going to have to give this to the Speaker.

Mr. LATOURETTE. I think I agree with that. There are a couple of rumors out of the trainers' room that Mr. STUPAK will in fact need medical attention for some twisted arms and legs as a result of this. But while we were talking, I found the Rahm Emanuel sticker, so we're going to slap that up there.

Mr. TIBERI, any disagreement here about the Speaker versus Mr. STUPAK?

Mr. TIBERI. Hard to top the gentleman from Michigan's description.

Mr. LATOURETTE. We're down to two games to come to the semifinals. Let's go over to Senator REID and Chairman WAXMAN. What do you think?

Mr. TIBERI: Well, while the cagey veteran from California put up a pretty good game, I think it's hard to top the Christmas Eve dealings of Senator REID and the Senate bill, which ultimately, if it's deemed in the House, will be the one that actually becomes law over everything else. So I think you've got to give it to Senator REID over Waxman.

Mr. LATOURETTE. Sure.

McCotter.

Mr. MCCOTTER. I would agree. I would say that while Mr. WAXMAN played a better game, he spent too much time on the left side of the court. Whereas, Senator REID was capable of smothering people with everything under the sun. You cannot argue with the final score. It is the Senate bill here.

Mr. LATOURETTE. That's a good point. I think that that's a clear victory for the Senator from Nevada. So that brings us over to this side. I'm still trying to peel the back off of the Pelosi sticker. But we do have the last quarter-final games between the President's Chief of Staff, Mr. Emanuel, and, again, the cagey veteran from California, the Speaker of the House, Mrs. PELOSI.

Guys?

Mr. TIBERI. I think it's hard to argue with the Speaker in a close one, but I'd have to give it to the Speaker.

Mr. LATOURETTE. McCotter.

Mr. MCCOTTER. I would have to agree with that, but I would just like to point out that the Speaker and Mr. Emanuel, former teammates, know each other's games very well. This was a very, very close contest, but in the end, I believe that Mr. Emanuel was given a technical foul for profane language and the Speaker hit the free throw.

Mr. LATOURETTE. I have heard he does in fact have a salty tongue. I think that's right. We'll give that to the Speaker. So we're down to the last quarter-final. It's Waxman versus Reid. Did we solve that?

Mr. TIBERI. We solved that already. You're a sticker behind.

Mr. LATOURETTE. So here we are as we come down to championship day. And the championship will be determined on Sunday here in the House of Representatives. It appears that the contest is going to be not with any Republican leader, not with the People, not with the conservative Democrats, not with Mr. STUPAK and the people that believe in the pro-life movement. It's going to be between the two Democratic leaders in the House and the Senate, Senator REID and Speaker PELOSI.

Mr. Speaker, how much time have we got?

The SPEAKER pro tempore. The gentleman has about 4 minutes.

Mr. LATOURETTE. All right. Here we go. Then in this last 4 minutes I want to yield to each of my friends. And we can't yield specific blocks of time, but if you could each take about 2 minutes to give us your final thoughts and perhaps give us a prediction on the championship.

McCotter, you're first.

Mr. MCCOTTER. I will yield to the gentleman.

Mr. TIBERI. What we know is if the House takes up this rule on reconciliation on Sunday or Monday, the Senate bill will be deemed passed and on to the President's desk. That means Senator REID will have won. The question is: Will they get the votes for the reconciliation the bill in the House and then in the Senate without changing it? If they do change it, does it come back to the House, and can they get the votes to uphold the changes, and what will happen then?

So this is going to play out. What's clear is, as you've pointed out, the American people end up losing. Health care reform is something that the three of us and the majority of Republicans support, but this isn't going to reform people's health care. This adds people to Medicaid. This adds people to insurance. This adds a slew of taxes, Medicare cuts, cuts to Medicare Advantage, and doesn't allow people to necessarily keep what they have. This is not reform that Americans bought into.

Mr. LATOURETTE. I thank the gentleman. I think I agree with it. This is going to be a barn-burner. This is one where you want to be on the edge of your seats because this thing, I expect, is going to go back and forth; first half, second half.

Mr. MCCOTTER. Looking at the chart, I'd like to first note that on the road to the championship game between Speaker PELOSI and Senate Majority Leader REID, I see no Republicans to obstruct their path. And I think that that points out the way this process has gone. What we are witnessing now is not an argument between Republicans and Democrats; we're watching an argument amongst Democrats. Because we will have a bipartisan vote on this health care bill—and it will be in opposition. This is heartening to know that as this process goes forward, the bipartisan support for true health care reform in this country between Republicans and Democratic centrists will continue because we are supported by the American people.

Fundamentally, in this debate I think the American people have reached a conclusion: that their government is not working for them. It is not listening to them. It is defying their expressed wishes. This is transcendent of the simple monetary considerations, which are great and which are dire for us. But this is really about your liberty and your relationship to your government. We do not work for government. Government works for the people. And under this health care bill, I would urge everyone to think of something. No matter how imperfect the health care system is right now, it cannot be fixed by the most broken entity in the world today, which is the United States Government. Mr. Speaker, no one in my district believes that the people who run Washington the way they do are going to do anything to improve your health care.

So, in conclusion, I would just like to point out one thing. Do not give this government this type of control over your life.

Mr. LATOURETTE. I thank both gentlemen for joining me this evening.

Mr. Speaker, where are we?

The SPEAKER pro tempore. The gentleman's time has expired.

Mr. LATOURETTE. Two sentences. Tune in Sunday. Thanks.

HEALTH CARE REFORM IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for 60 minutes as the designee of the majority leader.

Mr. RYAN of Ohio. Mr. Speaker, I appreciate the opportunity to follow The Price is Right and my friends from Ohio, with whom we obviously disagree on this issue but consider ourselves friends and colleagues. And I appreciate their levity here tonight. We're going to talk a little bit about the substance of this health care bill that is now coming very, very close to being passed. But before we do, I just want to clarify the record a bit because throughout the course of the day today many people have been commenting on procedure and self-executing rules. And I just want to share with the House and put into the RECORD for the American people to be able to reference what the history of these self-executing rules has been.

In the 104th and 105th Congress under Speaker Newt Gingrich, Republicans used 90 self-executing rules. In the 106th, 107th, and 108th Congresses under Speaker Denny Hastert, Republicans used 112 self-executing rules. In the 109th Congress, under Speaker Hastert, Republicans used self-executing rules more than 35 times. This is a common procedure used here in the House. It has been proven under the Gingrich-Hastert regime before the Democrats took over. I also would like to show

and read and ask to submit this for the RECORD.

