this bill. By destroying the bill that destroys jobs, we’ve made progress.

Finally, we already have a $76 trillion hole in unfunded entitlements. By increasing the number of entitlements, we’ve simply increased the hole, another $2.7 trillion expansion in entitlement spending. The 10 years’ revenue simply does not pay for the 6 years of benefits.

Mr. CLYBURN. Mr. Speaker, I yield 2 minutes to the chair of the Democratic Congressional Campaign Committee, Mr. STEVE ISRAEL of New York.

Mr. ISRAEL. I thank my friend.

Mr. Speaker, I rise to oppose this bill. This vote establishes who you are for. Are you for insurance company profits, or are you for the middle class? I’m for Hannah Watson of Bay Shore, Long Island. Hannah was born with spina bifida. She had multiple surgeries and a kidney transplant before the age of 12. At 12 years old, 3 months after her last surgery, her insurance company told her that she had reached her annual cap and they would not pay for additional treatment. Thanks to the Affordable Care Act, Hannah was able to finally get on her parents’ insurance at an affordable rate with no lifetime caps.

This health care act was for Hannah Watson. Well, I hear people saying, do you know what? I don’t have spina bifida. Why should I care? Well, Hannah did not choose to have spina bifida. Nobody makes that choice. The health care act helped Hannah. It helped her neighbors, too. Why would you want to look at Hannah and say, We are repealing those protections, Hannah?

I’m for Catherine Marquardt of North Babylon. Catherine had breast cancer; and as she was recovering from breast cancer, her insurance company told her that it was a preexisting condition and they would no longer pay for her treatment. Now, I hear people say, why would you want to repeal, Catherine? I don’t have breast cancer. One out of every nine women in America has breast cancer. You know somebody who has breast cancer. Why would you want to say to them, That is repealed, that consumer protection is repealed, you are on your own?

And finally, Mr. Speaker, I understand the notion that this is not a perfect bill and there are things that we can improve. My friends on the Republican side are in the majority; and if they can think of ways to improve it, I believe we should work with them. But this is not improving it. This is repealing it. This is repealing every word of it. This is repealing every vowel of it.

Mr. CANTOR. Mr. Speaker, I now yield 1½ minutes to the gentleman from Texas (Mr. Sessions).

Mr. SESSIONS. I want to thank the majority leader, the gentleman, Mr. CANTOR.

Mr. Speaker, I believe that the Democrats’ health care law will do for health care what the stimulus did for jobs. My colleagues on the other side of the aisle promised the American people greater access to quality affordable health care. Well, the only problem is that the law does not increase quality and does not save Americans one dime on their health care cost. In fact, what we have is doomsday spending costing every single American more in health care premiums and in taxes to pay for the $1.2 trillion gross expansion of the Federal Government.

Mr. Speaker, the Democrats’ health care law is about taxes, it’s about mandates, it’s cuts to Medicare, job losses, deficit spending, and new Federal bureaucracies. The reality is that we cannot pay for the health care entitlements we have, much less a new government takeover of health care that adds billions of dollars of new liabilities, driving up costs even further and puts the Federal Government in charge of health care decision-making.

The path to greater choice for patients and lower costs all must be a part of an answer that is about repealing this costly health care bill. I support the repeal today and will vote tomorrow for the resolution to replace it with the promise of real solutions.

Mr. CLYBURN. Mr. Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore. The gentleman from South Carolina has 4½
minutes remaining. The majority leader has 2½ minutes remaining.

Mr. CLYBURN. Mr. Speaker, I yield the balance of my time to the Democratic whip, Mr. HOYER from Maryland.

Mr. HOYER. I thank the gentleman for yielding.

Last year, we acted to reform health care in America to make it easier for small businesses to cover their employees, to take important steps to bring down costs, and to stop insurance companies from using bankruptcy to go bankrupt because of unexpected medical expenses.” Those were the stories we had in mind last year when we passed the health reform law—and today, as we fight to protect it.

Nonpartisan observers tell us it will reduce the rise in premiums for millions, cover 95 percent of Americans, and contribute to reducing our deficit. The opponents of health care reform have spent more than a year painting it in apocalyptic terms, but they can’t erase the history that proves that our country has long been the goal of both parties.

Just yesterday, former Senate Majority Leader Bill Frist, a Republican, said that the Affordable Care Act “is the law of the land, the fundamental platform upon which all future efforts to attack our debt will be focused.” That was Senator Republican leader of the Senate, Bill Frist from Tennessee, one of the great medical practitioners in this country, a doctor.

In 2008, Senator JOHN MCCAIN said this: “We should have available and affordable health care to every American citizen.”

There has been no alternative offered to accomplish that objective. And in 2006, when signing a State bill remarkably similar to the Affordable Care Act, Governor Mitt Romney, Republican, a leading candidate for President of the United States in the Republican Party, said this of that bill, almost exactly like this one: “An achievement like this comes around once in a generation.”

While our Republican colleagues in Congress failed to take action on health care during a decade of doubling premiums and mounting debt, Congress acted last year.

Now my Republican friends have come to the floor with a plan to put insurance companies back in charge of American health care and to strip Americans of their hard-won freedom to make health choices for themselves. Once again, families would face insurance company unfair caps on their coverage—or find their coverage canceled altogether. Once again, insurance companies could discriminate against children with disabilities and pregnant women. Once again, prescription drug costs for our seniors will go up. And once again, small businesses will be without any help to cover their employees in a world of skyrocketing premiums.

There’s no arguing with the facts: repeal would cost our economy as many as 400,000 jobs per year, notwithstanding the rhetoric on the other side. They would be lost under the burden of crushing health care costs, and repeal would pile up over $1.2 trillion of additional debt for our children over the next two decades.

I urge my colleagues, preserve Americans’ freedoms to control their own care. Join together to protect a system that meets the objectives set by generations of American Presidents: Truman, Kennedy, Johnson, Nixon, Ford, Carter, George H.W. Bush, Clinton and George W. Bush, as well as President Obama.

Oppose this repeal bill.

The SPEAKER pro tempore. All time of the gentleman from South Carolina has expired.

Mr. CANTOR. I yield myself the remaining time.

Mr. Speaker, America did not become a great country because we continue to strive toward the protection and expansion of individual liberties in a way that people cannot find anywhere else in the world. Our system of free enterprise inspires people to pursue opportunity, to take responsibility for their lives, and to achieve success. Yet for the past 2 years, Congress and the administration have pushed an agenda that moves America in the opposite direction by eroding individual freedoms.

It is part of a philosophy premised upon government siphoning more money, control, and power out of the private sector. And the health care bill we seek to repeal today is the tip of the spear.

Mr. Speaker, let’s make something clear: Both parties care deeply about health care. Likewise, Republicans have rejected the status quo. We simply disagree with our counterparts on the other side of the aisle that excessive government regulation and sweeping mandates on individuals and businesses are the right way to go about effecting the reforms that Americans want.

The construct of this bill is fundamentally unworkable. Instead of preserving the doctor-patient relationship, this legislation we seek to repeal is rooted in having Federal bureaucrats come between patients and their doctors, limiting choices.

If you go back to the health care debate last Congress, the President, then-Senator FLORES, and then-Representative RANDELL often spoke of two goals: one, we should strive to lower costs; and, two, if Americans liked the health insurance coverage they had, they should be able to keep it. Mr. Speaker, we believe in the aftermath of this bill’s passage these goals have not and cannot be met. Therefore, doesn’t it stand to reason that we must repeal this bill and begin an honest debate about a better way?

Of all the most disingenuous myths in this town, perhaps the biggest is the notion that repealing the health care bill will increase the deficit. Let’s remember here, we are adding an open-ended entitlement program, and relying on budget gimmicks that double-count savings, offset 6 years of benefits with 10 years of tax increases, and rely on cuts to Medicare and tax increases to fund a new entitlement.

The nonpartisan Congressional Budget Office works hard to provide accurate accounting; but it is only able to score the legislation put in front of them, even if it includes budget gimmicks and fiscal shell games designed to hide its true cost. The reality is this trillion-dollar new government entitlement will lead to a one-size-fits-all cure and put our country and our States on a path to bankruptcy. At a time when we need to do everything in our power to encourage job creation, the health care bill hangs around the necks of businesses and serves as a barrier to job creation.

Mr. Speaker, if we want to deliver real results, the right way to go about health care reform is to lower costs and improve access. That is why, after the House passes this repeal of ObamaCare, we will begin a two-step process of: first, conducting oversight of the law and the health care law and its true costs; the reality is this trillion-dollar new government entitlement will lead to a one-size-fits-all cure and put our country and our States on a path to bankruptcy. At a time when we need to do everything in our power to encourage job creation, the health care bill hangs around the necks of businesses and serves as a barrier to job creation.

Mr. Speaker, we can do better, we will do better, and I urge my colleagues to support this bill.

Mr. SMITH of New Jersey. Mr. Speaker, I respectfully ask that my colleagues listen to the American people and vote for H.R. 2, legislation to repeal Obamacare and, in essence, open the door to the passage of replacement legislation that offers needed, meaningful and bipartisan health care reform.

Considered in its entirety, Obamacare is a crippling blow to both health care in America
and our economy. Not only will Obamacare over time erode and undermine the quality of health care in America, it will to a progressively greater extent increase the deficit, drag down the economy, hurt businesses, and destroy jobs.

