It gives employers the legal cover to force employees to work more and to pay them less. What would improve the lives of working families would be an increase in the minimum wage. What would provide flexible workplaces would be to give adequate leave options under the Family and Medical Leave Act.

Flexible workplaces provide competitive living wages for employees. Flexible workplaces provide sufficient sick-pay leave.

H.R. 1406 does nothing to advance any of these proposals.

□ 1510

GIVING WORKERS MORE CHOICES

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

Mr. HARRIS. This week the House is going to take action on a bill that's going to give the American workers in the private sector the exact same rights that Federal Government workers have, and that is that if you're going to choose to work extra, you get a choice whether to take overtime pay or to get time off to go to your child's school.

In my district we have Patriot Days during the school day at elementary schools where parents would love to have the time to go and spend that time with their child. This bill will get the parent the choice, not a Federal law. This will allow the parent to take that time off as comp time instead of getting overtime. It just gives everyone more choice.

HONORING SYED HASAN-ASIF

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

Ms. JACKSON LEE. Mr. Speaker, it gives me a sad opportunity to rise to acknowledge the loss of one of Houston's distinguished citizens—not only Houston, but recognized in places far away from this great Nation—Mr. Syed Hasan-Asif, a great leader and the father of a wonderful family, sons, and many extended family members. I am saddened that this great man has been lost, but I offer the words:

> Do not fear and do not grieve but receive good tidings of Paradise, which you were promised.

This gentleman leaves his wife, Tahseen F. Begun. But he was a great man that was a father to many. He was a businessman, trained his family to be able to be sharers of their opportunities that they had. And the prosperity that they were able to achieve they did not keep to themselves. He was a friend to many. He loved many. He stood strong. He took care of his family. He brought joy, and he was generous. I'm so very pleased that so many got a chance to know Mr. Syed Hasan-Asif and to know of his generosity and his spirit and to know that his reach was not only here in the United States, but also in faraway places.

I offer to his family my deepest sympathy, my respect and admiration for having such a great leader in our community, who generated businesses and created an economic engine of opportunity wherever he was able to come. Now as he rests in peace, may it be, as I indicated, for us not to fear and not to grieve, but receive good tidings of Paradise, which you were promised. May blessings be upon him and his family.

RECOGNIZING THE JEWISH STATE OF ISRAEL

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

Mr. ENGEL. Mr. Speaker, I have just come back from a bipartisan trip to Israel where we met with top officials and really celebrated the alliance between the U.S. and Israel. Israel obviously is in a very dangerous neighborhood, and they were absolutely justified to carry out the bombing strikes in Syria where Hezbollah terrorists were attempting to get arms from Iran.

What happens is Iran sends the weapons, the missiles through Syria into Lebanon to arm the Hezbollah terrorists. No nation would put up with having terrorists prepared to attack them without striking back. So I think it is very, very important that we support Israel in its quest to rid itself of the scourge of terrorism.

Peace in the Middle East will come about when both sides recognize the other's right to exist. The problem has been that many of the Arab nations do not recognize Israel's right to exist as a Jewish State, and I think that really needs to change. I am glad President Obama said that he supports Israel in doing whatever it needs to do for its own self-defense, and I'm pleased that talks are being started with the help of Secretary Kerry to try to get peace talks online again. But again, in my estimation, peace will only happen when the Arab nations recognize the Jewish State of Israel.

DOCTORS' CAUCUS: HEALTH CARE

The SPEAKER pro tempore (Mr. CRAMER). Under the Speaker's announced policy of January 3, 2013, the gentleman from Tennessee (Mr. ROE) is recognized for 60 minutes as the designee of the majority leader.

Mr. ROE of Tennessee. I thank the Speaker. The hour we are going to spend with our Physicians' Caucus is going to be on health care today. I'm joined by numerous colleagues here on the House floor from the Doctors' Caucus to discuss this extremely important issue.

When I was elected 4 years ago to the House, one of the burning issues at that time was health care reform in this country, and the greatest problem with health care in America was the cost. Certainly I could see it every day. I practiced for 31 years as an obstetrician-gynecologist in Johnson City, Tennessee, a small town in northeast Tennessee. I saw where it was becoming harder and harder and harder for my patients to afford care. The major problem was that.

Number two, we had a problem with access. We had working people out every day. Maybe one was a carpenter, maybe the wife worked at a local store that didn't have health insurance coverage. Together they made a living that was livable in northeast Tennessee, but certainly not enough money to pay $1,000 or $1,500 a month for a health insurance policy.

Thirdly, we have a liability crisis. When I began my practice, I thought about it, I began in 1977. I know this is hard to believe, but we would take care of a woman who was pregnant for 1 year and see her for a 6-week checkup and stay as long with her as we needed to when she was in labor, and that cost was $360. And if you had a Caesarean section, it cost another $100. So it was very affordable. Even young families could come in and make payments and pay for it. The hospital bill was more than that, but it certainly wasn't the exorbitant prices that we see today.

The malpractice premium I first paid, and obstetricians and neurosurgeons and others are very high risk, was about $4,000 a year. Five years ago when I retired from my practice to run for Congress, the malpractice premiums had ballooned to the mid-$70,000s, and the patients didn't get anything more for that. They didn't get better care. They just got a higher bill. It didn't improve the quality of their care. So we can see, number one, cost.

I remember when we had the debate down here. I stood in the well of the House the night we debated that bill, in March of 2010, to vote on it. I was one of the last people to stand down here, and I remember the President's remarks: If you like your health insurance, you can keep it. And your costs are going to go down by $2,500.

Now 3 years later, let's see what the reality is. Many of us here in the Doctors' Caucus brought decades, and I do mean decades. I look around, and I wish each speaker as they step up, would tell how many years they practiced medicine. You'll see the experience that's on the floor today. So what happened was the cost has gone up; it didn't go down. And I'm not even sure after this is all implemented that access is actually going to increase because as we discuss during this hour, you'll see that for some people there's more access, but for others it may be cut off; and I think it was unintended. I don't believe that they wrote a bill to actually do that, to actually cut access. But I think the reality is it's going to happen.

Before I continue, I want to introduce one of my colleagues, Dr. PHIL

GINGREY, who is in the well today. Dr. GINGREY and I are both OB/GYN doctors. He is from Georgia, and a good friend. Dr. GINGREY, I yield to you.

