The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. ROGERS of Alabama).

DESIGNATION OF THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
January 19, 2011.
I hereby appoint the Honorable M IKE ROGERS to act as Speaker pro tempore on this day.

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

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

The psalmist understands we all approach God in different ways.
Some feel distant and lament: "How long, O Lord, will You forget us? How long will You hide Your face from us? How long must we be burdened with grief, going about sorrowful all day and throughout the night? How long will our oppression last?"

Then some forget self and readily turn to the Lord:
"Look now and answer us, O Lord our God. Give light to our eyes lest we seem asleep, no longer fully alive but like the dead, lest our opponents say, 'We have overpowered them' and laugh at our downfall."

Still others like ourselves will trust in the Lord:
"For our part, we will trust in Your faithful love. Our hearts will rejoice, for You will set us free. We will sing of Your goodness to us and bless Your Holy Name, Most High, both now and forever."

Amen.

THE JOURNAL
The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.
Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE
The SPEAKER pro tempore. Will the gentleman from New Mexico (Mr. HEINRICH) come forward and lead the House in the Pledge of Allegiance.

Mr. HEINRICH led the Pledge of Allegiance as follows:
I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore. The Chair will entertain up to 15 requests for 1-minute speeches on each side of the aisle.

PASSING THE REPEALING THE JOB-KILLING HEALTH CARE LAW ACT
(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)
Mr. WILSON of South Carolina. Mr. Speaker, today, the voice of the American people will be heard. The current administration's unconstitutional health care takeover is not the will of the people. Tea party participants have made a difference.
The current law would cost taxpayers over $2.6 trillion. It adds to the rising health care cost. The health care takeover is not workable. The National Federation of Independent Business, NFIB, America's largest organization of small businesses, estimates it will eliminate 1.6 million jobs.

Today's vote on Repealing the Job-Killing Health Care Law Act promotes a commonsense approach to the health care issues facing our country. Instead of forcing Americans to comply with a Big Government takeover of health care, repeal will open the discussion of providing affordable care to families, preserving the doctor-patient relationship and protecting jobs.

This is what the American people want the new Congress to achieve. Now is the time to repeal the takeover and to forward a plan that provides for access and affordability.

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

THE JOBS LOOPHOLE IN OUR FREEDOM CONSTRUCT
Mr. JACKSON of Illinois. Mr. Speaker, I ask unanimous consent to speak
CONGRESSIONAL RECORD — HOUSE
January 19, 2011

for 1 minute, to revise and extend my remarks, to enter relevant materials into the RECORD at taxpayers’ expense.

The SPEAKER pro tempore. Without objection, the gentleman is recognized for 1 minute.

There was no objection.

Mr. JACKSON of Illinois. Mr. Speaker, on January 11, 1944, in his third term, President Franklin D. Roosevelt recognized the limitations of the Presidency and Congress in addressing the Nation’s most serious problem: unemployment.

So he proposed changing the only vehicle capable of eliminating unemployment: the Constitution.

Roosevelt suggested that adding fundamental economic rights to the Constitution was the only way to truly address our unemployment problem.

Sixty-seven years later, to dramatize the shameful condition that our Nation and the marketplace tolerate, I have asked the Nation’s unemployed, underemployed, and economically insecure to send their resumes to me at: resumesforAmerica@mail.house.gov. I will then submit those records to the CONGRESSIONAL RECORD, on their behalf, as a means of protesting the unaddressed, shameful unemployment problem.

I am not promising anyone a job. I believe that the wealthiest Nation in the world should do something about the jobs loophole in our freedom construct.

Until Democrats and Republicans in this Congress and in the White House eliminate the unaddressed unemployment from our freedom and liberty construct, I will continue this peaceful demonstration at: resumesforAmerica@mail.house.gov.

HEALTH CARE REFORM

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

Mr. LAMBORN. Mr. Speaker, I rise today in support of this historic effort to bring back our health care system from the grip of a massive, unprecendented government takeover.

Overwhelmingly, my constituents in Colorado, like the majority of Americans, know that ObamaCare increases costs, explodes the deficit, raises taxes, hurts job-creators and, most importantly, gives the government control over personal health care decisions.

To force every American to buy a private product like health insurance is unconstitutional.

By using budgetary gimmicks, like counting 10 years of tax hikes against 6 years of spending, Democrats rigged ObamaCare to get its misleading score from the Congressional Budget Office. Realistic accounting shows that this law is a budget buster. ObamaCare creates so much new bureaucracy and spending that it took 2,800 pages to create it while the bill to repeal is only two pages.

Republicans will work to craft better solutions that empower patients and families to make their own health care decisions.

AN ASSAULT ON NEW HEALTH CARE FREEDOMS

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

Mr. BLUMENAUER. Mr. Speaker, you may miss it in the rhetoric, but both parties agree the current path of Medicare threatens to bankrupt the country.

Some parts of America are spending twice as much per Medicare patient as we spend in Portland, Oregon, for example, but deliver inferior care.

We know what to do.

This is why the reform act can give better care for less cost, but it’s not guaranteed. The Republican plan would strip away the reforms, the protections and the cost savings.

But this is not just an assault on new health care freedoms. It represents the triumph of politics over adult fiscal supervision. The Republican leadership doesn’t just ignore, they discredit, the nonpartisan professionals who, for 36 years, helped keep politicians in both parties honest.

Without this impartial referee, the long, difficult road to fiscal health becomes longer, becomes harder, and becomes less likely to be traveled.

SCRAPPING THE GOVERNMENT TAKEOVER OF HEALTH CARE

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

Mr. PENCE. Mr. Speaker, there is a lot of talk these days around here about where Members of Congress are going to sit during the State of the Union Address. Well, I’ve been in Congress for 10 years, and I learned a long time ago that it doesn’t really matter where you sit; it matters where you stand.

Today, House Republicans are going to stand with the American people and are going to vote to repeal the government takeover of health care—lock, stock, and barrel.

Now, I know the other side and some liberals in the media don’t like us using that term “government takeover of health care,” but let me break it down for you:

When you mandate that every American purchase health insurance, whether they want it or need it or not; when you mandate that every business provide health insurance or send people to a government-run exchange; when you pay for it with hundreds of billions of dollars and higher taxes and mandates; and when you throw in public funding of abortion against the wishes of the overwhelming majority of the American people, that is the government takeover of health care. And the American people know it.

I urge all of my colleagues in both political parties to join us today as we keep our promise to the American people, as we scrap this health care reform bill of last year and start over with health care reform that will lower the cost of health insurance without growing the size of government.

HONORING SARGENT SHRIVER

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

Mr. DREIER. Mr. Speaker, “one of the brightest lights of the greatest generation,” that’s how President Obama correctly described Sargent Shriver, who we all know passed away yesterday.

Sargent Shriver gave new meaning to the term “public service.” He never held elective office, and yet he launched the Peace Corps, was a member of the Diplomatic Corps, and he and his wife started the great Special Olympics.

In fact, I first got to know him in 1997 when I happened to be traveling with President Clinton in Latin America. We were in Buenos Aires, and it just so happened that that night Sargent Shriver was there holding an event to raise funds for the Special Olympics. He, by virtue of his public service, was able to touch lives not just here in the United States, but because of his service, he was able to touch lives all over the globe.

Our thoughts and prayers are with his wonderful children and all the members of his family.
LET'S NOT RETURN TO A BROKEN HEALTH CARE SYSTEM

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

Mr. HEINRICH. Mr. Speaker, last year we took a desperately needed stand for America's families and small businesses. But thanks to the American Affordable Care Act, Vicky and her doctor will be put back in charge of her health care and able to choose an affordable insurance policy.

I urge my colleagues to vote against a return to the broken health care system that we spent decades trying to fix.

SHOT ACROSS THE BORDER

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

Mr. POE of Texas. Mr. Speaker, recently, in the border ghost town of Fort Quitman, Texas, a county road crew came under automatic weapon fire. The four Hudspeth County workers reported at least eight shots were fired at them from across the border in Mexico.

The Rio Grande is very narrow in this isolated region and is used by armed drug smugglers to bring drugs into the United States. Speculation by the Texas Rangers is the shooter was trying to protect the drug route from the workers. This newest attack on the road crew is yet another example of the brazen, violent determination of outlaws to invade the United States.

The United States protects the borders of other nations. Why doesn't the Federal Government do its constitutional duty and really protect our borders from foreign invaders? Are border States going to have to not only give road crews shovels but rifles to protect them from the drug cartels?

It's time to be serious and protect Americans and put more National Guard troops on the border. Meanwhile, Washington seems to be whistling by the graveyard of indifference. And that's just the way it is.

HEALTH CARE REPEAL

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

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 a hero during the tragic shooting of our colleague and friend 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 Giffords, to share that the title of the health care 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 coverage to cover her.

Pat wanted to tell Congresswoman Giffords that the health reform law will help them purchase health insurance for this employee. She wanted to ask Gabby to stand up to attempts to repeal health reform.

Pat was unable to deliver her message to her representative, but she asked me to share it with you now. Heed the words of Pat Maisch. Heed the words of millions of Americans needing health care. Don't repeal vital health care reform.

REPEAL GOVERNMENT TAKEOVER OF HEALTH CARE

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

Mr. DENHAM. Mr. Speaker, I rise today to speak in favor of repealing the government takeover of health care forced through Congress without the input of the American people.

This country is currently in the midst of a terrible recession and it's clear that shouldering America's small businesses with heavier tax burdens and increased regulation will only prolong our nation's decline. By mandating that small businesses and individuals carry government-approved health care, the Federal Government has dramatically overstepped the boundaries of personal freedom guaranteed by our Constitution. It infringes on the rights of the States by forcing new requirements upon them and penalizing them should they choose to opt out of the Federal mandate.

The American people were misled. A government-run health care plan will limit access and choice, and millions of Americans will lose their coverage because of mandates from bureaucrats in Washington.

REPEAL OF THE PATIENTS' BILL OF RIGHTS

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

Mr. BUTTERFIELD. Mr. Speaker, today we continue debate on the Republicans' most unfortunate effort to repeal health care reform that we passed during the last Congress. This repeal will increase the deficit by $230 billion. No one disagrees with that but Republicans. That's why the Republican majority exempted this legislation from pay-as-you-go budgeting.

You know this repeal will increase the deficit.

Keeping the law in its present form not only decreases the deficit but will provide 32 million uninsured Americans the opportunity to obtain insurance and provide dependents for their families; it allows children to remain on their family's policy to age 26; it closes the doughnut hole, and it does so much more.

Mr. Speaker, I can usually see both sides of an issue, but for the life of me, I can't see what the Republicans are trying to achieve but to score political points with their right-wing base.

I call on my friends to abandon your efforts and let's concentrate on putting Americans to work. That's what my constituents are demanding and your constituents as well.

HISTORIC DAY—REPEAL OF OBAMACARE

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

Mr. GRAVES of Georgia. Mr. Speaker, today is a historic day in America. Acting on the will of the voters and the majority of all Americans, today we will vote to repeal ObamaCare.

Now, while the Senate appears less interested in following suit, here in the House this vote marks the beginning of round two of a vigorous and spirited national debate on health care. Over the coming months and weeks, this debate will go from Congress to kitchen tables all across this country. So as we reengage in this debate, the party on the left questions: Why do the American people want this policy repealed so bad? So let's revisit some of those areas.

Number one, the employee mandate, penalizing and punishing businesses for not having government-approved health care; the individual mandate, punishing and taxing Americans who choose not to have government-approved health care; the $699 billion in new taxes on the American people; jobs being lost; the cost of the bill, $2.6 trillion with a $700 billion deficit over the first 10 years of its life; and, yes, 222 corporations already exempt and waived from this policy. That's why.

It's time to reopen the debate, debunk the myths, and replace this law with less costly, market-driven solutions that truly expand access and affordability, and above all, preserve our individual liberties.
HEALTH CARE REFORM

(Ms. PINGREE of Maine asked and was given permission to address the House for 1 minute.)

Ms. PINGREE of Maine. Mr. Speaker, repealing the health care legislation that we passed last year would pull the rug out from under millions of Americans and add billions to the deficit.

We can and should talk about CBO scores, tax credits, and unemployment numbers. But what this health care reform is really about is improving the lives of millions of Americans. It’s about children with preexisting conditions who can no longer be denied coverage. It’s about senior citizens who can now afford to get screened for diabetes or get a mammogram. It’s about working families that no longer have to worry that their insurance will be canceled if they get sick.

It’s about people like Geralyn from South Portland, Maine, who wrote to me. She said, “My son turned 19 last May and promptly lost his insurance coverage. He has high blood pressure and had to go to the doctor a number of times to get his medication right. It was a struggle to keep up with the bills. He works two part-time jobs, and that doesn’t get him health care. As of December 1, I was able to get him back on my insurance and it is a relief knowing he is covered. If this was repealed, it would hurt my son’s health.”

That’s why we need to stick with the health care plan and vote “no.”

HEALTH CARE REFORM REPEAL

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

Mr. FINCHER. When the Congress passed the Patient Protection and Affordable Care Act last year, it was promised that Americans would have better access, more affordable and higher quality care. Instead, ObamaCare created what we all despise and know won’t work—more government bureaucracy at taxpayer expense: $500 billion in new taxes, $500 billion in Medicare cuts, more government bureaucracy, thousands of new IRS employees.

What we need for the American people is transparency and accountability. Do I need to remind our colleagues that the approval rating of Congress is at an all-time low because we’re not listening to the folks? We were sent here in November to do a job, and that’s exactly what we’re going to do. We’re going to keep our promises we made to the American people, and we’re going to hold true to that.

So I stand in favor of repealing the health care bill. We have to create jobs and get our economy moving. If we allow this health care bill to stay in effect, that will not do.

HEALTH CARE REFORM

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

Mr. DeFAZIO. The gentleman that spoke before me talked about transparency and accountability. Let’s talk about the insurance industry pre-reform. They took your premium if you got sick even though you had been paying the premiums for years. They could refuse to sell you a policy if they didn’t like the way you look or if you’ve had a minor health problem. We changed that. People can now get health insurance and keep their health insurance if they’ve been paying their premiums.

But now they want to go back to those bad old days, and they talk about transparency and accountability. How accountable is an industry that is exempt from antitrust law? Health insurance companies can and do collude to exclude people from coverage, to red line, to drive up premiums, to not sell in one state but compete with one another. There’s no free market and competition and transparency and accountability.

If the Republicans really wanted to do something today, and if they want to showboat with this repeal, they could at least replace it by making the industry comply with the same competitive rules as every other industry in America except for professional sports, and that is they would be subject to antitrust law restrictions.

HEALTH CARE REFORM REPEAL

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

Mr. BILIRIKIS. Mr. Speaker, we all want to increase access to quality, affordable health care. We know that in this troubled economy, Americans are concerned about meeting and ensuring that they are covered in the event of a health care emergency.

However, the misguided health care effort that was pushed through this House during the last Congress is doing much more harm than good. The hard-working families and seniors and small businesses in my district cannot afford this health care overhaul that is costing jobs, increasing red tape, spending trillions of dollars, and actually increasing health care costs.

This week the House is listening to and acting upon the message that Americans sent to Washington this past fall. We will replace the overreaching health care law with commonsense solutions that will lower costs and increase access to insurance while keeping Americans in charge of their own health care.

HEALTH CARE REFORM

(Ms. HANABUSA asked and was given permission to address the House for 1 minute.)

Ms. HANABUSA. Mr. Speaker, when the Health Care Reform Act was passed, it had in it section 1560. That section recognizes the Hawaii Prepaid Health Care Act. Why? Because we have the lowest premiums in the Nation and we have one of the best coverages afforded for that. And why is that? Because we recognized very early on that you need to do a series of things. One, you need to share risks; two, you need to cover everyone; and, three, you need to make things available. Health care affordable. And for that, we have a great system, a system that still needs to be tweaked, a system that will benefit from the Affordable Health Care Act.

What does that tell you? It took us 36 years to get it right, and we’re still working on it. And my colleagues across the aisle want to repeal something that hasn’t been around for a year.

Now, the American people do not want that. They want us to learn from when things are done right. Look at what we’ve done—36 years and we’re getting it right. But it’s still not perfect. We’ve got to keep listening, and we’ve got to hear the people.

HEALTH CARE REFORM

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

Mr. CICILLINE. Mr. Speaker, just yesterday I had the privilege of hearing from a Rhode Islander, Alex Lataille, who spoke at the one and only hearing Congress had to discuss the negative effects of repealing the new health care law.

Alex graduated last May with two bachelor’s degrees, and while looking for a job after graduation, he is able to afford health insurance because he can stay on his parents’ policy. Repealing this law means Alex and millions of Americans will lose their coverage.

I also recently spoke to Beth, a woman from Woonsocket, Rhode Island. She told me she’s an insurance agent. She sells insurance every single day, but she’s denied access to coverage because of her preexisting condition. Repealing this law would mean she would again be denied access to health care. She said, Please do not let them take my health care.

I was sent here to find practical solutions to solve the problems facing Rhode Island families. Let’s work to improve this law, not repeal it.

HEALTH CARE REFORM

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

Mr. YARMUTH. Mr. Speaker, over the course of the last year and a half as we worked to pass incredibly important protections to Americans, opponents of health care reform continued to try to scare people about what we
Ms. JACKSON LEE of Texas. Mr. Speaker, thank you so very much. I look forward to working with you.

It's time to bust a number of myths. It's time to really tell the Americans the truth. As we begin another series of 5-hour debates on repealing a life-saving initiative, it's really time to tell the truth. Maybe it's time to tell the truth about this senior citizen, who had pneumonia and didn't know she had it. But if she had not had "a government-run health system," Medicare, she wouldn't have been laying in a sophisticated medical facility, providing her with the opportunity to live. Any of you know about pneumonia—walking pneumonia can kill you. It killed my grandfather, who did not have access to this quality health care because he did not have Medicare.

It's time to bust the myths. It's time to tell our physicians that Democrats worked hard to build up your reimbursement. We were the leaders on it. This case, this case the Patient Protection and Affordable Care Act, because as this bill grows with research dollars, we also have the opportunity, with the President, to work on reimbursement. This bill is a bill to save lives. And those in Texas know it. Mr. Speaker, because the Texas insurance agency said it is a good bill.

FREEDOMS AND HEALTH CARE REFORM

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

Mr. PERLMUTTER. Mr. Speaker, we are here today to again debate the repeal of the health care legislation passed last year. Democrats provided in that bill various freedoms: Freedom from discrimination for preexisting conditions, freedom from cancellation because you get sick, freedom to move from job to job without losing your insurance. These freedoms are part of the legislation of America today. They are all based on the equal protection laws of the 14th Amendment.

The Republicans, in a very radical and extreme move, want to have Americans forfeit these freedoms. We can't have that done. This is about saving money. $230 billion. Republicans talk about saving money. But they are prepared to repeal an act that saves America $230 billion.

We want to make sure that we have manufacturing in this country, we make it in America. We're not competitive with the rest of the world. We can't allow this repeal to take place. I urge a "no" vote.

OPPOSING REPEAL OF THE AFFORDABLE HEALTH CARE ACT

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

Mr. CARNEY. Mr. Speaker, I rise today to oppose this counterproductive effort to repeal the Affordable Care Act. Instead, we ought to focus on how we can move forward together. Democrats and Republicans, to address the very serious challenge of rising health care costs. Among developed nations, the United States spends twice as much as a share of GDP on health care; we're at the bottom near the bottom in health outcomes.

Insurance premiums more than doubled in the last decade. Absent reform, they are on pace to double again by 2020. These costs are unsustainable for families and for the Federal budget. There can be serious conversation about deficit reduction without talking about health care cost containment. Medicare, Medicaid, and SCHIP alone consume one-quarter of the Federal budget. The Affordable Care Act will curb health care cost growth, but there is a lot more that needs to be done.

I came to Congress to make the tough, thoughtful decisions necessary to improve the Affordable Care Act, not repeal it. And I look forward to working with my colleagues to do just that.

ELECTING MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. LARSON of Connecticut. Mr. Speaker, by direction of the Democratic Caucus, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 39

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

(2) COMMITTEE ON ARMED SERVICES.—Mr. Benton, Mr. Baca, Mr. Cardozo, Mr. David Scott of Georgia, Mr. Cuellar, Mr. Costa, Mr. Walz of Minnesota, Mr. Schrader, Mr. Kissell, Mr. Owens, Mr. Stringer of Maine, Mr. Courtney, Mr. Welch, Ms. Fudge, Mr. Sablan, Ms. Sewell, and Mr. McGovern.

(2) COMMITTEE ON ARMED SERVICES.—Mr. Reyes, Ms. Loretta Sanchez of California, Mr. McIntyre, Mr. Brady of Pennsylvania, Mr. Andrews, Mrs. Davis of California, Mr. Langevin, Mr. Larsen of Washington, Mr. Creamer, Ms. Bordallo, Mr. Courtney, Mr. Loebssack, Ms. Giffords, Ms. Tsongas, Ms. Pingree of Maine, Mr. Kissell, Mr. Heinrich, Mr. Owens, Mr. Garamendi, Mr. Christ, Mr. Delaney, Mr. Johnson of Georgia, Ms. Castor of Florida, Ms. Sutton, and Ms. Hanabusa.

(3) COMMITTEE ON EDUCATION AND THE WORKFORCE.—Mr. Kidloe, Mr. Payne, Mr. Andrews, Mr. Scott of Virginia, Ms. Woolsey, Mr. Hinojosa, Mrs. McCarthy of New York, Mr. Tierney, Mr. Kucinich, Mr. Wu, Mr. Holt, Mr. Davis of California, Mr. Grijalva, Mr. Bishop of New York, Mr. Loebssack, and Ms. Hirono.

(4) COMMITTEE ON FINANCIAL SERVICES.—Ms. Watson of Georgia, Ms. Maloney, Ms. Velázquez, Mr. Watt, Mr. Ackerman, Mr. Sherman, Mr. Meeks, Mr. Capuano, Mr. Hinojosa, Mr. Clay, Mrs. McCarthy of New York, Mr. Reyes, Mr. Baca, Mr. Lynch, Mr. Miller of North Carolina, Mr. David Scott of Georgia, Mr. Al Green of Texas, Mr. Cleaver, Ms.
Moore, Mr. Ellison, Mr. Perlmutter, Mr. Donnelly of Indiana, Mr. Carson of Indiana, Mr. Himes, Mr. Peters, and Mr. Carney.

(5) COMMITTEE ON FOREIGN AFFAIRS.—Mr. Ackerman, Mr. Payne, Mr. Sherman, Mr. Engel, Mr. Meeks, Mr. Carnahan, Mr. Sires, Mr. Connelly of Virginia, Mr. Deutch, Mr. Cardoza, Mr. Chabod, Mr. Higgins, Mr. Murphy of Connecticut, and Mr. Sablan, Mr. Heinrich, Mr.卢jań, Mrs. Grijalva, Ms. Bordallo, Mr. Costa, Mr. Boren, Mr. Kildee, Mr. DeFazio, Mr. Faleomavaega, and Mr. C. A. Dutch Riegle of Michigan.

(6) COMMITTEE ON HOMELAND SECURITY.—Ms. Loretta Sanchez of California, Ms. Harman, Ms. Jackson Lee of Texas, Ms. Waters, Ms. Cohen, Mr. Johnson of Georgia, Mr. Pierlusi, Mr. Quigley, Ms. Chu, Mr. Deutch, Ms. Linda T. Sánchez of California, and Ms. Wasserman Schultz.

(7) COMMITTEE ON THE JUDICIARY.—Mr. Berman, Mr. Nadler, Mr. Scott of Virginia, Mr. Watt, Ms. Zoe Lofgren of California, Ms. Jackson, Mr. White of Texas, Ms. Waters, Mr. Cohen, Mr. Johnson of Georgia, Mr. Pierlusi, Mr. Quigley, Ms. Chu, Mr. Deutch, Ms. Linda T. Sánchez of California, and Ms. Wasserman Schultz.

(8) COMMITTEE ON NATURAL RESOURCES.—Mr. Kildee, Mr. DeFazio, Mr. Baldassarre, Mr. Pallone, Mrs. Napolitano, Mr. Holt, Mr. Grijalva, Mr. Costa, Mr. Boren, Mr. Sablan, Mr. Heinrich, Mr. Lujan, Mrs. Christensen, Mr. Davis of Illinois, Mr. Higgins, Ms. Spiker, Mr. Richmond of Louisiana, Mr. Clarke of Michigan, and Mr. Keating.

(9) COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM.—Mr. Towns, Mrs. Maloney, Ms. Norton, Mr. Kucinich, Mr. Tierney, Mr. Clay, Mr. Lynch, Mr. Cooper, Mr. Connolly of Virginia, Mr. Quigley, Mr. Davis of Illinois, Mr. Braley of Iowa, Mr. Welch, Mr. Yarmuth, Mr. Murphy of Connecticut, and Ms. Speier.

(10) COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY.—Mr. Costello, Ms. Woolsey, Ms. Loretta Sanchez of California, Ms. Hauser of New York, Ms. Roe of Illinois, Mr. Speier, Mr. Sarbanes, Ms. Brown of Florida, Ms. Edwards, Mr. Reyes, Ms. Brown of Florida, Mr. Reyes, Mr. Michaud, Mr. Branin, and Mr. Cicilline.

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

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, proceedings will now resume on the bill (H. R. 2) to repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act.

The Clerk read the title of the bill.

The SPEAKER pro tempore. When consideration was postposed on Tues- day, January 18, 2011, 5 hours of debate were available. The 30 minutes equally divided and controlled by the majority leader and minority leader or their designees, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means.

The Chair recognizes the gentleman from Minnesota.

Mr. KLINE. Mr. Speaker, I rise in support of H. R. 2, and I yield myself such time as I may consume.

Mr. Speaker, for 20 consecutive months more than 14 million Americans have been unemployed. As much as we would like to solve this problem, the Federal Government cannot legislate or regulate our way to job creation. We can, however, foster economic certainty that will encourage families, businesses, and entrepreneurs to spend, hire, and invest. And that is what we will try to do today.

Almost 1 year ago, Democrats launched a nearly $1 trillion government takeover of health care that increases national health care spending by $311 billion over 10 years and levies more than $500 billion in new taxes on individuals, consumers, and businesses.

The 2,700-page law has led to more than 4,000 pages of new rules and regulations, and the law is only 10 months old.

Those who do not or cannot afford to have insurance that will cover them, or who graduate from high school, and are not reimbursed for costs thrown off of policies willy nilly, where people are not reimbursed for costs willy nilly, given excuses, paperwork and forms, will not be able to hire and 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 yield the balance of my time.

Mr. GEORGE MILLER of California. I yield myself 4 minutes.

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 get back to work. And a key part 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, 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, that will get rid of the preexisting conditions that eliminate their coverage, that will get rid of the lifetime caps so that those people who contract cancer...
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 to get insurance. Since 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 we can afford because of the insurance costs they now have.

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 lose 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 99 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 that’s a comfort to the American working family. The Republicans want to believe that 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—almost all of them, I would say there were three or four in the call—almost all of them wanted the certainty of knowing that they will 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. KLINE. 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 law passed last year. 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. Thank you, the chairman 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 are asking 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 they buy health insurance. The insurance company says sell 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 that says, 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 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 says 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. KLINE. 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 mandate places heavy burdens on 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.

Mr. Speaker, the liberal health care takeover destroys jobs, limits freedoms, and expands Big Government.

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

Ms. WOOLSEY. Mr. Speaker, I rise to speak out in emphatic opposition to H.R. 2, the repeal of the Affordable Care Act.

Mr. Speaker, one of my sons, the father of two and a wonderful husband, came home last week to Petaluma from 6½ weeks in the hospital. He has many, many more weeks’ recovery ahead of him, but I can tell you that this family, one that has a human challenge ahead of them, would not have a chance without health care, the health care coverage that they have.

This bill, by the way, goes in precisely the wrong direction. Just when we should be strengthening the historic reform we passed last year, my colleagues on the other side of the aisle want to tear it apart. Have you never experienced another person that had the needs that my family has today even if it wasn’t in your family?

Repeal, we know, would leave millions out in the cold, stripping them of access to affordable health coverage. In fact, Blue Shield of California recently announced a rate increase of as much as 50 percent—for some, 200,000 policyholders. Does the majority not see the problem with runaway costs that are passed on to middle class families already burdened by a deep recession? Do you want to return to the broken health care system that had people crying out for reform in the first place?

The claim that cutting government spending is the most important of all flies in the face of the CBO that has concluded that their bill would add $230 billion to the deficit, the Republican bill, $230 billion to the Nation’s debt by 2021. Do not vote for this.

Mr. KLINE. Mr. Speaker, I am pleased to yield 2 minutes to my friend and colleague, a member of the committee, the gentlewoman from North Carolina (Ms. FOXX).

Ms. FOXX. I thank my friend for yielding me time.

I rise today in support of H.R. 2, which means the job-destroying government takeover of one of America’s most successful health care systems.

Voters rejected the “government knows best” philosophy in November. In contrast, Republicans believe that American innovation and reduced government control are keys to successful health reform that reduces health care costs. For instance, it’s estimated that 1 percent of the most seriously ill account for more than 25 percent of all health care expenditures. What if we could address the needs of these patients and at the same time reduce costs?

We can. We can by harnessing the power of innovation and health research in fields like regenerative medicine, where researchers are developing new technologies to replace or regenerate organs and tissues using the patient’s own cells. These treatments could reduce the cost of chronic diseases by $275 billion a year. Consider the fact that Dr. Anthony Atala at the Institute for Regenerative Medicine at Wake Forest University has been able successfully to grow bladders for bladder replacement surgeries from the recipient’s own cells. Yet despite several billion dollars in federal support, the FDA insists he go through additional clinical trials on animals and spend millions of dollars in testing that is clearly unnecessary based on his success with the human transplant surgery.

The Federal Government’s regulatory burden is stifling innovation in America, and the government takeover of health care, passed by the ruling Democrats last year, will impose more job and innovation-destroying regulations on the health care industry. Therefore, I urge my colleagues to vote in favor of investing in new health technology and research by voting “yes” on H.R. 2.

Mr. GEORGE MILLER of California. I yield 2 minutes to the gentleman from Texas (Mr. HINOJOSA), a member of the committee.

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

Mr. HINOJOSA. Mr. Speaker, I rise today in strong opposition to H.R. 2. Over one-third of my constituents in the 15th Congressional District of Texas are currently uninsured. With passage of the Affordable Care Act, that number, which has risen year after year, is finally coming down. I project that the percentage of uninsured individuals could drop to only 10 percent.

Right now, thanks to the Affordable Care Act, children who are 26 and under can stay on their parents’ policy as they finish school and search for a job. With the passage of health care reform in 2010, senior citizens who hit the doughnut hole are now going to receive rebates and small businesses have had their taxes cut, all the result of the Affordable Care Act. If the proposed health care act repeal were to pass, it will destroy this progress I have seen in my district and in my State. The families and businesses in my district are faced with more uncertainty. They cannot afford to go back to the old health care system that was not working for millions of Americans and whose spiraling costs were driving our Federal budget into the abyss.

Right now, the Affordable Care Act is extending affordable health care insurance to millions of Americans. However, here in Congress, the majority party is asking the House to repeal the law that our constituents have been working hard to put into place and without offering a meaningful alternative to the American people who are working, who are presently without insurance, or who have preexisting medical conditions. Those Americans and families who are working hard to be successful will not have an affordable choice unless they are working with the Affordable Care Act.

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

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

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

Mr. Speaker, I rise today to support H.R. 2, the repeal of ObamaCare. For the past 30 years, I haven’t been a politician but a physician treating patients and delivering babies in rural east Ten- nessee. And I can say without hesi- tation that we have the finest health care system in the world.

Health care should not be a partisan issue, and I personally have never operated on a Democrat or Republican cancer in my life. You can’t spend $1 trillion and have a bill that’s over 2,500 pages long and not have anything good come out of it. This bill is not, however, good medicine for our country.

The repeal of ObamaCare doesn’t mean that we aren’t for health care re- form. Quite the contrary. What I dis- covered in my own practice of 30 years was health care was becoming more and more unaffordable for our citizens. And we had a group of patients, a group of citizens, who didn’t have affordable health insurance coverage. This we need to address.

This bill does increase the number of people having insurance, but does nothing to control the costs. The other side says that if we repeal ObamaCare, it will increase the costs and decrease access.

Let’s take a look at three government-run plans. One is TennCare, my State’s Medicaid program; the Massachusetts Care; and Medicare. In TennCare, we had a plan that had competing interests. It would compete...
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 tripled. And what we found was that half the people who went on the government plan had private health insurance and the other half of them opted out 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, or fewer police of guards. 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 has tripled and doubled 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 to extend 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. Businesses get it also. If this is such a great plan, why have, to date, 222 businesses opted out, including McDon-

ald's and, of all people, the SEIU, the government's employee union who fought for this and then opted themselves out? I find that ridiculous when you see that.

The doctors get it. The doctor fix, the SGR fix is not in this bill. It is a cost that was hidden. As doctors are squeezed, they cannot see patients that cannot pay the cost of the care.

Malpractice is not in this bill. I can tell you as an OB-GYN doctor, it is over the top. It is almost unaffordable for us.

So the American people get it. The people of Tennessee get it. And we as elected representatives get it. We got that in the election of November 2, long-term deficit to $1.2 trillion. That is the difference.

I yield 2 minutes to the gentlewoman from New York (Mrs. MCCArdy), a member of committee.

Mrs. MCCArdy of New York. I appreciate the gentleman's yielding me this time.

Mr. Speaker, I rise today in opposition 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 insurance system, a system that everybody knows is broken. The Affordable Care Act provides access to the insurance market for millions of Americans, puts in place important consumer protections, and reduces our country's deficit.

This new Congress was elected promising a transparent process with input from all Members. This repeal bill, however, has not even been considered by a single committee in the House. Members are also being shut out of the process.

I cosponsored four amendments submitted to the Rules Committee; none were accepted.

I cosponsored an amendment to ensure that women continue to receive the preventive care benefits provided by the Affordable Care Act. The Republicans did not allow this amendment to come up to the floor.

I cosponsored an amendment to ensure that all seniors will continue to receive the increased benefits in Medicare and that the doughnut hole will continue to be closed. The Republicans did not allow this amendment to come up to the floor.

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 to the floor.

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 deficit. The Republican did not allow the amendment to come up to the floor.

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. KLINE. I yield 30 seconds to the gentleman from Tennessee (Mr. ROE) to respond to the gentleman from California's comments.

Mr. ROE of Tennessee. Mr. Speaker,
I urge my colleagues to vote no on repealing the health care reform law.

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

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

Mr. ROKITA. I thank the gentleman from Minnesota for yielding me time.

Mr. Speaker, I rise in support of free- dom for every American. I am opposed against the expansion of government. The people of Indiana sent me to Washington, D.C. with very specific instructions: Get the government out of our lives.

Therefore, I will be voting yes on H.R. 2. Every honest person in this debate knows that this law does not solve the problems in our health care system. Its solution, to destroy the best health care system in the world and replace it with even more inefficiencies, government controls, loss of personal freedom and trillions in new costs to the taxpayers, will fail.

And let’s not forget that there are programs already in place that are supposed to do many of the things the President has talked about his law doing. We should start with reforming those. Also, health savings accounts, insurance across State lines, covering preexisting conditions, and even subsidizing the poor’s purchase of a private policy should all be implemented. Health care is not a right, and if we are not careful, the feel-good, empty promises made in this law will bankrupt our country and leave our grandkids to pay for it.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from Arizona (Mr. GRIJALVA), a member of the committee.

Mr. GRIJALVA. Thank you, Mr. MILLER.

I rise today in opposition to a regressive and unfair piece of legislation, H.R. 2. We must protect the American people from the Republican NoCare agenda. Their agenda for America is simple:

NoCare if you lose your job.
NoCare if you or your child has a pre-existing condition.
NoCare if you are a senior in the doughnut hole.
NoCare if you’re under 26 and on your parent’s plan.
NoCare if you get sick and your insurer drops your coverage.
NoCare if your insurer hikes your premiums higher than you can afford.
NoCare for Indian health care services.
NoCare for community health centers.
NoCare for closing the disparity gap in America’s health care delivery system.

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.
and, finally, finally, take a step toward empowering the American people.

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 Medicaid. 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 VI, too (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 cutbacks on 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 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 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 Forefathers. 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.

Health care law may not be 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—and 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 these states is very real and these 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, lobbyists, 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 been denied 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 annually or in a lifetime, stopping 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 coverage was not available.

All of these injustices are addressed in the bill. Its repeal would reverse 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—and nor should it.

Mr. KLINE. May I inquire of the Speaker how much time is remaining on each side.

The SPEAKER pro tempore. The gentleman from Minnesota has 26½ minutes remaining. The gentleman from California has 22 minutes remaining.

Mr. KLINE. Mr. Speaker, at this time, I am very pleased to yield 1 minute to
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 Southeast, 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 health care executives with 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 preexisting conditions who will be unable to access coverage when the ban on discriminating against children with preexisting conditions is repealed? 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 the gap between being 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, 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 front lines 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 than $300 billion a year for just her daughter’s health insurance and prescription drugs. Now they pay $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 be honest. 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 already spent $250,000 out of pocket for her prescription drugs. Closing the Medicare donut hole in 2011 will beeligible for 50 percent discounts on covered brand name prescription drugs. Closing the Medicare donut hole in 2011 will be especially critical for Hawaii as we are home to the Nation’s largest percentage—36 percent compared to 26 percent—of Medicare beneficiaries that 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 providinghealth 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 our deficit. 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 nationalized 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 the money they saved at work and 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 who are and who are not entering 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 voting with 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 millions of 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 Insurance Program.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another physician, the gentleman from Louisiana, Dr. FLEMMING.

Mr. FLEMMING. Mr. Speaker, I am pleased to yield 1 minute to another physician, the gentleman from Louisiana, Dr. FLEMMING.

Mr. FLEMMING. Mr. Speaker, I am pleased to yield 1 minute to another physician, the gentleman from Louisiana, Dr. FLEMMING.
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, our socialized medicine is now 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?

Second, while the health care system is now hard to navigate, under ObamaCare it will be a nightmare. The government will replace many generations to come.

And, third, 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—ObamaCare.

Mr. GEORGE MILLER of California. Can I just 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. I am 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 200,000 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. However, health care reform provides Tim extra assistance in paying for his prescriptions and ensures that the so-called doughnut hole payment will be more in the very near future.

Mr. KLINE. 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 eyewitness 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—and reform with the goal of 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 I 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, Mr. Speaker, I rise in opposition to H.R. 2.

In survey after survey, the number one issue facing our country is jobs. Last year, my colleagues on the other side of the aisle said the number one issue we should be working on is jobs. Well, the health care reform act is a jobs bill.

In the seventies and eighties I worked in several hospitals in the Los Angeles area. During those years, there was such a severe shortage of health care providers that hospitals recruited nurses from Canada and the Philippines. Right now, there is an estimated shortage of 400,000 nurses nationally. Right now, there is an estimated shortage of 50,000 doctors. Right now, there are waiting lists of several years to get a slot in nursing schools and other allied health professions.

So if there is a shortage of medical personnel right now and health care reform expands coverage to 30 million people, then explain to me how health care reform is not a jobs bill?

Mr. KLINE. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Indiana (Mr. PENCE).

Mr. PENCE. Mr. Speaker, I rise in strong support of H.R. 2, repealing the government takeovers of health care passed by the 111th Congress.

Now, I know my colleagues on the other side of the aisle and many of their supporters in the mainstream press don’t like us to use that term, but let me defend it for a moment. When you order every American to buy health insurance—whether they want it or need it or not—that’s a government takeover of health care. When you order almost every business to provide their employees to government-run health exchange programs, that’s a government takeover of health care. When you pass legislation that makes it illegal to use millions of dollars in higher taxes, mandates, bureaucracies, and even public funding of abortion against the wills of the overwhelming majority of the American people, that’s a government takeover of health care—and the American people know it.

Last year, House Republicans pledged that if the American people gave us a second chance to lead this Congress, we would repeal and replace their health care reform with health care reform that focuses on lowering the cost of health care insurance without growing the size of government. And we kept that promise today.

Now, some in the cynical political class are saying that it’s a gimmick. It ain’t an empty gesture. We don’t have another term for it on our side of the aisle—it’s a promise kept. And House Republicans are here to stand with the American people and say with one voice, We can do better. We can do better than their government takeover of health care. We can pass legislation that will be market-based, patient-centered. But it all begins with today.

So I urge my colleagues to join us in repealing this government takeover of health care before it ever takes effect and then work with us as we build health care reform that is worthy of the American people.

Mr. GEORGE MILLER of California. I yield 30 seconds to the gentleman from New Jersey (Mr. AMENDS).

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 have to repay those checks to the government?

I would yield to anyone who can answer.

Mr. KLINE. I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1½ minutes to the gentleman from New Jersey (Mr. PAYNE).

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

Proponents of this bill contend that the current health care bill 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 save for the long term to pay for involuntary health care costs—which we never heard 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.

Forty-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. BLORING. Mr. Speaker, before I yield to the gentleman from Pennsylvania, I'll 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 must 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 in support.

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 will increase an average of $2,100 per family. This increase comes despite promises of lower premiums.

Mr. Speaker, 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 assurance 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 increased 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 two parties, and move forward with commonsense reforms that are focused on truly reducing health care costs over the past decade. The goal is not only to repeal the 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 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 126,000 small businesses in Michigan would lose the tax credit under this bill. The last thing that small businesses in Michigan and across the country need 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. 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 past year has been a disaster. It has raised the cost of health care; it makes health care less affordable; 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 $2,000 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 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 we seek 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 less generous than in other countries, 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 took it over, my business 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 choices for small business 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. ObamaCare should be replaced with a smaller, more commonsense program.

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 to voice my support for H.R. 2, repealing last year’s misguided health care law.

Whether it’s dropped coverage, higher costs or lost jobs, the unintended consequences of the administration’s plan have piled up. I don’t think the law is salvageable. We must craft a bipartisan replacement that actually lowers costs and expands access to care without raising taxes and slashing Medicare.

Americans want consensus-minded reforms to expand coverage for preexisting conditions and prevent insurers from imposing unfair caps or canceling policies. They want reforms that provide more choice over how to spend their health care dollars, like purchasing health insurance across State lines and expanded health savings accounts. And they want commonsense legislation to curb junk lawsuits and to stop the costly practice of defensive medicine.

I urge my colleagues to join me in fulfilling the wishes of voters and repealing ObamaCare. Then we can work together on reforms that deliver the high-quality, low-cost care the American people deserve.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the chairman of the Financial Services Committee, the gentleman from Alabama (Mr. BACHUS).

Mr. BACHUS. Mr. Speaker, the first rule of the physician is "do no harm." The government takeover of health care does a lot of harm, and the damage will get worse.

Just on pure economics, it’s a bitter pill. Small businesses are bracing for tax increases and higher costs. They are dropping coverage; they are holding new hires. The Federal Government is taking on a new open-ended entitlement it can’t afford, and that at a time of historically high deficits, annual deficits and a national debt. Washington yet again is building a new bureaucracy to tell people what to do.

The Federal Government has no business making private medical decisions that ought to be between you and the doctor. It violates the principles on which this country was established, America’s exceptionalism. America is not Europe. Our system is based on the individual, on choice, on freedom, on individual initiative and competition.

The mandate that asks individuals to buy health insurance is an encroachment on our personal liberty and a violation of our constitutional principles.

Allowing taxpayer money to pay for abortions is reprehensible and cannot be allowed to continue.

We can address the issues in our health care system without the government running everything and spending uncontrollably. We heard what the American people said last November and in our town halls. To get health care right, we have to start by repealing a misguided law that is bad policy and bad medicine.

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

Mr. MCNERNEY. Mr. Speaker, I rise today in support of the health care law and in opposition to its repeal. The health care reform, which was signed into law last year, is clearly not perfect and could be improved. However, the law as enacted will have significant benefits to millions of American citizens, to businesses, to local governments, and to the country as a whole.

The benefits to individuals in need of health care with preexisting conditions, 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 incentivizing 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 repeal of 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 cut 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 thing. 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 Wisconsin (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 will begin the process of replacement with common sense 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 of Washington. Mr. Speaker, I rise today to speak in opposition to this patients' rights repeal and deficit explosion act.

The bill before us today, according to the nonpartisan CBO, is going to add $230 billion to our national debt. We should not stand for that. The bill before us today is going to repeal efforts that we put in place to be sure that young adults can get on to their parents' plans. If we repeal this, it is going to knock 20,000 young adults in Washington State alone off their parents' plans.

If we repeal this bill today, it's going to take away help for 45,000 seniors in Washington State who are relying on the efforts that we have done over the last couple of years to be sure that we are closing the Medicare doughnut hole. Repeal of the health care reform law is going to put those folks back into the doughnut hole.

Finally, we ought to oppose repeal of this bill because of the simple fact that there is a young woman in my district who has severe mental health illness and her employer is taking her coverage off their health care plan because of the provisions we have put in there about preexisting conditions. That family is now saving $10,000 a year out of pocket.

I am asking folks to oppose the repeal of this bill.

Mr. KLINE. Mr. Speaker, could I inquire again as to the time remaining on each side, please.

The SPEAKER pro tempore. The gentleman from Minnesota (Mr. Lucas) is recognized.

Mr. ROYCE. Mr. Speaker, the claim that this new health care law will reduce health care costs.

Mr. KLINE. Mr. Speaker, then at this time I am pleased to yield 1 minute to the gentleman from Missouri (Mr. LONG).

Mr. LONG. Mr. Speaker, I rise in support of H.R. 2. In this country, we have the finest doctors, the finest nurses, the finest protocols, the finest facilities in the world. That's not a government-run system.

I swore to uphold the Constitution 2 weeks ago today in this, the people's House.