[Prepared by the Office of Majority Leader Steny Hoyer, March 17, 2010]

EXPERTS CALL OUT GOP ON HYPOCRISY, GOP OWNS UP TO LEGITIMACY OF RULE

REPUBLICANS CRY CROCODILE TEARS ON LEGISLATIVE PROCESS TO DISTRACT FROM UNFAIR INSURANCE PROCESS

With final passage of health insurance reform quickly approaching, Republicans are making another desperate attempt to distract from the substance of the health care debate. The GOP is hypocritically crying foul on a legislative process that they used more than 200 times under the last two Republican Speakers. Republicans clearly are trying to distract from the unfair insurance process that they support continuing:

Process that allows insurance companies to cancel coverage when a person gets sick;

Process that allows insurance companies to filibuster consumers' claims to fair coverage; and

Process that makes Americans fight for their health insurance even as they are fighting for their lives.

If Republicans are so sensitive to fair process, they should oppose those unfair insurance procedures and support passage of health insurance reform. And if they don't do that, then their record on using the same House rules to pass major legislation should be enough to end the legislative process debate.

REPUBLICANS USE SELF-EXECUTING RULES TO PASS MAJOR LEGISLATION

When Republicans complain about process—whether on reconciliation or self-executing rules—they conveniently ignore their own record on using the same procedures to pass major legislation. In fact, according to Don Wolfensberger, former staff director under a Republican House Rules Committee, Republicans have used self-executing rules hundreds of times in recent history:

104th & 105th Congresses: Under Speaker Newt Gingrich (R–GA), Republicans used 90 self-executing rules.

106th, 107th & 108th Congresses: Under Speaker Dennis Hastert (R–IL), Republicans used 112 self-executing rules.

109th Congress: Under Speaker Hastert and Rules Committee Chairman David Dreier (R–CA), Republicans used self-executing rules more than 35 times. [Norm Ornstein, 3/16/10]

REPUBLICANS, EXPERTS ACKNOWLEDGE LEGITIMACY OF RULE

''[D]espite Republican claims that such parliamentary gymnastics as reconciliation and self-executing rules are somehow in violation of House rules or rare, neither is the case, says congressional scholar Thomas Mann of the Brookings Institution. 'On the self-executing rule, Republicans in their last Congress that they controlled, the 109th, used it 36 times; the Democrats, in the next Congress they controlled, used it 49 times,' Mann said. And in many cases, Mann says, they were on some pretty major bills. 'The reauthorization of the Patriot Act, the Tax Relief Reconciliation Act, the Deficit Control Conference Report; all kinds of major measures have been approved through self-executing rules, which means the House votes indirectly rather than separately on these measures.' '' [NPR, 3/17/10]

[Prepared by Offices of Democratic Leadership, March 18, 2010]

HYPOCRISY ALERT

This practice has been in use since at least 1933—and has been commonly used under both Republicans and Democrats.

In 1948, the Republican-controlled House passed a resolution to consider as adopted Senate amendments to a bill to change tax rates.

In 1993, the House adopted a resolution to consider as adopted the Senate amendment to the Family and Medical Leave Act.

In 1996, the Republican-controlled House adopted a resolution to consider as adopted the conference report on Line Item Veto.

Separately, beginning in 1980—and most years thereafter—the House has had in place a standing rule that approves automatically a joint resolution to increase the public debt limit upon adoption of a Budget Resolution that contemplates such an increase. Such a resolution has occurred 20 times in the last 30 years.

OPEN AND TRANSPARENT

The Senate bill has been publicly available for almost three months. The Reconciliation bill that improves it has been publicly discussed for weeks, and will be available online 72 hours before any House Member will be asked to vote on it.

AMICUS BRIEF

Some health care opponents are comparing this procedure to an amicus brief filed in a lawsuit challenging the constitutionality of the Deficit Reduction Act of 2005. Speaker Pelosi, Chairman Waxman, and Chairwoman Slaughter all signed onto that amicus brief. That court challenge arose due to the House and Senate passing two different final versions of a bill, President George W. Bush signing one of them (the Senate version) into law, and the significant constitutional questions it raised. It had nothing to do with this process.

Congressional scholar Norm Ornstein of the American Enterprise Institute, who's really the guru here for how Congress operates, wrote this in his March 16, 2010, column: ''I can't recall a level of feigned indignation nearly as great as what we are seeing now from congressional Republicans and their acolytes at The Wall Street Journal, and on blogs, talk radio, and cable news. It reached a ridiculous level of misinformation and disinformation over the use of reconciliation, and now threatens to top that level over the projected use of a self-executing rule by House Speaker Nancy PELOSI. In the last Congress that Republicans controlled, from 2005 to 2006, Rules Committee Chairman DAVID DREIER used the self-executing rule more than 35 times, and was no stranger to the concept of 'deem and pass.' That strategy was defended by House Republicans in court, and upheld. Is there no shame anymore?''

So let's set this aside.

Obviously, as I'm going to be joined here by my friend here from Ohio, my other friend from California, if the substance of the bill is going to benefit the other side, I wouldn't talk about the substance of the bill either, Mr. Speaker. I would stay focused on smoke and mirrors, and bells and whistles, and distractions that would move the debate off of the centerpiece, off the meat and potatoes, which is this: our government has a moral mission. And that moral mission is, this Government, as designed by the Framers of the United States Constitution, has a moral mission to protect its citizens from terrorists, from foreign powers if they are aggressive. This government has a moral mission to protect its citizens with issues of crime, workplace safety, should unruly corporations behave in a manner that would hurt individual citizens in the United States of America. The documents that founded this country, that created this country, give the United States Congress that moral mission—to act on behalf of individual citizens. So the health care reform proposal that we are talking about today is an attempt by the Congress of the United States. The elected representatives of the American people should step in, because they are being hurt by the current health care system. They are being hurt by the practices of the health care industry, of the insurance industry.

□ 2030

And what is going to happen this weekend as we pass health care reform, something that this country has been trying to do for 100 years, what will happen is the government will come in and not run health care. This isn't about the insurance company running health care or the government running health care. This is about the government stepping in and saying to the insurance industry, You are no longer allowed to kick people off of their policies just because they got sick. The insurance industry is no longer allowed to tell kids and their parents that they are denied insurance coverage because they have a preexisting condition. The insurance industry will no longer be able to tell adults that they can no longer get health insurance because they have a preexisting condition. That's what this bill does. It protects the American people.