The near total lack of transparency and misuse of power last year by the then-majority in forcing through Obamacare’s passage, makes it the quintessential example of how a bad bill can become law. The American people are rightfully angry, and we in Congress had better listen to them and repeal Obamacare, which would create nearly 160 boards, commissions and programs and would vest sweeping powers on bureaucrats to determine what benefits are covered and not and at what cost, is so fundamentally flawed that it needs to be repealed and replaced.

The American people want and I support meaningful and sensible health care reform, but it shouldn’t be paid for by giving the government control of our health care system, with new unconstitutional mandates, massive tax hikes, and $2.6 trillion in new government spending.

Rest assured that if Obamacare were sound and prudent policy—fiscally and morally—and an efficacious way of facilitating quality health care coverage, the American people, as well as Members of Congress from both sides of the aisle and a majority of the ideological spectrum, would be strongly supporting it. If it were a good law, honest explanations, not subterfuge and granting of special favors and treatments, would convince a large majority of the American public to embrace it.

Government should not be about strong arming through a policy or law and then using every trick, gimmick, and unholy alliance to defend that law or policy at any cost. What were missing in passing and promoting Obamacare and are the foremost conditions that must be employed moving forward are honesty and transparency.

The selling of Obamacare has been replete with misleading figures on costs and savings. While claims are made that the health care law will cost $940 billion over ten years and reduce the deficit by $1.43 trillion over the same period, those figures can be readily demonstrated to be unrealistic. In actuality, best estimates are that the new law will cost taxpayers $2.6 trillion over ten years when fully implemented and will add $701 billion to the deficit in its first ten years.

Why the gross discrepancies? For one, the drafters of the law took full advantage of the fact that the Congressional Budget Office, CBO, evaluates legislation over a ten year window. Significant benefits of the law don’t take effect for more than a decade. Meaning, that the law requires ten years of tax increases and ten years of Medicare cuts to pay for six years of spending. When all provisions of the law are fully implemented, the ten year cost rise to $2.6 trillion.

Additionally, a $143 billion savings turns into a $701 billion deficit when adjustments are made for budget gimmicks: $53 billion in claimed savings by increasing social security payroll taxes that are already spoken for by social security beneficiaries; $70 billion in claimed savings from the new Community Service and Support (CLASS) program are the result of benefits not being paid out for five years—while eventually benefits will exceed premiums collected—even Democratic Senator KENT CONRAD called the CLASS program a ponzi scheme of the first order; $398 billion in claimed savings from the Medicare Hospital Insurance Trust Fund are double-counted to pay Medicare benefits and to be used for other programs; $115 billion in new government spending needed to implement the law and not counted; and not $208 billion for the fix to avoid pending Medicare payments reductions to physicians were not counted.

CBO warns that the current trajectory of federal borrowing could lead to slower economic growth in the long run as debt rises as a percentage of GDP. The federal debt is currently over $14 trillion. The total federal deficit rose from $455 billion in FY2008 to $1,413 billion in FY2009, and is estimated to be $1,342 billion for FY2010. A realistic assessment is that Obamacare will exacerbate our nation’s debt.

At a time when unemployment is at record highs (currently 9.4 percent nationally and 9.2 percent in New Jersey), Obamacare will cause significant job losses for the U.S. economy. The Heritage Foundation Business Index, published by the New Business Institute (NBI) found that the mandate for employers to provide health insurance could lead to the elimination of 1.6 million jobs through 2014, with 66 percent of those jobs coming from small businesses. Two-thirds of new U.S. jobs over the next decade and so much more should convince that if even President Obama has called small businesses the ‘backbone of our Nation’s economy.’ However, Obamacare hurts small businesses with mandates, new taxes, onerous paperwork burdens, and higher health care costs.

Rather than reducing the costs of health care, Obamacare will increase total health care spending by $311 billion over the next ten years over what it would have been absent Obamacare, according to Medicare's chief actuary.

Obamacare requires employers with 50 or more employees to provide government-approved health care, and to pay a $2000 penalty per employee (after the first 30 employees) if they do not provide coverage. Perverse is that small business tax credit in the law, with the purpose of aiding small businesses, actually will act as a disincentive to small business owners who otherwise might increase wages and hire additional workers. The small business tax credit is only temporary, and, additionally, it starts to phase out for companies that pay their employees more than $25,000 or employ more than 25 workers. Many business owners, particularly in high cost states, would get no benefit. CBO estimated that only 12 percent of small business would qualify under the law.

The law also has an onerous requirement for businesses to file a report with the IRS for every vendor with which it has more than $600 in transactions in a year. This will be an enormous paperwork burden on all businesses, but may be particularly troublesome for small businesses to comply.

Mr. Speaker, for the first time ever, Obamacare forces Americans to acquire an approved health plan or pay a stiff penalty—like they committed a crime. The penalty is significantly greater than the annual $750 per person per year (up to $2,500 per family) or 2 percent of household income. No person in America should be coerced into buying medical insurance. Just this week, a motion was filed to add six additional states to the lawsuit, which is challenging the healthcare reform law as unconstitutional because of the law’s individual mandate requiring the purchase of health insurance. Twenty-six states are now part of that lawsuit. Virginia had filed a separate lawsuit on similar grounds, and last month received favorable rulings, and $208 billion for the fix to avoid pending Medicare payments reductions to physicians were not counted.

Under Obamacare, premiums for non-group family insurance will increase by as much as $2,100 per year. The CBO estimated that by 2016, premiums will increase by 10–13 percent over what would happen under current law. Obamacare, which directs reductions of more than $160 billion from Medicare, will take away certain benefits from senior citizens and disabled persons. Medicare Advantage is used by over 11 million people nationwide including 15,983 people in my Congressional district alone. Obamacare’s $206 billion in cuts to Medicare Advantage plans will result in millions either losing that coverage or being denied the opportunity to enroll in a Medicare Advantage plan. Further limiting patient choice and granting of special favors and treatments, Federal conscience laws that fund abortions, and Federal requirements will force states to cut other programs, such as education, in order to fund a “one-size-fits-all” approach to Medicare.

Additionally, Obamacare fails to institute real medical liability reforms to end junk lawsuits and curb the costs of defensive medicine—these have long been identified as significant forces in driving up health costs. Finally, it is a tragic flaw that, even though President Obama told a joint session of Congress that “no Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place,” his legislation constitutes the largest expansion of abortion since Roe v. Wade itself, and makes a mockery of that pledge.

Repeal of Obamacare will pave the way for implementation of better health care solutions that will lower costs, increase access, and improve quality without destroying jobs or bankrupting our government.

Goals of responsible health care reform should be to provide credible health insurance coverage and access for everyone, strengthen the health care safety net so that no one is left out, and incentivize quality and innovation, as well as health behaviors and prevention. Indisputably, the private health insurance market has to be reformed to put patients first, and eliminate denials of pre-existing conditions and
lifetime caps and promote portability between jobs and geographic areas, including across state lines. Reform should also include revision of the tax code to promote affordability and individual control. Medicare reforms are necessary to make it more efficient and responsive with sustainable payment in mind.

Of course, responsible health care reform will respect basic principles of justice: it will put patients and their doctors in charge of medical decisions, not insurance companies or government bureaucrats. It will also ensure that the lives and health of all persons are respected regardless of stage of development, age or disability.

Mr. KUCINICH. Mr. Speaker, today the House of Representatives is debating whether to take a giant step backward by repealing the Affordable Care Act. If we are not going to debate how to improve the health care bill, we should be working to strengthen our economy.

A good place to help Americans out of a bad economy is to look at the number one cause of bankruptcies in the U.S.: medical bills. Specifically, over 62 percent of all bankruptcies are from medical bills. It is tempting to conclude from that statistic that most of those bills are due to the uninsured not being able to pay their bills. That would be wrong. In 78 percent of those medical bankruptcy cases, the victims had health insurance. That means that almost all of the bankruptcies in the U.S. happen to people who have health insurance.

This is what happens when insurance companies make money by not providing care. Their job is to make someone other than them pay the bills—even if it is you or me, and even if we have insurance. They use their power to pay the bills by selling cheaper insurance policies that do not actually cover us when we get sick.

We must eliminate the predatory for-profit health insurance industry by enacting H.R. 676, Medicare for All. No copayments, no deductibles, no premiums. For the same costs or less than we are paying now.

Mr. VAN HOLLEN. Mr. Speaker, many of us believe we should focus our efforts and energy on measures to help put people back to work and to promote job creation. Unfortunately, the health care reform bill does not do that. It will not pay for itself. It is a trillion dollar empty promise. It is a law that makes it true. It doesn't and they aren't.

Law Act”—as if putting those words in the title bill the "Repealing the Job-Killing Health Care To support their claims. They even named their fight the abusive practices of some insurance companies. Their job is to make someone other than them make money by not providing care. Their job is to make someone other than them purchase more affordable health care, small businesses have been able to hire more employees.

Now the new Republican majority has used a lot of supercharged and inaccurate rhetoric to support their claims. They even named their bill the "Repealing the Job-Killing Health Care Law Act"—as if putting those words in the title and saying them over and over somehow makes it true. It doesn't and they aren't.

Let me be clear—there is only one job that will no longer be available as a result of the health care bill that takes away health insurance, the job of the guy at the insurance company who was told to examine the fine print in your insurance policy—"the kind you can only read with a magnifying glass—and come up with reasons why the insurance company will not pay for the care you need when you need it, even though you had been dutifully paying your premiums all along. The reform bill signed by the president banned those abuses. With that solitary exception, the health insurance reform law will create jobs. More people will be providing more cost effective health care services to ensure that more Americans are healthy and productive at work. And the health reform bill—when it fully kicks-in in 2014—will finally give Americans the freedom to move from job to job without fear of losing their coverage. That means more Americans will be able to pursue their entrepreneurial dreams and start their own businesses without fear of losing their health insurance.

