Mr. GENE GREEN of Texas. Mr. Speaker, due to previous district commitments in Houston yesterday, I was not able to vote on rollcall votes taken during the evening of March 19 and March 20. I rise today to notify the House and the public on how I would have voted on those missed rollcall votes.

## PERSONAL EXPLANATION

Mr. Speaker, I do not take my voting responsibilities lightly. My voting percentage in the 111th Congress is over 96 percent. I rarely miss votes, but with the long week in Washington like all of us have had, I had previous commitments I could not miss in the district.

The SPEAKER pro tempore (Mr. Obey) notified the House by way of announcement.

### RULE XXI

Section 2 of this resolution, it shall be in order to debate the topics addressed by the Senate amendments to the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, and the topics addressed by the bill (H.R. 4872) to provide for reconciliation pursuant to section 262 of the concurrent resolution on the budget for fiscal year 2010, for two hours equally divided and controlled by the Majority Leader and Minority Leader or their respective designees.
Mr. Speaker, this bill is the mother of all unfunded mandates. There are mandates on States. The new Medicaid mandate is expected to cost, according to the CBO, an additional $20 billion on States. Let’s start with the State mandate, $20 billion on States in Medicaid. It has been estimated that it will cost $20 billion on Medicaid. All points of order against provisions in the bill, as amended, are waived. All points of order against consideration of the bill except those arising under clause 10 of rule XXI. The amendment in the nature of a substitute printed in part A of the report of the Committee on Rules accompanying this resolution by the amendment printed in part B of the report of the Committee on Rules, shall be considered as adopted. The Chair may postpone such proceedings to such time as may be designated by the Speaker; (c) the Chair may decline to entertain the question of consideration; (d) the second sentence of clause 1(a) of rule XIX shall not apply; and (e) any proposition admissible under the first three sections of this resolution shall be considered as read.

S. 4. In the engrossment of H.R. 4872, the Clerk shall amend the title so as to read: “An Act to provide for reconciliation pursuant to section 202 of the Budget Act of 2010 if called up by the Majority Leader or his designee. All points of order against consideration of the bill are waived except as provided herein, resolution, question, or notice; (b) the Chair may decline to entertain the question of consideration; (c) the Chair may postpone such proceedings to such time as may be designated by the Speaker; (d) the second sentence of clause 1(a) of rule XIX shall not apply; and (e) any proposition admissible under the first three sections of this resolution shall be considered as read.

S. 5. If the motion specified in section 2 is adopted, it shall be in order to consider in the House the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the Budget Act of 2010 if called up by the Majority Leader or his designee. All points of order against consideration of the bill are waived except as provided herein, resolution, question, or notice; (b) the Chair may decline to entertain the question of consideration; (c) the Chair may postpone such proceedings to such time as may be designated by the Speaker; (d) the second sentence of clause 1(a) of rule XIX shall not apply; and (e) any proposition admissible under the first three sections of this resolution shall be considered as read.

Mr. RYAN of Wisconsin. Mr. Speaker, I raise a point of order against H. Res. 1203 because the resolution violates section 426(a) of the Congressional Budget Act. The resolution contains a waiver of all points of order against consideration of the bill except those arising under clause 10 of rule XXI which includes a waiver of section 426 of the Congressional Budget Act which causes a violation of section 426(a).

The SPEAKER pro tempore. The gentleman from Wisconsin makes a point of order that the resolution violates section 426(a) of the Congressional Budget Act of 1974. The gentleman has met the threshold burden under the rule, and the gentleman from Wisconsin and a Member opposed each will control 10 minutes of debate on the question of consideration. After the debate, the Chair will put the question of consideration.

The Chair recognizes the gentleman from Wisconsin.

Mr. RYAN of Wisconsin. Mr. Speaker, let me read from a letter that the Speaker of the House by the Director of the Congressional Budget Office dated yesterday: “The Congressional Budget Office and the Joint Committee on Taxation estimated that the total cost of those mandates to State, local and tribal governments and the private sector would greatly exceed the annual thresholds established under the Unfunded Mandates Reform Act.”
when they were my age? What we heard from the CBO was just alarming. By the time my three kids are my age—I am 40 and they’re 5, 6 and 8 years old—the CBO said that the glide path that we are on before passing this bill, the tax rate on that generation by the time they are 40 is 25 percent. And the 10 percent bracket goes up to 25 percent, middle-income taxpayers will pay an income tax rate of 63 percent, and the top rate that the small businesses pay will be 88 percent. This is the way we are leaving the next generation.

Last year the General Accountability Office said that the unfunded liability of the Federal Government—meaning the debt we owe to all the promises being made—was $62 trillion. You know what they say today, $76 trillion. And what are we doing here? A $2.4 trillion new unfunded entitlement on top all of that. We can’t even afford the government we’ve got right now, and we’re going to add this new unfunded entitlement on top of it?

Mr. Speaker, at the end of the day, though, what’s most insidious, what’s most concerning, what’s most troubling about this bill is what the future holds. And what the CBO describes to the arrogant idea that Washington knows best, that Washington can organize and micromanage the entire health care sector of this country, 17 percent of our economy, one-sixth of our economy.

We should take you into a glimpse into that future. Mr. Speaker. This is the Treasury’s 2009 financial report. It tells us that we are walking into an ocean of red ink, of deficit, of spending. And the only way to get this under control, the only way to stop a debt crisis from befalling this country—much like Europe is about to walk into—if you have government-run health care, if you have the government take the rest of the health care sector, this country is like walking into and systematically ration health care.

Think about what’s in this legislation. We have a new comparative effectiveness research board placed in the stimulus legislation that decides what treatments are worth paying for. We have a new Medicare commission called the Independent Payment Advisory Board that makes across-the-board cuts into Medicare whether it’s good for patients or not based upon cost. A top-down and micromanaging authority of Congress. And we have the new U.S. Preventive Task Force. That’s an agency that recently said women in their forties don’t need to do mammograms, that has been given unprecedented power in this legislation to make decisions that are normally made by patients and doctors.

What this bill does is it says this: we are no longer going to trust the will, the interest, and the decisions of patients and their doctors. They don’t know enough. We’re going to take the power and the money from the citizens and bring it to Washington, and Washington knows best. Washington will set up elaborate boards and bureaucracies of technocrats who can better micromanage those decisions. And the only way to get this debt crisis on control, the only way to get this under control is to ration care.

With that, Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I submit for the RECORD a 1-page document explaining why the requirements in the bill are not unconstitutional.

Attack: The individual responsibility requirement.
Response: The arguments that have been raised against the constitutionality of an individual responsibility requirement are specious. For the Supreme Court has recognized that Congress has the authority under the Commerce Clause to regulate activities that have a substantial effect on interstate commerce, which includes buying and selling health insurance. The requirement for individuals to contribute to their own health insurance coverage is clearly constitutional.

Over 70 years of Supreme Court precedent has recognized that, under the Commerce Clause, Congress has the authority to regulate activities that have a substantial effect on interstate commerce. A requirement that individuals purchase health insurance is both commercial and economic in nature—indeed, few things are more critical to our nation’s economic health.

The failure of individuals to obtain health insurance has a substantial effect on our national economy. The U.S. spends over $2 trillion dollars on health care each year—more than $7,000 per person and more than 16 percent of our gross domestic product. It is true that a billion dollars of federal dollars every year because of the costs of treatment for uninsured Americans. And currently, individuals can forego buying insurance, leaving hospitals—and ultimately Americans who do buy insurance—on the hook for expensive emergency procedures. That drives up insurance premiums for all Americans.

Mandating health insurance affects interstate commerce in several ways. Covering more people will reduce the price of insurance by ensuring a larger pool of subscribers who are paid for emergency care and other services without paying for all the costs, which drives up costs for people with insurance. It will also increase the number of insured Americans. The U.S. spends a billion dollars every year because of the costs of treatment for uninsured Americans. And currently, individuals can forego buying insurance, leaving hospitals—and ultimately Americans who do buy insurance—on the hook for expensive emergency procedures. That drives up insurance premiums for all Americans.

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And this Congress has a choice to act like the confident Nation we are that faces head-on the challenges that we face. We will do so today by voting “yes” to move us so that we have a health care system in this country where every American is covered and we all help pay.

Mr. RYAN of Wisconsin. I reserve my time.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE).

Mr. FARR. Mr. Speaker, I rise today to enter a letter from my next-door neighbor born with spina bifida. His parents were told to leave him in the hospital because he would be mentally retarded and he would never able to get out of institutional care. His parents loved him and got him into school. He went through public high school, went to the University of California, graduated and got into Special Olympics. He tried to get a job. His coaches told him you will never be able to afford a job, you have a preexisting condition, you can’t afford the insurance. You will have to stay on Medicaid the rest of your life.

He writes in his letter to me, Dear Congressman, and goes on to say in closing, I ask that you please pass this comprehensive health care package so that today’s kids aren’t told the same thing I was told. Never again should You cannot afford that today’s kids aren’t told the same thing I was told. Never again should that today’s kids aren’t told the same thing I was told. Never again should the deficit will be cut by $1.2 trillion dollars over time.

Today, in the house of Representatives, we must take a positive step forward and finally begin to guarantee access to affordable care for all of us—for my patients cannot hold on past Friday, Sunday will come. Let’s take this positive step forward today. Join me in this effort and we will vote yes on this bill, because it saves lives and jobs and begins to push insurance companies out of my patient’s examination room.

Mr. FATTAH. Mr. Speaker, I rise to thank the chairwoman and in support of the rule. This Easter season, we are called again to put patients first, and guaranteeing that Medicare will be there when we need it.

No longer will a child’s illness cause their family to go broke and lose their home. Senior citizens will see a stronger and better Medicare as we begin to close the prescription drug program’s donut hole.

And this Congress has a choice to act like the confident Nation we are that faces head-on the challenges that we face. We will do so today by voting “yes” to move us so that we have a health care system in this country where every American is covered and we all help pay.
This way. This is not democracy. This is not good government. One of the cornerstones of this Nation that the Founders created is the principle that we govern by consent of the governed. That principle is being turned on its head here today.

Mr. Speaker, to the point, the shame of all of this is we have been offering constructively solutions from the very beginning. We have asked you to work with us on a bipartisan basis, step by step, piece by piece, work on the uninsured, work on the existing conditions, work on costs, work on prices, work on the deficit. All along the other side said “no,” we are doing it our way, one-party rule.

This bill clearly violates the House rules. We shouldn’t be waiving our own rules and imposing these costly mandates. We are going to hear many emotional appeals today. Let me tell you a little bit about my own. I have the best British citizen, she wouldn’t have it because of a drug called Avastin that is not available over here. That is not what our government should be doing. This bill is a fiscal Frankenstein. It is a government takeover. It is not democratic.

Mr. Speaker, my colleagues, it is not too late to get it right. Let’s start over, let’s defeat this bill.

I yield back the balance of my time.

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

Mr. Speaker, my colleagues, it is not too late to get it right. Let’s start over, let’s defeat this bill.

The SPEAKER pro tempore. The gentleman from California makes a point of order regarding the resolution.

Mr. ISSA. Mr. Speaker, I make a point of order that the resolution violates clause 9 of rule XXI by waiving that rule against consideration of H.R. 4872. The SPEAKER pro tempore. The gentleman from California makes a point of order that the resolution violates clause 9(c) of rule XXI. Under clause 9(c) of rule XXI, the gentleman from California and a Member opposed each will control 10 minutes of debate on the question of consideration.

Following that debate, the Chair will put the question of consideration. The Chair recognizes the gentleman from California.

Mr. ISSA. Mr. Speaker, my point of order is quite simple. In the last 2 weeks, both the House Republicans and the House Democrats have passed sweeping anti-earmark resolutions. Moreover, the leadership of the House has said that they will ensure that earmarks are in the past. But, Mr. Speaker, this legislation is filled with earmarks, not the least of which is the Bismark provision. Mr. Speaker, the amount of earmarks violating both Republican and Democratic House rules against earmarks is beyond the counting of any of us. My
point of order is intended to stop the bill until earmarks can be removed from the bill. I might note, Mr. Speaker, last night until late at night, for more than 13 hours, Republicans offered 80 amendments, many of which could have fixed portions of this bill. None—I repeat, Mr. Speaker, none—were ruled in order.

