

Boyd Hinojosa  
 Brady (PA) Hirono  
 Braley (IA) Hodes  
 Brown, Corrine Holt  
 Butterfield Honda  
 Capps Hoyer  
 Capuano Insee  
 Cardoza Israel  
 Carnahan Jackson (IL)  
 Carney Jackson Lee  
 Carson (IN) (TX)  
 Castor (FL) Johnson (GA)  
 Chu Johnson, E. B.  
 Clarke Kagen  
 Clay Kanjorski  
 Cleaver Kaptur  
 Clyburn Kennedy  
 Cohen Kildee  
 Connolly (VA) Kilpatrick (MI)  
 Conyers Kilroy  
 Cooper Kind  
 Costa Kirkpatrick (AZ)  
 Costello Kissell  
 Courtney Klein (FL)  
 Crowley Kosmas  
 Cuellar Kucinich  
 Cummings Langevin  
 Dahlkemper Larsen (WA)  
 Davis (CA) Larson (CT)  
 Davis (IL) Lee (CA)  
 DeFazio Levin  
 DeGette Lewis (GA)  
 Delahunt Lipinski  
 DeLauro Loeb sack  
 Dicks Lofgren, Zoe  
 Dingell Lowey  
 Doggett Luján  
 Donnelly (IN) Lynch  
 Doyle Maffei  
 Driehaus Maloney  
 Edwards (MD) Markey (CO)  
 Ellison Markey (MA)  
 Ellsworth Matsui  
 Engel McCarthy (NY)  
 Eshoo McCollum  
 Etheridge McDermott  
 Farr McGovern  
 Fattah McMahan  
 Filner McNerney  
 Foster Meek (FL)  
 Frank (MA) Meeks (NY)  
 Fudge Michaud  
 Garamendi Miller (NC)  
 Giffords Miller, George  
 Gonzalez Mollohan  
 Gordon (TN) Moore (KS)  
 Grayson Moore (WI)  
 Green, Al Moran (VA)  
 Green, Gene Murphy (CT)  
 Grijalva Murphy (NY)  
 Gutierrez Murphy, Patrick  
 Hall (NY) Nadler (NY)  
 Halvorson Napolitano  
 Hare Neal (MA)  
 Harman Oberstar  
 Hastings (FL) Obey  
 Heinrich Olver  
 Higgins Ortiz  
 Hill Owens  
 Himes Pallone  
 Hinchey Pascrell

NAYS—199

Aderholt Bright  
 Adler (NJ) Brown (GA)  
 Akin Brown (SC)  
 Alexander Brown-Waite,  
 Altmire Ginny  
 Arcuri Buchanan  
 Austria Burgess  
 Bachmann Burton (IN)  
 Bachus Calvert  
 Barrett (SC) Camp  
 Barrow Campbell  
 Bartlett Cantor  
 Barton (TX) Cao  
 Biggert Capito  
 Bilbray Carter  
 Bilirakis Cassidy  
 Bishop (UT) Castle  
 Blackburn Chaffetz  
 Blunt Chandler  
 Boehner Childers  
 Bonner Coble  
 Bono Mack Coffman (CO)  
 Boozman Cole  
 Boren Conaway  
 Boucher Crenshaw  
 Boustany Culberson

Pastor (AZ) Griffith  
 Payne Guthrie  
 Perlmutter Hall (TX)  
 Perriello Harper  
 Peters Hastings (WA)  
 Peterson Heller  
 Pingree (ME) Hensarling  
 Polis (CO) Herger  
 Pomeroy Herseth Sandlin  
 Price (NC) Hoekstra  
 Quigley Holden  
 Rahall Hunter  
 Rangel Inglis  
 Reyes Issa  
 Richardson Jenkins  
 Rodriguez Johnson (IL)  
 Rothman (NJ) Johnson, Sam  
 Roybal-Allard Jones  
 Ruppertsberger Jordan (OH)  
 Rush King (IA)  
 Ryan (OH) King (NY)  
 Salazar Kingston  
 Sánchez, Linda Kirk  
 T. Kline (MN)  
 Sanchez, Loretta Kratovil  
 Sarbanes Lamborn  
 Schakowsky Lance  
 Schauer Latham  
 Schiff LaTourette  
 Schrader Latta  
 Schwartz Lee (NY)  
 Scott (GA) Lewis (CA)  
 Scott (VA) Linder  
 Serrano LoBiondo  
 Sestak Lucas  
 Shea-Porter Luetkemeyer  
 Sherman Lummis  
 Sires Lungren, Daniel  
 E. E.  
 Mack  
 Manzullo  
 Marchant

NOT VOTING—5

Brady (TX) Davis (AL)  
 Buyer Reichert

□ 2023

Mr. ALTMIRE changed his vote from “yea” to “nay.”

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. SPACE. Mr. Speaker, during the recorded vote on H. Res. 1255, a resolution providing for the consideration of Senate amendments to the bill (H.R. 4872), I attempted to cast a vote in opposition. Due to a malfunction of my voting card, my vote was not recorded. I wish to express that my intention was to vote in opposition to the resolution.

HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

Mr. GEORGE MILLER of California. Mr. Speaker, pursuant to House Resolution 1225, I call up the bill (H.R. 4872) to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), with the Senate amendments thereto, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. CAPUANO). The Clerk will designate the Senate amendments.

The text of the Senate amendments is as follows:

Senate amendments:

On page 118, strike lines 15 through 25 (and redesignate subsequent subsections accordingly).

On page 120, strike lines 3 through 5.

MOTION TO CONCUR

Mr. GEORGE MILLER of California. Mr. Speaker, I have a motion at the desk.

The SPEAKER pro tempore. The Clerk will designate the motion.

The text of the motion is as follows:

Motion offered by Mr. GEORGE MILLER of California:

Mr. George Miller of California moves that the House concur in the Senate amendments.

The SPEAKER pro tempore. Pursuant to House Resolution 1225, the motion shall be debatable for 10 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and Labor.

The gentleman from California (Mr. GEORGE MILLER) and the gentleman from Minnesota (Mr. KLINE) each will control 5 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. GEORGE MILLER of California. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 4872.

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

There was no objection.

Mr. GEORGE MILLER of California. Mr. Speaker, at this time I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. Mr. Speaker, I thank my chairman for yielding.

When you take your son or daughter to the emergency room, and you're sitting and waiting in the emergency room, you have a lump in your throat, and you're hoping and praying that when the doctor comes back, the news will be that it's just food poisoning and not a malignancy in your son or daughter's stomach. For many Americans, that joyous moment is followed by another lump in their throat, because even though you've got the joyous news that your child is okay, you can't pay her bill because you have no health insurance. And so many of those Americans for so very long, since the days of Theodore Roosevelt, have looked for the answer. What the President signed on Tuesday and what we do tonight will finally give them that answer.

We will finally say that Americans who wait on tables and pump gas and clean our offices at night will finally have the ability to go home and not only thank God for the fact that their child is better but be thankful for the fact that they live in this country where every American finally has affordable access to health insurance. That is our mission here tonight. Vote “yes.”

Mr. GEORGE MILLER of California. I reserve the balance of my time.

Mr. KLINE of Minnesota. Mr. Speaker, at this time I yield myself 2 minutes.

It has been suggested that today's action will be the final word on the health care debate that has consumed the attention of Washington and America for more than a year. I would suggest instead that much remains to be said and seen. The ink is hardly dry on the Democrats' government takeover of health care, but already we are seeing its devastating real-life consequences.

We discovered a loophole that leaves many young adults out of the reach of their parents' insurance coverage, despite the President's pledge that they will receive care today. We learned there is a gap in the law that allows insurance companies to continue denying care to children with preexisting conditions. Again, despite the President's claim to the contrary. And reports continue to document what this legislation has in store for workers at companies like Caterpillar, John Deere, Verizon, and many others. Here's what they're telling us to expect: \$100 million or more in compliance costs this year alone for just one of these companies, major changes to workers' current health care coverage, and higher taxes, which will mean higher costs for consumers.

These announcements arrived just days after the President signed his health care plan into law. We can only imagine what's in store for the American people as the weeks and months unfold and we begin to experience the full impact of the government control over one-sixth of our economy. These revelations are the obvious consequences of jamming a flawed bill through a flawed process. Mr. Speaker, a flawed bill jammed through a flawed process guarantees the health care debate will go on.

□ 2030

The American people have rejected a government takeover of health care, so let's reject this latest fix of the bill. Let's show the American people we will not accept even more job-killing tax hikes at a time when almost 15 million Americans, 15 million Americans are looking for work.

Let's show the American people we will not accept even steeper cuts to Medicare that will leave millions of seniors less secure.

Let's show the American people we will not exploit this economic crisis to launch a government takeover of student loans or take \$9 billion from students to help fund government-run health care.

Let's show the American people we're ready to do better. Let's vote "no."

And now, Mr. Speaker, I am pleased to yield 2 minutes to the Chair of the Republican Conference, the gentleman from Indiana (Mr. PENCE).

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

Mr. PENCE. Well, here we go again. Last Sunday, defying the will of a majority of the American people, House

Democrats rammed their health care bill through the Congress chock full of Big Government spending mandates and backroom deals. Now we're being asked to fix the bill by passing some sort of reconciliation measure.

But, Mr. Speaker, the bill before us tonight doesn't fix anything. It doesn't fix the fact that this is a government takeover of health care that's going to mandate that every American buy health insurance whether they want it or need it or not. It doesn't fix the fact that it includes about \$600 billion in job-killing tax increases in the worst economy in 30 years. It doesn't fix the fact this bill provides public funding for elective abortion for the first time in American history.

Mr. Speaker, the American people know there's no fix for ObamaCare. We need to repeal this law and start over. If we repeal ObamaCare, we can start over with commonsense solutions at a lower cost and create jobs. If we repeal ObamaCare, we can enact medical malpractice reform, use the savings to cover Americans with preexisting conditions, and promote pro-life protections in the law. If we repeal ObamaCare, we can reform health care in this country without putting our Nation on a pathway towards socialized medicine.

I urge my colleagues in both parties, heed the voice of the American people. Reject this attempt to fix a government takeover of health care. Work with us to repeal and start over on health care reform that reflects the common sense and the common values of the American people.

Mr. GEORGE MILLER of California. Mr. Speaker, I continue to reserve.