To an American family who may be dealing with a catastrophic health care issue for their family, this bill is going to step in and say to the insurance company, Back off. You are no longer allowed to say to a family who's going through a health care crisis, Sorry, we're out of money. You hit your lifetime limit. You're on your own. This is going to come in and say on behalf of the American people, If you are 26 years old or younger, you will be able to stay on your parents' insurance so that young people will have an opportunity to do that. This is going to say to small business people—because the government also has a moral mission not only to protect from unsavory underhanded business practices but the government also has a moral mission to empower people in the United States of America. What this bill does through a series of tax incentives and in an exchange will provide the greatest tax cut for health care purposes in decades in the United States of America.

If you are a small business in the United States of America, you will receive up to a 50 percent tax credit in order to provide health care to your workers as well as go into the exchange and be able to negotiate with other small businesses and people around the country to drive down health care

costs. That is going to significantly reduce costs for small business people in the United States of America. And as we slowly begin to move out of the economic collapse that our friends on the other side and President Bush handed the American people, this reform will bring some stability to the market. This reform will allow small business people to take those savings and reinvest them back into their company, in the machinery, in the capital, in the technology, in the wages for their workers.

You can talk to any small business person—and I was just on the phone with one today who had an increase of 40 percent in their health care. And he said, You know what, I negotiated with the drug company. I negotiated it down to a 30 percent increase. This is a person who had 30 employees just a few years ago and now is down to just a handful, six or seven employees. But if you reduce the health care costs for this business, and thousands across the country, they will have more money to reinvest back into their company.

You talk to many union members when they go in and negotiate union contracts with businesses, they don't get a wage increase because the business person says to the union, You know, I've got $5 an hour. Here it is. You can use it any way you want, but this is all I've got. And the unions, as they negotiate those contracts, have to put that money into health care. So wages have been stagnant now for decades. And this bill will allow those small businesses and big businesses to reinvest back into their companies and help us as we get out of the economic morass, as things start to open up, as we see they are now. We'll accelerate that and allow us to have some sustained long-term growth.

And before I yield to any of our friends here—Mr. BOCCIERI is here from Ohio—I want to make one final point. This bill will extend the life of the Medicare program. That's why AARP has endorsed this program. And our friends on the other side—I love it, they say, Well, the seniors are against it, but AARP endorsed it. The docs are against it, but the American Medical Association has endorsed the bill. This is a pro-abortion bill, but yet 60,000 Catholic nuns and 6,000 Catholic hospitals and 1,400 Catholic nursing homes have endorsed this bill. The National Catholic Reporter endorsed this bill. They wouldn't endorse a bill that is pro-abortion, giving Federal money for abortions.

But this is another distraction because our friends on the other side certainly don't want to compete with tax credits for small businesses, certainly don't want to say, you know, get rid of the preexisting conditions. We want to keep that in there. They don't want to have that campaign. They don't want to have that debate, and I don't blame them.

But the facts of the matter are this: this bill is good for the American people. It probably should have happened 30 or 40 years ago. But for seniors, it extends the life of Medicare. It invests into the Medicare part D program so that if you have prescription drug coverage from Medicare part D, you'll get a $250 stipend this year, a rebate this year. And next year, because of the negotiations, the average Medicare part D recipient will save $700 on their prescription drugs that they're getting from Medicare Part D. We will eventually close the doughnut hole. No senior will ever have to pay for preventive coverage again. No citizen will ever have to pay for preventive coverage ever again.

So this, through the savings, extends the life of the Medicare program, reduces costs, makes insurance affordable for everyone in our country. The next day or so, Mr. BOCCIERI, we are moving in the direction of a historic vote. And I just want to say to you, my friend, that I appreciate what you have done, today came out and said that you are voting ''yes'' on this bill after a lot of consideration, a lot of thought because you feel it is the best thing for the American people. I want to say thank you for standing up for your constituents. We represent very similar districts, and I believe that history will vindicate you and your vote and what we're doing here. So with that, I yield to my friend from Ohio.

Mr. BOCCIERI. Well, I thank the gentleman from my adjoining district, the 17th Congressional District in Ohio. The 16th Congressional District of Ohio has had its share of people who are without health insurance. And in fact, nearly 39,000 people in my district right now are wondering how they're going to pay for coverage, how they're going to pay their doctors' bills should they have an emergency now. There are 9,800 residents in the 16th Congressional District who have preexisting conditions. As we speak right now, they will not be able to get health care coverage.

Let me speak to you about the face of this national debate because our friends on the other side like to make this national debate about Speaker PELOSI or Leader REID or even the President of the United States.

At the end of the day, the face of this issue is about Natoma Canfield. Natoma Canfield right now is sitting at the Cleveland Clinic, hanging on for dear life, getting blood transfusions every day for the next 30 days without health care insurance. Now her story moved me so because she brought me back to a place that I haven't been in a long, long time. I remember as a young boy standing at the bed of my mom—I was the oldest son—and she was telling me that she had breast cancer, and she didn't know what the future had in store for her. She was going to get treatment but wanted us to be prepared.

Now, she had health care insurance, and she survives today. But I wonder now as a father of four children what would have happened to my life if my mom didn't have health care insurance. What would have happened to her? Would I have been able to go to college? Would I have had to work? How would we have paid for her treatments? My life could have been considerably different based upon this situation.

That story is played out hundreds of thousands of times not only across the 16th Congressional District but across this country. Too many of our citizens are one accident, one medical emergency, one diagnosis away from complete and utter bankruptcy, financial ruin. And in fact, in 2007, they said nearly 70 percent of all bankruptcies in the United States were because they had no insurance.

Now, I would remind my friend from Ohio, in 2004 our Secretary of Health and Human Services, Tommy Thompson, flew to Iraq with billion-dollar checks in hand to make sure that every man, woman and child in Iraq had universal access to the doctor that they wanted to see. Now, why is that good for Iraqis and not for Americans? Why do Americans have to pay for Iraqis to see their physician anytime they wanted to, but that's not good enough for our own people? Well, the time has come, the hour is at hand. Too many politicians are worried about their futures and not about the futures of the people that we represent. They're worried about the reelection. They're worried about their job security instead of the job security and the health security of the families that we represent.

I know a lot of people are angry. They watch the display of back and forth here in Washington. They become frustrated, frustrated because of all the blocking and stiff arms. You know, I would remind my colleagues on the other side, the bill that we have before us today and that we will vote on this weekend, the bill that is before the House of Representatives, when the components are added from the President's bipartisan summit and the four Republican ideas are added into this bill, this bill will be identical, if not completely identical, to the bill that was introduced by Lincoln Chafee and Bob Dole in 1993 as a Republican counterproposal to the Clinton administration's health care debate.