Mr. GINGREY of Georgia. I thank the gentleman from Tennessee for yielding, my physician colleague and cochairman of the House GOP Doctors' Caucus, several of whom are here on the floor in the House on this Special Order hour to discuss the impending train wreck that Dr. ROE referenced.

Mr. Speaker, it is not just Dr. ROE's words, but it is almost a direct quote from the chairman of the Senate Finance Committee, Senator MAX BAUCUS. I don't know how many years Senator BAUCUS has served, but he has been chairing that committee for many years. And, of course, the Senate version of ObamaCare was essentially written by Senator MAX BAUCUS and his senior staff of the Senate Finance Committee.

So of those 2,700 pages in that final bill that we saw President Obama sign as his legacy, ObamaCare, on March 25, 3 years ago, the Senator knew everything that was in that bill. And just last week, there was a hearing on the Senate side, the Senate Finance Committee asked the secretary who is in charge of the rulemaking. You know, after a piece of legislation is passed, Mr. Speaker, then come the rules.

Well, I don't know how high 2,700 pages stack, but the rules stacked 7 feet tall. In fact, Senator BARRASSO was doing a Special Order recently or a press interview, and he is 6 feet tall and he's standing next to these rules and regulations that came through the Department of Health and Human Services, led by Secretary Kathleen Sebelius, and they're 7 feet tall. I don't know whether it was 40,000 pages or 400,000 pages, but it was a big number.

□ 1520

What I'd like to point out to my colleagues before yielding back to my good friend from Tennessee so he can yield to some of the other doctors who are members of the House GOP Doctors Caucus, I want to point out, colleagues and Mr. Speaker, this poster. And I give credit for this poster to Representative KEVIN BRADY from Texas, a senior member of the House Ways and Means Committee.

I was speaking with Congressman BRADY a little earlier this morning, and I said, KEVIN, I'm going to use your poster today because we're doing this Special Order because of this impending train wreck—the words of Senator MAX BAUCUS, Democratic Chairman of the Senate Finance Committee, not just Dr. ROE's words—and I said I was trying to count real quickly how many new bureaucracies, agencies—not number of people, mind you, but, literally, new agencies—of the Federal Government, talking about expanding the Federal Government and taking over one-sixth of our economy, which is health care. Pretty soon it'll be a fifth, and pretty soon it'll be a fourth as we continue to go broke.

But KEVIN told me, Representative BRADY told me, 159. I didn't have time to count them all. But in the center, of course, my colleagues, you can see the Secretary of Health and Human Services, and today that's Ms. Sebelius. Tomorrow it could be somebody else.

But, I mean, the whole point is it is a train wreck. And this law is going to be fully implemented, Mr. Speaker, on the first day of January 2014. Well, what is that? Here we are, May. That's 7 months away.

And all of these exchanges that you're hearing about, colleagues, that many of the States have said, ''We can't do this; we're not going to do it,'' they're not even close to being set up. And yet people, the general public who doesn't have health insurance, can't get it from their employer or can't afford it, whatever reason, they are supposed to be able, on October the 1st, October the 1st of this year, 2013, to begin signing up for health insurance through those exchanges. But this is why they can't.

This is a train wreck. I mean, these lines are not railroad tracks, but they could be. So I thought I would, colleagues, I would point that out to you. I think you all are aware of it.

The gentleman from Tennessee is generous with his time.

Mr. ROE of Tennessee. It reminds me, Dr. GINGREY, of biochemistry in college. Looks like the Krebs cycle, the sugar cycle. It is incredibly complicated, this bill is, and I think we need to spend more time explaining it to the American people.

And one of the frustrations, Dr. GINGREY, that I've had is that I've read the bill, as you have, as many of us have, probably all of us have in the Doctors Caucus.

I went to a hearing the other day on the Veterans' Affairs Committee on which I serve. We spent 2 hours and 15 minutes explaining the effects of the Affordable Care Act on veterans with Dr. Petzel, who is the medical director of the VA. The IRS, the Treasury Department was represented. And when we walked out of that room, I don't think anybody could explain to you the effects of the Affordable Care Act on our veterans.

Mr. GINGREY of Georgia. If the gentleman will yield back quickly.

Mr. ROE of Tennessee. I yield to Dr. GINGREY.

Mr. GINGREY of Georgia. My colleagues, the IRS is just right up here. That's 15,000 new IRS agents to make sure that the poor people have purchased health insurance or they're going to get taxed. Right?

Mr. ROE of Tennessee. Correct.

I now yield to my good friend, Dr. ANDY HARRIS from Maryland One. And Dr. HARRIS serves on the faculty of Johns Hopkins University. He's an anesthesiologist.

Dr. HARRIS.

Mr. HARRIS. Thank you very much. I want to thank my colleague from Tennessee.

I've practiced for 28 years before coming to the body here 2 years ago. Part of the reason is because of what the gentleman from Georgia mentions, the train wreck, to use the Senator's term, the train wreck that's coming upon us.

Mr. Speaker, the people in Maryland got a little rude awakening last week when BlueCross Blue Shield CareFirst, which is our nonprofit provider in Maryland, announced their new rates in the individual market on these exchanges that the gentleman from Georgia mentioned.

Now, in Maryland we're going to have an exchange October 1. You're just not going to be able to afford to buy the insurance on the exchange because that nonprofit insurer announced that their average increase was 25 percent—25 percent increase in the already high cost of health insurance. And it ranged from a small savings in a small number of people to—and I want you to hear this number—150 percent increase for healthy young people, a 150 percent increase in the premium to the people who are supposed to make that decision to do the right thing and buy insurance.

So this is the decision someone's going to be faced with coming out of high school or college, getting that first job, is: Should I buy health insurance? Maybe my employer no longer offers it because of the penalties that are in this bill and the mandates, so their employer may not offer it. Their choice is going to be: Should I do the right thing and get it?

And now they're faced with a 150 percent increase in that cost. And that was supposed to be—as the gentleman from Georgia said, and the gentleman from Tennessee, we were promised more affordable, and it was, you could keep it if you have it.

Well, let me tell you something. For that employee who's going to lose it because their employer can no longer afford it, they're not going to have it; and in Maryland, they're not going to be able to afford it.

So I want to thank the gentleman from Tennessee for keeping this issue in front of the American people because there are going to be many more surprises like we got in Maryland coming out across the United States in the next few months as this train wreck comes upon us.