Now, we all recognize that ever rising health insurance premiums are making insurance less affordable for millions of Americans. In 2000 and 2006, health insurance premiums doubled—went up 100 percent—and the profits of the major health insurance companies quadrupled. The insurance industry loved that pattern. What did the Congress do during those years to stop those skyrocketing premiums? Nothing. By contrast, the health reform bill signed by President Obama finally provides the chance to stop those skyrocketing premiums. That's why it's better to fight the insurance industry and why they would like to see it repealed.

Now some critics claim that the continued rise in health insurance premiums this year is proof that the health care bill is not working. But that claim exploits widespread confusion about how the bill works. Anyone who has read the bill—and I do encourage all Members to read the bill—knows that the key insurance market reforms in the bill don't even take effect until the year 2014. That is because the premiums for employer based coverage will go overnight without disruption to the system. But when those reforms are fully implemented in 2014, premiums will no longer accelerate at warp speed.

Those reforms will change the very inefficient system that contributes to rising premiums. As of today, all of us who have health insurance coverage—we pick up the tab for those who don't. We pay higher premiums because of those who pay none, but get their private health care in the mean time. That broken system results in less preventive care and higher premiums. Those premiums will come down in 2014 once everyone takes personal responsibility for purchasing their own coverage and the risks are pooled throughout the population.

Now, when market reforms kick-in fully in 2014, the non-partisan, independent CBO has indicated that individuals and families will be able to pay less for their health care coverage. In their letter to Speaker BOEHNER, CBO projects that premiums for employer based coverage will rise if you repeal the bill. And CBO indicates that the majority of people in the individual market will get fewer benefits and pay more for coverage if you repeal the bill—because you eliminate the tax credits.

The non-partisan Congressional Budget Office—the CBO—has also said something else about the health care bill signed by President Obama. They have calculated that it will reduce our national deficit by over $1.4 trillion over the next twenty years. They put it in perspective. That is the budget math of the health care reform bill. This means that by repealing the bill signed by President Obama, Republicans would add over $1.4 trillion to the deficit, adding to our debt to China and others.

Now, because they don't like the CBO deficit numbers, they have tried to discredit them. But these criticisms are coming from the same people who praised many of the CBO's earlier estimates during the debate on the health care bill. In other words, when they like what the CBO has to say, they endorse their numbers, but when the CBO presents an inconvenient budget truth, they trash the numbers.

CBO is the independent budget referee for the Congress. Just as in football, sometimes
you agree with the referee; sometimes you don’t. But you don’t get to kick the referee off the field and substitute your own call. Yet that is exactly what our Republican colleagues seek to do. Only this is not a sports game; they are playing these games with the federal budget. It is unprecedented and fiscally reckless. It is Environmental Accounting that will lead to budget anxiety and fiscal chaos.

So much for fiscal accountability.

Mr. Speaker, those of us who support the health care reform law know that it is not perfect and certain adjustments should be made as we implement the reforms. In fact, last year this House tried to remove the burdensome 1099 provisions, and the Senate was unable to pass similar legislation.

But making necessary adjustments is one thing. Completely eliminating important patient and consumer protections that are currently benefiting millions of American families would be a historic mistake. The insurance industry would celebrate at the expense of the American people. Let’s put health care providers in charge of health care decisions, not the insurance industry.

We have seen this narrative play out at other times in our history. After the historic passage of Social Security in 1935, its Republican opponents called it “a cruel hoax” and “a fraud on the working man.” After the historic passage of Medicare in 1965, we heard the same distortions.

Mr. Speaker, let us not make the mistake of repealing health care reform. I urge my colleagues to oppose this misguided and mislabeled bill.

Mr. Speaker, this House is a place to have great debates where we can openly air differences of opinion. But we should try in the process to separate differences of opinion from the facts of the case.

Earlier this month, with the passage of the Rules package, there was an effort to provide a whole new approach to accounting when it comes to the budget deficit. In essence, what the rules say is that we are going to exempt the budgetary effects of certain measures, including repealing the Patient Protection and Affordable Care Act. The majority has written into the governing rules of the House a mechanism to disguise the true budget deficit impact of repealing this legislation. And as a result, today the Chairman of the House Budget Committee inserted a statement into the Congressional Record which asserts that H.R. 2, the bill to repeal the Affordable Care Act, will have no budgetary effect at all. In fact, CBO’s preliminary estimate of the bill is that it would increase the deficit by $230 billion over ten years. What the majority is doing is rank theft of the worst kind.

It is the job of the nonpartisan Congressional Budget Office to inform us of the deficit impact of legislation we pass in this House. Sometimes we agree with their estimates, sometimes we disagree. But the whole budget process will collapse in chaos if we decide to write the political budget estimates of individual Members of Congress into these bills and ignore the estimates of the professionals. It is like being at a football game and when the referee makes a call, and you don’t like the call, you throw the referee off of the field and tell that your team gets to make the call instead.

We should all recognize, as Republicans and Democrats, that we will have budget anarchy if we think that we can have Members of Congress in a politically charged environment substitute their own judgment for that of CBO. With this action, the majority is committing budget malpractice. It is a sure-fire way to run up the red ink in this country over a period of time.

**HOUSE OF REPRESENTATIVES.**

**COMMITTEE ON THE BUDGET.**

**WASHINGTON, DC, January 19, 2011.**

**Budgetary Effects of H.R. 2.**

Mr. Speaker: Pursuant to Public Law 111–139, I hereby submit prior to the vote on passage, the attached estimate of the budgetary effects of H.R. 2, “Repealing the Job-Killing Health Care Law Act,” for printing in the Congressional Record.

**REP. PAUL RYAN,**

**Chairman,**


<table>
<thead>
<tr>
<th>Year</th>
<th>Net Increase or Decrease (in the On-Budget Deficit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2021</td>
<td>+230 Billion</td>
</tr>
</tbody>
</table>

**Additional Adjustments Pursuant to Sec. 4(e)(6) of P.L. 111–139 (Community Living Assistance Services and Supports Act).**

<table>
<thead>
<tr>
<th>Year</th>
<th>Net Increase or Decrease (in the On-Budget Deficit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2021</td>
<td>-230 Billion</td>
</tr>
</tbody>
</table>

**Adjustments Pursuant to H. Res. 5, 112th Congress.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Net Increase or Decrease (in the On-Budget Deficit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2021</td>
<td>0 Billion</td>
</tr>
</tbody>
</table>

Statutory Pay-As-You-Go Impact:

<table>
<thead>
<tr>
<th>Year</th>
<th>Net Increase or Decrease (in the On-Budget Deficit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2021</td>
<td>+230 Billion</td>
</tr>
</tbody>
</table>

Source: House Budget Committee Estimates.

**Memorandum:**

- As of January 18, 2011 the Congressional Budget Office could not produce a detailed year-by-year estimate of the statutory paygo effects of enactment of the Community Living Assistance Services and Supports Act (CLASS) to be signed into law by the President. The estimate that was provided in a CBO letter dated January 6, 2011 to Speaker of the House, John Boehner:

  - H.R. 139, the Patient Protection & Affordable Care Act was enacted last year. While we need to address shortcomings in our Nation’s health care system, this law is the wrong prescription and this is why I am a co-author of H.R. 2.

Prior to the passage of this new law, the American people were told that if they liked their current health care plan, they could keep it. However, shortly after its passage, the Administration issued regulations finding that nearly half of all workers would lose their current health care plan and be required to sign up for one of the new plans authorized by the ACA, starting in 2014, that the American people cannot be denied coverage, be charged significantly higher premiums, be subjected to an extended waiting period, or have their benefits curtailed by insurance companies.

Mr. Speaker, I rise today in support of the progress we’ve made towards meaningful health care reform, and I stand in strong opposition to the Majority’s efforts to repeal much of this progress and to take away choices that have since gone into effect for millions of Americans.

Our economy’s slow recovery from what’s been the deepest recession in modern history has highlighted the wide and growing gaps in our health care system. We’ve seen too many families who’ve lost their insurance coverage when a provider in the household becomes unemployed, leaving the whole family unprotected and at risk to fall through those widening cracks—unable to afford COBRA, ineligible for public coverage, and precluded by high and growing premiums or pre-existing conditions from obtaining private insurance.

In California, we’ve been aggressive in moving forward with implementation, and will continue to lead the way in improving our ability to provide access to quality, affordable care, instead of retreating into the broken status quo of the past. We recognize what a vote for repealing the Affordable Care Act means to the uninsured and underinsured: increasing health care costs for millions of Americans, causing many American families to lose coverage, and increasing the national debt by over $1 trillion.

This is a repeal vote that has real implications, and will mean a great deal in the day-to-day lives of the people I have the privilege of representing. If you’re a senior who fell into the “donut hole” of prescription drug coverage and needed help covering that cost, this is a vote to take that assistance away. If you’re a young adult who can benefit from staying on your parents’ insurance while you’re in school, this is a vote to take you off that coverage. If you’ve ever worried about your insurer dropping your coverage unexpectedly if you or someone on your policy gets sick, this is a vote to bring back those worries. If you’re a small-business owner trying to compete with employers while doing right by providing insurance to your employees, this is a vote to make that nearly impossible for you. And, if you’re a taxpayer worried about the national deficit, this is a vote telling you that your Representatives are not serious about our nation’s budget woes.