Leadership doesn't need to be worrying about who's going to control this House. They need to be making sure that Natoma Canfield can keep her house because without health care insurance—she told me on the phone the other day that she's worried about her home going into foreclosure.

Now, I know that a lot of people are uneasy about this process that we have here in Washington. I know a lot of people are suggesting that we ought to stop and start over, but the insurance companies aren't starting over. We see broad increases in insurance premiums, 40 percent, 50 percent sometimes. Where does this end? Where does it stop? Where do the most abusive practices stop? When you can block someone from seeing their doctor because

they had a preexisting condition, when you can deny someone coverage because they got sick, when you can tell somebody that they have reached their lifetime cap, and they can no longer be insured, that is what this debate is about, about the faces of our constituents.

Let me tell you, before I turn it over to my friend, about a young boy who made the journey to Washington, D.C. I couldn't be in Ohio today because we had votes, so I brought Ohio to Washington. I had a family here, a young boy by the name of Jay. Jay was here, and this young boy has autism. He is uninsurable. He has a preexisting condition because he has autism.

I was walking down the hall with his mother Esther, and she was in tears after our announcement. She said that, you know, I know this is a tough decision for you and the country, but it's one that is very necessary. And I told her, I said, If we don't succeed at this task in front of us, Jay will never be able to obtain health care insurance unless we vote on this bill, unless we say enough. Because on day one when this bill passes, Jay will be able to get health care insurance. We will no longer allow the insurance industry to deny people because they had a preexisting condition. I think this is a fight worth having. I do, Mr. RYAN, and that's why I'm here today.

□ 2045

Mr. RYAN of Ohio. I tell you, what a cute kid he was. He was just the cutest little kid. You get caught up in this debate with numbers and statistics and whatnot, but he really was the poster child for why we need to do this.

With that, we are blessed with someone who has come from the great State of New Jersey and has been in the middle of all of the negotiations on behalf of our leadership and who chairs the subcommittee on the Education Committee which handles these issues. I yield to my friend, ROB ANDREWS.

Mr. ANDREWS. I thank my friend for yielding and for being here night after night talking about what is really in this bill and doing a great job on it. I thank him for his friendship. I would like to thank and congratulate Mr. BOCCIERI's courageous decision to vote in favor of this bill on behalf of the families that he talked about.

And to my friend from Ohio, I would also like to thank someone who we wouldn't usually hear about being thanked, and that is the millions of Americans who have contacted us who oppose this bill. And I have heard from my constituents who oppose this bill, and they are worried. They are very worried, and they should be, because if the things that they have been told were in this bill were true, not only would I be worried about it, but I would not vote for it.

Our constituents are not simply entitled to know where their Representatives stand, they are entitled to know where their Representatives stand on the facts that are actually before us.

I want to take a few minutes tonight to talk about the things that I have heard from my neighbors and constituents that worry them and then lay out the facts.

I have heard from my senior citizen constituents that they don't want any cuts in their Medicare benefits. The fact is this bill does not cut anyone's Medicare benefits. The opposite is true. To those seniors who enrolled in the Medicare part D prescription drug program, the amount of their prescriptions that Medicare pays for goes up, the amount of drugs that they pay for goes down, and eventually, by the end of this process, 75 percent, at least, of all prescription costs will be paid by Medicare and 25 percent by the seniors. It is the closure of the so-called doughnut hole. It is one of the main reasons that the AARP is supporting this bill.

When a senior goes to the family doctor or the OB–GYN for an annual checkup, when this bill becomes law, that senior won't pay any copay. Medicare will pay the entire cost of that visit. Those are the only changes in Medicare that affect people's benefits. The benefits increase.

We have heard the outrageous statement that Americans who are elderly or disabled will be denied health care because there will be death panels in the bill. The answer can be found in section 1302 of the underlying text that we will be considering on Sunday. That text directs the Secretary of Health and Human Services, ''to ensure that health benefits established as essential not be subject to denial to individuals against their wishes on the basis of the individual's age or expected length of life or the individual's present or predicted disability.'' That's the fact that is in the bill.

We have heard people say that they do not want to be forced to join a government health plan or any other health plan. They don't want to wait in a health clinic like the British do, like they say they do. They don't want to be in the Canadian system, and they are not. The fact is that section 1312 of the text that we will consider on Sunday says the following: ''Nothing in this title shall be construed to restrict the choice of a qualified individual,'' that is anyone, ''to enroll or not to enroll in a qualified health plan or to participate in the exchange.'' It goes on to say ''nothing in this title shall be construed to compel an individual to enroll in a qualified health plan.'' Nothing. That's what the bill says.

We have heard many Americans of good conscience say they do not wish to see their tax dollars pay for abortion services. My friend, Mr. RYAN, who is staunchly pro-life and has stood to that position irrespective of the political consequences, has eloquently described what the bill says. For those who wish to read it for themselves, go to section 10104 and read it. It says that no public funds may be used to pay for an abortion for anyone.

I hear constituents say, quite understandably, they do not want undocumented people to receive health care benefits or subsidies under this bill, what are sometimes referred to as illegal aliens. Neither do the authors of the bill. So if you go to section 1312f, a qualified individual is defined, and a qualified individual is someone who is a U.S. citizen or is here legally on a green card or other legal document. That's what the bill says.

We hear that the bill will destroy small businesses across the country. Small businesses do create three out of every four private sector jobs in this country. The bill does have a substantial effect on small business. Here is what it isn't and here is what it is. What it isn't is a crushing mandate on small businesses, because section 1304 of the bill says, if a business has 50 or fewer full-time employees, the business is required to do nothing. No mandate, no requirement, no tax, nothing. The person who is running a gas station, a deli, a barber shop, a small firm, nothing.

What the bill does say about small business is this: That the same deal that General Electric or Lockheed Martin or a huge company can get, so can the small business by joining a purchasing exchange set up in each State. And it says that the smallest of businesses will get a tax cut effective immediately this year for insuring their employees voluntarily. If you have 50 or fewer employees, you are not required to do anything and you probably qualify for a tax cut as a result of hiring more people.