Mr. KLINE of Minnesota. Mr. Speaker, before I yield to the distinguished Republican leader, can I ask the chairman of the committee to confirm that he is the last speaker and will be closing? All right.

Then, at this time, I am very pleased to yield the remainder of our time to the distinguished Republican leader, the gentleman from Ohio (Mr. BOEHNER).

Mr. BOEHNER. Mr. Speaker, the American people are asking: Where are the jobs? But as we see today, the issue of government-run health care will continue to be the focus of this body. It will remain the focus of this body because of the unilateral, secretive, rushed process that's been used to force this bill on the American people.

Today we're passing legislation to correct major errors in the massive bill that was signed less than 72 hours ago. It removes some, just some of the special interest deals that were loaded into that bill as it moved through Congress.

And to meet the majority's targets for deficit reduction, it adds more tax hikes on the American people and cuts more money from Medicare to pay for a new entitlement program. We could have given the American people a more commonsense bill that lowers the cost

of health insurance in America without all of this mess.

If you had wanted to pass reforms to ensure coverage for Americans with preexisting conditions and ensure that parents can keep their children on their health plans through age 25, you could have done so in a bipartisan fashion. Instead, you decided to jam through more than the system could handle, leaving us a sloppy mess that the majority of the American people believe should be repealed and replaced.

And mark my word, we will be back to this bill over and over again in the next 6 months. You all know what's going to happen. We'll be back here to correct the mistakes that we didn't do right the first time because of the rush that we were in to approve this massive spending bill that was hidden from the original bill.

And I'll guarantee you, you all know we'll be back here to do a "doc fix" that will cost \$250 to \$300 billion. And the question is: Will we find the money to pay for it?

We'll be back here to appropriate money for a new IRS group of individuals that we're going to need to hire to enforce this law on the American people.

We'll be back to borrow money to lend to the States to pay for increased costs as their Medicaid rolls begin to swell.

And then we're going to find the empty promises that were made to the American people, because most doctors don't take Medicaid patients. And so we're going to put all these new people on Medicaid, yet, how are they ever going to find a doctor?

We'll be back to fix the protections for TRICARE benefits for active duty and retired servicemembers, veterans and their families that somehow got left on the cutting floor.

And we'll be back to deal with the unintended, but certainly anticipated, consequences of people losing their health care because this bill makes it too expensive for employers to keep employees on their health plan.

Several weeks ago, more than 130 economists signed a letter to President Obama warning that the health care bill that was being pushed through Congress would cost Americans jobs, and sadly, we're already seeing evidence that those economists were right.

In just the last 3 days, we've seen the stories. Major employers like Caterpillar and John Deere talking about increases of \$250 million in their health care costs. Medical device companies in Massachusetts talking about thousands of jobs being wiped out. The tourism industry in New Hampshire facing millions of dollars of fines because it hires seasonal workers.

We're going to have to come back and fix this bill time and time again in the coming weeks and months to correct all the flaws and all of the mistakes.

What we should be doing is working together to create a better environment for America's small businesses to invest, to save, and to rehire American workers. But, no, instead we're going to keep coming back here fixing the flaws in this very flawed bill.

Mr. Speaker, when are we going to address the number one issue on the minds of our fellow citizens, and that is the question of where are the jobs? When are we going to focus on the economy and getting people back to work instead of all of the job-killing policies that we're seeing through this Congress? When are we going to begin to listen, once again, to the American people who sent us here to do their work?

Because the American people are asking the question: Where are the jobs?

Mr. GEORGE MILLER of California. I yield myself the balance of my time.

Mr. Speaker, I rise today in support of this legislation, the last leg of a long journey to bring historic health insurance and student loan reforms to the American people.

Two days ago President Obama made our first piece of groundbreaking health reforms the law of the land, a remarkable moment that will benefit millions of American families and small businesses. Our health insurance reforms and student loan reforms are truly historic.

But the benefits for Americans start right now. And with this law, we make college more affordable and health care available to all Americans. That's what we promised we would do, and that's what we did.

We voted to do what's right for the American people, not for the insurance companies. Our reforms responded directly to what we have been hearing from families and small businesses who are getting crushed by today's broken and unsustainable health insurance system.

Our reforms respond to what we've been hearing from millions of students and families, working very, very hard to try and pay for college. And that's what we're voting on today. We're voting to make student loan payments more manageable for new borrowers, to strengthen community colleges, to invest in minority-serving institutions, to embolden the programs to help students succeed at gaining a college degree, and to reduce the deficit by \$10 billion.

We're voting to restore faith in the American Dream, to ensure quality affordable insurance for all Americans, and to invest in students and in our economy's future strength. That's what Democrats in Congress and President Obama are doing for the American people this year.

I want to thank Speaker PELOSI, Majority Leader HOYER, Majority Whip CLYBURN, and our entire leadership team for their tremendous work on this matter.

I want to thank Chairmen WAXMAN, LEVIN, and SLAUGHTER; the Dean of the

House, JOHN DINGELL; Representatives RANGEL, ANDREWS, PALLONE, and STARK for their outstanding contributions to this effort. And I want to thank my counterpart in the Senate, Senator TOM HARKIN, for joining me on insisting on doing what's right for our families and our students.

Tonight we have the ability to put in the hands of every American family health security and a more affordable opportunity to have their children achieve a college education. That's the road to prosperity. That's the road to freedom for America's families, for our students, for our economy, and for the future of this country.

Join me tonight to vote "aye" for our families, for our small businesses, and for America. Vote "aye" tonight.

Mr. CONAWAY. Madam Speaker, today may well mark a great victory for President Obama and the Democratic Leadership of Congress. After months of bitterly partisan debates, massive protests, and wrenching arguments, it appears as though they finally have the votes to bend an unyielding electorate to their will and pass the most massive expansion of the Federal Government in two generations. Yet, a victory today would be a pyrrhic victory; the costs of implementing their vision for the future of American health care will bankrupt our treasury and rob us of our liberty.

Make no mistake, the Democrat's plan pushes our Nation down a path from which there is no easy retreat. The changes imposed by this plan fundamentally renegotiate the relationship between the Federal Government and the citizens of our country, making Americans look first to Washington to secure their health care. This bill is sweeping in law, but revolutionary in spirit. I believe that this legislation will be the beginning of the end of our grand American Experiment.

Many of my colleagues and I have discussed the staggering costs imposed by this legislation. In fact, it might be the single most expensive piece of legislation ever passed in the history of our country. Although supporters like to point out that the Congressional Budget Office scores this bill as one that reduces the deficit, more realistic Members will note that CBO does not have particularly good marks in predicting the cost of legislation. Most recently, the CBO was off by almost 10% on the final cost of the Stimulus bill, underestimating its final cost by some \$80 billion.

This bill, like Social Security, Medicare, and Medicaid before it, creates yet another massive expansion of government without a definitive price tag. One need not do complex arithmetic to see how underestimating the cost of this bill by 10% would cost us at least an extra \$100 billion over ten years. Unfortunately, by the time we discover our error, it will be too late: the promises will have been made, the money will have been borrowed, and the checks will have been drawn.

It should come as a surprise to no one that we will pay for this bill by borrowing. With massive deficits projected far into the future, the cupboard is bare. We have no money to pay for this spending. We will borrow it and continue to help ourselves to the fruits of our children's future.

Yet, even the vast scale at which this bill borrows money and transfers wealth, this pales in comparison to the rate at which this

legislation borrows our liberties and transfers authority to Washington. With each new board, commission, mandate, and tax, we surrender a small part of the authority we each hold over our own affairs to Washington.

The Majority's bill will raise taxes, hand down mandates, and further our culture of dependency on Washington. Granting ever more authority to the Federal Government will continue to sever the community bonds that hold America together. Each time we make Washington responsible for part of our welfare, we become just a little less concerned about the plight of our neighbors. Their trials and tribulations become something someone in the Federal Government should do something about. Unfortunately, it turns out that in Washington someone and something too often means no one and nothing.

My constituents understand that a full accounting of the costs of this bill cannot be made unless we include the intangible costs. While many before me have recounted the massive financial charge this bill will toll, our freedoms and our liberty will also be diminished by this bill.

The Majority's plan offers a pathologically Washington-centered vision of America and its passage forces us to look not first to ourselves, our families, and our communities for support, but rather to the Federal bureaucracy. This bill will force Americans to lobby the Federal Government on every aspect of their health care. We will lobby in Washington for access to medicine, procedures, and tests; our doctors will lobby in Washington for better payments for services rendered; our insurance companies will lobby in Washington for the right to charge higher rates; and our families will beg in Washington for more subsidies.

No one on my side of the aisle disputes that individuals have a moral obligation to help those around who are less fortunate than they are. In fact in 2008, private individuals and American companies gave over \$300 billion dollars—over 2% of GDP—to charitable causes, \$21 billion of which went to organizations involved in health care. This personal, private giving is one of the hallmarks of our unique American ethos—we take care of our own.

The Democrat's sweeping health care plan will destroy this core American value and replace it with one of subservience and deference to the governing elites. This bill goes well beyond simply assisting the poor among us. It subsidizes middle class families with billions of their own tax dollars. It is a vast engine of good intentions that transfers wealth from one pocket to the other, all while binding us ever tighter to a bureaucracy that will care for itself before the American People.

Undoing the wrongs unleashed by this legislation will consume the American People and this body far into the future. This November, each Member of this House will appear before their constituents to be judged on how well they have represented their constituents over the past two years. Without a doubt, this health care vote will be forefront in their minds. Some of my Democratic colleagues have said they relish the idea of being judged on their support for this legislation. I suspect that the American people will be all too happy to oblige them.

Mrs. CHRISTENSEN. Mr. Speaker, this is the last leg of the health care triathlon—three committees over here; our bill, the Senate bill

and the White House plan; our passing ours, the senate theirs and here we are for the finish.

And for me this is a very important part.

The Senate bill has many important provisions, some like no exclusion for preexisting disease for children, building our health care workforce and its diversity, expanding community health centers and community health workers, a strong CER provision, and very importantly the expansion of the Office of Minority Health, and the elevation of the Center on Minority Health and Health Disparity Research to an Institute at NIH.

But it is here that Medicaid is expanded, the exchange is set up and the subsidies provided. It is here that we really begin to close the donut hole and that all of the insurance reforms are finalized.