The people have spoken, and they don't want Washington bureaucrats coming between them and their doctors. They would like to make their own decisions.

You can't make a silk purse out of a sow's ear, but that's exactly what the majority tried to do last year by using 10 years of taxes to pay for a 6-year program, increasing spending by $2.6 trillion. Now, that's not what I would call affordable when it's one-sixth of this Nation's economy.

When I think of the 2,000-page bill, I think of a big block of cheese out there, pretty tempting looking. Well, the Americans I hear from, they don't want that cheese. They want out of the trap of government-run health care.

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

Mr. MORAN. I appreciate the leadership of the gentleman from California. So we have several dozen new Republican Members of this House, and as a result, the first thing we are going to do is to attempt to repeal health care.

Let me review what has happened. These new Members came into office, and they are putting forth the opportunity to sign up for health insurance coverage for their own families; and unless they had better coverage, most of them took that opportunity. But now in the very first legislative act of this new Congress, they are going to deny that opportunity for coverage for their own constituents.

So their children are covered—their spouse is covered. About their children of their constituents? What about their loved ones? What about their businesses? They have full employment now. But what about their constituents whose employers will not be able to provide coverage for their own constituents with this law? This law was modeled after the plan that Members of Congress have now and that our new colleagues were only too happy to sign up for.

I think this is the height of hypocrisy. Do unto others as you would do unto yourselves. Treat your constituents as you have treated yourselves.

Thank you, Mr. Chairman.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Illinois (Mr. DOLD).

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 bipartisanism in what happened last year. The only bipartisanism 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 that. We need that. The American people have demanded it. From American businesses and people all across the United States, they demanded 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 for especially 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. Why don’t they 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 promise to the American people that we are serious about cutting spending, creating jobs, and limiting—limiting—the government’s role in our everyday lives.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Florida (Mr. SOUTHERLAND).

Mr. SOUTHERLAND. I thank the gentleman from Minnesota for yielding me this time.

I rise in support of this legislation. As a third-generation small business owner following the footsteps of my father and my grandfather, I understand how crushing the tax burden is going to be upon small business.

The NFIB estimates that 1.6 million jobs will be lost by 2014 due to this insurance mandate; 66 percent of those job losses will occur in small business. James Edens, the owner of Edens Heating and Air in Tallahassee, stated to me that he will not hire, he cannot hire additional staff, due to the uncertainty.

Repealing this legislation will provide much-needed certainty to small businesses around this country, allowing them to hire and invest in their employees.

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 us 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 5 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 since the health care bill was signed by the President, 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.

We’ve heard about protecting the children and grandchildren of the country against mounting debt. For years, there has been an understanding 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 the Speaker to strike this repeal, and they came back and said, Well, Mr. Speaker, this is going to add over $1 trillion to the national debt over the next 20 years. 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.

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, is that over 500,000 new workers were offered 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 story 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 want to go to the doctor, they say you wouldn’t have 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 arduous, cumbersome, pernicious 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.

It is not just the same 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.

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.

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House, and that any manifestation of approval or disapproval of proceedings 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, 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 employers who 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? What is 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 shackling 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 we will act boldly in the House. We will then embark on reform that I believe can be supported by both Republicans and Democrats.

Today we know that those were only slogans—sound bites in a cynical sales pitch—and certainly not promises kept, today we will act boldly 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. As it is repeated; 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 for 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 privatization 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 the Congresswoman from Michigan, ESHOO, is on the floor. She and I have an amendment in the new law on biosimilars that passed with a huge bipartisan majority, and we hope that that’s one of the things that will be kept. We do believe that we should be able to do something on preexisting conditions. We do believe that children should be allowed to stay on their parents’ plans until the age of 26. So there are some things in the new law that we think are worth keeping. But until you sweep with a broad brush, 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. Upton and Mr. CAMP and others, begin to replace it tomorrow.

Please vote to repeal this law today.

Mr. WAXMAN. Mr. Speaker, I yield the control of the time of the Energy and Commerce Committee to the distinguished gentleman from New Jersey who chaired the Health Subcommittee in the last Congress and who has done a great deal to move this legislation, Mr. FRANK PALLONE.

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 gentleman from Michigan (Mr. DINGELL).

(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 receive now health insurance through the legislation passed because that insurance will flow to her until she is 26 on her father’s insurance. But you’re going to take that away from her. And you’re going to see tomorrow in Michigan that doesn’t close because of the fact that you are saying no longer is this law going to be in effect.

We want to see to it that the American people benefit from this. The repeal that you’re talking about today will see to it that they do not. What’s it going to do to the deficit? Add $1.4 trillion to the deficit. It’s going to do more than that. It’s going to add $230 billion to the annual deficit. And it’s going to see to it that Americans can now have to be assumed will be afraid to go to not have their health insurance canceled because of a sickness which occurs to them. It is going to
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 so 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, 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 the shareholders or to the profits of the insurance companies. The companies continue to be 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 gentleman 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 1 minute 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. And also reducing billions in taxes, burdensome 1099 paperwork requirements, according to a study by the Nation's largest small business association, the NFIB. I would like you to talk about that 1099.

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 bill would reduce the deficit by $138 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. 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. 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 backdoor 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. SHMKUS), I yield 30 seconds to the gentleman from Georgia, Mr. GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman for yielding.

Mr. Speaker, the gentleman from Massachusetts must not be familiar
with a waiver under the Medicaid program called Katie Beckett—the poster that he showed us of the young child with preexisting conditions. This program Katie Beckett still exists. There is a waiver. There is opportunity for children with preexisting conditions to get coverage.

The Democrats are also disingenuous when they claim credit for immediately covering children with preexisting conditions. ObamaCare got it wrong. They did not guarantee that children would have their preexisting conditions covered. It is ironic that this legislation was actually drafted incorrectly.

Mr. UPTON. Mr. Speaker, I yield 1 minute 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 1 of 4. And what’s in here?—a $500 billion cut to Medicare, a $500 billion cut to Medicare for our seniors.

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. 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 cost 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. 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 work together. 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 can put our heads together and try to do it.

The Republicans say that they want to cut costs in government. The CBO says that this bill will save us $230 billion over 10 years and $1.2 trillion over 20, and the Republicans bring up is to repeal this bill, which will add to the deficit.

This is political theater. It’s a charade. This isn’t going to be repealed. Let us put our heads together and figure out what makes sense.

All important bills that were put in in the past 50 or 60 years, from Medicare to Medicaid to Social Security to the civil rights laws, they needed to be tweaked as we saw what the problems were. I’m willing to change the bill, but repealing it is the absolutely wrong way to do it.

I am delighted to address this issue because we can finally get the truth out. The American people understand that right now, if they have a preexisting condition, they cannot be denied coverage. An insurance company 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 senior citizens.

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 gentl lady from North Carolina, Sue Myrick.

Mrs. MYRICK. Mr. Speaker, we oppose this health care law for many reasons. I'm especially concerned about the mandate that may 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.

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

Twenty-six percent of our Texans are uninsured—6.4 million residents—compared with the national average of only 16.7 percent. Over the past 8 years in Texas, employer-based insurance coverage has dropped 18 percent. Now, only 48 percent of Texans have health insurance provided by their employers—AGAIN, ONLY 48 PERCENT.

Texas has some of the highest health insurance premiums in the U.S. A family of four making $44,000, the average premium out-of-pocket is $6,548—almost 15 percent of their income. In Texas, our State Department of Insurance report to the legislature acknowledged the positive impact of the Affordable Care Act.

The State of Texas Department of Insurance concluded the Affordable Care Act will have a positive impact on the State and help Texans gain access to private insurance coverage. As the Department of Insurance report states, 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.

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

To cite a few local statistics from the report 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.

Biennial Report of the Texas Department of Insurance to the 82nd Legislature

(December 2010)

(Mike Geeslin, Commissioner of Insurance)

Texas Department of Insurance

Austin, Texas, December 31, 2010

Hon. RICK PERRY, Governor,
Hon. DAVID DREWHERST, Lieutenant Governor,
Hon. JOE STRAUS, Speaker of the House

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. The report summarizes needed changes in the laws relating to 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

Securing the Future of Texas

Mission

To protect insurance consumers by: regulating the industry fairly and diligently providing effective, efficient administration of the state's health care system; promoting a stable and competitive market providing information that makes a difference.

Values

We have a passionate commitment to service in the public interest. We are:

Responsible: Stewards accountable, efficient, effective “Using resources wisely.”

Professional: knowledgeable and fair “Adhering to the highest ethical standards.”

Collaborative: cooperative, inclusive, diverse “Respecting others’ opinions and expertise.”

Resilient and Creative: open-minded and proactive “Learning from the past to enhance the future.”

Balanced: fulfilled and well-rounded “Celebrating personal and professional successes.”

The 81st Legislature included in Senate Bill 1 a directive to the Texas Department of Insurance to conduct a review of “the accessibility of health benefit plan coverage for the affordability of health benefit plan premiums for low-income families and families not eligible for employer-sponsored insurance.” Following is a summary of the results of the review.

Like many states, Texas has struggled with increasing healthcare costs and insurance premiums. Employed many individuals from obtaining affordable health insurance. The rising cost of insurance affects individuals at all income levels and employees of all sizes but is particularly challenging for low income workers and small business owners. In 2009, the U.S. Census Bureau Current Population Survey reports that 6.4 million Texans were uninsured for the entire year (Table One). Of the Texans who have health insurance, slightly more than half (56.8 percent) have private coverage, down from 56.9 percent in 2007 and lower than the national average of 63.9 percent. Texas workers are less likely to have employer-sponsored coverage with only 24.7 percent of Texans enrolled in employment-based plans compared to a national average of 55.8 percent.

Table 1: Sources of Health Insurance—2009

<table>
<thead>
<tr>
<th>Source of insurance</th>
<th>Number insured</th>
<th>Texas percentage</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>Individual</td>
<td>11,893,000</td>
<td>48.2</td>
<td>55.8</td>
</tr>
<tr>
<td>Government Insurance</td>
<td>6,925,000</td>
<td>6.2</td>
<td>8.9</td>
</tr>
<tr>
<td>Medicaid</td>
<td>3,951,000</td>
<td>16.6</td>
<td>15.7</td>
</tr>
<tr>
<td>Medicare</td>
<td>2,710,000</td>
<td>11.1</td>
<td>14.3</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>30,234,000</td>
<td>12.7</td>
<td>19.3</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 50%</td>
<td>817,821</td>
<td>13.3</td>
<td>45.5</td>
</tr>
<tr>
<td>51% to 100%</td>
<td>1,064,129</td>
<td>17.0</td>
<td>37.0</td>
</tr>
<tr>
<td>100% to 149%</td>
<td>1,041,175</td>
<td>17.5</td>
<td>35.9</td>
</tr>
<tr>
<td>150% to 199%</td>
<td>897,803</td>
<td>14.8</td>
<td>33.7</td>
</tr>
<tr>
<td>200% to 249%</td>
<td>634,145</td>
<td>10.6</td>
<td>31.1</td>
</tr>
<tr>
<td>250% or Higher</td>
<td>1,800,667</td>
<td>29.7</td>
<td>14.3</td>
</tr>
</tbody>
</table>

Total                                      | 6,076,870       | 100                        | 25.1                                   |

Like other states, the majority of uninsured in Texas live in families with low to moderate incomes. The 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 (FPL). Another 19 percent had incomes between 200 and 299 percent FPL. The data also confirms that individuals with lower incomes were much more likely to be uninsured than those with higher incomes. Forty-five percent of individuals under 50 percent of FPL were uninsured compared to only 14 percent of individuals at 250 percent or higher.

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<table>
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<td>14.3</td>
</tr>
</tbody>
</table>

Total                                      | 6,076,870       | 100                        | 25.1                                   |
Most large firms (94 percent) offer health insurance compared to only 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 work in large firms compared to 658,162 workers in small firms.

More than 1.3 million workers have access to coverage in a large or small firm but are not enrolled. Of these, 600,000 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 are uninsured.

More than one million employees in small firms also do not have access to coverage. Most of these workers (1,038,396) 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></th>
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</thead>
<tbody>
<tr>
<td><strong>Texas Insurance Enrollment Data</strong></td>
</tr>
<tr>
<td><strong>Small firms</strong></td>
</tr>
<tr>
<td>1. Total number of firms</td>
</tr>
<tr>
<td>2. Total employees</td>
</tr>
<tr>
<td>3. Percentage of firms that offer insurance</td>
</tr>
<tr>
<td>4. Number of firms that do not offer insurance</td>
</tr>
<tr>
<td>5. Number of firms that do not offer insurance</td>
</tr>
<tr>
<td>6. Number of employees working in firms that offer insurance</td>
</tr>
<tr>
<td>7. Percentage of employees working in firms that offer insurance</td>
</tr>
<tr>
<td>8. Number of employees working in firms that do not offer insurance</td>
</tr>
<tr>
<td>9. Number of employees eligible for coverage</td>
</tr>
<tr>
<td>10. Number of employees who are enrolled</td>
</tr>
<tr>
<td>11. Percentage of all employees that have employer-sponsored coverage</td>
</tr>
<tr>
<td>12. Number of employees who have access to coverage and are not enrolled</td>
</tr>
<tr>
<td>13. Employees who do not have access to coverage</td>
</tr>
</tbody>
</table>

Over the last 10 years, the Department of Health and Human Services 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 a series of 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 provide the context for challenges many consumers face when trying to find affordable health coverage. (For additional detail on the research findings, please see TDI reports at: http://www.tdix.state.tx.us/healthspg.html.)

The primary conclusion from these discussion sessions was that health insurance remains unaffordable for many of these individuals and small employers who are unable to provide insurance for their employees. The personal stories expressed at these focus group sessions provide the context for challenges many consumers face when trying to find affordable health coverage. (For additional detail on the research findings, please see TDI reports at: http://www.tdix.state.tx.us/healthspg.html.)

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 employees on waiting lists 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 rates may actually pay 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.

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While premium amounts alone exceed the budgets of many Texas families, out-of-pocket expenses vary based on the age of the applicant, gender, and area of residency, and are usually significantly higher for older applicants. THIP may obtain insurance from the Texas Health Insurance Plan (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 individuals with pre-existing health conditions who are unable to obtain coverage from the commercially insured market. The federal Patient Protection and Affordable Care Act (PPACA) of 2010 prohibits carriers from denying coverage of dependent based on the health conditions 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 enroll in the Texas Health Insurance Pool (THIP, formerly Texas Health Insurance Risk Pool) or the newly created federal Pre-Existing Condition Insurance Plan (PCIP).

<table>
<thead>
<tr>
<th>Plan type</th>
<th>0-17</th>
<th>18-24</th>
<th>25-34</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>$113</td>
<td>$400</td>
<td>$676</td>
<td></td>
</tr>
<tr>
<td>Extended</td>
<td>$234</td>
<td>$311</td>
<td>$422</td>
<td>$519</td>
<td>$749</td>
<td></td>
</tr>
<tr>
<td>Gaza</td>
<td>$141</td>
<td>$2795</td>
<td>$565</td>
<td>$578</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Plan descriptions available at www.pcip.gov/

While both programs (PCIP and THIP) provide comprehensive coverage, PCIP has no waiting period for 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 creditable coverage and some enrollees with continued coverage under a previous employer plan). This means that, while individuals in PCIP and THIP 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 an impact on individuals who are uninsured or who are enrolled in public plans. However, beginning in 2014, several federal requirements should significantly reduce 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 must include 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, gender, and premium rates for older individuals are limited; and
- Insurance will provide access to health insurance plans that meet standard benefit requirements and are available to enroll in, and set simplified application and enrollment procedures for individuals, small businesses, and Medicaid/CHIP enrollees.

The provisions listed above will require federal, in some cases, and state legislative and 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 gentlewoman from New York (Ms. SLAUGHTER), whose State would be devastated with the Medicare Advantage cuts.

Mr. WALKER. 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 of the biggest winners 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, will not 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, recently, before the 1099 reporting provision in this bill, she’s going to quit buying from various businesses, consolidate. It’s going to cost jobs and put new hardships 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 really need to get to a will where there is a patient-centered health care system in America that does reform the current system and drives down costs.

Mr. FALLONE. 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 defund the legislation is simply unfair to our daughters, our mothers and our grandmothers. The fact of the matter is that the Affordable Care Act ends widespread discrimination against women within the healthcare system.

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.

Women will receive free preventative health services, from mammograms to pap smears.

Women will no longer be able 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 deny coverage or charge higher premiums for women with “pre-existing conditions” like C-sections or pregnancy.

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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 deficits and the debt of our children.

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 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. UPTON. Again, I yield 1 minute to the gentleman from Oklahoma (Mr. SULLIVAN).

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 the end of the debate over reforming our health care system. It’s the first step in implementing a health care system that works for all Americans without costly, unconstitutional government mandates that destroy jobs.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

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 this fall, but knows he will have insurance 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 reasoning is one that I 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 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—and I hear this from my small businesses all the time—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 this opportunity to work together across the aisle to make this trillion-dollar tragedy. That’s the cost of it over 6 years; yet in order to make their numbers work so they can come here and argue that this is deficit neutral, they only have benefits for 6 years. It’s full of gimmicks like that. The reality is much bigger than the $569 billion. That is a job killer. And it hurts senior health care by taking $523 billion out of Medicare over the next 10 years and puts bureaucrats in charge of your health care. That’s wrong. That’s a tragedy.

What we will do right is in the next phase. Starting very soon in our committee, we will begin an open process, not one that was written in the Speaker’s office and then driven 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. PALLONE. 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 this 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 gentlewoman from California (Mrs. CAPPS).

Mrs. 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 set- tired laws. Secondly, I want to speak 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 as preexisting conditions. 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 preexisting 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 Beatrice Strong, a 24-year-old cancer patient, is able to stay on her parents’ insurance, 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 wants $230 billion that 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, to 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 3,000 pages of a law by discussing isolated 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 60 percent of 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 diabetics by 75 percent. Washington Hospital cut readmission 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 code for disease management.

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 Centers 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 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 in size, it came to over $2 trillion. 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 think 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. 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 not had 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 and no one signed 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?

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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
are not required to be covered under the exchanges; neither are the White House occupants. It ought to be the same for everyone. These loopholes need to be closed.

The difficulties in this bill are just too legion to mention. If it could have fixed the troubles I would have been for it; but it is a destructive and pernicious blight, and the expansion of the Federal debt truly does threaten the very fabric of our Republic.

Mr. PALLONE. I yield myself 15 seconds.

Mr. Speaker, I just wanted to mention the gentleman from Texas was discussing the HHS study about preexisting conditions. These are very serious 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.

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, ‘I’m not a bribe to Congress. Everyone knows this vote is symbolic, putting off for another day the hard work of revising portions of this historic law that need attention, or adding provisions that would greatly improve the law.

There is no disagreement about the need to repeal the 1099 requirement for small business, but we should also add provisions to allow the government to bargain for lower drug prices and create more competition among health care plans. To me, that’s what the public option was for.

Health care changes already in effect are helping people in my district. Five thousand seniors received $250 last year to help cover the doughnut hole portion of Medicare prescription drug costs, and they will get 50 percent drug discounts this year; 49,000 people under age 26 are now covered by their parents’ insurance plans; 1,100 local patients under age 26 are now covered by their insurance plans; 1,100 local drug discounts this year; 49,000 people drug costs, and they will get 50 percent to help cover the doughnut hole portion the gentleman from Tennessee (Mr. Roe) spoke to the body on this. ObamaCare makes the same fundamental mistakes that TennCare in Tennessee made. Do we not learn from our mistakes? ObamaCare and TennCare both that the near-term cost incurred by Washington’s health care mandates will be made up by long-term savings. That’s 10 years of revenue for 6 years of expenses. Tennessee lost that bet, and it nearly bankrupted the State. Unless we repeal ObamaCare, America will go down the same road.

We know hundreds of mandates, thousands of mandates, and hundreds of bureaucracies don’t add up to a savings. By repealing and replacing, we can keep promises that we made last year, better care at lower cost; but we can do it in a way that will deliver through competition, not mandates.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, yesterday I met with everyday Americans in Chicago who shared with me their personal stories, tragic stories but common stories, about how our flawed health care system has devastated their lives. At its core, access to health care is a moral issue.

Midge Hough told me how her 24-year-old daughter-in-law, Jennifer, and her unborn child both died because Jennifer could not find health insurance because of a preexisting condition. Her preexisting condition? A prior pregnancy.

By the time emergency health care was mobilized, it was too late for Jennifer and her baby. She left behind her husband and a 2-year-old.

Today, the Affordable Care Act mandates that pregnancy is no longer considered a preexisting condition. David Zoltan has diabetes, and because of his preexisting condition he couldn’t get insurance after losing his job 2 years ago. He is holding the insurance that he needs to live; but thanks to the Affordable Care Act, David has coverage under Illinois’ preexisting-condition plan and no longer ends up in the emergency room to get his lifesaving insulin.

The Republican plan puts the insurance companies right back in the driver’s seat to decide who they will and won’t insure based on profitability, how much they will charge, what benefits they will cover.

The Affordable Care Act ends insurance company abuses, creates rules of the road, and puts Americans in charge.

Mr. UPTON. I yield 15 seconds to the gentlewoman from Louisiana (Mr. SCALISE).

Mr. SCALISE. Mr. Speaker, prevention of discrimination against people with preexisting conditions was something we presented last year. It is something that’s going to be one of the hallmarks of our replace bill. I hope the gentlelady supports us in preventing discrimination against preexisting conditions. That’s part of the actual replacement that we are going to put forward that is real reform.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the Member from New Hampshire (Mr. BASS). This bill offends me. I thank the distinguished chairman of the Energy and Commerce Committee. Mr. Speaker, this health care reform bill was a bad bill passed at the wrong moment. It is, in my opinion, one of the major mistakes of the last 10 years. Americans want choices and economic certainty in this country. Businesses don’t know what it will cost to hire somebody. Businesses don’t know what’s coming down. Employers don’t know what the world is going to be like. And consumers feel the same way.

Now, in the course of this debate, we’ve talked about the issue of preexisting conditions and how the Republicans are not going to allow for preexisting conditions to be included in their alternative. Nothing could be further from the truth. Republicans have consistently offered proposals to give individuals with preexisting conditions medical access to affordable health care coverage; but we will do it in a way that will be predictable, it will be fair, it will be competitive, it will save costs, it will make health care transparent, and it will keep premiums down. We have an opportunity now to make changes that should have been made from the very beginning.

Mr. PALLONE. Mr. Speaker, could I ask again about the time remaining on each side.

The SPEAKER pro tempore. The gentleman from New Jersey has 18 minutes remaining. The gentleman from Michigan has 23 minutes remaining.

Mr. PALLONE. At this time I yield 2 minutes to the gentleman from Texas (Mr. GONZALEZ).

Mr. GONZALEZ. Mr. Speaker, I rise in opposition to this bill. My first objection is, after hearing my colleagues on the other side of the aisle this morning, it reminds me of the movie “Groundhog Day.” The same
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 should spend time 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 interim is people found out that they were able to get insurance for their children despite pre-existing conditions. They could keep their children up to age 26 years on their policies. Seniors were helped with the problems they faced without hole that’s what’s happened. So I understand.

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 I say to you: “The only thing 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 to the gentleman from Georgia, I would like to yield 15 seconds to Dr. BURGESS of Texas.

Mr. BURGESS. I thank the chairman. And I would address to the chairman: 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 about 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 cutting thousands of job losses. It cost 4 million lost jobs since the Democrats took control over in 2007.

Mr. Speaker, I have seen a number of posters here this 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 1930s; and, yes, it’s something the American people didn’t want since the 1930s. 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. In fact, 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 ObamaCare, then what 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 happens, Mr. Scalise? Every single member of the committee that 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 or 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 the federal government to do. We need to get the problems like making sure people with preexisting conditions are covered.

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

Mr. LATTA. Mr. Speaker, I rise to express my strong opposition to ObamaCare. ObamaCare will single-handily 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-
dollar cut in Medicare, increased costs to the States, and mandates on businesses. All of these are hurting the economy and making it harder for small businesses to create jobs and get people back to work. We need greater competition and more choices for consumers.

Since this bill became law last spring, I have heard the same message across the Fifth Congressional District: Businesses aren’t hiring new employees, buying new machinery, or expanding new businesses because of the increases in costs under the legislation. Imposing these higher costs on businesses will lead to lower wages and fewer workers.

Mr. PALLONE. I yield myself 15 seconds.

Mr. Speaker, I heard the gentleman from Louisiana say that Members of Congress were not in the exchange, and that is simply not the case. And I don’t want to hear it repeated from the other side of the aisle. This current bill that we passed says that Members of Congress have to go into the exchange and have the same health care benefits through the exchange as any other American. So don’t keep repeating that because it is simply not true.

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

Mr. UPTON. I yield 30 seconds to the gentleman from Texas (Mr. BURGESS) to respond to that.

Mr. BURGESS. Mr. Speaker, it is important that Members of Congress understand the parameters here. Indeed, we are required to buy our health insurance in the insurance exchanges as provided under the health care law. There are no insurance exchanges as they exist right now, so it is anybody’s guess. We are probably still under the Federal Employees Health Benefits Plan, but nobody is actually certain about that. What is certain is that their current bill that we passed says that Members of Congress have to go into the exchange and have the same health care benefits through the exchange as any other American. So don’t keep repeating that because it is simply not true.

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

Mr. UPTON. I yield 1 minute to the gentleman from Iowa (Mr. LATHAM) to respond to that.

Mr. LATHAM. I thank the chairman of the Energy and Commerce Committee.

Mr. Speaker, I think it is important to understand and remember how we got here. When the Senate passed their bill on Christmas Eve of 2009, there was not a soul on either side of the aisle in the House of Representatives who thought that that turkey was going to work. The bill that they passed, everybody knew it was bad. So when it became procedurally impossible to change it, the Democrats decided to push for this bill that everyone understood would not work, and that is what we are dealing with today.

I think it is very promising that now—Iowa just yesterday joined a lawsuit so there is a majority of the States in this country that now say let’s repeal this, that the individual mandate is unconstitutional.

So not only are we stuck with a horrible bill, an unconstitutional bill that everyone knows and understood back then would never work, now they want to preserve this. We have got to repeal this and replace it with common sense reforms that will actually work for the American people.

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

Mr. UPTON. Mr. Speaker, how much time is remaining on both sides? The SPEAKER pro tempore. The gentleman from Texas (Mr. BURGESS) is recognized for 1 minute.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. McMorris Rodgers).

Mrs. MC MORRIS RODGERS. Mr. Speaker, we can do better. There are many reasons to start over on health care reform. Do it right, and listen to the American people.

Number one, the current bill further destroys jobs at a time when we need jobs.

Number two, it actually increases our health care costs.

Three, it increases government spending.

Four, it raises taxes on hardworking families and small businesses.

Five, it takes away our choice of physicians.

Six, it cuts Medicare for seniors.

Seven, it threatens our world-class quality health care system.

Eight, it will add to our already growing budget deficit.

Nine, it excludes taxpayer funding for abortions.

Ten, it is unconstitutional. And there are many, many more.

I encourage my colleagues to join me in supporting H.R. 2, and let’s start the process of repealing this bill, the current health care reform bill, and replacing it with a bill that America deserves and America wants.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Wisconsin (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 because they have 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 its 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 coverage 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 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. Under repeal, 147,000 young adults in Wisconsin would lose access to affordable health care coverage through their parents’ health care plans. And once again, people would be discriminated against because of preexisting conditions. And 46,000 Wisconsin seniors would face higher prescription drug costs. I urge my colleagues to oppose this measure.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Mississippi (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. PALLONE. I reserve 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. It is a long-term care program with no benefit as long as you live.

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 commonsense health care solutions that lower health care costs without raising taxes or adding to our national debt.

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 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. Let's repeal this law and pass real reforms that lowers costs, that saves jobs, and gives Americans insurance in my district would grow by 261,000 individuals with pre-existing conditions. It would eliminate health care tax credits for up to 11,600 young people. It would provide 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-density 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. My constituents 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 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 silence of our most vulnerable citizens. 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. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from West Virginia (Mr. McKinley).

Mr. MCKINLEY. Mr. Speaker, I yield the floor to the gentleman from West Virginia.

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

Mr. OLSON. I thank the gentleman from Michigan.
The SPEAKER pro tempore. The Chair would like to note, at the present time, the gentleman from Michigan has 1⅛ minutes remaining; the gentleman from New Jersey has 10½ minutes remaining.

Mr. GARDNER. I would just say I was hoping I was going to get a few extra seconds from people yielding back their time, but that apparently is not the case.

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 mow lawns 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 health care bill, their cost would increase by 20 percent—an additional $200,000 a year—to afford the cost of the health care bill. That’s six people that could have been employed and hired and put to work, providing employees that they could have employed and rake leaves instead of firing them, allowed by having them paint houses and mow lawns instead of firing them, because they felt obligated to their employees.

It is time for this Congress to act to fulfill the promise it made to America, to help repair our economy and see small businesses thrive again. That is why 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 ObamaCare, 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 $8.50 an hour and it came with no health care, but they were excited that his 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 immediately realized the 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.

Mr. KINZINGER. I 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 expensive. It’s going 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? 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 that the complexity 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 correct what must be corrected. Today we begin advocating for the next generations of Americans, not advocating for the next election in America.
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 of the 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. 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 health care bill that has passed in the last Congress does not build the doctor-patient relationship; it undermines it. Full of hidden costs and red tape, the law overregulates and limits patient choices.

We need to repeal this bill, start over, and craft health care legislation that actually puts patients first and puts them in charge of their care. Repealing this bill is not the end of this effort. It is still true, not true; Members aren’t covered—not true; no tort reform in it—not true.

You know, I want to just advise people watching at home playing that now popular drinking game of you take a shot every time something that’s not true, please assign a designated driver. This is going to be a long afternoon.

Then there are my colleagues on the Republican side of the aisle that are basically pursuing the “we don’t really mean it” strategy. My good friend, the new chairman, Mr. UPTON, started his remarks with this long litany of things they are going to do in the new bill.

They’re going to have coverage for pre-existing conditions. They’re going to have coverage for the doughnut hole. They’re going to make sure there are incentives for small businesses to offer insurance. You know what they call that, my colleagues? They call that the bill they’re repealing. It sounds very strange, but they want to repeal the bill but they still want to give it a big hug and embrace as if they support the things.

And then, of course, there is the old fallback, and this is a particularly powerful one for newer Members who are just joining us. It’s kind of the bogeyman strategy. You know, you pull those canards out of the sky: It’s socialized medicine. Socialized medicine? Giving people incentives to go to private insurance companies? How is that socialized medicine? If that’s the case, you all have socialized medicine.

Now, it’s worth noting that this is the same Republican Party who last year in their budget alternative and this year in their campaign manifesto said, We want to end the Medicare program as we know it. I mean, they don’t talk about it much, but that’s their philosophy. And we have a fundamental disagreement about it. They say there is going to be a government takeover of health care. Really? Who’s taking over what health care plan?

We’re offering people tax incentives, small businesses tax incentives to go buy private insurance plans. You know, this was a proposal first made by Republicans. We decided that that was the way to go.

But stay tuned, ladies and gentlemen. This is the sign of a philosophical division. You have one side that stands up for patients and for citizens and for businesses and the other side which is a wholly owned subsidiary of the health insurance industry.

But we’ve seen it. Whether they’re making up things, whether they’re creating bogeymen, or whether they’re saying, Well, no, we don’t really mean it, this is a harbinger.

And I would say to Americans watching at home, think what side you’re on.

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.

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Mr. BURGESS. Madam Speaker, again, Dr. Burgess.

Mr. BURGESS. I thank the chairmen. Remarks to the Speaker.

All right, Madam Speaker, who loves insurance companies more than 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 unknowable. They took a phrase from former Secretary of Defense Rumsfeld 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.

The Medicare 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 the deficit that 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, 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 Texas (Mr. CANSECO) has 1 minute remaining; the gentleman from New Jersey has 2½ minutes remaining.

Mr. UPTON. I yield 1 minute to the gentleman from Michigan (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 last year speaking with thousands of Texans in the 23rd District. The message I received was explicit and distinct: Repeal and replace the American people can get the health care system that is effective, efficient, and affordable, a patient-centered health care system. 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 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 would respond, because 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 call 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. GUINTA).

Mr. GUINTA. I thank the chairman of the Energy and Commerce Committee 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 the system 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 this Congress. 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 Michigan 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 grandchildren’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 average American can understand, to say that you’re not paying for those people that have pre-existing conditions that wouldn’t be able to get coverage, or would face lifetime caps or rescissions. It simply was to be told that the American cannot afford. The matter is that right now there are tremendous benefits that are coming to the average American from this legislation. And to repeal it at this point makes absolutely no sense. It’s completely a waste of time.

We have no indication that this repeal would ever go to the Senate or ever be considered by the President. And I just wish that my colleagues on the other side of the aisle, instead of wasting their time talking about this repeal that is going nowhere, would instead focus on the economy. Focus on jobs. When I talk to my constituents, that’s what they want us to deal with.

We just began this session of Congress about 2 weeks ago. The focus should be on the economy, on jobs, on trying to do what we can to improve the lives of the average American. We have tremendous benefits that exist under this health care legislation now. We just considered over the past 2 or 3 weeks of the Congress, on this repeal? It makes absolutely no sense.

And I would ask my colleagues, after today, please, let’s focus on jobs. Let’s focus on what we can do to improve the economy. Let’s not continue this debate on health care, because actually what my constituents want is they want this bill to unfold. They like the benefits that have already come forward. And a lot more benefits will accrue. Most Americans will ultimately be helped by this act, and that’s the key. Let’s focus on jobs and the economy and stop this ruse about health care repeal.
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 has clearly 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 faults, is that the government at the center of health care decisions, not doctors and patients. 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, harms 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 no wonder 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 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. In fact, it gives the government unprecedented powers 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 must 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 will make the effort 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.

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 country 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 is 1 million. One mother in my district, Carla 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 McCarthey, 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, thankful to be able to receive $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 act 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 false.

These economists conclude that ObamaCare could actually increase the deficit by more than $500 billion the first decade and by nearly $1.5 trillion the following decade.

Madam Speaker, Republicans are committed to advancing genuine reforms that reduce the cost of health care, but we must begin by doing away with this bad law that moves our health care system in the wrong direction.

Vote “yes” on repeal.

Mr. LEVIN. I now yield 2 minutes to the very distinguished gentleman from New York (Mr. RANGEI).

Mr. RANGEL. Thank you so much. I wish when the dust settles and we have an opportunity to sit together with our Republican friends that we can come up with a plan that’s called “truth in advertising” as we label these bills.

What was a national bill and has been signed into law now is being referred to as the “Democrat ObamaCare job-killing threat to your natural life bill. And of course this is misleading perhaps even by new Members because they should know, as the listeners to this debate should know, that this ain’t repealing nothing.

It’s an obligation that some people feel that they made to their constituency who elected them who thought perhaps that that’s all you had to do was put in a bill.

But under 2 minutes, I can’t get into this law, but it starts off with a vote in the House, then you have to get a vote in the Senate, and then you have to override a veto by the President of the United States.

So if this is done for political reasons, I have always been able to find some good, no matter how this thing 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 you’re 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 real realize 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’s budget 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 fall and cast their vote was they felt angry that those in power were disregarding personal liberties and trampling the U.S. Constitution.

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 this product, but in a democracy, 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 whole health 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 it is a declaration of the right of the people; by which the government must be restrained.”

Let’s stand up for freedom and repeal ObamaCare.

Mr. LEVIN. I yield myself 10 seconds. Almost 50 million people have no health insurance. For most of them, there is no freedom to choose. There’s no ability to obtain it.

It is now my privilege to yield 2 minutes to a fighter for health care for many, many decades, Mr. STARK of California.

Mr. STARK. I thank the gentleman for yielding.

Madam Speaker, I rise today in strong opposition to repealing health reform. Instead of focusing on job creation, my friends across the aisle want to refight the health reform debate and take away patient protections that are already helping people get the health care they need.

It bears repeating: health reform is already helping millions of people in America. These aren’t just numbers; these are real people and communities. I received a letter from a young woman named Stephanie Blazin from Castro Valley, California. Stephanie recently graduated from college, married and moved to California where her husband was pursuing a graduate degree. She was lucky enough to get a job. Then within her first few weeks of the job, she found she was pregnant. This should have been an exciting time for a young couple to start a family. Instead, she learned that her pregnancy was a preexisting condition and she had obtained no coverage for any medical needs surrounding it. She said to me, The first thought through our minds was tainted by how we were going to financially handle this pregnancy and a baby.

Fortunately, because health reform is law and she is under age 26, Stephanie was able to quickly change her health insurance to obtain coverage on her father’s health insurance. She now has full coverage for her pregnancy.

Under the Republicans’ plan, Stephanie would be stuck with NoCare. That’s the Republican plan. By repealing health reform, the GOP plan would provide no protections for people’s health. NoCare if you lose your job, NoCare if you have a preexisting condition, NoCare if you are a senior in the doughnut hole, NoCare if your insurer hikes your premiums and you can’t afford it.

The Affordable Care Act has finally enacted fair rules for insurance companies. The Republicans want to take those protections away and put the insurance industry back in charge.

I urge my colleagues to vote “no” on the Republican NoCare bill.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. BRADY).

Mr. BRADY of Texas. Mr. Speaker, to those middle class Americans listening to this debate today, I want to tell you. This is your life. This is your health. You deserve the right to make your own decisions about your health.
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, trying to work through all 2,801 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, 159 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 plans? You can 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 senators 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 asked and was given permission to revise and extend his remarks.)

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 this—his name was Teddy Roosevelt. 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 does not beguile the public into thinking everything is one. That is the heroics of life."

Mr. LEVIN. Madam Speaker, I yield now for a unanimous consent request to the gentleman from California (Mr. NUNES), a distinguished member of the Ways and Means Committee.

Madam Speaker, I yield now for a unanimous consent request to the gentleman from California (Mr. BACA), a distinguished member of the Ways and Means Committee.

Mr. NUNES. Madam Speaker, at the bottom of the bill, a whole new entitlement program, Medicare. 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. Medicaid, a program that was supposed to provide health care to America’s poor, 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 admission, they didn’t read, and then lectured the American people claiming that we have to pass the bill first so we can find out what was in it.

Madam Speaker, the American people have read the bill, and they have rejected it. Today the House will repeal ObamaCare, and we will ensure that this renaissance of socialism in America is the shortest living political era in our Nation’s history.

Madam Speaker, I yield myself 10 seconds.

I am disappointed that this diatribe about socialism comes to the floor today.

Madam Speaker, I yield now 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 eliminations.

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 repealing reform actually increases health care costs for small businesses, by eliminating 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; and

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 repeal 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. 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.

Madam Speaker, I yield now for a unanimous consent request to the gentleman from Arizona (Mr. PASTOR).
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) and the health provisions in the Health Care and Education Reconciliation Act (P.L. 111–152) 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 preexisting 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 tax credits to help offset the cost of coverage. I had the idea that health care is a right, not a privilege. It is with that in mind that I strongly oppose this misguided action.

Mr. LEVIN. Madam Speaker, it is now my privilege to yield 2 minutes to the gentleman from Georgia (Mr. Lewis), another fighter for what matters to Americans.

Mr. LEWIS 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 patient centered, not a privilege.

The repeal will force seniors to pay more for 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 right, 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 preexisting 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. They didn’t know about the 2,000-page bill that became law, and millions of people uninsured that was passed 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 left-wing advocate, Bob Dole; and, yes, that champion of liberal causes, Richard Nixon.

This is an amalgamation of a series of proposals offered over many years. But what do we hear? The usual scare tactics: “ObamaCare”—16 years ago, it 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 the Left has 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 preexisting 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 the “takeover,” “socialism,” and the best one of all, “death panels.”

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Mr. DAVIS of Kentucky. Madam Speaker, the Democrats’ health care law has only been in place for 10 months. Yet the problems and negative effects are already painfully clear and well documented. The American people stood against it when it was forced through Congress last year, and they took out their frustrations on this bill this past November, with a mandate to repeal it.

This government takeover of our health care system will not improve access to health care or lower costs for families and small businesses. It is just another example of how the Democrats would 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 seniors 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 costs. Adding more taxes and regulations on job creators will only serve to prolong the economic problems and high unemployment rates we are experiencing.

This is too big of a burden for our economy to wait. We need to start over by repealing this bad law now and by beginning the process of producing commonsense reforms and fiscally responsible solutions. We can reform health care in a way that improves quality, reduces costs, and increases access to health care for those without it, without reducing the 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 epidemic of medical malpractice, 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 a 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 with autism. 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 Louisiana (Mr. Boustany).

Mr. Boustany. Madam Speaker, I rise in favor of repealing this bill because I believe about a serious subject, hard work to make reform work, not a ritual of going through the motions of repeal which everybody in this Chamber knows will still be in effect at the end of debate, at the end of the year, at the end of the Congress. The American people deserve better.

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 it’s ultimately, 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 regard 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 nutrition, 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 instance from my own medical 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, knowledge of the patient, 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 or prohibited such treatment.

Mr. LEVIN. Could I ask you, Madam Speaker, how much time there is remaining on each side of the Ways and Means Committee.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) has 28 1/4 minutes remaining. The gentleman from Michigan (Mr. CAMP) has 24 1/2 minutes remaining.

Mr. LEVIN. Madam Speaker, I yield myself 10 seconds.

What the reform did was to make sure that the doctor-patient relationship was maintained and that there would be millions more patients in the United States of America.

I now yield 2 minutes to another distinguished gentleman of the Ways and Means Committee, the gentleman from Wisconsin (Mr. KIND).

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

Mr. KIND. I thank the gentleman for yielding me this time.

Madam Speaker, shortly after passage of the Affordable Care Act, a young mother in my congressional district, Beth Ferstl, wrote me a letter, and she wrote it on behalf of her 6-month-old son Henry. In it she wrote: “My son had a stroke before he was even born. He wanted to personally thank you for passing this historic health care bill, but he’s only 13 months old; and between juggling neurologists, OT, PT and speech therapy, he hasn’t found the time. Let me be his voice. As a voter, as your constituent, as a mother, thank you.”

I contacted Beth to find out what her family’s situation was in this particular case and to make sure that Beth knew that the little Henry had a stroke before he was born, literally by the time he took his first breath in life, he was uninsured because he had a preexisting condition.

Now, I’ve been to Iraq four times, I’ve been to Afghanistan twice, I’ve met with our troops in the field. I thought I met the bravest people in the whole world, our men and women in uniform who are laying their lives on the line every day for us to better secure our Nation. But if my Republican colleagues can move forward on this repeal today and look into the eyes of little Henry Ferstl and not only say to him, not only do we have the ability to do something to help you but choose not to, but today we choose to take it away from you, then you guys have got to be the bravest people in the world because I can’t do that. No one should be able to do that to the 20 million children that have preexisting conditions throughout this country. That’s where reform is fixed.

A young man, 21 years old, in Black River Falls came up to me after the vote and thanked me. I asked him why, is there something in particular that he was most concerned about in this bill? He said, Yeah, a couple of years ago my younger brother needed a kidney so I donated him one of mine. Because I did, even though I am perfectly healthy today, every insurance company I’ve contacted is treating me as if I have a preexisting condition and they will not insure me.

We can do better than that. That is what the Affordable Care Act is all about. I encourage my colleagues to vote “no” on repeal.

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

Mr. LEVIN. Madam Speaker, it is my pleasure to yield 2 minutes to the distinguished gentleman from New Jersey, a joyous member of our committee, Mr. PASCRELL.

Mr. PASCRELL. Mr. LEVIN, I thank the gentleman for yielding me this opportunity.

There is not one Member of Congress in these distinguished Halls that has not been called upon to help a constituent who has been threatened to have their health care taken away from them. Whether it was heart disease, whether it was cancer, asthma, high blood pressure—I’ve been through many of them. And isn’t it interesting that when the congressional office intervened, they give things a second thought. It should not be that way.

Who are the 2,000 economists we’re talking about that are wondering about this health care act? Are they the same ones who predicted enormous increases in the cost of the United States in the last 10 years? Oh, those 10 years we wish to forget, we have amnesia.

Whether it be in town halls or small groups, when I have asked individuals to raise their hands if they were against closing the Medicare doughnut hole, allowing children to stay on a family’s health plan until 26, ensuring Americans are not denied insurance for preexisting conditions, they raise their hand. In the last debate I had, Madam Speaker, just before the election, my opponent didn’t raise his hand and I went through 18 of these very specific parts of the health care legislation.

In my district alone, repeal will increase the number of uninsured by 66,000. I can’t vote for this repeal. I can’t let them down or their insurance will go up.

How about the business person? Sixty percent of businesses who go into bankruptcy it’s because of the health care bills they can’t afford. I can’t let them down either.

Before I conclude, I want to make this point, Madam Speaker: last October, Federal Judge Steeh found the mandate constitutional because by forcing insurance, individuals are making an economic decision to pay for their health care costs later out of pocket. They aren’t stuck with the bill. We need to end this.

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

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 insurance. 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 (Ms. BERKLEY).

Ms. BERKLEY. I thank the gentleman for yielding me this opportunity.

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 don’t forget how out of touch the previous majority was with the American people.

This Congress will reject these policies, replace them with market-based reforms that will provide greater access and affordability of health care. Repealing the bill would help more Nevada employers and their workers keep the insurance that they currently enjoy. An estimated half of all employers and 80 percent of small businesses will be forced to give up their coverage under the current law, which I find unacceptable.

Uncertainty in the business community means fewer jobs created. In my home State, where unemployment persists at more than 14 percent, it also means thousands of Nevadans continue depending on unemployment benefits when what they want is a decent job to provide for their families.