A report released just this week brought to light the pressing need for the kind of protections the Affordable Care Act brings about. According to the report, an analysis by HHS, 50 to 60 million Americans under the age of 65 have some type of pre-existing health condition. And one in five of those—25 million individuals—is uninsured. As the number of uninsured who are denied coverage has grown considerably over the last few years, thanks to the ACA, starting in 2014, the American people cannot be denied coverage, be charged significantly higher premiums, be subjected to an extended waiting period, or have their benefits curtailed by insurance companies.

Mr. Speaker, I urge my colleagues to vote no on this bill.

**Mr. POSEY.** Mr. Speaker, I rise to express my support for the bill before us, H.R. 2, which would repeal the health care reform law that was enacted last year. While we need to address shortcomings in our Nation’s health care system, this law is the wrong prescription and this is why I am a co-author of it.

Prior to the passage of this new law, the American people were told that if they liked their current health care plan, they could keep it. However, shortly after its passage, the Administration issued regulations finding that nearly half of all workers would lose their current health care plan and be required to sign up for one of the new plans authorized by the government.

It’s a system that mandates that every American buy government approved health insurance or pay a fine, which a Virginia Court ruled recently as unconstitutional. The approach outlined by the new health care law limits choices and phases-out other options to health coverage such as health savings accounts, which are enjoyed by some 8 million Americans.

The American people were told that passage of this legislation would lower health insurance premiums by $2,500 for the average family. However, health insurance premiums have continued to rise, and studies indicate that the new health care law is contributing to these increases. This bill also fails to guarantee that Federal tax dollars will not be used to pay for elective abortions.

The American people who were told this new health care law would stimulate job growth have created more uncertainty and raised the cost of doing business.
in America. Imposing new mandates and higher taxes on small businesses continues to hamper our economic recovery and slows job-creation. Repealing this law will provide greater certainty.

Finally, in my view this bill is fiscally irresponsible. The current budget deficit is $1.4 trillion and rising. Our Federal budget situation is fiscally unsustainable, and if we don’t make tough choices now, we will saddle future generations with a mountain of debt that cannot be repaid. It is time to face the reality of our budget situation and that includes recognizing that the real cost of this health care law will far exceed our ability to pay for it.

While everyone can point to various aspects of the law that they support—including me—I believe that the best way to move forward is to replace the current law with one that preserves individual choice and economic freedom, directly tackles increasing costs and allows Americans to keep their current health care plan if they like it. And let’s do so in a fiscally responsible manner.

Mr. HOLT. Mr. Speaker, I rise in fervent opposition to this reckless effort to repeal the Affordable Care Act and put insurance companies back in charge of our health care rather than patients and their doctors. The Affordable Care Act, landmark healthcare reform legislation enacted just last year, makes health care more affordable by immediately providing small businesses with a tax credit to provide insurance coverage, and in 2014, by providing tax credits to those who need help buying insurance—representing the largest middle class tax cut for health care in history. Once the Affordable Care Act is fully implemented, Americans will have access to affordable health care coverage in a new competitive private health insurance marketplace.

Many critical benefits have already gone into effect, including bans on the worst insurance company abuses and coverage options for many Americans who have previously been locked out of the insurance market because of a preexisting condition. Indeed, millions of American families and businesses are already feeling the positive effects of the Affordable Care Act, and many more will benefit as the final provisions are phased in over the next few years.

In light of consideration today, the Patients’ Rights Repeal Act (H.R. 2), would completely eliminate the Affordable Care Act with no consideration for the wellbeing of the millions of Americans for whom it will improve health care. H.R. 2 was expedited for a vote without taking it to committee from House leaders or holding a single hearing on the issue, and there was no committee consideration of the bill, in direct contrast to the campaign rhetoric espoused by the new Republican majority.

Opponents of the Affordable Care Act have used questionable arguments to validate their repeal efforts, claiming that it would mitigate the national debt. In truth, the Affordable Care Act helps to reduce the national debt by minimizing waste, fraud, and abuse in the health care system and preventing the rampant growth of health care costs. According to the nonpartisan Congressional Budget Office, repealing the law would increase the deficit by $230 billion over the next decade and over $1 trillion in the following decade. Now, that is a difficult pill to swallow, with long-lasting effects on our nation’s fiscal health.

Repeal of the Affordable Care Act has direct consequences to the diverse congressional district that I am proud to represent, California’s 15th district. The Patients’ Rights Repeal Act would:

- Increase the number of my constituents without health insurance by 17,000 individuals;
- Allow insurance companies to deny coverage to as many as 307,000 individuals, including up to 40,000 children, with pre-existing conditions;
- Rend consumer protections for 484,000 individuals who have health insurance through their employer or the market for private insurance;
- Eliminate health care tax credits for up to 9,000 small businesses and 86,000 families;
- Increase prescription drug costs for 8,000 seniors who hit the Part D drug “donut hole” and deny new preventive care benefits to 76,000 seniors;
- Increase the costs of early retiree coverage for up to 7,600 individuals; and
- Eliminate new health care coverage options for 2,900 uninsured young adults; and increase the costs to hospitals of providing uncompensated care by $113 million annually.

Furthermore, as Chair of the Congressional Asian American and Pacific Islander (AAPI) Caucus, I am proud of CAPAC’s partnership efforts through the Tri-Caucus and with community advocacy groups to ensure that the Affordable Care Act benefits all of our communities, including the Asian American and Pacific Islander (AAPI) community—roughly one in five of whom are uninsured. For instance, the Affordable Care Act helps to address traditional AAPI health disparities in vaccinations, cancer screenings, and infant mortality rates through increased access to preventative care services. Further, new federal regulations on data collection, disaggregation, and oversampling on certain minority populations will help to identify and ensure comprehensive coverage of all AAPI health disparities. These hard-fought benefits for our communities would be completely eliminated if Republicans were to succeed in enacting H.R. 2.

Mr. Speaker, for these reasons, I continue to support the Affordable Care Act, as it is vital to the wellbeing of every community in our nation. I urge my colleagues to stand against this reckless repeal of critical healthcare reforms to vote against the Patients’ Rights Repeal Act.

Mr. TOWNS. Mr. Speaker, I rise today in strong opposition to H.R. 2, the Patient’s Rights Repeal Act. In the 112th Congress, the American people were promised a focus on our economy. Today, however, rather than discussing legislation that would strengthen our economy, legislation that would create jobs, or even legislation that would reduce our nation’s deficit, we are discussing the repeal of legislation that would create jobs, or even legislation that would reduce our nation’s deficit, we are discussing the repeal of legislation that would give tax credits to 117,000 families in my district and a 35% tax credit to the 11,400 small businesses in my district who choose to offer coverage. If our intent here is truly to create jobs, why would we repeal legislation that since its enactment, has contributed to the creation of more than one million private sector jobs, including more than 200,000 jobs in the healthcare industry?

And let’s do so in a fiscally responsible manner.

Mr. Speaker, for these reasons, I continue to support the Affordable Care Act, as it is vital to the wellbeing of every community in our nation. I urge my colleagues to stand against this reckless repeal of critical healthcare reforms to vote against the Patients’ Rights Repeal Act.

Mr. TOWNS. Mr. Speaker, I rise today in strong opposition to H.R. 2, the Patient’s Rights Repeal Act. In the 112th Congress, the American people were promised a focus on our economy. Today, however, rather than discussing legislation that would strengthen our economy, legislation that would create jobs, or even legislation that would reduce our nation’s deficit, we are discussing the repeal of legislation that would create jobs, or even legislation that would reduce our nation’s deficit, we are discussing the repeal of legislation that would give tax credits to 117,000 families in my district and a 35% tax credit to the 11,400 small businesses in my district who choose to offer coverage. If our intent here is truly to create jobs, why would we repeal legislation that since its enactment, has contributed to the creation of more than one million private sector jobs, including more than 200,000 jobs in the healthcare industry?

Mr. Speaker, for these reasons, I continue to support the Affordable Care Act, as it is vital to the wellbeing of every community in our nation. I urge my colleagues to stand against this reckless repeal of critical healthcare reforms to vote against the Patients’ Rights Repeal Act.
Americans and lowers the deficit by $143 billion in the first ten years. Today, the majority is trying to repeal these patient protections and return them to insurance company bean counters.

A new analysis by the Department of Health and Human Services that was released this week reported that as many as 129 million non-elderly Americans have some type of pre-existing health conditions. In my district alone, there are as many as 310,000 individuals with a pre-existing condition, including 39,000 children. Due to health reform, those children can no longer be denied coverage and starting in 2014, adults with pre-existing conditions will no longer be denied health coverage. If health reform is repealed, these individuals will again be denied insurance and lose health coverage, which will lead to higher health costs for all Americans.

To understand how important health reform is, here is a picture of what my district would look like if health reform was repealed. Over 2,000 young adults would become uninsured after losing coverage through their parents’ insurance; over 17,000 small businesses would lose tax credits that help provide health insurance to their employees; over 9,000 early retirees might lose benefits through the early retiree reinsurance program; over 100,000 seniors would have to pay for wellness visits and preventive services, like mammograms and colonoscopies; and over 8,000 seniors in the Medicare donut hole would see significantly higher prescription drugs.

Just saying that health reform “kills jobs” does not make it so. In fact, health reform not only provides benefits to Americans, it creates jobs. Since health reform was passed, an additional 207,000 jobs have been created in the health care sector. Over the next 10 years, health reform will create up to 4 million jobs by investing in the health care workforce and lowering costs for businesses.

Further, Americans do not support repealing health reform. In fact, according to the latest AP poll, only 26 percent of Americans think health reform should be repealed. Instead, 43 percent of Americans want more reforms to health care.