Mr. Speaker, I make a point of order that an earmark is tantamount to a bribe who receive a vote is clearly a way to get a vote in return for something of value. Mr. Speaker, this legislation is a vast tax increase and a vast increase in the reach of government. It deserves to be considered on its merits, not based on promises and bribes for financial gain to various Members’ districts. Therefore, it is clear we must remove all earmarks before this legislation can move forward.

I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I rise in opposition to the point of order.

The SPEAKER pro tempore (Mr. JACKSON of Illinois). The gentlewoman from New York is recognized for 10 minutes.

Ms. SLAUGHTER. Mr. Speaker. I yield myself such time as I may consume.

My friends on the other side of the aisle are attempting to use a purely technical violation of the earmark identification rule to try and block the House from even considering the rule and the underlying legislation. In fact, the Budget Committee did include an earmark statement in their committee report.

However, a minor technical error in that statement made the legislation subject to a point of order. The Budget Committee has since filed two clarifying earmark statements in the CONGRESSIONAL RECORD. Clearly these statements are not the initial statement in the committee report, should show that it does not violate the spirit of the earmark rule. I have copies of these statements for any Members who need clarification.

The rule and the underlying legislation deserve to be debated on the merits, not stopped by purely procedural motions. I urge my colleagues to vote “yes” so we can consider this important legislation, so important to the American people. Let’s not waste any more time.

I reserve the balance of my time.

Mr. ISSA. Mr. Speaker, I am flabbergasted. Perhaps the gentled from New York could tell me, does that mean that under the rule that the Louisiana purchase, the Cornhusker kickback, the Gator aid, and the Bismarck bank aid will be somehow removed from the legislation after its passage?

Ms. SLAUGHTER. Mr. Speaker. I am happy to tell you that. The final bill will not have State-specific provisions. The provisions that are in apply to multiple States, and a provision in the education portion of the reconciliation bill regarding State-owned banks is being struck by the manager’s amendment. Mr. ISSA. Reclaiming my time, I’m going to simply state for the record that our reading is that all of these will go to the President in the bill. And, of course, if by some miracle a bribe for one becomes a bribe for many States, somehow I don’t think the American people will find that particularly a happy day for anyone, except perhaps the few States who receive for a short time consideration. With that, I yield 1 minute to the gentleman from Arizona (Mr. FLAKE).

Mr. FLAKE. I thank the gentleman for yielding.

We’re all aware of the special provisions or earmarks in the bill: the Cornhusker kickback, the Louisiana purchase, the Gator aid. These earmarks, though, apart from the role they played in greasing the skids for this bill, are probably the least offensive part of the legislation.

We desperately need health care reform, reform that lowers costs and improves quality through competition and market-driven measures, such as allowing the purchase of health care across State lines and allowing individuals to purchase insurance with pre-tax dollars, are absent from the bill. Instead, the bill contains increases in taxes, mandates and bureaucracy that will only serve to further shield the health care industry from true competition—competition that is so desperately needed.

Mr. Speaker, without this bill, the fiscal challenges we face are incredibly steep. With this bill, they are almost insurmountable.

There will come a day that the piper will have to be paid. We have shown ourselves unwilling to face up to the challenges today. We can only hope that those elected this November and in the years to come will show more courage than we’ve shown today.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. I thank the chairwoman of the Rules Committee, Ms. SLAUGHTER, for yielding the time.

We’re going to fight through these dilatory tactics today and side with the American people and side with families across America. For families that have health insurance, the insurance companies will no longer be able to cancel your coverage if you get sick. And, of course, the insurance companies will no longer be able to bar you from coverage just because you have a preexisting condition, like asthma or diabetes or some other disease happens to run in your family.

As for our grandparents and our neighbors who rely on Medicare, Medicare will get stronger. Not one benefit will be cut. Not one. Despite the scare tactics from the other side of the aisle, Medicare will be stronger: the prescription drug coverage will improve.

We’re going to focus on prevention because prevention works, it saves lives, and it saves money. We’re going to pay doctors that serve Medicare patients more money so that Medicare patients can keep their doctor and we can keep those smart doctors that serve Medicare patients working for all of us. We’re going to help small business owners and families that do not have affordable health coverage today, we’re going to create a new shopping exchange where they can compare plans in a transparent way and also provide new tax credits for small business in owners and families all across America.

Yes, we’re going to side with American families today because we’re not just Members of Congress, we’re daughters and sons and parents. We’re grand-children. And once and for all, we’re going to ensure that all families all across America have what Members of Congress have. We’re going to side with families against the insurance companies, fight through these dilatory tactics and pass this historic landmark legislation.

Mr. ISSA. Mr. Speaker, I would like to yield 45 seconds to the gentleman from Texas (Mr. Poe).

Mr. POE of Texas. This bill has special deals for special folks. The Louisiana purchase, a special deal for Florida, a special deal for two States in New England, and a special deal for Connecticut. And as much as my friends like to rail on the insurance companies, they give a special deal to Michigan Blue Cross so that they don’t have to get the new tax increases. Why is that? Because it’s special deals for special folks.

This bill is unconstitutional. The Texas State Attorney General plus 30 other Attorneys General will sue the Federal Government if this bill passes because of special deals for special folks. Also, this bill is unconstitutional because it forces the American people to buy an insurance product. Nowhere in the Constitution does the Federal Government have the authority to force you to buy anything, whether it’s insurance, a car, or a box of doughnuts.

Mr. ISSA. Mr. Speaker, the ranking member needs 15 seconds to enter into a colloquy. I would yield the gentleman from California 15 seconds for a question.

Mr. DREIER. Mr. Speaker. I would like to engage in a colloquy, if I might, with my distinguished committee Chair if that’s possible, if she would do that.

Ms. SLAUGHTER. If we can use your time.

Mr. DREIER. If we can use my 15 seconds, Madam Chair?

Ms. SLAUGHTER. Yes.

Mr. DREIER. Well, let me just say that the one thing that we are guaranteed is that the Senate bill, under the rule that has been crafted by the Rules
Committee, is the only thing that if it passes today we know will become public law; is that correct?

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ISSA. I yield the gentleman an additional 10 seconds.

Mr. DREIER. Is that correct, Madam Chair?

Ms. SLAUGHTER. I am sorry, I couldn’t hear.

Mr. DREIER. Under the rule that was drafted and reported out by the Rules Committee just before midnight last night, it is not true that the only thing that we are guaranteed to have become public law at the end of this day, if the votes are there, is, in fact, the Senate bill?

The SPEAKER pro tempore. The time of the gentleman has expired. Ms. SLAUGHTER. Mr. Speaker, I am happy to yield 1 minute to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. Mr. Speaker, I spent 6 years in the Catholic seminary studying to be a priest and have always been pro-life. I will be 81 years old this September. Certainly at this stage of my life I am not going to change my mind and support abortion. I am not going to jeopardize my eternal salvation.

I sought counsel from my priest, advice from my family, friends and constituents and I have read the Senate abortion prohibition more than a dozen times. I am convinced that the original abortion prohibition more than a dozen times. I am convinced that the original abortion prohibition was intended to be a pro-life amendment that would not then change the underlying Senate bill, which would then have to go back to the other body for further action? Is that not true?

The SPEAKER pro tempore. The Chair will not interpret the meaning of the pending resolution. That is a matter for debate by Members.

Mr. TIAHRT. Mr. Speaker, I am a little confused, then. Perhaps you could, in a parliamentary inquiry, explain to me that if a bill is changed once it comes from the other body, does it not have to return to that body for further action?

The SPEAKER pro tempore. The Chair will not respond to another Member’s characterization in debate of what the bill’s effect is.

Mr. ISSA. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from California will state his inquiry.

Mr. ISSA. Under the rules of the House, if the House is not in order, as it was not when the gentlelady from California was about to raise the question, wouldn’t the time not tally until the House is in order, thus allowing for her to get the question and be able to answer, something that we were denied, even though we gave 25 seconds for that process?

The SPEAKER pro tempore. The Chair recognized the gentleman from California for 10 seconds. The gentleman’s time expired before the gentleman completed his question. The gentlelady does not have the right to request time that she does not control.

Mr. ISSA. Further parliamentary inquiry.

If you recall, Mr. Speaker, I yielded 15 seconds and then an additional 10 seconds, and the gentlelady from New York repeated that she could not hear the question.

In fairness to the tally of the time, how can that time run when she could not hear? And she was entitled to at least the time lost in debate because the House was not in order and she could not hear?

The SPEAKER pro tempore. The Chair may stop the clock while obtaining order. However, the Chair recognizes and acknowledges that in the 15 seconds that was first allotted to the gentleman from California, he had not completed his question.

In the 10 seconds that was subsequently lost, does the gentleman from California still did not finish his question, and at no point in time did any Member suggest that they needed order from those who controlled the time, which was the gentleman from California.

Mr. TIAHRT. Mr. Speaker, I am asking a question that if a bill is changed, does it not have to go back to the other body for further action, because the gentlelady from New York has assured the gentleman from California that his amendment and specific sections that were used to get specific votes is going to be changed by the manager’s amendment. Would that not then change the underlying Senate bill, which would then have to go back to the other body for further action? Is that not true?

The SPEAKER pro tempore. The Chair will not interpret the meaning of the pending resolution. That is a matter for debate by Members.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentlelady from California (Ms. LEE).

Ms. LEE of California. I want to thank the gentlelady for yielding and for her wonderful bold leadership. Together we will pass legislation to improve the health and wellness of millions of Americans who suffer because they are uninsured or underinsured and because of massive gaps in the Nation’s health care system.

Congress want to say on behalf of the Congressional Black Caucus, we have to thank Congresswoman DONNA CHRISTENSEN and our health task force, Congressman DANNY DAVIS, Congresswoman DONNA EDWARDS, Chairman RANGEL and Congresswoman CONVER, our majority whip, Mr. CLYBURN, for their very stellar leadership.

We all cast our vote for all of the people who deserve health care but simply cannot afford it. We cast our vote for senior citizens who will see their prescription drug costs go down. We cast our vote for all of those who have no health care and end up in emergency rooms, and we cast our vote for our children and our grandchildren so that they will live longer and healthier lives. And we cast our vote in memory of those people who didn’t have preventive health care and died prematurely.

Health care will finally become a right for all.

Mr. ISSA. Mr. Speaker, I yield 1½ minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, for those of us who recognize abortion as violence against children and the exploitation of women, nothing less than a comprehensive prohibition of public funding of elective abortion satisfies the demands of social justice.

Regrettably, the language that emerged from the Senate is weak, duplicitious and ineffective, not by accident but by design. It will open up the floodgates of public funding for abortion in a myriad of programs relating to more dead babies and more wounded mothers.

For the first time ever, the Senate-passed bill permits health care insurance plans and policies, funded with tax credits, to pay for abortion, so long as the issuer of the federally subsidized plan collects a new congressionally mandated fee—an abortion surtax—from every enrollee in the plan to pay for other people’s abortions.

The Senate-passed bill creates a new community health center fund. Hyde amendment protection do not apply. Therefore, either the Obama administration or a court is likely to compel
funding there as well. Also, the bill creates a huge, new program administered by OPM that would manage two or more new multistate or regional health plans.

The legislation says that only one of those multistate plans not pay for abortion, which begs the question, what about the other multistate plans administered by OPM? Why are those federally administered plans with federally mandated fees permitted to include plans that represents a radical departure from current policy.

Abortion isn’t health care, Mr. Speaker. It is not preventive health care.

We live in an age of ultrasound imaging, the ultimate window to the womb and its occupant. We are in the midst of a fetal healthcare revolution, an explosion of benign, innovative interventions designed to diagnose, treat and cure illnesses or diseases any unborn child may be suffering.