Furthermore, we must act to prevent last year’s bill from further impacting the pocketbooks of hardworking Americans who are already struggling. Repealing this bill will protect Nevadans from predictable health care premium increases of at least $2,100, block a $570 billion tax increase on all Americans, 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 to a distinguished member of our committee, the gentlewoman from Nevada (Ms. BERKLEY).

Ms. BERKLEY. I thank the chairman for yielding me this opportunity.

Madam Speaker, I rise in strong opposition to this legislative stunt to repeal health care reform, and I’m going to tell you why.
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 Nevada is 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 8, or Michael Braun, age 5. They both have diabetes and both have already exceeded their lifetime caps. Better yet, why don’t you ask their 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 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 that 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 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 Nelson 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 of 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.

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 finally free 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 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 paid 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 that repeal will cause us to go backwards, no way, no how, not now, not ever.

Mr. CAMP. I yield 1 1/2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Pennsylvania (Mr. GERLACH).

Mr. GERLACH. I thank the gentleman.
The repeal of patients' rights fails on several grounds. It creates jobs, strengthens the economy, and bolsters the health insurance industry. No, we need common-sense ideas, ideas that would lower costs by creating more competition among insurance companies, allowing for greater freedom of choice for consumers to buy insurance across state lines, and eliminating lawsuits abuses that force companies to pay out 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 choice in health insurance. Let's do 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. We 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 reform. Nothing more eloquently to the success of health care reform than their own personal stories.

After hearing from seven of them yesterday, I wish the entire Congress could hear your stories. 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.

Repeal as being suggested 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 insurance coverage 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 at the same time. Rhonda worked for a large corporation. She had health care. She had an early checkup for 44.1 million seniors. 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 cut off her cousin's coverage. 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 for 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 noblest undertaking 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, told 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 Madeline and Hannah and the others, because of 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 NAACP.

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 all people know that we want to have what is best for them.

We all want them to think that 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, not policies. Now we are 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, mainly 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 I hold dear, whether it’s accessibility or affordability or quality, or responsiveness of the system, or innovation of the system so that we have the highest quality, or choices, choices for patients—none of them, none of them are improved by the current law or the bill. Premiums are increasing, jobs are being lost because of the bill. Quality is being defined by bureaucrats, not by patients, doctors, or families.

The good news is that there are positive solutions that embrace fundamental American principles that allow us to solve these challenges without putting the government in charge, and that is what we want, is what we’re going to do over the coming months and, yes, over the coming years.

Madam Speaker, the status quo in health care is unacceptable. The bill that was passed is destructive to both principle and to patients. The work we will begin tomorrow, after we vote to repeal today, will be focused on patients, on people, and not the government.

Mr. LEVIN. Madam Speaker, I yield 2 minutes to an active former member of our committee, the distinguished gentleman from New York (Mr. HIGGINS).

Mr. HIGGINS. I thank the gentleman for yielding.

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 unsustainable. 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 868,000 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 is what we need. 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 their 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 from 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 to $40 billion dollar device mandate 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 depend on new 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 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 patients’ rights in their own health care decisions that are so essential to 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 that they say is the one 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 New York (Mr. SCOTT).

Mr. 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 that is the law of the land today is not ObamaCare. It is America’s health care for all the American people. It is the health care for that senior citizen who is shut out of any plan, and they understand that it’s cheaper for them. I have 7 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 say, “We’re not going to beAMERICAN. And certainly if we have to deal with this health care, why should we not be dealing with some of the critical issues? The American people do not want this bill, this law, repealed. 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 Nebraska (Mr. SMITH).

Mr. SMITH of Nebraska. Madam Speaker, the gentleman from New York (Ms. 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, we will also vote to begin replacing this massive new government entitlement with commonsense reforms that actually remove costs from our health care system.

We can all agree our current health care system is unsustainable. It is ripe for reform.

Previous 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 the 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 out of pocket, and they have to pay 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, the 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 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 1 1/2 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 legislation does 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 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 who listen to their constituents and join me in voting “yes.”

Mr. LEVIN. I now yield 1 1/2 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—creating jobs and reducing the deficit 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 con-
trast, 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, Mary-
land, who suffers from chronic thyroid
condition and believes he will be denied health
insurance because he has a preexisting condition and believes he will be
denied 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 cur-
cently 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 a woman of mine, 28 years old,
diagnosed with leukemia, who
would have reached lifetime caps be-
cause she and her parents are trying to
save her life.

Mr. Speaker, it is unfortunate we are
erere. Let’s create jobs and stop this theater.

Mr. CAMP. Mr. Speaker, I yield 1
minute to the gentleman from North Dakota (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 ma-

ority of Americans oppose.

Now, last year Congress put job cre-
ation 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 and job-crushing mandates that
will make it harder for small busi-
nesses to make ends meet and further
delay an economic recovery. This prob-
lem 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.

And around my district, hundreds of
medical technology companies are now
facing higher taxes to the tune of
$20 billion. We are penalizing innova-
tion when we should be encouraging it.
We are preventing lifesaving tech-
ologies 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 pre-
miums. We should repeal this law now
and replace it with commonsense, pa-
tient-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 1.6 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 re-
peal? No; they are opposed to it as well.

Who supports a repeal of health care
reform? The National Chamber of Com-
merce, 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
citizen 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 con-
cerned about is access for their kids
and for themselves. Well, let’s talk
about these children.

In my district there are 30,000 chil-
dren 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’Reilly, who, at 5 years of age, had
very serious asthma. Her parents went
to every insurer in the individual mar-
ket and could not get insurance. So
what did they do? They went bare for a
year in order to be able to access insur-
ance.

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.
Beng).

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 are not on par with the
tax hikes and government mandates in
this law. Medicare payroll taxes will
increase. Costly penalties will be im-
posed 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.

Mr. LEVIN. Mr. Speaker, I yield 1.6
minutes to the gentleman from North

Carolina (Mr. PRICE).

Mr. PRICE. Mr. Speaker, this bill lays bare what this new Republican majority is all about.

They would repeal benefits and protec-
tions that have already dramatically
improved health care for families and
small businesses, with no credible as-
surance 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 employ-
ees health insurance coverage just like
their larger competitors do.

A “yes” vote on repeal would in-
crease the average cost of prescription

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 respect-
ful debate on what is a critical issue to
the American people.

Both sides of the aisle have very dif-
ferent viewpoints on what govern-
ment’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 ex-
erts put out a letter calling this

health care bill “a barrier to job

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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 was lower costs—the authorization, let alone the funding, 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 paving 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 stop 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, 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 197,000 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 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 array 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 H.R. 2, 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 care were 19 percent 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 clinics, contributing another $111–148 million 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 80% of whom fell below the federal poverty level and 30% 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 $1 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 hazardous 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 as well. 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
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health centers to stay on track to add 20 million new patients (for a total of 40 million patients) over the next 5 years.

Repeal of the health care law would eliminate health coverage for young people up to age 26 who would not be allowed to stay on their parents’ policies. Repeal would force 2,600 young adults in my district to find other coverage or return to the ranks of the uninsured.

Repeal would deny tax credits to buy health insurance coverage for 158,000 families in my district. Additionally, it would increase the number of uninsured residents to 48,000 in my district.

There are 107,000 to 282,000 residents in my district with pre-existing conditions like diabetes, heart disease, or cancer, including 7,000 to 30,000 children that the repeal legislation if passed would encourage health insurance companies to discriminate based on pre-existing conditions.

Repeal would eliminate tax credits for health insurance up to 14,100 small businesses in my district. These tax credits under the current law would provide small businesses up to 35% of the cost of providing health insurance.

The health care law is critical to Chicago and Illinois. Community health centers are vital partners in 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 Act 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 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 unfair advantages that America get free health care at our cost.

Socialized medicine strangles creativity and obstructs life-saving medical advances. It is care rationalized 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.

Major reform on health reform will not only bring our progress toward affordable and accessible health care to a screeching halt, it will force us to repeal the rights of patients and rescind tax breaks to the very small businesses that fuel our economy.

I urge my colleagues to oppose this bill and join me in getting to work on the people’s priorities—job creation, economic innovation, and deficit reduction. We have come such a long way.

We have already seen the benefits of health care reform in covering children with preexisting conditions, allowing adult children to stay on their parents’ 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 the 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. These tax credits will help ease the burden of rising health care costs on private sector job growth.

Health reform is about more than just statistics or economics; it is about helping real people who are just trying to make it day to day. It is about the grandmother in Cranston whose life will be saved because her breast cancer was detected earlier through a free preventive health screening; it is about the father in Coventry who works for a small business and will finally have health coverage to manage his diabetes; it is about the Warwick woman who won’t face bankruptcy to treat her daughter’s Multiple Sclerosis because of lifetime insurance caps.

These are just some of the examples of how the Affordable Care Act is beginning to take a positive difference in people’s lives. As I’ve said in the past, this law is not perfect, and I look forward to working with my colleagues to improve it where changes need to be made. However, pressing the reset button will not only bring our progress toward affordable and accessible health care to a screeching halt, it will literally force us to repeal the rights of patients and rescind tax breaks to the very small businesses that fuel our economy.

I urge my colleagues to oppose this bill and join me in getting to work on our immediate challenges—job creation, economic innovation and deficit reduction.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Mississippi (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 unconstitutional individual 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 and his political friends 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 this 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 Malsich. 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 Malsich. 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 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; repeals and they will be denied again; and young adults are no longer losing their health 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-partisan Congressional Budget Office, repeal would add $230 billion to the deficit.

Last year, on this very floor, upon passing the Affordable Care Act, I said that we were acknowledging the moral and economic costs we pay every day for our failure to make health coverage affordable and accessible to everyone; and we were recognizing that having more people with comprehensive savings, both lives and costs; that we were unequivocally stating that people in this country shouldn't have to go bankrupt to pay their medical bills; and that no one, no one, should ever have to go to an emergency room just to receive routine health care. Let us not undo the good we have done.

Mr. Speaker, I urge all my colleagues to support access for all Americans to health care and to oppose this bill.

Mr. LEVIN. Mr. Speaker, could I inquire as to how much time is remaining on both sides for Ways and Means?

The SPEAKER pro tempore (Mr. THORNBERY). The gentleman from Michigan (Mr. LEVIN) has 2 minutes remaining. The gentleman from Michigan (Mr. CAMP) has 3 minutes remaining.

Mr. LEVIN. Mr. Speaker, I reserve.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Michigan (Mr. HUIZENGA).

Mr. HUIZENGA of Michigan. I thank the gentleman for yielding.

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

A lot has been said during this debate about what the American people want. Some have said the American people want ObamaCare, many others have said that they want a repeal of it. Well, I was not in Washington over this past year. I was in Michigan hearing complaint after complaint from regular citizens and small business owners about the costly mandates that are in ObamaCare. I told them to stay tuned. Well, the American people have spoken. And over the past week, I've had an opportunity to engage my constituents even more, including hosting three telephone town hall meetings. We did a survey as part of those town hall, and over two-thirds of the more than 1,000 people that took part in this survey agreed with my position of repealing ObamaCare. I understand the real concerns and health issues that people have, but we will address these issues in the replace portion that you will be seeing soon, so please stay tuned.

I am also a small business owner, and I have been talking to other small business owners, and they, too, are frustrated. Provisions like the costly mandate requiring them to file additional 1099 forms have made them angry.

We cannot continue to have legislation that forces small business—job creators—and future generations to foot the bill. Our replacement plans bring hope, so please stay tuned.

Mr. Speaker, I ask all of my colleagues to join me in voting to replace this bill.
January 19, 2011

CONGRESSIONAL RECORD — HOUSE

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 Healthcare
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)
Beacon Hill Policy Institute (n4a)
Black Women’s Health Imperative
B’nai B’rith International
California Primary Care Association
California Rural Indian Health Board
Campaign for Tobacco-Free Kids
Campus Progress
Catholic Health Association
Catholic Health Association of Colorado
Catholic Health Association of Maryland
Catholic Health Association of Ohio
Catholic Health Association of Washington
Catholic Health Association of Wisconsin
Catholic Health Association of Wisconsin
Catholic Health Association of Wisconsin
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
CHILD (Children and Adults with Attention-Deficit/Hyperactivity Disorder, Inc.)
Child Welfare League of America
Children First
Children’s Defense Fund
Children’s Dental Health Project
Children’s Health Fund
Clinical Social Work Association
Catholic Charities for the Archdiocese of Denver, OPEIU
Coalition on 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
Heron Coalition
HIV Health and Human Services Planning Council of New York
(Juneau Planning Council)
Japanese American Citizens League
Jewish Women International
LGBTQ Education Fund
Leader Council for Latin American Advancement
Leadership Council on Aging Organizations (65 organizations)
Leadership Council on Civil and Human Rights
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
MomsRising
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 Federation of Families
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 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
PICO
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 Autoworkers
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 Medicare is 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 Affordable Care Act is fundamentally flawed. It 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 abdication of our Constitution. Our Constitution makes it clear that health care reform that will actually reduce costs is not to be subject to lifetime limits on coverage, or imposing any one of us. This Congress can’t disenfranchise the 129 million Americans with preexisting conditions impacted by this repeal proposal. The proposal is that 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.

My colleagues on the other side of the aisle are honorable people. I cannot accept that they are indifferent to the 129 million Americans with preexisting conditions who would continue to be denied coverage and forced to pay higher rates with repeal. I cannot accept that they are indifferent to millions of children who would once again face denial of health care coverage. I don’t believe they are indifferent to millions of seniors who would be facing higher prescription drug costs because of repeal. I cannot accept that they are indifferent to the families that face cancer diagnosis and would once again be subject to lifetime limits on coverage and possible bankruptcy because of repeal. Addressing these fundamental issues of fairness was what the health care legislation and law is all about.

In this Chamber, and clearly down the hall, we understand the charade of this repeal legislation. But it is not lost on the 129 million Americans with preexisting conditions that are counting on us.

Mr. CANTOR. Mr. Speaker, 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?

What could be more shocking than the injustice suffered by the middle-aged effectiveness and decimating a radio program to complain that although she had paid her premiums her entire adult life, she was dropped by her insurer when she contracted breast cancer. How can we repeal the remedy for this injustice?

Dr. King also taught us that the time is always ripe to do right. After nearly a century of debate, last March the time was ripe. And getting rid of these discriminatory practices was the right thing to do. That is the reason I called the bill the Civil Rights Act of the 21st Century.

Interestingly, today we are hearing some of the same rhetoric about repeal of patients’ rights that we heard regarding voting rights. Do I feel that changes should not be made? Absolutely not.

When the Civil Rights Act was passed in 1964, it did not cover public employe

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

Mr. CLYBURN. I yield myself an additional 30 seconds.

When the 1965 Voting Rights Act became law, it did not cover congressional and legislative redistricting.

Bipartisan changes were made to improve all of these measures. I sincerely hope that we can develop some bipartisan modifications that increase efficiency and decrease costs and duplication—none of which will be achieved through repeal.

I reserve the balance of my time.

Mr. CANTOR. I yield ½ minutes to the gentlelady from Minnesota (Mrs. BACHMANN).

Mrs. BACHMANN. Mr. Speaker, I thank the gentleman from Virginia for yielding.

ObamaCare, as we know, is the crown jewel of socialism. It is socialized medicine. The American people spoke soundly and clearly at the ballot box in November. And they said to us, Mr. Speaker, in no uncertain terms, repeal this bill. And so today this body will cast a vote to repeal ObamaCare.

And to those across the United States who think this may be a symbolic act, we have a message for them: this is not symbolic. This is why we were sent here, and we will not stop until we put a President in the position of the White House who will repeal this bill, until we repeal the current Senate, put in a Senate that will listen to the American people and repeal this bill.

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, 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. We’re not here to stage a photo op. We’re here to stage a photo op. We’re here to stage a photo op. Repeal, repeal, repeal is not a plan. It is an empty political refrain.

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.

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Mr. CANTOR. Mr. Speaker, I yield ½ minutes to the gentlelady from South Dakota (Mrs. NOEM).

Mrs. NOEM. I thank the gentleman for yielding.

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 this country. According to one study, an employer mandate 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 we will do this year is to repeal this bill and to replace it with commonsense policies that actually lower costs for families and for small businesses, expand access for affordable care, 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 this thing off our back. 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. CLYBURN. Mr. Speaker, I am proud to yield 2 minutes to the gentlelady from Connecticut (Ms. Delauro), the chair of our policy committee.

Ms. DELAUNO. Yesterday, men and women from all across America came here to tell us what the repeal of health care would mean for them. Stacie Ritter of Lancaster, Pennsylvania, told us how her 11-year-old twin daughters were both diagnosed with leukemia in April. She explained how the Affordable Care Act finally ensured her daughters could get coverage and the care that they need.

Claudette Therriault of Sabbattus, Maine, told us how health care reform had given her access to critical preventive care, the type of care that saves money and saves lives. Ed Burke of Palm Harbor, Florida, told us how the prohibition on lifetime caps had brought security and peace of mind after years of living with hemophilia.

We have this every day in my district and all across America. Yesterday, a report found that up to 129 million Americans under age 65 have preexisting conditions and could lose their coverage if reform is repealed. I understand their fear. I too have a preexisting condition. I am an ovarian cancer survivor.

The Center for American Progress reports that repeal would add almost $2,000 a year to family insurance premiums for up to 108 million Americans. The Center for American Progress also reports that small business job-creation cycles parts manufacturer in central northeastern South Dakota or a motor-vehicle manufacturer in Texas (Mr. Hensarling).

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-killers 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 new regulations and requirements that we have to implement. We do not believe the American people want the health care system weakened.

Mr. Speaker, let’s support the President’s initiative and reduce bad regulations by repealing this bad law.

Mr. CLYBURN. 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-killers 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 choose the care that they need.

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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 way of life means that the last thing we need is 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 the fears of my colleagues about this misguided Republican plan to repeal patients’ health care rights.

Mr. Speaker, Republicans 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, health care reform 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 $830 billion, 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 destroyns jobs, we’ve made progress.

Mr. CANTOR. Mr. Speaker, I now yield 1½ minutes to the gentleman from Texas (Mr. SESSIONS).

Mr. SESSIONS. I want to thank the gentleman.

Mr. Speaker, our families deserve better. Our small businesses deserve better, and to all my colleagues, America deserves better.

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. CANTOR. Mr. Speaker, I yield 2 minutes to the chair of the Democratic Congressional Campaign Committee, Mr. Steve Israel.

Mr. ISRAEL of New York. 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 biffida. 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 biffida. Why should I care? Well, Hannah did not choose to have spina biffida. Nobody makes that choice.

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 should I care? I’m for Catherine Marquardt. 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 repealing every vowel of it.

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.

We are repealing the protection. It is repealing it for every one of us, for Hannah and Catherine, for one out of every nine women who has breast cancer and for all Americans with preexisting conditions. And it ought not be repealed.

I thank the gentlelmen.

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 the Democrats just passed is 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 bureaucratic. 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 millions of dollars of existing 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 time.

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 abusing bankrupt sick Americans and denying them coverage. We acted in the face of a crisis, a cost crisis, which saw premiums more than double over the last decade; a coverage crisis, which saw more than 40 million Americans without health care insurance; and a fiscal crisis, which saw the cost of health care driving our country deeper and deeper into the red.

A constituent of mine from southern Maryland recently wrote to thank us for health reform that now lets her carry her 21-year-old daughter on her insurance, but she wrote that something else also inspired her to support this piece of legislation, seeing “a lot of other people who are hardworking, honest people who were going 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 apocalyptic terms, but they can’t erase the history that proves that bringing affordable care to all Americans 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 make that system better will be based.” 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:

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 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 great by accident. We are 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 projected 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-Senators RANGEL and then-Lt. Col. Pete D. Ried 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.

As Speaker, I 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 to the national debt that will add 500,000 jobs a year to our fiscal crisis, which saw the cost of health care driving our country deeper and deeper into the red.

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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 rightly angry, and we in Congress had better listen to their concerns.

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 on 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, wouldn’t convince a large majority of the American public to embrace it.

Governments should not be 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 $1.4 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 tax payers $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 until after the first ten years—indeed, 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 rises to $2.6 trillion.

Additionally, $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 are already spoken for by social security beneficiaries; $70 billion in claimed savings from the new Community 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 to cover unforeseen costs; and $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 would 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 National Federation of Independent Business (NIFB) 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. businesses fail in their first five years. And so much for President Obama’s promise that if you like your doctor you can keep it; no job losses; no new taxes; no mandates, no 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. People who own small businesses, with mandates, new taxes, onerous paperwork burdens, and higher health care costs.

The small business tax credit is only temporary, and, additionally, it starts to phase out as businesses with mandates, new taxes, onerous paperwork burdens, and higher health care costs.

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 $500 in 2012 and $1,500 in 2013, and must be reinstated, the IRS onerous paperwork burden. On average, companies that pay their employees more than $25,000 or employ more than 25 employees. Many business owners, particularly in high cost states, would get no benefit. CBO estimated that only 12 percent of small businesses would even pay the tax credit.

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 $500 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 significant—the greater of $750 per person per year (up to $2,650 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 rejected the favorable counts, and not and at what cost, is so fundamentally flawed that it needs to be repealed and replaced.

Obamacare, which directs reductions of more than one-half trillion 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 for physicians and at the behest of Medicare and Medicaid Services warned that Medicare cuts in the law are so drastic that providers might end their participation in the program. So much for the President’s promise that if you like your health plan, you can keep it; no job losses; no new taxes; no mandates, no paperwork burdens, and higher health care costs.

On January 7, 2011, 33 Governors and Governors-elect wrote to the President, HHS Secretary Sebelius, and leadership in Congress regarding the excessive constraints placed on the states by healthcare-related federal mandates. The Governors note that the federal requirements will force states to cut other programs, such as education, in order to fund a “one-size-fits-all” approach to Medicaid.

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 healthy 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 any fiscal year.

Of course, when marketplace 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 an overwhelming majority of those 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 make us 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. We know from the baptism on this bill that takes away the important patient and consumer protections. And we don’t think it makes much sense to debate a bill that thankfully will go nowhere in the Senate and would certainly be vetoed by the President. However, the new Republican majority is certainly entitled to use its time here as it chooses. And while many of us believe our time would be better spent focusing on jobs, I do believe that this debate may help clear up many of the myths and misinformation about the health care law signed by President Obama.

The issue of health care is personal to every American individual and family. That is why this debate can become so emotional and heated. Let us have a vigorous, spirited debate. But let us work to ensure the debate generates more light than heat, and illuminates rather than warps the key insurer and patient protections.

The insurance reforms that have taken effect since last March are already making a huge and positive difference in the lives of millions of American families. We wish our Republican colleagues would have taken a least a few days, a few hours to have Congressional hearings to listen to those individuals and families. The new Republican majority said it wanted to listen, but you have not invited a single American outside of this Congress to a hearing to testify on the repeal bill we are debating here today. As a result, those of us who oppose the efforts to strip away important patient protections had to organize an unofficial hearing to listen to testimony from our fellow Americans. We heard stories from across America about why it is such a bad idea to repeal, to take away the many protections patients and consumers finally have to fight the abusive practices of some insurance companies.

We heard the moms and dads of young people tell you how relieved they are that their sons and daughters are no longer kicked off their health insurance policies at age 19 or when they graduate from college, but can now stay on their parents’ plan until age 26. As a result, if their 22-year-old gets very sick or gets into a terrible accident, that 22-year-old can get care they need without the family going bankrupt.

We heard from moms and dads with kids who have cancer, asthma, or diabetes or other pre-existing conditions tell how relieved they are that insurance companies can no longer deny coverage to those kids.

We heard senior citizens who were unable to pay huge bills for essential prescription drugs tell you how relieved they are that—as of January 1st—they are now paying less and can afford the medicines their doctors say they need.

We heard from small businesses that are already using the tax credits to be able to purchase affordable health care coverage for their employees. And let me say, as a result of being able to purchase affordable health care coverage, 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 can afford the medicines their doctors say they need.

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 health care reform bill that provides more affordable health care services to everyone—when it fully kicks-in in 2014—will finally reduce the deficit? The answer is simple: those expansions were more than paid for by eliminating huge taxpayer subsidies that were flowing to certain health insurance companies, by incentivizing more efficient care, and by having the top 2% income earners contribute more in payroll taxes.

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 over the next twenty years to what people ask how that can be possible. How can a health reform bill that provides more affordable health care coverage for millions of Americans reduce the deficit? The answer is simple: those expansions were more than paid for by eliminating huge taxpayer subsidies that were flowing to certain health insurance companies, by incentivizing more efficient care, and by having the top 2% income earners contribute more in payroll taxes.

Let me be clear—there is only one job that will no longer be available as a result of the new Republican majority: 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 we fought, why we fought so hard for the insurance industry and why we would like to see it repealed.

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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 over the deficit, adding to our debt to China and others.

Now, because they don’t like the CBO deficit they’ve worked so hard to discredit them. But these criticisms are coming from the same people who praise 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
Mr. Speaker, some of those 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 budget jujitsu 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 only 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

WILLIAM D. TIERNEY, Chairman

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 title II of the Health Care and Education Affordability Reconciliation Act of 2010. I have submitted the related estimate of the budgetary effects of repealing H.R. 2—Repealing the Job-Killing Health Care Law Act—as introduced in the House on January 5, 2011. (Billion of dollars, by fiscal year)

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don’t. But you don’t get to kick the referee off of 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 Enron-type accounting that will lead to budget anarchy 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.

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Mr. SCHIFF. 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 take a step, not forward, but backward. 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 cosponsor 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 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 were told this new health care law would stimulate job growth. This is a vote to take that away. If you’re a young adult who can benefit from staying on your parent’s insurance until age 26, 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 the big 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 70 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 uninsured Americans cannot be denied coverage, be charged significantly higher premiums, be subjected to an extended waiting period, or have their benefits curtailed by insurance companies.

At a time when this country is looking for those willing to make the tough decisions that lead us into a more prosperous, future, a vote for repeal is a vote to take a step, not forward, but backward. I urge my colleagues to vote no on this bill.
Mr. HONDA. Mr. Speaker, I rise today 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 coverage in a new competitive private health insurance market that reduces state exchanges.

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 health 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 healthcare. H.R. 2 was expedited for a vote without taking the time necessary from House members or holding a single hearing, 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 erode the repeal rhetoric, and many of these claims are flawed. 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 overall health care system.

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;
- Rescue 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 14,900 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 seniors;
- 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 Caucus (CAPAC), 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 health care protections and 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 protects more than 500 families in my district from bankruptcy due to the costs of health care. 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?

While there are legitimate concerns in the insurance industry or the pharmaceutical industry, I am here to represent the interests of the ordinary Americans that reform will protect. Repealing the Affordable Care Act would be in direct opposition to those interests by increasing our national deficit by one trillion dollars in the next two decades, preventing tens of millions of uninsured Americans from gaining coverage. In my district alone, 37,500 people will receive coverage under this law, and 75,000 seniors on Medicare will receive improved care, giving them full access to our healthcare system, which is the “best in the world.”

Mr. Speaker, I ask you, what is the point in having the “best healthcare system in the world” if more than thirty million Americans, including the 37,500 in my district, do not have full access to its benefits? What is the point of having the “best healthcare system in the world” if insurance companies are allowed to deny people coverage when they need it most, based on “pre-existing conditions.” It is wrong. You know it’s wrong. This law has corrected the policies we should no longer be discussing. There may be weaknesses in the health reform law, but based on an average of 117,000 private sector jobs created per month since its passage, I strongly believe that it is a good start for efforts to make our nation stronger.

The Affordable Care Act is good for not only our seniors and the uninsured, but all Americans who not only deserve, but need access to quality, affordable healthcare. In the name of the hundreds of thousands of constituents in my district, in the name of the Bedford-Stuyvesant Family Health Center and 30 other community health centers that will receive increased funding to provide my district with better care, and in the name of the tens of millions of Americans that we fought so hard for in passing reform, I will vote no on this bill, and any other efforts to undermine the legislation passed last year. I hope we can begin a meaningful conversation about moving forward, using this established framework to continue to strengthen our nation.

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

Repealing health reform would be a mistake. Instead of focusing on job creation or retirement security or the care debate reforming a law that protects Americans from insurance company abuses and provides fairer and more accessible health care for children, veterans, seniors, employees, and employers.

On Monday, we celebrated Dr. Martin Luther King Jr.’s life of service. Dr. King fought for and was an advocate for every type of racial, ethnic, or class background, would have access to opportunity. Access to health care was important to Dr. King who said, “Of all the forms of inequality, injustice in health care is the most shocking and inhuman.”

Today, the House majority is trying to repeal the health reform legislation that we enacted just one year ago. That historic law provides secure health insurance coverage to almost all
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 shows that nationwide, 6,400 seniors on California's Central Coast were denied insurance and lost health coverage. 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 health-care costs.

Mr. HASTINGS of Washington. 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 over 20 years.

Mr. Speaker, everyone 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 the 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 6,600 seniors on California's Central Coast.

And it is about increasing the number of uninsured individuals by 80,000 and increasing treatment will be covered on their policy, rather than being written off as a pre-existing 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 for their 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 here for the American people. 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.
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—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.
Not about being able to adequately provide for their families.
And now Republicans want them to worry about losing their health care coverage.

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 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 cost 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 imposes new minimum medical loss ratios (MLRs) of 80 percent for small group plans and 70 for individual plans.
Remember, MLRs are defined as the percentage of premiums that carriers must spend on claim payments and provider payments and other medical expenses, and not on administration, marketing, or profits.

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.

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.

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 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 abortions.

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 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 parent's 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.

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.

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
broke health care system that empowers in-
urance companies to make health care deci-
sions, not patients. I want Minnesotans to know exactly what re-
pealing the existing health reform law would do. If this Republican bill were to become law it would mean:

- Stripping 32 millions of Americans of health insurance and new consumer protections;
- Allowing insurers to deny coverage to chil-
dren with pre-existing conditions, apply restric-
tive lifetime limits, impose cost shar-
ing on preventative care, and retroactively cancel policies when an individual gets sick;
- Eliminating tax credits for as many as 99,000 Minnesota small businesses providing their employees health insurance;
- Refusing adults in Minnesota the option to remain on their parents’ health insurance until they turn 26;
- Maintaining a perverse payment system that rewards providers for the volume of services delivered, rather than the quality of those serv-
ices;
- Jeopardizing the early retiree health cov-
erage provided by 210 Minnesota employers and unions currently receiving financial assist-
ance through the ‘The Early Retiree Reinsur-
ance Program’;
- Risking the Medicare benefits and prescrip-
tion 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 op-
pose this bill and I will oppose and battle against every effort made in the 112th Con-
gress to defund, sidetrack, or stall the full im-
plementation of the Affordable Care Act.

I am not alone in opposing H.R. 2. Hun-
dreds of national organizations and dozens of Minnesota groups oppose this blatantly par-
tisan 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 (Pa-
tient 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 ef-
forts 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 to-
ward 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 Associa-
tion, I am writing to express our opposition to legis-
lation that would repeal the Patient Pro-
tection and Affordable Care Act (ACA).”

Today, as the debate on this ill conceived and mean-spirited bill is taking place, I re-
ceived the following message from a consor-
tium of small business leaders from across the coun-
try:

“The House of Representative’s introduction of a bill to repeal the Patient Protection and Affordable Care Act is an affront to our na-
tion’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 re-
pealed.

“This would be a huge setback to entre-
preneurs who need solutions to the broken healthcare system, not a continuation of it. America’s 22 million unemployed would also suffer, as a repeal of the ACA would deny them the opportunity to pool together and pur-
chase insurance at an affordable price through state exchanges. It is important to remember that the Repub-
lican’s dangerous and destructive health re-
peal 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 self-interest and political factors will use every legal and political chan-
nel available to deny citizens their health care rights. They will not stop.

But I will not stop either. I will not stop fight-
ing 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 administra-
tion’s health care reform 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 uneventful. He was a beautiful, well-tempered gelding I owned. Compared to his quarter horse stable-mate, Lucky was unathletic and uneventful. He was a beautiful, well-tempered stallion. As long as he could follow his buddy, Lucky was unathletic and uneventful. He was a beautiful, well-tempered stallion. As long as he could follow his buddy, Lucky was unathletic and uneventful. He was a beautiful, well-tempered stallion.

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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 economic insecurity, sickness, 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 unemployed, sick, and dependent.

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 certainly was never a perfect bill, this law is 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 age 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 hit the Medicare 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 insurance for covered, 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 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 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 coverage. Under the Affordable Care Act, 511,000 residents' 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 law.

A vote in favor of this appeal would strip Americans of their dignity and force them to go back to choosing between paying for health coverage or putting food on their tables. We must continue to build on our efforts to expand accessible and affordable health care for all Americans. Today, I strongly urge my colleagues to oppose H.R. 2.

Mr. BERMAN. Mr. Speaker, I rise in strong opposition to H.R. 2, a bill to repeal patients' rights and empower health insurance companies at the expense of consumers. I am proud to have voted for the Patient Protection and Affordable Care Act, landmark health care legislation that strengthens our country's health insurance system and expand opportunities for quality, affordable health care to millions of people who otherwise go without.

In my district, in the heart of California's San Fernando Valley, rolling back reforms would have devastating consequences for my constituents. This repeal would leave an additional 116,000 of my constituents without health insurance. It would increase prescription drug costs for 5,600 seniors in the Medicare D "donut hole" and deny new preventive care to 238,000 adults in my district.

On behalf of Diane and her family, and on behalf of children, young adults, parents, seniors, women, 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. The Affordable Care Act, signed into law on September 30, 2010, allows 27,000 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 pre-existing conditions.

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 uninsured.

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 $230 billion over ten 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.

Diane, a constituent in Valley Village, wrote me last October to tell me about her daughter's experiences with the reform bill. Her daughter graduated from a prestigious university in 2008 and got a job but still couldn't afford health insurance. She left her job after two years. Two weeks later, she was in a serious car accident. Her car was totaled but she, luckily, was not hurt. At age 24, this woman found herself uncovered and 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."
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 repealing the 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 unworkable 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 stronger health care reform.

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 hard 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. 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 affordable access to care. It is simply 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 misinformation and disingenuous posturing. I am hopeful that we will soon return to the real 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 know firsthand that good 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 more costs. Finally, 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 support 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. 9 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, according to the Budget Office, CBO, said 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 medical care. Repealing 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 law is repealed. 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 parents’ 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.

Second District seniors would lose this new coverage. Hospitals in my district spend nearly $40 million each year providing coverage to the uninsured which gets passed on to the consumer, and the average American family pays an additional $1,100 per year for covering the cost of uncompensated care for the unemployed.

Before the Affordable Care Act, skyrocketing health care costs were hurting families, forcing businesses to cut or drop health benefits, and straining state budgets. The people of Illinois’ Second District and all Americans need and deserve better.

While some of my colleagues may be willing to pass legislation that (1) rescinds important consumer health care protections, (2) cuts tax credits for middle class families and small businesses, (3) forces our nation’s seniors to pay more for prescription drugs and cost-saving preventative care and (4) passes the problem of steadily rising health care costs onto the next generation—I plan to vote for making health care affordable and accessible for up to 94 percent of Americans, not against it.

That’s why I will vote no.

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 continue the broken health care habit that has resulted in a $14 trillion deficit.

The 2010 Midterm elections has allowed the 112th Congress to fulfill a promise to repeal the Affordable Care Act, and replace it with common sense solutions that address the rising cost 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 coverage, and preserve the doctor-patient relationship.

Instead of encouraging America’s small businesses to grow and create jobs, the current health care plan will harm 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 for our 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 is simply an effort to protect ObamaCare from being repealed, period. But if you believe, as most Americans do, that the new health care law will improve how health care is delivered in the U.S., then support the motion to recommit.

So this motion to recommit says the following: In the spirit of that principle, Members who support the repeal should live with its consequences. This repeal will become effective when a majority of this House and a majority of the other body are dismissed from membersh ip in the Federal Employees Health Benefits Program that the tax payers fund for the Members of the House.

There are serious consequences of this bill. We believe that repealing it is unfair, it will be unjust, and wrong. But it would be even more plain wrong for those who support repeal to live by a different standard.

The SPEAKER pro tempore. So I would say to the Members the next time you are in a town meeting, the next time you encounter your constituents in your district and they say, “Don’t you agree that if you agree to impose a certain set of rules on me that those same set of rules should apply to you?” this will be the answer to their question.

If you vote “yes,” you are saying that the repeal that denies coverage for pre-existing conditions to others doesn’t apply to you.

If you vote “no,” you are saying that the repeal that lets insurance companies impose lifetime caps on your constituents’ benefits imposes no caps on your benefits.

If you believe that the consequences of our actions should be visited upon those we represent equally and on ourselves as well, then your vote should be “yes.”

In the spirit of the people’s House, in the spirit of walking in the shoes of those we are here to represent, the right vote on this motion to recommit is “yes.”

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. 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 is 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 add towards 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. But if you believe, as most Americans do, that the new health care law will improve how health care is delivered in the U.S., then support the motion to recommit.

If you believe, as most Americans do, that the new health care law will improve how health care is delivered in the U.S., then support the motion to recommit.
Mr. WELCH, Ms. CLARKE of New York, Ms. SPEIER, and Mr. AL GREEN of Texas changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as recorded.

Stated for:

Mr. HIRONO. Mr. Speaker, on rollcall No. 13, had I been present, I would have voted “yea.”

Stated against:

Mr. GARRETT. Mr. Speaker, on rollcall No. 13, had I been present, I would have voted “nay.”

The SPEAKER pro tempore. The question is on the passage of the bill.

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

The vote was taken by electronic device, and there were—aye 245, noes 189, not voting 1, as follows:

[Roll No. 13]

YEAS—245

Mr. CANTOR, Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—aye 245, noes 189, not voting 1, as follows:

[Roll No. 14]

AYES—245

Messrs. NEUGEBAUER and SHULER have changed their vote from “yea” to “nay.”
Mr. WATERS and Ms. JACKSON LEE of Texas changed their vote from “aye” to “no.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Clerk read the resolution, as follows:

H. RES. 42

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 COMMERCER.-Mrs. Blackburn, to rank immediately after Mr. Burgess.

(2) COMMITTEE ON HOMELAND SECURITY.—Mr.eland from Texas?

(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 the resolution be considered as read and printed in the RECORD.

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

HOUR OF MEETING ON TOMORROW

Ms. ROS-LEHTINEN. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

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

There was no objection.

APPOINTMENTS—OFFICE OF CONGRESSIONAL ETHICS

The SPEAKER pro tempore. Pursuant to section 4(c) of House Resolution 5, 112th Congress, and the order of the House of January 5, 2011, the Chair announces the reappointment of the following individuals to serve as the Governing Board of the Office of Congressional Ethics:

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:

H. RES. 42

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 COMMERCER.—Mrs. Blackburn, to rank immediately after Mr. Burgess.

(2) COMMITTEE ON HOMELAND SECURITY.—Mr.eland from Texas?

(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 the resolution be considered as read and printed in the RECORD.

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

HOUR OF MEETING ON TOMORROW

Ms. ROS-LEHTINEN. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

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

There was no objection.

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Nominated by the Speaker with the concurrence of the minority leader:

Mr. Porter J. Goss, Florida, Chairman;

Mr. James M. Eagen, III, Colorado, subject to section 1(b)(6)(B);

Ms. Allison R. Hayward, Virginia, subject to section 1(b)(6)(B);

Mr. Bill Frenzel, Virginia, Alternate;

Nominated by the minority leader with the concurrence of the Speaker:

Mr. David Skaggs, Colorado, Co-Chairman;

Mrs. Yvonne Brathwaite Burke, California, subject to section 1(b)(6)(B).
We just had a recommittal motion that we had the opportunity to say, if you vote against this plan for your constituents, then you ought to decline it for yourselves. A vast majority of Members took it for themselves but declined to provide it for their constituents.

That’s hypocrisy, Mr. Speaker.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 5, 2011, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

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

HONORING SARGENT SHRIVER

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

Mr. GARAMENDI. Mr. Speaker, Members, yesterday we lost a great American, a real hero when Sargent Shriver passed away. My wife, Patti, and I were honored to be able to call Sarge our friend. He was a great mentor to both of us. Our lives were shaped, inspired, improved by the extraordinary vision and talent of Sargent Shriver when he built the Peace Corps.

We had the awesome experience to join the Peace Corps in its third year and to be assigned to Ethiopia. Were it not for Shriver’s leadership, this iconic and pure American program would never exist.

Sargent Shriver became our close friend as the years went by. With each meeting, our love for Sarge grew, as did our respect for his endless enthusiasm and desire to improve the status of all.

In the 1960s, Patti had the opportunity to work closely with Sargent Shriver to spread the Peace Corps to Eastern Europe, Asia, and South Africa. His enthusiasm once again motivated Americans to join the Peace Corps and serve men, women, and children in every part of the globe.

America and the world will miss this compassionate and talented man. Patti and I send our prayers and condolences to his family, and we will personally miss this amazing individual.

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

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

AFGHANISTAN

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

Mr. JONES. Mr. Speaker, last night I stood here and spoke about my experience visiting Bethesda Naval Hospital and seeing the wounds of our country’s young men and women.

After that visit, I was very pleased to see an article this morning about Grover Norquist speaking out and encouraging fellow conservatives to speak out against the war.

The article is from The Huffington Post on January 12, and one sentence in particular came to my mind. Norquist also suggested that many prominent conservatives privately hold the view that the war in Afghanistan should end quickly.

It is time for them to speak out publicly. Mr. Speaker. We need to become more engaged in the issue and make our feelings known.

Mr. Speaker, I had mentioned before that a retired military general has been my adviser on Afghanistan for the past year. I would like to share two points that he made in a recent email.

The first point he made is: "What is the end state we are looking to achieve? What are the measures of effectiveness? What is our exit strategy? Same old questions. No answers."

The second point the general made in his email to me: "What do we say to the mother and father, to the wife of the last soldier or marine killed to support a corrupt government and corrupt leader in a war that cannot be won?"

Mr. Speaker, I’m going to repeat that very quickly. From the retired general: "What do we say to the mother and father, to the wife of the last soldier or marine killed to support a corrupt government and corrupt leader in a war that cannot be won?"

These are valid points that we must think about. It is time that Congress and the American people look at what is really going on and what war really means. I would like to thank prominent conservative, Grover Norquist, for speaking out on Afghanistan. I hope this inspires others to do the same.

History has shown that we cannot fix what we have not learned from what history is trying to teach us, that no country has ever conquered Afghanistan.

Mr. Speaker, I have beside me "The Pain of War: A Broken Body." It’s a young soldier who has lost both legs and an arm, and his young wife taking him into a room in a wheelchair. This party of mine, which I’m very proud to be a Republican, needs to learn, and again I want to thank Grover Norquist for speaking out and saying to conservatives that cannot be winning this conflict and this country.

It is time to end the war in Afghanistan. It is time for Mr. Obama to keep his word to the American people, and that is to bring them out in July of 2011.

Mr. Speaker, before closing, I would like to say, as I always do, God please continue to bless our men and women in uniform. God please in Your loving hold the families driven by a child dying in Afghanistan and Iraq. God, please bless the House and Senate that we will do what is right in Your eyes for Your people. God, please give strength, wisdom, and courage to the President of the United States that he will do what is right for Your people.

And God, three times I will ask, please, please, please God, continue to bless America.

REPORT ON RESOLUTION REDUCING NON-SECURITY SPENDING TO FISCAL YEAR 2008 LEVELS OR LESS

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 112–3) on the resolution (H. Res. 38) to reduce spending through a transition to non-security spending at fiscal year 2008 levels, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF HOUSE RESOLUTION 38, REDUCING NON-SECURITY SPENDING TO FISCAL YEAR 2008 LEVELS OR LESS

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 112–4) on the resolution (H. Res. 43) providing for consideration of the resolution (H. Res. 38) to reduce spending through a transition to non-security spending at fiscal year 2008 levels, which was referred to the House Calendar and ordered to be printed.

THE TRUTH WILL SET US FREE

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

Mr. AL GREEN of Texas. Mr. Speaker, it has been written many centuries ago that if we know the truth, the truth will set us free. The truth is, Mr. Speaker, that repeal of the current health care law means that we will re-instate conditions that existed prior to the repeal. The truth is that prior to the law that we currently have, we were spending $2.5 trillion a year on health care. That’s $79,000 a second. That’s 17.6 percent of GDP.

The truth is that if we had continued at that pace, we would spend by 2018 $4.4 trillion a year, and we’re just $20 percent of GDP, $139,000 per second. The truth is that health care was going to be the biggest problem that this country has ever known. The CBO has estimated that this bill that currently passed that is in place now and is law, the health care bill that’s law, saves.
about $1 trillion over a 20-year period, more than $1 trillion, to be more appropriate.

This bill, if it becomes law, will reestablish the past that we have tried to overcome. This bill will bring back, reestablish preexisting conditions. And as has been said, and for edification purposes, pregnancy is a preexisting condition. This bill will reinstate the doughnut hole that we have been trying to close to help seniors with their pharmaceuticals. This bill will reinstate kickbacks of the policies that they're on now with their parents until they are 26 years of age. This bill will reinstate a condition wherein approximately 45,000 persons per year were dying from a lack of insurance. That's one person every 12 minutes. This bill will take us back in my State to 6 million persons being uninsured without the possibility of having insurance, will take us back to 1.1 million persons in Harris County, Texas, being uninsured, 20 percent of the children in the State of Texas are uninsured. This bill will take us back to a time and the place that we tried to escape.