Mr. ROE of Tennessee. I thank the gentleman.

Dr. HARRIS, if you would stay there just a moment so that people understand: How could this possibly happen? How could young people—which I have three children, and I think it's a good idea to keep our under-26-year-olds on. I think there were a lot of things we could have all agreed upon. But the thing that we didn't explain to people is: How did you get this number? Why did that happen?

Well, here's why it happened. Young healthy people are going to be subsidizing people who are not as healthy and older. How does that happen?

Well, this bill does not allow you—when actuaries look at it, they know that I'm six times more risky than someone who is my children's age, who is in their twenties. In other words, I've got six times the actuarial risk that they have. The bill only allows an actuary to charge 3 to 1.

So a healthy young person that's 25—Dr. HARRIS and I were laughing. Having a son—and I know that he has a fine-looking young son. We know that you insure young boys for stupidity. They're going to go out and trip and fall and jump off things, but illness is not it. So we're taking young healthy men and women, 20 to 25 years of age, sometimes doubling and tripling their costs so that someone else's can be a little less expensive.

Now, what would a young person do if all of a sudden they were going to pay $80 or $90 a month for a basic health insurance policy and now it's $300, or they can pay the first year a $95 fine, a $95 fine and they have guaranteed issuance, they cannot be turned away? There can be no preexisting conditions, so they can get the insurance. So what do you think these smart young people are going to do? They're going to figure it out pretty quickly. They're not going to subsidize that, and they're going to be very upset when they look at their first paycheck and realize what's happened to them.

I yield to Dr. HARRIS.

Mr. HARRIS. Thank you very much for yielding.

And the gentleman has hit the nail on the head on this one. We want to encourage young folks to do the right thing and buy insurance. And in Maryland, our insurance was affordable for the young because we did allow appropriate risk to be priced.

But the Federal Government—and by the way, we also had high-risk pools. Anyone with a preexisting condition in Maryland could not be turned away by the high-risk pool that was actually run by the State of Maryland. So we didn't have a problem with someone not being able to get insurance in the State of Maryland.

But the Federal Government came in and fixed our problem in Maryland. Now, we didn't have one, but the result is going to be that all that risk that used to be in the high-risk pool which everybody paid a little bit for is now all on the backs of the person, the individual now going into that exchange to buy insurance.

□ 1530

Again, Mr. Speaker, a 150 percent increase in the cost of that policy for those young people just entering the workforce. These are the people who have big student loans if they've gone to college. They've got other costs. They've got the costs of raising a young family. And now, thanks to the Federal Government and to the President's Affordable Care Act, a 150 percent increase in the cost of their insurance.

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

I would now like to yield to my friend and colleague, a new Member, Dr. BRAD WENSTRUP from Ohio, near Cincinnati. Dr. WENSTRUP also has served in Iraq in our military. I now yield to Dr. WENSTRUP.

Mr. WENSTRUP. I thank the gentleman for yielding.

I would like to take a little time to discuss a portion of the Affordable Care Act known as the Independent Payment Advisory Board. As you look at this chart, it's one of the agencies that has been developed here on this chart.

I'd also like to point out on this chart that right down here is the physician, and over here is the patient. It seems to me that all we're really trying to do is get the patient to the physician. It behooves me to be able to explain why we need all this in between when we are just trying to get a patient to the physician. I would also like to point out that I think at the center of our health care in America should be the patient, not the Secretary of Health and Human Services.

But let's talk for a minute about the Independent Payment Advisory Board. Who are they? Who are these people? Well, they're actually 15 unelected bureaucrats appointed by the President. To date, as this law is being enacted, no one has been appointed yet.

What do they do? Well, they limit options. They limit care options. They limit access to care. They drive a wedge between the doctor and the patient, and they're responsible for denials of payment for certain types of treatment. I contend to you that really this is a wedge that we cannot afford if we are to have the best health care in the world, which we have been known to have.

I would like to share with you a little story that I experienced in my 26 years as a doctor, as a surgeon. I had a patient who came in one time, and she explained to me that she's had a problem for 10 years. For 10 years she's had a problem, and she's had multiple treatments. She explained to me what those were. Between cortisone shots and physical therapy, she's had previous X-rays, she had paddings and strappings, different things that might put the painful area to rest and make it better, but none of it got better. They were all acceptable treatments, but for 10 years, they failed.

So I said, Well, your X-ray looks normal. Have you ever had an MRI? She said, No. So I said, I don't want to repeat all the things that have failed. Let's go ahead and get an MRI and take a look inside.

Well, later that afternoon, I get a call from the insurance company where I have to speak to a doctor about ordering this MRI. The doctor says to me, Why are you ordering the MRI? I explained it. And he said, Well, you've only seen her one time, so I'm not going to allow it. I'm not going to allow this to be ordered. I said, Well, maybe I've only seen her one time, Doctor, but you haven't seen her at all. You've never seen her. And I said, And you haven't taken the 10-year history that I have taken, and yet you're going to be deciding the care? I said, How can I get this patient to come and see you? The doctor said, Well, you can't do that. I said, Well, what's your specialty? He said, I'm an emergency room doctor. I said, Okay, fair enough. You would probably, in the emergency room then, refer her to a specialist, which is where she is today, and yet you, in your specialty, are denying this care.

I went back and I explained this to the patient. But not until I said to the doctor, I said, I hope this call is being monitored for quality assurance because I want someone to hear what you said to me today.

I went back to the patient and I said, You need to talk to your person at your work, your H.R. person, explain to them that you are being denied care and have them make a call to the insurance company.

Do you know, the next day we got approval for that MRI. I was able to look inside, find out what was wrong and treat this patient, and within 3 weeks, she was better. But the advice from the person who had never seen the patient was, You can't have that MRI.

This is what we are dealing with today. At least in this situation we had the opportunity to have her work call the insurance company and make a case saying, You need to take care of this patient.

But imagine when it is a government agency. What kind of recourse do you think that we will have between the doctors and our patients? At least in this case it was a doctor. The Independent Payment Advisory Board will not be made up entirely of doctors, and they will not have people on there from every specialty with knowledge about everything that comes across medically.

So do we want a third party deciding who gets care? Frankly, I don't think anyone should have the ability to determine someone's care unless they have looked the patient in the eye, they have looked and they've discussed the options, and the patient and the doctor decide together. This is a dangerous course that we're on in America and in Americans' health care.