Finally, we hear that this bill will dramatically increase the country's deficit and debt. And as a father of two daughters who are 15 and 17, I worry about a lot of things unrelated to politics and the debt, but I also worry about the debt because they are going to have to pay it off. I think the American people need to know a fact about the debt before they consider this bill. The debt is everyone's fault. I have had the privilege of serving here quite a long time. Both parties share a blame. I own my share of the responsibility. But we need to know this: 70 percent of the national debt was run up during the administrations of President Reagan, the first President Bush, and the second President Bush. Seven out of every $10 of debt came from them.

Now, what does this bill do to the national debt and deficit? You should not believe the Democratic Party or the Republican Party or any political person on this issue. Mr. Speaker, our constituents, for those who wonder what this does to the national deficit and debt, look at the accounting by the neutral, nonpartisan scorekeeper, the Congressional Budget Office, which for a long time around here has been recognized as the gold standard and authority. Here is what they say. They say that if this bill becomes law, the deficit will be reduced by $138 billion over the next 10 years, and, in the second 10 years, it will be reduced by $1.2 trillion.

Everyone in this Congress is entitled to his or her own opinion, but the American people are entitled to the facts. Everyone is entitled to his or her own opinion, but not everyone is entitled to their own facts. The facts are that this is what is in the bill. The things that people have been told about this bill are not true, and, Mr. Speaker, I would invite those who wonder to go to the Internet, to read the bill and draw their own conclusions and then frankly evaluate the criticisms of people who will continue to mislead about this bill.

We are fortunate that people of good faith have made legitimate criticisms about this bill. We tried to listen and improve the bill, and on Sunday we look forward to a clear, on-the-record vote to adopt this legislation.

I thank my friend for yielding.

Mr. RYAN of Ohio. I thank the gentleman from New Jersey. I always learn something when he is around.

This bill, we ask: How does it affect the country? And it only makes good sense that if we are reducing health care costs over time, that will reduce the deficit; because the government is so intertwined with Medicare and Medicaid and veterans' benefits and everything else, taking the health care system and putting in these fixes and including everybody in the system so that they don't run up health care costs, and fixing the waste in Medicare and those kinds of things, at the end of the day will be very, very beneficial for the deficit.

I have got a district in northeast Ohio. Very specifically, Mr. Speaker, I just want to state what this bill is going to do for those people in Ohio who have been for 30 years in a recession, for the most part. They lost the steel industry, lost the rubber industry, and lost a lot of the manufacturing in the United States and have been hurt very, very badly. I wish this was in place 30 or 40 years ago and it would have saved a lot of people from a lot of suffering over time.

This bill alone will improve coverage for 355,000 citizens in the 17th Congressional District. This particular bill will give tax credits and other assistance for up to 180,000 people. There a lot of people in my district who have a family of four, make about $50,000 a year. That family, under this bill, will get a $5,800 tax cut for them to be able to afford health insurance.

Last year alone in the 17th Congressional District, we had 1,700 families, neighbors of mine—this is all throughout the country—who went bankrupt because of the health care system. Because of health care issues, they went bankrupt, and many of those people had health insurance. They actually had health insurance and still went bankrupt. How many kids, how many families, how many parents had to file for bankruptcy in this country last year because of the current health care system that we have here?

So 53,000 young adults in the 17th Congressional District will be able to stay on their parents' health insurance because we extend it up to 26 years old. This bill will guarantee 9,300 people in the 17th Congressional District will no longer be able to be denied health insurance because of a preexisting condition. This is where the rubber meets the road.

I mentioned about the $250 that the Medicare part D recipients will get this year, a $700 savings in Medicare part D next year. They will save $3,000 by 2020. So this is a bill that has great significance.

We will have enough money in this bill, just in my congressional district, for four new community health clinics. We already have a few sprinkled around, but four new community health clinics so people can go and get the kind of preventive care that we are focused on in this bill. Hospitals will save $11 million.

This bill is a good bill. Is it a perfect bill; not even close. Nothing is perfect. We are all imperfect here, so why would we create something that is perfect? But we have extended it. We implement things over time so we have an opportunity to tweak things.

As the gentleman from New Jersey said, this reduces the deficit by $1.2 trillion over the next couple of decades. That's what this is all about for our kids and our grandkids, to have the kind of future that we want. So I think it is an important piece of legislation. I am excited about it.

If I can say lastly—because the Ohio State Buckeye's basketball game is coming on and we have to do our part, Mr. BOCCIERI and I, to make sure that we root them in as much as we are rooting in the health care bill this weekend—I want to say this, and I don't mean to be glib or arrogant, but I want to be honest.

I look forward to the campaign in November. I looked forward to going out and talking to the constituents in my district and around the State of Ohio about what is in this bill. And I very much look forward to the Republican Party running on a platform of repealing this bill, repealing the ban on preexisting conditions for children, repealing the ban for preexisting conditions on adults, repealing the tax credits for small businesses, repealing the tax credits for someone in Niles, Ohio, who makes $50,000 a year and will get $5,800. I want to have that debate.

I want to have the debate where the Republicans come up and they say we need to repeal that and we need to make sure that our seniors, we continue to keep the doughnut hole wide open. We don't want to close it. I look forward to that debate and look forward to the debate saying that we should keep the lifetime caps in and keep the status quo.

□ 2100

So it is going to be an exciting time in our country. And as I heard one of my colleagues say, we are debating real issues here. And we have an opportunity to talk about what is in this bill and how it is going to benefit the American people.

I will then yield back the balance of my time.

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from California (Mr. GARAMENDI) is recognized for the remainder of the hour as the designee of the majority leader.

Mr. GARAMENDI. Thank you very much, Mr. Speaker.

I would like to enter into a colloquy with my colleague from New Jersey who earlier spoke of the truth, what is actually in the bill. One of the things that is not in the bill but is actually a fact is that in America about 45,000 people a year die because they lack health insurance. They don't have the opportunity to see a doctor on a regular basis, and they wind up in the emergency room very, very sick.

The truth is that under this legislation, 32 million Americans will be able to get health insurance, and poor people will see an expansion of the Medicaid program so that they get in under that program. That is in the legislation, is it not?

Mr. ANDREWS. It is. I would like to thank the gentleman for being here, for being the former insurance commissioner of California, really knowing these issues and doing a great job. I want to talk about one of the people who would be helped by this.

A few years ago, I was in my best friend's wedding, and I was in the bridal party, and there was a beautiful young lady who was also in the bridal party as a bridesmaid. The wedding was in June. We all had a great time; all of our families there. My wife and I had a wonderful time. A few months later, around Thanksgiving, she started to feel sick. Now, she was a part-time cafeteria aide in a public school. Her husband was a truck driver who lost his job. So they had no health insurance.