Very importantly for me and my constituents and all of the Territorial Americans, this is where our Medicaid cap is greatly and finally lifted, and that we are given access to the exchange.

This is not full parity but it is a major step forward towards inclusion of loyal American citizens who live in the off shore areas that are an integral part of the United States. It will give access to many more of our constituents and enable us to provide prevention and services that we intend to use to create a healthier community and a better quality of life.

Thank you again to our President, Speaker PELOSI, Leader HOYER, Whip CLYBURN and chairmen RANGEL, WAXMAN and MILLER, as well as my fellow territorial delegates who all worked so hard and together to make this day a reality.

As has been said, this bill is not perfect, and this is a major step but just a first step in all that has to be done to create equity and justice in our health care system. We ask our colleagues to give the reconciliation bill a big yea vote, and begin a new, better day for our citizens and our country.

Mr. HASTINGS of Florida. Madam Speaker, when President Harry Truman first lobbied for health care reform, he could not have envisioned that it would take six decades for Congress to finally have the courage to make health care reform more than a cliché in the American lexicon.

If this bill passes, it will mean that the 46 million Americans who have zero health care or who cannot afford what they do have, or who suffer at the mercy of chronic illnesses like diabetes, will finally be able to see a doctor. The over 30 percent of my constituents in South Florida who have no health insurance will no longer have to choose between buying food and purchasing their medicine.

This historic legislation will mean improving Medicare benefits with lower prescription drug costs for those in the "donut hole;" providing better chronic care and free preventive care—including prenatal care for working mothers; making significant new investments in comparative effectiveness research and health information technology; and reducing the deficit by \$138 billion over the next ten years.

In the words of Dave Snow, CEO of Medco, whose subsidiary Liberty Medical, a health care company near my district that helps Americans manage their diabetes, so eloquently stated: "Forty-six million Americans live every day without the security and peace-of-mind that come with having health insurance." This bill ends that now.

Mr. Speaker, after months of discussion and indecision, the moment that matters is now. I applaud my colleagues who refuse to yield to the fear-mongering tactics that many have used to scare us out of doing the right thing at the right time.

Mr. LANGEVIN. Mr. Speaker, I rise in support of the Patient Protection and Affordable Health Care Act (H.R. 3590), with the accompanying changes in the reconciliation bill. This Congress is being given a once-in-a-lifetime opportunity to fix a broken health care system that has left millions of families without the coverage and care they deserve.

If we seize this opportunity tonight, we can ensure that tomorrow, a working mom in West Warwick will wake up knowing she can afford her family's health coverage; a dad in Providence will wake up knowing he can take his daughter to the doctor when she is sick; a small business owner in Westerly will wake up knowing he can finally give his employees the coverage he always intended; and a cancer survivor in Narragansett will wake up knowing she won't lose her insurance because of a pre-existing condition or a lifetime cap.

Since coming to Congress in 2001, I have tirelessly advocated for fundamental changes to our health care system, and my constituents have demanded solutions. I have heard from Rhode Islanders who are struggling to pay their health care premiums, and from small business owners that can no longer afford to cover their employees. Families who are fortunate enough to have access to health insurance continue to face ever-increasing costs, while many of them are afraid they will lose their benefits altogether.

Tonight, we begin to institute the changes necessary to provide security and stability to Rhode Islanders who have health insurance, guarantee coverage to the thousands who don't, and lower health care costs for our families, businesses and taxpayers.

Beginning immediately in 2010, this landmark legislation will end abusive health insurance practices that prevent people from purchasing and maintaining their coverage when they are sick; it will ban yearly and lifetime insurance caps, so individuals with chronic, disabling conditions don't lose coverage and end up in bankruptcy; and it will require all insurers to reinvest more of our premiums back into health coverage through a "medical loss ratio" of at least 80 percent, ensuring that no more than 20 percent of our premiums go toward administrative expenses and windfall profits for insurance executives.

After this bill is signed into law, it will strengthen coverage for young people by allowing them to remain on their parents' insurance policy until they are 26 years old. It will help our seniors by starting to close the Medicare prescription drug "donut hole" so they can afford their medications. It will also provide immediate tax credits for small businesses to make optional employee coverage more affordable. These are only some of the changes that will take effect this year to make insurance coverage more accessible and affordable for everyone.

Over the longer term, this legislation will build on the strengths of our current employer-based system by offering tax benefits to small employers and encouraging businesses who offer their own coverage to continue doing so. Rhode Islanders who don't have coverage through their employer will be able to shop for

their choice of a health plan through a new "health insurance exchange," modeled after the tried and true Federal Employees Health Benefits Program, which has successfully provided coverage for over 9 million federal employees, retirees and their dependents, including members of Congress.

Unlike the limited options that are available to most consumers today, the exchange will provide a more convenient, transparent and affordable way to choose among a variety of health plans that meets individual needs. People who cannot afford to purchase coverage within the exchange will receive financial assistance to ensure that they can obtain the coverage that meets their needs.

Small business owners will reap significant benefits from this measure, both through immediate tax relief and the insurance exchange, which will allow them to band together and get the same lower rates as big companies. Small businesses are the back bone of the Rhode Island economy, and preventing triple-digit rate hikes is important to jumpstarting employment in our state.

Improving access to coverage will also require investments in our health care workforce. Currently, our system is strained by a lack of nurses and primary care physicians, particularly in underserved areas. That is why this bill strengthens important workforce development initiatives like new scholarships and loan repayment programs, increased reimbursements and grant programs for primary care training, as well as immediate financial support for community health centers. These new programs and resources will allow us to build the network of nurses, doctors and other health care professionals necessary to meet the increased demand for services.

Since the cost of medical malpractice is a longstanding concern for both doctors and patients, this bill establishes new grant programs designed to encourage states to implement alternatives to traditional medical malpractice litigation with the goal of reducing frivolous lawsuits while allowing legitimate cases to be heard.

But this debate is not just about expanding coverage and reducing costs for families and employers; it is also about putting our country on a fiscally sustainable path. This bill, which is completely paid for, will reduce our nation's deficit by \$138 billion over the next 10 years and \$1.2 trillion over the following decade—the largest deficit reduction in 17 years. I cannot overlook the impact that these numbers have on our communities, and how critical they are to moving our state forward.

Finally, I have stated from the beginning that I would not support a bill that funds taxpayer-subsidized abortions. I have worked tirelessly with my friends and colleagues—both Democrat and Republican, pro-life and pro-choice—to reach a common ground on this issue. After much dialogue, counsel, reflection and prayer, I have concluded that the Senate language does meet the longstanding Hyde standard of prohibiting federal funding of abortion. This position is reaffirmed by the Catholic Health Association, and many of my pro-life colleagues in Congress who support this bill.

Furthermore, I remain mindful that we must not lose sight of the big picture. Being pro-life means more than being anti-abortion. It also means protecting the 45,000 people who die every year because they lack proper health care. Nothing could be more pro-life than ensuring access to lifesaving and life-improving

treatments for every American, not just those who can afford it. That is what this bill begins to accomplish.

Mr. Speaker, after an injury left me paralyzed nearly thirty years ago, the members of my community rallied behind me and my family when we needed them the most. That support and encouragement changed my life forever. I made myself a promise that I would devote my life to public service so I could give back to them all that they gave to me. Tonight, I know that by passing this legislation, which makes health care a right, not a privilege, I am fulfilling that promise.

Mr. VAN HOLLEN. Mr. Speaker, once again the House is voting on legislation that strengthens the new health care reform law that was enacted earlier this week which will bring quality, affordable, and accessible health care for all Americans.

Tonight, we bring this exhaustive, year-long process to a close. The new health reform law will bring down health care costs for American families and small businesses, expand health coverage to an additional 32 million Americans, and end the abusive practices of insurance companies. By the end of this year, children with pre-existing conditions will no longer be denied coverage, health plans will be prohibited from placing lifetime caps on coverage, young people will be able to remain on their parents' health insurance policies up to their 26th birthday, small businesses will get tax credits so that they can provide affordable health coverage to their employees, and seniors will get help in paying for their high prescription drug costs.

Mr. Speaker, I'm glad we finally got the job done on a very important issue that so many people have fighting for over so many decades.

Mr. REYES. Mr. Speaker, today's historic passage of health care reform legislation marks a great victory for the El Paso community. This landmark legislation will significantly improve the quality of life for so many residents by providing access to affordable health care coverage to those who currently have none. It will also provide peace of mind to those families with insurance, who will no longer have to worry about the prospect of financial ruin due to a catastrophic illness or accident.

Every day, thousands of families are being forced to forgo health insurance due to rising costs, and now more than 46 million people lack basic health coverage. This disturbing trend is particularly evident in Texas, a state with the highest percentage of children and adults without insurance. More than 6.1 million adults and 1.4 million children are without basic coverage.

Sadly, Texas border communities fare even worse, and all of Texas' congressional districts along the border rank among the top 20 districts in the nation with the highest percentage without coverage. In El Paso alone, 230,000—1 in 3—people are without coverage.

Unfortunately, when it comes to meeting the health care needs of predominately Hispanic communities along the border, our state has failed. Our Governor would rather waste millions on cameras and helicopters than on health care for border communities that need it most.

The health care reform legislation that passed today is expected to provide coverage to 95 percent of Americans, while lowering

health care costs over the long term. For the first time in history, insurance companies will be prohibited from denying health coverage due to pre-existing conditions, health status, and gender.

This legislation will provide tax credits to help individuals and small businesses purchase private health insurance. It also sets caps on out-of-pocket expenses for the first time ever, so families will never have to experience financial ruin due to a serious illness. Without these reforms, health care costs will continue to consume more of Americans' paychecks in the years ahead. The annual average cost of family coverage more than doubled between 1999 and 2009, from \$5,800 to \$13,400, and is expected to double again over the next decade without reform. Meanwhile, insurance companies are raising out-of-pocket expenses for families, and covering less in health care costs.

America now spends \$2.2 trillion on health care annually, more than twice the amount per person than other nations, yet Americans aren't any healthier for it. Without action, health care costs will consume over 20 percent of the American economy in the next decade. This landmark bill will significantly reduce health care costs over the long term and will decrease the federal deficit by \$143 billion over the next 10 years and an additional \$1.2 trillion in deficit reduction in the following 10 years.