And I thank God that this so-called repeal will not become law because I believe that this bill, if it becomes law, will hurt too many people. And there are some I have actually heard say, it would be good for it to become law because then people could understand the pain that this bill will invoke. I don't agree. I do not agree because I don't want people to suffer unnecessarily. I believe we do have a duty to be our brother's keeper. And by the way, it's easy to be your brother's keeper when you don't have to keep your brother. It is difficult to do the right thing to make sure that every American has health care. In a country wherein we will take the bank robber who is harmed in the process of robbing a bank and give him aid and comfort, in a country wherein we will give our enemies in mortal combat aid and comfort if they should become wounded, in a country wherein we will give the person on death row who is to meet his Maker next week, in this country, the richest country in the world, if we can give aid and comfort to the bank robber, if we can give aid and comfort to the mortal enemy of this country, if we can give aid and comfort to those who are on death row, we can give aid and comfort to those who are among the least, the last, and the lost. I believe that we've made a mistake today. This is why I voted against repeal.

RENEWED INTEREST IN THE CONSTITUTION

The SPEAKER pro tempore (Mr. Barletta). Under a previous order of the House, the gentleman from Texas (Mr. Paul) is recognized for 5 minutes. Mr. Paul. Mr. Speaker, I am pleased that the Constitution has received a lot of attention in recent weeks, thanks to the tea party movement. It goes without saying that Members of Congress should have read the Constitution many times, and we should continue to study it.

Clause 11th amendment of the Constitution that authorizes newly introduced legislation is a reasonable suggestion, yet in reality it will do little to restrain unconstitutional growth of Federal Government. We have had much rules in the past and no benefit came of it.

The laws that are passed reflect the preferences of those in charge, who promote their personal agenda. For too long the agenda has expanded government at the expense of personal liberty, regardless of which political party was in charge. Generally this trend was supported by voters, who rewarded most Members of Congress with reelection.

For many of us, this expansion of government clearly violated the Constitution, yet it was always argued that the program somehow conformed to that "living" document. By misinterpreting the general welfare clause, the interstate commerce clause, and the "necessary and proper" clause, Congress has justified every conceivable expansion of the Federal Government. Congress also has misinterpreted the 14th Amendment and legislated as though it had repealed the 10th Amendment. Sadly, Congress has also systematically abdicated its prerogatives and responsibilities to the executive branch over many decades.

Too many people, in and out of Congress, grew up being taught that the Constitution was malleable. This has allowed judicial, legislative, and executive flexibility to make the Constitution "a modern living document." Though the authors allowed for "flexibility" through the amendment process, this process has been ignored for the sake of speed and convenience.

As a result, the Constitution now has little meaning since most Members pay only lip service when taking their oath to obey it. I am encouraged by our growing grassroots interest in the Constitution, especially among the younger generation. I am glad Congress is becoming aware of it.

Our Constitution should be viewed as law, and Members of Congress should be expected to follow the rule of law. But a document is just that, and it is only as good as the character of those who represent us and promise to obey it.

Distorted interpretations come easily when the goal is opposite of what the original authors intended and what the plain text provides.

If true liberty is not our goal, persistent efforts to rationalize misinterpretations and circumvent the Constitution will continue.

Without men and women of character in Congress, respect for the rule of law and a love of liberty, the Constitution becomes but a worthless piece of paper. Celebrating the Constitution without this understanding will do nothing to restore the greatness of America.

Simply praising the document distorts the need for Members to gain the courage to resist special interests; political self-interests; emergency needs in times of crisis; fear-based economic myths; and the persistent temptation to seek security over liberty while ignoring personal responsibility and self-reliance.

Providing instruction in the Constitution for staff and/or Members begs the question: Who will be the teacher? I wonder, will this welcomed renewed interest in the Constitution lead to a healthy reassessment of all of our policies?

Will there be no more wars without an actual congressional declaration? Will the Federal Reserve Act be repealed? Will only gold and silver be called legal tender?

Will we end all of the unconstitutional Federal departments, including the Department of Energy, Education, Agriculture, Commerce, Health and Human Services, Homeland Security, and Labor?

Will the Patriot Act be repealed and all of the warrantless searches stopped? Will TSA be restrained or abolished? Will the IRS's unconstitutional collection powers end?

Will executive and judicial quasi-legislative powers be ended?

Will we end the Federal war on drugs?

Will we end the Federal Government's involvement in medical care?

Will we end all of the Federal Government's illusory insurance programs?

Will we ban secret prisons, trials without due process, and assassinations at home?

Will we end our foreign policy of invasion and occupation?

For America to once again become the standard for a free society, our love of liberty and desire for peace must far surpass any public display of fidelity to the Constitution. We must first look to strong moral character, respect for the rule of law, and an understanding of the proper role of government in a free society.

REMEMBERING SARGENT SHRIVER

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

Mr. Farr. Mr. Speaker, I rise tonight very sadly to talk a little bit about one of the greatest Americans of our generation, a true American hero, in my view, Sargent Shriver.

I really have to say I am also very upset that the Republican leadership wouldn't allow for a moment of silence in today's session for such a distinguished American.
Sargent Shriver—or Sarge, as we called him. At various events that honored the agency, we both got to speak. And one of my most significant moments of my life was the privilege of being presented with a Peace Corps Public Service Award in 2006 by Sargent Shriver. He was a man of tremendous heart and vision who leaves behind a living legacy of service and hope. That legacy of public service lives on in the lives of his children. Their mother died in 2009, but today, Joe and Maria, who is the first lady of California, have four other children: son Robert Shriver of Santa Monica, who is an activist in California; former Maryland delegate, Mark Shriver of Bethesda, Maryland; Tim Perry Shriver of Chevy Chase—both involved in Special Olympics; and Anthony Paul Shriver of Miami. Most of all, they have 19 children.

Sargent Shriver’s life reminds us of the value of distinguished public service, and that it is incumbent upon all of us to renew his vision of a better America for future generations.

My thoughts and prayers are with his children and grandchildren and the entire Shriver and Kennedy families.

[From Vanity Fair, Jan. 19, 2011]

SARGENT SHRIVER’S LASTING IMPACT: AN APPRECIATION

(By Maureen Orth)

At a Saint Patrick’s Day party at the White House during Clinton’s first term, I set up a table and intro- duced to Sarge, who then took President Kennedy’s vision of service and optimism and built it into one of America’s greatest institutions. After 3 years as Director of the Peace Corps, he had more than 6,500 volunteers serving in more than 50 developing countries. He once told me the story that in those days, with the President’s own budgeting, they were able to place Peace Corps volunteers in Latin America and Africa before Congress ever got around to authorizing the program.

These volunteers showed the world the true American values of peace, prosperity, and democracy that had been eclipsed by the Cold War.

Over the past 50 years, through war and conflict, Sarge’s foundational work of the Peace Corps has enabled volunteers to show the world a hopeful, uplifting side of America that reflects our fundamental values of service and to- lerance.

Today, Sarge’s legacy lives on in a quarter million Americans who have served as Peace Corps volunteers in 197 countries around the world, all in the name of peace and goodwill.

Beyond the Peace Corps, Sargent Shriver was actively engaged in civic society. He served as Ambassador to France; leader of the War on Poverty; as the First Lady of California. We have his four other children: son Robert Shriver of Santa Monica, who is an activist in California; former Maryland delegate, Mark Shriver of Bethesda, Maryland; Tim Perry Shriver of Chevy Chase—both involved in Special Olympics; and Anthony Paul Shriver of Miami. Most of all, they have 19 children.

Sargent Shriver’s life reminds us of the value of distinguished public service, and that it is incumbent upon all of us to renew his vision of a better America for future generations.

My thoughts and prayers are with his children and grandchildren and the entire Shriver and Kennedy families.

[From Vanity Fair, Jan. 19, 2011]
Mr. Shriver was found to have Alzheimer’s disease in 2003 and on Sunday was admitted to Suburban Hospital in Bethesda, where he died. He had been in hospice care in recent months at his estate in Potomac, Md., said last year.

White-haired and elegantly attired, he attended the inauguration of his son-in-law, Arnold Schwarzenegger, as the Republican governor of California in the fall of 2003. Mr. Schwarzenegger is married to Maria Shriver, a former NBC News correspondent.

But as a Kennedy brother-in-law, Mr. Shriver was bound inextricably to one of the nation’s most powerful political dynasties. It was an association with enormous advantages, thrusting him to prominence in a series of seemingly altruistic missions. But it came with handicaps, relegateing him to the political background and to a subordinate role in the family.

“Shriver’s relationship with the Kennedys was complex,” Scott Stossel wrote in “Sarge: The Life and Times of Sargent Shriver, the Man Who Created Peace Corps.” The primary conflict between them, he wrote in 2004 biography, was complex, Scott Stossel wrote in the family history.

“Sarge came to embody the idea of public service,” President Obama said in a statement.

Mr. Shriver’s impact on American life was significant. On the stage of social change for decades, he brought President Kennedy’s proposal for the Peace Corps to fruition in 1961 and served as the organization’s director until 1966. He tapped into a spirit of volunteerism that a few years later, he was remembered by many as a last vestige of Kennedy-era idealism.

“Sarge’s dream was to serve the poor and the hungry, and I deeply appreciate the work and the ideals of this great organization,” President Obama said in a statement.

Mr. Shriver was never elected to any national office. To political insiders, his calls for public service in the 1960s seemed quixotic at a time when America was caught up in a war in Vietnam, a cold war with the Soviet Union and civil rights struggles and urban riots at home. But when the wars of the 1960s were over, the Shriver family was complex, Scott Stossel wrote in the family history.

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Mr. Shriver’s decision to remain in the Kennedy administration alienated many of the Kennedy clan, he joined John F. Kennedy’s 1960 presidential campaign. As he and other family members acknowledged later, the patriarch, Joseph Kennedy, had told him that a separate Shriver-Shriver ticket would split the potential. He looked like a movie star, with dark hair going gray and the kind of muscular, breezy athleticism that went with tennis courts and sailboats. Like the Kennedys, he was charming but not self-revealing, a quick study but not reflective. Associated said he could be imperious, but his knighthood public image became indelible.

He took root in Chicago. In 1964, he was appointed to the city’s Board of Elections, and a year later became its president. In 1965, he also became president of the Catholic Interracial Council, which fought discrimination in housing and education and the nation’s public life.

As the election approached, the campaign learned that the Rev. Dr. Martin Luther King Jr. had been sentenced in Georgia to four months of hard labor for what amounted to a minor traffic violation. Mr. Shriver suggested that Senator Kennedy call a discharge. Mr. King said that he had been convicted that her husband might be killed in prison. His reassuring call, and another by Robert F. Kennedy to a judge in Georgia that led the first black candidate to a major party ticket in a U.S. presidential race that year would be a distraction. So he resigned from the Chicago school board and became a campaign coordinator in Wisconsin and West Virginia and a principal contact with minorities.

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

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

THE WALKABOUT

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise tonight to recognize a great organization that has helped so many disabled individuals: the Walkabout Foundation. This terrific organization was founded by siblings Luis and Carolina Gonzalez-Bunster.

Sixteen years ago when he was 18 years old, Luis was in a car accident that left him paralyzed from the chest down. Luis was going to allow this tragedy to define him or limit his ability to lead a full life. Just a few months after his accident, Luis moved to south Florida and enrolled at my alma mater, the University of Miami. Soon after he started driving again and began to live on his own.

Leading an active lifestyle, which included being an avid swimmer, Luis took advantage of the University of Miami’s extensive and accessible facilities. However, during a trip to the Connecticut YMCA a couple of years ago, Luis could not access the indoor swimming pool, so Luis and Carolina decided to take action.

Not only did they promote awareness of paralysis and disabilities in their community, but they also made the Connecticut YMCA accessible for all the disabled.

Out of this victory, the Walkabout Foundation was born.

The Walkabout Foundation’s mission is twofold: first, to actively pursue a cure for paralysis by helping fund research programs; and, second, to provide wheelchairs to those who cannot afford one.

The foundation’s unique efforts have garnered widespread support and attention. What makes the Walkabout Foundation singular is its drive to make sure that disabled individuals continue to lead full and active lives. This is due to Luis’ character and unyielding belief that people should not be victims of their circumstances.

The Walkabout Foundation has not limited its services and generosity to just our Nation. Last month, the foundation provided 200 wheelchairs to Haiti in addition to the 400 they had already donated last year.

As someone who has seen the devastation and the human tragedy that has befallen the poor island nation of Haiti since last year’s tragic earthquake, I know the impact and benefit the efforts of Luis and Carolina will bring to help the lives of so many disabled individuals in Haiti.

They have also provided 100 wheelchairs to the Dominican Republic. These wheelchairs will go to children, teenagers and adults afflicted with paralysis, polio, cerebral palsy, muscular dystrophy, and amputees.

I commend Luis, Carolina and their Walkabout Foundation for all that they do. They are truly an inspiration for all.

The ASSAULT ON OUR RIGHTS, OUR FREEDOMS, OUR DEMOCRACY

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, for everyone who has been listening to the dialogue and debate around health care reform, it is something crystal clear: regardless of the vote in the House, health care reform was not repealed today; and despite what some might be projecting and promising, all of us on both sides of the aisle know that this is true.

We also know that the next step in the larger plan to repeal health care reform will involve directing committees of jurisdiction to revisit the health care reform law.

Now, if that is going to be a process that includes meaningful hearings and honest dialogue about how to strengthen and bolster—health care reform, then I would support that strategy. It would allow us to work together to build upon the many successes that the Patient Protection and Affordable Care Act has already demonstrated: successes for our children, our seniors, the poor, and the already insured. That was the kind of process that led to the development of this Patient Protection and Affordable Care Act.

But, to be honest, that was then; and I do not believe that such a process will occur this time because those calling for repeal don’t seem to be interested in social, fiscally and medically sound public health strategies to solve our Nation’s public health problems.

Instead, the supporters of repeal have been steadfast in their efforts to minimize and dismiss the devastating steps backward that H.R. 2 would mean, not only for our Nation’s most vulnerable residents—children and our seniors—but also for small businesses, the middle class, rural and low-income populations, and the financial as well as the physical health of our Nation.

So I urge not only my colleagues here, but every American who wants a healthier and stronger tomorrow to be engaged and active and to be alert because the real health care reform repeal efforts begin, not with this vote, but in the months ahead. All of us, everyone in this country—the insured and the uninsured—have too much at stake to sit on the sidelines and remain silent.

We know that there is an appropriations strategy to ensure that the health care freedoms in the Patient Protection and Affordable Care Act are not adequately or appropriately funded, making their implementation an utter impossibility. We can’t let that happen.

We also know that efforts are under way that will allow the chairman of the Budget Committee to set spending limits on his own, without committee consensus and clearly without a fair, transparent, and democratic process. This is an assault on our democracy.

Finally, we also know that all of the harsh realities that repeal will mean to millions of Americans and their families will not be highlighted or even mentioned. For example, those calling for repeal won’t admit that repeal would mean more uninsured Americans—54 million uninsured by 2019.

Those calling for repeal will never admit that repeal means a loss of jobs, increased unemployment and an increase in the deficit, even though they know, as we do, that without health care reform the Federal deficit will explode by $143 billion over the next 10 years and by more than double by 2019.

Those calling for repeal will never admit that repeal will mean a drastic increase in the health disparities that we know leave racial and ethnic minorities and low income rural Americans in poorer health, who are more likely to die prematurely from preventable causes. A recent Joint Center study found that eliminating racial and ethnic health disparities would have reduced direct medical care expenditures by $229.4 billion in just 4 years.

Finally, those calling for repeal will never admit that repeal, literally, could be a death sentence for thousands of innocent Americans every year, A recent IOM study suggests that more than 15,000 deaths per year could happen just because insurance was taken away.

So repeal did not take place today, but the assault on our rights, our freedoms, our democracy, as well as our very lives are on the line in the planned committee process, the budgetary sleights of hand and a targeted appropriations process. So let’s not find ourselves repenting for the silence of good people.

TODAY, WE VOTED TO REPEAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. GRAVES) is recognized for 5 minutes.
Mr. GRAVES of Georgia. Mr. Speaker, what a great day for America—a victory for the American people.

You know, last November the American people loudly demanded the repeal of ObamaCare, and today the House delivered.

Earlier today, I outlined why the American people were so opposed to this legislation. So tonight I thought I would remind my colleagues on the left as to why they rejected ObamaCare.

It was the employee mandate and the mandates on individuals that tax, penalize, and punish Americans who choose not to opt in to a government-approved health care system.

Maybe it was the $569 billion in new taxes or the $2.6 trillion cost or the $700 billion in deficit spending over the first 10 years this law is fully implemented, and who knows what after that.

More importantly, it violated our Constitution and our personal liberties.

So earlier today I asked my friends and folks back in the district who follow us on Facebook, the Georgians I work for and I represent, to respond to us as to how the legislation has already impacted them today. So we got a few of those responses; and, Mr. Speaker, I thought I would share some of those.

From north Georgia, Elisabeth in Rossville said her health insurance premiums have already almost doubled.

Jimmy in north Georgia said his health care premium is certainly more expensive.

Brian said his health insurance just went up by at least 8 percent, and the cost of his mother’s Medicare part D coverage has doubled.

BJ in Calhoun, a health insurance agent, said premiums have risen, and companies he represents are reducing or eliminating commissions.

Then there is Jeremy in Ringgold. He was going to expand his business this year, but he was forced to put those plans on hold because of the costly and burdensome 1099 tax filing requirements that were required under ObamaCare.

It is because of these Americans that we not only repealed ObamaCare today but that tomorrow we will also vote on a House resolution directing the committees of jurisdiction to begin working on legislation through a transparent process—open to the American people—that will embody free market principles, lower health care costs, and health care choices.

More importantly, it will be policy that empowers Americans with options instead of mandates coming from the Federal Government. Above all, our reforms will not infringe upon individual liberties.

So, Mr. Speaker, I want to thank those tonight who on Facebook responded to us in helping us start that route of one debate. Today, we voted to repeal. Tomorrow, we begin the work to replace with free market solutions.

DISTORTING THE DREAM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes. Ms. WOOLSEY. Earlier this week, Mr. Speaker, we recognized the 82nd birthday of Dr. Martin Luther King, Jr., perhaps the greatest moral and spiritual leader in our Nation’s history. Each of us in our way reflected on Dr. King’s teaching, and his message had more relevance than ever in light of the tragic shootings in Tucson.

It’s a sign of progress that a man whose ideas were considered revolutionary during his life has achieved mainstream iconic status in death. But as we all share his legacy, there is a very real danger that some people will, in a self-serving way, distort King’s vision to justify the very policies he gave his life opposing. In fact, Department of Defense General Counsel Jeh Johnson has a bizarre, unsettling interpretation of Dr. King’s dream.

In a speech last week, Mr. Johnson suggested that this great agitator for peace would have endorsed the war in Afghanistan. And I quote him, he said, “If Dr. King were alive today, he would recognize that our Nation’s military should not and cannot lay down its arms and leave the American people vulnerable to terrorist attack.”

Mr. Speaker, this strikes me as a presumptuous and manipulative distortion of everything Dr. King represented. He was fierce; he was resolute in his opposition to Vietnam. It was a courageous, controversial stand that cost him friends and allies.

He believed nothing as strongly as the idea that nonviolence was the only route to social change. He left little ambiguity about his feelings on war: “There is no victory in a war that produces more wars must be broken.” Dr. King once said, “or we shall be plunged into the dark abyss of annihilation.” I don’t know how you get much clearer than that, Mr. Speaker.

 Violence, he preached, “is a descending spiral, begetting the very things it seeks to destroy. Through violence you may murder the hater, but you do not murder the hate. In fact, violence merely increases hate. Returning violence for violence multiplies violence.”

Mr. Speaker, we’ve seen exactly this in our misguided struggle to defeat terrorism through warfare. Killing one Taliban or al Qaeda insurgent emboldens the movement and simply creates more terrorists. Dr. King added that “a nation that continues to spend more money on military defense than on programs of social uplift is approaching a spiritual death.” These are the words we ought to reflect on as we conduct this debate about Federal budget priorities.

Far from supporting the war in Afghanistan, I believe Dr. King would be much more likely to embrace the principles of the SMART security platform that I have spoken of this medium, many, many times. It calls for cooperation, not conquest; dialogue, not destruction; engagement, not invasion. It pursues the goal of global peace and security by focusing on our common humanity. It is an agenda that respects human rights, that seeks to empower and lift up the poor people of the world instead of dropping bombs on their villages and on their communities.

Mr. Speaker, Mr. Johnson of the Pentagon couldn’t be more wrong about the lessons of Martin Luther King’s life. I have every confidence that were we alive today, Dr. King would join me in a loud and unmistakable call to bring our troops home.

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

Mr. Speaker, Johnson of the Pentagon couldn’t be more wrong about the lessons of Martin Luther King’s life. I have every confidence that were we alive today, Dr. King would join me in a loud and unmistakable call to bring our troops home.

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

Mr. Speaker. Mr. Speaker, last month, The Economist exhorted Western leaders to more openly and consistently criticize Russia for its sham democracy, its brutal treatment of human rights activists and political dissidents, and its utter disregard for the rule of law. It was a challenge that should be taken seriously.

Our approach to Russia has been characterized paradoxically by a failure to be both sufficiently pragmatic and sufficiently idealistic at the same time. Russia is a key international player with whom we must engage. That’s undeniable. It is a permanent member of the Security Council. It is a key actor in any international effort to contain Iran’s nuclear ambitions. It exports great influence in regions such as Central Asia, with implications for our struggle against violent extremists in Afghanistan and elsewhere.

Keeping our engagement with Russia as constructive and effective as possible is essential to pursuing our vital national security interests. But, Mr. Speaker, we must include our commitment to promote democracy around the globe and condemn those who brutally suppress it. We
must stand up for human rights and the rule of law, even when—they are undermined by major international players. We cannot remain silent when journalists and activists are killed or savagely beaten with impunity, while political prisoners face years of jail time.

The new guilty verdict imposed on Mikhail Khodorkovsky late last year makes it appear that the only crime that’s actually punishable in the Russian Federation is opposition to Putin. Days after the verdict was handed down, opposition leader and former Prime Minister Boris Nemtsov was arrested for participating in a peaceful rally. He had committed the grave offense of expressing support for the protection of constitutional rights and condemning the sham Khodorkovsky verdict.

Hostility to the rule of law extends beyond Russia’s own borders, as we saw in the August 2008 invasion of our democratic ally Georgia. It was reprehensible. Georgia’s sovereignty and territorial integrity remain under threat today.

In our relationship with Moscow, we must learn to balance the twin imperatives of effective engagement and criticism of gross miscarriages of justice. This will only become more essential in the context of the coming debate on Russia’s entry into the World Trade Organization. Russia has moved closer than ever to acceding to the WTO. We are likely to face this prospect in the coming year and the resulting vote on whether to extend Permanent Normal Trade Relations.

We will need to have a full and robust debate on this issue. We will need to ensure that PNTR is not granted until we have confirmed that Russia has fulfilled the basic obligations that WTO membership demands. If those obligations are met, my view is the WTO accession would be a very positive step forward. Bringing Russia into a rules-based trading system would bind Moscow to WTO law. It would also create the consequences and enforcement mechanisms for failure to live by its commitments.

WTO membership is by no means a panacea, particularly for symptoms as deeply flawed as Russia’s, but it would be a significant step in the right direction. Not only would it impose the rule of law in Russia’s trading relationships, it would demonstrate that even Moscow recognizes the value of international rules of fairness. This should serve as a reminder that their presumed indifference to our criticism is no excuse for failing to voice that criticism.

We need to engage with Russia, but Russia also needs to engage with us. We cannot shy away from taking a public stand against increasingly brutal repression at the hands of those with whom we have important negotiations. Neither can we lose sight of the fact that supporting the rule of law is not just about promoting American ideals.

One of the most important lessons of the last decade is that democracy strengthening is as firmly grounded in realpolitik as it is steeped in lofty, high-minded ideals. If our moral clarity helps to strengthen democracy advocates in Russia, we will further our strategic goals in the long run. A less corrupt, less repressive Russia in Moscow will result in a better international partner.

As Vladimir Kara-Murza has written in World Affairs, defending the rule of law is not just our right but our duty. "During the last week, Vladimir Kara-Murza, last week, head of the statutes of the Organization for Security and Cooperation in Europe, to which both the U.S. and Russia are party, make this clear. The statutes state, "issues relating to human rights, fundamental freedoms, democracy, and the rule of law are of international concern." It is absolutely imperative, Mr. Speaker, that we do absolutely everything that we can to strengthen this relationship but pursue the rule of law.

THE GOLDEN RULE OF TRADE

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

Ms. KAPPU. Mr. Speaker, before all of the pomp and circumstance of tonight’s State dinner honoring Chinese President Hu Jintao, a closed-door meeting took place between President Obama, the Chinese President, and the power brokers from some of the largest global corporations that seem to create more jobs outside this country than inside it: Steve Ballmer of Microsoft; Jeffrey Immelt of General Electric; Jim McNerney of Boeing; David Rubenstein of the Carlyle Group; Ellen Kullman, the CEO of DuPont. And many greedy Wall Street bankers showed up: John Thornton, the chairman of HSBC Holdings; and Lloyd Blankfein, my gosh, the chief executive officer of Goldman Sachs—where have we heard about them before?—whose imprudent firms are responsible for the economic meltdown that the rest of America is trying to dig out of as we speak tonight.

Too often, these international corporations and megabanks have taken America’s ingenuity and hard work that were built with so much effort and shipped them overseas, destroying American jobs and ballooning our half trillion dollar trade deficit.

China remains a communist country, and it is described as “Market Leninism” — not free enterprise. Yes, China’s people should be able to develop their land and their economy and improve their lives. They surely need it. But their growth should not come at the expense of American jobs and our businesses and our workers.

The moment has arrived to deal with China as the great economic power that it is and proceed on the basis of reciprocity. If a treaty affects our companies one way, we’ll treat them the same way. If they exclude our investments and our imports, we will exclude their investments and their imports. We should give them the exact same deals as they give us. That is the Golden Rule of trade.

While we wish China well, we must defend the interests of jobs in our country, and even more, the highest political ideals to which we aspire. And our highest calling is free trade.

It is not a coincidence that America’s trade deficit with Communist China has ballooned since China entered the World Trade Organization in 2001. The trade deficit for 2010 with China and the United States alone stood at $253 billion—a quarter of a trillion dollars.

Since 2001, jobs in our country in manufacturing decreased by 25 percent. And according to the U.S. Department of Commerce, for every billion dollars trade deficit our country lost, 5,605 American jobs are lost. This means in 2010 alone, over 1,400,000 more jobs were lost in our country attributable just to our trade deficit with China. This is a major factor in the weakness that our economy is suffering.

China consistently disregards international trade laws. She manipulates her currency, and she does nothing to protect American intellectual property. In fact, of all of the products selected at the U.S. border for infringement of intellectual property rights in 2009, 79 percent were from China.

Communist China’s illegal subsidies and no-interest loans to Chinese companies have put American firms at a serious competitive disadvantage. In fact, there’s a new 15-year tax holiday for solar companies. And a major firm in Massachusetts just announced it’s closing its doors and going to China.

Dumping of products like steel pipes can cripple the American industry. And earlier today, the White House announced China will purchase 200 Boeing aircraft. Isn’t that convenient. A few airplanes, it’s great to hear, but positive press releases for one-time purchases will do nothing to erase the $253 billion deficit that grows with China every year.

Holding China accountable and creating an environment where Communist China’s best interest is to follow the rules of the global economy described as “Market Leninism” — not free enterprise. Yes, China’s people should be able to develop their land and their economy and improve their lives. They surely need it. But their growth should not come at the expense of America’s jobs and our businesses and our workers.

The moment has arrived to deal with China as the great economic power
WATER, WATER EVERYWHERE

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

Mr. McINTOCK. Mr. Speaker, the Department of the Interior issued an announcement yesterday that perfectly illustrates the irrationality of our current approach to water issues.

California's precipitation this season has gone off the charts. Statewide, snow water content is 198 percent of normal. The all-important northern Sierra is currently at 174 percent of normal. This is not only a wet year, it is one of the wettest years on record.

Yet yesterday, we have this announcement from the Department of the Interior that despite a nearly unprecedented abundance of water, the Bureau of Reclamation will only guarantee delivery of 45 percent of the central valley of California's contracted water supply south of the Delta. This is the same percentage they received last year and is well below normal. The all-important northern Sierra is currently at 174 percent of normal.

This is of crucial importance to the entire nation since the central valley of California is one of the largest producers of our nation's food supply. California produces half of the U.S. grown fruits and nuts and vegetables on the nation's grocery shelves, and the prices you pay are directly affected by the California harvest.

The deliberate decision by this administration to deny water in 2009 and 2010 to diversions of billions of gallons of water away from the central valley destroyed a quarter million acres of the most productive farmland in America, it threw tens of thousands of families into unemployment, and it affected grocery prices across the country.

At the time the administration blamed a mild drought but never explained why a drought justified their decision to pour 200 billion gallons of water into the Pacific Ocean. In a rational world, a drought means that you are more likely to face crop failures and food price spikes.

The American people did not invest billions of dollars into Federal water projects so that water can be dumped into the ocean to please environmental extremists. This policy may have been cheered by the previous Congress, but it won't be tolerated by the new majority, nor by the American people.

There was a time when the principal objective of Federal water policy was to assure an abundance of water to support a growing population and a flourishing economy. But in recent years, a radical and retrograde ideology took root in our public policy that abandoned abundance as the object of our water policy and replaced it with government-created shortages. I cannot imagine a more disturbing example of this ideology at work than the announcement yesterday by the Department of the Interior.

Even faced with a super-abundance of water, they are determined to create and maintain water shortages. The American people expect better and they deserve better.

They deserve a government dedicated to restoring jobs, and prosperity, and abundance, all of which is well within our reach if we will simply reverse the government's policy. The American people expect better and they deserve better.

CONFRONTING REALITIES WITH CHINA

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

Mr. FORTENBERRY. Mr. Speaker, at the outset let me stress the importance of managing our complex relationship with China in a manner that honors the transcendent principles that define America's national purpose and our identity.

Tonight, President Obama, perhaps as we speak, and President Hu Jintao will toast one another just blocks from here at the White House at an official State dinner. While appropriate for heads of State, we must remember that untold thousands in China continue to suffer horrific tortures for exercising their right to self-expression. Beijing's ruthless treatment of democracy activists and their families, Internet freedom advocates, religious minorities, and women and families victimized by a callous policy of coerced abortion and forced sterilization must continue to make us uncomfortable even as dinner is served.

Nobel Prize winner Liu Xiaobo, whose photo is right here, languishes in prison right now as his wife and family members remain under house arrest. And how many more people suffer in silence, people who have disappeared into the vast network of gulags that no one can see, much less anyone should ever have to see or experience?

Mr. Speaker, we must continue to press these points to remain deserving of our own identity as a Nation founded on freedom of religion, a Nation that embraces freedom of speech and justice, and free and fair commerce as worthy foundations for prosperity in future generations. Our China policy should reflect these transcendent and universal principles.

On the economic front, nearly $2 trillion in debt and a bilateral trade deficit approaching $300 billion also impose weighty concerns. We must challenge China to abandon its embrace of unbridled mercantilism, which manifests itself in massive subsidies and other trade-distorting practices that contribute to this staggering imbalance. China must know that global responsibility and accountability are inseparable.

We must, Mr. Speaker, also look ourselves in the eye and order our own fiscal affairs, revise stagnant manufacturing industries, refurbish our industrial base, and take responsibility for our economic future. We need to look closely at our willingness to place profit over principle, and to point the finger of blame at China when we perpetuate our own economic dysfunction.

With regard to the future of civilization itself, China is modernizing its nuclear arsenal. China is giving cover to North Korea's nuclear program. China trades with Iran. And China has controversial plans to break with international precedent and build nuclear reactors in Pakistan. Just last week, in a show of its ever expanding projection of power, China tested a new Stealth fighter aircraft. What kind of world are our children and our allies in the Pacific standing to inherit? Neither the United States nor China can afford to allow six decades of peace and security to slip through our fingers.

Mr. Speaker, do I want a good relationship with China? Yes, absolutely. But we have a responsibility to work together to shape our complex relationship with that country, to seek meaningful progress on the tough issues, to acknowledge the positive elements of China's extraordinary culture and past civilization. However, we should not be so blinded by the challenging outright affronts to our principles and whitewashing threats to international security.
The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. Pence) is recognized for 5 minutes.

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

THE REPEAL OF HEALTH CARE

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

Mr. Welch. Mr. Speaker, we appreciate the time for this Special Order of 1 hour to discuss the repeal of health care. And this legislation which passed today is the triumph of the Republican victory in the elections. And the Republicans ran on a campaign platform of repealing ObamaCare, as it was called and vilified, and today accomplished that goal.

ObamaCare became a vilification of health care, really a caricature of what was in the bill. It became a million different bad things to a million different people. But what the campaign is over and the partisan political points have been put on the board, each of us who has been elected, Republican or Democrat, has the responsibility to use our office to make pragmatic progress for the American people.

And the purpose of our Special Order tonight is to explain in concrete detail what the American people lost and will lose if the repeal is ultimately successful. We have a number of my colleagues here to join us. And to start it off for us is one of the senior members of the Energy and Commerce Committee, a leader in health care reform and elements of the health care reform that have broad bipartisan support, Representative Eshoo from California. I yield her such time as she may consume.

Ms. Eshoo. I thank my colleague for organizing this evening. And I rise to talk to whomever is tuned in this evening to tell some stories. I think stories are really what relate more than anything else to what is going on in the lives of our constituents and the American people.

I want to take people back several years. It was 1996. I was a fairly new member of the Energy and Commerce Committee. And after having had meetings in my district with people in the disabled community, I learned something that I didn't know, and I shared it with many other Members of Congress. They were not aware of it. I don't think the general public was aware of it. And it was the following. And that is that buried in the fine print of insurance policies, in this case health insurance policies, was a cap on lifetime limits of benefits.

Now it doesn't sound too menacing to begin with. But just think if any one of us, God forbid, were in a horrible automobile accident. We have seen what has happened to our colleague in Tucson, and the bills that are attendant to that kind of high-end of health care.

Certainly people in the disabled community understood this very well. So the more I probed, the more I learned. Meanwhile, the actor, wonderful, optimistic and superb actor, Christopher Reeve, had endured a terrible, terrible accident as an equestrian. I think everyone remembers that; and they remember the courageous battle that he waged, not only for more research to be invested in our country, but the hope that stem cell research held. But he also understood this whole issue of limits in an insurance policy on total benefits that would be paid for by the insurance company.

And so it was that time, 1996, that I introduced legislation to lift the lifetime limits on the caps, on the ceiling in health insurance policies. That effort has been going on since 1996. In 2010, the Democrats saw fit to place that legislation into the health reform bill that has become law.

So today, January 19, 2011, at 7:10 p.m. eastern standard time, no one has a limit on their benefits in their life insurance policies. So if someone is in a terrible accident, that won't be held against them. If someone has a chronic illness, a chronic illness with cancer, with whatever one might name, that will not be held against them.

I tell this story because we have heard some tall tales, some tall tales about what the health care legislation, now the law, contained. More than anything else, what the legislation is about is addressing what happens to people in their day-to-day lives, the stories that our constituents have told us.

I want to tell you another story. This is from Elaine from the town of Los Altos, California, in my district. This is what she wrote to me: "This is the first time I have ever written to any government representative on any topic in my 50 years of existence." Elaine was diagnosed with breast cancer in 2006. It's a disease that we are all, too familiar with. One in eight women will develop breast cancer in her lifetime.

Elaine wrote: "Normally, when I feel that a service provider is price gouging or in any way treating me unfairly, I take my business elsewhere. This is what I did with my auto insurance, and this is how market forces are supposed to work." But Elaine couldn't do that because so few insurers would even take her. Most of them would not go near her.

The health insurance market, in my view, in so many of my constituents' view, has really failed our country. We believe in strong markets. We believe in competitive markets, but we don't believe that a market should be part of crushing human beings in terms of the rules that they write.

Elaine saw her rates increase by 94 percent over a 13-month period. Let me repeat this: Elaine saw her rates increase by 94 percent over a 13-month period.

What Member of Congress can endure this?

And I have to say that those that have fought the hardest against this bill, now the law, are taking their health care coverage from the government as a government employee.

Now, I am proud to be part of my government. I will never run away from that. I am proud of what I do. I am proud of my profession. I always want to be uplifting to it. But I don't think that there is room for hypocrisy in this. These are great needs. Yes, Members of Congress have insurance coverage. And the way that we designed the bill was so that the American people could get what we have, to get what we have.

Look and listen to what Elaine is saying. Elaine's gross income increased only 4 percent as her insurance rates increased by 94 percent over a 13-month period. I don't think that this is sustainable, not for any person in this country, not for any community and certainly not for our Nation and our national economy.

Health care represents a major sector of our national economy, and if we don't do something about the rising, spiraling costs and the effect that it has on families and individuals, it will really tear them apart and bring them to their knees financially. So I am very proud of the vote that I cast on behalf of my constituents.

Was the bill complicated? Absolutely. For those that say it was a long bill, they have voted for plenty of trade bills around here, and the trade bills are 4,000 pages. I wonder if they have read that.

But this one, this one lands in the middle of a family so that they don't have the panic at night or the cap on the benefits if they are in a terrible accident, like Christopher Reeve, God rest his soul, or Elaine, in my district, that told her story to me.

Elaine's health is not a commodity that can be bought or sold on the open market. She doesn't have the option to go without health insurance if prices go up. For Elaine, this is an issue of life or death.

So today I found it to be rather a sad day that any Member of Congress would stand on this floor and, with a sense of glee, say we are going to repeat the progress that America made.

For the first time in the history of our country, the Congress passed comprehensive health reform for every single American. That, to me, is a great source of pride. I think it is to Elaine; and I think if Christopher Reeve were here, he would say "bravo" as well.

So thank you to my colleague, Mr. Welch, to all of my colleagues that care so much about this that have
worked so hard on it and will work to defend this. This is for the American people. I think that they deserve to be rewarded.

They work hard; they play by the rules. No one should be crushed by unfair rules.

Mr. WELCH. I thank the gentlewoman from California.

The story that Congresswoman Eshoo told is making very real what the consequences are of taking away from families benefits that they have and need.

Just a quick story about Vermont, to make it, again, real. A woman by the name of Donna, from Plainfield, Vermont, a hard-working person, she and her husband both work. Their young son graduated from school, got an entry-level job that paid $8 or $9 an hour. And as the case with most entry-level jobs, it came without health care.

That child was no longer eligible to stay on his parents’ policy, and they were going all they could to pay their bills. Health care is expensive. They couldn’t afford to buy a separate policy for their son. And most of the time that works out, but sometimes it doesn’t, and it didn’t in this case.

The child had a car accident, $20,000 in medical bills. They are still paying those bills off.

When we passed the health care bill that included the provision that sons and daughters who were starting out in life, taking that first job, usually without health care, without learning job skills, fiscal discipline, personal responsibility, the worst, the bill we passed allowed those kids to stay on our policies until age 26.

It makes an enormous amount of sense in the peace of mind it provided. That assurance to Donna relieved her, her husband, and their son of some anxiety about whether they’d have the health care they needed in the event of an accident. The action today by this Congress led by the new majority takes away from Donna, her husband, and their son their access to affordable health care. It didn’t need to be done. And the question I think all of us have to ask is why?

There are elements of the health care bill that are imperfect. Let’s improve them. There are elements that are very controversial. The individual mandate is controversial, and we have to acknowledge it. I supported it, and I’ll tell you why. I believe that if everybody is going to have access to health care, and the vast majority of this country believe that’s the case, then all of us should share in the responsibility of paying for it, on the ability to pay. That’s why I supported the individual mandate, because folks who don’t have insurance don’t go forever without having the need for health care. People move. States change. Vermont. If somebody gets hit by a truck, the rescue squad shows up, and they take that person to the hospital.

The hospital may inquire about insurance, but they don’t condition providing full and extensive care on whether that person has insurance or doesn’t. And that cost gets shifted on to the taxpayer. That cost gets shifted on to those who do have insurance in the form of higher premiums. So this is real what happened. The consequences to families are real.

I would like to yield to the Member from New York, also a leader on health care, Congresswoman CLARKE. Thank you for allowing us to talk about health care.

Ms. CLARKE of New York. Thank you, Mr. WELCH.

Mr. Speaker, I just find it so interesting that here we are in the new 112th Congress and in the wealthiest nation on the planet where nearly 50 million Americans still lack health care insurance. 13.5 percent of which are New Yorkers. Last year alone, New York City’s hospitals spent $1.2 billion in charity care on the poor. Now we’re going to make sure that at the moment that people are most vulnerable, in an emergency, they’re able to receive health care. But it has cost us $1.2 billion in charity costs.

Tragically, people who are either uninsured or underinsured often have to go without the vital health care services they need simply because they can’t afford it. Every American has a human right to adequate physical and mental health care, and I believe that the government has a responsibility to assist its citizens in securing quality health care. That’s why I’ve been such a fervent supporter of the Patient Protection and Affordable Care Act which passed the 111th Congress, because it does just that. It ensures that Americans have access to quality health care, and it makes sure that we begin an enlightened process of preventive care, which is the least expensive way of our being able to meet our health care needs.

Repealing this bill would mean that insurance companies will, once again, be able to drop coverage for people when they are ill, exactly when they need that coverage the most. It will mean that kids with preexisting conditions will be denied coverage once again. It will mean that insurance companies would again be able to impose devastating annual and lifetime caps on care, and I believe that the government has a responsibility to prevent insurance from being a basis for denial of coverage. And finally, our seniors, who face an increase in their prescription drug costs because they would be thrown back into the Medicare part D doughnut hole which the health care reform law was designed to close by 2020. The story that Congresswoman Eshoo told is making very real what happened. The consequences to families are real.

I would like to yield to the Member from New York, also a leader on health care, Congresswoman CLARKE. I am a two-time cancer survivor. I’m constantly worrying about being denied coverage because of my preexisting condition. I’m not comfortable that corporations under the old rules would have considered me unprofitable. I think it’s a disgrace that this problem has existed in our country. I for one will move to Canada or elsewhere if health care reform is repealed and if I ever have a recurrence of my cancer. Meanwhile I think it’s every American’s responsibility not to allow other people with preexisting conditions to be denied coverage.

You see, Jonathan is not just thinking about himself. He recognizes that like himself there are millions of Americans across this country who may not have options of mobility to leave the country to seek health care because of the need to keep this legislation to go into full effect. And that’s what we are here discussing today, the essence of what this legislation means for Americans across this Nation.

One thing about health care insurance is that we don’t know what you need until you need it. And because there are individuals in our civil society, and many have referred to them as the invincibles, young people who are young, vital, physically fit, one tends to look after their health care after the fact. Well, we want to do a paradigm shift in this Nation where it brings down the cost of health care insurance. That means that every year we go through an annual physical. We know what’s happening to our body is operating and we are clear on that. And if by chance we develop a need or we’re in a catastrophic accident of some sort, we have the coverage that will not allow us to go into bankruptcy. That’s all that any family can truly ask for. And that’s what we congratulate the last Congress on accomplishing.

What was displayed here today really was not forward leaning or forward thinking. It’s our hope that the Senate would take this up because right now we’re hearing from seniors who are saying, already we are looking forward to the support we can get for the prescription drugs that we need to address our chronic disease.

So as Jonathan noted in his letter to me, this repeal would once again allow big insurance companies who are only focused on profitability to deny coverage to him and so many others with preexisting conditions. I don’t think we’re going to allow Jonathan to be denied coverage simply because he’s a cancer survivor, and that’s what repealing this health care reform law would do.
So I want to thank my colleagues for promoting this Special Order today and making sure that our voices are heard and the voices of our constituents are heard, who are really in favor of this legislation, this law of the land, actually, going into full maturity. Because as the law is passed, more and more Americans will be covered, their families will be more secure, and we will be all the more healthier for it as a civil society.

I want to thank the gentleman from Vermont, PETER WELCH, for anchoring this Special Order this evening.

Mr. WELCH. I want to thank the member from New York. You talked very eloquently about preexisting conditions. And who of us doesn’t have one? There was an article in The Washington Post today that said about 65 percent of Americans have preexisting conditions. So if the insurance companies are able to deny people coverage on that basis, it’s a tremendous busi-

ness model for them. They insure folks who are healthy, that’s great for the shareholders, but it doesn’t do much for most of us, the majority of Americans who have a preexisting condition. So thank you for focusing on that real provision in the bill.

I’m going to yield in a moment to the Member from Maryland. We have a number of Members here, so maybe we can be interactive.

But one of the things that I was going to ask you was on this question of preventive care. When we were con-

sidering this bill, I called Tom Huebner, who is the administrator of a local hospital, Rutland Regional Medical Center; and he had a lot of reserva-

tions about the health care bill, whether-

er on balance it was good or bad. He de-

cided on balance that it was good.

But one of the things that he said very specifically was that the free pre-

ventive care for seniors is absolutely essential. It was essential for their good health, and it was essential for bending the cost curve because folks do not come in if they don’t have the way to pay for it. That was him talking to me telling me about the Rutland popu-

lation. Whatever your remarks are, Member from Maryland. I am won-

dering if that is consistent with the ex-

periences you have had in your dis-

trict.

Ms. EDWARDS. Well, I thank the gentleman. I think that is right. You look at so many things that can be pre-

vented if only people were able to get their preventive care.

Today what we did in this House, what the majority did in this House, is so sad, taking away the ability of sen-

ior citizens to go in for an annual checkup and make that early discovery and diagnosis of diabetes or hyper-

tension or any of the markers for those chronic illnesses that if treated early can save so much money, all of those seniors a lot of grief, and really be good for the sys-

And so when I think about what we did today, I think of the millions of Americans all across this country who every day are discovering a new benefit that is now available to them because of the new health care law.

I think it is important for us to re-

mind our American public that the Af-

fordable Care Act isn’t a bill, it isn’t an idea, it is not a proposal. It is the law. Today the law is that if you are up to age 26 that you can stay on your par-

ents’ health insurance plan. The law of the land today is that if you are a sen-

ior and you are paying out-of-pocket costs to the hundreds of dollars for your prescription drugs, those drugs that fall in that prescription drug doughnut hole, you will receive a 50 percent discount on those drugs.