Let’s protect the unborn child and their mother. Obamacare, unfortunately, is the biggest increase in abortion funding ever.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

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

Mr. LANGEVIN. Mr. Speaker, tonight we cast a vote to address one of our Nation’s greatest unsolved challenges, and that is solving our Nation’s health care crisis.

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 that they deserve or are struggling to keep the health care coverage that they do have. If we seize this opportunity tonight, we can ensure that tomorrow a working mom in West Warwick, Rhode Island, will wake up knowing that she can afford her family’s health care coverage. And in Providence will wake up knowing he can take his daughter to the doctor when she gets sick. A small business owner in Westerly will be able to wake up knowing he can finally give his employees the coverage that he has always intended, and a cancer survivor in Narragansett will wake up knowing she won’t be denied coverage because of a preexisting condition or lose her insurance because of a lifetime cap.

Mr. Speaker, after an injury left me paralyzed almost 30 years ago, members of my community rallied behind me and my family at a time that I needed it the most. It’s that time in my life that inspired me to go into public service to be a part of the solution and finally give America the kind of health care coverage that it deserves.

Mr. ISSA. Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from California (Ms. CHU).

Ms. CHU. Mr. Speaker, Health care reform will make life better for your son, your daughter, your mother, your father and the people you see every day. It certainly would have made life better for Eric, a young man on my staff.

Eric was only 22 years old when he was diagnosed with cancer of the lymph nodes, and through 2 years of chemotherapy on his father’s health insurance. They paid thousands of dollars in copays and traveled hundreds of miles to find lower cost care, but at least they had insurance.

The crisis came when he reached the age of 24 and was going to be kicked off his parents’ insurance. He tried to buy insurance but was denied because of a preexisting condition.

Thank goodness he got a job with us. But with health care reform, he wouldn’t have had to fear for his young life, because children will be covered up until their 27th birthday.

With health care reform, we have a chance to save lives. For the sake of young people like Eric, we must pass health care reform.

Mr. ISSA. Mr. Speaker, can I inquire as to how much time each side has remaining?

The SPEAKER pro tempore. The Gentleman from California has 2 1/2 minutes.

Mr. ISSA. Mr. Speaker, I yield 45 seconds to the gentleman from Wisconsin (Mr. SENSENBRINNER).

Mr. SENSENBRINNER. Mr. Speaker, the gentleman from New Jersey (Mr. SMITH) is right on this. This bill expands abortion funding to the greatest extent in history.

I have heard that the President is contemplating issuing an Executive order to try to limit this. Members should not be fooled. Executive orders cannot override the clear intent of a statute.

Secondly, yesterday everybody in this House voted in favor of the TRICARE bill, which preserved the DOD’s right to administer this program. If an Executive order moves the abortion funding in this bill away from where it is now, it will be struck down as unconstitutional because Executive orders cannot constitutionally do that.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. SCOTT).

Mr. SCOTT. Mr. Speaker, it is very significant that we are having this debate on Sunday, the Lord’s day, because this is the day of faith, and we are going to have to step forward on faith and courage.

The American people are expecting us to come forward with a health care plan that will not only meet the needs of women who have been warning and threatening us as to, if we vote on this bill, what will happen to us in the November elections. Well, that is not the question. The question is not what will happen to us in November. The question is, what will happen to the American people if we do not vote on this bill? That is why we have got to step out on faith, and we have got to step out on courage. The American people expect us to do that.

Each and every one of us was elected here for some great purpose at some great time. Well, that great purpose is health care for all the American people, and the time is now. Vote "yes" for this bill and make America proud.

Mr. ISSA. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. DREIER).

Mr. DREIER. Mr. Speaker, I would like to engage in a colloquy with the distinguished Chair of the Committee on Rules and ask the question as follows:

Is it not true that the only thing that we know with absolute certainty, if in fact it passes, is that the Senate bill will become public law?

We have heard all about this reconciliation package, and the gentlewoman seems to be certain of its passage. But is it not true that this rule guarantees that the only thing that will be law for sure is the Senate bill, which has the Cornhusker kickback, the Louisiana purchase, and those other items?

Ms. SLAUGHTER. Mr. DREIER, it is absolutely true that the Senate bill does contain those things. It has already been passed and requires no further action in the Senate.

What we will do today is pass the bill, which will then be sent to the President and become law. We will this afternoon pass the reconciliation——

Mr. DREIER. I would like to reclaim my time.

Ms. SLAUGHTER. Please let me answer.

The SPEAKER pro tempore. The Gentleman from California controls the time.

Mr. DREIER. Mr. Speaker, we now know with absolute certainty that the only thing——

Ms. SLAUGHTER. No, you don’t. Mr. DREIER. That we are guaranteed——

Ms. SLAUGHTER. You don’t know that.

The SPEAKER pro tempore. The gentlewoman from New York will suspend.

Mr. DREIER. Mr. Speaker, I encourage everyone to read the rule. Because
the only thing that we are guaranteed upon its passage is that the Senate bill, with the Cornhusker kickback, Gator aid, Louisiana purchase, and all in fact becomes public law.

Ms. SLAUGHTER. Mr. Speaker, I yield the balance of my time.

Yes, the Senate bill will become law today, followed by the reconciliation bill which contains the amendments to the law, which contains what everybody here wants us to take out. The best way that we can achieve their ends of removing the things that are objectionable from the Senate bill is to support reconciliation. And let’s see if you can do it.

I reserve the balance of my time.

PARLIAMENTARY INQUIRIES

Mr. ISSA. Mr. Speaker, point of parliamentary inquiry.

Is it not against the rules of the House to urge an action in the Senate, such as voting for or assisting in reconciliation?

The SPEAKER pro tempore. References to the Senate are in order as long as they avoid personalities.

Mr. ISSA. Mr. Speaker, further parliamentary inquiry.

It is now acceptable to lobby the Senate from the House floor in any and all conduct and questions?

The SPEAKER pro tempore. Remarks must be addressed to the Chair, but remarks regarding the Senate are not necessarily out of order.

Mr. ISSA. I thank the Speaker, and I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I did not address the Senate. I want that to be clearly on the record.

I yield 30 seconds to the gentlewoman from the Virgin Islands, Dr. CHRISTENSEN.

Mrs. CHRISTENSEN. Mr. Speaker, as a physician and chair of Health for the Congressional Black Caucus, someone who has worked long to bring quality health care, underserved in country and inclusion for the Virgin Islands and other territories, I thank our President and House leadership for the commitment and determination that has brought us to the brink of this great victory, not just for some, but for all of the people of this great country.

Today we will make insurance accessible and affordable to 32 million Americans, begin to eliminate health disparities, provide our children what they need to reach their full potential, and ensure that our seniors and disabled have the care they need.

and ensure that our seniors and disabled have the care they need.

With that said, the time of the gentleman from California has expired.

The gentlewoman from New York is recognized.

Ms. SLAUGHTER. Mr. Speaker, I do not address the Senate. I want that to be clearly on the record.

I yield 30 seconds to the gentlemelon from the Virgin Islands, Ms. SLAUGHTER.

Ms. SLAUGHTER. Mr. Speaker, I reserve the right to close, and I will reserve the balance of my time unless it is given up on the other side.

The SPEAKER pro tempore. The gentleman from New York has the right to close.

Mr. ISSA. Mr. Speaker, I wanted to inquire as to whether the gentleman had any additional speakers, other than the right to close.

Ms. SLAUGHTER. Mr. Speaker, I do not.

Mr. ISSA. Mr. Speaker, at this time I would like to yield 30 seconds to the gentleman from Georgia (Mr. KINGSTON) to give his view of the Louisiana kickback and purchase.

Mr. KINGSTON. I thank the gentleman for yielding.

I have to ask my friends who have spoken before me: If the bill is as good as you say it is, why are any of these bribes in the bill to begin with?

The President, and I quoted from the 25th Amendment, “It is an ugly process, and it looks like there is a bunch of backroom deals.”

And here is something that does not come out in the reconciliation process: $7.5 million to Hawaii, page 2,132; Libby, Montana, 2,222, something about John’s Frontier States, $2 billion, page 2,238. And it goes on. The Louisiana purchase. None of this comes out in reconciliation.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ISSA. Mr. Speaker, I regret that I have but 15 more seconds to give to my colleague.

Mr. KINGSTON. I thank the gentleman.

And I know my friends on this side of the aisle feel just the same way. Not one of those things comes out in the reconciliation process.

My question is, if the bill is so good, where has the transparency been? Why all the backroom deals? Why this week alone has the President had 64 calls and visits to the White House to twist arms? Why the sweeteners?

You know the bill is not as good as advertised. Vote “no.” Let’s work for a bipartisan bill.

PARLIAMENTARY INQUIRY

Mr. TIAHRT. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from Kansas will state his parliamentary inquiry.

Mr. TIAHRT. Mr. Speaker, it was the assumption on the body here that all the earmarks that were contained in the Senate bill would be taken care of in the reconciliation bill. If it is true that they are not all taken into consideration for, do the earmark rules then apply to the rest of the bill?

The SPEAKER pro tempore. Will the gentleman restate his parliamentary inquiry?

Mr. TIAHRT. Yes, Mr. Speaker. I would be glad to.

It was the impression given the Members from the people of the United States that the reconciliation bill would take care of all the earmarks in the Senate bill. However, we now know that there are earmarks in the Senate bill that are not being taken care of. Do so not the House rules on earmarks apply to the remainder of the Senate bill?

The SPEAKER pro tempore. The Chair will make a brief statement about the process of entertaining parliamentary inquiries.

Recognition for parliamentary inquiries is a matter committed to the discretion of the Chair. In exercising that discretion, the Chair endeavors to adhere to ordinary jurisprudential principles. A parliamentary inquiry should relate in some practical sense to the pending proceedings. It should not seek an advisory opinion. The Chair declines to respond to hypothetical questions, to questions not yet presented, and to requests to place pending proceedings in historical context.

Members should not expect to engage the Chair in argument. A Member seeking to make a point on the merits of an issue whether it is one of policy or one of process—may do so by engaging in debate. But a Member should not expect to have the presiding officer affirm or validate such a point.

The Chair appreciates the understanding of Members.

With that said, the time of the gentleman from California has expired.

The gentlewoman from New York is recognized.

Ms. SLAUGHTER. Mr. Speaker, I am asking for an inquiry on the House rules. Do the House rules apply or not?

The SPEAKER pro tempore. The gentlewoman from New York has been recognized.

Mr. TIAHRT. Mr. Speaker, is it not the purpose of your role to make sure that the rules of the House are incorporated into our discussions?

The SPEAKER pro tempore. The gentlewoman from New York has been recognized.

Ms. SLAUGHTER. Mr. Speaker, again I want to urge my colleagues to vote “yes” on this motion to consider so that we may debate and pass this important legislation today.

Mr. Speaker, I am certain that I heard you say that the gentleman’s time has expired. Is that not correct?

The SPEAKER pro tempore. The time of the gentlewoman has expired as well.

Mr. ISSA. Mr. Speaker, a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will suspend.

In response to the earlier inquiry from the gentlewoman from Kansas, the Chair will state that the rules are being applied. The point of order under clause (9)(c) of rule XXI was made and was being debated.

All time has expired.

Mr. TIAHRT. Mr. Speaker, clarification of the point of order.

The SPEAKER pro tempore. The gentleman from Kansas.

Mr. TIAHRT. Is it my understanding that you said that the rules will apply to the Senate bill on earmarks that
were not covered by the reconciliation bill?

The SPEAKER pro tempore. The point of order was raised against the pending resolution. The point of order was debated. And now . . .

The question is, Will the House now consider the resolution?

The question was taken; and the vote was taken by electronic devices, and the yeas were 220, nays 200, not voting 0, as follows:

(Roll No. 160)

YEAS—230

Mr. Issa. Mr. Speaker, on that I declare the yeas and nays ordered.

The vote was taken by electronic devices, and the yeas were 220, nays 200, not voting 0, as follows:

Ms. Slaughter. I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and insert extra-

The SPEAKER pro tempore. Is there objection to the request of the gentle-

There was no objection.