Many Americans living in the U.S.-Mexico border region used to depend on Mexico to access cheaper medical care and prescription drugs. For decades, El Pasoans have sought cheaper health care and prescription drugs across the border in Ciudad Juárez, Chihuahua. A recent study concluded that 1 in 3 people traveled to Mexico for prescription drugs, and 7 percent sought health care in Juárez. But the devastating drug-related violence that has ravaged Mexico for two years has prevented many families without insurance from accessing care across the border.

While our community is spending a greater share of property taxes to pay for individuals without health coverage, insurance companies have continued to engage in practices that protect their bottom lines. For too long, insurers have been the gatekeepers to our health care system, with the power to dictate who receives health coverage and who does not. Americans with preexisting conditions and serious illnesses are too often denied coverage or are dropped from their existing insurance plans for developing a serious illness or reaching their cap on coverage, and are denied access to the medical care they need.

When people lack access to quality affordable preventative care, they end up in our emergency rooms for ailments that could have been treated by a family doctor or seek treatment for conditions that should have been diagnosed earlier. When these patients fail to pay their medical bills from publicly-financed hospitals such as University Medical Center, local property taxes are used to cover these expenses. Since 1998, El Paso property tax payers have spent over \$400 million to pay for treatment and services for those patients who could not afford to pay their medical bills.

As Congress debated this legislation last summer, I heard from many El Pasoans who shared their struggles under the current broken health insurance system. One of the stories that had the greatest impact on me was

that of Mr. and Mrs. Jacob Lopez. Their lives were forever changed when their daughter, Danika, was born with a long list of ailments and birth defects that required over 80 days of intensive care treatment.

While the Lopez's had insurance through their employer, the co-pay for their daughter's treatment was more than the mortgage on their home. They exceeded their insurer's coverage limits, and were left with no other way to cover their daughter's medical expenses. No other insurance company wanted to insure the Lopez family due to Danika's pre-existing conditions. In desperation, the Lopez's had to quit their jobs to fall into poverty so their daughter could receive the treatment she needed under Medicaid. Last week, Mr. Lopez called my office to tell me that his family was forced into bankruptcy.

As a grandfather, I would never want my grandchildren to endure the hardships that Danika and her family have endured. It is for children like Danika, and my grandchildren, Amelia, Mateo, Julian, and Orlando, that I am proud to vote in favor of this bill.

Our local community leaders have expressed their support for health insurance reform, and both the City and the County have passed unanimous resolutions in support of reform. The Patient Protection and Affordable Care Act is endorsed by over 325 national organizations and associations, including the AARP, the American Medical Association, the American Cancer Society, the American Heart Association, the Consumers Union, the Catholic Health Association, the National Association of Public Hospitals and Health Systems, the American Nurses Association, and many other medical professional organizations.

The passage of this landmark legislation by the House of Representatives is an historic achievement and reflects the commitment and determined leadership of President Obama, Speaker PELOSI, and the Democratic Congress to follow through on a key promise to help middle class families, who have endured years of rising medical costs. I commend my colleagues for their determination to pass this truly historic legislation that will lower health care costs for all Americans, and strengthen our country's financial future.

Mr. SERRANO. Mr. Speaker, I want to raise an important issue that is affecting millions of people on the island of Puerto Rico. This issue deserves attention; the four million residents of the Island are U.S. citizens that pay Social Security and Medicare taxes.

However, despite this fact, senior citizens living in Puerto Rico are not treated fairly and do not have the same benefits that a senior living in New York, Florida, California, or any of the other States enjoy. Under Medicare in Puerto Rico, senior citizens are not automatically enrolled in Medicare Part B. As a result, it is more beneficial for seniors to enroll in a Medicare Advantage plan to receive all of their Medicare services. Compared to the 50 States where the Medicare Advantage participation plan is 25 percent, in Puerto Rico approximately 83 percent of eligible senior citizens opt for Medicare Advantage.

However, the fee-for-service, FFS, cost calculation for Puerto Rico is troubling. In fact, the Medicare Payment Advisory Commission, MedPAC, reported to Congress that the Centers for Medicare & Medicaid Services (CMS) "should expeditiously use its authority to employ an alternative calculation method . . ."

I couldn't agree more with that statement or the report language included in the House Report for H.R. 4872, the Health Care and Education Reconciliation Act of 2010. The language clearly stated:

The county FFS expenditures calculated by the Secretary are artificially low and unstable from year-to-year. Therefore, the Committee expects that when calculating county FFS rates for Puerto Rico, the Secretary will use utilization and expenditure data from MA plans under current authority and adjust these rates and risk scores appropriately.

Mr. Speaker, I support the House Report language because the senior citizens of Puerto Rico deserve nothing less than fair and equitable treatment in Medicare.

Mr. CUMMINGS. Mr. Speaker, this week, I had the honor and privilege of joining my Democratic colleagues at the White House, to witness President Barack Obama sign into law, the Patient Protection and Affordable Care Act (H.R. 3590)—the most significant piece of health care legislation since the enactment of Medicare in 1965.

This legislation fulfills one of the most basic tenets of the Declaration of Independence—the provision of our natural unalienable rights of life, liberty and the pursuit of happiness. H.R. 3590 secures these rights for every American by ensuring them access to quality, affordable healthcare.

While waiting for President Obama to sign the legislation, I thought about the thousands of families and friends who have lost loved ones because they lacked access to basic health care coverage.

I also thought about the generations of activists and policy makers who fought to make this monumental achievement a reality.

I have always been proud to be a Member of Congress but voting in favor H.R. 3590 and being present at the signing ceremony was by far my proudest moment.

By signing this legislation into law, President Obama ensured that the United States remains a leader among industrialized nations, and that the American people can now take comfort in knowing that an illness will no longer wipeout their life savings and lead to bankruptcy.

Although the idea of providing people with access to quality, affordable health care has been around since the early 1900s, it was the Democratic-led 111th Congress that made the historic statement that healthcare is in fact a right, not a privilege.

We affirmed to millions of Americans that we are aware of their struggles and that we are willing to fight for them and do what is morally and fundamentally right.

During the November 2008 election, Americans overwhelmingly voted for change.

They demanded a government willing to stand up to big business, and that is transparent in its actions.

But above all else, people demanded a government that is willing to be responsive to their needs—and we affirmed their trust in us by passing this legislation.

Is the legislation perfect? No!

I still favor a single payer system and I was a strong supporter of the public option.

That being said, H.R. 3590 is 100 percent better than what was previously available in this nation.

Prior to the enactment of this legislation:

Over 47 million Americans were uninsured. In 2008, 23 million uninsured were employed adults and 7.3 million were children;

Nearly 41 thousand people died each year because they lacked access to quality, affordable healthcare insurance; and

Every minute, 8 people were denied coverage, charged a higher rate, or otherwise discriminated against because of a pre-existing condition.

If Congress had not successfully passed this legislation:

Employers would be unable to afford rising health care costs, and an additional 3.5 million people would be unemployed and without benefits in the next 4 years.

Small businesses would lose \$52.1 billion in profits to high health care costs over the next ten years; and

By 2019, national health care expenditures would reach \$4.5 trillion—more than double 2007 spending.

The American people have waited for over 100 years for this legislation and this is what they will get immediately:

We provide tax credits to small businesses to make employee coverage more affordable; \$250 will be provided to Medicare beneficiaries who hit the “donut hole” in 2010;

Within 90 days, Americans who are uninsured because of a pre-existing condition will be able to obtain insurance through a temporary high-risk pool;

Within 6 months, insurance companies will be prohibited from denying coverage to children with pre-existing conditions;

Health plans will be required to allow young people up to their 26th birthday to remain on their parents' insurance policy;

Health plans will be prohibited from dropping people from coverage when they get sick; Health plans will be prohibited from placing lifetime caps on coverage; and

Beginning January 2011, preventive services under Medicare will be free.

To put it simply, Congress met its moral obligation in passing healthcare reform. With our historic vote, we told future generations that no American will suffer and die because of a lack of insurance.

We told insurance companies that, while they are a valuable part of our nation, they will be held accountable for delivering on their promises.

We told our elderly that our commitment to them remains strong, and that the programs they have come to trust will continue to be deserving of that trust.

The reform we passed will help millions of Americans.

In addition to providing access to health care coverage, H.R. 3590 goes far in addressing health care disparities in our nation's minority communities.

Specifically, it includes language that I introduced with Representative JESSE JACKSON, Jr., (D-Ill.) H.R. 2778, the Health Equity and Accountability Through Research Act.

This legislation sought to elevate the National Center on Minority Health and Health Disparities (NCMHD) to the level of Institute, giving it the authority to better address the appalling health disparities that are plaguing our nation's minority communities.

NCMHD was created to promote minority health and to lead, coordinate, and assess the efforts of the National Institutes of Health (NIH) in reducing and to ultimately eliminate health disparities.

Unfortunately, the previous structure of NCMHD created confusion regarding who has

the responsibility for the coordinated minority health disparities research conducted or supported by NIH.

Additionally, NCMHD lacked real input into and authority over all NIH-supported health disparities activities and funds.

H.R. 3590 addressed these concerns by elevating the Center to the level of Institute, and clarifies the role of the Director as coordinator and manager of the NIH-wide minority health and health disparities portfolio.

The bill also provides the new Institute with professional judgment over NIH-wide minority health and health disparities budgets as well as management over NIH-wide minority health and health disparities allocations.

However, this is not the only improvement that minority and underserved communities will see.

This comprehensive healthcare package also includes \$11 billion for community health centers, which offer comprehensive primary care and mental health services to underserved populations. These health centers are a critical stopgap, allowing better care for chronic conditions, while preventing unnecessary trips to the emergency room.

Last but certainly not least, H.R. 3590 honors the life of Deamonte Driver—a 12-year-old boy from Maryland whose life was cut drastically short three years ago when an untreated tooth infection spread to his brain.

Deamonte's tragic death haunts me to this day. Eighty dollars worth of dental care might have saved his life, but he never got that care because he lacked access to a dentist.