The law of the land is that you can’t be excluded for preexisting conditions. Now, the gentleman from Vermont talked about preexisting conditions, as did the gentlewoman from California. It is so simple, it is true, almost not a one of us is without a preexisting condition. Well, the law of the land, de-

spite the sadness of what happened in this House today, is if you have a pre-

existing condition and you are under 18, you will actually be able to receive health care insurance for that.

And as we go through implementation, that you will be able to, whatever your age and preexisting condition, you will not be excluded from receiving your health care.

The law of the land today is that small businesses receive a tax credit for providing health care to their em-

ployees—35 percent last year when the law was started, 50 percent this year.

That’s the law of the land.

And so I am glad to be here with our colleagues. I don’t want to overlook the sadness that happened in this House today because there was a lot of business about taking care of campaign promises and artificial goals.

But the fact is that last year we passed the health care law. It is being imple-

mented right now, and that’s the law of the land. And thank goodness for the millions of people all across this country who have the security in knowing that not only do they have access to quality, affordable health care, but that that applies all across this coun-

try.

Mr. WEINER. Will the gentlelady yield to the gentleman from Maryland, Ms. EDWARDS, I will.

Mr. WEINER. If I can just point out something, a lot of people look at this through the lens of their personal expe-

rience. Perhaps people watching this say, You know what, I have health insur-

ance. I like my health insurance and I don’t have a preexisting condi-

tion. Why should I really care about those who do?

Well, I think you understand this, but I think many of the other Republican colleagues don’t. We wind up paying as citizens one way or the other. You know, we had awhile ago this H1N1 flu outbreak. Now, if someone has a choice and health insurance coverage that allows them to get a regular checkup and get doctor’s screenings and get medica-

tions and given an idea what they should do to treat that, is it better or worse if they don’t have insurance and they get on the bus in the morning and they have to bring in a $5 copay, go to the emergency room and take you and your kids with them?

The fact is it is not whether we are going to pay for health care; it is how we do it most efficiently. My Repub-

lican colleagues don’t seem to under-

stand this very basic idea that they talk about we should have choice. No-

body chooses to be born with cystic fi-

brosis. No one chooses to have a child that is born with asthma.

I don’t care how much you believe in the free market, when God strikes you with those afflictions and you need care, the only question then becomes how do we provide the care that is most efficient. Right now if people don’t have insurance and fall down or they get hit by a bus, God for-

bid, and they don’t have the ability to pay, it is not as if there is some magi-

cal force out there that absorbs those costs.

So they wind up paying it. Everyone who has a health insurance policy winds up paying it. We in New York, and Con-

gresswoman CLARKE made the point about New York, we pay $3 billion in additional taxes. So it is just a matter of how we do it, and it comes down to a very simple idea: it is less expensive to give people a subsidy so they can buy insurance than it is to pay for them in emergency rooms. It is cheaper that way.

So it is just a matter of how we choose to do it, and I think when you point out the fairness and the decency as Americans that we have when we provide the care, it is also doing a favor for everyone who has insurance, and for the taxpayers overall.

So even if you don’t buy into the idea that we should be altruistic, and we fundamentally believe, and I believe this is a fundamental difference be-

tween the parties, we don’t believe you can get too far ahead as a country when you have so many, 30-some-odd million people without health insur-

ance. We don’t believe you fundamen-

tally can. There are more people tak-

ing time off from work. Every single person who buy health insurance because of our health care failures. That is the difference between Republicans and Democrats. We believe those things out of a sense of compassion.

But even if you just look at the eco-

nomics bottom line, you should want to provide people with preventive care. It makes the most sense. It saves money. It saves every American who has insurance money, and I want to thank you for pointing those things out.

Ms. EDWARDS. I thank the gentle-

man. I am going to finish up because we have other Members who want to speak on this really important issue.
I want to say in closing, today I began with a story of a young woman who is very close to me. Her name is Annie. She is such a delight. Well, in the spring she was diagnosed with leukemia. She will be 28 years old in February. When she was diagnosed, she needed health insurance but what she realized and her family realized right away was very quickly, as she was approaching trying to get a bone marrow transplant and all of the attendant costs that are associated with that, that without the change in the health care law, maybe her parents would have to give up their retirement fund; maybe they would have to sacrifice their home because they wanted to save their daughter's life because she would have bumped up against those lifetime limits.

And so what we did in the 111th Congress in passing a health care law is we said to young people like 28-year-old Annie that we are committed to making sure that they have the ability to take care of her health and to save her life. That is what this is about. It is about real people. It is about their lives, and it is about our obligation that we have to one another.

I thank the gentleman for organizing this Special Order this evening. Mr. WELCH. I thank the gentleman from Maryland.

In order that we can allow all Members to speak, I am going to yield to my colleague from Texas; but if there are any inquiries by Members who are present and want to engage in a dialogue, I encourage you to do that.

Ms. JACKSON LEE of Texas. I thank the gentleman from Vermont, and I am just very pleased to have heard my good friends from New York, Ms. CLARKE and Mr. WEINER, and my good friend from Maryland. I hope this is a comforting Special Order because even as we speak, I think it is enormously important because people look at this because that we made in the health care law, that we have passed the elimination of lifetime caps. So he can be treated. He can work. He has insurance.

That is why when people ask, How does this impact me? Those of you who have insurance, do not have to take it away from you; but assure you have lifetime caps.

What about the young woman and her son who came to my town hall meeting who said, in tears, Congressmen, when are we going to call me—we had insurance. We went to a doctor for a physical for my son who had to get a physical to get into school—every child has to get a physical at the beginning of the school year—and the doctor turned away and said, Your insurance only covers emergency room.

We won't have that kind of half-baked insurance anymore.

So I quickly want to do this, Mr. WELCH. There was a big discussion about the constitutionality of this bill, and I got into another big discussion with one of our wonderful pundits who wanted to argue about whether someone would die without this health insurance.

This is a Medicare patient, or someone who is using Medicare. It indicates that she spent the week of New Year's in 2008 in an emergency room, and then was confined to her home for weeks because she developed pneumonia. She says she had never been so sick in her life. The good news was, in 2008, she had a government-run health care program, a Medicare program, that allowed her to discover her sickness and to be treated.

Her very words: For a time, I was so sick I was afraid I was going to die. Then I was so sick I was afraid I wouldn't, and I was miserable.

The real question is: even though she is a senior, this government-run program allowed her to get care, and she didn't die. Sometimes walking pneumonia, as everyone knows, is not anything to play around with.

Why are my friends on the other side of the aisle complaining about a government-run program? This program has not been ruled unconstitutional, and it has been in place since 1965. So when they make the argument and it frightens our seniors who are listening and they're saying, This vote, do we not have it? You have Medicare. We are enhancing Medicare. We are making it solvent. 2037. This is what this bill will do for you.

Then let me just conclude with this. This is a misleading not readable, but this is my State celebrating the bill. This is the Texas Department of Insurance that has just put our a report celebrating all of the provisions of this bill that will help the millions of uninsured. This is the law of the land.

And what that is to say other States are doing the same. Moneys are now flowing to States to ease the burden of health care.

So I don't know what my friends on the other side of the aisle are doing when States are receiving money now, when people have no more lifetime caps when you can be on their parents insurance because of the issue of being 26 years old.

Then there is this legal argument—and this is the conclusion. I carry this book around. The commerce clause has covered our health bills or a number of Federal provisions that we have used, and we have not seen them overturned, and we haven't seen Medicare overturned.

Yet there is another element that, I think, raises a question for my colleagues, and I hope that those who are now in the courts on this bill—and it is the courts that make the determination of the constitutionality, not this Congress, not people who are responding to a campaign or to promises they made. I think they'd have to look at the question of the Fifth Amendment and the equal protection of the law.

Does that mean that those who can only pay a certain amount and get low-caliber insurance should be taken advantage of, or does it mean that small businesses that would like to provide insurance for their employees don't have a right to some form of equal protection of the law?

We thought about that. That's what this bill does. It helps to equalize access to quality health care, and the Fifth Amendment clearly states that no one can deprive you of life or liberty or property.

So there are a lot of provisions that, I think, are meritorious in any argument to suggest that this is an unconstitutional act that we did. We equalize the playing field as opposed to depriving people of the equal playing field.

I thank the gentleman for having this. There are a whole bunch of items that we can comment on. Every State is benefiting. Every district is benefiting. And you know, do you think that your friends could vote against actual direct benefits when the people in their States are jumping for joy.
This bill is in place, and it is the law of the land. Let it be very clear: it is the law of the land.

Mr. WELCH. I thank the gentlelady.

The example you gave is of Texas, which is where the authorities who have run the feasibility for health care are pushing ahead to take advantage of the provisions that will allow them to do their jobs better even as we are having this debate about repealing and unwinding, but not replacing.

I mean the point is that, if you want to improve something, you know, that’s our job. Let’s do it. There are provisions that all of us who supported this bill know could be improved; but we are hearing now real-world stories about things that are working really well, and we want to keep them.

Mr. Speaker, may I inquire as to the time available?

The SPEAKER pro tempore. The gentleman has 19 minutes remaining.

Mr. COURTNEY. I am going to yield to the gentleman from Connecticut, who has played a major role, especially in making fair the financing of this health care and not doubly taxing folks who are getting employer-sponsored health care benefits, and also for his tremendous work for seniors.

The gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Thank you, Mr. WELCH.

In actually following the Congresswoman’s comments about Texas’ participation in various parts of the program, I wanted to focus for a minute on one of the really strong pro-employer provisions of this bill.

We had a lot of talk on the floor today about job-killing health care laws. I mean, the fact of the matter is, since President Obama signed the measure into law in March, over 1 million private sector jobs have been created in this country. I would contrast that with what we saw sworn into office, January of 2009, when the U.S. economy had lost 800,000 jobs in 1 month alone. So, clearly, you know, on just a simple data basis, this claim really doesn’t pass the test of the facts.

One of the pro-employer measures which Texas is now participating in, along with the other 49 States, is a provision called the Early Retiree Reinsurance Program. In 1986, over 60 percent of America’s employers had a retiree health care plan so that people hitting age 55 or 60 could retire, and their benefits would be extended. In 2009, that number had fallen to below 30 percent.

What this bill did is it created a reinsurance fund, which is like a government backstop for private employment-based health insurance plans, similar to the same type of reinsurance plans that we have for terrorism insurance, flood insurance, and the nuclear energy industry. These are types of programs that have never been written in this country if the government did not act as a backstop. We set up a similar fund and basically opened the doors to employers across America who had, again, employees who were over age 55.

What have we seen?

Over 4,700 employers have enrolled in this program. Over half of the Fortune 500 companies in America have signed up for this program. I mean, you can just go down the list: GE, General Dynamics, Coca Cola, Pepsi, AT&T, Comcast, Ford, GM, Walgreens. The list goes on and on.

And, again, all 50 States have enrolled for their State employee health plans, including States that are suing the Federal Government to try and blow this law smithereens.

The fact of the matter is that they’re voting with their feet in terms of leaving the program. This is a good measure and it’s not. If this was not a good program, they wouldn’t enroll it in. But they understand that stabilizing early retiree health benefits is a way of making sure that people who are 55 years old and are teaching officers or working in corporate America are going to retire, and that will create elasticity in the labor market so that young Americans can actually fill those positions. I mean, this is even truer in terms of physical labor occupations. And again, Taft-Hartley plans, laborers, iron workers have all signed up for this reinsurance program, again, as a way of stabilizing 55 to 65-year-old Americans’ health benefits and creating more opportunities for younger Americans so that people will follow that natural path of retiring.

When you take that measure and combine it with the small business tax credit—the $1 billion of tax relief for the small employers—this is a pro-jobs, pro-employer law. And again, quick example, I was at a roundtable on health care in my district. There was a family doctor that was there who was talking about her new patient that is 60 years old, how excited she was about getting tools to better serve her clients. And she said, I’m getting killed on my own employee health plan, it’s like $1,000 a year for four or five employees. And I said, well, did you check out the small business tax credit? She said the small business what? So she went on that tax calculator—it’s smallbusinessmajority .org—and called me back a couple of days later. She’s going to save $1,000 on her health insurance premium because of that tax credit.

By passing this law today, the Republican majority raised the taxes of small businesses all across America at exactly the same time that today they are figurine out their tax returns for 2010. I was a small employer before I came to Congress a short time ago. That’s what you do in January and February, you start pulling your papers together to do your taxes. And they just voted today to blow up that tax credit to benefit the real job creators in America’s economy.

Ms. JACKSON LEE of Texas. Just a quick point.

Number one is the benefit you just mentioned in a State like Texas, this retiree program. And we have a very quixotic or very complicated retirement program for teachers. And I will just say in closing, State legislators are beginning to go back to their capitols and understand they’re going to face these enormous deficits. I can’t understand why we are burdening now States, by this vote, with extra responsibilities when they are all in crisis. The bill we have saves jobs, creates jobs, and provides benefits for people who need it and States who are in trouble.

Mr. COURTNEY. And quickly to conclude, I’m glad you mentioned teachers because as we now begin a great debate in our country about trying to reform corporate America are going to lose their benefits if they retire are going to continue to work for their benefits. And this fund, this reinsurance fund is a way of trying to loosen the labor market and get new blood and workers into occupations all across our economy.

Thank you, Mr. WELCH, for your great presentation.

Mr. WELCH. I thank the gentleman from Connecticut. And as I listen, it’s a good news/bad news story. The good news is businesses, large businesses and small, that have fiduciary responsibilities to their shareholders and to their employees have sharp pencils and figure out what makes the most sense for them, and they’re signing up for this. So that’s an indication that they’ve kicked the tires and come to the conclusion that this is good for business.

The bad news is, we apparently have done a pretty lousy job explaining this to the American people, and it has gotten obscured with the epithet of “ObamaCare.” But when you peel away the specifics of this—and then you provided evidence that businesses that have to make a hard-nose decision, this ain’t about doing a “good thing” or they want to do the right thing for their company, but they've decided this is the prudent fiscal thing. So I thank you.

I yield to the gentleman from Virginia, senior member of the Appropriations Committee and one of the Members who is always a voice of conviction and conscience in this institution, Mr. MORAN.

Mr. MORAN. I thank my very good friend from Vermont for yielding to me, and I thank my colleagues for participating in this discussion.

There are so many things that are hard to understand with regard to what occurred today. One is that the new
Republican majority tells us that jobs is their first priority. This will generate about 4 million jobs around the country we’re told—and we can identify where they occur. And so we won’t create those jobs, particularly in the health care professions.

We are told that another high priority of course is to reduce the budget deficit. The nonpartisan Congressional Budget Office tells us that this will save more than $1 trillion through an emphasis on preventive care, by getting people out of the most expensive emergency care and into doctors’ offices, and much more efficient delivery of care. But nevertheless, we won’t save that money, and we won’t create those jobs.

One of the fascinating things is that I’m told by many of my friends on the Republican side that they actually agree to eliminating the insurance companies’ ability to deny people due to preexisting conditions, it’s just that they’re opposed to the individual mandate because it’s unconstitutional. The fact is you can’t have one without the other.

Imagine how our car insurance system would work. You have to have car insurance, but there’s no mandate. So just wait until you get into a crash, then go to the hospital, go to your insurance company, they’re going to have to pay it up. I guess they think that’s the health insurance system would work—wait until you get sick, wait until you have an accident, go to your insurance company, get your insurance coverage, they’ll pay for it. Obviously they won’t pay for it because every insurance company would go out of business. And so if you had preexisting conditions without an individual mandate, then it’s the Federal Government that would have to provide health care to everyone when they got sick or when they had an accident. How would the health insurance system ever think of putting themselves in that position. So you can’t have one without the other. It doesn’t make sense.

But to my very good friend from Vermont who gave us the opportunity to share a few comments tonight after this historic vote, the thing that troubles me the most is that I can’t get my mind around is that before we took that vote to repeal health care reform every member of this Republican Congress voted to say I want my Federal employees health benefits plan, I want my insurance coverage, and then they went ahead and every single one of them voted against providing the same sort of coverage to their constituents. That’s what the recommittal was. I don’t know how many of them read it—they’re always complaining, well, we didn’t have a chance to read it. Well, it was as simple as could be: If you’re going to vote against providing health care for your constituents, then don’t take it for yourself because it’s basically the same plan. But every single one of them, old and new Members alike, voted to give themselves that very plan that they then turned around and voted against making available to their constituents. So this may have been one of the most hypocritical days in the history of the United States Congress.

I want to try to explain it. I don’t know how I would explain it if I had to go back home: Sorry about that, I took care of myself in one vote—the very first vote of this brand new Congress—and then I voted to do just the opposite for you in the very next vote. Boy, we’re off to a very interesting start.

I thank my friend for giving us the opportunity to share that with the American people.

Mr. WELCH. Well, I thank the gentleman from Virginia.

Mr. TONKO. Thank you, Representative WELCH, for bringing to us the kind of focus that I have here on this floor. It is a pleasure to join with our colleagues from Virginia and Connecticut and Texas and Vermont, my neighbor to the immediate east. So thank you for your outstanding work in this capacity.

There’s nothing more powerful than the faces that put a real life meaning into the work that we’ve done here.

Let me talk about a constituent, actually a family of constituents from Albany, New York. Ellena Young is a very young mom and has a 1-year-old son, Liev, and she’s a three-time cancer survivor. The very, very powerful statement.

Case like that of the Young family is a very, very powerful statement.

The Affordable Care Act bans both annual and lifetime expenditure caps. And that health coverage that is limited annually or lifetime is very disrupting and can deny, when you most need health care, it can deny the coverage.

And so with all of this outcome, here’s a real-life example where this family, with their 1-year-old child, had to struggle to find the insurance coverage.

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they're very generous to allow us to share it here on this floor.

And I thank you again for bringing us together.

The preexisting conditions, the annual and lifetime caps, the filling the doughnut hole for our Nation's seniors so that they can, you know, move forward and live comfortably and maybe even save their lives with the appropriate medication and affordability and accessibility, these are all of the dynamics for which we have fought. And it's a very real thought of my heart for those who might be taken away or attempted to be taken away at a time when they're just beginning to have their presence felt.

I thank you for bringing us together tonight.

Mr. WELCH. I thank the gentleman, and I thank my colleagues for joining us for this hour tonight.

ACCEPTABLE BIGOTY: PREJUDICE AGAINST THE CHILD IN THE WOMB

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

Mr. SMITH of New Jersey. Mr. Speaker, it is my distinct privilege to yield to MARTHA ROBY, a new Member who was just elected. And she's an outstanding pro-life woman, a Member of Congress. And we're just so pleased to have her in the caucus.

Mrs. ROBY. Mr. Speaker, 2 weeks ago I took part in a reading of the U.S. Constitution in this Chamber. It was a fitting tribute to the great social contract between the American people and our government.

The Constitution is an exceptional document, and we have all taken an oath to defend it, and defend it we must. Often, our Constitution is under attack by the liberal activist movement that seeks to achieve through the courts that which they cannot achieve at the ballot box.

On the front line are the unelected judges that disregard the words and meaning of the Constitution in favor of their own political and social views. They decide cases not on the law but on the outcome that they believe, and the Constitution is under attack by the liberal activist movement that seeks to achieve through the courts that which they cannot achieve at the ballot box.

The only thing the multibillion dollar abortion industry has produced in America and worldwide is victims, wounded women and over 52 million dead babies in the United States alone since 1973, more than six times the entire population of my home State of New Jersey. The multibillion dollar abortion industry systematically dehumanizes the weakest and most vulnerable among us with catchy slogans, slick advertising, clever marketing, and very aggressive lobbying, particularly here.

They have made the unacceptable-to be prejudiced and bigoted against a child in the womb—acceptable to some. This acceptable bigotry has been promoted for decades, despite resulting advances in fetal medicine, including microsurgery, underscoring the fact that an unborn child is a patient in need of care, diagnosis and care, just like anyone else, and despite the amazing window to the womb, ultrasound imaging.

In 1976, Dr. Willard Cates and David Grimes, then with the Centers for Disease Control in Atlanta, presented a paper to a Planned Parenthood meeting entitled, and I quote this directly, “Abortion as a Treatment for Unintended Pregnancy: The Number Two Sexually Transmitted Disease.” These two and every other pro-abortionist who supports the abortion industry systematically dehumanizing language and obvious bigotry towards children.

Mr. Speaker, the evidence of significant harm to women who abort increases each and every year. Abortion hurts women's health and puts future children subsequently born to women who abort at significant risk. At least 102 studies show significant psychological harm, major depression, and elevated suicide risk in women who abort.

The Times of London reported the psychological harm and to women who have had abortions have two to three times the level of mental health problems and three times the level of depression as women who have given birth or who have never been pregnant.

In 2006, a comprehensive New Zealand study found that almost 80 percent of the 15- to 18-year-olds who had abortions displayed symptoms of major depression as compared to 31 percent of their peers. The study also found that 27 percent of the 21- to 25-year-olds who had abortions had suicidal idealizations compared to 8 percent of those who did not have an abortion.

Abortion isn't safe for subsequent children born to women who have had an abortion. And this fact is so under-appreciated in the United States, and really around the world. At least 113 studies show a significant association between abortion and subsequent premature births. One study by researchers in and Zee showed a 36 percent increased risk for preterm births after one abortion, and a staggering 93 percent increased risk after two. Same goes for low birth weight, similar percentages.

So what does this mean for the children? Preterm birth is the leading cause of infant mortality in the industrialized world after congenital anomalies. Preterm infants have a greater risk of suffering chronic disease, sensory deficits, cerebral palsy, cognitive impairments, and behavioral problems. Low birth weight is similarly associated with neonatal mortality and morbidity. Abortion causes great harm to children.

Dr. Alveda King, niece of the late Dr. Martin Luther King, who we honored just this past Monday, has joined the growing coalition of women who deeply regret their abortions, and are, as they call themselves, Silent No More. Out of deep personal pain and compassion for others, Dr. King, who has had two abortions herself, and the other women of
Silent No More challenge us to respect, protect, and tangibly love both the mother and the child. The women of Silent No More give post-abortive women a safe place to grieve and a road map to reconciliation.

This week, with the full and unequivocal support of Speaker Boehner and Majority Leader Cantor, more than 125 Members and I will introduce the No Taxpayer Funding for Abortion Act, a government-wide prohibition on taxpayer subsidization for abortion and conscience protections with durable remedies.

Abortion is not health care. We know that. And polls show that taxpayers strongly oppose publicly funded abortion, 67 percent, according to a recent university poll. Our new bill is designed to permanently end any U.S. Government financial support for abortion, whether it be direct funding, or by tax credits, or by any other subsidy.

Regarding conscience rights, last year, I worked as a nurse at Mont Sinai Hospital in New York, was compelled, despite her strong moral and religious objections, to assist in a grisly D&E abortion, which has been described by the U.S. Supreme Court as a procedure where the doctors use forceps to literally tear apart the unborn child. The child often feels pain. It’s done later in pregnancy. D&E is a gruesome act of child abuse.

Ms. DeCarlo sued, asserting her right to conscientiously object to procedures not tolerated under existing Federal law, namely, the Church amendment. Her case was dismissed, however, due to the lack of prescribed remedies. The No Taxpayer Funding for Abortion Act protects conscience rights of individuals and institutions, entities as we call them, by empowering the courts with the authority to prevent and redress actual or threatened violations of conscience.

Mr. Speaker, it is my honor to yield to my friend and colleague Doug LAMBORN, who has been a great defender of life.

Mr. LAMBORN. Mr. Speaker, I appreciate the leadership of my friend and colleague Chris Smith of New Jersey. He is such a leader in this vital area of life. All who are pro-life in Congress look up to him.

Mr. Speaker, my heart breaks when I think about the children who are now a part of a missing generation, a generation of millions of souls, who might have been, as other persons, not only do abortion strip the humanity of a new life, but they also dramatically affect the lives of mothers, leaving them to deal with the emotional aftermath of this brutal procedure. I commend the work of pregnancy care centers across the country that provide needed services to both mothers and their children.

Today I mourn the over 50 million American lives cut short by abortion since Roe v. Wade and pray that God continues to heal those touched by this tragic practice. I will remain steadfast in the fight for the rights and dignity of the unborn. Each human life reserves the opportunity to live, and I will always fight to guard the rights of the unborn. I am dedicated to protecting the sanctity of human life, from the unborn to the elderly.

Like a majority in the House today, I made a campaign promise and vowed to repeal the job-destroying health care law known as ObamaCare. There were many reasons for my vote to repeal, but one of my main reasons was that the bill did not adequately protect life. You will recall President Obama signed a well-intended, but ineffective, executive order stating that no Federal tax dollars could be used for abortions under ObamaCare. We need that commitment written into law.

That is why for Tomorrow, the House will vote on a resolution directing the appropriate House committees to start working on legislation to replace ObamaCare with patient-centered commonsense reforms.

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Like many Americans, I want to see health care reform that, among other things, includes language prohibiting taxpayer funding of abortions and provides conscience protections for health care providers. During my time in Congress, I have sponsored, cosponsored, or supported many bills related to protecting the unborn, the family and traditional values. One such bill I supported last Congress was H.R. 227, the Sanctity of Human Life Act, which declares that the right to life guaranteed by the Constitution is vested in each human being and that woman knows that she were free, she would never bear an unborn to the elderly.

One day in the future, and I don’t know soon or how long it may take, I believe with all my heart that this country will have a renewal of respect for life, including for the unborn.

Mr. SMITH of New Jersey. I yield now to the gentlewoman from Ohio, JEAN SCHMIDT. I don’t think there has been a single battle on the life issue that she has not been speaking out in front, speaking in defense of the unborn and their mothers.

Mrs. SCHMIDT. Thank you so much for those kind words from my friend from New York. You know, Mr. Speaker, when we talk about abortion, we think of this as a 40-year-old movement. We think about 1973 and Roe v. Wade, and that was the catalyst to move this movement forward. We think about people like Barbara and Jack Wilke from Cincinnati, Ohio, pioneers and leaders who actually coined the phrase, right to life.

Mr. Speaker, we forget that this is not a 21st century issue. This is a centuries-old issue.

You know, it was actually the suffragists, those women over 150 years ago, who talked about women’s rights, the right to vote, the right to own property, the right to vote, the right to run for public office, who also talked about the right to life.

To these women, the very concept of feminism demanded that the basic human rights be extended to everyone without exception, including the unborn. And feminism meant rejecting the use of force to control or destroy one another, particularly among the most vulnerable and defenseless of the population.

And the suffragists, the act of abortion was much more than harm imposed upon a woman and her child. It was a frontal assault on womanhood and feminism, and an insult to the philosophical underpinnings of their cause. And how do we know that? Well, you know, Mr. Speaker, all we have to do is look at their writings. All we have to do is look at people like Elizabeth Cady Stanton and Susan B. Anthony and The Revolution. They both wrote extensively about abortion, calling it infanticide and child murder.

Susan B. Anthony also wrote, “Guilty? Yes. No matter the motive, love of ease, or a desire to save from suffering from the unborn innocent, the woman is awfully guilty who consents abortion. It will burden her conscience in life; it will burden her soul in death.”

Victoria Woodhull, the first female candidate for President, stated similarly that “Every woman knows that if she were free, she would never bear an unwished for child, nor think of murdering one before its birth.”

Sarah Norton, who first challenged Cornell University to admit women, also pondered whether there would ever come a time when “the right of the unborn to be born will not be denied or interfered with.”

And Alice Paul. We all remember Alice Paul, the author of the Equal Rights Amendment, and her sentiments. It may surprise you. She stated abortion is the ultimate exploitation of women.

You know, I could talk all night about this, but we have women’s history month in March, and I hope that I can be invited back again to speak more on the history of women and the human rights pro-life movement, because it’s not just about human rights for one individual, it’s about human rights for all individuals, the unborn, the born, and the elderly.

So I thank my colleague from New Jersey for hosting this forum tonight. I really appreciate his leadership in the pro-life movement, and we are going to
continue to forge ahead until everyone in America has the right to life.

Mr. SMITH of New Jersey. I thank my friend for her statement and for her leadership.

I yield to Tim HUELS KAMP, who took the floor last evening. As you know, Mr. Speaker, he has gone on to the Senate, and thank him for joining us tonight and look forward to his comments.

Mr. HUELS KAMP. Thank you, Congress man. I would like to recognize the longtime efforts of Congressman CHRIS SMITH in defending life. I have watched from afar for many years, and it's a real treasure for the opportunity to speak here tonight and join his efforts and, in my opinion, and in the opinion of many other Americans, one of the greatest, greatest tragedies in the history of our Nation has been the direct death and the direct murder of more than 50 million Americans since 1973.

Far too often, too many women, too many families turn to abortion as the only option when they discover they are unexpectedly pregnant.

Situation exists that make the thought of being responsible, perhaps for another life, overwhelming to say the least.

But abortion is not the only option available to these women and to their families. My wife and I have had the joy and privilege of adopting four children, and two of those children are from the country of Haiti and two of the others were already Americans. Incidentally, my oldest, when she was young, she didn't believe that babies arrived via stork, they arrived on airplanes, because our second two children were picked up at the airport.

But that reminds me of another story, a 5-year-old. She said, “Daddy, can't we tell them to do adoption, not abortion?” Yes, we can, and that’s the message I would like to make sure we share tonight because supporting adoption is far too often neglected, the unreported side of the pro-life coin.

If we are going to encourage women and families not to abort their babies we need to offer alternatives. And all across this country, there are thousands and thousands, perhaps tens of thousands of men and women that are adopting children that are offering their services, particularly through local crisis pregnancy centers, and offering opportunities for the children and for women and for their families.

And I would encourage you, Mr. Speaker, to consider adoption.

Let me speak directly to those that might be considering abortion: There are alternatives. There are opportunities. There are caring Americans that would love, would love to participate in adoption and would love to provide assistance.

I am also a proud cosponsor of No Taxpayer Funding for Abortion. The leading abortion provider in the country, and these, Mr. Speaker, are really stark statistics, in the last year available, Planned Parenthood of America, in 2008, they performed, they committed, they slaughtered more than 324,000 little girls and little boys across this country, 324,000 abortions. They only participated in 2,405 adoptions; 324,000 abortions, less than 2,500 adoptions. There are other opportunities, there are other options. Adoption is the option.

I would ask that we consider to defund an industry that is not concerned with the women, not concerned with the families.

But let’s turn our attention towards those across America that have given their hearts and homes and opened them up to our youngest members of society.

Mr. SMITH of New Jersey. Thank you so much for your statement and for your emphasis on adoption, an alternative that is often forgotten, and it only proves the importance for building a family. Thank you for that.

I yield to MARLIN STUTZMAN, the distinguished gentleman from Indiana.

Mr. STUTZMAN. Thank you and thank you to my colleagues for bringing an important issue to the House floor this evening. I appreciated all the other comments that have already been made.

Having the opportunity to serve as the chairman in public policy back in Indiana, I do remember the time that my wife and I were expecting our second born. When we were dealing with pro-life legislation in Indiana, and having the opportunity to go home and to see the ultrasounds of our second-born son was quite the experience.

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And I know that with the anniversary of Roe v. Wade coming up, this is an issue that is on the minds and hearts and minds of Americans across the country. So today I rise as we remember the 38th anniversary of Roe v. Wade, but more importantly the millions of innocent lives taken since 1973. In 2008 alone, there were over 1.2 million abortions; that is 3,315 innocent unborn children per day, 138 per hour and about two every minute.

While I have no doubt that future generations will place Roe v. Wade alongside the terrible Dred Scott decision, I know that there is much unfinished work before us. All of that work begins with a single inquiry. Mr. Speaker, a simple question forms the cornerstone of a national debate: When does human life begin? Without that answer, we are left with empty rhetoric and euphemisms. So I ask: When does human life begin? This question is not a lofty philosophical endeavor. Science has already given us the answer. Advances in molecular biology underscore the undeniable fact that life is present from the moment of fertilization. That life is fully human and infinitely valuable. Those who willfully ignore reality ought to remember the admonition of our second President, John Adams, that facts are stubborn things.

Because a unique human life begins at the moment of fertilization, it is our solemn duty to defend the unborn, to speak up for the weak, to continue working in the right. I proudly support H.R. 212, the Sanctity of Human Life Act, which defines human life accordingly and affirms that each State has the authority to protect the lives of all human beings. We take up this charge because we are still dedicated to the proposition that all men are created equal. All possess the inalienable right to life.

Mr. SMITH of New Jersey. I thank you for your very fine statement and very strong commitment to the sanctity of human life.

I would like to now yield to ANN MARIE BUERKLE who is both a nurse, but also got her law degree. So she brings both the law and the medicine side to this equation. So I yield to her.

Ms. BUERKLE. Thank you to the gentleman from New Jersey for yielding us time and for his unwavering support of life.

Mr. Speaker, this coming Saturday marks the 38th anniversary of Roe v. Wade, a decision that fundamentally altered the moral landscape of America. For much of those 38 years, I have been very involved in the pro-life movement, both as an advocate for the unborn and a counselor of troubled young women to reject abortion as a choice for their lives.

Technology has opened remarkable windows to the womb. So much of the early pro-life movement emerged from a frustration of the time. No one seemed to be listening and we tried to get people to care. Now, technology, such as the 4D ultrasound imaging, has aided us in our quest to preserve life, showing women that their unborn is not a clump of cells, but a child that they can see rubbing her eyes or sucking his thumb.

As we continue to fight for the unborn, we must not cede the ground we have won. The Patient Protection and Affordable Care Act circumvents the Hyde Amendment, the unseen government subsidies in Medicaid, Federal Employee Health Benefits Programs and international aid to be used to cover abortions. For over 30 years, the Democrats and Republicans have worked together each year to ensure that funds in Medicaid, Federal Employee Health Benefits Programs and international aid to be used to cover abortions. For over 30 years, the Democrats and Republicans have worked together each year to ensure that taxpayer dollars do not subsidize abortion. The Affordable Care Act represents a departure from that compact. Specifically, this law will allow $11 billion in taxpayer funds to be used for abortions at community health centers.

In addition to the Federal subsidizing of abortions through the Affordable Care Act, I join other pro-life Members...
of this Congress in expressing my con-
cerns about the use of Skype tech-
nology to perform teledem abortions.
Planned Parenthood of Iowa is dis-
pensing the abortion-causing drug RU-
486 through a teleconferencing system,
resulting in 1,000 abortions.
Our Forefathers understood that “all
men are created equal, that they are
endowed by their Creator with certain
inalienable rights, that among these
are life, liberty and the pursuit of hap-
iness.” Among these, the most funda-
mental right is the right to life.
Mr. SMITH of New Jersey. I thank
the gentlelady for her statement and
for her leadership. This class, and I
think the American public would really
appreciate this, of 67 Members elected
on this side of the aisle, they are over-
whelmingly pro-life, and more pro-life
women than ever now sit as Members
of Congress. It is really very encour-
aging.
I would like to yield to my good
friend and colleague from Illinois, Bob
SCHILLING.
Mr. SCHILLING. Thank you, Rep-
resentative SMITH, for the opportunity
to speak during this Special Order sub-
ject of life. Today I stand to speak for
those who can’t speak for themselves.
As a father of 10, life is a big issue at
my house. After the Presidential elec-
tion, my daughter, Rachel, came to me
and my wife and looked at me with
tears in her eyes and said, hey, Daddy,
who is going to protect the unborn
children? That was a big part of why I
chose to run for Congress, along with
all the other things.
Today, I was proud to become an
original cosponsor of the No Taxpayer
Funds for Abortion Act. When we look
at the taxpayer funds that are going to
be available for abortion, even some of
my pro-choice friends disagree with
taxpayer funding of abortion.
This bill is very important. It makes
permanent the Hyde amendment, the
Helms amendment and the Dornan amend-
ment. One of the things one of
my colleagues spoke about a little bit,
Tim, earlier was speaking about look-
ing at adoption as an alternative to
abortion.
A story that sticks in my mind today
is I went to a crisis pregnancy center
in Boling, Illinois, and these are folks
who encounter crisis pregnancies. And
the lady was telling me the story of a
young lady who was going in for an
abortion. She thought she would come
in and get a little more information.
They did a sonogram, and the baby was
laying still. It was down towards the
end of the sonogram, and all of a sud-
don that baby just came to life and put
on a little hat. That brought a tear to my eye when I heard that story.
When you look at life, without life,
we have nothing. A big reason that I
am pro-life is that when we look at all
of the doctors, all of the people who
are involved in all of this, I think of
this great Nation, I remember growing up in 1973
when this became legal, it was consid-
ered a blob of tissue. Today we pull
them out by their feet first to save the
life of the mother when the mother’s
life is in danger. And I just can’t even
imagine what transpires there, and
sometimes don’t want to.
But I believe that as Americans, we
need to defend life at its fullest. I be-
lieve life begins at conception and it
ends at our natural death. I have
talked to people who have had an abor-
tion. The hurt goes on with women who
have had abortions. I think we need to
focus in on educating folks and giving
them hope that there may be a way to
maybe every Planned Parenthood out there
should have to do sonograms maybe even in a 3D series.
I really do appreciate an issue that is
near and dear to my heart, and I really
do thank the Congressman here for
putting this event together and look
forward to serving in the House of Rep-
resentatives with him.
Mr. SMITH of New Jersey. Mr. SCHILL-
ing, thank you very much for your
great statement. Your comments about
your child saying, who will de-
fend the baby? I remember a woman by
the name of Jean Garton who was with
Lutherans for Life. She was preparing
a slide show of actual abortions, which
are hideous to behold, but it is a re-
ality. It has to be understood to know
what abortion really is. And her young
child walked in and said, Mommy, who broke the baby? looking
up at the shattered bodies of unborn
children. So from the mouths of chil-
dren, truth has it.
I would like to welcome back to the
House, as we all do, STEVE PEARCE, a
Member from New Mexico. We are just
so glad to have you back.
Mr. PEARCE. I thank the gentleman
from New Jersey, and I appreciate his
constant leadership on this issue of
life.
Our Founding Fathers told us that
life, liberty and the pursuit of happi-
ness were treasured values in this
country. I think that it was no acci-
dent that they placed life at the begin-
ing of that order.
It is easy to believe that any society
is judged for its quality based on its
willfulness to be a voice for those who
are the most fragile, those who have
the least standing in that society. And
in this society and in all societies,none are with a quieter, less obvious
voice than the unborn. So our willing-
ness to stand up and support them is a
reflection on the quality of this cul-
ture, and we need to do more.
Today, in Santa Fe and elsewhere
around the country, pro-life citizens
join in a March for Life. While my
schedule for votes here today prevented
me from being there, I am happy to as-
ociate my voice with them tonight
and in the months to come. Since Roe
v. Wade was decided, over 50 million
lives have been terminated through
abortion.
Great strides have been made legisla-
tively. It is now wrong to take a minor
across a State line. The partial-birth
abortion process has been banned.
Some States have passed a law requir-
ing a 24-hour waiting period, but much
is left to be accomplished.
Ultimately, the questions comes up:
When does life begin? The Supreme
Court Justices who decided the case ac-
tually expressed that concern them-
selves about when life began, but that
was a discussion of decades ago.
Today, there is no doubt. The DNA is
established on day one and never changes through the baby’s life.
The sonogram is evolving our Nation’s
view on abortion as we speak.
For many who have been educated in
our universities, their life begins at birth.
But the young, who are
looking at the sonograms and seeing
that heartbeat within the first few
days, recognize that they can no longer
believe that this is some mass of tissue
with inconsequential matters at risk.
And so this Nation is beginning to
become more pro-life day by day, and
that is a blessing, because in the end,
every society will be judged by its will-
ingness to speak for those with no
voice.
Again, I thank the gentleman
from New Jersey. I am proud to add my
voice to those who speak for the most
fragile—the unborn. May God bless this
country, and may God bless the moth-
ers of this country.
Thank you.
Mr. SMITH of New Jersey. Mr.
PEARCE, thank you.
One of the things that we have in
Congress is a large number of medical
doctors, OB–GYNs and others who are
overwhelmingly pro-life. Dr. ROE from
Tennessee is among us.
Mr. ROE of Tennessee. I thank the
gentleman for yielding.
Mr. Speaker, as an obstetrician-gyne-
cologist, I have delivered close to 5,000
babies and strongly believe the san-
crity of life. Using technology like the
3-D ultrasound has given us windows to
the womb that show the unborn child
as living, breathing, a feeling human
being. I have looked through that win-
dow with my own eyes, and I have seen
human development occur from the earliest stages of the
tiniest embryo all of the way
trough birth, which strengthens my
conviction in the right to life.
Life is a precious miracle from God
which begins at conception. It is our
responsibility and privilege as legisla-
tors to protect those who do not have a
voice. I will always fight for the right
to live because it is my conviction that
we are all unique creations of a God
who knows us and loves us before we
are even conceived.
Tonight we mark one of the most
terrible, misruled Supreme Court cases
in our Nation’s history, Roe v. Wade.
Since 1973, more than 50 million babies
have been denied the right to life. We
must make our laws consistent with
our science and restore fully legal pro-
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are even conceived.
For over 20 years, Congress has prevented taxpayer-funded abortions. Unfortunately, this door has been opened with the passage of ObamaCare, the largest expansion since the pivotal Roe v. Wade decision. In response, House Republicans in the Pledge to America have to pass the 21st Century Contract with America and replace this legislation. I look forward to working with my new colleagues to ensure this promise is kept. It is only by making good on this oath that we can expect to restore the trust that the American people have in their own government and, in doing so, ensure that the door to taxpayer-funded abortions remains closed.

I want to congratulate the Hope Center in Greenville, Tennessee, which is sponsored by the First Free Will Baptist Ministries who support life. These people do a wonderful job in ministering young mothers who may be single or married to preserve life. I am glad to be here on the House floor for my friend and other legislators fighting for the rights of the unborn. And I want to thank the gentleman from New Jersey who literally walked before me here in the House Chamber.

As I was walking over here toward the House floor tonight, I had some thoughts about children I have delivered. I have seen children grow up in my hometown, Johnson City, Tennessee. The beauty of it is that you get to coach these young kids in Little League ball and you get to watch them grow up and come to your home and graduate. The people I have seen have been young doctors and nurses and teachers and college athletes and newspaper writers and news directors. All of these young people I have delivered and seen grow up, and the world would not be a better place if they were not here. The world would not be a better place. Think about how many thousands and tens of thousands and millions of the same people I just delivered that I watched grow up in my community that are not here today because of this terrible law.

I do want to mention one thing medically that was brought up a moment ago about a third trimester abortion to save a mother’s life. Let me make this as clear as any doctor can make anything. There is no medical indication whatsoever for a third trimester abortion, period. Let me say that one more time, and I will debate this anywhere with any doctor in the world: There is no medical indication on this Earth for a third trimester abortion.

I thank the gentleman. I am encouraged about the degree that the American people are changing their minds, and I think if we keep working and talking and explaining and changing hearts, we will change this terrible law.

Mr. SMITH of New Jersey. I thank the gentleman for his leadership and the expertise of being an OB-GYN who has been there and knows better than almost all of us how sacred and fragile the life is of an unborn child, as well as his or her mother.

I would like to yield to Jim LANKFORD from Oklahoma and thank him for the leadership he has shown this evening.

Mr. LANKFORD. I thank my colleague from New Jersey for hosting this time in the House Chamber.

Mr. Speaker, I rise in support of one of the most basic functions of any government. Three thousand years ago, a mom taught her son, the king, how to be a wise ruler. We have her words written down in Proverbs 31, where she told him, "Speak for those who cannot speak for themselves." Two hundred thirty-five years ago, our founders wrote a despotic king, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness."

This truth that all people have the right to life is so obvious, so clear that they called it "self-evident." But in America, millions of people cannot pursuance of life, liberty, and the pursuit of liberty because their first God-given right was denied—life.

In recent days, discussion from the left has turned to reducing the numbers of abortions. I applaud this line of thinking because it admits one thing—a abortion is always a life and it devastates a future of a mom.

I ask: Why should abortion be reduced if it is just another medical procedure to remove some unwanted tissue from a woman? If it is just tissue, what does it matter? No one is saying that we need to reduce the number of skin moles being removed or reduce the number of warts that are removed, that that is unconscionable. Why? Because we know that a wart is unwanted tissue. But a fetus, that is a baby.

We can use any euphemism, like "fetus" or "dividing tissue" or "embryo," or simply "inconvenience," but no one comes to a baby or hears a pregnant woman or denies choice. It is about protecting children and honoring the self-evident truth that everyone is endowed by their Creator with certain inalienable rights, including and especially life.

Almost four decades ago, individuals in this Chamber laid the foundation for a court ruling that has stripped the womb of its glory and its majesty. For decades since, legislators in this Chamber have protected bald eagle eggs, migrating insects, snail darters, and rare flowers, but we refuse to protect children.

May God have mercy on our Nation, and may we awaken one day to the horror of what abortion policies have done to our Nation. We would rather protect our fundraising, our leadership and our convenience than protect the unborn child. This is not a difficult choice. It is a clear choice—and we should choose life.

Mr. SMITH of New Jersey. Thank you, Mr. LANKFORD, for your very powerful statement.

I would like to now yield to my good friend and colleague from Georgia, a medical doctor as well, Dr. PAUL BROWN.

Mr. BROWN of Georgia. I thank the gentleman for yielding.

Mr. Speaker, I believe the greatest moral issue we face as a Nation is the killing of 4,000 unborn children every single day through abortion. Mr. Speaker, God cannot continue to bless
America while we are killing these children. They’re children. They’re babies. They’re human beings.

