

U.S. government and its local partners provided diagnostic testing, administered antiretroviral treatment (ART), and expanded HIV/AIDS programs to lower the rate of transmission. These efforts achieved significant success. This year the millionth HIV-free baby was born due to PEPFAR-supported prevention of mother-to-child transmission. In 13 countries, the rate of infection is below the increasing rate of adults requiring treatment. Now we can finally work toward an AIDS-free generation.

S. 1545 extends our commitment to PEPFAR and the U.N. Global Fund through 2018. It maintains the 10 percent funding requirement for orphans and vulnerable children, and at least 51 percent for treatment programs. This bill does not address the changing priorities in the second phase of PEPFAR, giving PEPFAR the bandwidth to strengthen health systems, explore public-private partnerships, and increase country ownership.

Local partnership and ownership is essential to the sustainability of PEPFAR's programs. This partnership has already begun; the effects can be seen in broader administration of medical services, though the parallel expansion of social services for the HIV community has lagged. The continuation of the 33 percent funding cap for the U.N. Global Fund ensures local partnership to address such problems.

One of the most notable changes to this legislation is its increase in oversight. I look forward to receiving the annual, joint oversight and auditing plans that will be developed by the Inspectors General of the Department of State, USAID, and HHS, thus increasing Congressional oversight as well. It will include per-patient cost studies and analysis of the shift toward greater country ownership. PEPFAR is no longer a start-up program, and the oversight associated with its shift toward long-term sustainability must be adjusted accordingly.

Yesterday, the Senate passed this bill with unanimous consent. It is our turn to do the same.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in support of S. 1545, The President's Emergency Plan for AIDS Relief Stewardship and Oversight Act (PEPFAR). Eleven years ago, as the Chair of the Congressional Black Caucus, I initiated PEPFAR talks with President George Bush to discuss the necessity of an international response to the HIV/AIDS pandemic. President Bush helped make a \$15 billion commitment to worldwide AIDS relief.

Not only has PEPFAR driven down the cost of commodities, it has seen real success targeting each country's specific epidemic by coordinating resources within numerous AIDS responses.

PEPFAR is a vital emergency response and it has been able to transition to long-term sustainability through country ownership. This bill not only strengthens all that PEPFAR has achieved, it extends critical oversight and authority in order to continue its success.

While PEPFAR has been a major accomplishment, we must continue to support its efforts. The U.S. investment in the Global Fund is key to the success of PEPFAR.

Our contributions have not only secured resources but also helped to increase coverage of health services and saved millions of lives. I urge my colleagues to vote in favor of S. 1545 and continue to support this critical program.

The SPEAKER pro tempore (Mr. WENSTRUP). The question is on the mo-

tion offered by the gentleman from California (Mr. ROYCE) that the House suspend the rules and pass the bill, S. 1545.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

REPUBLICAN SOLUTIONS TO HEALTH CARE

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

Mr. MESSER. Mr. Speaker, I rise today for an important Special Order—this time, to focus on Republican solutions to our national health care crisis.

The President's health care law has hurt more people than it has helped. Taxes are going up, premiums are rising to unaffordable levels, workers' hours are being cut, and people are losing the plans they like. After more than \$500 million spent, the Web site doesn't even work. The truth is that, despite all these problems, the American people needed genuine health care reform before President Obama signed his signature law—and we still do.

The American people deserve an alternative to the failures of the President's health care law, and we have one: The Affordable Health Care Reform Act. This important bill replaces the President's health care law with patient-centered reforms that genuinely lower costs while keeping you in charge of your health care.

I have a few colleagues with me here today to join in this conversation. I certainly would like to start by yielding to Congressman BARTON.

Thank you for your leadership on this important issue.

Mr. BARTON. Thank you. I want to recognize your leadership on the Republican Study Committee and the Health Task Force on preparing the legislation that you just referred to.

I am the past chairman of the Energy and Commerce Committee, the past ranking member of that committee; and when the Affordable Care Act came through the Congress, I was the senior Republican on the committee of jurisdiction.

□ 1715

I don't want to tell you and the American people that I told you so, but I told you so. We knew that this wasn't going to work.