The health care bill that we passed will prevent others from dying in such a tragic fashion. Under the new law:

Pediatric dentistry is covered as an essential health benefit;

Funds will be provided to launch a dental campaign to new parents and traditionally underserved areas;

Workforce Training Grants will be available to provide technical assistance to pediatric training programs in developing and implementing instruction regarding the oral health status, dental care needs, and risk-based clinical disease management of all pediatric populations with an emphasis on underserved children; and

H.R. 3590 also includes a loan repayment program with preference given to qualified applicants who have a record of training individuals who are from a rural or disadvantaged background.

However, minorities and underserved communities will not be the only populations that will benefit from our actions. Millions will be touched by healthcare reform in their daily lives in marked, measurable ways.

Thirty-one million Americans will have the opportunity to protect themselves from the fear that a small injury could lead to bankruptcy; and

147,000 families and 14,000 small businesses in my District will receive tax credits to help cover their employees with health insurance; and 56,000 young people in my District will be able to get insurance, at fair prices, through policies currently owned by their parents.

To quote the great poet Virgil, “The greatest wealth is health.”

By passing and signing this legislation, Congress and President Obama have provided the citizens of this nation with immeasurable wealth, comfort and security.

We have firmly put the power back into the hands of the people, and this is an experience that I will cherish long after I leave Congress.

Mr. HASTINGS of Washington. Mr. Speaker, it's past time for this Congress to stop jamming through massive expansions of the federal government and instead support common-sense reforms that will lower health care costs and increase choices for all Americans.

A bipartisan coalition in Congress and a vast majority of the American people today rejected the premise that government knows best how to run our American health care system. While it was impossible to stop the liberal majority from pushing through their government takeover of health care, House Republicans will lead the effort to repeal this legislation and replace it with real solutions to improve our health care system, without driving our nation deeper into debt.

House Democrats today went around the regular lawmaking process and pushed through their government takeover of health care using a closed approach that blocked consideration of any Republican amendments.

Improvements must be made to our health care system, but I reject the premise of this bill that government knows best how to run our health care.

I am disappointed that House Democrats voted for the very backroom deals and political payoffs that the American people are so tired of and for a massive health care plan that most Americans simply don't want.

This bill is about more spending, higher taxes, and more government control, all without lowering health care costs. This Congress is going in exactly the wrong direction by forcing every American to purchase government-approved insurance only, cutting Medicare, limiting who can own and operate hospitals, and eliminating health care choices.

There is something very wrong when this Congress is passing a bill that arbitrarily restricts the ability of doctor-owned hospitals like the Wenatchee Valley Medical and its clinics to grow, rather than working to expand access to health care in areas like Central Washington.

In the past 14 months, Democrats have given the federal government control of our banks, our car companies, our loans for college, and now our health care. I rejected those bills, and I oppose this government takeover of health care because I'm deeply concerned about the consequences that will be felt by every American.

I am committed to doing everything possible to undo this bill and get to work on common-sense reforms that will actually lower health care costs and increase choices.

Mr. KENNEDY. Mr. Speaker, today is a long awaited day for the millions of tireless champions in America who have paved the way towards health care reform. It is since Teddy Roosevelt in 1912, that the people of this country have fought to provide quality, affordable health care for all Americans. Today is a long awaited day for the many tireless champions of health care reform. My father, of course, was but one of them, committed to fight for those whose voices would not be heard. Today is a long awaited day for people like Martin Luther King, Jr., who stood up to remind us, "of all forms of inequality, injustice in health care is the most shocking and inhumane." But most importantly, today is the long awaited day for each and every American who

will now be treated with the dignity and respect that comes with the equality of opportunity that affordable access to quality health care provides.

It is the long awaited day for the estimated 32 million of our friends and neighbors who will now have access to health care because of this legislation. It is the long awaited day for the millions of Americans who have been discriminated against in the past, denied coverage by an insurance company because they have a pre-existing condition. It is the long awaited day for the millions who are dropped from their policy when they get sick. It is the long awaited day for the millions who face bankruptcy and financial turmoil even though they had health insurance, because they reach an annual or lifetime cap. It is the long awaited day for the small business owners who have been unable to provide their workers with health insurance or remain competitive, and who will now receive tax credits to help them afford to provide coverage for their employees.

I am pleased that the reconciliation package resolves a number of the issues that are especially important to Rhode Islanders. It increases the affordability assurances for Rhode Island families. It delays and changes the so-called "Cadillac tax" to more appropriately target high-end plans and minimizes the adverse effect on middle-class families, older Americans, and high-risk professions. It closes the Medicare prescription drug "doughnut hole" completely. It ensures our primary care physicians are paid Medicaid rates that match Medicare rates, and our hospitals are taking less cuts for the costs they incur treating the uninsured. It eliminates lifetime and annual caps for all health care plans, including grandfathered plans. And it removes special deals for states when it comes to Medicaid costs, so that Rhode Island will be fully reimbursed for the first two years to cover the costs of Medicaid expansion.

A key aspect of this legislation that is of particular importance to me is the extension of the mental health parity protections established into law last year by my legislation, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. Not only are these protections extended to all plans in the Exchange, but mental health and substance use benefits are a part of the essential benefits package created by this legislation. For the 67 percent of adults and 80 percent of children who need mental health care that do not receive it, this victory cannot be understated. Today our Nation takes a giant leap forward towards our transition from a "sick care" system to one which is preventive, collaborative, and patient-centered.

The Patient Protection and Affordable Care Act also includes a number of other essential components which will dramatically improve the quality and access to behavioral health care. This legislation includes workforce development provisions by providing mental health and behavioral health education and training grants to assist providers specializing in and providing services to children, adolescents, and adults and loan forgiveness to child mental health professionals. This legislation also establishes a national network of a National Center for Excellence in Depression, for the treatment of depression and bipolar disorder.

I have been proud to serve the people of Rhode Island the last 16 years, helping to lead

the effort in the House of Representatives to take control of our nation's health care system away from insurance companies and put it back the hands of patients and their doctors. Though I wish my father could be here in body as well as spirit, I could not be more pleased that this effort, to reform our nation's health care system, is on the cusp of complication today, during my tenure here.

I urge my colleagues to join me in providing quality, affordable health care to all Americans.

Mr. CRENSHAW. Mr. Speaker, the argument has been made by my colleagues on the other side of the aisle that the government must take over our health care system to help control costs. Against the will of the American people and in the dark of the night later on this evening, the Democrat Majority is forcing a vote on a bill that will cost American taxpayers nearly a trillion dollars.

The Democrat Majority plans to pay for their plan by cutting half a trillion dollars in Medicare and raising taxes on American families by over \$400 billion. By taking a step back and reviewing the historical involvement of the government in health care, we can draw two relevant lessons.

First, government involvement in health care raises the cost of health care. Prior to the creation of Medicare and Medicaid in 1965, health-care inflation ran slightly faster than overall inflation. In the years since, medical inflation has climbed 2.3 times faster than cost increases elsewhere in the economy.

Second, more often than not, government programs exceed their expected cost. When initially considered, the House Ways and Means Committee estimated Medicaid's first year costs at approximately \$238 million. The actual cost? Over \$1 billion. Today, even after you adjust for inflation, Medicaid costs 37 times more than it did when it was launched.

What about Medicare? In 1965, Congressional budgeters said that it would cost \$12 billion in 1990. Its actual cost that year was \$90 billion. The rate of increase in Medicare spending has outpaced overall inflation in nearly every year (up 9.8% in 2009), so a program that began at \$4 billion now costs \$428 billion.

We must take to heart that Congress historically grossly underestimates the cost of an entitlement program. And now we are faced with one of the newest/biggest entitlement programs in the history of our great nation.

Any Member who votes in favor of this bill, casts a vote in favor of increasing our national debt and inflicting higher taxes on our children and grandchildren. That is why I will vote against H.R. 3590 and will do everything in my power to repeal and replace it with common-sense reforms that will lower health care costs, increase access, maintain Medicare benefits, end lawsuit abuse, and preserve the doctor/patient relationship without raising taxes.

Mr. CASTLE. Mr. Speaker, the debate about how to reshape health insurance in order to reduce skyrocketing costs, and increase access, has dominated the attention of Congress for the past year. While there are many areas of agreement, Congress and the American public remain divided and it is easy to see why. While I am glad the "deem and pass" procedure was abandoned, and the House of Representatives allowed an actual vote on the bill, I feel strongly that Congressional leaders

and the President have missed a real opportunity to take incremental, bipartisan steps that recognized the concerns of Americans who feel as though they will foot the bill for widespread reforms that they do not embrace.

To expand access, H.R. 3590 will enact mandates for both individuals and employers, with hefty fines for non-compliance, at a time when our economy has already challenged cash-strapped small businesses across the nation. This new mandate to acquire health insurance will greatly expand the bankrolls of insurance companies without any new standards against price fixing, or steps to encourage competition across state lines—both of which would create vast incentives to drive down costs. Such giveaways to the insurance companies only reward the rising costs of health care with higher taxpayer subsidies to cover them.

Throughout the debate, I have advocated for commonsense policies that aim to lower costs and expand access, without compromising the quality of American medicine or raising taxes on the American people. I have urged leaders to consider legislation to drive down the costs of care first, in order to increase access and coverage through affordability. According to the Congressional Budget Office, the legislation would cost nearly a trillion dollars, the cost of health insurance premiums would actually rise, and it would be paid for through new taxes and fees and nearly \$500 billion in reductions in spending on Medicare. What CBO can't accurately report, is that the bill is also littered with budget gimmicks to cover the actual, long-term cost of the bill.

This bill pays for six years of coverage with 10 years of tax increases and back-loads the cost in the years ahead in order to disguise the true costs.

The proposed cuts to Medicare are unlikely to ever occur; Congress is likely to override them.

\$70 billion for the new long-term care program is spent before any benefits are paid out.

\$53 billion is taken from the Social Security Trust Fund to offset new health care spending.

Punts the fix for Medicare reimbursements to doctors, costing \$371 billion, which Congress has committed to passing.

Uses the revenues from an expansion in federally financed student loans as offsets, instead of putting those savings back into education or for lower payments from students.

There are many commonsense steps we could be taking, some of which are in this bill and have widespread support: Reforms that forbid insurance companies from denying coverage based on a pre-existing condition or disability, and ban lifetime and annual spending caps that put patients at risk for bankruptcy when faced with a serious illness; allowing unmarried children to remain on their parents' insurance through age 26; incentives for Americans to seek preventive care; helping seniors afford prescription drugs through closing the donut hole, and development of lifesaving drugs and therapies that protect patient safety and innovation; an increase in support for community health centers that provide routine care for thousands of patients in Delaware; and provisions to address physician and nursing shortages. These are steps we could have taken, and they should have been coupled with increases in competition and cost-control measures.