Passing health reform last year began the process of ending the injustice in health care access that Dr. King thought was shocking and inhumane. We owe all Americans access to affordable, comprehensive health coverage. We cannot let them down. As the late, great Senator Ted Kennedy often said, “decent, quality health care is a fundamental right and not a privilege.” I strongly urge my colleagues to vote no on repealing health reform.

Mr. HASTINGS of Washington. Mr. Speaker, I come to the floor today to speak in support of the repeal of the job-killing health care law.

Today’s vote is part of what will be an ongoing effort by House Republicans to repeal President Obama’s health care law and replace it with solutions that protect jobs and preserve access to quality health care—without driving our nation deeper into debt.

Today we put the focus back where it belongs—jobs, affordable health care, and smaller government.

Mr. Speaker, last year, the Democrat controlled Congress pushed through a government takeover of health care using a closed approach that blocked any input from our side of the aisle. Almost as soon as the bill was signed into law, the extensive reach of the strong arm of government was felt by the American people.

Many were forced out of their existing health plans—even if they liked it—including many of our nation’s seniors who will be pushed out of their current and affordable plans. Our nation’s businesses are hit with a costly job-killing paperwork requirement—and they still face other new mandates, fines and taxes.

All Americans have been hit by a mandate requiring individuals, regardless of their personal circumstances, to purchase government-approved insurance or pay a penalty. The constitutionality of this mandate is currently being challenged by a number of states including my home state of Washington.

And, hospitals like the Wenatchee Valley Medical Center in a rural, medically underserved part of my district face new restrictions simply because they are owned by doctors.

The American people spoke in volumes in November and it is time to respond to their message.

The time has come to fulfill our promise to the American people and take steps to repeal this law that is bad for families, seniors and employers. I look forward to getting down to work on real solutions that will preserve the patient-doctor relationship, increase choices and reduce costs.

Ms. RICHARDSON. Mr. Speaker, I rise today in strong opposition to the rule providing for consideration of H.R. 2, the “Patient Rights Repeal Act of 2011.” This bill is a giant step backwards for our country. By repealing the landmark achievement of the Affordable Care Act we would be taking away affordable coverage and financial security from thousands of my constituents and millions more across the country.

A vote in support of this bill is a vote for insurance companies over everyday Americans; it is a vote to return us to the days when fine print was used to cancel coverage for hard-working people; and it is a vote to take away parents’ peace of mind, who will no longer know if their children will be able to see a doctor when they are sick.

Mr. Speaker, at a time when Americans will soon finally be free from the fear that affordable coverage will not be available to them and their families when they need it the most, repealing the Affordable Care Act would be devastating. Without the Affordable Care Act: 196,000 young adults would lose their insurance coverage through their parents’ health plans; Insurance companies would once again be allowed to cut off someone’s coverage unexpectedly when they are in an accident or become sick because of a simple mistake on an application; New insurance plans would no longer be required to cover recommended preventive services, like mammograms and flu shots, without cost sharing; and 269,623 on Medicare would see significantly higher prescription drug costs.

Mr. Speaker, every time that I go home to my district, I meet with constituents who thank me for voting for the Affordable Care Act. They express the confidence that they feel knowing that they will be able to afford the prescription drugs that they need; that their children can see a doctor when they get sick or break a bone; that their breast cancer treatment will be covered on their policy, rather than being written off as a preexisting condition. Health care reform provided the following benefits for the residents of my district: Gave tax credits and other assistance to up to 146,000 families 15,100 small businesses have seen 50% tax credits to provide health care to employees; Over 16,000 additional small businesses have been made eligible for health care exchanges that make insurance more affordable. Help for small businesses are help for working families. Small businesses are the engine of the economy of my district and of our nation.

Improved Medicare for 63,000 beneficiaries, including closing the donut hole Extended coverage to 88,000 uninsured residents Guaranteed that 17,500 residents with pre-existing conditions can obtain coverage Protected 1,100 families from bankruptcy due to unaffordable health care costs I refuse to vote for a piece of legislation that would reverse these benefits and harm so many of the people that I represent. Health care reform is a moral obligation to the American people and a critical part of our long-term economic recovery. It represents the largest middle-class tax cut in history and is projected to cut the deficit by $138 trillion over 20 years.

Mr. Speaker, anyone who is serious about deficit reduction cannot in good conscience vote for this legislation. In addition to being the wrong thing to do to hard-working families, single-mothers, and senior citizens across the country, it is fiscally irresponsible. In fact, I would call this bill fiscally irrational—H.R. 2 would cost $1.3 trillion to repeal a piece of legislation that promises to cut the budget deficit by $138 trillion in the long-term. This does not make any fiscal sense; it is the exact opposite of what we should be doing and it is an unfair burden to place on future generations.

I oppose this bill because it threatens the peace of mind, financial security, and physical wellbeing of seniors, parents, and children across the country. I oppose this bill because I would rather side with everyday Americans than insurance company executives. I stand with the single moms, who no longer have to stay up all night worrying about how to pay the premiums to cover their child’s illness. I stand with the senior citizens who built our roads and bridges and fought our wars and now can finally afford the prescriptions drugs that they need.

For all of these hard-working, middle class people, I strongly urge my colleagues to join me in opposing the rule providing for the consideration of H.R. 2.

Mr. FARR. Mr. Speaker, I rise today in strong opposition of the Republican Health Reform Repeal Bill.

The reason is simple. The bill before us is not about creating jobs. It’s not about strengthening our middle class. And it’s not about reducing our national deficit.

It is however, about denying coverage for up to 284,000 individuals with pre-existing conditions in my district. It is about increasing prescription drug costs for 6,400 seniors on California’s Central Coast. And it is about increasing the number of uninsured individuals by 80,000 and increasing
the costs to our local hospitals for providing uncompensated care.  
Open your eyes, and welcome to reality:  
American families are struggling to make ends meet.  
They are struggling to stay in their homes.  
They are living without proper health care.  
And they are going broke paying for medical bills.

So why is this chamber spending their time debating health care reform that has extended coverage and increased protections to millions of Americans, and created 207,000 jobs in the Health Care Industry?  
Truth of the matter is—while we run circles around this issue, millions of Americans walk out their front door every morning to look for work, only to return with less hope and more worries.

Everyday Americans across the country are worried sick about losing their homes.  
About not being able to adequately provide for their families.  
And now Republicans want them to worry about losing their health care coverage.  
Please open your eyes, and take a deep look at Americans' dire reality.  
I urge all Members to oppose the Patients Rights Repeal Act.

Ms. EDDIE BERNICE JOHNSON of Texas.  
Mr. Speaker, I rise today to speak in strong opposition to H.R. 2, the “Patient's Rights Repeal Act.”

Repealing the law would take us back to the days when big insurance companies had the power to decide what patients can receive—allowing them to once again deny coverage to children with pre-existing conditions, cancel coverage when people get sick, place limits on the amount of care people can get, or over-charge for insurance just to boost their profits.  
The Texas Department of Insurance issued a recent report that noted nearly 26.1 percent of Texans are without health coverage—compared to the national average of 16.7 percent, who are uninsured.  
Without the Affordable Care Act, Texans stand to lose:

Critical Consumer Protections that ban health insurance plans from denying coverage based on an individual’s health status would be lost;

Young adults under the age of 26 would lose their coverage through their parents’ health plans;

Patients with private insurance coverage would suddenly find themselves vulnerable to annual and lifetime limits;

New insurance plans would no longer be required to cover recommended preventive services, like flu shots;

Seniors who have Medicare coverage would be forced to pay a co-payment to receive important preventive and life-saving services, like mammograms and colonoscopies; and

Small businesses would lose tax credit assistance to help families purchase affordable health insurance.

Early retirees between the ages of 55 and 64 would lose health coverage through their employers for them and their families.  
I am confident that if we repeal Affordable Care Act, we present a grave, unhealthy danger to the lives of all Americans by playing politics.

I urge my Republican colleagues to revisit the thought of repealing the Affordable Care Act by working with eager Democrats to continue building a bridge to a healthier America.

Mr. ADERHOLT. Mr. Speaker, I, along with so many of my colleagues, support H.R. 2, the repeal of President Obama’s healthcare law. This legislation will further harm our economy at a time when we desperately need a robust recovery.

The healthcare law is a prime example of how the tax hikes, spending sprees, and government mandates are hurting our economy and making it harder for small businesses to create jobs. That’s one reason why we must repeal and replace the law with a common-sense, responsible solution that tries to address the costs and provide more coverage to Americans without killing jobs. Removing these barriers will provide the businesses that create new jobs with the certainty they need to hire new employees and get our economy back on track.

Instead of encouraging America’s leading job creators, last year’s Democrat government takeover of healthcare has and will continue to hurt small businesses with more mandates, new taxes and administrative burdens, as well as higher healthcare costs. For example, the healthcare law requires healthcare plans with more than 50 employees to provide government-approved health care. Businesses that fail to do so will be forced to pay a $2,000 penalty per employee (after the first 30 employees). For a small business employing 50 workers without healthcare plans, providing government-approved health insurance, adding one additional worker to the payroll will result in $42,000 in new government penalties.

Over the last 15 years roughly 65 percent of new private-sector jobs have been created by small businesses, and according to the nation’s largest small business association, NFIB, estimates that the employer mandate in the healthcare law will destroy 1.6 million jobs. This healthcare law is not the way to help our small business job creators.