For example, we had a hearing today about the Affordable Care Act in the Energy and Commerce Subcommittee on Oversight and Investigations. It was focusing on the security of the Web site and on all of the problems and when the administration knew about those problems and what they did or didn't do. In the course of that hearing, Congressman CORY GARDNER of Colorado was asking the senior civil servant, Mr. Chao from CMS, some questions.

The gentleman from CMS just kind of, off the cuff, said, You know that 60 to 70 percent of the programs haven't been developed yet.

Congressman GARDNER followed up and said, What are you talking about?

He said, All we are working on right now is the Web site to get people registered. We haven't completed that portion of the program about billing, that portion about accounting for treatment, how we interact with the hospitals and the patients and the doctors. Basically, 60 to 70 percent of the system has not been programmed yet.

Mr. MESSER. Unbelievable.

Mr. BARTON. Can you imagine that, if we are having the horrendous problems we are having on just getting people interacted with making choices of which kind of coverage they are going to choose, the problems you are going to have when you actually begin to have to use the system for real health care in January?

So I and, I think, you and the other members of the Republican Study Committee task force on health, who helped prepare the legislation that you are talking about, are going to begin to push to delay the Affordable Care Act.

I have a bill, H.R. 3348, that makes it voluntary the first year in that we are not going to impose the individual mandate on people. The President has already delayed the employer mandate for a year. My bill, H.R. 3348, would delay the individual mandate so that, as we work through all of the problems, people can choose to participate or can choose not to participate.

I think it is becoming more apparent every day that the Affordable Care Act is like that shiny automobile that you see when you go into the showroom or go to the car lot. You see it, and the salesman says, Man, this thing is great. It gets 30 miles a gallon. It doesn't use much oil. Everything is power steering, and it has air-conditioning and a great stereo system. So you put down your down payment, and you take it out on the road. Son of a gun. The thing doesn't go above 50. It burns oil like it is going out of style. The air-conditioning doesn't work. The stereo system barely works. It is just a lemon.

The Affordable Care Act is a lemon, and the American people and the Democrats on the other side of the aisle who voted for it are having buyer's remorse.

So what we need to do is to delay it or to repeal it or to at least make it voluntary. Then let's look at some of these alternatives like the legislation that we put into play in which we give people real choices. It is a patient-centered, client-centered system. We allow insurance to be sold across State lines. We beef up affordable savings accounts, Health Savings Accounts. We do cover preexisting conditions, which I know you will talk about later on, but we do

it with a high-risk pool on a State-by-State basis.

The Democrats have told us time after time in the general debate that you Republicans are against the Affordable Care Act, but you don't have an alternative.

We have an alternative, and I think it is a good alternative. I am a sponsor of the legislation, and I am here to support you in this Special Order. As we go through and outline what is in it, I think the American people and the other Members of the House who are watching these proceedings—more and more of them—will say, We don't like that lemon that we have. Maybe we ought to go back, and maybe we ought to start over. Maybe some of these ideas in the alternative we should take a serious look at.

So I commend you for your work on the legislation, and I also commend you for leading this Special Order this evening.

Mr. MESSER. Thank you. Once again, I appreciate the gentleman's leadership. I appreciate your long-standing leadership on this important issue and your longtime leadership in Texas as well.

As you have said, nobody wants to say, "I told you so," but, unfortunately, what has unfolded in the most recent weeks and months is exactly what was predicted by folks on your committee and elsewhere because you could see from the beginning that the bill was fundamentally flawed and just didn't work.

I want to cite to this Chamber the number 701. According to the Department of Health and Human Services, that is the number of Hoosiers who have successfully signed up for health insurance on the Affordable Care Act exchanges. Indiana isn't alone. States across the country are experiencing dismal enrollment numbers. What is worse is that millions of Americans, including 108,000 Hoosiers, are getting policy cancellation notices from their health insurance companies. These notices are coming at a faster rate than people are able to sign up for the health care plans under the President's health care bill.

The President called a press conference once again last week to announce to the American people that, if you like your health care plan, you can keep it. The problem is, no matter how many times the President makes that promise, the promise still isn't true. Saying the promise over and over again doesn't magically make it true.