Additional policies absent from the plan that deserve an up or down vote:

Making health insurance more portable and affordable by allowing patients to shop for health insurance plans across state lines;

Small business pooling and tax credits without mandates that threaten jobs and productivity;

Eliminating the \$60 billion in Medicare fraud each year;

Increasing efforts to enroll the 4.3 million who already qualify into existing programs like Medicaid and SCHIP; and

Limiting abusive lawsuits, which would reduce costs of care.

While there are policies embedded in this legislation that have bipartisan support, they are buried under budget gimmicks that threaten the long-term solvency of Medicare, Medicaid and Social Security—the existing entitlement programs that are draining the federal budget based on their current obligations. Health care reform will impact the lives of every American, our federal budget, and 1/6 of our economy. Reform should hold insurance companies accountable, eliminate barriers to competition and quality care, promote prevention, and drive down health care costs. To ignore the costs and enact unrealistic and misleading legislation will only prolong our health care challenges for generations to come.

Mr. BILBRAY. Mr. Speaker, this week, each of us cast the most historic vote any of us is likely to ever make. With it, revolutionary changes have been made to the American health care system that will forever alter its very nature. This vote was a long time coming and much needed, unfortunately, what we did pass is long on promises of improved care, but preciously short on reforms that the American people really need for better and more affordable care.

It is no secret that the health care system is in need of reform. In 2007, the latest year that figures were available, total health expenditures reached \$2.2 trillion, which translates to \$7,421 for every man, woman and child; millions of Americans are without health insurance and San Diego doctors are finding it increasingly difficult to care for our city's most vulnerable residents. This week's debate was full of passion over many issues and arguments over the proper answer to health reform. While we can argue over many points, there is one issue where there is no debate: we need health care reform.

Studies have shown that the visit rates to emergency rooms for patients with no insurance are twice that of those with private insurance. While I support insuring all Americans can access health insurance and believe it must be the first priority of any health care reform legislation, I cannot support a bureaucratic system dictated and controlled by the Federal Government. Congress, just like the medical profession, must adhere to the Hippocratic Oath of: "Above all, do no harm."

Throughout the past year, I have supported many bipartisan issues that will increase health quality and access for not just San Diegans but all Americans without limiting our choice of health care options—many of which were in the legislation we passed Sunday night. We must first allow Americans to have the same insurance as the Congress of the United States. It is not fair to stand here today and pontificate on the benefits of health care if we do not allow hard working Americans to

have the same health care choices we enjoy. Citizens of this great country must be allowed to shop wherever they want in the United States for health insurance, free from the barriers of state lines. If New Jersey offers a plan that is cheaper than California, Californians should have the ability to purchase that plan. We must enact strong medical tort reforms that can save billions of dollars—\$54 billion to be exact according to Congress' own Congressional Budget Office, CBO. Finally, I support strong enforcement mechanisms to prevent illegal immigrants from receiving taxpayer subsidized health care.

It is important to remember that American health care is in many ways the envy of the world. From our first class medical facilities to our world renowned life science enterprise, we are the leader in innovative care and solutions. These innovations are allowing Americans suffering from major illnesses to live longer, healthier lives. For instance, in a single decade, from 1993–2003 U.S. heart disease deaths dropped by 22 percent. However, for all these benefits there is work to be done but not at the expense of destroying the entire health care system.

The health care bill that was signed into law will destroy our already fragile economy and lead to government control of health care. Under this new law, there will be more than \$520 billion in tax increases, including a \$27 billion employer mandate tax and \$15 billion individual mandate tax. With 1 in 9 San Diegans out of work, this will exacerbate the problem.

There are many examples in this legislation of government control but one striking example is the Independent Medicare Advisory Commission. The creation of the so-called Independent Payment Advisory Board (IPAB,) which for the first time will give unelected and unaccountable bureaucrats the mandate to make important decisions about the future of the Medicare program. The cuts they propose would be in addition to the over half trillion dollars of Medicare and Medicaid cuts already in this bill.

We all agree that Medicare reform is needed but the IPAB actually carves out large areas of the Medicare budget from potential savings, leaving draconian cuts in the reimbursement of life saving and life enhancing drugs as a likely outcome. As Co-Chair of the House Biomedical Research Caucus, I have seen the great promise that developments in medical technology can mean for American seniors. Just last summer, the existing Preventive Services Task Force changed its recommendations on mammograms, confusing millions of Americans in the process. Can you imagine if those recommendations had the force of law? As science progresses to further embrace the benefits of personalized medicine, we need to make sure that the unchecked decisions of a federal board in Washington do not unwittingly sabotage the doctor-patient relationship. I am very troubled by this provision, and I want to work with my colleagues on both sides of the aisle to fix it or repeal it before it becomes effective.

In order to pass this legislation, many back room deals were cut. From the "Cornhusker Kickback" to the "Louisiana Purchase," many states were taken care of in order to secure support. However, California was once again left on the outside looking in. This bill does nothing to fix the Geographic Practice Cost



Index (GPCI), which to date finds San Diego doctors being paid at a rate of rural practitioners; all the while they continue to practice in a high cost area. Additionally, this legislation does nothing to fix the sustainable growth rate problem that finds California doctors facing continuing cuts in Medicare payment rates year after year and threatens patient's access to care.

I was in favor of rejecting this plan and coming back to the table and develop a proposal that fully addresses medical malpractice awards so we can save health care costs, allow United States citizens to purchase their health care across state lines and provide tax credits so hard working Americans, not Washington D.C., are in charge of their health care.

A strong and accessible health care system is one of the most fundamental components of a strong economy. I am committed to working in a bipartisan manner with my colleagues to put in place real reform that will protect the doctor-patient relationship but will not bankrupt our economy in the process. American families deserve better than socialized health care and I plan on helping to deliver it. I will continue to work with my colleagues to reform a broken health care system in a way that is sustainable, protects the promises we have already made to our nation's seniors and does not infringe on our liberties.

Mr. COURTNEY. Mr. Speaker, I rise today to express concerns about three outstanding issues in the final health care reform package: an excise tax on high-cost insurance plans which will be implemented in 2018, cuts to home health care, and the formation of an Independent Payment Advisory Board (IPAB).

Since introduction of the America's Affordable Health Choices Act in July of 2009, my colleagues in Congress and I have been working to craft a health insurance reform bill that creates affordable insurance coverage, lowers costs, and improves access to stable health care that is there when you need it. These efforts have been reflected in the Affordable Health Care for America Act, and Senate-passed Patient Protection and Affordable Care Act (H.R. 3590) as modified by the Health Care and Education Reconciliation Act (H.R. 4872).

The final reform package reflects significant progress in terms of limiting the negative impact of an excise tax on high-cost plans on middle class Americans. The 40 percent excise tax on high-cost plans included in the Patient Protection and Affordable Care Act included cost thresholds that were inadequate to account for premium cost factors independent of generosity of benefits, such as age, gender, and region. I authored a letter, with support from 192 of my Democratic colleagues who opposed this proposal. The Health Care and Education Reconciliation Act made significant improvements to the excise tax, such as adopting higher thresholds for age and gender. More importantly, the bill delays the implementation of the tax until 2018, which will allow ample time to better understand its impact—especially in high-cost regions—and mitigate potential negative consequences.

Another deficit mitigation component that I have concerns about in the reform package includes Medicare "market basket updates" for home health providers. While the Patient Protection and Affordable Care Act includes more modest cuts than what was included in the House-passed Affordable Health Care for

America Act, I remain concerned about the aggregate size of the cuts to home health care providers. Safeguards in H.R. 3590 such as payment adjustment review authority by the Health and Human Services Secretary should be utilized if "market basket updates" prove to be unsustainable for home health care providers in the future. H.R. 3590 also includes provisions that guarantee Medicare home health benefits will not be reduced, which further reiterates the obligation of the Secretary to ensure fair reimbursements.

While I supported passing H.R. 3590 as modified by H.R. 4872 to make significant progress in extending and strengthening current health care coverage, I also maintain concerns about the establishment of the IPAB. Over the course of the health care debate, the IPAB—along with the similar proposals of the Independent Medicare Advisory Council, IMAC, Act (H.R. 2718) and the Medicare Payment Advisory Commission, MedPAC—have garnered attention as a mechanism to reduce aggregate health care costs.

However, I believe that the solidification of IPAB would be a move in the wrong direction in terms of broad health care reform. Congress has played an integral role in shaping a Medicare system that reflects unique care needs of varying demographics as well as need differences between regions and states. Further, this system has been developed with transparency and accountability in congressional debates. Redirecting control of Medicare to the Executive branch would limit the strengths of the current system, and would continue a disturbing trend of ceding Congressional authority to the Executive branch.

That is why I cosigned letters in July and December 2009 opposing the establishment of a Payment Advisory Commission. While I did not support the inclusion of IPAB in the H.R. 3590, I am reassured that the bill does not empower the Board to override Medicare laws. Going forward, I urge that the IPAB conducts business transparently, with public input. I also urge that the Board reach out to all Medicare stakeholders and take seriously the role of the Consumer Advisory Council in the future.

Mr. KUCINICH. Mr. Speaker, each generation has had to take up the question of how to provide for the health of the people of our nation. And each generation has grappled with difficult questions of how to meet the needs of our people. I believe health care is a civil right. Each time as a nation we have reached to expand our basic rights, we have witnessed a slow and painful unfolding of a democratic pageant of striving, of resistance, of breakthroughs, of opposition, of unrelenting efforts and of eventual triumph.

I have spent my life struggling for the rights of working class people and for health care. I grew up understanding first hand what it meant for families who did not get access to needed care. I lived in 21 different places by the time I was 17, including in a couple of cars. I understand the connection between poverty and poor health care, the deeper meaning of what Native Americans have called "hole in the body, hole in the spirit." I struggled with Crohn's disease much of my adult life, to discover sixteen years ago a near-cure in alternative medicine and following a plant-based diet. I have learned with difficulty the benefits of taking charge personally of my own health care. On those few occasions when I have needed it, I have had ac-

cess to the best allopathic practitioners. As a result I have received the blessings of vitality and high energy. Health and health care is personal for each one of us. As a former surgical technician I know that there are many people who dedicate their lives to helping others improve theirs. I also know their struggles with an insufficient health care system.

