closing the doughnut hole for prescription drugs that cost seniors that have serious health care an enormous amount of money, it opens it so, once again, seniors are going to have to pay for drugs that they cannot afford. The Affordable Care Act closed that.

Choices, we are going to make choices here. We are in the process of deciding what the budget will be for the Government of the United States.

Will it be a budget that provides the fundamental needs to grow this economy, education, and manufacturing so our shipyards and so our bridges can be built with American workers? Are we going to do that or not? Are we going to take care of the seniors? Are we going to educate our kids?

These are the questions that we confront here, and I would ask our colleagues to stop the—I don't know—3-year effort now to repeal the Affordable Care Act and, rather, work on making that new system effective, efficient, and viable.

It is the path we are on. It is not a government-run health care system. In fact, it is a private insurance system that has now been added with protections for the consumers, the consumers' health care bill of rights.

Don't repeal it. Make it work better. Work with us to address those problems that we know exist in the system. No program has ever been perfect, and we can do better here. That is our goal.

So today was a good day for me. As ranking member of the Coast Guard Maritime Subcommittee, we put forth a good policy—not complete—we need to add to it, and hopefully, that will happen when the bill is taken up in the Senate; but at the same time, we hear a continuing call to do away—to eliminate the patient's bill of rights. We don't want to do that.

I am going to yield back my remaining time here and just put this question before all of us. This is a country that needs to grow. This is a country that needs to prosper, and we need to work across the aisle here, just as we did last week with my colleague, Mr. LaMalfa, a Republican, a conservative.

We said we need to build something in California. We need to build a water storage system. So we have introduced legislation, the sites reservoir legislation, a bipartisan piece of legislation, a major infrastructure reservoir for the State of California, where we can store water for the drought that is going to come—not for the current drought, that opportunity was lost years ago—but for the next drought, nearly 2 million acre feet of water to be stored to be available for farmers, for the city, for the environment, to be used when needed when the rain is not there.

That is the kind of bipartisanship that we need. We need to come together. We need to spend our money wisely and efficiently. We can do that in a bipartisan way. I want to thank my colleague, Mr. LaMalfa, for working on a project that is desperately needed in California. We need those levees all across this Nation.

□ 2045

We need those shipyards building American ships to carry that natural gas all around the world. We don't need to do too much of it. We don't want to drive up the price in the United States. We want to make sure that if we are going to export a strategic national asset that all of America benefits—not just the gas companies, but all of America—the shipyards, the shipbuilders, the steelworkers, the plumbers, the pipe fitters, the electricians, those middle class jobs, 100 ships. It is possible. We need to work together to make that happen.

We have got a full agenda ahead of us. An austerity budget won't make it. It is going to harm this Nation. It is going deprive us of what we need to do: to build the infrastructure, to educate, to do the research, and to make this country move forward. Hopefully we will make a wise decision

With that, Mr. Speaker, I yield back my remaining time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. Capuano (at the request of Ms. Pelosi) for today on account of official business.

PUBLICATION OF BUDGETARY MATERIAL

House of Representatives,
Committee on the Budget,
Washington, DC, April 1, 2014.

Mr. RYAN of Wisconsin. Mr. Speaker, at the beginning of this Congress, two additional requirements for the consideration of a concurrent resolution on the budget resolution were set forth in Section 3(e) of House Resolution 5 (113th Congress).

The first requires the concurrent resolution on the budget include a section related to means-tested and nonmeans-tested direct spending programs. The second requires a statement from the Chair of the Committee on the Budget defining those terms to be included in the Congressional Record prior to the consideration of such concurrent resolution on the budget. Amendments to, and conference reports on, the concurrent resolution must also fulfill these provisions.

Enclosed please find two tables prepared in order to fulfill the terms of section 3(e) referred to above. I have also included a communication and associated tables from the Director of the Congressional Budget Office, with whom I have consulted in the preparation of this material. While the nonmeans-tested list is not exhaustive, all programs not considered means-tested can be considered nonmeans-tested direct spending. The description of programs considered to be means-tested direct spending and nonmeans-tested direct spending is the same as the one filed on March 7, 2013 in compliance with the section 3(e) requirement.

Sincerely,

Paul D. Ryan of Wisconsin,
Chairman, House Budget Committee.

U.S. Congress,
Congressional Budget Office,
Washington, DC, March 25, 2014.

Hon. Paul Ryan,
Chairman, Committee on the Budget, House of Representatives,
Washington DC.

Dear Mr. Chairman: As you requested, enclosed are two tables that show federal spending for each of the government's major mandatory spending programs and tax credits that are primarily means-tested (that is, spending programs and tax credits that provide cash payments or assistance in obtaining health care, food, or education to people with relatively low income or few assets). Table 1 shows CBO's baseline projections for the 2014–2024 period; Table 2 shows historical spending data from 2004 through 2013, along with CBO's estimates for 2014.

The tables include total spending for mandatory programs that are primarily not means-tested, but they do not include separate entries for individual programs in that group that have means-tested components (for example, student loans and some portions of Medicare, other than low-income subsidies for Part D). They also do not include means-tested programs that are discretionary (for example, the Section 8 housing assistance programs and the Low Income Home Energy Assistance Program). However, the tables show discretionary spending for the Pell Grant program as a memorandum item because that program has both discretionary and mandatory spending components and the amount of the mandatory Pell grant component is partially dependent on the annual amount of discretionary funding.

In CBO's latest baseline projections, published in The Budget and Economic Outlook: 2014 to 2024 (February 2014), mandatory outlays for both means-tested and non-meanstested programs are projected to grow over the next decade at an average annual rate of 5.4 percent (see Table 1).

Overall, the growth rates projected for total mandatory spending over the coming decade are slower than those experienced in the past 10 years—by about one-half percentage point per year, on average. Over the 2005–2014 period, CBO estimates that total mandatory outlays will have increased at an average annual rate of 6.0 percent—means-tested programs by an average of 6.8 percent per year and non-means-tested programs by 5.7 percent per year (see Table 2).

A number of programs shown in Tables 1 and 2 have been or are scheduled to be significantly affected by changes in law, the recent recession, and the continuing recovery. As a result, important aspects of the programs in the future may differ significantly from historical experience, and those differences may be the source of some of the variation between the growth rates in the past 10 years and those in the coming decade. For example, spending for Medicaid, the Children's Health Insurance Program (CHIP), health insurance subsidies, the Supplemental Nutrition Assistance Program (SNAP), and the refundable portions of the earned income and child tax credits has been or will be significantly affected by program changes that unfold over time:

The difference in growth rates for Medicaid in the two periods stems in part from policy changes that, on net, reduced those rates for the past decade (when they averaged 5.4 percent) but will increase them in the coming decade (when they are projected to average 6.8 percent). For example, in 2006, Medicaid spending contracted when spending for prescription drugs for certain people was shifted to the new Medicare Part D program. By contrast, projected rates of growth in Medicaid spending over the coming decade are