One of my constituents, Michael Sturgis of Greensburg, called to let me know that he received a cancellation letter from his insurance company. He was told his monthly premium was going to increase from \$397 a month to \$831 a month—an almost \$500 increase per month. His \$5,000 deductible will now go up to \$7,300. So he is spending more money for a plan that gives him less.

This is unacceptable, and it is certainly not affordable. That is why we

need to pass the American Health Care Reform Act. It is so people like Michael and the millions of Americans like him all across this country can remain in charge of their own health care.

Now I would like to yield to a colleague of mine, another person who has shown great leadership on this important issue and who is a close personal friend of mine as well, the gentleman from North Carolina (Mr. MEADOWS).

Mr. MEADOWS. I thank the gentleman. I thank, more importantly, his heart on representing the people of the great State of Indiana and on the fact that he is concerned on a daily basis. We have had conversations a number of times on not only how this health care law is affecting families but, truly, on how we must find a way to work together in a bipartisan way to stop the harmful effects on those men and women whom we call neighbors, friends, and constituents. So I thank the gentleman for yielding.

Americans across the country are already feeling the impacts of ObamaCare, and many of them are fearful of what lies ahead. I know, in my State alone, we have had over 473,000 people who have lost their health care coverage due to cancellations because of ObamaCare. They keep asking, What is coming next? What is the next thing? Whether it is a Web site that doesn't work, whether it is the cancellation of policies, whether it is security concerns over the Web site that are existing, they are all concerned.

I held a town hall meeting last night, and 85 percent of the callers' questions were related to ObamaCare. I don't think we have ever seen it so overwhelmingly lopsided in terms of one issue. Yet it was all about families, and for me, it was the families of western North Carolina.

I had veterans asking me, Does this mean that I am going to lose my health care coverage? Is TRICARE going to be sucked into ObamaCare? Even though we have had promises to the contrary, we know that there is a real move afoot to minimize and to bring it down. So our commitment to our veterans is one that has to stay strong, and we have to be committed to that. I know that you agree with me on that particular issue.

There was a wife who was worried about how she and her husband were going to be able to afford the premiums because their premiums had tripled. They said, We just don't know how we are going to be able to afford it. Then I had a business owner who employs, he said, between 26 and 28 people. He said, I am not sure how we are going to be able to continue to provide health care coverage as premiums escalate. It is all about trying to make sure that I keep them gainfully employed, and now I am having to try to figure out how we pay for these premiums that have increased.

These are real people. This is not politics. They have faces and names, and we have got to address it.

People across the country have become gravely concerned. A recent poll showed more than 58 percent of the people believe that ObamaCare is not ready for prime time. In spite of this overwhelming stress over ObamaCare, the one question I continue to hear is: What is your solution?

Many of the Democrats have claimed that Republicans only want to repeal the law rather than to try to fix it, but I can tell you that that is not the case because, even in this Congress, Republicans have offered over 102 bills to fix some of the problems with the Affordable Care Act while the Democrats have only offered 17 solutions.

Now, last week, we passed one of those solutions, the Keep Your Health Plan Act, to make sure that if you like your health care plan that you can keep it, but much more needs to be done. The American Health Care Reform Act, which you were talking about, now has over 102 cosponsors. It is a comprehensive solution that was put forth by House Republicans to address the serious problems that we have in our Nation's health care system.

It is a multifaceted piece of legislation that provides an array of reforms and lower costs, which is something that the current bill really doesn't do. We talk about affordable care, but it hasn't really been lowering the costs. This is one that keeps it patient-centered and makes sure that health care is a decision between the doctor and the patient, not between the government and the patient. It provides those tax reforms for families and companies, and it levels the playing field in providing for health care for all Americans. It fully repeals the President's health care law. It eliminates billions in taxes and thousands of pages of unworkable regulations and mandates that we have already seen, and we are only now starting to find out what the implications are. It spurs competition to lower health care costs as we know that competition will do that. Yet it allows for the purchase of health insurance across State lines, enabling small businesses to kind of pool together in order to lower those health care costs, but it is really about reforming what we are seeing.

It reforms medical malpractice laws in a commonsense way that limits trial lawyers' fees, but yet, at the same time, it does not diminish the protection for our patients if something were to go wrong. It expands Health Savings Accounts so that they can use pretax dollars to provide for their health care expenses.