Mr. ROE of Tennessee. I thank the gentleman.

And before you leave, Doctor, I want to ask you a question. This is an issue that is very near and dear to my heart. I have a bill, H.R. 351, which is to repeal the Independent Payment Advisory Board. When I read that health care law, this was not in the original version of the House version of the bill. This version came from the Senate version. The House version did not. And Representative NEAL from Massachusetts wrote a letter to then-Speaker PELOSI, which I signed in a bipartisan way, to not put this in. It was included in this side.

So to better understand, let me sort of go over just a minute and we'll talk about it in just a little more detail. I know you have another appointment, but there are 15 people on here, and only one of them may be a doctor. These are health care policy people. Basically, all this board does is to determine how Medicare dollars are spent. There's a preset budget in Medicare, and if you spend more than that, this board is charged to give the Congress, they have to cut. If they don't make different cuts, they have to make the ones that this board—and that's how it's going to affect care.

Guess where the cuts are coming from? They come from providers. And if you keep cutting the providers, you will lessen access. I've seen it happen, and I'll go through that after you leave. But that is exactly what's going to happen. If you don't believe me, simply read a New England Journal of Medicine article in June 2011. This is an article that is not for it or against it. It just analyzed it. It looked at the formula, and they looked back 25 years. In 21 of the 25 previous years, this would have cut providers.

Guess what the Congress has been able to do? The Congress has been able to override those cuts in the SGR, the way doctors are paid through Medicare now, and prevent that loss of access. Without a three-fifths majority in the Senate, we've lost that ability; we've given up our constitutional right for the people to come to us and say that we don't believe this is the way it ought to be going. It is a huge mistake.

I believe in that poster of gibberish down there that you're looking at. It's the single worst thing in there because it will ultimately deny access for our seniors. I believe that in my heart of hearts. I've seen it in Tennessee with our TennCare program, which I'll discuss later.

I will yield back to you if you would like to make any closing comments.

Mr. WENSTRUP. Just in closing, I would just like to reiterate the importance of decisions being able to be made between a doctor and a patient, because that's what we expect, and that's what Americans deserve in their health care system.

Mr. ROE of Tennessee. I thank the gentleman.

He pointed out something that's clear from his statement down there—he is and has been a practicing physician—because each of us know this, Mr. Speaker, that health care decisions should be made between a patient, the doctor, and that patient's family. It shouldn't be made by insurance companies. It shouldn't be made by organizations, ACOs, the government, IPABs and so forth.

When you're in need, you see the person, the doctor most capable of taking care of your needs, and you make a decision based upon that between you and that family. We're losing that in this country with the doctor-patient relationship, and it is a very, very, very bad thing to happen.

I would now like to yield to my good friend, JOHN FLEMING, from Louisiana. He is also a veteran and a three-decade family practitioner.

Dr. FLEMING.

Mr. FLEMING. I thank the gentleman from Tennessee.

Of course, all of us here today talking are physicians of different specialties. Most of us were actually here during the ObamaCare debate. We actually began that in 2009. It actually went in to law, it was signed into law March 23, 2010.

The interesting thing about this law—the Affordable Care Act, which I refer to as the Unaffordable Care Act, but lovingly and affectionately known as ObamaCare—is the fact that what it does is it adds 15 million more Americans on to Medicaid, which already way underreimburses physicians, which means most doctors don't accept that as payment, and it adds another 15 million Americans to a system that's already stressed.

□ 1540

Ultimately, what's going to happen is you're going to have more Americans carrying more cards that entitle them to health care, but it really will entitle them only to a waiting line—a waiting list—just as we see today with Canada and Great Britain.

Let's talk for a moment about the promises. You know, Washington, Mr. Speaker, has a reputation for making promises it can't keep, and indeed that applies to ObamaCare.

First of all, the President said if you like your plan, you can keep it. Well, we know that's not true. We know now that you're going to get whatever plan and mandates that go with it, and you'll have to pay the cost that goes with it.

ObamaCare will not add one dime to our deficits. The CBO has now come back to show that the early estimates were way out of line. It's going to add billions of dollars to our deficit, and I think that's really an underestimation.

''No Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place.'' Federal conscience laws have been totally gutted. We know that, for instance, Hobby Lobby will be fined to the tune of millions of dollars as a result of its unwillingness to pay for abortifacients—that is, pills that can cause an abortion—and other things that are against the conscience of those who are in management and ownership there.

President Obama said, ''I will protect Medicare.'' Well, if he's going to protect Medicare, why did he take $716 billion out of Medicare to fund ObamaCare? He says that's savings. Well, if we can save that kind of money out of Medicare over 30 or 40 years, why didn't we do it once? We didn't because we can't without changing it structurally. It will simply be cuts to services.

ObamaCare will not raise any of your taxes. Mr. Speaker, ObamaCare includes 21 new taxes. And they're not just on rich people; about half of them are on the middle class.

I'll just give you an example of one very nasty tax that's coming your way. If you're a business owner, there is a tax—3.8 percent—on unearned income, which includes capital gains, dividends, rents, royalties and interest, which means that you're going to get hit hard and very hard. And then also a device tax on revenues—not on profits—which those who make everything from tongue blades to artificial hearts tell us will drive them out of this country into another country. And we'll have to buy back those devices, killing tens of thousands—maybe hundreds of thousands—of American jobs.

ObamaCare will ''lower your premiums by $2,500 per family per year.'' Mr. Speaker, no one has told me their premiums have gone down as a result of ObamaCare. In fact, in most cases, it's gone up $3,000. That's a net of $5,500 change, and many of them are expected to double and even triple as a result of ObamaCare. You can't just keep adding mandates to insurance and expect not to have to pay for them. That's just the simple truth.

What about IPAB? We heard some discussion about the Independent Payment Advisory Board, and it's really straightforward what they do: they take out of the hands of Congress our ability to find more efficient ways and ways to limit costs to Medicare patients. In fact, it's a 15-member board that's appointed by the President—not necessarily health care providers—who will have more power than Congress itself. It will actually be able to determine what gets paid for, how much it gets paid for, what type of doctors/providers will be paid for their services to Medicare patients. Mr. Speaker, that is absolutely the beginning of rationing and long lines for health care.

One other point before I yield back. Let me quote something that's already been referred to today in our discussion.