Ms. Slaughter. Speaker. These have been solemn days and not just because of the important legislation before us. Yesterday just steps away from where we are now standing, a group of protesters engaged in dan-

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. Slaughter). Ms. GINNY BROWN-WAITE of Florida changed her vote from "yea" to "nay." So the question of consideration was decided in the affirmative.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The gentlewoman from New York is recognized for 1 hour.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

Ms. Slaughter. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the Gentleman from California (Mr. Dreier), and all time yielded during consideration of the rule is for debate only.

Mr. Issa. Mr. Speaker, these have been solemn days and not just because of the important legislation before us. Yesterday just steps away from where we are now standing, a group of protesters engaged in dan-

Ms. Slaughter. I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and insert extra-

This type of display should alarm every American and encourage us to work harder to put aside the hateful divisions and to come together to bridge the volatile spirit that is tearing apart our country.

The anger isn’t just contained outside the Capitol. Last week someone hurled a brick through the window of my district office in the dark of night. We must step back to remind ourselves of why we are here.

I would like to show an incredible document given to me this week by the National Archives from the collection of Franklin Delano Roosevelt’s original records. As the father of Social Security, Roosevelt has an honored place in this battle to create a national insurance plan for our country. This message, dated January 23, 1939, over 70 years ago, entitled, “To the United States Congress of the United States,” talks plainly about the need of this government to provide health care for its citizens. It was recognized at the time that a comprehensive health care program was required as an essential link to our national defenses against individual and social insecurity. Roosevelt wrote: “The health of the people is a public concern; ill health is a major cause of major suffering, eco-

I would like to read directly because 1. The familiarity is overwhelming: ‘I have been concerned by the evidence of inequalities that exist among the States as to personnel and facilities for health services. There are
equally serious inequalities of resources, medical facilities and services in different sections and among different economic groups. These inequalities create handicaps for parts of the country and the groups of our people which most sorely need the benefits of modern medical science.

“The objective of a national health program is to make available in all parts of our country and for all groups of our people the scientific knowledge and the command to prevent and care for sickness and disability; to safeguard mothers, infants and children; and to offset through social insurance the loss of earnings among workers who are temporarily or permanently disabled.”

I will tell you, Mr. Speaker, that reading from that piece of paper with his hand notes scribbled on it absolutely takes my breath away, but it is a reminder that the eyes of history are watching us. Future generations will look at what we do today, and it will be a guidepost to who we were as a people.

The effort to reform the health care system goes back to at least Theodore Roosevelt, that great President who campaigned in 1912 by promising: “We pledge ourselves to work increasingly in State and Nation for protection of home life against the hazards of sickness.”

Still later, Harry Truman tackled reforms, as did President Clinton, during the nineties, a battle that I was here for before. That, the last broad legislative effort was led by President Richard Nixon. It’s remarkable to me that even after all these years, our final bill may end up being less progressive than the plan that Nixon would have supported, yet still the forces of the other side were up against it.

I want to share a story I heard from a constituent in Buffalo. I will be very brief because these heartbreaking stories are nationwide. But it is about a young woman who moved from New York to California. In California, his insurance did not cover that at all except in New York City. And he said, We are slowly and care for sickness and disability; to safeguard mothers, infants and children; and to offset through social insurance the loss of earnings among workers who are temporarily or permanently disabled.”

Well, I consider the Rules Committee totally concur with the House of Representatives, and I am proud to be the cook. And I am proud to stand up and say that this bill is the right thing to do, and the time to act is now. I am delighted to vote “yes” today.

I reserve the balance of my time.

Mr. DREIER. Mr. Speaker, I thank my good friend, the distinguished Chairwoman for_y the Committee on Education and Workforce, for the customary 30 minutes, and I yield myself such time as I may consume.

Mr. DREIER. Mr. Speaker, as the debate on how to reform our health care system has proceeded, a great deal of attention has been focused on how partisan and divided this House is. And I think it makes no difference to a young woman about the horror that took place here yesterday with the awful treatment of our colleagues. It is totally unacceptable.

I will say I am certainly one of those who has lamented the loss of bipartisan cooperation and substantive debate on the most important issues confronting our country. But I think there is at least one thing that we all will agree on, and that is the fact that the measure before us will have enormous repercussions for the American people for years to come.

For many of us, the votes that we are to cast today will be among the most significant that we have ever cast. Health care represents one-sixth of our Nation’s economy. That fact alone makes any health care overhaul a tremendously important issue. But it is a lot more personal than that. The care that families receive, the choices that are available and the quality of those choices, these issues couldn’t be more important. For many at some point in their lives, access to quality health care will become literally a matter of life or death.

Now we just heard a story from the distinguished chairwoman of the Committee on Education and Workforce, and we all have them that our constituents face. We must all recognize what a sobering and weighty matter lies before us today, which is why this utterly ill-conceived bill is so dangerous and is such an unfortunate, missed opportunity for a good bipartisan conclusion.

Mr. Speaker, this is a bad bill that grows even more unpopular every single day. While Speaker Pelosi may have been successful in creating a transparent up-or-down vote on the vote on the Senate’s health care bill despite enormous public outrage and harsh bipartisan criticism that came from their colleagues of the Democratic leadership. For days they ignored the demands of the American people to dispense with the Senate health care bill in an accountable way.
But when Democratic Members began demonstrating their outrage, the Democratic leadership had no choice; since the American people got it and understood what was taking place here, they had no choice but to abandon their plan.

The rule before us will allow for votes on two questions, Mr. Speaker: Will the Senate health care bill become law and will a second reconciliation bill be advanced to the Senate for further consideration? So again only one measure will become law. Without my colleagues in the Rules Committee to actually hold a vote I have to admit is a welcome one. I hope very much that my colleagues will forgive my lack of exuberance over this development. I can’t quite bring myself to congratulate the Democratic leadership for agreeing to uphold the democratic process and actually have a vote on their legislation.

It is a sad commentary on the state of our institution when simply holding a vote is an oxymoron. It also seems clear that the law of the land feels like progress. But that’s the reality, unfortunately, of where we stand today. While the debate over health care has gone on for over a year, today we will be voting on a trillion-dollar bill that does nothing to improve access or quality in our health care system.

Yesterday we had a very rigorous debate in the Rules Committee, where countless concerns were raised. Mr. Speaker, none of those concerns will be voted on today. In an inexplicable display of the law of the land feels like progress. But that’s the reality, unfortunately, of where we stand today. While the debate over health care has gone on for over a year, today we will be voting on a trillion-dollar bill that does nothing to improve access or quality in our health care system.

Mr. Speaker, I urge my colleagues to reject this rule. The Democratic leadership has in his footsteps, and that when they are left with no other option they can be forced into doing the right thing. Mr. Speaker, let’s start fresh and find the real solutions for the American people that are so critically needed.

I reserve the balance of my time.

Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Massachusetts (Mr. McGovern), a member of the Rules Committee.

Mr. Speaker, this is a historic day for all of us in the House. We have the opportunity to enact real, meaningful health insurance reform that will improve the lives of millions of our fellow citizens. We can end the most abusive practices of the insurance companies. We can provide coverage to millions of hard-working families. We can bring down the cost of health care for families and small businesses. We can close the Medicare prescription drug extension and extend the solvency of that vital program, and we can pass the biggest deficit-reduction package in 25 years. All we need is the courage to do what is right.

Today is especially meaningful for those of us from Massachusetts. As we all know, 7 months ago our friend and mentor, Ted Kennedy, lost his battle with brain cancer. When he passed away, I said that while no one could ever fill his shoes, we can and we must follow in his footsteps, and that is exactly what we are doing today.

We have already taken important steps in Massachusetts to deal with the health care issue. And I am proud to say that my congressional district has the highest rate of coverage, over 97 percent, of any district in the country. And people back home often ask me, Why do we need to pass a Federal bill when we already have insurance here that works? I often talk for a moment about what reform means for Massachusetts: 75,000 additional middle class people will receive help to pay for their premiums; nearly 180,000 of our seniors will receive a 50 percent discount on their prescription drugs; 70,000 small businesses, the innovators and job creators, will receive credit to cover the cost of insuring their workers; our community health centers, our hospitals, our medical research centers, all will receive support to continue their great work; and we will no longer be forced to subsidize through higher premiums and higher Medicare and Medicaid costs the uncompensated care of people in other States who do not have health insurance.

If we want to create jobs, then passing this bill is absolutely essential. A few weeks ago, I talked to a small business owner in my district. Business has picked up lately, and he wanted to hire another employee, but then he got his health insurance bill and realized he couldn’t afford it. He will just have to work harder and spend less time with his family. That is who this debate is all about. That is why today is so important.

I regret the fact that my Republican friends are not standing with us. I regret the fact that they deliberately try to obstruct this process. But you know what? The Republicans opposed Social Security. They opposed Medicare. They were on the wrong side of history then, and they are on the wrong side of history today. Senator Kennedy said that providing access to health care is “a fundamental principle of justice and the cornerstone of our nation.” As usual, he was right; and today, in this House, the work goes on and the cause endures. I urge my colleagues to support this bill.

Mr. Speaker, at this time I am happy to yield 2 minutes to my very hardworking Rules Committee colleague, the gentleman from Miami, Florida (Mr. Lincoln Diaz-Balart).

Mr. Speaker, I truly hope this massive bill is not passed by the House today. If it does become law, it will constitute a decisive step in the weakening of the United States. At precisely the time when we should be implementing necessary reforms to strengthen and save Medicare, for example, this legislation raids Medicare by more than $500 billion in order to pay for a new, massive entitlement.

At a time when it would still be possible to enact entitlement reforms to prevent a Greece-style fiscal catastrophe in the future, when genuinely
painless economic medicine will be needed, we are creating a massive new entitlement.

We could have avoided the social con- 
vulsion and profound pain that pro-
longed fiscal irresponsibility inevitably 
brings to nations, but this President and 
the congressional majority went 
with dogma instead.

And when the time comes for the 
United States to have to face economic 
reality, and painful traumatic reforms are 
implemented in a future President and 
future Congress, the U.S. military 
posture, our standard of living, 
the American middle class as we know 
it, those interconnected realities which have been so wonderful in character- 
izing modern America and which this 
President and this Congressional ma-
jority apparently seem to take for 
granted, those realities will be but his-
torical memories.

This legislation is dishonest. It is ir-
responsible. It should be defeated.

Ms. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. HASTINGS), a member of 
Rules.

Mr. HASTINGS of Florida. Thank 
you very much, my hero. You have 
done a magnificent job getting us to 
this point. I thank you for the time.

I also thank all the wonderful staff-
ners on both sides that have done in-
credible work for us, the police officers 
that protect us here, the clerks, the re-
porter and your pages, who are here to 
see the enormous history that we are 
going to make today.

I believe all of us want our great Na-
tion to prosper. So today, we celebrate 
the greatest Nation on Earth, and we 
do so by a visionary step in our Na-
tion’s future. We are an intense people 
and we celebrate today the immensity 
of our intensity.

We all know, based on this harsh win-
ter that just passed, and here on a spring with summer coming, that winter will come again, 
and it will ask, What were you doing last summer? I want it to be said that I 
was doing something to try to save 
the lives of 45,000 Americans that die 
every year because they are uninsured. 

I don’t want to be with that crowd 
that could best be described as cynics. 
I picked up today’s paper, and a friend 
of mine, the former Speaker of this 
House, says that what we’re about to 
do is a grand social experiment, rad-
ical, and a fantastic experiment.

Well, in my congressional district, if 
it is that I am to help improve the cov-
verage of 290,000 residents, give tax cre-
its and other assistance to 177,000 fami-
lies and 22,500 small businesses, put me 
in this radical context.

If it’s to improve Medicare bene-
fi cia r i s, extend coverage to 161,000 un-
insured people in the district I’m privi-
leged to serve, then I’m radical.

If it’s going to protect 1,100 families 
from bankruptcy, radicalize me.

If it’s going to allow 60,000 young 
adults to obtain coverage, in the con-
gressional district that I represent, on 
their parents’ insurance plans, then 
Newt, please know that I’m radical.