When I came to Congress in 2007, the very first bill I introduced was my Sanctity of Human Life Act. I am a medico-know that when you ask the question that life begins when the spermatozooa, the sperm cell, enters the cell wall of the oocyte, the egg, and produces a one-celled human being called a zygote. That zygote is totally different from its mom. It has every function, amino acids, enzymes needed to be a grown human being if we just nurture it and allow it to grow and allow it to live.

I have been involved with a crisis pregnancy center in Athens, Georgia. Not long ago, we had a young lady who was considering abortion. She came there, and she had an ultrasound. She was about 10 or 12 weeks along. I don’t recall exactly, but it was early on in her pregnancy. She had just found out a few days that she had conceived her period, so she came for a pregnancy test.

When she saw that ultrasound, her exclamation was, “That’s a baby.” They’ve never seen over and over again with people who expose themselves when they see those ultrasounds. That’s the reason she understood it wasn’t a baby. It is a baby. It is a human being. There is no greater freedom, no greater liberty, than to live. There is no greater protection that we as a government can give to protect human beings all the way from the time of fertilization until they have natural deaths.

You see, Mr. Speaker, God creates those children. We do not have the moral authority to take their lives. We’ve got to protect their lives. In a free society, where liberty is held in the highest esteem by every individual in this country—whether Republican or Democrat, liberal or conservative—the right to live is a fundamental form of liberty. We have to protect life. That is the reason the first bill I introduce in every single Congress will continue to be my Sanctity of Human Life Act.

My friend and fellow Member from California, DUNCAN HUNTER, Junior, has reintroduced his dad’s bill, Duncan Hunter, Senior. Their bill is called Life at Conception Act. I am a cosponsor of their bill, as Duncan Hunter, I, and now DUNCAN HUNTER, II, are of my bill.

We have to stop this travesty, this awful, horrible attack, moral attack, upon our basic rights as human beings—and that is the right to life.

Mr. Speaker, if we cannot protect life, then we cannot protect any liberty. We cannot protect any freedom that John Runyan Patten, one of the leading pro-abortion groups in the country, Dr. Nathanson said he ran as the largest abortion clinic in New York City. He went on to become a pro-lifer. And what caused that huge change of heart both in his mind and in his heart? It was that he began doing blood transfusions and began to see that an unborn child is a patient just like any other patient who may be sick, have a disability, that early efforts and interventions could mitigate whatever that anomaly might be. And because of that he said, how can I be in one room killing a baby with poison or dismemberment while in another doctor’s office or in another operating theater providing this prenatal surgery? He saw the schizophrenia inherent in treating some children because they’re wanted as being acceptable, and we welcome them, and if they are unwanted, they’re throwaways. The feminists had it right when they said no woman should ever be treated as an object. And we all know that to treat a unborn child, if he or she is unwanted, is treated like an object and a throwaway, and no human life is a throwaway.

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We have had many of our colleagues tonight speak from the preamble that Thomas Jefferson penned in 1776, the preamble of the Declaration of Independence. Thomas Jefferson is considered one of the least religious of our Founding Fathers, but he believed in

life. That’s the reason he penned it there. He believed in God. We’re not taught that in school anymore, but that’s factual.

You see, if you don’t believe in God, from a scientific perspective, there is only one place in a person’s life when you can prevent all of those things being there and life and human being and personhood being established, and that is at the time of fertilization.

Roe vs. Wade, in the decision, was predicated on there being no legislative definition of the beginning of life. That’s the reason it is absolutely critical that we define life as beginning at fertilization—to protect those one-celled human beings.

It is absolutely critical that every person in this country who loves liberty and who wants to protect life contacts their Congressmen, contacts their Senators and says, We have to protect life. We have to protect all our God-given freedoms, particularly life. “Contact your Senators,” is what I tell my constituents.

What I tell people all over this country is “Contact your Senator. Contact your Congressman.” Tell him to support the Sanctity of Human Life Act, my bill, or DUNCAN HUNTER’s bill, the Life at Conception Act. Join in this fight because there is no greater moral issue that this country faces. If we want God’s blessings upon America, we have to protect these most vulnerable of human beings—the unborn children.

In Proverbs, God says, Speak up for the speechless in the cause of those appointed to die. That’s what we are here tonight to do is to speak up for those speechless, those appointed to die by abortion.

We have got to end abortion. We don’t need a constitutional amendment. We need a legislative definition: the beginning of life to occur at fertilization. Once we have that placed into law, we can turn our society, this dark era in the history of this Nation that began in 1973 with this awful decision of the Supreme Court called Roe vs. Wade. We have to protect life. We have to protect liberty. We have to protect every single human being’s God-given rights.

Protecting life is important—from fertilization all the way to natural death—and I promise that I will continue with every bit of my being, and many other of our colleagues, Republicans and Democrats alike, will continue to fight for life.

So, Mr. Speaker, if we want God’s blessings upon America to continue, we have to end this blight upon America.

We have to define life beginning at fertilization and protect life for these unborn children.

Thank you, Mr. SMITH. And I want to personally thank you for your tireless fight in this issue because you’ve been a stalwart here in this House for many, many years, and I greatly personally appreciate the great work you’ve done for years and years in protecting life. So thank you and God bless you. And we have to get the killing of these unborn children stopped so God can continue to bless America.

Thank you, Mr. SMITH.

Mr. SMITH of New Jersey. Dr. BROUN, thank you for your eloquence and your kind remarks, and I want to thank you for your leadership. Again, as a medical doctor, I think you and Dr. Roe and the other docs bring such credibility.

I hope Americans are listening. I hope my friends on the other side of the aisle who take the other side of this issue will begin listening. There needs to be a reevaluation. America needs to take a second look, a long and sustained look at the surface appeal arguments of the abortion rights side.

Leading pro-abortion activities in the 1960s and early 1970s. Dr. Bernard Nathanson from New York, one of the three cofounders of NARAL, which is one of the leading pro-abortion groups in the country, Dr. Nathanson said he ran as the largest abortion clinic in New York City. He went on to become a pro-lifer. And what caused that huge change of heart both in his mind and in his heart? It was that he began doing blood transfusions and began to see that an unborn child is a patient just like any other patient who may be sick, have a disability, that early efforts and interventions could mitigate whatever that anomaly might be. And because of that he said, how can I be in one room killing a baby with poison or dismemberment while in another doctor’s office or in another operating theater providing this prenatal surgery? He saw the schizophrenia inherent in treating some children because they’re wanted as being acceptable, and we welcome them, and if they are unwanted, they’re throwaways. The feminists had it right when they said no woman should ever be treated as an object. And we all know that to treat an unborn child, if he or she is unwanted, is treated like an object and a throwaway, and no human life is a throwaway.
Let me also say that Abby Johnson, who just recently, a little over a year ago, left a Planned Parenthood directorship in Texas—what caused her to change? She saw an ultrasound abortion in real time and said, I just saw the baby crumble right in front of my very eyes. And isn’t it a human rights abuse. I don’t know what is either. So she became a pro-life and now speaks out very, very boldly.

Finally, Dr. Alveda King, as I mentioned earlier, is the niece in Lathan King’s family. Dr. King had two abortions. She was a “pro-choicer.” She now is one of the most eloquent pro-life leaders in the United States and even in the world. She has said, “How can the dream survive”—talking about her uncle’s dream of inclusion of human rights, of civil rights for all—“how can the dream survive,” she writes, “if we murder the children?”

She goes on to talk about how the African American population in this country is disproportionately targeted by Planned Parenthood and others. The number of abortions for African Americans is about five times the rate of Caucasians and it is because of targeting. There are other reasons, but that is one clear reason. That is where the Planned Parenthood clinics are, frankly.

Abortion hurts women, she makes it so clear. She is eloquent in her defense, as are others, in ministering to women who are suffering. One thing about this pro-life movement—and I’ve been in it for 38 years, I’ve been in Congress for 31 years—it loves them both. It says to both the mother and to the baby, we want to put our arms around you, we want to help, we want to be of assistance. And to any post-abortive woman, we are all about trying to help and to assist and provide some kind of pathway to reconciliation. That’s where the post-abortive women like Dr. Alveda King and many others are crucial in helping women who otherwise would feel so disenfranchised and left out.

I want to thank our leadership, Speaker Boehner, our majority leader, Eric Cantor. We have a very pro-life leadership who recognizes how sacred life is, how this Congress, this House needs to defend the defenseless. Tomorrow, I will be joining the distinguished Speaker as he speaks on the No Taxpayer Funding for Abortion Act. We will have a press conference tomorrow. We have over 125 cosponsors. I have never seen a leadership so dedicated to protecting innocent human life as these individuals in our leadership. I would hope my friends on the other side of the aisle would take a second long look at the carnage, the unbelievable pain and agony and suffering that abortion has visited upon women. It is not pro-women. Abortion exploits women. And it’s certainly not pro-child either because it decimates unborn children as well.

So we have a great leadership. We have an excellent group of Members, men and women, Democrats and Republicans. And I do hope that we will move this human rights issue forward. The young people are with us, and this is the greatest human rights struggle ever.

**PROGRESSIVE CAUCUS**

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 5, 2011, the gentleman from Minnesota (Mr. Ellison) is recognized for 27 minutes.

Mr. ELLISON. Mr. Speaker, allow me to claim the time. I do have a few things to set up, so I will be right back. Mr. Speaker, let me thank the Speaker for allowing and granting me the time. It is a pleasure to come in front of the American people.

My name is Congressman KEITH ELLISON, and I want to talk a little bit about the Progressive Caucus tonight, the progressive message which we convey to the American people every week. We want to come before the American people to talk about progressive values and the 83 members of the Progressive Caucus.

The Progressive Caucus stands firmly in the position of supporting health care for all Americans. And therefore, we look at this repeal today, conducted by the majority, the Republican Caucus, as quite an unfortunate event in our Nation’s history.

They repealed the health care reform bill, but the bill is not repealed. It’s important for the American people to know that health care reform is being implemented and it is the law. But in order to make the law into the law, you have to pass it through the House, the Senate, and then be signed by the President. This repeal that they did today stops here. It’s not going anywhere. It’s dead in that theater. But it is an important indication as to what they would do if they could.

What they would do, and this is something I would like to describe right now so the American people can get a sense of what Republican leadership and Republican expansion of their power would mean.

First, let’s talk about the deficit. You hear a lot about the deficit. And the deficit is important. The impact of repeal on the deficit is that it would increase the deficit by $230 billion this decade and a trillion the decade after that.
Yeah, we know this is a tough market. Yeah, we know graduating from college or high school now is not easy because, you know what? There’s not that many jobs out there. Unemployment is still very high. But you know what? Too bad. You’re just gotta figure out what you’re doing. And when you get jobs, you will not—we’re going to take a benefit away from you that the Congress has already given to you, and we’re going to snatch it out of your hands.

This is what the repeal means.

Too many can benefit from free preventative care, they’re not going to be able to. The Republican Caucus has indicated that that’s not what they want. Now, they haven’t taken it away because they haven’t repealed the law. They’d like to by the repeal they passed through the House today. But the fact is in that they’re telling seniors, No, no, no. You’re going to have to pay a big cost in order to get some preventative care which obviously will encourage low-income seniors not to seek that care, and then they, of course, will end up being sicker and it will be more costly.

But not only by repeal did they hurt seniors; did they hurt young people, they’re telling small business people, you know what? Those tax credits that we gave you, we’re taking them back. Those tax credits that the Democratic Caucus and the Democratic Congress and the Democratic President gave to you, we Republicans, we don’t want you to have that, small business. We’re going to snatch it out of your hands even after you have made plans to actually take into consideration the tax credits that are available to you this year.

So they’re snatching benefits out of the hands of small business people, snatching benefits from young people who are post high school and college, snatching away from your seniors, snatching coverage away from people who can’t afford it, thrusting people back into the arms of personal debt, and throwing our whole economy back into the throes of national debt and deficits.

This is what the Republicans would do if they could. Thank goodness they can’t do it because the President and the Senate remain in Democratic hands. But if they could, Mr. Speaker, it’s very clear what they would do.

Now, the Democrats’ top priority is not repealing anything. It’s extending more rights, more protections for the American people, and then, of course, allowing the American people to make their own choice so they can be free, so you can be free as an American and not have to worry about health care because you have health care because the government is protecting you from insurance companies who would throw you into the street, give you an overcost product and would rescind you and deny you coverage.

The Democrats’ top priority would not be to monkey around with under-mining health care. The Democratic priority would be to create jobs and put America back to work. That is what Democrats are working on right now, Mr. Speaker, and would work on even more so if we had the majority.

Today, under a majority, they have other priorities other than creating jobs. Their job, as they’ve already revealed today on the House floor, is to repeal patients’ rights, to put insurance companies back in charge, and to explode the deficit as I’ve already indicated with this particular graphic.

The Republican priority is to look out and protect insurance companies. The Republican priority is to make sure that insurance companies have what they need. And the insurance companies spent $14 million a day to try to defeat health care after they, in fact, were defeated, and we passed health care. We’re quite confident that they did not just take that defeat lying down. Here they are back again with the same thing, they are being known as the Republican Caucus trying to do the bidding of the insurance industry once again.

The Patients’ Rights Repeal aims to take away new health care freedoms that take back a system that favors the insurance industry. The Patients’ Rights Repeal bill takes away something that people have already expected to get and takes us back to a system in which the insurance industry is in control.

Children with preexisting conditions are denied coverage in the bad old days. Young people aged 26 can’t stay on their parents’ insurance plans in the bad old days. Pregnant women and prostate cancer patients would be thrown off insurance rolls in the bad old days. Seniors pay more for their drugs. As a matter of fact, in the new health care bill we’re filling in the doughnut hole, which is something, apparent the Republican Caucus doesn’t like, because they want to dig out the doughnut hole so seniors can fall back into that doughnut hole. And, of course, we already talked about exploding the deficit and making small businesses pay higher taxes.

Why would the Republicans want to do that? It seems so unfair, but that is exactly what they did today.

Republicans are focused on repealing health care reform instead of making jobs, and making jobs is what they should be putting their time and energy into.

Their agenda for America is not health care. It’s no care. It’s status quo care. No care if you lose your job. No care if you or your child have a pre-existing condition. No care if you’re a senior in the doughnut hole. That’s what the Republican Caucus has in mind for you and your family. No care if you’re under 26 on your parents’ plan. No care if you get sick and your insurance company out him. No care if your insurer hikes your premiums higher than you can afford. You are just out of luck with no care.

Now, the Congressional Budget Office does clearly show that the repeal of the Patients’ Protection and Affordable Care Act would add $230 billion to the deficit in the first 10 years and a trillion after that into the future. And the American Medical Association has recognized this problem. What they have said is the AMA does not support initiatives to repeal the Affordable Care Act.

Who is the AMA? The American Medical Association. Who’s that? That’s America’s doctors. They know how dangerous it is to repeal health care. They know because they are in the healing arts. Now, the insurance companies, many of them are in the money-making arts, so they got a different take on this thing. But the American Medical Association has come together and said that they do not support initiatives to repeal the Affordable Care Act.

Expanding health care coverage, insurance market reforms, administrative simplifications, and initiatives to promote wellness and prevention are known as the new law in the AMA priorities. So the people who do healing, actually heal people—let me tell you, no insurance company bureaucracy ever healed anybody. All they do is deny coverage to people and process claims. But the folks who actually bring healing, the folks who the AMA represents, they are against repeal, as the Democratic Caucus is against repeal. And it’s so unfortunate that we had to sit here today and witness the House effort to repeal health care reform.

They didn’t do it. They’re not going to do it. They’re going to fail. This is all political theater. This is all show- ing off. It’s all just, you know, political theater. But the truth is that it does indicate what they would do if they could. And we are bound and determined to stop them, to protect the American people, and to make sure that we have the health care reforms in place that are going to make sure that Americans continue to go to the doctor, to get preventive care, to fill in the doughnut hole, to offer coverage to people until they are age 26.

As I said before, you know, I was privileged earlier this week to meet two little girls. They were suffering from leukemia. And these little girls, they were owned up by their parents, who were told by the insurance companies that the family ended up going into bankruptcy because of the piles of debt that were thrown on their shoulders.

And so the Affordable Care Act comes to address these problems; yet the repeal comes to heap those problems back on those families. And it’s
too bad that it happened. They're not going to succeed, but it's very clear that by their repeal vote today what they would do if they could.

Now, the AARP, which represents our American seniors, weighed in on this debate. And AARP opposes repeal of the Affordable Care Act. AARP includes the Heart Association: "As the House prepares to vote this week on repeal of the Affordable Care Act, I am writing to make clear AARP's position. While we respect there are those who do not support the Affordable Care Act, AARP opposes repeal of the Affordable Care Act. AARP includes many vital provisions important to older Americans and their children." So there again, not only did the organization that represents America's doctors say no to repeal, the American Medical Association; but AARP, which represents America's seniors, says no.

And of course they should, because America's seniors need health care reform, the reforms that are in the Affordable Care Act. For example, seniors under the Affordable Care Act, we are filling in the doughnut hole, making prescription drugs affordable for our seniors. We have a wellness visit for every senior in America once a year to make sure our seniors are healthy. Wellness visits dealing with prescription drugs, free preventive care means we have healthier seniors. Healthier seniors are happier seniors because they got enough money and they got more money than they would if we were compared to the seniors under the companies, as we were before. And so AARP is doing what they are supposed to do, representing the best interests of America's seniors.

The Heart Association: this is an association that deals with the functioning of the human heart, a vital organ in the human body. And this Heart Association comes to make sure that our hearts are protected. The Heart Association has this to say about this repeal—"Patients and their families have already benefited from the reforms that have been implemented in the last 10 months." And by the way, the Republican Caucus didn't even give the Affordable Care Act a chance. Ten months after we passed it, they're trying to get rid of it. They're not even waiting to see where it could be fine-tuned here and there. They just want to get rid of it all.

Now, that's not a good-faith approach. Some of them even came to the floor and said there are certain things about the bill they like. But they don't want to tweak the bill. They don't want to fine tune the bill. They just want to repeal it. So that indicates to me another key indicator of whether the Republican Caucus's mind is with regard to Americans and health care.

But as I was saying about the Heart Association: "Patients have already benefited from the reforms that have been implemented in the last 10 months. We believe these reforms, and additional forthcoming patient protection provisions, were long overdue." So the Heart Association says, hey, we didn't get this Affordable Care Act passed fast enough. That's their position. Long overdue, and needs to be given an opportunity to work. Absolutely, they are right. And if necessary, improve it.

And of course nobody on the Democratic Caucus side says this bill was perfect. There has never been a perfect bill. Never been a perfect bill. But the Republicans don't want to say, look, let's get our heads together and make the best of a bad situation. And I voted "no" and was very proud to do so.

Back to the Heart Association: "Repeal of the Affordable Care Act will have devastating consequences for patients and their families." That's according to the Heart Association, an association dedicated to the wellness of people's hearts. People who focus their time, attention, and resources on good heart health are opposed to repeal, as we understand. They have good intentions and are operating in good faith.

Of course, only 18 percent of Americans support full repeal, according to the latest Washington-ABC news poll. Only 18 percent. These are probably the folks who still believe the bill has death panels in it, which it never did. That was not true. Massive misinformation and disinformation around the Affordable Care Act. But only 18 percent support full repeal.

And the fact is that I would imagine that if you were able to sit those 18 percent of Americans in a room and really tell them what the bill did, they probably would be significantly lower than that. Of course, there was another AP poll that said 26 percent support full repeal. Still a significantly small number.

So the bottom line is that whether you talk about your average family, the Heart Association, AARP, American Medical Association and many others, this repeal bill that passed through today, but doesn't repeal the law—make sure, Mr. Speaker, everybody knows that—was a low point in this Congress.

I look forward to a day when we can return to a Congress that says we believe that the American people have a right to be healthy, a right to be strong, a right to go to the doctor, a right to seek out preventive care, a right to have insurance companies be accountable, a right to make sure insurance companies don't just throw people off coverage when they need it most.

And I look forward to a day when that happens, Mr. Speaker, because on that day Americans will be in a much, much better place than we are today with the majority in the House that doesn't feel that the insurance companies need reform or accountability. And I just want to talk a little bit, because some people mistakenly believe that somehow members of the Republican Caucus are more pro-business than the Democratic Caucus. That's not true, never been true, and we prove again and again that it's not true. But they say that stuff and some people believe it. So let me just share with you some personal stories about people who are looking at this issue from the perspective of small business.

Because despite the Republicans' rhetoric about the Affordable Care Act, business and business groups across the country are speaking out against the Republican efforts to repeal health care reform.
got 25, 30 employees? Of course it’s an affront to you if the House Majority Caucus, the Republicans, want to take away your tax credit.

Absolutely, that’s an affront. If you are trying to make it, imagine yourself working for some company for years. You say, you want me to work a lot, a boss, I want to be my own boss. I am starting my own company and you know what, I am only going to have to have one or two, maybe three, four people with me when I get started, but we are going to go it on our own. And you know what, you guys? Human beings get sick sometimes so we have got to have health care.

And then the Democrats come and say, we are going to help you pay for that health care. And then the Republicans say, no, we are not and they snatch it away. Of course that’s an affront to our Nation’s small business community. The Small Business Majority is absolutely right in their letter.

The tax credits and health insurance exchanges in the Affordable Health Care Act will help drive down the cost and offer small business owners more choices, more freedom when purchasing insurance which will, in turn, allow them to “spend less on insurance premiums and more on growing their businesses and creating jobs.”

Now, the caucus that claims to be about jobs and the deficit actually is operating directly opposite to both the deficit and the jobs. That means that we have got to read the fine print. We can’t just go by what people say because people sometimes say anything, Mr. Speaker.

The Small Business Majority has recently released results of a November 2010 survey of 619 small business owners. In their survey the key findings highlight that one-third of employers who don’t offer health insurance said they would be more likely to do so because the tax credits in this bill are designed to cause the small business owners to apply for their health care. In their survey the key findings highlight that one-third of employers who don’t offer health insurance said they would be more likely to do so because the tax credits in this bill are designed to cause the small business owners to apply for their health care.

As we voted today on H.R. 2, the repeal bill of ObamaCare, I can assure you that 100 percent of us, in fact, 100 percent of Republicans, all 242 on our side of the aisle, plus, I think, three or four Democrats in a bipartisan way, joined with us in voting to repeal this bill.

I realized this evening, Mr. Speaker, that our time is limited. I am very pleased that some members of the House GOP Doctors Caucus are with us. I would first like to take the opportunity to yield to my cochairman, Dr. Tim Murphy from the great State of Pennsylvania.

Mr. Murphy of Pennsylvania. Thank you, Dr. Gingrey. I appreciate that.

Let me talk about a couple of important aspects of this bill and understand that if you have a car and it has a flat tire, you don’t get rid of the car; you change the tire. But if you have a car with a great tire and the car is not running and it’s broken down, you get a new car.

What we have here is a health care bill that indeed does have a few pages and some parts that we all agree on and we want to work on those together. However, there are also thousands of pages of other problems and tens of thousands of pages, perhaps hundreds of thousands of pages yet to be written by boards, panels and commissions yet to be appointed on issues we have yet to know what is going to be included in this. And that is part of the reason why we did not hear about what may be in this bill.

Members of Congress shake their heads and say how could something so massive—and it’s going to cost over a trillion dollars a year to administer this plan—how could this happen without Congress really having oversight? Let me mention two areas of this which I am deeply concerned about.

We know that one of the ways we can provide better care and ultimately save a lot of money has to do with disease management, or care management.

This is when perhaps nurses or other specialists within the doctor’s office or working with the hospital, work to stay in touch with the patient, patients who have asthma or diabetes or heart disease or other chronic illness, because they know if they can get that patient to follow up with their medications, their treatments, their therapies, they can prevent problems from worsening. They can help make that patient better. They can keep that patient out of the hospital.

In the area of mental health, chronic illness has twice the incidence of depression when it’s not picked up, and when depression is present and not treated, costs double. Absolutely, that’s an affront. If you have health care. And then the Republicans heads and say how could something so massive—and it’s going to cost over a trillion dollars a year to administer this plan—how could this happen without Congress really having oversight? Let me mention two areas of this which I am deeply concerned about.

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In the area of mental health, chronic illness has twice the incidence of depression when it’s not picked up, and when depression is present and not treated, costs double. Absolutely, that’s an affront. If you have health care. And then the Republicans heads and say how could something so massive—and it’s going to cost over a trillion dollars a year to administer this plan—how could this happen without Congress really having oversight? Let me mention two areas of this which I am deeply concerned about.

We know that one of the ways we can provide better care and ultimately save a lot of money has to do with disease management, or care management.

This is when perhaps nurses or other specialists within the doctor’s office or working with the hospital, work to stay in touch with the patient, patients who have asthma or diabetes or heart disease or other chronic illness, because they know if they can get that patient to follow up with their medications, their treatments, their therapies, they can prevent problems from worsening. They can help make that patient better. They can keep that patient out of the hospital.
we will continue to work on as a conference because we understand health care.

And in particular this caucus made up of health care providers, we work with patients for many, many decades all together so I would like to yield time to my colleague from the great State of Georgia. I represent the 11th District; he represents the 10th District in the Athens area. He is a great friend of mine, a family practitioner, Dr. Paul Broun.

Mr. Broun of Georgia. Thank you, Dr. Gingrey. I really appreciate your doing this Special Order tonight, and I look forward to this opportunity. We had great fun in the last Congress talking about how bad ObamaCare is, and I’m really looking forward to the Congress that is in the U.S. House of Representatives, voted to repeal it.

I was on Neil Cavuto this evening, and Neil Cavuto played some tapes or speeches of our Democratic colleagues and said, it’s over a hundred years again that the Republicans don’t have anything to offer. We heard last Congress that the Republicans are the Party of No. Well we are the Party of K-n-o-w. We know how to lower the cost of health care. We know how to provide good quality health care at the lowest price. And we know how to create jobs and create a stronger economy. And those are the things that we’re going to be doing in this Congress with the Republican majority. So I’m excited.

But where do we go from here? Well, yesterday I introduced my bill, one of two that I had in the last Congress. I reintroduced one yesterday. The new number is H.R. 239. And what it would do is do five things. Number one it would repeal ObamaCare if it is passed into law; number two, it would allow people to buy health insurance across State lines, which is a constitutional thing. Actually, we should under the commerce clause expand commerce.

That’s what the original intent of the commerce clause is. So that’s what my bill would do.

Thirdly, it will allow anybody in this country, businesses, individuals to join associations so that they could join a huge pool, and this would mean that they would have multiple insurance products that they could buy at a much lower cost than they’re paying today.

The fourth thing it would do is it would stimulate States to set up high-risk pools. Many States have already done that very successfully. And the fifth thing is it would allow everybody to deduct 100 percent of their health care costs out of their income taxes, which would work wonders to balance the dynamics of health care financing. I introduced that last time. I introduced it yesterday. My other bill, the Patient Option Act, it was H.R. 3889 in the last Congress, we will be reintroducing that.

But our colleague from Georgia, Dr. Tom Price, who at the time was the RSC chairman, introduced the RSC bill, H.R. 3400 in the last Congress, which was our bi-partisan health care reform. We’ve had multiple bills introduced. Why has nobody heard about these things? Well, because Nancy Pelosi has operated in a very dictatorial manner. She didn’t want to hear about the light of day and neither did the mainstream media. But I think you’re going to see these bills come forward.

We need to repeal and replace ObamaCare. ObamaCare itself is going to destroy jobs. It’s going to destroy budgets. It’s going to destroy the quality of health care. It’s going to destroy jobs. We just had our friend, our Democratic colleague Keith Ellison from Minnesota, just here talking about how repealing it would hurt small businesses. This is the reality of keeping ObamaCare is going to hurt small businesses. I have talked to a lady, a small employer, she has right now, today, eight employees. She desperately needs to hire some more, but she’s afraid to hire because of ObamaCare because of the financial strain it will put on her business. It’s going to break the budgets of every State in this country with the increased Medicaid.

We have to repeal ObamaCare. We’ve got to replace it with something else that reduces the cost, not just slows the cost, but reduces the cost of every health care service and product in this country. And we can do that. My bill would do that. Other bills will do that.

And, Dr. Gingrey, we’re going to repeal and replace ObamaCare. We’re going to put it out for the American people to see so that they know that the Republican Party is the party of K-n-o-w. We know how to solve these problems.

Mr. Gingrey of Georgia. Reclaiming my time, and I thank the gentleman from Arizona, Dr. Paul Gosar. Dr. Gosar is a dentist and has been very, very active not only in his own practice in Arizona but in the American Dental Association. At this time I am proud to yield to a freshman member, our colleague, Dr. Paul Gosar.

Mr. Gosar. Thanks to my colleague, Dr. Gingrey, to acknowledge me for a few seconds. As a practicing dentist for 25 years, I have seen how government-run health care actually works. It doesn’t. I have actually seen where what we’ve done has spilled over into the private sector trying to laden the private sector with the liabilities from the public sector. What we have got to do is we’ve used creative accounting, taking 10 years of revenue to pay for 6 years of actual treatment. I don’t know as a practicing dentist and as a businessman how that actually works in anybody else’s terms.

We also have to look back at our past to go forward. And there’s three things I was always taught: look at your mistakes, where you’re failing; look at your accounts and your liabilities; and then make sure that you make an equal playing field. That’s what we had done here. Where is the tort reform? Where is the liabilities and assets that we’ve had? And make sure that we’re using those properly. And
Mr. GINGREY of Georgia. Mr. Speaker, I yield to the gentleman from Arizona and, of course, to the House GOP Doctors Caucus.

Our final speaker, and I want to yield time to a cardiothoracic surgeon, Mr. Speaker, from Indiana, a new member, Dr. LARRY BUCSHON, and I think Dr. Bucshon was here on the floor a little earlier when the Democratic 30 minutes was controlled by the gentleman from Minnesota, and he made some remarks against the fact that we were successful in repealing ObamaCare. And I thank Dr. Bucshon would like to comment on some of those points that were made.

At this time, I proudly yield to our new member, Dr. LARRY BUCSHON.

Mr. BUCSHON. Thank you, Dr. GINGREY, for allowing me this time.

Mr. Speaker, I wanted to vote for the repeal bill of health care today because, as a practicing physician for 15 years, I know that the government approach to health care reform is the wrong approach. It was said earlier tonight, why aren’t the Republicans focusing on jobs? I would hold, Mr. Speaker, that this is a jobs bill today. The health care bill, the ObamaCare bill, is a job destroyer. I held roundtables for large and small businesses throughout my district, and I never heard of any of the things I heard earlier tonight in this Chamber. What I heard is it is preventing them from expanding business; it is preventing them from starting new businesses, and some businesses are very worried that they may no longer be in business. So this is a jobs bill.

The other thing I would like to comment on is the physicians’ support for this bill. It was said earlier tonight in this Chamber that physicians across the country support this bill. Well, the organizations that have been discussed, the last time I looked, represent less than 20 percent of the physicians in the United States. In actual fact, most national special medical societies were against this bill. This is a gross overrepresentation of national physicians’ support for the ObamaCare bill.

The President had a group of physicians at the White House in white coats saying that physicians are behind this. Why aren’t the Republicans focusing on jobs? I was in a group of physicians who are known people who are proponents of single payer health care.

So, Mr. Speaker, I would like to say again that this is a jobs bill. This will hurt jobs in America.

The reason I would like to say related to being a physician: What are we going to do about physician shortages in this country? This bill is going to make that worse. How can we convince young people, like my son who is a senior in high school, to go into medicine when they are looking at no significant financial way to become a primary care physician in this country going forward with this ObamaCare? I want young people to love medicine, to go into medicine, to keep us in strong supply of physicians. But, Mr. Speaker, unless we do repeal this bill and replace it with things that we know that work as a private sector solution, that will happen.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for his comments.

Before I yield again to my cochair, Dr. MURPHY, I want to make a few comments in regard to some of the things that were said on the Democratic side of the aisle just within the last 30 minutes. The gentleman that spoke is a fine, fine Member, has a great heart and a lot of compassion and is a friend of mine. I don’t refute him in any way of being strident or any animosity toward him, but the gentleman made a comment about why not give the law a chance. I think it is sort of the way it was put, Mr. Speaker. The Republican majority wanted to come along with H.R. 2 and repeal the bill, didn’t even want to give it a chance to see how well it might work.

Mr. Speaker, I would just say on a point like that. If you look at the floor right now on the Republican side of the aisle, we doctors know that when you discover a cancer, you don’t give it a chance to grow. You don’t give it a chance to metastasize. You cut that sucker out and you get rid of it lock, stock and barrel. As our colleague from Iowa, STEVE KING, said the other day, you pull it out by the roots. I think, Mr. Speaker, the Speaker, JOHN BEOHNER, said the same thing. We feel very strongly that today we did the right thing.

I have a number of other charts here that my colleagues might want to reference in regard to specifics about what we feel about this bill and why we needed to repeal it and basically start over.

I will finally quickly say that I heard the other side talk about statistics, saying that only 16 percent of people wanted the bill completely repealed. That is not an accurate statistic. Eighteen percent wanted to leave it like it is. Fully 75 percent in the latest Rasmussen poll either wanted it to be repealed or replaced and replaced. Or if not repealed, significantly altered. And, of course, that is what we are about as we go forward with this bill.

I yield to the gentleman from Pennsylvania (Dr. MURPHY).

Mr. MURPHY. Mr. Speaker, Mr. Speaker, the Speaker, JOHN BOEHNER, said the same thing. We feel very strongly that today we did the right thing.

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Mr. MURPHY. Mr. Speaker, Mr. Speaker, the Speaker, JOHN BOEHNER, said the same thing. We feel very strongly that today we did the right thing.
Mr. BROUN of Georgia. We hear from our Democratic colleagues that the budget deficit is going to be increased by repealing ObamaCare, but that is just simply not true. The Democrats have used some faulty accounting techniques, deceptive accounting techniques, to show that. The actual cost if we keep ObamaCare over the next 10 years, it is going to increase the deficit by over $700 billion. If we keep it, we cannot afford it. States cannot afford it. They are already suffering. My home State of Georgia has a $2 billion deficit, and the increase of Medicaid premiums will be forced on States all over this country, they cannot afford to continue to do that.

We can lower the cost of health care. We can maintain good quality health care that is patient centered so patients can make their own decisions with their doctor. That is exactly the kind of health care system that we are going to bring forth to this House. We are going to repeal ObamaCare and we are going to continue to fight if it takes all of the way through the 2012 elections so that we get, hopefully, a President who will sign a repeal and re-elections so that we get, hopefully, a President who will sign a repeal and replace bill. And then we will get through the Senate. So we will continue to fight for that.

I yield back to Dr. GINGREY.

Mr. GINGREY of Georgia. Just a few closing remarks.

Mr. Speaker, I want to thank Dr. GOSAR and Dr. BUCSHON for being with us tonight.

You know, we didn’t have time to go into all of the details that we would like to have gone into, but one thing that is absolutely clear is that Governors across this country—and not just Republican Governors but Democratic Governors as well—are very, very concerned with the Medicaid mandates and the fact that this maintenance of effort requirement that says that Governors who can’t even be innovative and creative in running their own Medicaid programs is resulting in budget-busting in all of these States that have to balance their budgets. Unfortunately, we don’t do that up here. They’re having to cut education to the bone, and they’re having to cut public safety to the bone because of the massive increasing costs of Medicaid.

Well, we thank the Speaker for the time, and we appreciate the opportunity to speak to the American people. We will be back here tomorrow to pass House Resolution Number 9 so that we can get busy on replacing ObamaCare.

With that, I yield back the balance of my time.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material.)

ADJOURNMENT

Mr. BROUN of Georgia. Mr. Speaker. I move that the House do now adjourn. The motion was agreed to; accordingly (at 10 o’clock p.m.), under its previous order, the House adjourned until tomorrow, Thursday, January 20, 2011, at 9 a.m.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Speaker-Authorized Official Travel during the second, third, and fourth quarters of 2010 pursuant to Public Law 95-384 are as follows:

REPORT OF EXPENDITURES FOR FOREIGN FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON NOV. 28, 2010

<table>
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<tr>
<th>Name of Member or employee</th>
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<th>Departure</th>
<th>Country</th>
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<th>U.S. dollar equivalent or U.S. currency</th>
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Committee total

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO NORWAY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN DEC. 9 AND DEC. 12, 2010

<table>
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<th>Name of Member or employee</th>
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1 Per diem constitutes lodging and meals.
2 If foreign currency is used, enter U.S. dollar equivalent, if U.S. currency is used, enter amount expended.
3 Military air transportation.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO NORWAY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN DEC. 9 AND DEC. 12, 2010—Continued

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Committee total
12,410.00
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1 Per diem constitutes lodging and meals.
2 If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
3 Military air transportation.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON HOMELAND SECURITY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2010

HON. BARNEY FRANK, Chairman, Jan. 3, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON HOMELAND SECURITY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND SEPT. 30, 2010

BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to Public Law 111–139, Mr. Ryan hereby submits 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.


(Billions of dollars, by fiscal year)

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<td>2012-2021</td>
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<td>Net increase or Decrease (–) in the On-Budget Deficit</td>
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Adjustments Pursuant to Sec. 4(b)(6) of P.L. 111–139 (Community Living Assistance Services and Supports Act)          N/A
Adjustments Pursuant to H. Res. 5, 112th Congress                               –230
Statutory Pay-As-You-Go-Impact                                      0

Source: House Budget Committee Estimates. Memorandum:
- On January 18, 2011, the Congressional Budget Office could not produce a detailed year-by-year estimate of the statutory paygo effects of enacting the Patient Protection and Affordable Care Act. The estimate above was provided in a CBO letter dated January 6, 2011 to Speaker of the House, John Boehner.
- Statutory Pay-As-You-Go Act of 2010 requires that the budgetary effects of enactment of the Community Living Assistance Services and Supports Act (CLASS) not be counted on OMB’s statutory paygo scorecard. CBO initially estimated the CLASS Act would reduce the deficit by $70 billion; therefore, repeal of the CLASS Act, which would become effective upon enactment of H.R. 2, would not be counted as increasing the deficit under statutory paygo. CBO was unable to produce an updated estimate of the effects of repealing the CLASS Act as of January 18, 2011.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker’s table and referred as follows:
119. A letter from the Director, Regulatory Review Group, Department of Agriculture, transmitting the Department’s final rule — Tobacco Transition Payments Program: Tobacco Transition Assessments (RIN: 0960-AH30) received January 6, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.
120. A letter from the Legislative Specialist, LRAD, Department of the Treasury, transmitting the Department’s final rule — Community Reinvestment Act Regulations (Docket ID: OCC-2010-0021) (RIN: 1557-AD34) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.
121. A letter from the Legislative Specialist, LRAD, Department of the Treasury, transmitting the Department’s final rule — Community Reinvestment Act Regulations (Docket ID: OCC-2010-0030) (RIN: 1557-AD32) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.
122. A letter from the Legal Information Assistant, Department of the Treasury, transmitting the Department’s final rule — Community Reinvestment Act Regulations (Docket ID: OCC-2010-0031) (RIN: 1557-AD32) received January 6, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.
123. A letter from the General Counsel, National Credit Union Administration, transmitting the Administration’s final rule — The Low-Income Definition (RIN: 3133-AD75) received January 6, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.
124. A letter from the Secretary, Department of Health and Human Services, transmitting the Annual Report for Fiscal Year 2008 of the Administration on Aging, pursuant to 42 U.S.C. 3018; to the Committee on Education and the Workforce.
126. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department’s final rule — Establishment of the Permanent Certification Program for Health Information Technology (RIN: 0895-AC08) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.
127. A letter from the Secretary, Department of Health and Human Services, transmitting a report entitled, “High Risk Pool Grant Program for Federal Fiscal Years (FY)’s 2008 and 2009,” to the Committee on Energy and Commerce.
128. A letter from the Secretary, Department of Health and Human Services, transmitting a report entitled “HHS Secretary’s Efforts to Improve Children’s Health Care Quality in Medicaid and CHIP”; to the Committee on Energy and Commerce.
129. A letter from the Secretary, Department of Health and Human Services, transmitting a report entitled “HHS Secretary’s Efforts to Improve Children’s Health Care Quality in Medicaid and CHIP”; to the Committee on Energy and Commerce.
130. A letter from the Secretary, Department of the Treasury, transmitting as required by section 401(c) of the National Emergencies Act and section 204(c) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(c), a six-month periodic report on the national emergency with respect to the people of the Republic of Cote d’Ivoire that was declared in Executive Order 13396 of February 7, 2006, pursuant to 50 U.S.C. 1614(c); to the Committee on Foreign Affairs.
131. A letter from the Assistant Legal Advisor for Treaty Affairs, Department of State, transmitting report prepared by the Department of State concerning international agreements other than treaties entered into by the United States to be transmitted to the Congress within the sixty-day period specified in the Case-Zablocki Act; to the Committee on Foreign Affairs.
132. A letter from the Assistant Secretary, Department of Housing and Urban Development, transmitting the Secretary’s semiannual report from the office of the Inspector General for the period April 1, 2010 through September 30, 2010, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Oversight and Government Reform.
133. A letter from the Director, National Science Foundation, transmitting the Foundation’s Annual Financial Report for Fiscal Year 2010; to the Committee on Oversight and Government Reform.
134. A letter from the Director, Office of Personnel Management, transmitting the Office of Personnel Management’s annual report to Congress; to the Committee on Oversight and Government Reform.
135. A letter from the Director, Peace Corps, transmitting the Corps’ Performance and Accountability report for fiscal year 2010; to the Committee on Oversight and Government Reform.
136. A letter from the Secretary, Department of Health and Human Services, transmitting the Department’s determination on a petition on behalf of workers from Texas Chemical Inc., in Channelview, Texas, to be added to the Special Exposure Cohort (SEC), pursuant to the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA); to the Committee on the Judiciary.
137. A letter from the President and CEO, National Safety Council, transmitting the Foundation’s Annual Financial and Audit Report for Fiscal Year 2010, pursuant to 36 U.S.C. 1101(36) and 1103; to the Committee on Natural Resources.
138. A letter from the Assistant Secretary for Hazardous Materials Safety, Department of Transportation, transmitting the Department’s final rule — Hazardous Materials Transportation: Revisions of Special Permits Procedures (Docket No.: PHMSA-2009-0410 (HM-233B)) (RIN: 2137-AE57) received January 13, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.
139. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting proposed language to extend and amend the Cultural Property Implementation Act; to the Committee on Ways and Means.
140. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service’s final rule — The Counter Drugs — Additional Guidance (Notice 2011-5) received January 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.
141. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service’s final rule — Certain Changes in Method of Accounting for Organizations to which Section 833 Applies (Notice 2011-4) received January 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.
142. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service’s final rule — Guidance on the Application of Section 833’s final rule — Federal Employees Health Benefits Program Miscellaneous Changes (RIN: 3206-Al95) received January 6, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.
143. A letter from the Director of Legislative Affairs, Office of the Director of National Intelligence, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.
144. A letter from the Director, Peace Corps, transmitting the Corps’ Performance and Accountability report for fiscal year 2010; to the Committee on Oversight and Government Reform.
REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. DREIER: Committee on Rules. House Resolution 38. Resolution to reduce spending through a transition to non-security spending at fiscal year 2008 levels; with amendments (Rept. 112-3). Referred to the House Calendar.

Mr. DREIER: Committee on Rules. House Resolution 43. Resolution providing for consideration of the resolution (H. Res. 38) to reduce spending through a transition to non-security spending at fiscal year 2008 levels. (Rept. 112-4). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

H.R. 317. A bill to amend the Internal Revenue Code of 1986 to allow a credit against tax for certain fruit and vegetable farmers; to the Committee on Ways and Means.

By Mr. BRADY of Pennsylvania:

H.R. 318. A bill to amend title 18, United States Code, to require law enforcement officers of the Department of Defense with authority to execute warrants, make arrests, and carry firearms; to the Committee on Armed Services.

By Mr. FILNER:

H.R. 324. A bill to amend title 10, United States Code, to provide police officers, criminal investigators, and game law enforcement officers of the Department of the Interior with authority to execute warrants, make arrests, and carry firearms; to the Committee on Armed Services.

By Mr. BRADY of Pennsylvania:

H.R. 325. A bill to amend the Clean Air Act to delay the effect of reclassifying certain nonattainment areas adjacent to an international border for other purposes; to the Committee on Energy and Commerce.

By Mr. FILNER:

H.R. 326. A bill to amend section 8 of the United States Housing Act of 1937 to provide for rental assistance payments to assist certain owners of manufactured homes who rent the lots on which their homes are located; to the Committee on Financial Services.

By Mr. FILNER:

H.R. 327. A bill to amend the definition of a law enforcement officer under subchapter III of chapter 83 and chapter 84 of title 5, United States Code, respectively, to ensure the inclusion of certain positions; to the Committee on Oversight and Government Reform.

By Mr. FILNER:

H.R. 328. A bill to require public employees to perform the provision of State and local surface transportation projects, and related essential public functions, to ensure public safety, the cost-effective use of transportation funds, and projects delivered to the Committee on Transportation and Infrastructure.

By Mr. FILNER:

H.R. 329. A bill to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services; to the Committee on Veterans’ Affairs.

By Mr. FILNER:

H.R. 330. A bill to amend the Internal Revenue Code of 1986 to extend for 1 year the first-time homebuyer tax credit; to the Committee on Ways and Means.

By Mr. CALVERT:

H.R. 330. A bill to designate a Distinguished Flying Cross National Memorial at the March Field Air Museum in Riverside, California, to the Committee on Natural Resources.

By Mr. COHEN (for himself, Mr. NADLER, Ms. Norton, Mr. Jackson of Illinois, Mr. Bentsen, Mr. Photoshop, Mr. Schakowsky, Mr. Hinchey, Mr. Davis of Illinois, Mr. Filner, Mr. Al Green of Texas, Mr. Edwards, Ms. Woolsey, and Mr. Ellison):

H.R. 351. A bill to amend the Fair Credit Reporting Act to prohibit the use of consumer reports to make employment decisions based on the receipt of a customer review of the performance of current employees for purposes of making adverse employment decisions; to the Committee on Financial Services.