Senator Finance Committee Chairman MAX BAUCUS, who helped author ObamaCare, before a hearing, out of frustration, he asked Secretary Sebelius, he said, we've got all kind of problems, aren't you going to help us on this? Here's a quote from Senator BAUCUS—who shortly after this decided to retire. He said:

> I am very concerned that not enough is being done so far. Very concerned. When I'm home, small businesses have no idea what to do, what to expect. They don't know what affordability rules are, they don't know what penalties may apply.
>
> I just see a huge train wreck coming down. You and I have discussed this many times and I don't see any results yet.

And we've yet to hear a good answer, a reasonable answer from Secretary Sebelius on how this has come together. We know that much of this has to be implemented really by October and finished by the first of January of 2014, and nobody knows what's going to happen, how it's going to happen.

Business owners today are looking at, should they have 50 employees or less than 50 employees? What kind of penalties are they going to have to pay, which is not tax deductible. There is nothing but chaos across America among small businesses.

Even parts of ObamaCare have already either been repealed or just simply dropped. The CLASS Act, long-term care, which was unworkable and is not going to help fund it. A very onerous 1099 tax reporting requirement has been dropped. So, little by little, this bill is beginning to fall apart. I'll just say, finally, that this train wreck not only is coming down, but the wheels are falling off the train.

So with that, I would like to yield back to the gentleman and certainly stick around for more discussion.

Mr. ROE of Tennessee. I thank the gentleman for yielding. And let me reminisce before I yield to my friend from Indiana.

As a young medical student in Memphis many, many years ago in the late 1960s, my first pediatric rotation was at St. Jude Children's Hospital, a remarkable place. At that point in time almost 90 percent of children died of their disease. I would go in and start an IV, and Dr. FLEMING, I can still remember seeing some of those kids, I knew they wouldn't survive. It was very hard for me emotionally to deal with that.

Fast forward today, almost 90 percent of those children live today. And they are treated at no cost, their families are sent there at no cost. I've had children of patients of mine who have gone to that wonderful place. I hope that we don't end up in a Middle Ages in health care, with device taxes and disincentives for new medications.

You and I both remember, when I graduated from medical school there were five or six anti-hypertensives, three or four of them made you sicker than high blood pressure did. Well, today there is a plethora of wonderful new medications to use for people. There wasn't a day that went by that I went in the operating room that I didn't see somebody that needed surgery for a bleeding ulcer—almost every day. It's unheard of now because of new medications.

I just found out today, in my own State of Tennessee—and I did not know this—the largest thing that we export in the State of Tennessee is, guess what? Medical devices. It will hurt my State dramatically in jobs, as you clearly point out—and I know, Dr. BUCSHON, in Indiana you're very concerned about that.

You mentioned the IPAB. If the President right yet has not appointed anyone and no one is approved, or they don't have a quorum, they don't have at least eight people confirmed by the Senate, guess who makes all those decisions at the IPAB? One person. That's the Secretary. That's who makes all the decisions. Not the Congress. We have given up, this body—even though it may look funny down here with us debating and contentious, that's what we're elected to do. We are turning over that power—could be—to one single individual. It's Secretary Sebelius right now; there will be a different name 4 years from now. I don't want that person, be it Republican or Democrat—that power should be here.

I yield to the gentleman.

Mr. FLEMING. Your experience is exactly the same as mine when it comes to blood disorders, blood cancers, solid tumors in children. That used to be a death warrant when you and I were in medical school. Today, the vast majority of those children survive and live a happy life.

Yet, what we see today is some of the oldest chemotherapeutic agents, some that are 60 years old—and of course the patents have run out a long time ago—are in severe short supply because, again, the heavy boot of government on the neck of industry that can't produce these at a rate that can meet up with demand. So it's important that we begin to pull back on this now, because we're going to be in the same situation as Canada and Great Britain, who have government-run health care, where early diagnosis, early treatment and using the best chemotherapeutic agents shows up in their statistics. Their death rates from cancer are much higher than ours are.

□ 1550

Mr. ROE of Tennessee. I thank the gentleman.

Mr. Speaker, I would now like to take the opportunity to yield to my good friend from Indiana, a cardiothoracic surgeon, Dr. LARRY BUCSHON.

Mr. BUCSHON. Thank you, Dr. ROE, for yielding. It's great to be here with many members of the Doctors' Caucus and again remember the focus of what we are trying to do here is focusing on the patient, what's best for the American people and our patients.

It's already been quoted a number of times today—I've got a couple other quotes. Senator SCHUMER also said:

> The Affordable Care Act could cause rates to go through the roof.

That's exactly what we are seeing in the private health insurance. I won't repeat Senator BAUCUS' statement about a train wreck. But Senator ROCKEFELLER also said:

> It's so complicated, and if it isn't done right the first time and it's not being done at all, it will just simply get worse.

What I'm going to focus on now and the rest of the time is what this means to employers and people that have employer-provided health insurance and what this law is going to do to employers.

Let me focus on first what the city of Long Beach, California, just came out and said recently. They are going to be limiting most of their 1,600 part-time employees to fewer than 27 hours a week on average. So these are employees that had a 40-hour workweek and now they are being cut to less than 40 hours to comply with the law.

You say, Why would that happen? Well, because city officials say that without cutting payroll hours, new health care benefits would cost up to $2 million more next year and that expense would trigger layoffs and cutbacks in city services. This is a city in southern California. This isn't an isolated event.

Regal Entertainment Group, the Nation's largest movie theater chain, with over 500 movie theaters operating in 38 States, recently said they plan to cut many nonsalaried employees back to part-time to comply with ObamaCare.

In a memo to company managers, Regal stated:

> To comply with the Affordable Care Act, Regal had to increase our health care budget to cover those newly deemed eligible, based on the law's definition of full-time employee, which is 30 hours or above. To manage this budget, all other employees will be scheduled in accord with business needs in a manner that will not negatively impact our health care budget.

That needs a translation. The translation is: everybody is getting cut back to less than 30 hours, and they are going to see their income dramatically drop.

There are other examples. The State of Virginia, Palm Beach State College in Florida, and CKE Restaurants, among others.

I have an example in my district. We got an email the other day. A constituent said she and 52 other employees at a school district in my district in Indiana were recently informed that their hours will be cut to 28 hours a week because the school can't afford to comply with the health care law.

Municipal government officials are telling me, city government officials are telling me in my district this may hit city government, municipal government, county government, and school districts. This is just people being cut.