As we go forward here today, I guess 
perhaps it would be good to look back 
on some from yesterday. Ronald 
Reagan said, There are no easy an-
w sers, but there are simple answers. 
We must have the courage to do what 
is morally right. That was Ronald 
Reagan, an icon by all standards.

Another one said, Each time some- 
one stands up for an ideal or acts to im-
prove the lot of others or strikes out 
for a principle, he sends forth a tiny 
riple of hope.

Now, I saw around this Capitol yest-
erday and around this Nation a lot of 
lack of hope.

Mr. DREIER. Mr. Speaker, at this 
time I’m happy to yield such time as 
he may consume to another hard-
working member of the Committee on 
Rules, the gentleman from Dallas, Mr. 
SESSIONS.

Mr. SESSIONS. Mr. Speaker, in 
Texas we have a law that’s called the 
defective trade practice. And if this 
were being done in Texas, it would be 
against the law, because this is decep-
tive, what we are talking about here 
today. What is being sold is deceptive. 
We’ve got 35 million Americans that will be covered, but the 
other 23 million that will not be cov-
ered, they are not talking about.

And secondly, they are not talking 
about the $500 trillion worth of physi-
cian reimbursement that is not in-
cluded in this bill. And if people think 
you’ve got insurance or you can change 
insurance just to give everybody cov-
erage, if you don’t have a doctor to go 
to who can be paid for, then you won’t get time to see the doctor.

Mr. Speaker, this is deceptive what 
is being put on the table here today.

The gentleman said call him a rad-
ical. I will. He is a radical.

Ms. SLAUGHTER. Mr. Speaker, I’m 
delighted to yield 3 minutes to a mem-
ber of the Rules Committee and a gen-
tlewoman from California (Ms. MAT-
SUI).

Ms. MATSUI. I would like to thank 
the gentlewoman from New York for 
yielding me time and for her coura-
geous leadership of the Rules Com-
mittee.

Mr. Speaker, I rise today in support 
of the rule and the underlying legisla-
tion. I wasn’t here 10, 20, or 30 years 
ago when the health care ebb ed and flowed, but I am here 
today. And as an old friend said to me 
today, there are not too many times in politics that you get to do something 
monumental, and this is the day.

We have the opportunity today to vote for a health insurance reform bill 
to improve the quality of life for mil-
ions of American families. It will also 
control costs, improve Medicare, and 
reduce the deficit.

If we do nothing, the health care sys-
tem will continue to work better for 
the insurance companies than it does 
for the American people. Our plan gives 
people in my hometown of Sacramento 
more consumer protection and puts 
medical decisions back in the hands 
of patients and their doctors. Insurance 
companies will be prohibited from de-
nying coverage based on preexisting 
conditions or from rescinding policies 
from people once they’re sick.

In the most offensive pieces of so-
cial engineering legislation in the his-
tory of the United States, and the 
American people recognize this simple 
truth.

Even the ruling Democrats recognize 
that this popular proposal is but have 
chosen to ignore the overwhelming outcry and convince their 
waivering colleagues that the govern-
ment and politicians in Washington, 
D.C., know better than their constitu-
ents. What arrogance.

Although this may be shocking to 
many Americans, this arrogance re-
flects the approach the ruling Demo-
crats have taken since they regained 
the majority in 2007. We will be voting 
not to rescind policies from people once they’re sick.

In the most offensive pieces of so-
cial engineering legislation in the his-
tory of the United States, and the 
American people recognize this simple 
truth.

Even the ruling Democrats recognize 
that this popular proposal is but have 
chosen to ignore the overwhelming outcry and convince their 
waivering colleagues that the govern-
ment and politicians in Washington, 
D.C., know better than their constitu-
ents. What arrogance.

Although this may be shocking to 
many Americans, this arrogance re-
flects the approach the ruling Demo-
crats have taken since they regained 
the majority in 2007. We will be voting 
not to rescind policies from people once they’re sick.
weak bill and ask the Senate to go back to the drawing board. The American people deserve at least that.” On that, we agree.

This legislation contains taxpayer funding for elective abortion, an unprecedented proposal that offends the conscience of American taxpayers.

The legislation we’re about to vote on increases the cost of insurance, strangles private competition, and ultimately leads to a complete Federal takeover of the health care industry.

Voting “no” on this rule and this legislation will give Congress a renewed opportunity to do what should have been done from the beginning, vote for effective bipartisan legislation that rises to the challenge facing so many people seeking reasonable health care reform.

Ms. SLAUGHTER. Mr. Speaker, I’m pleased to yield 3 minutes to the gentleman from California (Mr. CARDOZA), a member of the Rules Committee and former member of the Rules Committee.

Mr. CARDOZA. Mr. Speaker, my wife has been a family doctor for 20 years and comes home every single night telling me stories about her patients who have paid their premiums, but when they get sick and need coverage, they’re turned away by the same companies who are trying to kill this legislation here today. I have heard her on the phone fighting those very insurance company executives to let her practice medicine the way she was trained at the University of California at Davis Medical School.

What a concept, to have your doctor write your prescription, not someone on the other end of an insurance company authorization line.

This is not socialized medicine. Far from it. We are making sure that the doctor is making the decision, not the insurance company.

Mr. Speaker, my brother runs a company, a business, a small business that has been in our family for 50 years. Two weeks ago he was told his premiums are going up by 75 percent. To add insult to injury, on that very day, my sister-in-law had had knee replacement surgery and the doctor thought she needed a few extra days in the hospital because they were afraid that she might get blood clots. She was told by her insurance company they couldn’t have that time initially because it was too expensive.

There was a little girl in my hometown who had leukemia. The insurance company told her she couldn’t go to the hospital with the best success rate to fix her disease. She had to go to the hospital with a much lesser success rate because it was cheaper there. Her parents called me, and I tried desperately to help get her to the other hospital. I failed. She died.

That is what is happening in America right now. That is what we have to deal with today. That is what the American people want, and that is precisely what this reform is all about.

Mr. Speaker, when I was 22 years old, I was an intern here in this very Capitol. Mr. KENNEDY was holding hearings on health care reform for all Americans. I listened to the very same arguments by the people trying to kill this bill here today back then. They’re the same people that were fighting health care. They don’t care about patients. They don’t care about people who have health care insurance. They don’t care about the billion-dollar profits for the insurance companies.

We have waited for this day far too long already. If we don’t take a stand and do the right thing here today, the very same debate will be taking place in another 30 years.

So I’m going to vote for this bill, Mr. Speaker. I am going to vote for it proudly because the reform is so desperately needed, and it’s also desperately long overdue.

Mr. DREIER. Mr. Speaker, at this time I’m happy to yield 1 minute to a former member of the Rules Committee, but always hard working, the gentleman from Moore, Oklahoma, Mr. COLE.

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

Mr. COLE. Mr. Speaker, I rise today to oppose this rule and the underlying legislation. Frankly, this rule sets a deplorable precedent in terms of limiting Member participation and silencing millions of voters whom they represent.

This bill cuts $523 billion out of Medicare and diverts it to an entirely new entitlement. Sixty-five Members filed amendments offering new ideas and better approaches. None of those amendments were made in order.

My amendment, Mr. Speaker, would have prohibited cuts in Medicare, would have kept the money saved in Medicare in that program. Democrats are turning a blind eye to the future unfunded obligations of that program just as the baby boomers are retiring by the millions upon millions.

This rule is flawed. This bill is fiscally irresponsible. We should vote “no.” I urge a “no” vote on the rule and the bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. PERLMUTTER), a member of the Rules Committee.

Mr. PERLMUTTER. Thank you, Madam Chair.

This marks a historic time for our country to take necessary steps to make quality, reasonably priced health care possible and accessible to many more people. The current system is broken, and there is still a lot of work to be done. And I am committed to continuing this work. But “no” is not an option. Just say “no”; just vote “no” that’s what you hear from the other side. The status quo is not an option.

Today we can improve our health care system by extending coverage to people with preexisting conditions like my daughter and 16,800 of my constituents in the Seventh Congressional District in Colorado. I’ve talked with my constituents in Seventh Congressional District meetings, in the government-at-the-grocery meetings that I have, telephone town halls, town halls all across the board, and they know the system is broken and something has to be done.

But for me, this is personal. I have a daughter with epilepsy. She didn’t ask to get it. It’s just part of her chemistry. I dare say everybody in this room has somebody, a close friend, a neighbor with a preexisting condition, and our health care system, discriminates against those people.

The 14th Amendment to the Constitution guarantees that every American has the right to equal protection of the laws. The system that we have right now is probably unconstitutional and, I believe, downright immoral and must be changed. More and more families and businesses hear the burden of this broken health care system. This issue touches every person in their own unique way.

Because there are millions and millions of people affected by this health care system, we have to change this. The status quo will not work for us any longer. I’m proud to support this bill. I ask for a “yes” vote on the rule and a vote to change our health care system.

Mr. Speaker, at this time I’m happy to continue the Rules Committee and former Rules Committee lineup by yielding 2 minutes to another former Rules Committee member, the gentleman from Marietta, Georgia (Mr. GINGREY).

Mr. GINGREY of Georgia. Mr. Speaker—Mr. Speaker, I thank the gentleman from California for yielding.

I left behind my medical practice of almost 30 years to run for Congress. And it’s hard to put into words the joy I felt each time I helped bring a new life—actually 5,200 new lives—into this world. Yet in my heart, I felt strongly we needed to look care in this country. But, Mr. Speaker, this bill is not the health care reform that I had in mind.

Raiding $500 billion from Medicare is not reform. The Cornhusker kickback is not reform. The Louisiana purchase is not reform. Turning IRS agents—in fact, 17,000 new ones—into health care czars is not reform. And an unconstitutional mandate that will penalize poor families is certainly not reform.

Mr. Speaker, I would say to my moderate and conservative Democratic friends who have been told by Speaker PELOSI and by the President, “Just vote for this bill. Don’t worry about your constituents. We’ll take care of you.” The answer is there is a competing being passed around as I speak of pictures of Democratic Members, former Democratic Members, who were told the same thing back in 1993 on the issue of the Clinton tax increases. None of those who voted “yes” are in Congress today.

Mr. Speaker, let me quote President Obama from his speech yesterday: “If
I don’t think your constituents would be helped by this, then vote ‘no.’"

"I know Americans would not be helped by this bill. I cannot support it. I will not support it. I will be voting ‘no.’"

Ms. SLAUGHTER. Mr. Speaker, I am delighted to yield 2 minutes to the gentlewoman from Maine, a member of the Rules Committee, Ms. PINGREE.

Ms. PINGREE of Maine. I thank the hardworking chair of the Rules Committee, Ms. SLAUGHTER, for yielding me this time.

As we get ready to cast a vote to finally reform our health care system and rein in the insurance companies, I want to tell you what I hear from my home State of Maine where people are frustrated and struggling.

A woman named Margaret told me about her small business. She said, “I own a small business that employs 10 Maine residents. Anthem has announced a 23 percent increase in my rates. In 4 years, rates with Anthem have almost doubled. I cannot afford to provide health insurance for my employees.”

A man named Mark told me about his latest letter from the insurance company. “My wife has been paying more than one-third of our entire income for her health insurance and that doesn’t cover the high copays and prescription drug costs. She just received notice from her insurance company that they are raising her rates another 30 percent. It’s impossible. We can’t do it.”

And Ron told me about living on the edge. He stated, “I was out of work and lost my insurance for 18 months. I am a cardiac patient and have other chronic illnesses that require constant care and constant prescription drugs. After 18 months with no insurance, I lost everything.”

These people wrote to me from Maine, but the stories are told every day in every State. Americans are denied insurance, have their coverage canceled, or find themselves bankrupt just because they got sick.

Today we will change that with our vote. Today we will start to end the worst practices of the insurance companies, like denying coverage for pre-existing conditions or canceling your policy when you get sick. Today we will improve health care for our seniors, strengthening Medicare, closing the doughnut hole, reducing prescription drug prices, and making sure they don’t have to pay to get a checkup or get a pill for diseases like cancer or diabetes. Today we will make sure that Americans don’t go bankrupt because of medical bills. And today we will make it easier for small businesses and individuals to afford coverage, bringing the largest health insurance tax break in history for small businesses and individuals.