She started to feel some stomach discomfort. She went to the emergency room. They decided to admit her to the hospital. They said they were going to run a series of tests over the next couple of days. And she was terrified that if she stayed in the hospital for that time that she would run up a huge bill that she couldn't afford. So she checked herself out. She continued to have some stomach problems, and again afraid to go see a doctor because she couldn't pay the bill. This is around Thanksgiving. She died the day after Christmas, leaving her kids behind.

A lot of politics on this floor, I say to the gentleman from California. She is not here today to hear those politics. Her kids don't have a mother because someone who worked hard for a living, who was in a rough time in their life, could not afford health care. She is the issue and her children are the issue on Sunday.

Mr. GARAMENDI. Mr. ANDREWS, I believe that every one of the 433 Members, or 432 who are still here in the House, know the exact same experience. All of us, and virtually every family in America has that experience where they have found one of their friends or one of their family without health insurance and facing the reality of bankruptcy, the reality of losing their life because they were unable to get the care that they need.

I will never forget a visit that I made to a carpenter who had worked his entire life and had come down with lung cancer. He was about 63 at the time. I visited him in his home, a trailer home out in the back part of the district. His wife was there. She had emphysema. And she was about 62. He told me, ''I have to hang on. I have to hang on. I cannot die because she will be left without insurance. And then she too will die.'' That doesn't have to happen in America.

What we are doing today, as we prepare for this historic vote on Sunday, is to lay out before the American people why this is so important. It is important to the individual, it is important to that family, that person lying in their sick bed trying to hang on for another year-and-a-half so that the wife would qualify for Medicare.

Now, that's the reality of life. But the reality of this bill is it deals with that problem. Because if that gentleman lived next week, after the President signs this bill, he would have the confidence of knowing that there is a special program created specifically for he and his wife. The gentlemen and the women between the age of 55 and 65 who have lost their job, who are unemployed without insurance, there is a special high risk program specifically for them so that if he is to die, he can die with the confidence of knowing that his wife will have health insurance.

Now, that is really important because so many Americans and so many in my district have lost their job, they fall into that age group. That is a tough place to get a job because of the discrimination that the insurance industry now puts upon people in that age group.

Mr. ANDREWS. If the gentleman will yield, I know the person you are talking about. Shortly before the holidays this year, on a very snowy Saturday, my wife and I went to a large department store to pick up some last-minute items. A lady in Audubon, New Jersey, was working at the store and talked about what a long day for her it was. She was in the eighth or ninth hour of her shift. And she had no health insurance because she conveniently fit underneath the full-time worker category, working for a huge corporation. She was not yet 65, so she didn't have Medicare. And she was really worried that she was going to get sick, because if she got sick she also had a preexisting condition which would make it all the worse. Couldn't buy insurance.

Here is what this bill says, as the gentleman knows, to that lady. First of all, because she works for a large firm, her employer is going to have to either insure her or contribute toward the cost of insuring her. And she is going to be able to get insured for 3 or 4 percent of her income, maybe $15 or $20 a week, which is affordable for her. A lot of people say, well, this is an unfair mandate on business. They don't understand. When a huge corporation like that one doesn't pay its fair share, the rest of us all do. She will get insurance, it will be paid for fairly, and I think she is the lady the gentleman is talking about.

Mr. GARAMENDI. As you said at the outset, I was the insurance commissioner in California for 8 years, '91 to '95 and 2003 to 2007. I saw this problem over and over again, where corporations push aside, literally discriminate against people because they may be more expensive. A particular problem in the smaller companies, where the risk cannot be spread out. This piece of legislation provides an opportunity for those risks to be adjusted, to be smoothed out among all of the people that are insured, all of the companies, thereby reducing the incentive for companies to discriminate in their hiring, discriminate against people that have a sickness or who may become sick because they happen to be 50, 55 years of age.

There is another thing in this legislation that is extremely important to every single qualified, to use your term earlier, qualified American, or qualified person in this country.

Mr. ANDREWS. Will the gentleman yield?

Mr. GARAMENDI. Let's talk about that.

Mr. ANDREWS. Define what ''qualified'' means so people understand. Qualified means you are a citizen or you are here legally. That is what it means.

Mr. GARAMENDI. Let me get that straight. Qualified means that you are a citizen or you are legally in the country with the appropriate immigration papers.

Mr. ANDREWS. Right.

Mr. GARAMENDI. Green card or H–1B visa, et cetera. So if you are illegal, you don't qualify.

Mr. ANDREWS. Right.

Mr. GARAMENDI. Now, back to the point I was making is that insurance companies discriminate against individuals. We all, if we think about it, know the examples here. I am going to give one. Twenty-three-year-old girl had been insured by the same insurance company for 23 years, from her conception, birth, all the way through teenage years, all the way to 23. She becomes 23. She is no longer on her parents' insurance. She goes back to the very same company and says, I'd like to carry on insurance.

No. Not available to you.

Why?

Well, you had acne when you were 16.

The fact of the matter is she also happens to be a woman and in those child-bearing years. So the company says, well, you know, you might get pregnant, might get married; might get pregnant and not be married. In any case, you're going to cost us a lot of money, and, therefore, no insurance.

That kind of discrimination is over when the President signs this bill, be it discrimination against people who have a preexisting condition—and who doesn't? Who didn't have acne when they were a kid? Who didn't have asthma? Who didn't have a broken arm? Who in our society does not have a preexisting condition? Very few of us. Under the current situation, the insurance companies are able to pick and choose. Only the healthy or likely to be healthy do they want. Those who might be expensive they push aside.

The message to the insurance industry is this: The President signs this bill, your discrimination is over. No longer will you discriminate against women, young or old, whether they are in their fifties or sixties. You will not discriminate against a person who has a preexisting condition. And you will not be able any longer to cancel a policy when somebody becomes sick.

Now, I have got to tell you, I went after Blue Cross of California and a couple other companies out there with a vengeance because what they did, people had been buying insurance from them for years and years, they get an illness, maybe they have a cancer, and suddenly the company goes back and says, oh, you didn't tell us when you were 3 years old that you had a tonsillectomy and had to take antibiotics. Therefore, we're going to cancel your policy because you didn't tell us. That is finished the day the President signs this bill. So in the insurance field, the era of discrimination on all of these methods is over and the insurance companies will take all comers.

Mr. ANDREWS. I think the gentleman's point, Mr. Speaker, is so well taken, because a lot of times people hear about this legislation and say, Well, okay, what does this really have to do with me? I have insurance, I'm employed, I don't run a small business, so I'm concerned about this because I think I'm going to pay higher taxes and get nothing for this.