In addition, rather than adopting commonsense policies to lower the cost of healthcare, last year’s law, will increase costs. The chief actuary for Medicare estimates total healthcare spending will increase by $311 billion over the next decade, more than it would have been without the health care law.

With federal spending at the highest level in American history, the economy in a severe recession, and unemployment remaining stubbornly high—another massive government program with more spending, more borrowing and higher taxes will only hurt already struggling American families—not help them. The American people deserve a better plan.

Also, this law doesn’t protect the unborn because it doesn’t include clear and direct provisions that would prohibit federal funding of abortions. We need statutory language in the new health care law, not an executive order, to prevent abortions. We have already learned that the law will allow $11 billion in taxpayer funds to be used for abortions at Community Health Centers. We must repeal and replace this law so we can end government-funded elective abortion. A stage government this massive new government funding stream.

Congress should start over and consider the common-sense bipartisan solutions that Republicans have to offer. It’s time to repeal the health care law and it’s time for a patient-focused, consumer health bill that will help the economy and get us back to smaller government.

Mr. BISHOP of Georgia. Mr. Speaker, I cannot in good conscience support today's misguided efforts to repeal the new health reform law. It would be a significant step backwards both for the citizens of Southwest Georgia whom I represent as well as the entire nation.

Repealing the law will mean that insurance companies will continue to place lifetime limits on the coverage they provide, drop people from coverage when they get sick, and refuse children affordable health care because of a pre-existing condition.

Repealing the law will also increase prescription drug costs for seniors. It will deny Medicare enrollees free preventive services like colorectal cancer screenings, mammograms and an annual wellness visit without copayments, co-insurance, or deductibles.

In addition, repealing the law will mean that children under age 26 will no longer be covered under their parents’ plan; new small business tax credits that make it easier for businesses to provide coverage to their workers and make premiums more affordable will disappear; and there will be no further expansion of community health centers which are vital to the health care needs of rural Southwest Georgia.

A recent report by the Center for American Progress also found that repealing the law would add up to $2,000 annually to family premiums and prevent 250,000 to 400,000 jobs from being created annually over the next decade. Furthermore, according to the non-partisan Congressional Budget Office, a repeal of the law will add $230 billion to the federal debt by 2021.

Mr. Speaker, we cannot let this happen. We cannot and we must not turn back the clock.

Ms. MCCOLLUM. Mr. Speaker, the Patient Protection and Affordable Care Act passed in 2010 is the law of the land. It extends historic protections to millions of Americans, ensuring access to quality health care. I voted for this law and I am grateful for the support I received from my constituents in Minnesota's Fourth District for my work on reforming our nation’s broken health care system.

Access to quality health care is essential for all Americans. I firmly believe health care should be a right for our citizens, not a privilege or a luxury only for the most fortunate who can afford it. I am committed to working to ensure all Americans have the health protections they need and access to the quality health care they deserve. The health reform law we have in place does this.

Today the U.S. House is debating the repeal of the Affordable Care Act. The Republican-Tea Party majority officially titled the bill before us, H.R. 2, the “Repealing the Job-Killing Health Care Law Act.” They use the word “killing” five times in a bill that isn’t even two pages long. Not only is the bill’s title offensive and disrespectful, it is untrue. The fact is the health reform law does not kill jobs, its patient protections saves lives and creates jobs. More than 200,000 health care related jobs have been created since the law passed in March of last year.

This Tea Party Republican bill strips away patient protections for children, seniors, and adults with pre-existing medical conditions. It replaces tough legal protections for patients with a uniquely Republican solution—nothing. This Tea Party Republican bill strips away protections for millions of Americans, add $230 billion to the federal budget deficit according to the non-partisan Congressional Budget Office, and restore a
broken health care system that empowers insurance companies to make health care decisions, not patients.

I want Minnesotans to know exactly what repeal of the existing health reform law would do. If this Republican bill were to become law, it would:

- Strip away insurance for 32 million Americans of health insurance and new consumer protections;
- Force insurers to deny coverage to children with pre-existing conditions, apply restrictive lifetime limits, impose cost sharing on preventative care, and retroactively cancel policies when an individual gets sick;
- Eliminate tax credits for as many as 99,000 Minnesota small businesses providing their employees health insurance;
- Refuse adults in Minnesota the option to remain on their parents’ health insurance until they turn 26;
- Maintain a perverse payment system that rewards providers for the volume of services delivered, rather than the quality of those services provided;
- Jeopardizing the early retiree health coverage provided by 210 Minnesota employers and unions currently receiving financial assistance through the ‘The Early Retiree Reinsurance Program’;
- Risking the Medicare benefits and prescription drug coverage seniors and people with disabilities depend on to meet their health needs.

H.R. 2 is more than political posturing. It is legislation that sends a clear message to the American people—Republicans care more about protecting insurance company profits than protecting the rights of patients. I will oppose this bill and I will oppose and battle against every effort made in the 112th Congress to repeal or stall or stall the full implementation of the Affordable Care Act.

I am not alone in opposing H.R. 2. Hundreds of national organizations and dozens of Minnesota groups oppose this blatantly partisan effort to repeal health reform. Here are a few excerpts from a letter I received over the past few days.

“The Minnesota Medical Association: “the MMA opposes efforts to repeal the ACA (Patient Protection and Affordable Care Act) and urges you to vote against it.”

Catholic Hospital Association of Minnesota: “I strongly urge you to maintain support for efforts to improve and strengthen our nation’s health care system by opposing the legislation before the House to repeal the Affordable Care Act (ACA).”

Epilepsy Foundation of Minnesota: “We strongly encourage you to vote against repeal of the ACA (Affordable Care Act) and work toward ensuring that implementation includes the needs of people with epilepsy and other chronic conditions.”

Minnesota Hospital Association: “On behalf of the 148 hospital and 17 health system members of the Minnesota Hospital Association, I am writing to express our opposition to legislation that would repeal the Patient Protection and Affordable Care Act (ACA).”

Today, as the debate on this ill-conceived and mean-spirited bill is taking place, I received the following message from a consortium of small business leaders from across the country:

“The House of Representative’s introduction of a bill to repeal the Patient Protection and Affordable Care Act is an affront to our nation’s small business community.

“The country’s 28 million small businesses stand to benefit greatly from many provisions of the new healthcare law, particularly the tax credits and health insurance exchanges. These two provisions will help drive down costs and offer small business owners more choices when purchasing insurance. These critical provisions would be abolished if the Affordable Care Act is repealed.

“This would be a huge setback to entrepreneurs who need solutions to the broken healthcare system, not a continuation of it. America’s 148 hospital and 17 health systems would suffer, as a repeal of the ACA would deny them the opportunity to pool together and purchase insurance at an affordable price through state exchanges.

“It is important to remember that the Republican’s dangerous and destructive health care repeal agenda can only work if Americans are silent and passive, allowing live-saving rights and protections to be stripped away. Repeal will not happen today, even if this bill is passed, but over the course of the next two years Republican corporation benefactors will use every legal and political channel available to deny citizens their health care rights. They will not stop.

But I will not stop either. I will not stop fighting for the health care rights for all Americans.

I urge all Minnesotans and all Americans to stand up and join me in the fight to protect the historic patient rights all citizens have gained through the Affordable Care Act and that starts with a vote against H.R. 2.”

Mr. GENE GREEN of Texas. Mr. Speaker, I submit the following:

[From The Baytown Sun, Jan. 4, 2011]

**PREPARE TO DIE FOR LACK OF MONEY**

As polemics on the Obama administration’s health care reforms re-emerge, I often ruminate about a horse.

Lucky was an American Standard Bred gelding I owned. Compared to his quarter horse stable-mate, Lucky was unathletic and he was also an invalid. But he was a sweet heart. As long as he could follow his buddy, anybody could ride him. Regardless of age or experience, Lucky would carry them carefully and bring them home safe. It’s hard not to love such an animal.

By the time I found him colic ked in the barn, it was probably already too late. He’d been down for some time. I gave him an injection for the pain and walked him, but nothing worked. After a while, he lay down and refused to move. By the time the vet arrived, I’d been sitting wedged against his back for hours to prevent him from rolling and twisting his gut.

After Lucky proved unresponsive to treatment, the vet gave me a hard question: “Is this a $6,000 horse?”

He explained that there was an equine hospital in Oklahoma that could perform potentially life-saving surgery. It cost $6,000 cash, up front. He warned that survival was chancy, and might leave my horse an invalid.

I’d paid $1,000 dollars for Lucky; he was 25 years old, almost elderly. After a long night of IV fluids and pain meds, there was no choice. I phoned the veterinary surgeon and told him there were some things a man must do for himself, I administered a lethal injection and ended up having to put a bullet into his brain. We buried him in his pasture.

It was a hard, hard thing to do. This was two years ago, and it’s a rare day I don’t think about Lucky and his stable mate Rusty, who also died that year. I pray that I never outlive another horse.

Long introduction, brief polemical point: Observing Republicans try to undo “Obamacare,” I suspect the only thing that will satisfy some is to make medical care in the United States work like veterinary care. You get what you can pay for. Otherwise, tough luck.

Who would have thought that after Sarah Palin’s imaginary “death panels”—chosen by Politifact.com, the verification website, as its 2009 “Lie of the Year”—Arizona Republicans would be denying heart, lung and liver transplants to Medicaid patients because Gov. Jan Brewer says the State can’t afford them?