Ultimately, it is a safeguard. It safeguards us against those preexisting conditions. I know you have heard from your constituents, as I have from mine, that one of the good things about the Affordable Care Act is it makes sure those preexisting conditions are

covered. This does the same thing. It makes sure that they are protected. Yet, at the same time, it makes sure that those high-risk pools are extended and guaranteed that availability—a protection that many Americans depend on and need.

I just want to thank you for your leadership on this particular issue. I believe it is time we worked together in a bipartisan way to fix this problem piece of legislation. We have put forth a proposal, and I urge my colleagues across the aisle to join us. I thank you for your leadership in highlighting this this evening.

Mr. MESSER. Thank you. I certainly appreciate the gentleman and his leadership. I am sure you have been asked by many, both privately and publicly, the same thing that I have been asked, which is: Aren't you just really rooting for ObamaCare to fail?

□ 1730

The comment I make every time I am asked that question is, no, I am rooting for the millions of Americans who are now being harmed by this bill. All the moms and dads that are worried about whether they are going to have insurance that had it before. The people who were promised things, that they would suddenly magically have insurance, and now they are not getting it.

In the areas across the country where there were promises that rates would go down and now rates are going up, those folks now are caught at this point. I do think we have a responsibility. You and I both know, anybody that has been following here, we were opposed to ObamaCare and led efforts, along with many others, to try to make sure that we didn't have it.

We also have always recognized that the status quo wasn't acceptable in health care either. That while we had a lot of great things in our system—certainly some of the best health care treatment in the world—we had a program that was unaffordable and rates were going up.

We have free enterprise-based, patient center-based solutions that can make a difference.

I appreciate your leadership and highlighting this.

Mr. MEADOWS. You are absolutely right. I know that I have got physicians in North Carolina that are looking at retiring because of dealing with the bureaucracy of this new law. We have got hospitals who thought it was going to be a great advantage to them in covering those costs that are now looking and saying, well, the implementation of it is really—what we were promised and what we are getting may not be exactly the same.

We need to make sure that we right this ship, that we do what is right.

I am honored to be able to cosponsor this legislation with you and look forward to your leadership, and I thank you.

Mr. MESSER. Thank you very much.

For months, the President has unilaterally enacted modifications, repeals, and delays to his own law, yet none of those so-called "fixes" have fixed this flawed law. Health care costs have continued to skyrocket. This is a huge burden on employers, individuals, and families.

The American Health Care Reform Act will drive down the cost of health care through increased competition, individuals will be able to purchase health insurance across State lines and, as my colleague highlighted, businesses can pool together to get the same buying power as large corporations.

Under the American Health Care Reform Act, families will have the flexibility to pick the coverage that best fits their needs. When people are in charge of their own health care, they become better consumers, which will encourage competition in the health care market. Real savings will only happen when people, not Washington bureaucrats, are in charge of their own health care.

Next up, I would like to highlight a real leader on this important issue of providing an alternative to the failed programs of the President's health care law, my friend and colleague from Louisiana, the chairman of the Republican Study Committee, Mr. SCALISE. Great to have you here.

Mr. SCALISE. I want to thank my friend and colleague, Mr. MESSER from Indiana, for yielding and for your leadership in talking about this here on the House floor.

I think a lot of us over the last few years that this law has been on the books, while we have been pointing out all of the many problems that it is creating for families, we predicted, unfortunately, we saw this coming. This "train wreck," as it was called by the lead sponsor in the Senate who rammed the bill through, he called it a train wreck recently because he finally acknowledged how devastating this would be. Of course, the President, we all remember that promise that was repeated time and time again: If you like what you have, you can keep it. Something we all embrace.

Of course, I knew, you knew, so many of us knew, I think even the President knew, unfortunately, when he was making that promise time and time again for the last 3 years, that that promise could not be kept under the President's health care law; just with all the mandates, all the unworkable taxes and mandates and these government bureaucrats that come between patients and doctors and get in the middle of health care, and IRS agents coming with the hammer to enforce this law.