There are some who believe that health care is a privilege based on ability to pay. This is the model President Obama is dealing with, attempting to open up health care to another 30 million people, within the context of a system run by insurance companies who make money by denying care. There are others who believe that health care is a basic right and ought to be provided through a not-for-profit plan. This is what I have tirelessly advocated.

I have carried the banner of national health care in two presidential campaigns, in party platform meetings, and as co-author of H.R. 676, Medicare for All. I have worked to expand the health care debate beyond the current unsustainable system, to include a robust public option and my amendment to free the states to pursue single-payer. An early version of the health care bill, while badly flawed, contained these provisions which I believed made the bill worth supporting when it was considered by the Committee on Education and Labor. I voted for it. The provisions were taken out of the bill after it passed the Committee.

I joined with the Congressional Progressive Caucus in saying that I would not support the bill unless it had a strong public option and unless it protected the right of people to pursue single payer at a state level. It did not. I kept my pledge and voted against the bill when it was considered by the full House of Representatives. Since then, I have continued to oppose it while trying to get the provisions back into the bill. Some have speculated that, as the final vote on this health care package drew closer, I might have been in a position of casting the deciding vote. The President's visit to my district on Monday underscored the urgency of this moment.

I have taken this fight further than many in Congress cared to carry it because I know what my constituents experience on a daily basis. Come to my district in Cleveland and you will understand.

The people of Ohio's 10th district have been hard hit by an economy where wealth has accelerated upwards through plant closings, massive unemployment, small business failings, lack of access to credit, foreclosures and the high cost of health care and limited access to care. I take my responsibilities to the people of my district personally. The focus of my district office is constituent service, which more often than not involves social work to help people survive economic perils. It also involves intervening with insurance companies.

In the two weeks before the vote on the final health care package, it became clear that the vote would be very close. I take this vote with the utmost seriousness. I am quite aware of the historic fight that has lasted the better part of the last century to bring America in line with so many other modern democracies in providing single-payer health care. I have seen the political pressure and the financial pressure being asserted to prevent a real challenge to a highly profitable system dominated by private insurance companies.

I know I have to make a decision, not on the bill as I would like to see it, but the bill as

it is. My criticisms of the legislation have been well reported. I do not retract them. I incorporate them in this statement. They still stand as legitimate and cautionary. I still have doubts about the bill. I do not think it is a first step toward anything I have supported in the past. This is not the bill I wanted to support, even as I continue efforts until the last minute to modify the bill.

However after careful discussions with President Obama, Speaker PELOSI, my wife Elizabeth, the frequently personal and tragic stories of my constituents and close friends, I have decided to cast a vote in favor of the legislation. If my vote is to be counted, let it now count for passage of the bill, hopefully in the direction of comprehensive health care reform. We must include coverage for those excluded from this bill. We must free the states. We must have control over private insurance companies and the cost their very existence imposes on American families. We must strive to provide a significant place for alternative and complementary medicine, religious health science practice, and the personal responsibility aspects of health care which include diet, nutrition, and exercise.

The health care debate has been severely hampered by fear, myths, and by hyper-partisanship. The President clearly does not advocate socialism or a government takeover of health care. The fear that this legislation has engendered has deep roots, not in foreign ideology but in a lack of confidence, a timidity, mistrust and fear which post 9/11 America has been unable to shake.

This fear has so infected our politics, our economics and our international relations that as a nation we are losing sight of the expanded vision, the electrifying potential we caught a glimpse of with the election of Barack Obama. The transformational potential of his presidency, and of ourselves, can still be courageously summoned in ways that will reconnect America to our hopes for expanded opportunities for jobs, housing, education, peace, and yes, health care.

I want to thank those who have supported me personally and politically as I have struggled with this decision. I ask for continued support in our ongoing efforts to bring about meaningful change. I have taken a detour through supporting this bill, but I know the destination I will continue to seek, for as long as it takes, whatever it takes, is an America where health care will be firmly established as a civil right.

#### EMPOWERING INDIVIDUALS

Smart personal choices in areas like diet, nutrition, and exercise are essential to a healthier world. At the same time, we must remove the barriers and change the incentives that discourage or prevent responsible behavior. The Institute of Medicine estimates that in 2004 approximately \$10 billion was spent on food advertising directed at children, using every method available—television, radio, the internet, even embedded in video games. Simply put, marketing to children works—companies would not make such a substantial investment if it were ineffective.

Marketing directed at youth is extremely well constructed and relies heavily on behavioral science. The developing brain of the child can not discriminate fact from opinion and can not think critically; it is no match for a \$10 billion industry that exploits this vulnerability using cartoons, cross branding with popular toys,

giveaways, and myriad other methods to develop brand loyalty and shape judgment as early as possible. Established early, these affinities are the most enduring.

Astonishingly, the Federal Government subsidizes this methodical preying on children by granting a tax write-off for expenses associated with it. This must stop. The government must take action to protect American children and ensure that they grow up in a healthy environment. My bill, H.R. 4310, would eliminate the tax deductibility of fast food and junk food advertising directed at children. H.R. 4310 has the potential to raise billions of dollars in revenue to fund child nutrition and anti-obesity initiatives.

There is precedent: approximately 50 countries, including Sweden, Norway, Australia, and Great Britain, have limited or prohibited food advertising directed at youth. Additionally, recent research has concluded that eliminating the tax deductibility of food advertising directed at youth would reduce obesity rates. Long-term health care reform must address the personal responsibility, the corporate responsibility, and the government's fair share of the responsibility for improved health. I will work to ensure that is the case.

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rent unsustainable system, to include a robust public option and my amendment to free the states to pursue single-payer. An early version of the health care bill, while badly flawed, contained these provisions which I believed made the bill worth supporting when it was considered by the Committee on Education and Labor. I voted for it. The provisions were taken out of the bill after it passed the Committee.

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I want to thank those who have supported me personally and politically as I have struggled with this decision. I ask for continued support in our ongoing efforts to bring about meaningful change. As this bill passes I will renew my efforts to help those state organizations which are aimed at stirring a single payer movement which eliminates the predatory role of private insurers who make money not providing health care. I have taken a detour through supporting this bill, but I know the destination I will continue to seek, for as long as it takes, whatever it takes, is an America where health care will be firmly established as a civil right.

MOVING TOWARD TRUE HEALTH CARE REFORM

In pursuing meaningful change in the health care system, there can be no better investment than to remove federal barriers to allowing states to implement the only model of health care proven to cover everyone, lower costs and increase quality: single-payer.

Systems that remove the insurance companies from care are well tested and consistently outperform systems that rely on private insurance. Their costs are lower, their access is universal, the coverage is comprehensive, and their systems are far more equitable. Such a single-payer health care system would also provide major economic stimulus. Half of all bankruptcies in the U.S. are the result of the failure of an insurance plan to do the very thing that drives us to buy health insurance—protect us from catastrophic financial burdens that arise from health care needs. Only single-payer health care can rid us of the economic drag of medical bankruptcies by providing truly comprehensive coverage—for less money than we are currently paying.

It is no wonder then that states are demanding single payer. Not only does it help people stay out of poverty, but it would provide major relief for states facing budget difficulties. The Lewin Group's financial analysis of the California single payer bill that recently passed the legislature twice found that "the net cost of the program to state and local governments is a savings of about \$900 million" in 2006 alone. There are also strong single payer movements in Pennsylvania, New York, Illinois, Colorado, and New Mexico. In fact, the savings to a state from a single-payer plan have been well

documented. Fourteen states are listed below, along with their savings and the year of the applicable study. The worst-case scenario is Maine, which would break even.

- State: Annual Single-payer Savings—Year
- New Mexico (Lewin Group): \$151,800,000—1994
- Delaware (Solutions for Progress): \$229,000,000—1995
- Minnesota (Lewin Group): \$718,000,000—1995
- Massachusetts (Lewin Group, Solutions for Progress/Boston University School of Public Health): \$1,800,000,000—\$3,600,000,000—1998
- Maryland (Lewin Group): \$345,000,000—2000
- Vermont (Lewin Group): \$118,000,000—2001
- California (Lewin Group): \$7,500,000,000—2002
- Maine (Mathematica Policy): \$0—2002
- Rhode Island (Solutions for Progress/Boston University School of Public Health): \$270,000,000—2002
- Missouri (Missouri Foundation for Health): \$1,700,000,000—2003
- Georgia (Lewin Group): \$716,000,000—2004
- California (Lewin Group): \$8,000,000,000—2005
- Colorado (Lewin Group): \$1,400,000,000—2007
- Kansas (Lewin Group): \$869,000,000—2007

The Employee Retirement Income Security Act (ERISA) has been used to thwart efforts at the state and regional level to improve health care. Though the law was intended to protect the integrity and quality of employee benefit plans including health care, ERISA has been used in courts to stop or make impractical health care reform efforts in Maryland, San Francisco, and Suffolk County, New York. It is the most difficult federal barrier a single-payer state will face, though there will be others.

I will continue to work to help these states. We must yield to the wishes of those in a state who demand a health care system that is proven to work well. It would be entirely voluntary. If a state wants better health care than can be provided by the federal government, the federal government should not stand in their way.

PUBLIC OPTION

A robust public option is not sufficient to control costs, cover everyone, and increase quality of care. However, it is a good interim option for those who do not want to be subject to the abuses of the insurance companies but are required to purchase health insurance under the health care bill we are passing today. The extreme inefficiency of the private health insurance companies and the inefficiency they cause throughout the health care system are well documented. Americans need refuge because the health insurance companies are ruthlessly efficient at one thing: denying care. They have to be because that is how they make money.

In the short term, I will continue to fight for a strong public option until a single payer plan is in place.

INTEGRATIVE MEDICINE AND RELIGIOUS HEALTH CARE

A 2008 study by the National Center for Complementary and Alternative Medicine at the National Institutes of Health and the National Center for Health Statistics revealed that 38% of American adults used some form of integrative medicine to meet their health care needs. However, access to these services is limited because of lack of insurance coverage of these safe, cost-effective and clinically effective medical approaches. Some of those modalities include chiropractic care, acupuncture and many others under study at the National Institutes of Health.