Now, let's talk about people losing their health insurance. Here's a chart right here that says we were promised that everybody could keep their health insurance. Here are some, what I consider, conservative estimates of the number of Americans who are going to lose their health insurance after full implementation of the law.

Why is that? Well, because I talk to small business owners all the time who have more than 50 employees. I talked to one young man who has been very successful in starting a business and creating jobs. He says, Not only will I probably not be able to afford it and have to just pay the penalty rather than complying with the law, but I don't know a small business owner that I've spoken to—this is his words—that is not going to pay the penalty and not going to jettison their employee-provided health insurance.

All of those employees are going to be forced to go to these State-based exchanges, which aren't set up and which are going to cost more. The gentleman

from Maryland just talked about that about half an hour ago. People aren't even going to be able to afford it, so employer-provided health insurance is going out the window.

I think estimates like this are very conservative, according to the people that I've talked to.

Mr. ROE of Tennessee. Will the gentleman yield?

Mr. BUCSHON. I yield to the gentleman from Tennessee.

Mr. ROE of Tennessee. Here is what absolutely amazes me about—and I'm glad Senator BAUCUS mentioned this as a train wreck. I wrote an editorial about it 3½ years ago describing the train wreck of TennCare. But that's not what I want to talk about.

What I want to talk about, Dr. BUCSHON, is we have people right now today, for instance, in Medicaid, a system that what did we do? We expanded a system that was already broken.

If you look at surgical outcomes for Medicaid patients, they're worse. The outcome is a huge study—eight hundred and something thousand patients—done by the University of Virginia. Those outcomes were worse than people who did not have health insurance coverage.

Why would you expand a program that's already broken? Why don't we fix that first? I know Dr. FLEMING has talked about this at length.

Mr. BUCSHON. I practice in southern Indiana where I get patients from southern Illinois, northern Kentucky, and southern Indiana. Every year, the Illinois Medicaid system ran out of money before the end of the year, September-October. They just ran out of money. No money for their Medicaid population.

This is exactly what you are talking about, Dr. ROE, is that a system that is already broken and we are going to expand it. And what it's going to do is, like Dr. FLEMING said, put a card in your pocket that says you have health insurance, but you don't have access to health care providers, except guess where. Through the emergency room, which is one of the biggest problems we are already trying to defeat.

Mr. ROE of Tennessee. I've always thought this: Why do our lower-income patients deserve different care than somebody else? They don't.

Mr. BUCSHON. They don't.

Mr. ROE of Tennessee. And they do not. They should get the same care and deserve the same care that anyone else has.

Maybe the President when he said, I'll go over this bill line by line with anybody who wants to, maybe he should have taken that up with us and gone over it with the Doctors' Caucus line by line, because we came here in a totally nonpartisan way.

Health care should not be a partisan issue. Dr. BUCSHON has taken care of numerous cardiac patients with heart attacks. He doesn't know whether they're Republicans or Democrats. He could care less. They are just patients who need care.

I yield back to the gentleman.

Mr. BUCSHON. I would agree with that. And let me tell you, there are some things that we could have agreed on that we could have made some advances on in health care reform. Preexisting conditions, all of us agree.

I had a patient that had Hodgkin's disease when he was in his twenties. He worked his entire life. He is now in his fifties. He needed bypass surgery. He was never able to get health insurance the whole time because of a preexisting condition. That's just wrong.

Mr. FLEMING. Will the gentleman yield?

Mr. BUCSHON. I yield to the gentleman from Louisiana.

Mr. FLEMING. I just want to expand a moment on what you were talking about small business is critical. I'm a small business owner myself, apart from my medical practice. We employ around 500 employees. Many of them are entry level. Businesses and business owners across America, at this very moment, are in a state of panic. Mr. Speaker, businesses across the country are, at this moment because of ObamaCare, in a state of panic.

The reason is because of what you said. They're calculating if they have more than 50 employees, they've got to ratchet below them if they can. They've got to know how much of the punishment—or penalty, I really should say, but it's more like punishment—they can absorb for those employees that they can't afford to pay for their insurance. This is having a direct impact on our economy and on job creation. This is something that's critical going forward what this is doing to small business, which, arguably, employs about 75 percent of Americans.

Mr. ROE of Tennessee. I just spoke to a physician today from Massachusetts. He said what had happened there, and what's not clearly understood by the public—unless you're in this line of work you don't—is how the payers pay.

Medicaid, for instance, pays about 60 percent of the cost of actually providing the care. Let's say private insurance is a 1. Medicare would pay about 90 percent.

The people they added in Massachusetts paid about the same as Medicaid. What happened was big insurers, big corporations with lots of employees could negotiate a really good price, but small business could not. So when the hospital had bills to pay, they shifted those costs to private business, forcing their premiums up and up and up and up. That's why you are seeing those premiums for small business escalate until you really force them out of business.

□ 1600

We talk about the exchange, and what absolutely frustrates me is that, on the 1st of October—and this is a person who works in Congress, who is a doctor who understands health care—I can't even tell the people who work for me here in the Washington office and in my office back in the district in Tennessee what their health care premiums are going to be or how they're going to get their health insurance coverage, and that is 90 days from now I can't tell them. You can imagine what other businesses are going through. I can tell them this: that I bet it's going to cost them a lot more money.

Mr. BUCSHON. Let me add a few final comments.

Again, on the things that we can agree on, many of us agree on children up to age 25 or 26. A lot of us agree that we need to look at finding ways to expand the affordability of health care. Remember, this was supposed to bring down the costs. There are a lot of things that could be done to bring down the costs. There are a lot of things we could have agreed on, Dr. ROE, if we would have just worked together and not put in, what I would consider, a near government takeover of the entire system.

I've been a practicing physician for 15 years, and if I count my residency, it's more than that. Imagine if you're out there as a physician today and you have to look a patient in the eye and you have to tell him, Well, I'm sorry. The IPAB told me that this is not statistically something that we can provide because, based on statistics calculated in Washington, D.C., it's not cost-effective for the Medicare system to provide this service anymore.

This is going to happen, and I hope we all wake up in America and realize that it will happen. This happens in other countries that have government insurance. The Canadian system could not exist if it did not sit next to the United States. It's two-tiered. People come to the United States, if they have money, to get health care in a timely manner. The same thing is true in England. If you have money, you get private health insurance. If you don't, you wait for months. So this is bad for patients, and it's bad for business. There are things we could have done. It's a shame that we didn't and that we weren't consulted.