To save a lousy $1.4 million (out of a $9 billion budget), Arizona’s Health Care Cost Containment System has decreed an end to organ transplants. Maybe the bitterest irony is that the inhuman policy won’t actually save any money. One of the roughly 100 citizens affected explained to Arizona Republic columnist E.J. Montini:

“I can’t work anymore, and we ran out of (insurance) coverage after the back,” he said. “It’s terrible needing help. It’s not what I wanted. But when you run out of money, what can you do? If I don’t get a transplant, I’m not sure the state won’t be able to come up or worry about me until I walk into an emergency room close to dying. They can’t turn me away then.”

No, they can’t. Human hospitals can’t refuse patients for lack of cash. Meanwhile, not a peep of protest from Palin, Rep. John Boehner or any of the Republicans who voted hysterically against the absurd allegation that “Obamacare” would lead to government-sponsored euthanasia.

But if people die for lack of money, that’s the GOP way.

Too bitter? Maybe so. Nevertheless, avoiding medical and economic reality has been the party’s response ever since Obama adopted much of the conservative Heritage Foundation’s health care proposals as his own. It’s all to do with partisanship, nothing else. Consider the legalistic, angels-on-the-head-or-a-pin arguments GOP savants have made against the bill’s unpopular health insurance mandate.

Precisely because hospitals can’t turn patients away, it’s impossible to make private insurance companies cover pre-existing conditions (i.e. sick people) without encouragingsequels to game the system by not buying insurance until they need it. This defeats the whole purpose of a risk pool.

Somebody’s got to pay, and absent an insurance mandate, that somebody’s you—one reason the United States has long had the most expensive, least efficient health care system in the world.

Ah, but in GOP Dreamworld, everybody’s Huck Finn, an independent actor in a 19th-century free-enterprise paradise. They claim the Constitution forbids government from forcing citizens buy something they don’t want.

Alas, in the real world, people don’t participate in the health care system.

Ms. BROWN of Florida. Mr. Speaker, the Republican House Majority’s effort to repeal the historic health care reform law that Democrats passed last year is merely a charade. And thanks to Democratic control of the Senate, the Republican bill will never cross the President’s desk. Indeed, a vote for repeal will only scare those who have come to rely on their health benefits.

I was first elected to Congress in 1992, and in all my years of service, I have worked to make affordable, quality health care available
for all Americans. Indeed, for nearly a century, leaders from all over the political spectrum, beginning with President Franklin Delano Roosevelt, have fought for health care and health insurance reform. In the words of the great former President Roosevelt, 'the health of the people is a public concern; ill health is a major cause of personal expense, family distress, and dependency; good health is essential to the security and progress of the Nation.' In 1935, President Roosevelt signed the Social Security Act into law, which made him the first President ever to advocate on behalf of federal assistance for the elderly.

Yet it wasn't until 75 years later that our nation finally came together and passed the “Patient Protection and Affordable Care Act,” which provides health care access for all Americans. Prior to this, nearly one in five citizens in the wealthiest country in the world were uninsured. I applaud President Obama for his persistent, hard work on this issue, and I was a proud cosponsor of the original Health Care legislation when it was first introduced in the House of Representatives. And although there was no perfect bill, this was a great start, and it needs to be left up to the medical specialists to make slight changes to make it better, not politicians in the Republican Party who want to repeal the law entirely. Yet today, even though it would be nearly impossible to accomplish, the Republican Party wants to take our country in the opposite direction and eviscerate this law. If this were ever accomplished, it would have drastic effects on the constituents in Florida’s third congressional district, as well as for Americans across the country. In fact, the Republican bill would take our Nation back to a system in which:

- Children with pre-existing conditions, including 8,000–40,000 in my congressional district, were denied coverage;
- Young people aged 26 cannot stay on their parents’ plans (for district 3 in Florida, their plan would eliminate health care coverage for nearly 4,000 young adults);
- A system where Seniors pay more for prescription drugs, including 6,600 senior citizens who have to pay the drug “donut hole” in my district, and would be forced to pay out of pocket costs, as well as 93,000 more Florida district 3 seniors who would be denied new preventive care benefits;
- It would also force small businesses to pay higher taxes;
- And increase the deficit by $230 billion, according to the nonpartisan Congressional Budget Office.

The cost of returning to the prior system is too great. For too long, health care has been a privilege, not a right in America. To return to a system in which nearly 20 percent of Americans do not have access to the greatest health care available in the world would not only be a tremendous step backwards, but outright insensitive to the needs of millions of Americans.

Mr. THOMPSON of Mississippi. Mr. Speaker now is the time to protect American families—uphold the Affordable Care Act and oppose H.R. 2, the Republican repeal of health care. A vote to repeal the Affordable Care Act will leave millions of Americans at risk of losing their health care coverage, children will face discrimination because of pre-existing conditions and seniors will be left scrambling to pay full price for prescription drugs.

In fact, there is a deep concern about the practicality of repealing the Affordable Care Act and the detrimental impact repeal will have on women, children and older Americans. When Republicans wrote a Medicare prescription plan that created a “gap” in their coverage, seniors across the country were forced to choose between paying for coverage or foregoing necessary prescription drugs. The Affordable Care Act eliminated the “donut hole,” allowing millions of seniors to buy life saving medications.

Prior to the passage of the Affordable Care Act, many Americans families were uninsured and were forced to choose between paying for coverage for children with pre-existing conditions or feeding them. Passage of the Affordable Care Act gave them back their dignity. Today, those children are guaranteed coverage regardless of pre-existing conditions and are allowed to remain covered under their parent’s insurance plans until the age of 26.

All 23 counties in the 2nd District are medically underserved and many of my constituents are unable to afford health care. Under the Affordable Care Act, 51,000, resident’s health insurance coverage will improve; 95,000 uninsured residents in my district will be extended coverage; and 16,500 residents with pre-existing conditions can obtain coverage. We cannot and should not be considering repeal of this vital legislation to reform our broken, expensive health care system that left 47 million Americans without health insurance, having narrowly escaped every parent’s nightmare. Diane writes, “And then, two weeks ago . . . she was able to be covered under the plan of her father and stepmother. I wanted to share this story because we want you [to know] that this change has already had a huge impact on our lives. As a mother, I now have one less major issue to worry about.”

On behalf of Diane and her family, and on behalf of children, young adults, parents, seniors, small business owners, small business employees, people with pre-existing conditions, hospitals that provide uncompensated care, and everyone else who benefits from the Patient Protection and Affordable Care Act, I stand strongly against H.R. 2 and urge my colleagues to join me in voting no.

Mr. COSTELLO. Mr. Speaker, I rise in opposition to H.R. 2, the Patients Rights Repeal Act of 2011.

Less than one year ago, the 111th Congress achieved a major milestone in the decades-long effort to ensure access to quality health care for all Americans by passing the Affordable Care Act and reforming our broken health care system. Since the Affordable Care Act was signed into law, I have seen its benefits first hand in the district I am privileged to represent. Over 9,800 seniors in Southwestern and Southern Illinois will see a 50 percent discount on their medications when they enter the Medicare Part D coverage gap, saving them $5.1 million. An additional 112,000 seniors will receive free preventive care, including cancer and diabetes screenings. Sep- tember 2010, up to 37,000 children in my district with pre-existing conditions are no longer denied coverage by insurance companies and in 2014 up to 238,000 adults will have the same protection. In the St. Louis Metro area, 13,600 young adults will remain on their parents’ health insurance plans up to age 26 and maintain their access to affordable care, and the 2.4 million individuals with private health insurance are protected from predatory practices of insurance companies and arbitrary premium increases.

Despite this significant progress, today we are considering the Patients’ Rights Repeal Act, which will strip my constituents of these new benefits and return us to the broken, expensive health care system that left 47 million Americans without health insurance.

Just as our constituents cannot afford to lose these benefits, we cannot afford the Patients’ Rights Repeal Act. According to the nonpartisan Congressional Budget Office, CBO, passing this legislation will increase the deficit by $220 billion over 10 years and by more than $1.2 trillion over 20 years. The CBO also estimates that this bill will increase premiums and out-of-pocket expenses for everyone enrolled in private insurance plans.
Further, despite the claims of my Republican colleagues, there is no evidence that repealing health care reform will create new jobs or spur economic growth. Since the passage of the Affordable Care Act, we have added 1.1 million new private sector jobs to the economy. Further, a study by the Kaiser Family Foundation found that Affordable Care Act, will create 4 million additional new jobs in the next 10 years by lowering costs and investing in the health care workforce. These new, good-paying jobs will disappear with the passage of Repeal.

The Affordable Care Act is not a perfect bill. Provisions, including the unwieldy 1099 reporting requirements for small businesses, will be adjusted or replaced as we move forward to implement the bill. Just as we have changed Medicare and Social Security over the last several decades to ensure those programs achieve their goals, we will work together to adapt the Affordable Care Act and keep health care affordable and accessible for millions of Americans. I will work with my colleagues on both sides of the aisle to adapt strong reforms.

However, just as we have never repealed Medicare or Social Security, I will not vote to repeal the Affordable Care Act and return to a health care system that is unsustainable, inefficient, and massively expensive. We must continue to work and ensure that our health care system works for all Americans.

Mr. Speaker, passing the Patients’ Rights Repeal Act will dramatically expand the deficit, slow job creation, increase the cost of health care, and deny millions of Americans access to health care and to preventative care. I urge my colleagues to oppose the Patients’ Rights Repeal Act.