However, some insurance companies are starting to realize that it is beneficial to their bottom line if they cover some integrative medicine approaches. More and more plans are covering chiropractic and acupuncture, for example. The medical literature abounds with studies showing that the cost-effectiveness of interventions like transcendental meditation for hypertension and heart disease is far better than that for conventional pharmaceutical interventions.

An early version of the health care overhaul bill included my amendment that would guarantee that a practitioner of integrative medicine is one of the people that decides the minimum required benefit package. It also created a task force of integrative medicine practitioners to help inform the decision makers about what should be covered. Finally, it required that when a patient goes to the Exchange website and looks up doctors, practitioners of integrative medicine are easily identifiable. Though the language was removed before a vote on the bill was taken by the full House of Representatives, I will continue to work to advance integrative medicine by increasing its accessibility and safety.

Under this bill, most Americans, including people who practice other distinctive approaches to health care, are forced to buy private health insurance. I recognize the difficult position for Christian Scientists and others similarly situated. Millions opt for spiritual care that coincides with their religion. But as of today, even though the care they prefer is covered by Medicare, Medicaid, TRICARE and some plans available to federal government employees, few private insurance plans cover it. The new healthcare legislation we are considering today does not prevent insurance companies from covering their care; it also does not create a pathway for its serious consideration by insurance companies. I look forward to helping to identify a way to ensure that spiritual and integrative care get a fair chance at coverage by insurance companies.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 1225, the previous question is ordered.

The question is on the motion by the gentleman from California.

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

Mr. GEORGE MILLER of California. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on the motion to concur will be followed by a 5-minute vote on the motion to suspend the rules on House Resolution 1215.

The vote was taken by electronic device, and there were—yeas 220, nays 207, not voting 3, as follows:

[Roll No. 194]  
YEAS—220

Ackerman	Bishop (GA)	Butterfield
Andrews	Bishop (NY)	Capps
Baca	Blumenauer	Capuano
Baird	Bocchieri	Cardoza
Baldwin	Boswell	Carnahan
Bean	Boyd	Carney
Becerra	Brady (PA)	Carson (IN)
Berkley	Braley (IA)	Castor (FL)
Berman	Brown, Corrine	Chu

Clarke  
Clay  
Cleaver  
Clyburn  
Cohen  
Connolly (VA)  
Conyers  
Costa  
Costello  
Courtney  
Crowley  
Cuellar  
Cummings  
Dahlkemper  
Davis (CA)  
Davis (IL)  
DeFazio  
DeGette  
Delahunt  
DeLauro  
Dicks  
Dingell  
Doggett  
Donnelly (IN)  
Doyle  
Driehaus  
Edwards (MD)  
Ellison  
Ellsworth  
Engel  
Eshoo  
Etheridge  
Farr  
Fattah  
Filner  
Foster  
Frank (MA)  
Fudge  
Garamendi  
Giffords  
Gonzalez  
Gordon (TN)  
Grayson  
Green, Al  
Green, Gene  
Grijalva  
Gutierrez  
Hall (NY)  
Halvorson  
Hare  
Harman  
Hastings (FL)  
Heinrich  
Higgins  
Hill  
Himes  
Hinchey  
Hinojosa  
Hirono  
Hodes  
Holt  
Honda  
Hoyer  
Inslee  
Israel  
Jackson (IL)

Jackson Lee  
(TX)  
Johnson (GA)  
Johnson, E. B.  
Kagen  
Kanjorski  
Kaptur  
Kennedy  
Kildee  
Kilpatrick (MI)  
Kilroy  
Kind  
Kirkpatrick (AZ)  
Klein (FL)  
Kosmas  
Kucinich  
Langevin  
Larsen (WA)  
Larson (CT)  
Lee (CA)  
Levin  
Lewis (GA)  
Lipinski  
Schauersack  
Lofgren, Zoe  
Lowey  
Luján  
Lynch  
Maffei  
Maloney  
Markey (CO)  
Markey (MA)  
Matsui  
McCarthy (NY)  
McColum  
McDermott  
McGovern  
McNerney  
Meek (FL)  
Meeks (NY)  
Michaud  
Miller (NC)  
Miller, George  
Mitchell  
Mollohan  
Moore (KS)  
Moore (WI)  
Moran (VA)  
Murphy (CT)  
Murphy (NY)  
Murphy, Patrick  
Nadler (NY)  
Napolitano  
Neal (MA)  
Oberstar  
Obey  
Oliver  
Ortiz  
Owens  
Pallone  
Pascrell  
Pastor (AZ)  
Payne  
Pelosi  
Perlmutter  
Perriello

## NAYS—207

Aderholt  
Adler (NJ)  
Akin  
Alexander  
Altmire  
Arcuri  
Austria  
Bachmann  
Bachus  
Barrett (SC)  
Barrow  
Bartlett  
Barton (TX)  
Berry  
Biggert  
Bilbray  
Bilirakis  
Bishop (UT)  
Blackburn  
Blunt  
Boehner  
Bonner  
Bono Mack  
Boozman  
Boren  
Boucher  
Boustany  
Brady (TX)  
Bright  
Broun (GA)  
Brown (SC)

Brown-Waite,  
Ginny  
Buchanan  
Burgess  
Burton (IN)  
Calvert  
Camp  
Campbell  
Cantor  
Cao  
Franks (AZ)  
Frelinghuysen  
Gallegly  
Garrett (NJ)  
Gerlach  
Gingrey (GA)  
Gohmert  
Goodlatte  
Granger  
Graves  
Griffith  
Guthrie  
Hall (TX)  
Harper  
Hastings (WA)  
Heller  
Hensarling  
Herger  
Herseth Sandlin  
Hoekstra  
Holden  
Hunter

Inglis  
Issa  
Jenkins  
Johnson (IL)  
Johnson, Sam  
Jones  
Jordan (OH)  
King (IA)  
King (NY)  
Kingston  
Kirk  
Kissell  
Kline (MN)  
Kratovil  
Lamborn  
Lance  
Latham  
LaTourette  
Latta  
Lee (NY)  
Lewis (CA)  
Linder  
LoBiondo  
Lucas  
Luetkemeyer  
Lummis  
Lungren, Daniel  
E.  
Mack  
Manzullo  
Marchant  
Marshall  
Matheson  
McCarthy (CA)  
McCaul  
McClintock  
McCotter  
McHenry  
McIntyre

NOT VOTING—3  
Buyer  
Davis (AL)  
Reichert

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE  
The SPEAKER pro tempore (during the vote). There are 5 minutes remaining in this vote.

□ 2102

So the motion to concur was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. WEINER). The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of the proceedings or other audible conversation is in violation of the rules of the House.

## EXPRESSING SUPPORT FOR BAN-GLADESH'S RETURN TO DEMOCRACY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1215, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. CROWLEY) that the House suspend the rules and agree to the resolution, H. Res. 1215, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 380, nays 7, not voting 42, as follows:

[Roll No. 195]

## YEAS—380

Ackerman  
Aderholt  
Adler (NJ)  
Akin  
Alexander  
Altmire  
Arcuri  
Bachmann  
Bachus  
Baird  
Baldwin  
Barrett (SC)  
Barrow  
Bartlett  
Barton (TX)  
Bean  
Becerra  
Berkley  
Berry  
Biggert  
Bilbray  
Bilirakis  
Bishop (GA)  
Bishop (NY)  
Bishop (UT)  
Blackburn  
Blumenauer  
Blunt  
Bocchieri  
Bonner  
Bono Mack  
Boozman  
Boren  
Boswell  
Boucher  
Boustany  
Boyd  
Brady (PA)  
Brady (TX)  
Braley (IA)  
Bright  
Brown (SC)  
Brown, Corrine  
Brown-Waite,  
Ginny  
Buchanan  
Burgess  
Burton (IN)  
Butterfield  
Camp  
Campbell  
Cantor  
Capito  
Capuano  
Cardoza  
Carnahan  
Carney  
Carson (IN)  
Cassidy  
Castle  
Chaffetz  
Chandler  
Childers  
Chu  
Clarke  
Clay  
Cleaver  
Clyburn  
Coble  
Cohen  
Cole  
Connolly (VA)  
Conyers  
Cooper  
Costa  
Costello  
Courtney  
Crenshaw  
Crowley  
Cuellar  
Culberson  
Cummings  
Dahlkemper  
Davis (CA)  
Davis (IL)  
Davis (KY)  
Davis (TN)  
Dent  
DeFazio  
Dent  
Diaz-Balart, M.  
Dicks

The vote was taken by electronic device, and there were—yeas 380, nays 7, not voting 42, as follows:

Dingell  
Doggett  
Donnelly (IN)  
Doyle  
Dreier  
Driehaus  
Duncan  
Edwards (MD)  
Edwards (TX)  
Ehlers  
Ellison  
Ellsworth  
Emerson  
Engel  
Eshoo  
Etheridge  
Fallin  
Farr  
Fattah  
Filner  
Flake  
Fleming  
Forbes  
Fortenberry  
Foster  
Fox  
Frank (MA)  
Franks (AZ)  
Frelinghuysen  
Garamendi  
Garrett (NJ)  
Gerlach  
Giffords  
Gonzalez  
Goodlatte  
Granger  
Graves  
Grayson  
Green, Al  
Green, Gene  
Griffith  
Grijalva  
Guthrie  
Hall (NY)  
Hall (TX)  
Halvorson  
Hare  
Harman  
Harper  
Hastings (FL)  
Hastings (WA)  
Heinrich  
Heller  
Hensarling  
Herger  
Herseth Sandlin  
Higgins  
Hill  
Himes  
Hinchey  
Hinojosa  
Hirono  
Hodes  
Hoekstra  
Holden  
Holt  
Honda  
Hoyer  
Hunter  
Inglis  
Inslee  
Moran (VA)  
Murphy (CT)  
Murphy, Patrick  
Myrick  
Nadler (NY)  
Neal (MA)  
Neugebauer  
Nunes  
Nye  
Oberstar  
Olson  
Oliver  
Ortiz  
Owens  
Pallone  
Pascrell  
Pastor (AZ)  
Paulsen  
Payne  
Pence  
Perlmutter