We have a chance to truly reform our system. I will be voting “yes.”

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded not to traffic the well while another Member is under recognition.

The gentleman from Massachusetts has 7 minutes remaining.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to a hardworking new member from Clar-

Another woman from New York wrote she “strongly believes that we need health care reform.” However, she is “particularly worried about the level of debt that our children and grandchildren will inherit. Like a household, the government has to learn to live within its means. These two constituents summarize well the majority of comments I received.

There are two certainties if this bill were to pass. One, it will raise taxes by over $500 billion, and two, it will cut hundreds of billions from existing Medicare programs for seniors all in support of another government entitlement program.

The proposal before us is not what western New Yorkers have asked for, not what they can afford, and surely not what they deserve.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 2 minutes to the gentleman from Colorado, a member of the Rules Committee, Mr. POLIS.

Mr. POLIS. This has been a long conversation.

Mr. MCGOVERN. I reserve the balance of my time, Mr. Speaker.

Mr. DREIER. At this time I am happy to yield 1 minute to our very, very thoughtful colleague from Athens, Georgia (Mr. BROUN).

Mr. BROUN of Georgia. Mr. Speaker, the simple truth is this health care bill is a killer. It kills over 5 million jobs if one of our entrepreneurs can’t retire his family and his retirement. It kills even more if we lose the economic freedom and the American entrepreneurial spirit. It kills the family budget with over $17 billion in more mandates and taxes. It kills economic growth.

Mr. DREIER. At this time I am happy to yield 1 minute to our very good friend from Fort Myers, Florida (Mr. MACK).

Mr. MACK. Mr. Speaker, the Demo-


and more government. And it’s clear they do not believe in the American people. 

Americans have spoken loud and clear. We are saying “no” to more government control of our lives. We are saying “no” to higher taxes and deficits. We are saying “no” to this take-over of health care. The American people want Washington to get its irresponsible hands out of their pockets and stop their unconstitutional power grab. 

The American people deserve to be respected. They deserve to be listened to. They deserve freedom, they deserve security, and they deserve prosperity. The Democrats need to stop and listen to the American people. And hear me now. You may win this vote today through arm-twisting tricks and backroom deals, but let’s see who’s still here after the American people speak loud and clear in November.

Mr. McCOY. Mr. Speaker, I reserve the balance of my time.

Ms. ROS-LEHTINEN. I rise in opposition to this flawed health care bill.

Mr. MCGRORRIS, Mr. Speaker, I yield for the purpose of a unanimous consent request to the distinguished ranking member of the Committee on Foreign Affairs, the gentleman from Washington (Mrs. McMorris Rodgers).

(Mrs. McMorris Rodgers asked and was given permission to revise and extend her remarks.)

Ms. McMorris Rodgers. I rise in opposition to this flawed health care bill.

Mr. BROWN of South Carolina. Mr. Speaker, I support the principles of the Congressional Budget Office has stated that all of these taxes will be passed on to Americans in higher costs and rising insurance premiums.

This bill makes no effort to control the skyrocketing costs of health care. I am disappointed that we have missed an opportunity to tackle a huge problem in South Florida and in the Nation: eliminating Medicare fraud. It tries to fool the consumer by finding creative ways to hide health care costs in new taxes, mandates, and cuts.

The bill also contains over $523 billion in Medicare cuts, which will cost $202 billion from Medicare Advantage plans that serve tens of thousands of my constituents directly.

Medicare helps so many seniors in our community—seniors like my mother, who is 83 and suffers from Alzheimer’s—live longer and healthier lives. When I see this bill taking benefits away from seniors like her, I worry tremendously.

This bill also includes cuts of millions of dollars to elderly home care; millions of dollars cut for Alzheimer’s programs; and millions of dollars cut to the food-for-seniors program.

The only way to coerce passage of this bill was through special deals for special interests. The Majority has weighed the bill down with political handouts such as millions of dollars in Medicaid funding to Louisiana, known as the “Louisiana Purchase.” Americans are rightfully weary of the Majority playing political games with important policy initiatives.

I know that the high cost of health care is an important issue facing our nation and I am committed to making high quality, equitable and accessible health care affordable to all Americans. This bill is not the right answer to the serious issues facing our Nation and our families.

Mr. REEL. I yield for the purpose of a unanimous consent request to the distinguished gentleman from Texas (Mr. NEUGEBAUER).

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

Mr. NEUGEBAUER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. REEL. I yield for the purpose of a unanimous consent request to the distinguished gentleman from Texas (Ms. GRANGER).

(Ms. GRANGER asked and was given permission to revise and extend her remarks.)

Ms. GRANGER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I ask unanimous consent to revise and extend my remarks against this flawed health care bill. My district is a military district. We are a district of men and women who served this Nation in all branches of our Armed Forces. We are a district that builds the weapons that our war fighters depend on in the battlefield. Unfortunately, when rushing this legislation through Congress, the Democrats failed to exempt 9.2 million military families from being forced to pay a penalty under this health care bill the President wants on his desk so quickly. Congress was forced to fix this in the eleventh hour. But it remains unchanged in the Senate bill.

Mr. REEL. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from South Carolina (Mr. WILSON).

(Mr. WILSON of South Carolina asked and was given permission to revise and extend his remarks.)

Mr. WILSON. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, support the principles of Thomas Jefferson who stated “I predict future happiness for Americans if they can prevent the government from wasting the labors of the people under the pretense of taking care of their necessities.” I rise today to express my disappointment not only with the provisions in the irresponsible health care takeover, but with the process that was used to secure votes. Speaker PELOSI promised the most ethical and honest Congress in history and the President said dozens of times on the campaign trail that health care negotiations would be televised and transparent. Unfortunately we haven’t seen anything that even remotely resembles this rhetoric. It is outrageous that in 2010, with all the new media tools of Twitter, Facebook, Youtube, blogging, and Skype that Congress, lawmakers and the Administration have at their disposal that the American people are
still shut out of this debate. This is a bill that impacts the health and safety of every American and makes up one sixth of our economy—the American people certainly deserve a seat at the table.

But the American people are being ignored. You would think after record-breaking town hall meetings and an unprecedented House Call on Washington, and the election outcomes in Massachusetts, Virginia, and New Jersey, that congressional leaders and the administration would wake up and tune in.

I was told that in South Carolina the largest Congressional town halls in history of 1700 in Columbia, 1500 in Lexington, 1500 in Beaufort and 1200 at Hilton Head Island along with the first Congressional town halls ever for Barnwell, North in Orangeburg, and Varnville in Hampton County. 98 percent of attendees opposed government takeover.

The majority of Americans have made it perfectly clear that they do not want a healthcare bill that: Mandates private citizens purchase health care, whether they need it or want it; causes millions of employers to cancel the health insurance they currently offer; and creates a health care czar to impose price controls on private health insurance.

What is even more discourteous about this bill is that Congress and the Administration has decided to plow ahead with this before addressing the tragic employment rate that continues to cripple many communities across the Nation. Where are the jobs? That is what we should be talking about each and every day. Instead of standing here debating a bill full of job-killing taxes and mandates, we should be debating ideas that will give employers job creation incentives and offer tax relief to hardworking families. The National Federation of Independent Business, the voice of America’s small business, has revealed the takeover will kill 1.6 million jobs.

As I conclude, I’d like to take this opportunity to speak directly to the concerned citizens who fought so hard over the last year to protect the doctor-patient relationship and prevent a Federal Government takeover of health care. The provisions in the bill and the process under which passage were both designed to enhance the power of politicians; you should be proud of your efforts to limit such power by town halls and tea parties.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from Louisiana (Mr. FLEMING).

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

Mr. FLEMING. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from Maryland (Mr. OLSON).

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

Mr. OLSON. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from Virginia (Mr. WOLF).

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

Mr. WOLF. Mr. Speaker, I rise in opposition to this flawed health care bill.

I do not question the need for Congress to find a way for the millions of Americans without health insurance to be assured of quality, affordable health care. The majority of my constituents in the 10th District of Virginia have made clear that they want an open and transparent process in which Republicans and Democrats work together to pass responsible health care reform that lowers costs and offers greater access to affordable health care.

They told me that they don’t want more government spending.

They don’t want government-run health care.

They don’t want a plan that hurts America’s seniors.

What they do want is a plan that fixes what’s broken and keeps what’s working with adding billions of dollars to an already ballooning deficit.

I cannot support today’s bill because it will cost over $550 billion in new taxes during a recession; and billions of high unemployment. This will especially hit small business employers at a time when the Federal Government should be assisting in job creation, not raising taxes.

This legislation cuts billions of dollars from Medicare, a program that our seniors rely on.

It requires individuals to purchase health insurance. If you don’t purchase health insurance, the government will fine you a minimum fine of $750, up to the maximum penalty of 2 percent of your income. This provision has drawn the attention of the citizens of Virginia, with the Virginia General Assembly, in a bipartisan vote, becoming the first legislature in the Nation to pass legislation opposing this mandate.

This bill mandates billions of dollars in additional Medicaid spending in unfunded mandates for cash-strapped states.

It breaks a promise to members of our Nation’s armed services, their families, veterans, and employees, with its failure to protect the military’s TRICARE system—health care programs provided by the Department of Veterans Affairs. This means that, under this legislation, unless an individual has TRICARE for Life, additional health insurance would have to be purchased.

Mr. Speaker, I am committed to working with my colleagues to pass real health care reform in a cost effective manner. This legislation fails that test.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Kansas (Mr. TIAHRT).

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

Mr. TIAHRT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise today on behalf of not only the people of the great State of Kansas but also on behalf of the millions of Americans whose wishes are not being represented by their own Representatives. Kansans, over two-thirds of Americans, and I are strongly opposed to the Senate bill and the Reconciliation bill, both of which represent a government takeover of health care. I cannot and will not support this government takeover of our health care system that will restrict choice, ration care, increase the cost of health care, greatly increase government spending, cut Medicare spending, bankrupt States, lead to the destruction of the world’s best medical care, and kill jobs during one of the worst economic periods in our Nation’s history.

In order to get to the Capitol today, everyone in this body had to pass the tens of thousands of Americans from both parties who came by plane, train and automobile, at their own expense, to petition their government not to impose government run health care on them.

I spent the weekend speaking with many of these patriotic Americans, many of whom were turned away by their own Representatives on the other side of the aisle. I was not only by their personal stories (from the great-grandmother with a bad knee who came from Pennsylvania and navigated the Metro for the first time to the small business owner from Wisconsin who has never gotten involved in politics but bought a ticket to come out here because he felt this was so important) but also by their determination. The media may have made the prospects for killing this legislation look grim, but they were not going to let that happen without a fight.

The group was diverse but almost everyone with whom I spoke mentioned the same concerns with the bill: government power grab; deficit spending, increased taxes, rationing of care paid for with taxpayer funded money and especially by the restriction of freedom. If government can take over one-sixth of the Nation’s economy over the will of the people, they asked,
what separates us from Venezuela and socialist nations?

POWER GRAB

We have a one party town; the Democrats control the House, the Senate and the White House. They are taking advantage of this situation to centralize power in their hands so that they may control every aspect of our lives including what cars we can drive, how we educate our children, our health care choices. Believe me, the American people are opposed to this, as indicated in rock bottom approval ratings for Congress and even the President, who less than a year ago had the highest approval ratings seen in a long time.

Patients benefit when their doctors make the decisions as to their health care needs, not bureaucrats sitting in an office building in Washington, DC. The federal government should not intrude in this sacred relationship. The most famous line of the physician’s Hippocratic Oath is “I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to any one.” Under government-run health care, Washington will override their judgment and it will become bureaucrats, not doctors, who prescribe regimens.

It’s not just the bureaucrats at HHS that Americans will have to worry about, this bill also goes far beyond the power of the IRS and hands them the authority to harass and even fine American families and job creators for their health care choice. Despite repeated inquiries, no one has been able to tell me just how many new bureaucrats will be added to the federal payroll to implement government-run health care. The unfunded mandates on the States to provide health insurance options and oversee the private sector, at a time when they are in dire financial straits, are confounding.