By Mr. CONYERS:

H.R. 331. A bill to amend the Internal Revenue Code of 1986 to provide a one-time increase in the amount excludable from the sale of a principal residence by taxpayers who have an adjusted gross income of $250,000 or less; to the Committee on Ways and Means.

By Mr. FILNER:

H.R. 332. A bill to amend title 10, United States Code, which are the Department of Defense and all other defense-related agencies of the United States to fully comply with Federal and State environmental laws, including certain laws relating to public health and worker safety, that are designed to protect the environment and the health and safety of the public, and in addition to those persons most vulnerable to the hazards incident to military operations and installations, such as children of certain Armed Forces, civilian employees, and persons living in the vicinity of military operations and installations; to the Committee on Armed Services, and in addition to the Committees on Energy and Commerce, Transportation and Infrastructure, Natural Resources, and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BISHOP of Georgia (for himself, Mr. Ross of Arkansas, Ms. Berkley, Mr. Loesch, Mr. Reyes, Mr. Bartlett, Mr. McGovern, Mr. Connolly of Virginia, Ms. Brown of Florida, Mr. Westmoreland, Ms. Castor of Florida, Mr. Brady of Iowa, Mr. Brady of Pennsylvania, Mr. Schiff, Mr. Holden, Mr. Holt, Mr. David Scott of Georgia, Mr. Filner, Mr. Donnelly of Indiana, Mr. McIntyre, Mr. Turner, Ms. Matsui, Ms. Hino, Mr. DeFazio, Ms. Bordallo, Mr. Bone, Mr. Courtney, Mrs. Blackburn, Mr. Bunicus, Mr. Crize, Mr. Moran, Mr. Mica, Mr. Michaud, Mr. Wolf, Mr. Wu, Mr. Kissell, Mr. Garamendi, Mr. Boren, Mr. Tsonogas, Mr. Price of North Carolina, Mr. Curt Lowery, Ms. Maloney, Mr. Yarmuth, Mr. Grijalva, Mr. Frank of Massachusetts, Mr. Cleaver, Mrs. Davis of California, Mr. Carnahan, Mr. Fox, Mr. Wittman, Mr. Rahall, Ms. Norton, Mr. Peterson, Mr. Kildeer, Mr. Meehan, Mr. Rodgers of Alabama, Mr. Al Green of Texas, Mr. Alexander, Mr. Kucinich, Ms. Kaptur, Mr. Engel, Mr. Gutierrez, Ms. Loretta Sanchez of California, Mr. Brzezski, Ms. Pingree of Maine, Mr. Long, Mr. Higgins, Mr. Barrow, Mr. Shuster, Mr. Sutton, Mr. Cicilline, Mr. Pinkos, Mr. Mareky, and Mr. Butterfield):

H.R. 333. A bill to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50 percent to receive concurrent payment of both retired pay and veterans’ disability compensation, to eliminate the requirement for concurrent receipt, to extend eligibility for concurrent receipt to chapter 61 disability retirees with less than 20 years of service, and for other purposes; to the Committee on Armed Services, and in addition to the Committee on Veterans’ Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FORBES:

H.R. 334. A bill to prohibit the Internal Revenue Service from hiring new employees who have the Federal Government’s invasion into the health care lives of American citizens; to the Committee on Ways and Means.

By Mr. GRIFFITH of Virginia:

H.R. 335. A bill to provide for a 10 percent reduction in pay for Members of Congress; to the Committee on House Administration, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
H. R. 336. A bill to amend the Truth in Lending Act to protect consumers from usury, and for other purposes; to the Committee on Financial Services.

By Mr. HUNTER (for himself, Mr. BILIRAY, Mr. LUCCKEYMERRY, Mr. DAVIS of Kentucky, Mr. CRAFFETT, Mr. GIBBS, Mr. LAMBORE, Mr. FRANKS of Arizona, Mr. PEARCE, Mr. WEST, Mr. ROGERS of Alabama, Mr. FLEMMING, Mr. CONAWAY, Mr. MILLER of Florida, Mr. HULAKAS, Mr. KLINE, Mr. MANZUOLO, and Mr. GINGREY of Georgia):

H. R. 336. A bill to amend Public Law 111-321 (Don’t Ask, Don’t Tell Repeal Act of 2010) to impose an additional condition on the repeal of the policy codified as section 654 of title 10, United States Code; to the Committee on Armed Services.

By Mr. ISRAEL:

H. R. 336. A bill to amend the Federal Food, Drug, and Cosmetic Act to ensure accurate, intelligible information on dosage delivery devices packaged with liquid over-the-counter medications; to the Committee on Energy and Commerce.

By Ms. JENKINS (for herself, Mr. PITTS, Mr. PEMPOKO, Mr. BRADY of Texas, Mr. BROWN of Georgia, Mr. NEALLE of New Jersey, Mr. ROSS of Florida, Mr. KLINE, Mrs. ROGERS, Mrs. LUMMIS, Mr. GINGREY of Georgia, Mr. POSEY, Mr. WEST, Mr. HUNTER, Mr. SHEPPARD, Mr. BILIRAY, Mrs. SCHMIDT, Mr. ROGERS of Alabama, Mr. SULLIVAN, Mrs. MYRICK, Mr. MILLER of Florida, Mr. GRAVES of Mississippi, Mr. STRUMMERS, Mr. CRAWFORD, Mr. DUNCAN of South Carolina, and Mr. KELLY):

H. R. 339. A bill to deem any adjudgment of the House of Representatives which is in effect on the date of the regularly scheduled general election for Federal office held during a Congress to be adjournment sine die, and to amend title 31, United States Code, to provide for automatic continuing appropriations if a regular appropriation bill for a fiscal year is not enacted before the expiration of the regularly scheduled general election for Federal office held during such fiscal year; to the Committee on Appropriations, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. EDDIE BERNICE JOHNSON of Texas:

H. R. 340. A bill to amend title XIX of the Social Security Act to remove the exclusion from medical assistance under the Medicaid Program of items and services for patients in an institution for mental diseases; to the Committee on Energy and Commerce.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H. R. 341. A bill to amend title 23, United States Code, to increase certain infrastructure finance provisions, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H. R. 342. A bill to amend titles XIX and XVIII of the Social Security Act, as amended by the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, with respect to payments for certain low-income-related and disadvantaged populations (DISH) under the Medicare and Medicaid programs; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MATHESON (for himself, Mr. MCCALLE, Mr. PETERS, Mr. AUSTIN, Mr. CRAGLE, Mr. QUSHIY, and Ms. KAPTUR):

H. R. 343. A bill to repeal the provision of law that provides automatic pay adjustments for Members of Congress, to the Committee on House Administration, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. NEUGHAUSER:

H. R. 344. A bill to amend the Federal Reserve Act to remove the power of Federal reserve banks to buy and sell municipal securities, and for other purposes; to the Committee on Financial Services.

By Ms. NORTON:

H. R. 345. An Act to amend the District of Columbia Home Rule Act to eliminate all Federally-imposed mandates over the local budget process and financial management of the District of Columbia; to the Committee on Oversight and Government Reform.

By Mr. PEARCE (for himself, Mr. DANIEL E. LUNEGREN of California, Mr. GARRETT, Mr. PLATTS, Mr. SESSIONS, Mr. COFFMAN of Colorado, and Mr. WILKERSON):

H. R. 346. A bill to amend the Public Health Service Act to provide for cooperative governing of individual health insurance coverage offered to individuals by reference to the Committee on Energy and Commerce.

By Mr. ROONEY:

H. R. 347. A bill to correct and simplify the drafting of section 1752 (relating to restricted buildings or grounds) of title 18, United States Code; to the Committee on the Judiciary.

By Mr. SENSENBRINKER:

H. R. 348. A bill to prohibit the Administrator of the Federal Highway Administration from requiring the posting of street and highway signs that are in upper case letters with such signs that are in mixed case lettering with the initial letter in upper case; to the Committee on Transportation and Infrastructure.

By Mr. SENSENBRINKER (for himself, Mr. HURD, Mr. DUNCAN of South Carolina, Mr. ROSS of Florida, Mr. CRAWFORD, Mr. LONG, and Mr. DUNCAN of Tennessee):

H. R. 349. A bill to make subject to appropriations Acts the Internal Revenue Service’s use of certain funds collected from user fees; to the Committee on Ways and Means.

By Mr. SERRANO:

H. R. 350. A bill to amend the Food and Nutrition Act of 2008 to provide greater access to the supplemental nutrition assistance program by reducing duplicative and burdensome administrative requirements, authorize the Secretary of Agriculture to award grants to certain community-based nonprofit feeding and anti-hunger groups for the purpose of establishing and implementing a Beyond the Soup Kitchen Pilot Program for certain socially and economically disadvantaged populations, and for other purposes; to the Committee on Agriculture.

By Mr. SERRANO:

H. R. 351. A bill to amend title XIX of the Social Security Act to waive the requirement for proof of citizenship during the first year of life for children born in the United States to a Medicaid-eligible mother; to the Committee on Energy and Commerce.

By Mr. SERRANO:

H. R. 352. A bill to permit members of the House of Representatives to donate used computer equipment to public elementary and secondary schools designated by the Speaker, in each case for consideration of the House of Representatives.

By Mr. LOEBSACK (for himself, Mr. LATHAM, Mr. KING of Iowa, Mr. BOSWELL, and Mr. BRAINT of Iowa):

H. Res. 3. A concurrent resolution honoring the service and sacrifice of Army Staff Sergeant Salvatore Giunta, a native of Hia-watha, Iowa, and the first living recipient of the Medal of Honor since the Vietnam War; to the Committee on Armed Services.

By Mr. LARSON of Connecticut:

H. Res. 39. A resolution electing Members to certain standing committees of the House of Representatives; considered and agreed to.

By Mr. FRANKS of Arizona:

H. Res. 40. A resolution celebrating the life of President Ronald Wilson Reagan on the 100th anniversary of his birth; to the Committee on Oversight and Government Reform.

By Mr. RUSH (for himself, Mr. PAYNE, Mr. COHEN, Ms. LEE of California, Mr. TOWNS, Mr. HASTINGS of Florida, Mr. RANGEL, Mr. BROWN of Florida, Mr. BUTTSFILDE and Mr. AL GREEN of Texas):

H. Res. 41. A resolution recognizing 2011 as the Year for People of African Descent; to the Committee on Foreign Affairs.

By Mr. HENSARLING:

H. Res. 42. A resolution electing certain Members to certain standing committees of the House of Representatives; considered and agreed to.

By Mr. BURTON of Indiana (for himself, Mr. BACCHUS, Mr. CRAWFORD, Mr. HUELSKAMP, Mr. LONG, Mr. CRITZ, Mr. PEMPOKO, Mr. McCLINTOCK, Mr. WITTMAN, Mrs. MILLER of Michigan, and Mr. PAUL):

H. Res. 44. A resolution expressing the sense of the House of Representatives that an effective moratorium by the Executive Branch on offshore oil and gas exploration and drilling should be terminated; to the Committee on Natural Resources.

By Mr. GERLACH:

H. Res. 45. A resolution amending the Rules of the House of Representatives to encourage bipartisan amendments; to the Committee on Rules.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII, private bills and resolutions of the following titles were introduced and severally referred to the following:

By Mr. PILFER:

H. R. 354. A bill for the relief of Laulii’1 Matiu; to the Committee on the Judiciary.

By Mr. PILNER:

H. J. Res. 355. A bill for the relief of Pablo Eduardo Perrone and Maria Cristina Lemos; to the Committee on the Judiciary.
CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. FILNER:
H.R. 316. A bill for the relief of Flavia Mabloloc Cahoon; to the Committee on the Judiciary.

By Mr. LIPINSKI:
H.R. 357. A bill for the relief of Corina de Chalup Turcinvic; to the Committee on the Judiciary.

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution, which grants Congress the power to lay and collect taxes on incomes, from whatever source derived, without apportionment among the several States; and without regard to any census or enumeration.

By Mr. FILNER:
H.R. 326. Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 1, 3, 14, and 18), which grants Congress the power to provide for the general welfare of the United States; to regulate Commerce among the several States; to make rules for the Government and Regulation of the land and naval forces; and to provide for organizing, arming, and disciplining the militia, and for governing such Part of them as may be employed in the Service of the United States, under Article I, Sections 1, 8, Clause 15; and, Make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers.

By Mr. BISHOP of Georgia:
H.R. 331. Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 18 of the United States Constitution.

By Mr. BRALEY of Iowa:
H.R. 319. Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 1 of the United States Constitution.

By Mr. COHEN:
H.R. 321. Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is enumerated in the United States Constitution, which provides Congress the power to: Provide for the common defense and general welfare under Article I, Section 8, Clause 1; Raise and support Armies, under Article I, Section 8, Clause 12; Provide and maintain a Navy, under Article I, Section 8, Clause 13; Make rules for the government and regulation of the land and naval forces, under Article I, Section 8, Clause 14; Provide for organizing, arming, and disciplining the Militia, and for governing such Part of them as may be employed in the Service of the United States, under Article I, Section 8, Clause 15; and, Make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, under Article I, Section 8, Clause 18.

By Mr. BRADY of Pennsylvania:
H.R. 328. Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 1, 3, 14, and 18), which grants Congress the power to provide for the general welfare of the United States; to regulate Commerce among the several States; to make rules for the Government and Regulation of the land and naval forces; and to provide for organizing, arming, and disciplining the militia.

By Mr. HUNTER:
H.R. 337. Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Amendment XVI of the United States Constitution (Clauses 1, 3, 14, and 18), which grants Congress the power to lay and collect taxes on incomes, from whatever source derived, without apportionment among the several States, and without regard to any census or enumeration.
Congress has the power to enact this legislation pursuant to the following:

The Tenth Amendment to the Constitution.

By Mr. SENSENBRNNER: H.R. 349. Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I of the Constitution.

By Mr. SERRANO: H.R. 350. Congress has the power to make this legislation pursuant to the following:

"The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States." (Article I, Section 8, Clause 1)

By Mr. SERRANO: H.R. 351. Congress has the power to make this legislation pursuant to the following:

"The Congress shall have Power to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof." (Article I, Section 8, Clause 18)

By Mr. SERRANO: H.R. 352. Congress has the power to enact this legislation pursuant to the following:

Clause 2 of section 5 of article I of the Constitution: Each House may determine the Rules of its Proceedings, punish its Members for disorderly Behaviour, and, with the Concurrence of two thirds, expel a Member.''

By Mr. SERRANO: H.R. 353. Congress has the power to enact this legislation pursuant to the following:

"The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States;'' and Article I, Section 8, Clause 18: "The Congress shall have Power To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof.''

By Mr. SERRANO: H.R. 354. Congress has the power to enact this legislation pursuant to the following:

Constitution in the Government of the United States, or in any Department or Officer.

By Mr. FILNER: H.R. 355. Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clause 4), which grants Congress the power to establish a uniform rule of Naturalization throughout the United States.

By Mr. SERRANO: H.R. 356. Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clause 4), which grants Congress the power to establish a Uniform rule of Naturalization throughout the United States.

By Mr. FILNER: H.R. 357. Congress has the power to enact this legislation pursuant to the following:

ARTICLE I, SECTION 8: To make all Laws necessary and proper for carrying into Execution the powers granted to Congress under Article I, Section 8, Clause 3 and Article I, Section 18 of the United States Constitution, which grants Congress the power to make rules for the admission of aliens and to exclude those who possess those characteristics which Congress has forbidden.

ADDITIONAL SPONSORS Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 4: Mr. CARSON of Indiana, Mr. SCHNEIDER, Mr. WELKER, Mr. ALTMIER, Mr. FINCHER, and Mr. LIPINSKI.
H.R. 21: Mr. LUTKEMEYER and Mr. LABRADOR.
H.R. 23: Mrs. MCCARTHY of New York.
H.R. 44: Mr. KUCINICH.
H.R. 49: Mr. BARTLATT, Mr. ROSS of Florida, Mr. CULBerson, Mr. CARTER, Mrs. MILLER of Michigan, Mr. LONG, and Mr. DUNCAN of Tennessee.
H.R. 81: Mr. OLVER.
H.R. 91: Mr. YOUNG of Alaska, Mr. FLORSHEIM, Mr. MCCOTTER, Mrs. MYRECK, Mrs. HARTZLER, Mr. THOMPSON of Pennsylvania, and Mr. WOODALL.
H.R. 97: Mr. BACHUS, Mr. CRAWFORD, Mr. KING of New York, and Mr. QUAYLE.
H.R. 100: Mr. HELLER.
H.R. 103: Mr. FLEMING.
H.R. 104: Mr. WITTtMAN and Mr. McNERNY.
H.R. 116: Mr. FRANK of Massachusetts.
H.R. 121: Mr. WEBER and Mr. OWENS.
H.R. 127: Mr. LONG, Mr. DUNCAN of Tennessee, and Mr. MCKINLEY.
H.R. 140: Mr. CHAFFEE, Mr. KLINE, Mr. GRAVES of Georgia, Mr. MARCHANT, and Mr. SMITH of Nebraska.
DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H.R. 68: Mr. Ross of Arkansas.
H.R. 69: Mr. Ross of Arkansas.
BIPARTISAN CASE FOR NATIONAL SERVICE

HON. TODD RUSSELL PLATTS
OF PENNSYLVANIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. PLATTS. Mr. Speaker, I submit the following.

[From POLITICO, Jan. 17, 2011]

BIPARTISAN CASE FOR NATIONAL SERVICE
(By Eric Tanenblatt)

You wouldn’t think that new Republican Govs. Nathan Deal of Georgia and Sam Brownback of Kansas would have much in common with the Democratic governor of Massachusetts, Deval Patrick. But all three have made volunteer “days of service” a centerpiece of their inaugural celebrations.

They are asking citizens to join them in feeding the hungry, assisting the jobless and helping their neighbors in a host of other ways. They join a growing number of governors and mayors who are rediscovering the untapped power of citizen service.

These inaugural service events are not ceremonial gestures. They remind us that citizen service crosses all boundaries—and has always been at the heart of what it means to be an American.

America’s story is the story of volunteers. Since the early days of our nation, volunteers have helped us meet our greatest challenges: patriots who fought for our founding ideals, women who reached for the ballot, civil rights foot soldiers who risked their lives for equality, firefighters who rushed into burning towers, ordinary citizens who came to the aid of a disaster-stricken coast.

Last year, in the middle of the Great Recession, approximately 63.4 million Americans volunteered in some way in their communities—the largest increase since 2003. That’s 63.4 million citizens from all backgrounds and walks of life tilting toward problems instead of running away from them.

But America faces tough challenges requiring a new generation of service and service leaders.

National service, as embodied in the three major programs of the Corporation for National and Community Service—AmeriCorps, Senior Corps and Learn and Serve America—engages millions of Americans of all ages and backgrounds in addressing issues of poverty, illiteracy, disasters, public safety, independent living and more throughout the country.

One of the crucial ingredients of this federal program’s success has been its support across the political spectrum. In fact, in a spirit of bipartisanship rarely seen in Washington, both Sen. Orrin Hatch (R-Utah) and the late Sen. Edward M. Kennedy (D-Mass.) working with leaders in the House, just weeks to rally the votes and pass the Serve America Act in 2009.

Second, an investment in national service is a good deal for taxpayers. AmeriCorps was built to be a public-private partnership. It leverages substantial private investment—more than $375 million in non-federal funds each year—to fund such programs as Teach for America and Habitat for Humanity.

Third, while the primary purpose of national service is to get things done for people in need, it has important side benefits. One is the transforming effect it has on those who serve—exposing them to society’s problems, bringing people from different races and backgrounds together, empowering them to act and often putting them onto a lifelong path of civic engagement.

The modern service movement is built on these principles, shared by people of every political persuasion and all walks of life.

We salute Deal, Brownback and Patrick for leading the way. We hope that their actions send a signal that will spread and carry forward through this year and beyond.

We can—and should—have a robust debate about the role and size of government. But in the course of that debate, we should recognize that there are important areas, like volunteer service, where we can find common ground.

PERSONAL EXPLANATION

HON. RON KIND
OF WISCONSIN
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. KIND. Mr. Speaker, I was unable to have my vote recorded on the House floor during the vote on H.R. 292 on Tuesday, January 18, 2011 because I was detained due to a flight delay caused by mechanical difficulties. Had I been present, I would have voted in favor of H.R. 292, Roll No. 12.

EXPRESSING SENSE OF HOUSE REGARDING ARIZONA SHOOTING

SPEECH OF
HON. DOC HASTINGS
OF WASHINGTON
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 12, 2011

Mr. HASTINGS of Washington. Madam Speaker, first and foremost today, my thoughts and prayers are with Congresswoman GIFFORDS, her staff, the other victims of the shooting and their families and friends.

As Members of Congress, it is our duty and our privilege to reach out to our constituents to foster open discussions and exchanges of ideas. It’s what makes this institution truly the people’s House and it’s one of the reasons many of us decided to run for office in the first place. GABBY was doing this work when this senseless tragedy occurred. A lone gunman interrupted a routine Congress on your Corner, killing six and wounding a dozen more, including our colleague GABBY.

At this somber time, I would like to echo the words of Speaker BOEHNER, “An attack on one who serves is an attack on all who serve.” We cannot let the actions of one individual challenge one of the most basic tenets of our free society—the right to peacefully assemble. It is worth noting that Congresswoman GIFFORDS read the first amendment to our Constitution here on the House floor just days before this tragic event.

I look forward to the day when Congresswoman GIFFORDS returns to the House floor to continue her work on behalf of the people of the eighth district of Arizona. In the meantime, my thoughts and prayers are with all affected by this unthinkable event.

HONORING RICHARD HOLWICK

HON. SAM GRAVES
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Richard Holwick. Dick was receiving the 2010 Northlander of the Year award from the Northland Regional Chamber of Commerce for his service to the Kansas City area community.

Dick grew up in the Kansas City area and attended Raytown schools until his family moved north of the river before his senior year of high school. Dick graduated from Oak Park High School and graduated from the University of Missouri–Columbia with a Bachelor’s and Master’s degree in Accounting. Dick began working for his family’s business, Kaw Transport, in 1976, leading it as President from 1982 to 1998, when the company condensed into KTTR and began focusing solely on tanker truck cleaning and maintenance. Dick also showed himself to be a leader for the business community, having served as Chairman for the Northland Redevelopment Corporation, the Clay County Economic Development Council and the Northland Regional Chamber of Commerce during times of great economic boon for the Northland. Dick was instrumental in the design and construction of the new Christopher S. Bond Bridge over the Missouri River, providing the Northland with greater and more efficient access to Downtown Kansas City. Dick, ever cognizant of his roots, has also given back to his community by serving as the President of the Liberty Sertoma Club and as a Board Member for the Northland Salvation Army.

Mr. Speaker, I proudly ask you to join me, his wife Annie, their children Lindsey, Angela, Evan and Bryan and their grandchildren Austin and Grace in commending Richard Holwick for his efforts to better Clay and Platte Counties and the surrounding communities.
We too must not just react, but now is the time to act. Not just in legislation but in what Congresswoman GIFFORDS asked us to do: “reduce the divisive tone.” Maybe if we start as leaders, others will follow.

I express condolences to the families of those who lost their lives. I pray for strength for those who are on hard long roads to recovery, and I commit to do work on this issue and how I work with you my colleagues. As Representative GIFFORDS’ husband holds her hand as she heals, I am ready for her to return to hold her hand as we as a country heal as well.

EXPRESSING SENSE OF HOUSE REGARDING ARIZONA SHOOTING

SPeeCH OF

HON. LAURA RICHARDSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 12, 2011

Ms. RICHARDSON. Madam Speaker, I concur in the expressing the sense of the House of Representatives with respect to the tragic shooting in Tucson, Arizona on January 8, 2011.

Like all Americans, on Saturday morning I was saddened and sick to my stomach when I watched the horrible attack against my colleague, Congresswoman GIFFORDS, known as GABBY to me, her staff, her constituents and to all Americans.

We now know, on January 7, Congresswoman GIFFORDS reached out and sought “new ways to reduce the highly partisan divisive tone that tell me there is nothing wrong with someone sending a hate e-mail saying, “I’m concerned it’s time for a good old fashioned lynching/at and feather.”

For those who debate and protest, it is not okay to spit, say racial slurs, to say reload or turn their rooms, garages or backyards to a place in a civilized democracy.

For our court, even in 1919 and 1931 in the cases of Schenck v. United States and Near v. Minnesota, had the wisdom to know “the most stringent protection of free speech would not protect a man in falsely shouting fire in a theatre and causing a panic.”

Tell me how anyone, any court, or any legislative body could justify a man carrying an AR 15 rifle and a pistol, feet not miles from where our president was speaking that . . . That was not right in August 2009, last Saturday, today, or tomorrow.

And now for those of us, we turn to this resolution on the floor today, page 4, sections (7–8) the four corner sentences:

Right of the people peaceably to assemble, All can participate without being silenced with intimidation, And threats of violence. I have watched right here in this room and on these grounds, leaders not fulfilling this words of “peaceable assembly free of intimidation.”

EXPRESSING SENSE OF HOUSE REGARDING ARIZONA SHOOTING

SPeeCH OF

HON. JAMES R. LANGEVIN

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 12, 2011

Mr. LANGEVIN. Madam Speaker, I rise today with a heavy heart to join my colleagues in support of H. Res. 32, a resolution expressing the sense of the House of Representatives with respect to the tragic shooting in Tucson, Arizona, on January 8, 2011. My thoughts and prayers go out to those who were lost: Christina Taylor Green, Dorothy Morris, John Roll, Phyllis Schneck, Dorwan Stoddard, and Gabriel Zimmerman, and to their friends and families and all those in the community whose lives were touched. Words cannot begin to express my sorrow about their passing. I am also praying for a full and quick recovery for those 14 individuals who were injured, including my good friend and colleague, Representative Gabrielle GIFFORDS.

On Saturday morning, GABBY was out in her community, as she often was, hosting a meeting with constituents and providing an opportunity for them to ask questions and express concerns in an open and free environment. It is this proximity to the people we represent that we most cherish as Members of the House of Representatives. My number one priority, which I’m sure is shared by all of my colleagues, is to be accessible and available to the families and communities in my district. While we may never understand the motive or reasoning behind the violent event on that day, it felt to many like an attack on all of us, our democracy, and on the freedoms that we work to protect each day as elected officials. As so many Americans have done throughout our history, bystanders became heroes and their actions prevented an even worse catastrophe. I am thankful for their quick actions and grateful to our entire nation for standing together as one community in support of the people of Tucson and speaking with one voice that this senseless act of violence has no place in a civilized democracy.

GABBY’s passion for public service is unmatched, and this is clearly evident in her work ethic on the House Armed Services Committee, where we both serve. I greatly admire her ability to be a tough advocate for her district, while always looking for ways to reach across regional, partisan, or ideological boundaries to find common ground to move forward on an important issue. She is always warm, personable and professional, and she stands strongly and passionately for what she believes in and what she believes is best for her constituents in Arizona. Last week, when we spoke on the House floor, she discussed her desire for the House to quickly consider legislation to create more jobs in our districts. Even after an exhausting election cycle, she never broke her focus and was ready to move forward on day one to get our economy back on track.

My life changed forever at the age of 16 after an accident that left me paralyzed. I wondered what life could possibly have in store for me next. Yet as I lay in my hospital bed, I was overwhelmed with the outpouring of support from my friends, family and neighbors. Along with my faith, which pulled me through one of the darkest times in my life, it was also the generosity and concern from my community that ultimately made me want to give back through a career in public service. I want to share this strength with those who are injured now and fighting to recover, and let them know that many wonderful possibilities lie ahead.

Next week, we will continue our work, the work of the people, but I am grateful for this opportunity to pause and reflect on this national tragedy. Madam Speaker, thank you for bringing forward this resolution and for allowing all Members of the House to express their condolences to those who were lost and support to our friend, Representative Giffords, her staff, and all of those in Tucson and across the nation as we begin to heal together from this tragic event.

PERSONAL EXPLANATION

HON. MICHAEL E. CAPUANO

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 12, 2011

Mr. CAPUANO. Mr. Speaker, I missed a vote yesterday, and I wish to state how I would have voted had I been present: rollocall No. 12, “yes.”

HONORING GALVESTON BUSINESSES

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 19, 2011

Mr. PAUL. Mr. Speaker, on February 3, the Galveston Chamber of Commerce will hold its 165th annual meeting. Established by the Ninth Congress of the Republic of Texas in 1845, making it the oldest chamber of commerce in Texas, the Galveston Chamber of Commerce works to promote and advocate for the business community of Galveston.

At the February 3rd meeting, the Galveston Chamber of Commerce will honor several dedicated volunteers for their years of service to the Galveston community. Among their other accomplishments, all of this year’s honorees’ are past Chairs of the Galveston Chamber of Commerce. These honorees all remain involved with the Galveston Chamber of Commerce, by among other activities, serving on a new committee of Past Chairs.

Galveston Chamber of Commerce President Gina Spagnola, said the Past Chairs Committee was created because “The Past Chairs
are such an integral part of the Chamber's history. The purpose in forming this committee was to sustain a strong partnership with the Past Chairs by engaging in dialog about the Chamber's history and its future.'

Mr. Speaker, it is a tremendous pleasure to join my colleagues at the Galveston Chamber of Commerce in saluting these past chairs for their years of service to the people of Galveston. I am truly honored to serve as their representative and hope all my colleagues all join me in congratulating these outstanding leaders. Those being honored on February 3 include: Vandy Anderson, Armin Cantini, Carolyn Clyburn, Gene Curry, Henry Freudenburg, Don Gartman, Greg Harrington, Gary Kaufman, Betty Massey, Jerry Mohn, Richard Moore, Frank "Bo" O'Donnell, Brenda Parham, Bix Rathburn, Betty Schocke, Johnny Smecca, Marshall Stein, John Tindel, Lee Otis "Otie" Zapp, Jr.

**BLACK JANUARY**

**HON. BILL SHUSTER**

**OF PENNSYLVANIA**

**IN THE HOUSE OF REPRESENTATIVES**

**Wednesday, January 19, 2011**

Mr. SHUSTER. Mr. Speaker, as the co-chairman of the Congressional Azerbaijan Caucus, I rise today to join with the people of Azerbaijan to commemorate the tragic events of "Black January." On January 19, 1990, approximately 26,000 Soviet troops stormed Azerbaijan's capital city of Baku in tanks and armored vehicles. That night, the Soviet military bulldozed innocent Azeris and opened indiscriminate fire on peaceful demonstrators, including women and children. Azeris, (excluding those killed by the Baku incursion were the numerous attacks by the Soviet military and to the very moving memorial to Black January in Azerbaijan to commemorate the tragic events of Black January"

HON. LYNN C. WOOLSEY

**OF CALIFORNIA**

**IN THE HOUSE OF REPRESENTATIVES**

**Wednesday, January 19, 2011**

Ms. WOOLSEY. Mr. Speaker, I rise today to honor my long-time friend, California State Senator Patricia Wiggins, who recently retired after a long and effective career in public service. From her first years in Sonoma County politics in the 1980s through her terms in the California legislature as an Assemblymember and a Senator, Pat Wiggins was a leader of vision and compassion.

Born and raised in Southern California, Pat grew up in a state legislators. Pat continued father's training, was an accomplished parachutist. At the age of 38, she became the first in her family to graduate from college, earning an English degree with honors from UCLA. She served in the California State Assembly from 1979 to 1992, and in 1979, she authored the software engineer, Guy Conner, her future husband. They have two stepsons, Jim and Steve Silverman, and four grandchildren.

Wiggins' first political job was with the Nuclear Freeze in 1982. After the couple moved to Santa Rosa, California, in 1984, she worked on several political campaigns and eventually became involved in local land use issues. When trail access to Anadel State Park was threatened by development. She was a leader in Santa Rosa's growing liberal environmentalism, and an activist in supporting women and women's issues. In 1994, she was elected to the Santa Rosa City Council.

In 1998, she was elected to the California Assembly and in 2006 to the California Senate. In 1990, she authored laws on land use planning and community development, including social equity. In the Senate, she focused on a broad range of issues including agriculture, youth employment, land use, political reform, health care, veterans affairs, waste reduction, working families, and education. In 2008, she had the most bills approved by the legislature and the most signed into law of anyone in the California legislature.

Guy Conner, her husband and political partner for many years, describes Pat Wiggins as "the finest grass roots politician he has ever known. She inspired many of us in Sonoma County by demonstrating how a leader works collaboratively for an impressive record of accomplishments while maintaining a commitment to progressive values.

Mr. Speaker, I congratulate Senator Patricia Wiggins on her many successful years in public service and wish her luck in her retirement. Her voice will be missed in Sacramento.

HONORING JEREMY PHILLIP THON

**OF MISSOURI**

**IN THE HOUSE OF REPRESENTATIVES**

**Wednesday, January 19, 2011**

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Jeremy Phillip Thon. Jeremy is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 376, and earning the most prestigious award of Eagle Scout.

Jeremy has been very active with his troop, participating in many scout activities. Over the many years Jeremy has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Jeremy has earned the rank of Firebuilder in the Tribe of Mic-O-Say and became an Ordeal Member of the Order of the Arrow. Jeremy has also contributed to his community through his Eagle Scout project. Jeremy designed and supervised the construction of a handicap-accessible deer blind and nature viewing stand at Smithville Lake, Missouri.

Mr. Speaker, I proudly ask you to join me in congratulating these past chairs for their years of service to the people of Azerbaijan.

HONORING THE YAHREZIET OF BETH SHARON SAMUELS

**OF CALIFORNIA**

**IN THE HOUSE OF REPRESENTATIVES**

**Wednesday, January 19, 2011**

Mr. BERMAN. Mr. Speaker, this month marks the fourth anniversary of the passing of Beth Sharon Samuels, an extraordinary Angeleno who lost her life to cancer in January 2007 at the age of 31.

Beth grew up in Los Angeles, attending the Friends University High School of Los Angeles and graduating as valedictorian. She went on to study at a women's seminary in Israel before graduating from Columbia University with a degree in mathematics. She then completed a three-year program at the Drisha Institute in Bible and Talmud, a Ph.D. in math at Yale, and earned an assistant professorship at the University of California, Berkeley. In the meantime, she gave birth to a daughter, Danelle, and later to daughter Natalia while undergoing intensive chemotherapy treatments.

Beth remains with us, even with increasing distance from her passing. Last year, Beth's friends and family published The Wisdom of Bat Sheva: The Dr. Beth Samuels Memorial Volume, a series of lectures and discussions on Torah learning, including an essay by Beth. The book highlights that Beth's spirit continues to teach and inspire. Beth was such a powerful force of spirituality, learning, and divine presence, and her memory will continue to serve as a powerful blessing.

My condolences go out to her parents, Eliza and Zachary, her husband, Ari, her daughters Danelle and Natalia and her extended family and friends in this solemn occasion.
HONORING GROUND ZERO FIRST RESPONDER AND FIREFIGHTER WILLIAM QUICK

HON. STEVE ISRAEL OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. ISRAEL. Mr. Speaker, I rise today to honor the life and service of Mr. William Henry Quick, a retired firefighter who worked for two months at Ground Zero and who passed away of lung disease on Tuesday, January 18, 2011, at the age of 55. Mr. Quick worked for Ladder 134 in Far Rockaway, Queens, and lived on Long Island.

Mr. Quick worked for the FDNY for almost half of his life and did not hesitate to leave his vacation and rush to Ground Zero after the 9/11 attacks. He worked there from September 12, 2001 and only stopped two months later when he hurt his knee while working through the rubble. He returned to work in January of 2002 but developed a series of lung infections, which ultimately forced his retirement in January of 2003.

Mr. Quick is a hero in every sense of the word. He worked at Ground Zero without questioning the risks to his own health. He spent his whole adult life in public service working for the FDNY. He leaves behind his wife, Lisa, and twin 17-year-olds Ryan and William Henry II. I grieve for them and want them to know that their sacrifice will not be forgotten.

RECOGNIZING THE UC DAVIS LEED PLATINUM-CERTIFIED RESEARCH AND TEACHING WINERY AND THE AUGUST A. BUSCH III BREWING AND FOOD SCIENCE LABORATORY

HON. MIKE THOMPSON OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. THOMPSON of California. Mr. Speaker, I rise today to recognize the University of California, Davis, for its service to the people of California and the Nation.

Among its distinctions, UC Davis is the world’s leading research and teaching facility focused on food science, wine, and brewing.

Among its distinctions, UC Davis is the world’s leading research and teaching center for agriculture, food science, and viticulture and enology. UC Davis research and teaching has developed an international reputation and strength in agriculture, food, dairy, and wine production.

With the LEED Platinum brewery, winery, and food-processing laboratories, the Robert Mondavi Institute for Wine and Food Science at UC Davis fosters a new era of opportunity and environmentally sustainable economic development. This new complex will be self-sufficient in energy and water use, and contains numerous environmentally friendly features such as onsite solar power generation, and carbon dioxide capture. New food-processing, wine-making, and brewing laboratories will test products designed to conserve water, energy, and other natural resources.

Two of the Nation’s leading academic departments related to food and beverage science are situated at the Robert Mondavi Institute at UC Davis. The Department of Viticulture and Enology and the Department of Food Science and Technology will utilize the new state-of-the-art research and teaching facility.

Within the UC Davis College of Agricultural and Environmental Sciences, the Department of Viticulture and Enology has been the creator of grape-growing and wine-making knowledge that enabled the growth and success of today’s wine industry, and has placed California and the Nation among the global leaders in wine production and quality. Wine industry leaders rely upon the department’s research, expertise, and counsel.

Likewise, the Department of Food Science and Technology is internationally recognized for its advances in making food and beverages more nutritious, appealing, affordable, and safe. It is the only such department within the University of California and is the state of California’s principal academic food science research group.

Technologies developed at UC Davis have been instrumental in making high-quality food and beverage products that feed the nation, including dairy, seafood, vegetables, fruits, nuts, and beer. Food safety research has helped identify and eliminate contamination in handling and processing. Research on nutrients, antioxidants, and other food components are helping create more healthful foods for California and the world. Graduates of the university’s College of Agricultural and Environmental Sciences are highly sought after nationally in the food processing, wine-making, and brewing industries. Its graduates form the foundation on which food and agricultural industries have developed, grown, and flourished.

Mr. Speaker and colleagues, on the occasion of the grand opening of the UC Davis Research and Teaching Winery and the Anheuser A. Busch III Brewing and Food Science Laboratory, let us recognize UC Davis for its leadership and dedication to excellence in the area of the food, wine and brewing sciences. Please join me in commending the University of California, Davis, for its service to the people of California and the Nation.

HONORING THE BANGOR REGION CHAMBER OF COMMERCE

HON. MICHAEL H. MICHAUD OF MAINE
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. MICHAUD. Mr. Speaker, I rise today to recognize the Bangor Region Chamber of Commerce as it celebrates its Centennial.

Founded in 1911, the Bangor Region Chamber of Commerce is one of the oldest such groups in the State of Maine. Originally founded as a merchant’s association, the chamber assisted in developing trade relationships within the city. In the late 1980s, the merchant’s association became regionally focused on the business interests of its increasingly diverse membership body. The organization today has continued to grow into one of the largest in the State, representing businesses from 21 communities in the greater Bangor area.

As a cornerstone of the Bangor community, the chamber is active in business development, advocacy efforts and community betterment programs. These programs seek out emerging business leaders, helping them foster networks to promote growth and working to empower entrepreneurs to create opportunities in these tough economic times. Additionally, the chamber sponsored seminars and leadership development trainings continue to have a major positive impact on the local economy.

As Americans continue working to get back up on their feet after the worst economic recession since the 1930s, the Bangor Region Chamber of Commerce stands as a shining example of what community members coming together can accomplish. For 100 years they have led the greater Bangor community in promoting a favorable business environment conducive to generating economic growth and prosperity. I wish them the very best as they continue serving Bangor, the State of Maine and the United States of America.

Mr. Speaker, please join me again in congratulating the Bangor Region Chamber of Commerce on this joyous occasion.

IN COMMEMORATION OF USAT “DORCHESTER”

HON. FRANK PALLONE, JR. OF NEW JERSEY
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. PALLONE. Mr. Speaker, I rise today to commemorate the brave individuals of the United States Army Transport Dorchester. While participating in a naval transport, on February 3, 1943, USAT Dorchester was attacked, sending 676 men to their graves in the icy waters of the Atlantic Ocean. On January 23, 2011, the Middletown VFW Post #2179 and Ladies Auxiliary will gather to commemorate the brave individuals who lost their lives on this tragic day. The honorable actions of the World War II soldiers are undoubtedly deserving of this body’s recognition.

Previously a luxury coastal liner, the USAT Dorchester was converted into an Army transport ship and immediately called up for service in World War II. Departing from St. John’s, Newfoundland on February 2, 1943, the Dorchester was filled to capacity, carrying 902 service men, merchant seamen and civilian workers on their way to an American base in Greenland. The ship’s captain, Hans J. Danielson, was aware of the dangerous mission as he instructed the ship’s crew to sleep in their clothing and life jackets. Traveling through the treacherous and chilly Atlantic Ocean waters, the Dorchester was spotted on the morning of February 3, 1943 by a German submarine. Torpedoes were soon fired, striking the starboard side of the ship. The attack
quickly eliminated all power and radio contact with nearby coast guard escort ships. The attack violently awoke soldiers, killing scores of men and injuring many others. Despite the panic and chaos, four chaplains, George Fox, Alexander Goode, Clark Poling and John Washington, immediately jumped into action, calming frantic soldiers and tending to the wounded. They swiftly began opening storage lockers, distributing life jackets. With an insufficient amount of supplies, the four chaplains removed their lifejackets and distributed them to others. Their decisive and heroic actions assisted in the swift survival of 229 men. Along with 672 other men, the four chaplains tragically lost their lives while assisting others as the USAT Dorchester slowly sank into the Atlantic Ocean.

Mr. Speaker, please join me in commemo rating the USAT Dorchester, as the members of the Middletown VFW Post #2179 and Ladies Auxiliary honor the lives of the four heroic chaplains and the other 672 men who lost their lives aboard this transport ship on February 3, 1943. The soldier's gallant actions and resilient efforts aboard the USAT Dorchester are positive examples of what dedication and commitment to their comrades and their love for their country can accomplish.

ACADEMY NOMINEES FOR 2011 12TH CONGRESSIONAL DISTRICT OF NEW JERSEY

HON. RODNEY P. FRELINGHUYSEN OF NEW JERSEY IN THE HOUSE OF REPRESENTATIVES Wednesday, January 19, 2011

Mr. FRELINGHUYSEN. Mr. Speaker, every year, more high school seniors from the 11th Congressional District trade in varsity jackets for Navy pea coats, Air Force flight suits, and Army brass buckles than most other districts in the country. But this is nothing new—our area has repeatedly sent an above average portion of its sons and daughters to our nation’s military academies for decades.

This fact should not come as a surprise. The educational and academic landscape is well known and has long been a magnet for families looking for the best environment in which to raise their children. Our graduates are skilled not only in mathematics, science, and social studies, but also have solid backgrounds in sports, debate teams, and other extracurricular activities. This diverse upbringing makes military academy recruiters sit up and take note—indeed, many recruiters know our towns and schools by name.

Since the 1830’s, Members of Congress have been talking with, and nominating these superb young people to our military academies. But how did this process evolve? In 1843, when West Point was the sole academy, Congress ratified the nominating process and became directly involved in the makeup of our military’s leadership. This was not an act of an imperial Congress bent on controlling every aspect of Government. Rather, the procedure still used today was, and is, a further check and balance in our democracy. It was originally designed to weaken and divide political coloration in the officer corps, provide geographical balance to our armed services, and to make the officer corps more resilient to unfettered nepotism and handicapped European armies.

The educational excellence of area schools is constantly reminded that wars are fought by the best and brightest in command. As these highly motivated and talented young men and women go through the academy nominating process, never let us forget the sacrifice they are preparing to make: to defend our country and protect our citizens. This holds especially true at a time when our enemies nominating process, never let us forget.

The nomination process follows a general timetable. High school seniors mail personal information directly to the academy, the Naval Academy, the Air Force Academy, and the Merchant Marine Academy once they become interested in attending. Information includes academic achievement, college entrance test scores, and other activities. At this time, they also inform our office of their desire to be nominated.

The academies then assess the applicants, rank them based on the data supplied, and return the files to my office with their notations. In late November, our Academy Review Board interviews all of the applicants over the course of 2 days. They assess a student’s qualifications and analyze character, desire to serve, and other talents that may be hidden on paper. The academies then apply this data to the applicant pool, to determine which students are targeted for nomination.
INTRODUCTION OF THE DISTRICT OF COLUMBIA BUDGET AUTONOMY ACT OF 2011

HON. ELEANOR HOLMES NORTON
OF THE DISTRICT OF COLUMBIA
IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 19, 2011

Ms. NORTON. Mr. Speaker, next to voting rights, the highest priority for District of Columbia residents is to achieve the right to control the funds they themselves raise to support their city, as resident in other jurisdictions do. Therefore, today I introduce a bill, the District of Columbia Budget Autonomy Act of 2011, to allow the District’s local taxpayer-raised budget to take effect immediately when passed by the city, without being subject to affirmative congressional approval.