We all knew. We saw that there would be no way people would be able to keep the health care that they liked. While we repeated it many times, it wasn't real until recently when millions—millions—of families started getting cancellation notices, losing the

good health care that they have today and enjoy.

I have gotten letters from so many of my constituents. We reached out through social media with Facebook and Twitter and Share with Steve and asked for their stories. I remember Shaun from Covington who said, I am losing the good health care I have.

I posed the question to Secretary Sebelius at a hearing. I said, here is a guy in my district, we are hearing this over and over again, he is losing his health care, what do you tell him? She said, well, just go in the marketplace. Of course this is the Web site that doesn't work that spent over \$500 million of taxpayer money. Not one person has been held accountable, by the way, for that failure.

As we point out all these failures, we also said there is a better way. We as conservatives stepped forward and said, we ought to put down on paper the things we stand for: market-driven, consumer-patient oriented health care reforms that actually lower costs, that will actually increase access. We put it together in a bill called the American Health Care Reform Act, H.R. 3121, a bill anybody can go look up and read. In fact, a bill that is less than 200 pages long with all the great reforms in it. Of course, comparing and contrasting that to the President's health care law with over 2,700 pages, all these unworkable mandates.

What the bill does is just basic commonsense reforms that should have been done years ago. We, of course, as you mentioned, allow people to buy across State lines. People in America, probably some of the best consumers in the world, with the Internet with so many options, people go online every day and find good products for their family. They don't care where that product is from. If it is good for their family, they are going to buy it.

With health care you really can't do that. You don't really have that opportunity. The health care law has taken those options away from families. So we say, let's empower people again, let's put patients back in charge of their health care decisions.

I am from Louisiana. If I find a better deal for my family in the State of Maryland, I can go buy that plan. I should be able to buy that plan. Right now I really can't. Yet you do that with car insurance and so many other products. You are able to buy across State lines, and it gives you opportunities.

We do so many other things to make sure people with preexisting conditions can't be discriminated against, allowing small businesses to pull together.

Again, this is a bill that has been put together by conservatives in the House. In fact, a number of medical doctors, actual medical doctors, people with real world experience in health care, helped draft this bill and, ultimately, we brought it forward and we have over 100 cosponsors.

So I think the momentum is building as the President's law just continues to

collapse and, frankly, the President's credibility collapses with it. People I think are looking for that better way, and we have it with the American Health Care Reform Act.

Again, I thank the gentleman from Indiana for his leadership, and I yield back.

Mr. MESSER. I certainly appreciate the gentleman from Louisiana and his leadership. I know you were quoted over the weekend on FOX News by George Will describing the tragic circumstances that most Americans see themselves in, those that have lost their health care plan. I would like you to expand on that just a little bit, if you don't mind.

Mr. SCALISE. Sure. One of the things we have heard so much from this administration about health care as they have referred to people's plans, good plans, they refer to many of them as "lousy" plans. I have been in hearings where we have had Obama administration officials, in fact the President himself goes around chastising people and saying, you might be losing your plan, but it probably wasn't that good of a plan anyway.

Who is it for some Washington politician to tell somebody, and in Covington, Louisiana, as a constituent of mine, Shaun, said, who is it for the President to say that Shaun's plan was lousy when Shaun liked his plan? The President's promise was not, "If Barack Obama likes what you have, you can keep it." The promise was, "If you like what you have, you can keep it." No Washington politician or bureaucrat or IRS agent should be able to take that away from you.

Yet, as that was happening and they are berating people saying, your plan wasn't that good, it was a lousy plan, I said it is kind of like a guy who burns down your house and then he shows up with an empty bucket of water and then he sits there and gives you a lecture on how bad and lousy your house was before the fire. All you want is your house back. You didn't want somebody to burn it down in the first place.

People just want their good health care. They sure don't want to be lectured by some bureaucrat or politician in Washington saying, hey, your plan really wasn't that good because I don't think it was that good; when, in fact, the person back home is saying, I thought it was good, it was good for my family, my doctor can go see my kids, and I want to continue that relationship with my doctor, and they are about to lose it. They are losing it with these Washington politicians who helped ram this bill through.