Let me deal with that. First of all, if you live in a family that has an income of less than a quarter of a million dollars a year, there is no tax on your family. If you are an individual that earns less than $200,000 a year, there is no new tax on your family. So let's get that straight.

Secondly, who is the next person who is going to find out that they are diabetic, or they are asthmatic, or God forbid they are diagnosed with a malignancy, or there is some other condition, as you said, that is relatively trivial as acne or eczema or something like this. The record is filled with people who are denied coverage or who face huge premium increases.

Because I am sure, Mr. Speaker and my friend from California, there are people watching this tonight who thought today was their lucky day, that they got a job offer. This happened to someone I know very well in my family. She got a job offer. She had been looking for a long time for a job, and this is the job she wanted. The employer called back the next day and said, We're sorry, but we have to rescind our offer because you cost too much to insure because she's diabetic and has a family history of breast cancer. So her punishment for conditions that are beyond her control is that she is now unemployable if she wants health insurance.

Now, people say that in this country everybody should work their way up the ladder. I completely agree with that. How can you work your way up the ladder if you can't get an employer to offer you a job because you are not insurable? That is over when this bill becomes law.

Mr. GARAMENDI. The gentleman could not be more correct. And those are very, very common. Along the same lines, we often consider America to be the country of entrepreneurs. We know the statistics are clear, the evidence is there, the polling has indicated that tens of thousands, perhaps even hundreds of thousands of Americans do not begin their own small businesses because they fear that they will be unable to get insurance. They don't want to leave the big corporate family. I know a specific fact of a fellow that worked at the university and wanted to start his own business. He and his wife wanted to start their own business for 10 years, and yet with small children and she with a preexisting condition, they did not do so. And so that entrepreneurial spirit was stifled by the insurance system we have in America.

Under this legislation they will be able to get insurance, either directly with an insurance company or as soon as in this case the State of California develops its exchange, which is a pooling. You talked about this when you spoke earlier. And we really ought to have a better discussion and a more thorough discussion about the exchanges, which is a method of setting up a mechanism in which standard benefit insurance policies will be available from different companies, the information will be readily available, and the insurance companies will be forced to compete with each other on quality and price and availability. Those exchanges are an extremely important way to create competition and availability of insurance.

Mr. ANDREWS. If the gentleman will yield, it is not a terribly exotic concept. My family has two kittens, so we buy a lot of food for them and the other things that they need.

□ 2115

We buy them at one of these discount centers. I won't name the brand name. But we buy them at one of the centers because you can buy these products a lot cheaper than you can at retail because there is a purchasing group that gets a better deal on these products. This is a concept Americans understand very well. The larger the volume of the group of buyers, the better the discount.

The problem for those small entrepreneurs that the gentleman talks about is they're out there on their own. They're out there with 5, or 6, or 7, or 20 people, and they get whatever they can get. But when they join an exchange—if they want to—it is voluntary. When they join an exchange, they join a buy-in club, that just like our family is able to buy our pet supplies at a cheaper price. They're going to buy health insurance at a price at a Lockheed Martin, or a General Electric, or the United States of America.

And listen, their employees are going to get the same choices of health plans that we do as Members of Congress. It's long overdue.

Mr. GARAMENDI. I'm relatively new here, and I don't know everything about the health systems here. But when I signed up, I was given an array of options. I could go to Blue Cross-Blue Shield, or I can get Aetna, or Kaiser. It turns out that Federal Government employees, including every Member of Congress, have access to an exchange. And if you happen to be in California and you're a public employee at the State or county, many of the counties and cities, you are already in an exchange called CalPers, California Public Employees Retirement System. Those are exchanges. This is nothing new. What we're doing is making that exchange available to everybody.

Mr. ANDREWS, you have been here some time, and I know you're very familiar and indeed an expert on the American economy. Let us talk a little bit about the American economy and why this legislation is extremely important to the American economy.

Right now we rank 19th in our health, in how healthy we are. And we're actually ranking below Colombia. The fact of the matter is we also spend nearly 17 percent of our total wealth, our GDP, on health care. Our competitors in Europe, Japan, Korea, spend no more than 11 percent—most of them are 10 percent and below. So you know in your economy, we have an enormous disadvantage.

I remember actually it was President Clinton talking about this, and it's as though we took a check every year for about $800 billion and gave it to our competitors. We're giving that advantage to our competitors because our health care system is so expensive and consumes so much of our economy and leaves us not at the top of the heap, but at the bottom.

Mr. ANDREWS. Thank you for calling me an expert on the U.S. economy. That is hardly the case. That is the one inaccurate thing the gentleman said.

I do know this from listening to my neighbors: The economy is in deplorable, horrible shape. It's the worst economy, I think, in my life.

And the number one issue today is not health care; it is the economy, but it's important to understand how this issue plays into jobs and the economy.

Businesses can't create jobs as their premiums skyrocket. As an employer pays more and more and more in health care, what he or she has to do is either hire fewer people or offer narrower health benefits. The auto manufacturers tell us that the price of health care for their employees in making a car costs more than the price of steel that goes into the car.

A young entrepreneur starting a software company is likely to not even make it at all or crash and burn from the beginning because of these costs.

One of the ways to help businesses create more jobs—and by the way, an independent estimate shows that over time, the savings that this health care bill will generate will create 4 million jobs in the United States—is to fix health care.

So I do say one thing. Our opponents do have a track record, because I hear their rhetoric. They say that well, the taxes that are required on families making more than a quarter million of dollars to help pay for this—by the way; it's about 55 percent spending cuts, 45 percent new revenues to pay for this—but that those taxes will have a catastrophic effect on job creation. We will hear that ceaselessly this weekend. And they're consistent, if nothing else.

I want to read you a statement that was made, as an echo, not about this plan, but another plan 17 years ago. Here's the quote. ''It is a recipe for disaster. It is not a recipe for more jobs. Taxes will go up. The economy will sputter along. Dreams will be put off, and all this for the hollow promise of deficit reduction, of lower interest rates''

The plan was not this health care plan. It was the Clinton economic plan in 1993. The Speaker was former majority leader Dick Armey, one of the leading critics of this plan. He was wrong then, and he is wrong now.

Mr. GARAMENDI. What happened, if I recall in the 1990s after he said that, the Balanced Budget Act did pass. You were here. I think you were here at the time.