With that, I want to thank the gentleman from Tennessee for this hour to talk about this.

Mr. ROE of Tennessee. I thank the gentleman.

It is ultimately about the patients that we take care of. Really, it's not about systems and organizations and insurance—it's about people. That's the frustrating part to me because I think people are going to be harmed by this.

I know Dr. FLEMING mentioned small business. I was in North Carolina last Tuesday, a week ago today, holding a hearing, which I hope we have time to go through maybe a little later, on small businesses and how this is going to affect them. It's really eye opening to see businesses that have done everything exactly right. Mr. Horn is someone I want to talk about in just a minute who provided health insurance—all preventative services. He is

self-insured. He did everything right. It shouldn't have cost him a nickel, and yet it is going to cost his business thousands of dollars. So we'll go into that.

At this point, I want to yield some time to my good friend G.T. THOMPSON from Pennsylvania, who is part of our Health Care Caucus and who is a health care administrator.

Mr. THOMPSON of Pennsylvania. I thank my good friend from Tennessee.

What an important topic. As you have been, Dr. ROE, I have been out in the community throughout my congressional district, listening, sitting with individuals and families and businesses, a lot of small businesses. All indications are, at the very best, costs are going up, and there are so many questions that people have. Most is unknown, but what is known is very negative. It will have a negative impact on individuals and families and businesses.

I'll be careful here because, as with scope of practice, I'm with a bunch of physicians. I know even as a former therapist and rehab services manager and manager in hospitals, I know not to diagnose, but I can't resist. I'm going to diagnose. ObamaCare is terminal. It is. It is going to fail under the crushing weight of its own flawed design, and all evidence points to that. I'm not going to re-plow the fields that you all have as to what Democratic Senators are admitting and acknowledging in going public, but many of us have held concerns about this law for some time, and I'm glad that some proponents of the law are now really finally speaking the truth on it.

For example, this past week, on May 3, Investors Business Daily reported how retailers are slashing work hours in anticipation of the implementation of the President's so-called Affordable Care Act.

I quote:

> Retailers are cutting workers' hours at a rate not seen in more than three decades, a sudden shift that can only be explained by the onset of ObamaCare's employer mandates.

Opponents of this law haven't been far off the mark when it comes to predicting the harm this law would impose on the economy, and this week's report from the Investors Business Daily is just the latest in a long list of failed promises under the Affordable Care Act. I think about each new tax or regulatory mandate and about the number of regulations that came out under HIPAA, and those of us who were working in health care, we saw the cost that that added to care. Now multiply by over 100 the new bureaucracies that there will be—so it's HIPAA on steroids—and what that will do to crush the availability of affordable health care.

The President's so-called Affordable Care Act becomes even more unaffordable for individuals, families and for businesses. I had the opportunity and the privilege of working for almost 30 years in health care, serving people facing life-changing disease and disability. I always followed four principles during my professional work, and they've guided me in health care here in that whatever we did to make changes in health care should decrease costs, increase access and make sure America always remains a place of quality and innovation, and it should be the patient who makes decisions in consultation with his physician. When I read that bill, it stood out to me that the language of the Affordable Care Act was going to violate those four principles, and we've seen nothing but evidence mounting that that is occurring today.

In terms of cost, we've seen what happens to premiums, and the American people know that because they see what those premium costs are that are coming to them. It's beyond what their budgets can sustain, and it's much more than what they were paying prior to the signing of that bill. The fact is that there are more than two-dozen new taxes that are coming. I don't care who you tax in the end, there is only one person who winds up paying the tax, and that's the consumer in the end. So that's adding to their costs.

It has redefined full-time employment to 30 hours. I have to wonder as, today, we have record unemployment and underemployment. How many more Americans are going to be pushed into underemployment? I know it's an unintended consequence, but if you're underemployed, how do you afford the costs of those increased premiums coming your way?

Mr. FLEMING. I just want to put an asterisk to your comment about employment.

We met with Mort Zuckerman, economist and editor of U.S. News & World Report. He says that much of the ''growth'' in jobs reports that you see is actually people reentering the job market, but they're actually getting part-time jobs instead of full-time jobs and, in some cases, getting a second or third part-time job so that we're actually seeing an inflation of the actual number.

So ObamaCare—and I would argue Obamanomics in general—is actually taking us to not only an underemployed society but to an unemployed and underemployed society, and much of it is from ObamaCare.

Mr. THOMPSON of Pennsylvania. I couldn't agree with the gentleman more.

We talk a lot about and we hear a lot about unemployment numbers, but underemployment is a terrible story in itself. This, unfortunately, puts the wrong types of pressure on the business community to actually have people working part time, which is now anything under 30 hours and working two and three jobs in trying to make ends meet.

Access, I said, was the second principle. The Affordable Care Act—ObamaCare—has violated access from many different perspectives. You just look at the announcement in the past 2 weeks about the preexisting condition fund. That was one of the two target groups under which this piece of legislation was shoved down the throats of the American people, and that fund is depleted. It was so poorly designed that now the President appears to have no intention of doing anything with it, so it's leaving out all the folks with preexisting conditions.

I think all of us would agree, in our vision of what we're to do in health care, that that is a group for which we want to try to find a way for them to be able to purchase affordable health insurance. Just because you're born with or develop a disease or a disability, it shouldn't keep you from coverage. ObamaCare is failing on that.

The other one I would say is the expansion of Medicaid, which Dr. BUCSHON did a nice job of capturing. We're going to put somewhere between 18 and 50 million Americans on medical assistance, and they're all going to get this nice card that says they have medical assistance, and they'll have it in their wallets or they'll have it in their pocketbooks.

□ 1610

But the reality is most physicians today will not accept a patient on medical assistance. So just because you have coverage, it doesn't mean you have access. The folks that wrote this bill clearly were clueless about the approach that we need to take. There are things out there that we should be doing, and I think those are things that we can agree upon.

Finally, quality and innovation. The excise tax is going to stymie innovation and quality that we've enjoyed here in this country. With regards to patient choice, I just come back to one thing among many, the Independent Payment Advisory Board. The Independent Payment Advisory Board is where you've got a group of bureaucrats appointed by the President that will make decisions about which procedures are approved by Medicare.