ACCESS

Today over 20 percent of physicians in Kansas already no longer accept new Medicare patients because they will be forced into bankruptcy trying to care for them with the grossly inadequate government reimbursements. Now the new administration wants to compound this loss of accessible health care professionals with a loss of access to health care treatment. In response, 46 percent of family physicians indicated that they would leave the medical profession due to a government takeover of health care.

COST

This bill will cost well over the $1.2 trillion that CBO has scored. That score conveniently does not include the cost of the “doc fix;” the Medicare prescription drug donut hole fix, the Pell Grant expansion inexplicably included in the bill for many one provision of the bill. As if the health provisions weren’t enough, the Democrats have used this bill as a vehicle to protect their citizens from being affected by the rationing of care. Washington will override your judgment and it will become bureaucrats prescribing for you.

As if the health provisions weren’t enough, the Democrats have used this bill as a vehicle to protect their citizens from being affected by the rationing of care. Washington will override your judgment and it will become bureaucrats prescribing for you.

RATIONAL CARE

My biggest concern with the Democrat proposals is the intended rationing of health care.

The Obama administration has already begun to set the framework for rationed care with comparative effectiveness research. This is a very dangerous road to travel down.

FREEDOM

We pride ourselves on being the home of the free but this bill will reduce the United States to (W)W (the world’s second largest economic entity). If this bill is every socialistized or taken to the world. If this bill is signed into law, Americans will not have the freedom to choose their doctor, their course of treatment, or their health plan.

The federal government has no authority to force health insurance on the American people and mandate what benefits employers can and cannot provide employees. In addition this bill begins to destroy Health Savings Accounts (HSAs). HSAs are what we should be promoting as a way to expand choice, give patients more control over their medical spending, and reduce health care costs.

PREVENT INNOVATION

Just this week I met with NTH Director Francis Collins. We spent the better part of an hour talking about all of the exciting advances in medicine, especially in the area of individualized medicine. It was not lost on me that the treatments and care prescribed will never come to fruition under a government-run health care system that ration care and stifles innovation.

SENIORS

This bill is a bad deal for our seniors. It expressly cuts $523 billion from Medicare and doesn’t even fix one Medicare prescription drug donut hole until 2020. The rationing of care will also disproportionately affect seniors who, for obvious reasons, are the largest consumers of health care.

PRO-LIFE CONCERNS

Finally, the bills before us include abortions paid for with federal dollars and do not include conscience protection for medical providers. This is in blatant disregard of the House vote just 4 months ago. More importantly, it is in blatant disregard of the whopping two-thirds of Americans who oppose using federal dollars to pay for abortions. Even those individuals and organizations who strongly support government-run health care, such as the Catholic Church, do not want such programs to pay for abortions or euthanasia.

I want health care reform and am saddened that this process has become so political that we won’t see the much needed modernization that will ensure Americans have access to the best health care for decades to come. I am saddened that states like my home state of Kansas are forced to take drastic action to try to protect their citizens from being affected by Washington’s takeover of health care.

Republicans have offered better solutions and principles that should be included in any health care reform. Those principles should: let Americans who like their health coverage keep it, give all Americans the freedom to choose the health plan that best meets their needs; ensure that medical decisions are made by patients and their doctors, not government bureaucrats; and improve Americans’ lives through effective prevention, wellness, and disease management programs, while developing new treatments and cures for life-threatening diseases. CBO has declared that the Republican health care plan would lower health care costs by at least 10 percent. This is the approach the American people want to see passed by Congress, not the destructive bill that is instead before us.

Our constituents have spoken loudly and clearly and it is our duty as their representatives to listen to them, not ignore them and use the sacred Speaker’s gavel to impose personal political goals upon them. Therefore, I am concerned that this legislation will in fact increase health care premiums for millions of current policy holders because of the taxes and mandates in the 2700 pages of

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Illinois (Mr. ROSKAM). (Mr. ROSKAM asked and was given permission to revise and extend his remarks.)

Mr. ROSKAM. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Wisconsin (Mr. PETRI). (Mr. PETRI asked and was given permission to revise and extend his remarks.)

Mr. PETRI. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the next Governor of Oklahoma, Ms. FALLIN. (Ms. FALLIN asked and was given permission to revise and extend her remarks.)

Ms. FALLIN. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Maryland (Mr. BARTLETT). (Mr. BARTLETT asked and was given permission to revise and extend his remarks.)

Mr. BARTLETT. I rise in opposition to this bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Arizona (Mr. FRANKS). (Mr. FRANKS of Arizona asked and was given permission to revise and extend his remarks.)

Mr. FRANKS of Arizona. Mr. Speaker, I rise in opposition to this flawed bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the distinguished ranking member of the Transportation and Infrastructure Committee, Mr. MICA. (Mr. MICA asked and was given permission to revise and extend his remarks.)

Mr. MICA. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, I rise in opposition to the Obamacare proposal that is before the House today. Unfortunately for both the American Taxpayer and millions of our senior citizens this legislation is a bad deal. As crafted this bill will increase taxes by $569 Billion dollars and cuts medicare by $523 Billion dollars. Additionally this bill will create more than 118 new federal bureaus, agencies and czars. Furthermore, I am concerned that this legislation will in fact increase health care premiums for millions of current policy holders because of the taxes and mandates in the 2700 pages of
the bill. Also missing is any provision for tort or liability reform that would actually bring down health care costs.

At a time when our national debt is ballooning out of control passing a multi-year multi-trillion dollar spending measure is head- ing in the wrong direction. Yes, I do agree that we need health care reform however this bill badly misses the mark. Congress can and must do better for the American people.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Ohio (Mrs. SCHMIDT). (Mrs. SCHMIDT asked and was given permission to revise and extend her remarks.)

Mrs. SCHMIDT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Pennsylvania (Mr. SHUSTER).

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

Mr. SHUSTER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, tonight, the House will vote on legislation that will reshape our nation. The Federal Government will take control over one sixth of our private economy in order to extend government approved health care across America. Never before in our history has such an important issue been brought to the floor on a party line vote. In fact, the only bipartisan agreement on this bill has been the opposition against it.

No one disputes the need for health care reform in America that lowers costs and protects those with pre-existing conditions, and we cannot afford the disastrous fiscal and economic consequences this bill will place on future generations.

The Democrats’ bill will create a $2.4 trillion entitlement when fully implemented. Our deficit, already dangerously in the red, will grow by $662 billion in 10 years. The bill raids Medicare and Social Security to pay for these entitlements and will require $529 billion in new taxes while national unemployment hovers around 10 percent. This health care bill is nothing short of a road map to fiscal insolvency.

One of the cornerstone principles of this nation is that we have a government by the consent of the governed. For over a year, the President and Congressional Democrats have pushed this health care plan over the vocal objections of the American people, my own constituents and House Republicans who have offered solutions only to be denied at every turn.

It didn’t have to be this way. Health care reform could have been achieved through bipartisan cooperation and a sharing of ideas between the political parties. The American people deserve better than this.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Newport Beach, California (Mr. CAMPBELL).

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

Mr. CAMPBELL. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, those in favor of this bill often talk about the 30 million that they say will be covered by this bill. For the sake of discussion, let’s just assume for a moment that they are correct. There are over 300 million Americans in this country right now . . . what will this do to the other 270 million Americans? Well the answer is that they all will suffer as a result of this legislation. Some will lose the health care coverage they have right now, because their insurer will be forced out of the market and their employer won’t be able to afford the fines. Some will lose their jobs as the deluge of taxes and mandates begin to take effect, and some will lose out on good quality medical care as doctors stop practicing medicine and hospitals close because the practice of medicine no longer will be able to pay the bills. Everyone will pay for the new taxes whether directly or indirectly, and everyone who does not get their insurance from the government will have to pay more. It even goes further. If our nation’s voters, elected officials and members of the military because their health care coverage does not meet the standards set forth in this bill. This will result in fines for our nation’s veterans for having veterans coverage, and it will result in fines to members of the military and their families just for having coverage provided by the military.

Mr. Speaker, how does this make sense? I am strongly opposed to this legislation. It will require more IRS agents to be hired in order to process the myriad of new fines, taxes, fees, and penalties that this bill creates. And even the President’s own actuaries say that this bill will raise total health care costs in the United States by $222 billion. The very same actuary went on to estimate that nearly 20% of all health care providers who accept Medicare will become unprofitable and likely go out of business within 10 years.

Mr. Speaker, this legislation is a bad deal. It would serve my colleagues on the other side of the aisle to listen to the voices of the American people. For months, the American people have decried their opposition to this government takeover of health care from every state in the union, and this weekend they have descended on Washington to make one final plea: don’t ruin the best parts of the American health care system by replacing them with the worst.

Mr. Speaker, don’t pledge to insure 30 million Americans at the expense of the other 270 million in this country.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Dallas, Texas (Mr. HENSARLING).

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

Mr. HENSARLING. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Arizona (Mr. FLAKE).

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

Mr. FLAKE. Mr. Speaker, I rise in opposition to this flawed health care bill.
more on health care than any other country in the world, current projections assume that this level of spending will rise indefinitely. As this spending increases, it is consuming a greater and greater share of workers paychecks. Health insurance is too expensive, and some people with chronic illness struggle to access health care services. We agree on the problems.

But it is rare that a single piece of legislation can so crystallize the differences in governing philosophy between our two political parties. As a solution to these problems in our health care system, the Democrats would propose a massive increase in government involvement—expanding current government run health programs, and creating new ones. Provisions in this legislation would restrict choice, and place greater control of health care in the hands of the federal government. For example, under the bill’s terms, no longer would we exercise a number of freedoms that we now take for granted, such as whether to purchase health insurance or what medical benefits we feel are necessary. Under this bill, this is now a matter for the government to decide.

This is far, far removed from what our nation’s founders envisioned. And indeed, I submit that, fundamentally, this legislation violates the Constitution and will be found unconstitutional. This legislation has been well documented, but among the highlights are that it would: pay for 6 years of benefits with 10 years of taxes; raid the Social Security trust fund of $53 billion; double count the savings in Medicare to pay for a new entitlement; disregard the increased administrative costs of running these new programs; double count $70 billion in premiums for a new long-term care entitlement which would later have to be used to pay for benefits; and rely on unrealistic Medicare cuts.

This last point overshadowing the most important one. The chief actuary of the Department of Health and Human Services wrote, in a letter to Congress, that the Medicare cuts proposed in this bill are “unrealistic” and could “jeopardize access to care” for seniors. Independent analysis says that many hospitals and health care providers, including hospitals, Medicare altogether if these cuts are implemented. So, under the terms of this legislation, future Congresses would have to do something it has thus far shown no appetite for: limit access to vital medical care for our nation’s seniors.

Another major assumption made by the majority is that this legislation would enact a tough “Cadillac tax” on generous employer provided insurance plans. But this tax’s implementation date has been pushed back to 2018; well after President Obama leaves office. For years, Congress has assumed in its revenue projections that millions of middle class tax filers should pay the Alternative Minimum Tax (AMT) each year. But every year, Congress has stepped in and passed legislation to change that. Similarly, we should assume that a tax that is so unpopular that it must be pushed out 8 years before being implemented is a tax that may never realistically happen.

So this gargantuan health care entitlement, once fully implemented, would end up costing us approximately $200 billion per year, and then increasing at a rate of 8 percent per year. But we can not afford our current entitlements! How will we be able to afford this when the bill comes due? I worry that this bill is a fiscal disaster of the first order. It should not have been this way. We had an opportunity to enact real health care reform—reform that would have set our nation on a prudent fiscal path, and one that would not have violated our Constitution. I and my Republican colleagues have proposed a series of reforms, such as enacting real medical liability reform; allowing individuals to purchase insurance across state lines; allowing individuals to purchase insurance through groups and trade associations the same way unions—Republican or Democrat, liberal or conservative—who have appeared before the Committee have all noted the serious long-term funding issues that our country faces. Quite simply, we are running out of money to pay for government programs. According to the Peter G. Peterson Foundation, America’s three biggest entitlement programs, Medicare, Medicaid, and Social Security, are projected to consume over 80 percent of the federal budget within a generation. And the single biggest driver of this increased cost is health care inflation. Medicare alone has a $363.3 trillion unfunded liability. This past week, three members of my staff were blessed with the birth of a child. As soon as those children took their first breath, each assumed a health care debt of $121,000.