Mr. ANDREWS. I was, and I will confess I didn't vote for that plan, and I regret that vote. I think it was a mistake because I frankly didn't understand it as well as I should. It was a mistake on my part.

Mr. GARAMENDI. That is one of the wonderful things about life. You can come back and do it a second time.

In this case we're looking at a situation where in the Clinton balanced budget plan, it led to the longest sustained economic growth in America's history. And we created—I forget the number of jobs——

Mr. ANDREWS. Twenty-three million new jobs.

Mr. GARAMENDI. Twenty-three million jobs were created during that period of time.

Excuse me. Do you remember the statistics for the Bush, George W. Bush years?

Mr. ANDREWS. I do. For every private-sector job created during the George W. Bush years, during the Clinton years we created 140. Let me say that again. For every one private-sector job that the Bush administration with its policies created, 140 were created during the Clinton administration.

Now, the reason I make this point is that the same rhetoric that we're hearing this weekend, that these taxes which affect the top 3 or 4 percent of people in America, are going to have a catastrophic effect on jobs, this is an echo chamber.

One other quote I want to read you again about the 1993 plan: ''This plan puts the economy in the gutter. If it was to work, then I would have to become a Democrat.'' The person who said that was former Representative John Kasich, a very dear friend of mine, budget chairman, who unfortunately—depending on how you look at it—is not a Democrat; he's still a Republican, even though it did not put the economy in the gutter; it created 23 million new jobs.

So we will hear this tired old refrain this weekend, but the facts dictate differently.

Mr. GARAMENDI. I want to take up another subject that you broached earlier in the conversation, and that is of seniors.

The senior population spent the good part of the summer being totally scared, frightened, purposely so, with a pack of incorrect, or shall I just call them lies. Death panels, Medicare is going to be cut, other things were put out there to scare seniors into opposing this. When in fact—and you went through some of this; I want you to drive this home—when in fact, this piece of legislation that we will vote on Sunday strengthens the Medicare program and provides significant benefits and increases.

So, please.

Mr. ANDREWS. I thank the gentleman again.

What does that plan mean for seniors? It means no cuts in benefits for any senior. It means an expansion of benefits to cover more prescription drugs as well as preventative care visits. It means that the life of the Medicare trust fund will be extended for 7 or 8 more years, and it emphatically does not mean that any senior, any disabled person, will ever be denied coverage because of their age or disability. It's not the truth.

Mr. GARAMENDI. And you cited the specific code sections, and you also cited the fact that this will reduce the deficit of America over the next 10 years by some $300 billion.

Mr. ANDREWS. The parties do have a record on entitlement health care spending. The erstwhile majority increased health care entitlements by $800 billion in deficit spending. We're going to decrease it by $1.2 trillion. That's a $2 trillion difference between the rhetoric of the other side and the facts of this bill.

Mr. GARAMENDI. And that was the Medicare Part D.

Thank you very much, Mr. ANDREWS.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. It's my privilege to be recognized here on the floor and address you as we watch this Nation lurch forever forward toward their version of socialized medicine.

It's astonishing to me to think that the people on the other side of the aisle who have spoken in the previous hour could even stand and make the statement that we are going to put 30 million more people onto the insured rolls and somehow we're going to cut spending and reduce the deficit. How in the world could that be? We're going to ensure 30 million more people for less money than we ensure the people we have today? Are we going to go back to President Obama's mathematical logic that seemed to have gotten him elected into office when he and Hillary Clinton vied with each other on who had the best government-run health care plan? When President Obama said—and he said consistently and continually—We spend too much money on health care. We have to fix that.

He said as the President of the United States that we're in an economic downturn, an economic crisis, and we can't fix the crisis of our downward spiraling economy unless we first fix health care.

Mr. Speaker, do you remember that? The astonishing statement that the solution to our economic downward spiral is socialized medicine? That is what came out of our President's mouth.

So we have to first fix this health care. And what's wrong with health care? According to the President, we spend too much money. Now, I don't necessarily quibble with that particular statement. We spend too much money on health care. I just disagree on where that too much money goes.

But he argued that we spend too much on health care. We have to fix it in order to fix the economy. And what's his fix? All of the way through his political history up until the reality of being President of the United States was a single-payer plan. The Federal Government writes the check for everybody's health care in America. That's been the President's solution all along. It's clear. It's as clear as his statement eight times on national TV that there were going to be C–SPAN negotiations over health care.

But the President's logic was, and apparently remains, the economy is in a crisis, the problem with the economy is health care, the only fix for health care is to turn it into socialized medicine because we spend too much money. And we've heard these gentlemen say, We're going to save money. We're going to save $300 billion, and it's going to be trillions of dollars by giving 30 million more people a health insurance policy that is paid for by the taxpayers in America. Now, how can they do that?

First I need to dispatch this thing of President Obama's statement that we can fix the economy by fixing health care. I never agreed with that. I always believed that our economic problems were too much spending, too much irresponsibility, too many Federal guarantees. We had the implicit guarantee that the Federal Government would prop up these businesses that are, quote, ''too big to be allowed to fail.'' Now ''too big to fail.'' And so, that was implicit.

And those big businesses took great risks to grow against their other competition that was taking great risk, and the economy was on the verge of collapsing, and that is when we became deemed ''too big to fail,'' and the Federal Government dropped in and bailed them out with our tax dollars. Treasury dollars that are just simply advanced, appropriations that were approved by this Congress in the form of $700 billion dollars in TARP funding, $787 billion in an economic stimulus plan—none of which the American people in anywhere near a majority believed actually worked.

□ 2130

So the free enterprise system was sacrificed off for the nationalization of the huge entities in our Federal Government. And the President continued to insist, even though he had the brilliant Tim Geithner there as the U.S. Secretary of the Treasury, too smart to be allowed not to be confirmed, to help bail out these businesses that are too big to be allowed to fail, and the only way we can fix all these economic problems is to first fix health care because we spend too much money on it. And so the President of the United States argues, well, here is a solution for everything: we will just spend a lot more money on health care in America.

In terms of numbers that we have seen from Senator JUDD GREGG, say that when you look at the 10 years after, the first full 10 years, $2.5 trillion, the President has repeatedly made the breathtaking statement that we want to spend all of this extra money in the trillions of dollars on health care in order to fix the economy that we can't fix without, and the problem with spending too much money is solved with spending a lot more money.

That's the President's position. And any third grader can figure that out, Mr. Speaker. That position could not be sustained in a third grade logic class. I don't think they actually have logic classes in third grade, but it couldn't be sustained.