Control over the dollars raised by local taxpayers is central to local control, the oldest American principle. Moreover, permitting the city’s local budget to become law without first coming to Congress would have many practical benefits for both the city and Congress. For the city, a timely budget means: eliminating the uncertainty of the congressional approval process, which has a negative effect on the city’s bond rating, adding unnecessary interest costs for local taxpayers; significantly increasing the District’s ability to make accurate revenue forecasts; and reducing the countless operational problems that result because the city’s budget cannot be implemented until Congress approves it. Of major importance, eliminating congressional approval of D.C.’s local budget would also align the District’s fiscal year with the typical state and local government July 1st fiscal year instead of the congressional fiscal year, which starts in October, allowing it to prepare for the usual opening of schools in September. The D.C. local budget consumes valuable subcommittee, committee, and congressional floor time in both houses of Congress even though it is of interest only to those members who use it to promote their own issues, violating the principle of local self-government.

Increasing recognition of the hardships and delays caused by the annual appropriations process has led Congress to begin freeing the city. When I was last in the minority, I negotiated an agreement with the appropriators that has ensured that the city’s local budget is always included in the first continuing resolution, if it is not approved by the start of the fiscal year. This approach has ended the lengthy delay of the budget of a big city until an appropriation bill is passed months after October 1st. As a result, the city has been able to spend its local funds at the next year’s level, even though the budgets for federal agencies are often delayed for months. We hope that this process, which ended some serious problems in the functioning of the local government, will continue.

We nearly secured budget autonomy for the District in the last days of the lame duck session last Congress. I used an unusual procedure, getting some time and committee authors to agree to place budget autonomy in the D.C. appropriations bill that was passed by the House Appropriations Subcommittee on Financial Services and General Government. Unfortunately, Congress passed a Continuing Resolution instead of regular appropriations bills.

If the District of Columbia Budget Autonomy Act is enacted, Congress would retain jurisdiction over the District of Columbia under article I, section 8, clause 17 of the U.S. Constitution. Because this authority allows Congress to make changes in the District’s budget and laws at anytime, it is unnecessary to require a lengthy repetition of the District’s budget process here. The time is overdue to permit the city to enact its local budget, the single most important step Congress could take to help the District become itself.

Members of Congress were sent here to do the business of the nation. Members have no reason to be interested in or to become knowledgeable about the local budget of a single city. In the past, the House and Senate have more often than not passed the District's budget as is. Our bill takes the Congress in the direction it is already moving. Congressional interference into one of the most vital rights to self-government should end this year with enactment of the District of Columbia Budget Autonomy Act of 2011.
began his service in the medical field as an Army medic during World War II. After leaving the Army, he studied at the University of West Virginia, the University of Florida, and then received his doctor of medicine degree from the Medical College of Virginia.

He moved his practice with compassion and care in the Tampa Bay area as an internist at Mease Hospital, and after just 8 years he was elected to lead the medical staff.

Dr. Hale was a proactive practitioner, realizing and emphasizing the importance of preventative health care in the community. After retiring from active practice, Dr. Hale founded the Dunedin Hypertension Screening Program in 1975 to screen elderly patients for medical disorders. His program garnered attention from his colleagues throughout the world and took root on a state level as the Florida Geriatric Research Program.

Dr. Hale was much more than just an excellent and innovative physician. Those who know him point to his caring nature. He was quick to help those who needed it the most, be it handicapped children, someone undergoing a difficult time in life, or arming the public with information on how to be healthier. He saw the needs of others and selflessly gave of himself so that they could live better.

Mr. Speaker, the Tampa Bay area was so blessed to have Dr. Hale’s talent and grace. May his spirit always live on in the hearts of those he touched.

CONGRATULATING THE SHELTON VIKINGS MIDGET AND PEE WEE CHEERLEADERS ON THEIR NATIONAL CHAMPIONSHIP TITLES

HON. ROSA L. DELAURO
OF CONNECTICUT
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Ms. DELAURO. Mr. Speaker, it is with great pleasure that I rise today to pay tribute to the Shelton Vikings Midget and Pee Wee Cheerleading squads who captured the National Championship titles in their divisions at the Pop Warner National Competition which was held last month in Buena Vista, Florida. This is a remarkable accomplishment for these young girls and we could not be more proud of them!

The Viking Midget Cheerleading squad is a group of thirteen and fourteen year old girls who have been cheering together since age seven. The Pee Wee team is made up of ten to twelve year old girls. During this past season, each of these squads have won the titles of Southern Connecticut Champions, Connecticut State Champions, New England Qualifier Champions and New England Regional Champions. In their first ever trip to the National Championships, the Midget Cheerleading squad competed against nineteen other squads from across the country to take home the title and the Pee Wee squad competed against eight other teams to do the same. These are the first ever National titles for Shelton and, for the Midget squad, it is even more meaningful because it was the last year that they will be eligible to compete in the Pop Warner Cheerleading league.

These girls are an extraordinarily talented group who have dedicated countless hours to practice and competition. Cheerleading, like so many other sports, requires perseverance, training, coordination, and above all teamwork—all skills that will continue to serve these young women well throughout their lives. Their success at the National Championships is a testament to all of their hard work.

I would also like to take a moment to extend a special note of thanks and appreciation to the coaches, parents, and volunteers whose support has enabled the girls to practice and travel for their competitions. Without their efforts, the success of the Vikings Cheerleaders would not be possible.

I am thrilled to join the Shelton community in extending my sincere congratulations and very best wishes to the Shelton Vikings Midget and Pee Wee Cheerleaders—2010 Pop Warner National Champions. You have made us all proud!

TRIBUTE TO CHARLES SUMNER, BORN JANUARY 6, 1811

HON. MICHAEL E. CAPUANO
OF MASSACHUSETTS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. CAPUANO. Mr. Speaker, I rise to pay tribute to Charles Sumner and I join with many of my constituents in celebrating the bicentennial of his birth, January 6, 2011. Commemorations are sponsored by the Longfellow House-Washington’s Headquarters National Site, the Boston African American National Historic Site, the Museum of African American History, the Massachusetts Historical Society, and other learned societies and civic groups.

Charles Sumner was born in Boston and educated at Boston Latin School, Harvard College and Harvard Law School. Like many educated Bostonians of his time, he was interested in events in Europe, where he travelled extensively between 1837 and 1840. Later, he and his friend Henry Wadsworth Longfellow would compare slaveholders in the American south to aristocrats whose privileges were swept away by revolution on the continent. Sumner returned to help found the Free Soil Party but he did not succeed in election to this House in 1848. He was elected to the Senate two years later on the Free Soil Ticket. In 1856, Sumner, who refused to compromise on the issue of slavery, was savagely beaten on the floor of the Senate. Interests might be conciliated but about rights he was adamant. Massachusetts re-elected him, as a Republican, while his recovery was still in doubt, so that his empty seat would serve as a reproach to slave-holders. He returned to serve until his death in 1874.

I am grateful to John Stauffer, chair of the History of American Civilization and professor of English and African and African American Studies at Harvard University, for suggesting Ralph Waldo Emerson’s tribute: Sumner’s moral instinct and character are so exceptionally pure that he must have perpetual magnetism for honest men; his ability and working energy such, that every good friend of the Republic must stand by him.
For this reason, I support bills like H.R. 292, the Stop the OverPrinting Act, which will help eliminate the wasteful production of unnecessary copies of bills and resolutions in Congress.

The STOP Act will not only do its part for the environment by reducing Congress’ paper consumption, but it will also take a step, even if just a small one, towards more efficient operations, increased accountability and reduced government spending. As we are all aware in this economy, every little bit helps.

The STOP Act was introduced by my colleague from across the aisle, the honorable gentleman from New York, CHRISTOPHER LEE. I am happy to stand in bipartisan support and know that there will be many opportunities in the future to find common ground and remain accountable to the hard working citizens we represent.

In fact, I would like to mention one such opportunity I offered during the 111th Congress and which I plan to reintroduce in the 112th, the Cost Recovery and Fair Value for Services Act. This legislation will help us meet our obligation to the American people by ensuring that the federal agencies within the executive branch set their user fees for services provided at rates that are both equitable and cost-effective.

This act would require the chief financial officer of every federal agency to provide a report to the director of the Office of Management and Budget which would review fees charged for services provided and make recommendations based on equity with consideration to a user’s ability to pay and the extent to which the use of the service provides a public benefit.

By setting appropriate user fee rates, agencies can contribute to the shared fiscal responsibility that our current economic situation demands without overburdening the public or inhibiting public engagement.

It is my hope that when this legislation arrives on the House floor, colleagues from both parties will share the same bipartisan spirit I exhibit today and support my efforts to control wasteful spending and restore fiscal accountability.

CONGRATULATIONS TO THE FIRST FRIDAY GROUP

HON. RON PAUL
OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. PAUL. Mr. Speaker, on January 7, 2011, the First Friday Group (FFG) of Matagorda County celebrated its 20th anniversary. I am pleased to extend my congratulations to the organizers of the FFG for 20 years of service to the people of Matagorda County.

FFG provides a monthly forum for the citizens of Matagorda County to discuss their various activities and issues affecting their community. As the name suggests, FFG's meetings take place on the first Friday of the month at 6:30 a.m. The meetings are currently held at the Thyme & Again restaurant in Bay City, Texas. The meetings are open to the public, and anyone is welcome to attend. Attendance typically runs from 25 to 40 people.

FFG is in many ways a modern town hall meeting. Attendees typically include national, state and local elected officials, representatives from the Matagorda County Chamber of Commerce, local business owners, developers, industrial plant managers, agriculture and agri-businesses, educators, religious leaders and state agencies.

The FFG meetings have two unique features that ensure everyone with something of interest to the community has a chance to participate. First, there is never a "program" or a set list of speakers chosen by the FFG. Instead, each meeting is conducted in a "Round the Room Format," that gives each attendee a chance to talk about the issues affecting their community. Secondly, speakers are asked to limit their remarks to two or three minutes in order to make sure that everyone who wants to speak has the chance. While the time limits may appear to make it difficult to convey all relevant information about an activity, regular attendees say that most speakers can convey a remarkable amount of information in a very short period of time.

In conclusion, Mr. Speaker, I once again extend congratulations to the founders and organizers of the First Friday Group for providing a forum for the citizens of Matagorda County to exchange information about their various projects which are aimed at improving life in Matagorda County.

EVERETT & DARLA SANDERSON

HON. TED POE
OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. POE of Texas. Mr. Speaker, today I am proud to honor businessman and community leader Everett Sanderson and his wife Darla for their efforts on behalf of Southeast Texas, particularly for their assistance to first responders during the critical first days after Hurricanes Rita and Ike.

In the span of three short years, from 2005 to 2008, the upper Texas coast was struck by two monstrous hurricanes that caused billions of dollars of damage and took multiple lives. Countless homes and businesses were destroyed. Debris and downed trees and power lines filled the streets, making travel extremely dangerous. Power and water services were off. It was a dire situation, indeed.

Tens of thousands Southeast Texans evacuated to safer ground, but a handful of individuals rode the storm out in order to start the clean up and restoration immediately. These first responders working unending shifts with little resources available. A hot meal was difficult to find, until the Sandersons decided to open their doors for first responders from the police, fire departments, and Darla Sanderson for their hard work and dedication to make the first responders feel at home during this trying time. The Sandersons' hearts are bigger than their chicken fried steak, and if you have seen their chicken fried steak, you would know that is quite the compliment.

And that's just the way it is.

CELEBRATING THE DR. MARTIN LUTHER KING JR. DAY OF SERVICE

HON. DORIS O. MATSUI
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Ms. MATSUI. Mr. Speaker, this Monday our Nation celebrated the life of Rev. Martin Luther King, Jr. Together we honored Dr. King's legacy with a national day of service.

Dr. King taught us many important lessons during his life—the greatest of all being that violence and hatred will get us nowhere, but love, service, and kindness for our fellow man can guide our Nation to overcome its most considerable struggles. While Dr. King was motivated by a period of division in our Nation's history, we know today that his lessons transcend all challenges. In this spirit, we pay tribute to the life and works of Dr. King, through participation in First Day of Service on the third Monday of January, each year.

Mr. Speaker, I submit to the record the following piece by Ambassador of Service for the Corporation for National and Community Service, Patrick Corvington, on the importance of national service.

Ever since former Sen. Harris Wofford and I introduced legislation in the Congress that transformed the King Holiday into a National Day of Service, one question periodically arises: Do Americans view the King Holiday primarily as a day on or a day off? Are they commemorating the legacy of the Rev. Martin Luther King Jr. with their extra time or simply getting extra sleep? Clearly, there are kids who will joyfully spend their day in front of their Xboxes, and shoppers who will rush to a department store sale on the holiday.

But as the life of Dr. King and the movement that he led demonstrate, ordinary people with extraordinary vision working in the corners of their communities can have an impact that reverberates around the worlds. These tiny ripples of human compassion can build into waves that cleanse and heal the wounds of a Nation.
RECOGNIZING CHIEF DWIGHT
BLANKENSHIP AND LONG IS-
LAND'S FIRST RESPONDERS

HON. TIMOTHY H. BISHOP
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. BISHOP of New York. Mr. Speaker, I rise today to pay tribute to the everyday heroes who make up Long Island’s first responder community for the service they give us every day.

In the aftermath of disasters, we often ask the same questions: What went wrong? How could this have been averted? Who is to blame?

Yet, in the early hours of January 1, 2011, a host of heroic first responders demonstrated how well-trained and dedicated experts could avert disaster and save lives. In this instance, the system worked. Mastic Fire Department Chief Dwight Blankenship and Assistant Chief Jim Mckert were the first to arrive on the scene of a gas leak and their immediate actions undoubtedly saved lives and property.

Since the service day legislation was passed, we have seen interest grow from a handful of local events to well over 13,000 projects taking place this year in all 50 States.

Right here in Atlanta, we will be joining thousands of volunteers who will be packing food boxes for the hungry, rebuilding homes for the homeless, beautifying schools and serving in many other ways to commemorate the legacy of Dr. King. In doing so, people are following in King’s footsteps, taking nonviolent action into their own hands to heal and mend the problems in our communities. That is what the National Day of Service is all about, engaging Americans in the joy of giving and inspiring them to see this holiday differently, not as a time to rest, but as an opportunity to share in the healing work of love.

Last year, in the midst of the Great Recession, 63.4 million Americans volunteered in some way in their communities. They decided that they wanted to make service a meaningful part of their everyday lives. And their efforts are making a difference. They are expanding economic opportunity, helping to fix our education system, protecting our environment, responding to the needs of our veterans and assisting in the wake of natural disasters.

To mark the 25th anniversary of the King holiday, we are issuing the “MLK 25 Challenge.” We are calling on all Americans to honor Dr. King by pledging to take at least 25 actions during 2011 to make a difference for others.

The recent violence in Tucson is a sobering reminder that we as a nation have not yet fulfilled King’s dream for our society, the building of a “Beloved Community,” defined as a society based on simple justice that values the worth and dignity of every human being.

As the victims, families and our Nation struggle to recover from this tragedy, it is fitting that we remember the words of a nonviolent warrior who met aggression and hostility with the power of peace. “Darkness cannot drive out darkness,” King once said, “only light can.”

Mr. Speaker, during his lifetime, Officer Larry J. Nehasil enriched the lives of everyone around him. His End of Watch came far too soon and unexpectedly. As we bid farewell to this brave and wonderful individual, I ask my colleagues to join me in mourning his passing and honoring his years of loyal service to our community and country.

OUR UNCONSCIONABLE NATIONAL DEBT

HON. MIKE COFFMAN
OF COLORADO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. COFFMAN of Colorado. Mr. Speaker, today our national debt is $14,052,380,830,542.80.

On January 6, 2009, the start of the 111th Congress, the national debt was $10,638,425,746,293.80.

This means the national debt has increased by $3,413,955,084,249.00 since then.

This debt and its interest payments are passing to our children and all future Americans.

BANK OVERCHARGED MILITARY FAMILIES ON MORTGAGES

HON. DENNIS J. KUCINICH
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. KUCINICH. Mr. Speaker, admitting some “very big mistakes,” banking giant JP Morgan Chase revealed today that they overcharged more than 4,000 active-duty military personnel on their home loans and foreclosed, in some cases, on 14 of them.

The Service Members Civil Relief Act of 2003 provides military personnel certain rights and protections as they enter active duty with respect to credit card interest rates, mortgage interest rates, and mortgage foreclosures. Per the provisions of this act, mortgage interest rates and consumer debt interest rates can be limited to 6 percent in some circumstances and foreclosures are not permitted.

While Chase has apologized for this “customer mistake,” has agreed to send out $2 million worth of refunds and has resolved all but one of the foreclosure cases, the strain put on the service members and their families through the bank’s failure to comply with this act is inexcusable.

TRIBUTE TO LARRY J. NEHASIL

HON. THADDEUS G. MCCOTTER
OF MICHIGAN
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. MCCOTTER. Mr. Speaker, today I rise to honor and celebrate the life of Larry J. Nehasil, a devoted husband, father, brother, son, uncle and Police Officer; and to mourn him upon his tragic passing in the line of duty at age 48.

Larry was born on March 15, 1962. He grew up in Livonia, Michigan and graduated from Winston Churchill High School in 1980. After serving with the Wayne County Sheriff’s Office, Larry Nehasil joined the ranks of the Livonia Police Department as a Cadet in 1991. He was promoted to Police Officer in 1993 and worked in the Patrol Bureau, the Special Operations Unit and most recently, the Intelligence Bureau. Highly decorated in his 20 year career, Officer Larry Nehasil was a valued member of the police force and a lover of life whose company brought joy to all he knew. Aside from his diligent work ethic, Larry enjoyed numerous outdoor activities, working out and watching his adored sons play hockey.

On January 17, 2011, Larry Nehasil laid down his life as he pursued a robbery suspect. This dedicated man gave his last breath, his last ounce of courage in service to the citizens he had diligently served before and protect. He will be remembered as a father devoted to his family, especially his beloved wife, Linda, and his sons Adam and Aaron. The cherished son of Monica, Larry reunites with his father, the late Richard Nehasil, as he passes to his eternal reward.

As a treasured brother to Cheryl, Craig and Lorr, Larry Nehasil leaves a legacy in many nieces and nephews. Larry was a wonderful man with a ready smile, kind to all he encountered; and he will be truly and sorrowfully missed.

Mr. Speaker, during his lifetime, Officer Larry J. Nehasil enriched the lives of everyone around him. His End of Watch came far too soon and unexpectedly. As we bid farewell to this brave and wonderful individual, I ask my colleagues to join me in mourning his passing and honoring his years of loyal service to our community and country.
Two issues need urgent attention if we are to avoid a recurrence of this kind of illegal behavior on the part of the banks: 1) We must accelerate the formation of the new Consumer Financial Protection Bureau that was created by Congress in the wake of the financial crisis; 2) We need to acknowledge that current interest rates are running as low as 4.6 percent for fixed 15-year loans and look into amending the Service Members Civil Relief Act of 2003 to reflect that reality, thus giving those who leave their families behind to serve our country the best rates available.

Bank Overview: Military Families on Mortgages
(By Tamara Keith)

The banking giant JPMorgan Chase is admitting it made some very big mistakes. As first reported by NBC News, the firm says it overcharged more than 4,000 active-duty military personnel on their home loans and foreclosed in error on 14 of them.

Julia Rowles and her husband, Marine Capt. Jonathan Rowles, have been fighting with Chase ever since Rowles was commissioned as an officer in 2006.

"They would say, 'We will take your house. We will report you to the credit agency. This is a bad situation that you don't want to get into. Pay us today.' They were actuallymoney that we did not owe them," Julia Rowles says.

Her husband once got a collection call at 3 a.m. None of that was supposed to happen. Under federal law called the Servicemembers Civil Relief Act, most troops can get their mortgage interest rates reduced to 6 percent while on active duty, and forgave more than $4 million worth of refunds to 4,000 active-duty servicemembers. Borrowers with FHA insured loans active duty service, contact your lender immediately and ask for active duty service. This includes members of the Army, Navy, Marine Corps, Air Force, Coast Guard; commissioned officers of the Public Health Service and the National Oceanic and Atmospheric Administration who are engaged in active service; reservists ordered to active service for more than 30 consecutive days. In limited situations, dependents of servicemembers are also entitled to protections.

The mortgage interest rate limit is not automatic. To request this temporary interest rate reduction, you must submit a written request to your mortgage lender and include copies of military orders. The request may be submitted as soon as the orders are issued but must be provided to your mortgage lender no later than 180 days after the commencement of active duty military service. When you contact your mortgage lender, you should provide the following information: notice that you have been ordered to active duty; a copy of the orders from the military notifying you of your activation; your FHA case number, if applicable; evidence that the debt precedes your activation date.

When notified that you are on active military duty, your mortgage lender must reduce the interest rate to no more than six percent per year during the period of active military service, recalculate your payments to reflect the lower rate, advise you of the adjusted interest rate and monthly payment amount and protections as they enter active duty, on issues that include mortgage interest rates, mortgage foreclosure, and credit card interest rates. A major benefit is the ability to refinance and reduce consumer-debt interest rates (including debts incurred jointly with a spouse) to a 6% limit under certain circumstances. The mortgage or debt must have become necessary due to active military service, and the servicemember must show that military service has had a material effect on the legal or financial matter involved. This provision applies to both conventional and government-insured mortgages.

SCRA applies to active duty military personnel who had a mortgage obligation prior to enlistment or prior to being ordered to active duty. This includes members of the Army, Navy, Marine Corps, Air Force, Coast Guard; commissioned officers of the Public Health Service and the National Oceanic and Atmospheric Administration who are engaged in active service; reservists ordered to report for military service; persons ordered to report for induction under the Military Selective Service Act; and guardsmen called to active service for more than 30 consecutive days. In limited situations, dependents of servicemembers are also entitled to protections.

Interest in excess of 6 percent per year that would otherwise have been charged is forgiven. However, the reduction in the interest rate and monthly payment amount only applies during the period of active duty.

If you cannot afford to pay your mortgage even at the lower rate, your mortgage lender may allow you to stop paying the principal amount due on your mortgage during the period of active duty service. Lenders are not required to do this, but they generally try to work with service members to keep them in their homes. In such a situation, you would still owe this amount but would not have to repay it until after your complete your active duty service.

Furthermore, mortgage lenders may not foreclose, or seize property for a failure to pay a mortgage debt, while a service member is on active duty or within 90 days after the period of military service unless they have the approval of a court. In a court proceeding, the lender would be required to show that the service member's ability to repay the debt was not affected by his or her military service.

Servicemembers who have questions about the SCRA or the protection that they may be entitled to may contact their unit judge advocate or installation legal assistance office. Dependents of servicemembers can also contact their local military legal assistance offices where they reside. A military legal assistance office locates for each branch of the armed forces is available at the Armed Forces Legal Assistance (AFLA) website.

Most lenders have other programs to assist borrowers who cannot make their mortgage payments. If you are in this position at any time before or after active duty service, contact your lender immediately and ask about loss mitigation options. Borrowers with FHA insured loans who are having difficulty making mortgage payments may also be eligible for special forbearance and other loss mitigation options.

HONORING THE MEMORY OF R. SARGENT SHRIVER

HON. LAURA RICHARDSON
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Ms. RICHARDSON. Mr. Speaker, I rise today to honor the memory of a giant of public service, Robert Sargent Shriver, Jr. who passed away yesterday at the age of 95. Sargent Shriver was the absolute embodiment of selfless devotion, harnessing the excitement of the Kennedy era to the ideals of volunteerism and assistance to those less fortunate in this country and around the world. The programs he organized have endured for nearly half a century and have become true institutions, affecting generations of Americans.

Mr. Speaker, it is fitting that tomorrow marks the 50th Anniversary of President Kennedy's Inaugural Address. On that cold January day in 1961, a young President inspired the Nation to lift itself up and apply its energies to advancing America and its ideals at home and abroad. His words rang true then and they still hold true today: "Ask not what your country can do for you, ask what you can do for your country." As one of his chief lieutenants, Sargent Shriver
spread President Kennedy's message far and wide to millions of little boys and girls, some of whom, myself included, rose to heed his call to public service.

Mr. Speaker, since the age of 6 I have wanted to work for others, and though I was a little bit at the time, I was touched by the energy of the times and the spirit of service has never left me. The ideals that Sargent Shriver advocated fell across a generation.

Born in Maryland, Sargent Shriver earned his undergraduate and law degrees at Yale University. Despite organizing a group focused on keeping America out of World War II, he volunteered and served for 5 years in the Pacific with the Navy, achieving the rank of lieutenant and receiving the Purple Heart for wounds suffered at Guadalcanal. He became associated with the Kennedy family, first managing a store in Chicago owned by Joseph Kennedy Sr. and later marrying Eunice Kennedy, John F. Kennedy's sister. He worked on the Kennedy campaign and endeared himself to the newly elected President.

On October 4, 1960, John F. Kennedy gave a speech at the University of Michigan and lingered afterwards with a group of students, the conversation lasting long into the night. During that meeting, they discussed the idea of a government program whereby young Americans would be sent to developing nations to do mostly teaching on education, health, and agriculture. President Kennedy assumed office with this program in mind, and on March 1, 1961, the Peace Corps was born with Sargent Shriver as its first director. Volunteers arrived in five countries during just under six years, Shriver developed programs in 55 countries with a volunteer count of more than 15,000.

The Peace Corps will also celebrate its 50th Anniversary in March, and it can credit its success to the diligent devotion shown by its first director and to his predecessors who must strive to meet his lofty standards. Sargent Shriver carried the flame of Camelot. Entire generations, inspired by his energy, took up his call to right wrongs, improve their communities, and implement his color-blind approach to administering the government.

In his drive to promote social equality and bring more people to public service, he founded numerous social programs and non-governmental organizations, including the Head Start Program, VISTA, Job Corps, Community Action, Upward Bound, Foster Grandparents, Special Olympics, Legal Services, the National Clearinghouse for Legal Services (now the Shriver Center), and Indian and Migrant Opportunities and Neighborhood Health Services.

His record of service includes representing the USA in France, being the 1972 Democratic candidate for Vice-President, practicing international law, and membership on the boards for numerous non-governmental organizations and philanthropic institutions. In his later years, he and his beloved wife, Eunice, organized The Special Olympics and made it a global force for the dignity of the disabled.

Mr. Speaker, Sargent Shriver once said, "The only genuine elite are the elite of those men and women who gave their lives to justice and democracy." Today I commend Sargent Shriver's long life and distinguished career. His dedication and work on behalf of others has directly benefited thousands of communities, from the inner cities of the United States to the most remote villages in Africa. He was the model of civil service and he will be missed.

IN REMEMBRANCE OF SARGENT SHRIVER

HON. THOMAS E. PETRI
OF WISCONSIN
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. PETRI. Mr. Speaker, as a returned Peace Corps volunteer, I rise today to note the passing of Sargent Shriver, who founded the Peace Corps and headed it for its first five years. He was the enthusiastic and committed leader of the new agency, taking it from its founding in 1961 to more than 14,500 volunteers serving in 55 countries by 1966.

I served in the Peace Corps in Somalia in 1966 and 1967 and saw firsthand the contribution that Peace Corps volunteers make to the development of the communities they serve, as well as the effect service has on the volunteers. Fifty years later, the continued selfless and noble service outside our borders remains a testament to the timeless American ideals demonstrated and encouraged by Sargent Shriver.

But it wasn't just the Peace Corps. Sargent Shriver led a life of service, founding the Office of Economic Opportunity and helping to develop its many programs. From 1968 to 1970, he was our able ambassador to France during a difficult time in our relations with that country. In 1972, he ran for Vice President with George McGovern and then ran for President in 1976.

And yet, there are many people who are unfamiliar with Sargent Shriver's service and achievements. His biographer, Scott Stossel, told the Washington Post that it's hard to find another American figure where the disproportion between how much he accomplished and how little he is known is so large. Let us pause to mark the passage of this public servant and say "thank you."

FEDERAL COMMUNICATIONS COMMISSION (FCC) APPROVAL OF MERGER OF NBC UNIVERSAL AND COMCAST

HON. DENNIS J. KUCINICH
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. KUCINICH. Mr. Speaker, yesterday the FCC approved the takeover of NBC, a television network, by Comcast, a cable TV and internet provider.

One condition of the merger's approval is that the combined company must not restrict access to any lawful online content. Another condition is that the merged company cannot give better treatment online to its own content than to the content produced by others. Comcast now has 23 million cable TV subscribers, and 16 million internet subscribers, making it the largest internet and cable TV service provider in the US. With such a pervasive control over the internet, these restrictions will ensure equal access to the internet, whose creation was funded by taxpayers.

Like any powerful tool, the internet must be protected from falling into the control of any one entity or entities which have too much authority to decide who can access it and what content they can put there. We need real Net Neutrality, not the FCC's recent proposal, which I will fight to strengthen.

RULES OF THE COMMITTEE ON WAYS AND MEANS FOR THE 112TH CONGRESS AS ADOPTED BY THE COMMITTEE ON JANUARY 18, 2011

HON. DAVE CAMP
OF MICHIGAN
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011

Mr. CAMP. Mr. Speaker, I submit the following.

A. GENERAL

RULE 1. APPLICATION OF HOUSE RULES

The rules of the House are the rules of the Committee on Ways and Means and its subcommittees as far as applicable, except that a motion to recess from day to day, and a motion to dispense with the first reading (in full) or a bill or resolution, if printed copies are available, is a non-debatable motion of high privilege in the Committee.

Each subcommittee of the Committee is part of the Committee and is subject to the authority and direction of the Committee and to its rules so far as applicable. Written rules adopted by the Committee, not inconsistent with the Rules of the House, shall be binding on each subcommittee of the Committee.

The provisions of rule XI of the Rules of the House are incorporated by reference as the rules of the Committee to the extent applicable.

RULE 2. MEETING DATE AND QUORUMS

The regular meeting day of the Committee on Ways and Means shall be on the second Wednesday of each month while the House is in session. However, the Committee shall not meet on the regularly scheduled meeting day if there is no business to be considered.

A majority of the Committee constitutes a quorum for business; provided however, that two Members shall constitute a quorum at any regularly scheduled hearing called for the purpose of taking testimony and receiving evidence. In establishing a quorum for purposes of a public hearing, every effort shall be made to secure the presence of at least one Member each from the majority and the minority.

The Chairman of the Committee may call and convene, as he considers necessary, additional meetings of the Committee for the consideration of any bill or resolution pending before the Committee or for the conduct of other business. The Committee shall meet pursuant to the call of the Chair.

RULE 3. COMMITTEE BUDGET

For each Congress, the Chairman, in consultation with the Majority Members of the Committee, shall prepare a preliminary budget. Such budget shall include necessary amounts for staff personnel, travel, investigation, and other expenses of the Committee. After consultation with the Minority Members, the Chairman shall include an amount budgeted by Minority Members for staff under their direction and supervision.

Thereafter, the Chairman shall combine such proposals into a consolidated Committee budget, and shall present the same to
the Committee for its approval or other action. The Chairman shall take whatever action is necessary to have the budget as finally approved by the Committee duly authorized. After said budget shall have been adopted, no substantial change shall be made in such budget unless approved by the Committee.

RULE 4. PUBLICATION OF COMMITTEE DOCUMENTS

Any Committee or Subcommittee print, document, or similar material prepared for public distribution shall either be approved by the Committee or Subcommittee prior to distribution and opportunity afforded for the inclusion of supplemental, minority or additional views, or such document shall contain on its cover the following disclaimer:

Prepared for the use of Members of the Committee on Ways and Means by members of its staff. This document has not been officially approved by the Committee and may not reflect the views of its Members.

Any such print, document, or other material not officially approved by the Committee or Subcommittee shall not include the names of its Members, other than the names of the full Committee Chairman or Subcommittee Chairman under whose authority the document is released. Any such document shall be made available to the full Committee Chairman and Ranking Minority Member 3 calendar days (excluding Saturdays, Sundays, and legal holidays) prior to its public release.

The requirements of this rule shall apply only to the publication of policy-oriented, analytical documents, and not to the publication of public hearings, legislative documents, documents which are administrative in nature, or other documents which are required to be submitted to the Committee under public law. The appropriate characterization of a document subject to this rule shall be determined after consultation with the Minority.

RULE 5. OFFICIAL TRAVEL

Consistent with the primary expense resolution and such additional expense resolution as may have been approved, the provisions of this rule shall govern official travel of Committee Members and Committee staff. Official travel to be reimbursed from funds set aside for the full Committee for any Member of the full Committee or any member of a Subcommittee shall be paid only upon the prior authorization of the Chairman. Official travel may be authorized by the Chairman or any member of the full Committee or any member of a Subcommittee. No member of the full Committee or a Subcommittee shall conduct official business, including attendance at hearings, and other meetings, conferences, facility inspections, and investigations involving activities or subject matter under the jurisdiction of such Subcommittee, prior to authorization being obtained from the Subcommittee Chairman and the full Committee Chairman. Such prior authorization shall be given by the full Committee Chairman only upon the representation of the applicable Subcommittee Chairman in writing setting forth those items encompassed herein.

Within 60 days of the conclusion of any official travel authorized under this rule, there shall be submitted to the full Committee Chairman a written report indicating the information gained as a result of the hearing, meeting, conference, facility inspection or investigation attended pursuant to such official travel.

RULE 6. AVAILABILITY OF COMMITTEE RECORDS AND PUBLICATIONS

The records of the Committee at the National Archives and Records Administration shall be published in accordance with Rule VII of the Rules of the House of Representatives. The Chairman shall notify the Ranking Minority Member of any decision, pursuant to clause 3(b)(3) or clause 4(b) of Rule VII, to withhold a record otherwise available, and the matter shall be presented to the Committee for a determination on the written request of any Member of the Committee. The Committee shall, to the maximum extent feasible, make its publications available in electronic form.

RULE 7. COMMITTEE JURISDICTION

The Chairman shall maintain an official Committee website for the purpose of furthering the Committee’s legislative and oversight responsibilities, including communicating information about the Committee’s activities to Committee members and other members of the House. The ranking minority member may maintain a similar website for the purpose of communicating information about the activities of the minority to Committee members and other members of the House.

RULE 8. SUBCOMMITTEE RATIOS AND JURISDICTION

All matters referred to the Committee on Ways and Means involving revenue measures, except those revenue measures referred to Subcommittees under paragraphs 1, 2, 3, 4, 5 or 6 shall be considered by the full Committee and not in Subcommittee. There shall be six standing Subcommittees as follows: a Subcommittee on Oversight; a Subcommittee on Health; a Subcommittee on Social Security; a Subcommittee on Human Resources; a Subcommittee on Trade; and a Subcommittee on international trade. The ratio of Republicans to Democrats on any Subcommittee of the Committee shall be consistent with the ratio of Republicans to Democrats on the full Committee.

1. The Subcommittee on Trade shall consist of 14 Members, 9 of whom shall be Republicans and 5 of whom shall be Democrats.

The jurisdiction of the Subcommittee on Trade shall include bills and matters that relate to the commerce clause, international trade matters, including trade agreements involving the Old Age, Survivors’ and Disability Insurance System, the Railroad Retirement System, and employment taxes and trust fund operations relating to those systems. More specifically, the jurisdiction of the Subcommittee on Trade shall include bills and matters that relate to the commerce clause, international trade matters, including trade agreements involving the Old Age, Survivors’ and Disability Insurance System.

2. The Subcommittee on Human Resources shall consist of 11 Members, 7 of whom shall be Republicans and 4 of whom shall be Democrats.

The jurisdiction of the Subcommittee on Human Resources shall include bills and matters that relate to the public assistance provisions of the Social Security Act, including temporary assistance for needy families, child care, child and family services, child support, foster care, adoption, child nutrition, Social Security Administration, public housing, public and assisted housing, public and assisted housing, veterans, energy assistance, energy assistance, and special education programs, eligibility of welfare recipients for food stamps, and low-income energy assistance.
RULE 17. BROADCASTING OF HEARINGS

(1) An appropriate area of the Committee’s hearing room will be designated for members of the media and their equipment.

(2) No interviews will be allowed in the Committee room while the Committee is in session. Individual interviews must take place before the gavel falls for the convening of a meeting or after the gavel falls for adjournment.

(3) Day-to-day notification of the next day’s electronic coverage shall be provided by the media to the Chairman of the full Committee through an appropriate designee.

(4) Still photography during a Committee meeting will not be permitted unless the proceedings or block the vision of Committee Members or witnesses.

(5) Further conditions may be specified by the Chairman.

D. MARKUPS

RULE 18. PREVIOUS QUESTION

The Chairman shall not recognize a Member for the purpose of moving the previous question unless the Member has first advised the Chair and the Committee that this is the purpose for which recognition is being sought.

RULE 19. POSTPONEMENT OF PROCEEDINGS

The Chairman may postpone further proceedings when a record vote is ordered on the question of approving any measure or matter or adopting an amendment.

The Chairman may resume proceedings on a postponed request at any time. In exercising postponed authority the Chairman shall take reasonable steps to notify Members of the resumption of proceedings on any postponed record vote.

When proceedings resume on a postponed question, notwithstanding the continuing order for the previous question, an underlying proposition shall remain subject to further debate or amendment to the same extent when the question is postponed.

RULE 20. MOTION TO GO TO CONFERENCE

The Chairman is authorized to offer a motion under clause 1 of rule XXII of the Rules.
RULE 21. OFFICIAL TRANSCRIPTS OF MARKUPS AND OTHER COMMITTEE MEETINGS
An official stenographic transcript shall be kept accurately reflecting all markups and other official meetings of the full Committee and the Subcommittees, whether they be open or closed to the public. This official transcript, marked as “uncorrected,” shall be available for inspection by the public (except for meetings closed pursuant to clause 2(g)(1) of Rule XI of the Rules of the House), by Members of the House, or by Members of the Committee together with their staffs, during normal business hours in the full Committee or Subcommittee office under such controls as the Chair of the full Committee deems necessary. Official transcripts shall not be removed from the Committee or Subcommittee office.

If, however, (1) in the drafting of a Committee or Subcommittee decision, the Office of the House Legislative Counsel or (2) in the preparation of a Committee report, the Chief of Staff of the Joint Committee on Taxation determines (in consultation with appropriate majority and minority committee staff) that it is necessary to review the official transcript of a markup, such transcript may be released upon the signature and to the custody of an appropriate committee staff person. Such transcript shall be returned immediately after its review in the drafting session.

An official transcript of a markup or Committee meeting other than a public hearing shall not be published or distributed to the public in any way except by a majority vote of the Committee. Before any public release of the uncorrected transcript, Members must be given a reasonable opportunity to correct their remarks. In instances in which a stenographic transcript is kept of a conference committee proceeding, all of the requirements of this rule shall likewise be observed.

RULE 22. PUBLICATION OF DECISIONS AND LEGISLATIVE LANGUAGE
A press release describing any tentative or final decision made by the full Committee or a Subcommittee on legislation under consideration shall be made available to each Member of the Committee as soon as possible, but no later than the next day. However, the legislative draft of any tentative or final decision of the full Committee or a Subcommittee shall not be publicly released until such draft is made available to each Member of the Committee.

E. STAFF
RULE 23. SUPERVISION OF COMMITTEE STAFF
The staff of the Committee shall be under the general supervision and direction of the Chair of the full Committee except as provided in clause 9 of Rule X of the Rules of the House of Representatives concerning Committee expenses and staff.

Pursuant to clause 6(d) of Rule X of the Rules of the House of Representatives, the Chairman of the full Committee, from the funds made available for the appointment of Committee staff pursuant to primary and additional expense resolutions, shall ensure that each Subcommittee receives sufficient staff to carry out its responsibilities under the rules of the Committee, and that the minority party is fairly treated in the appointment of such staff.

PERSONAL EXPLANATION
HON. JEAN SCHMIDT
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011
Mrs. SCHMIDT. Mr. Speaker, on rollcall No. 12, I missed the vote due to travel delays while returning from my district. Had I been present, I would have voted “yes.”

OPPOSITION TO THE WAR IN AFGHANISTAN
HON. DENNIS J. KUCINICH
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 19, 2011
Mr. KUCINICH. Mr. Speaker, opposition to the war in Afghanistan is growing. At a time when the divides in our nation seem beyond repair, Americans are united in their concern over the war.

A recent poll of conservatives conducted by the Afghanistan Study group shows that 71 percent of conservatives overall, and 67 percent of Tea Party supporters are concerned about the costs of the war in Afghanistan. They worry that the costs will make it difficult to address the deficit and balance the nation’s budget by the end of the decade. Two-thirds of conservatives polled support a troop reduction, with a further 30 percent supporting full troop withdrawal.

More than 6 out of 10 Americans oppose the war in Afghanistan according to another poll conducted by CNN this month. 56 percent believe that things are going badly for the U.S. in Afghanistan.

Yet we are being assured of progress in Afghanistan as the date for withdrawal continues to slip into 2014. The financial costs of the war are unsustainable. The human costs threaten to undermine our national, economic and moral security.

It is time to bring our troops home. It’s time to dedicate our resources to nation building here at home.
Wednesday, January 19, 2011

Daily Digest

Senate

Chamber Action

The Senate stands in recess pursuant to the provisions of S. Con. Res. 1, until 10 a.m., on Tuesday, January 25, 2011.

Committee Meetings

No committee meetings were held.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 37 public bills, H.R. 317–353; 4 private bills, H.R. 354–357; and 7 resolutions, H. Con. Res. 9; and H. Res. 39–42, 44–45 were introduced.

Additional Cosponsors:

Reports Filed: Reports were filed today as follows:

- H. Res. 38, to reduce spending through a transition to non-security spending at fiscal year 2008 levels, with amendments (H. Rept. 112–3) and
- H. Res. 43, providing for consideration of the resolution (H. Res. 38) to reduce spending through a transition to non-security spending at fiscal year 2008 levels (H. Rept. 112–4).

Speaker: Read a letter from the Speaker wherein he appointed Representative Mike Rogers (AL) to act as Speaker pro tempore for today.

Committee Elections: The House agreed to H. Res. 39, electing Members to certain standing committees of the House of Representatives.


Rejected the Andrews motion to recommit the bill to the Committees on Energy and Commerce, Ways and Means, and Education and the Workforce with instructions to report the same to the House forthwith with an amendment, by a yea-and-nay vote of 185 yeas to 245 nays, Roll No. 13. Pages H321–22

H. Res. 26, the rule providing for consideration of the bill, was agreed to on Friday, January 7th.

Committee Elections: The House agreed to H. Res. 42, electing certain Members to certain standing committees of the House of Representatives.

Meeting Hour: Agreed that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

Governing Board of the Office of Congressional Ethics—Reappointment: The Chair announced the reappointment of the following individuals to serve as the Governing Board of the Office of Congressional Ethics, pursuant to section 4(c) of H. Res. 5, 112th Congress, and the order of the House of January 5, 2011: Nominated by the Speaker with the concurrence of the Minority Leader: Mr. Porter J. Goss of Florida, Chairman; Mr. James M. Eagen III of Colorado, subject to section 1(b)(6)(B); Ms. Allison R. Hayward of Virginia, subject to section 1(b)(6)(B); and Mr. Bill Frenzel of Virginia, Alternate. Nominated by the Minority Leader with the concurrence of the Speaker: Mr. David Skaggs of Colorado, Co-Chairman; Mrs. Yvonne Brathwaite Burke of California, subject to section 1(b)(6)(B); Ms. Karan English of Arizona, subject to section 1(b)(6)(B); and Mr. Abner Mikva of Illinois, Alternate.

Quorum Calls—Votes: One yea-and-nay vote and one recorded vote developed during the proceedings.
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of today and appear on pages H322 and H323. There were no quorum calls.

Adjournment: The House met at 10 a.m. and adjourned at 10 p.m.

Committee Meetings

BRIEFING—CHINA'S BEHAVIOR—IMPACT ON U.S. INTERESTS

Committee on Foreign Affairs: Held a hearing on Assessing China’s Behavior and its Impact on U.S. interests. Testimony was heard from Larry M. Wortzel, Commissioner, United States—China Economic and Security Review Commission; and public witnesses.

COMMITTEE ORGANIZATION

Committee on the Judiciary: Met for organizational purposes. Committee adopted its rules of procedure for the 112th Congress.

RESOLUTION—REDUCE SPENDING—TRANSITION TO NON-SECURITY SPENDING AT FY 2008 LEVELS

Committee on Rules: Committee granted, by a record vote of 8 to 4, a closed rule providing one hour of debate on H. Res. 38, equally divided and controlled by the chairman and ranking minority member of the Committee on Rules or their respective designees. The rule waives all points of order against consideration of the resolution. The rule provides that the amendment in the nature of a substitute recommended by the Committee on Rules, now printed in the resolution, shall be considered as adopted and the resolution, as amended, shall be considered as read. The rule provides one motion to recommit with or without instructions.

Prior to this action, the Committee ordered reported, as amended, H. Res. 38, To Reduce Spending Through a Transition to Non-Security Spending at Fiscal Year 2008 levels. Prior to reporting the resolution, the Committee held a hearing on the resolution. Testimony was heard from Representative Van Hollen.

Committee Meetings for Thursday, January 20, 2011

(Committee meetings are open unless otherwise indicated)

Senate

No meetings/hearings scheduled.

House

Committee on Agriculture, briefing to review the biotechnology product regulatory approval process, 10 a.m., 1300 Longworth.

Committee on Armed Services, to meet for organizational purposes, 10 a.m., 2118 Rayburn.

Committee on Energy and Commerce, to meet for organizational purposes, 9:30 a.m., 2123 Rayburn.

Committee on the Judiciary, oversight hearing on Medical Liability Reform—Cutting Costs, Spurring Investment, Creating Jobs, 10:30 a.m., 2141 Rayburn.

Committee on Ways and Means, hearing to Examine the Burdens Imposed by the Current Federal Income Tax System and the Need for Reform, 9 a.m., 1100 Longworth.
Next Meeting of the Senate
10 a.m., Tuesday, January 25

Senate Chamber

Program for Tuesday: Senate will be in a period of morning business.

Next Meeting of the House of Representatives
9 a.m., Thursday, January 20

House Chamber

Program for Thursday: Consideration of H. Res. 9—Instructing certain committees to report legislation replacing the job-killing health care law.

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