Mr. FATTAH. Mr. Speaker, I rise today in opposition to H.R. 2, a bill to repeal the Affordable Care Act. In March of last year I was honored to cast a vote in favor of the Patient Protection and Affordable Care Act. This law ensures that my constituents, and all Americans, have access to the medical care they need. The measure we consider on this House floor today is not an effort to improve upon that law. It is not an alternative strategy to provide health insurance to all Americans. It is an effort to undo the admirable work undertaken over many years and months by the Members and staff of this body, committed patient advocates, uninsured Americans and hard-working medical professionals. I find it unfortunate that, as our Nation faces many deep and intransigent challenges, the House is debating a proposal which is premised on the work of the people.

Mr. Speaker, we have heard a lot of rhetoric from my colleagues across the aisle opposing this legislation because of a select number of insurance market provisions included in the massive, overreaching health care law. As a two-time cancer survivor and the father of a daughter living with cystic fibrosis, I have firsthand experience with the importance of health care that is sustainable, affordable, comprehensive, and accessible to all. For many of my colleagues, health care is a reality for my family. There is no doubt that reforms are needed to ensure that individuals with pre-existing conditions have access to affordable insurance. In fact, we can probably all agree that there are many aspects of the health care system that were and are in desperate need of reform.

However, the law enacted nearly a year ago is the wrong solution to our health care system’s numerous problems. The law will raise taxes by over $500 billion. It includes an unconstitutional individual mandate on all Americans requiring the purchase of health insurance coverage. The law will cost millions of American jobs and hits small businesses with more paperwork, more bureaucratic red tape, and excessive new regulations. Ultimately, the law cuts Medicare by about half a trillion dollars which, even the President’s own actuaries have said, could jeopardize access for seniors.

America has sent a clear message to Washington, and today we will show that we have heard that message. We must repeal the detrimental health care law and focus on the real problem facing our nation’s health care system, the issue of cost. We can reduce health care costs by enacting meaningful medical liability reform, allowing people to purchase insurance across state lines, and giving individuals the same tax relief as corporations for the purchase of health insurance. Once the health care law is repealed, I look forward to moving forward with alternative health care reform legislation that will produce these goals. If we focus our efforts on reforms, such as these, that lower costs, we will expand access to affordable care without jeopardizing the system which has allowed our nation to have the best health care in the entire world. I urge my colleagues to support H.R. 2 and H. Res. 8 and begin the process of enacting true health care reform.

Mr. JACKSON of Illinois. Mr. Speaker, I rise in strong opposition to the H.R. 2 legislation that will repeal health care for nearly 32 million Americans. I have listened to my colleagues from the other side of the aisle in press conferences and throughout this debate state that the Affordable Care Act is “job destroying” and “budget busting.” We know from numerous reports that these statements are blatantly untrue.

Since President Obama signed this legislation into law in March, the Department of Labor reports nearly 1 million new jobs were created in the private sector, including over 200,000 in health care related fields. Further, the Department of Budget and Public Accounting, CBO, stated that the Affordable Care Act will reduce the deficit over the next 10 years. In fact, on January 6 the CBO stated that the repeal would increase the deficit by $230 billion over the next 10 years.

As we prepare to vote on this legislation, I’d like to inform my constituents as I did for them at countless town hall presentations I hosted on the Affordable Care Act, what repeal means for the people of Illinois’ Second District.

Health Care Repeal will rescind the vital Patient’s Bill of Rights consumer protections provided under the Affordable Care Act for the 336,000 individuals in the Second Congressional District who have health insurance through their employer or the market for private insurance. Passage of repeal will lift the limitations placed on insurance companies for rate increases and out of pocket expenses. Repealing health care reform would eliminate the requirement that insurance companies limit administrative costs by spending a minimum of 80 percent of the premiums they collect on health care. Repeal of the Affordable Care Act will allow insurance companies to drop or rescind coverage when people get sick, place annual and lifetime limits on coverage and charge you for cost-saving preventative services and screenings.

According to a report released by the Department of Health and Human Services, up to 129 million Americans under the age of 65 have some type of pre-existing condition and could be excluded from insurance plans if this legislation becomes law. This would affect 263,000 individuals, including up to 40,000 children in the Second Congressional District who have a pre-existing condition.

Repeal would eliminate the requirement that health insurance plans allow young adults to remain on their parent’s insurance policies up to the age of 26. Cutting coverage to the estimated 2,000 young adults that are expected to take advantage of this benefit in the Second District.

Through the Affordable Care Act, middle class families with incomes up to $88,000 for a family of four and small businesses would be eligible for affordability tax credits. Repeal would cut access for 157,000 families and 14,200 small businesses in my district.

Mr. GRIMM. Mr. Speaker, healthcare reform is a real issue facing many Americans. In spite of protests heard around the country, last spring the Democrats pushed through a 2,000 page bill full of mandates, and taxes that do not address the growing expense of health care and the importance of providing affordable, accessible, quality care. In light of repealing this massive government takeover of the healthcare industry, it is our responsibility...
to replace it with thoughtful reforms that help insure the uninsured, protect those with pre-existing conditions, lower the growing cost of health care, and preserve the doctor-patient relationship.

Instead of encouraging America’s small businesses to grow and create jobs, the current health care plan will hurt small business by imposing burdensome regulations that will lead to lower wages, fewer workers, or both.

The Affordable Care Act is projected to add $701 billion to the deficit over the next ten years, and is likely to pass on a $2.6 trillion price tag forour children and grandchildren. While forcing young Americans into a government-run health care exchange, we are requiring them to pay for minimal services for an unlimited amount of time, with no promise of a sustainable program that will be available to them as they age. The bottom line is the American people deserve better than this budget-busting, job killing legislation, and most importantly they deserve open and honest legislation not the gimmicks used to cover up the cost and damage of “ObamaCare.”

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

The SPEAKER pro tempore. The motion to recommit has expired. Pursuant to House Resolution 26, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill. The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. ANDREWS. Mr. Speaker, I have a motion to recommit at the desk. The SPEAKER pro tempore. A point of order.

Mr. ANDREWS. I am.

Mr. CANTOR. Mr. Speaker, I withdraw my reservation, and I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman is recognized for 5 minutes.

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

Mr. Speaker, in beginning to respond to the minority’s motion to recommit, all I can say is this is an attempt to derail the repeal of the ObamaCare bill—without question.

The positing of this motion to recommit and the substance of that recommit also inexplicable if one could be deemed to be offering a legitimate policy proposal. The notion that somehow the repeal position that the majority has taken and that, frankly, the majority of the American people desire is somehow connected with denying a better way forward, again, is inexplicable. I think, again, Mr. Speaker, I would say it is not a serious attempt to advise us on how we get to a better way in health care.

Now, the question before this body is simple: Do you support the new health care law? Yes or no.

The motion to recommit is simply an effort to protect ObamaCare from being repealed, period, and if you think the new health care law will improve how health care is delivered in the U.S., then support the motion to recommit.

But if you believe, as most Americans do, that the new health care law will put America on the wrong path—that the open-ended entitlement design of the new law will contribute to putting us on a path to bankruptcy, that the policies in the law will deny patients access to the care that they want and need, if you believe that the new law will raise our health costs, not lower them, and that the new law is generating great uncertainty for our businesses, is hurting our economy
that the new law is unconstitutional—then vote against the motion to recommit.

Voting against the motion to recommit is a vote to repeal the health care law, and I urge its defeat.

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

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

Mr. ANDREWS. Mr. Speaker, on that question of passage.

TIME FOR ANY ELECTRONIC VOTE ON THE RECESS RESOLUTION

The SPEAKER pro tempore. The vote was taken by electronic device.

There were—aye 245, no 189, not voting 1, as follows:

[Roll No. 13]

YEAS—185

Mr. ANDREWS. Mr. Speaker, I demand a recorded vote.

The vote was taken by electronic device, and there were—aye 245, no 189, not voting 1, as follows:

[Roll No. 14]

YEAS—245

The vote was taken by electronic device, and there were—aye 245, no 189, not voting 1, as follows:

[Roll No. 15]
ELECTING MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. HENSARLING. Mr. 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:

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

(1) COMMITTEE ON ENERGY AND COMMERCE.—Mrs. Blackburn, to rank immediately after Mr. Ewing;
(2) COMMITTEE ON HOMELAND SECURITY.—Mr. Farenthold;
(3) COMMITTEE ON SMALL BUSINESS.—Mr. Landry, to rank immediately after Mr. Fleischmann.

Mr. HENSARLING (during the reading). Mr. Speaker, I ask unanimous consent that when the resolution is to be considered, I be granted 1 minute to address the House and to request unanimous consent to request that the roll be closed before the vote is taken.

Mr. HENSARLING. Mr. Speaker, I ask unanimous consent that when the resolution is to be considered, I be granted 1 minute to address the House and to request unanimous consent to request that the roll be closed before the vote is taken.

Mr. Speaker, I ask unanimous consent that when the resolution is to be considered, I be granted 1 minute to address the House and to request unanimous consent to request that the roll be closed before the vote is taken.

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

There was no objection.

The result of the vote was announced as above recorded.

Mr. Speaker, many Members on the Democratic side of the aisle, when we were considering health care reform, wanted a public option where the Federal Government would run it. It would ultimately save hundreds of billions of dollars more and, in fact, it would not be subject to the profit incentives of private insurance companies, but we decided ultimately not to do that.

What we did is to decide to model our health care reform after the Federal Employees Health Benefits Plan, where private insurance firms provide the coverage; you sign up for it; you have to pay for your hospital bills, he was put out of his home he was evicted; home; he was middle-aged and couldn’t find an insurance company to provide him with coverage he could afford.

Mr. Speaker, I ask unanimous consent that when the resolution is to be considered, I be granted 1 minute to address the House and to request unanimous consent to request that the roll be closed before the vote is taken.