Medicare is an area I worked very closely with. Actually, after the Balanced Budget Act of 1997, I was asked to serve on a technical-expert panel to review prospective payment for Medicare. This Independent Payment Advisory Board is going to determine and give a blessing of ''yes'' for that procedure and ''no'' for that one. That's not patient choice. That's being dictated to by bureaucrats who are unelected and therefore unaccountable.

Let me close very quickly.

You meet a lot of people that have been impacted by this early. There was one woman in particular who lived her whole life planning her retirement and was so looking forward to it. She is a smart lady. She had laid her plan out. She had worked for a company. Part of her plan was health care, what was going to be affordable. She had her company plan and had invested, and

then it was announced that the employer was going to switch over and put them into the exchange with the retirees.

This woman spent most of her adult life taking care of a brother and a sister who were less fortunate in life and needed a family member to step up and be there. This woman's retirement plan has been totally crushed by ObamaCare, and she's concerned now. As a smart lady, she went out to get some estimate of what it was going to cost her in her retirement now for health care compared to what it was before. It's completely unaffordable. So does she choose health care, or does she choose to still be there for her brother and her sister who have come to rely on her? I think there's many of those stories.

Mr. ROE of Tennessee. I thank the gentleman.

As we finish, I want to go over just a couple of things. One of the things the Secretary stated, Dr. FLEMING and Mr. THOMPSON, is that she needed to use some money, and the prevention fund was one of the things she was going to use to help implement the exchanges. We've now had prevention funds used for massage therapy, kickboxing, kayaking, Zumba and pickleball. I didn't know what pickleball was. But that's tennis, badminton and ping pong. I can go on and on. It's utterly ridiculous. It should have been spent on health care. That's what this bill was supposed to be about.

Let me finish by saying that even with this 1 hour here, we have lots more to talk about. We've barely scratched the surface. It's a complicated issue. Democrats and Republicans should have gotten together in a bipartisan way to work out a health care plan that does the principles that were pointed out here today, which is to increase access and quality, lower costs and to leave health care decisions in the hands of doctors, patients and those patients' families.

With that, I yield back the balance of my time.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Pate, one of his secretaries.

JOBS AND HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, once again we're back here on the floor of the House of Representatives to talk about what I believe is the most pressing problem here in the United States, and that's jobs. Americans want to work, Americans are capable of working, and it ought to be our job here on the floor of the House of Representatives to talk about how we can create jobs.

We've just heard about 1 hour of discussion from our good friends on the Republican side, the Doctors' Caucus, about how to destroy the Affordable Health Care Act. For 36 times, the Republicans have put up legislation that would essentially gut, amend, or destroy the Affordable Health Care Act, which has the promise and the probability of providing health insurance for 50-plus-million Americans that are today uninsured.

Why would you want to deny those people health insurance? I can see no reason for it.

I notice that they also did not spend any time at all talking about their effort to destroy Medicare. Medicare was a promise made to seniors by the American people that when they reach 65 years of age, they would have a guaranteed health insurance program. Yet, for the last 2 years and 4 months, the Republicans have continually put up legislation that would end Medicare as we know it and turn Medicare over to the insurance companies.

One of the last statements made here on the floor by one of our colleagues was decisions on medical services ought to be in the hands of the physician and the patient. I agree. I was also the insurance commissioner in California, a statewide elected position for 8 years; and I can assure you that under the private health insurance programs, it is the insurance companies that are making the decisions about what medical care will be given to individuals. That is wrong. We did our best in California to stop that. But if you turn Medicare over to the private insurance companies, as the Republicans want to do with their voucher plan, then it will be the insurance companies that will decide what medical services will be available, if at all, to seniors.

I'd like to put that aside and go back to the issue that I really wanted to talk about, but there are some things that you just cannot let go, things that are said on the floor that need to be at least discussed in their fullness.

Let's talk about jobs. Let's talk about the fact that over the last 30 years we have seen the middle class in America held down. The middle class in America has made very little economic progress over the last 30 years. We're going to discuss that in some detail and specifically what we can do here with public policy, with proposals that have been put forth by the Democratic Caucus in the House and our colleagues in the Senate, solid proposals to put Americans back to work and to rebuild the American Dream so that every American has the opportunity to put their foot on the rung of the ladder and climb just as high as they can do so.

Before we get to those rungs on the economic ladder, I'd like to have a more full discussion about what has happened to the middle class over the last 30 years. Joining me in that discussion is the Representative from South Carolina, the Honorable JIM CLYBURN.

JIM, if you'll join us, I know you have some things you'd like to discuss; and I see you have your own chart there.

Mr. CLYBURN. I thank the gentleman for yielding me the time.

Mr. Speaker, I want to commend my colleague, Congressman GARAMENDI, for his leadership on this very important issue.

Just a few minutes ago, we received some breaking news: the stock market just closed, and for the first time in the history of this great country, the Dow Jones Industrial Average closed over 15,000 at 15,056. Standard & Poor's also closed at a record 1,625. So much for a socialist President.

Now, during my 20 years of service in this body, I have often reflected upon my experiences growing up in a church parsonage in the little town of Sumter, South Carolina. Early on, I internalized an Old Testament scripture, Micah 6:8: To do justly, to love mercy and walk humbly.

Today in this great country, we are experiencing an injustice that continues to get worse, one which I believe demands our attention. Indisputable evidence continues to show that income inequality has worsened over the last 30 years. The Congressional Budget Office released a report back in October 2011 on the distribution of household income between 1979 and 2011.

□ 1620

On the distribution of household income during that time, you might remember that report came out just a few days before the so-called supercommittee held its first public hearing. I served on that special panel, and I raised concerns with the CBO director about the ever-widening gap between America's rich and poor.

This chart is from that CBO report, and it shows that over the past 30 years, the wealthiest 1 percent have enjoyed income growth of more than 275 percent, while the lowest 20 percent have experienced only 18 percent growth.

Working families across the country have seen their wages stagnate and decline as earnings for the wealthiest few continue to soar. In fact, earnings for the top 1 percent during the current economic recovery have risen 11.2 percent, but declined for the other 99 percent by 0.4 percent. I'm going to repeat that.

The 99 percent have seen a decline of 0.4 percent—that is a negative—while the upper 1 percent, a positive growth of 11.2 percent.

Now, my friends across the aisle will talk about the American Dream and the ability of every American to work their way up to the top. But numerous studies have shown that there is less economic mobility in America than most people think. The fact is that if you work hard, play by the rules and