That is why I think, as the President's health care law collapses on all the weight of these unworkable mandates and taxes, we need to put up an alternative, and we have an alternative called a better way—the American Health Care Reform Act.

We want to help bail those people out with a real bucket of water and a real

relief sign that there is something that we are doing, not only to point out how bad the law is—they are seeing it play out every day—but also how we can actually fix the problems that are becoming even worse because of this law.

Mr. MESSER. Again, I thank the gentleman. Thank you for your leadership.

As we have talked about before, the American people needed health care reform before the disaster of ObamaCare rolled out. Obviously, we need it now more than ever given the failings of recent days. H.R. 3121, the American Health Care Reform Act, is an answer.

There are several principles upon which we should all be able to agree when it comes to genuine health care reform.

First, patients should not be denied health insurance because of preexisting conditions.

Second, any Federal policy changes must be designed to drive costs down, not up, as we have seen under the so-called Affordable Care Act.

Third, you should be able to keep your health care plan if you like it. I agree with former President Bill Clinton when he has said that, given that very clear promise that was made by President Obama on behalf of the Federal Government to the American people, we need to pass legislation—we have already passed a bill in the House—but we need to pass legislation that makes sure that promise is kept.

Fourth, we need commonsense medical liability reform that puts an end to the expensive system of defensive medicine that we have now.

Health care decisions should be left up to you and your doctor, not Washington bureaucrats.

The American Health Care Reform Act is centered on these five principles.

Frivolous lawsuits are driving up health care costs and forcing good doctors out of the medical field. The American Health Care Reform Act improves medical liability law. Frankly, Indiana has been a leader in this area because of leadership from former Governor "Doc" Bowen, a physician back in the 1960s. The Indiana medical malpractice reform approach would be a great Federal model, and its principles from that plan is a part of H.R. 3121, which we are talking about today.

We need improved medical liability law that allows doctors to continue practicing medicine without fear of excessive and unfair penalties.

I also would like to talk to you a little bit about the importance of medical savings accounts. Fellow Hoosier Pat Rooney is known as the "father of health savings accounts" from his work as the president and CEO of Golden Rule. They were established in 2003 while Pat Rooney was the chairman of the Golden Rule Insurance Company. Pat believed people should own their own health care.

Health savings accounts have proven to be a useful tool for individuals and families while navigating the health

care system. Our plan, H.R. 3121, expands health savings accounts and enhances their performance by increasing the cap on contributions and expanding the allowable uses of health savings account funds. This gives people more control over how they spend their health care dollars and allows them to invest pretax dollars toward their future health care needs.

Mr. Speaker, no one doubts that real reform is needed, but there are two distinct visions for the future of health care in our Nation.

The President's plan expands the Federal Government's role in health care, raises taxes, and imposes unfair and unworkable mandates on the American people. Our plan, H.R. 3121, the American Health Care Reform Act, puts people in charge of their own health care. It encourages competition to lower costs and expand coverage.

American families, businesses, and individuals deserve real solutions to the very serious problems that exist in health care in America today. The American Health Care Reform Act provides a path to true reform.

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

□ 1745

DEVASTATING TORNADO HITS ILLINOIS

(Mrs. BUSTOS asked and was given permission to address the House for 1 minute.)

Mrs. BUSTOS. Mr. Speaker, I rise today to talk about the devastating tornado that hit my region of Illinois this past Sunday.

The tornado, which has been classified as an EF-4, hit speeds of up to 190 miles per hour. The city of Pekin in my district was especially hard hit. More than 200 structures in this city of 35,000 people were damaged, and 75 homes were left uninhabitable. Many people lost not only their homes, but all their possessions.

To give just one personal story, Gary and Selena Cleer were in church on Sunday when the tornado hit. They took shelter with the rest of the congregation in the hallway. Finally, when they were able to drive safely back home, they didn't even recognize their house. Much of their roof was gone. Their garage had been torn away, and their battered car lay amid rubble.

Illinoisans are generous and compassionate people, as well as being resilient and hard working. I have no doubt we will recover from the storm, but this type of disaster could happen anywhere.

As we continue to debate the issues of the day, I call on all of us to keep in mind the people who have been hit hard by natural disasters. We owe it to them to be there for them in their time of need.