The majority claims that this bill would actually reduce the deficit, but this rests on a number of assumptions that are wildly unrealistic. The benefits that it would provide—claims the majority has been so well documented, but among the highlights are that it would: pay for 6 years of benefits with 10 years of taxes; raid the Social Security trust fund of $53 billion; double count the savings in Medicare to pay for a new entitlement; disregard the increased administrative costs of running these new programs; double count $70 billion in premiums for a new long-term care entitlement which would later have to be used to pay for benefits; and rely on unrealistic Medicare cuts.

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It is unprecedented procedures to force through a bill of this significance with two hours of debate and no amendments or alternatives even considered.

It is unprecedented to pass a measure of this magnitude against the strong, clear opinion of a majority of the American people. I believe we need to reform health care, particularly the way that it is paid for in this country. We can do that without upending the whole system. Real health care reform would protect nearly 85 percent of Americans who currently have health insurance and want to keep it. It would protect Medicare for those seniors currently enrolled in the program and for those who will be enrolled in the future. It would make health insurance more affordable for everyone, including those who do not have coverage today. And it would keep government from interfering in the doctor-patient decision relationship.

The bill before us does none of these things. It cuts more than $500 billion from Medicare and will raise taxes over $550 billion dollars. It fines individuals and businesses that do not sign up for the government-approved insurance. It multiplies government bureaucracy by adding a mind-boggling number of new commissions, commissioners, committees, and administrations. It empowers the IRS to determine whether or not your personal health insurance is adequate in the eyes of Washington bureaucrats. And it is filled with special deals to attract support it could not get on its own merit.

I believe that this bill will not only fail to stem the growing cost of health insurance; it will actually make it cost more. How could the combination of increased taxes, expensive mandates, and new federal regulations not increase the cost of health care for most Americans?

Mr. Speaker, common sense tells us that when the government spends more money, it does not usually cost taxpayers less. Yet, the Majority claims that this bill, which spends at least $1 trillion, will somehow reduce our deficit. It cannot be true.

The vast majority of citizens in the 13th district of Texas who have contacted me have been clear and consistent in their opposition to reform that leads to more government, less personal health insurance is adequate in the eyes of Washington bureaucrats. And it is filled with special deals to attract support it could not get on its own merit.

Unfortunately, the version the Democratic majority is trying to pass includes new restrictions and more government intrusion. It is over 2,700 pages of big government that we don't need or want.

Mr. Speaker, President John Adams once said, “Facts are stubborn things; and whatever may be our wishes, our inclinations, or the dictates of passion, they cannot alter the state of facts and evidence.” The facts here are plain and simple: this bill includes massive government involvement in health care, higher taxes, and hundreds of billions in Medicare cuts. I know it, most people who serve in this House know it, and the American people know it. It is time we say enough is enough and for our future.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Florida (Mr. POSEY).

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

Mr. POSEY. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Virginia (Mr. GOODLATTE).

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

Mr. GOODLATTE. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from California (Mr. CALVERT).

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

Mr. CALVERT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I ask unanimous consent to revise and extend my remarks against this flawed health care bill.

Mr. Speaker, I rise today in opposition to the Democrat health reform legislation that imposes billions of dollars in new job killing taxes on American small business owners and families. Make no mistake about it, at a time when the unemployment in the United States is over 10 percent, over 14 percent in some parts of my district, this Congress is choosing to take up a health reform bill that is a job killer.

Small business owners struggling to make ends meet who cannot afford to buy government approved insurance for their employees will be subject to a $2,000 dollar per employee tax. When employers realize they can afford neither the government mandated insurance nor this egregious new tax they will have no choice but to lay off more employees.

For employers who can afford to provide health insurance to their employees, this bill contains billions of new taxes and mandates that will raise their premiums. These will drive up the cost of insurance, forcing many employers and private individuals to reduce or drop their coverage.

In addition, this bill imposes a never before seen Medicare tax that would, for the very first time, apply to capital gains, dividends, interest, rents, royalties, and other investment income of singles earning over $200,000 and couples earning over $250,000. Currently, capital gains and dividends are taxed at a top rate of 15 percent, but those rates are already scheduled to rise in 2011 to 20 percent and 39.6 percent, respectively. When the expansion of the Medicare tax is coupled with the already scheduled capital gains rate increase, long-term capital gains rates would rise by 15 percent to 23.8 percent and the top tax rate on dividends would nearly triple from 15 percent to 43.4 percent.

At a time when Congress should be focusing on incentivizing investment in America and putting people back to work we are instead here today to levy over $560 billion dollars in new taxes on the American public and approve over $938 billion dollars in new entitlement spending. I urge my colleagues to stop this massive government expansion and focus on America’s most pressing issue, putting our citizens back to work.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from California (Mr. McCLINTOCK).

(Mr. McCLINTOCK asked and was given permission to revise and extend his remarks.)
Mr. Speaker, I rise in strong support of the "Health Care and Education Affordability Reconciliation Act of 2010." Mr. Speaker, I rise in total opposition to all my friends who oppose the legislation on the other side, but in full support of this most historical bill.

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awoke tomorrow and could say to one another now we have a chance to get health care reform right, health care reform that is fair to everyone, reduces costs and truly improves outcomes, instead of just shifting costs to more unaffordable government spending and eroding health care liberties.

Mr. Speaker, the debate has become very passionate, and I fear that we sometimes lose sight of the fact that our actions have consequences and can even affect little children. The other day a 9-year-old boy approached me and he said, Congressman, I have a question. He said, if the government gets so bad, which country should we move to? And I put my hand on his shoulder and I looked at him and I said, America is still a good country, we just have to make it better.

Mr. Speaker, I am not here to help manage the decline of America. None of us are. We can do better. We must do better.

Mr. McGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. I thank the gentleman for yielding the time and for the hard work of the Rules Committee.

Mr. Speaker, I come to the well of the House today to support the rule and to commend President Obama and the Democratic leadership for their willingness to stand up for America's families and for their willingness to be strong and stand fast in the face of political opposition. My North Carolina district is the fourth poorest district in America: 100,000 uninsured, seniors unable to afford prescription drugs, rural hospitals in the red, insurance premiums increasing while insurance company profits are multiplying.

My constituents need health insurance reform, and they need it now. The time for debate is over. We are poised to deliver on the Democratic promise of health insurance reform.

I am an optimist. Mr. Speaker, that one day historians will write that the passage of this bill took America to a higher level, to a higher place, and restored confidence with the American people that Congress is responding to the needs of America's families.

\[1715\]

The SPEAKER pro tempore. The gentleman from Georgia (Mr. BUTTERFIELD) asked and was given permission to revise and extend his remarks.

Mr. WESTMORELAND. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. SPEAKER. Mr. Speaker, the gentleman from Georgia (Mr. BUTTERFIELD) asked and was given permission to revise and extend his remarks.

Mr. BUTTERFIELD. Mr. Speaker, there's no such thing as a free lunch and there's no such thing as free health care. Yet, the Democrats ramming this legislation through the House against the will of the American people would have you believe that we're going to extend coverage to 32 million and subsidize millions of others, and it's not going to cost average Americans a thing. Somehow, they say, this will all be covered by big businesses and high-income earners, and it won't have any effect whatsoever on average Americans "them" who will pick up the tab, not "us."

The truth is that we're all going to pay, and we will pay big. This legislation will raise taxes by $569 billion, it will raise the insurance premiums of all Americans, it will place a huge new tax on jobs and it will put expensive mandates on individuals and employers.

There will be $52 billion in new taxes on employers who can't afford to provide health insurance. So what's going to happen when you drastically hike up the cost of jobs? We'll have fewer jobs. This Congress is recklessly destroying jobs at time when unemployment is at nearly 10 percent. At a moment when unemployed Americans are looking for work to provide for their families, at a time when many more are underemployed or working part time, at a time when businesses are unable to get the loans they need to expand, the Democratic Congress is taking us backwards. We will make a bad situation worse.

For the next 4 years, in fact, we'll implement the taxes but not the coverage. We keep hearing Democrats say that 45,000 Americans die each year because they don't have health insurance. According to the Democrats' own rhetoric—as faulty as it may be—they're ignoring 180,000 needless deaths over the next 4 years.

Mr. Speaker, there is no free lunch. It is our duty, first and foremost, to render tough decisions. We have to prioritize. Our priority in today's climate should be creating and saving jobs, and therefore, helping more Americans gain employer-provided coverage. Then, we can focus our attention on bringing down the cost of health care and expanding access without adding on a new entitlement that we can't afford.

You know, Mr. Speaker, it's remarkable to me that for a President who campaigned on reaching across the aisle and bridging the partisan divide, the only bipartisanism on his signature issue is in opposition. Democrats and Republicans are joined together in opposing this government takeover of health care. There are 25,000 Americans protesting this legislation outside these walls. There are 39 state legislatures threatening to fight this law in court. Large majorities of American citizens are begging their Member of Congress to vote "no."

Mr. DREIER. Mr. Speaker, I yield for a unanimous consent request I yield to the gentleman from Georgia (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. Mr. Speaker, I rise in opposition to this flawed health care bill. Mr. DREIER. Mr. Speaker, for a unanimous consent request I yield to the gentleman from Illinois (Mr. MANZULLO). (Mr. MANZULLO asked and was given permission to revise and extend his remarks.)

Mr. MANZULLO. Mr. Speaker, I rise in opposition to this flawed health care bill. Mr. DREIER. Mr. Speaker, for a unanimous consent request I yield to the gentleman from Peoria, Illinois (Mr. AKIN). (Mr. AKIN asked and was given permission to revise and extend his remarks.)

Mr. AKIN. Mr. Speaker, I rise in opposition to this flawed health care bill. Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to my friend from Alabama (Mr. BONNER). (Mr. BONNER asked and was given permission to revise and extend his remarks.)

Mr. BONNER. Mr. Speaker, I rise in opposition to this flawed health care bill. Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to my friend from St. Louis, Missouri (Mr. AKIN). (Mr. AKIN asked and was given permission to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania asked and was given permission to revise and extend his remarks.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise in opposition to this flawed health care bill. Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Texas (Mr. CARTER). (Mr. CARTER asked and was given permission to revise and extend his remarks.)

Mr. CARTER. Mr. Speaker, I rise in opposition to this flawed health care bill. Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Iowa (Mr. LATHAM). (Mr. LATHAM asked and was given permission to revise and extend his remarks.)
Mr. LATHAM. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Florida (Mr. MARIO DIAZ-BALART). (Mr. MARIO DIAZ-BALART asked and was given permission to revise and extend his remarks.)

Mr. MARIO DIAZ-BALART of Florida. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentlewoman from Minnesota (Mrs. BACHMANN). (Mrs. BACHMANN asked and was given permission to revise and extend her remarks.)

Mrs. BACHMANN. Mr. Speaker, I rise in opposition to this dangerous health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Colorado (Mr. COFFMAN). (Mr. COFFMAN of Colorado asked and was given permission to revise and extend his remarks.)

Mr. COFFMAN of Colorado. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Michigan (Mr. HOEKSTRA). (Mr. HOEKSTRA asked and was given permission to revise and extend his remarks.)

Mr. HOEKSTRA. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Iowa (Mr. KING). (Mr. KING of Iowa asked and was given permission to revise and extend his remarks.)

Mr. KING of Iowa. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to our friend from Indianapolis (Mr. BURTON). (Mr. BURTON of Indiana asked and was given permission to revise and extend his remarks.)

Mr. BURTON of Indiana. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Texas (Mr. GOHMERT). (Mr. GOHMERT asked and was given permission to revise and extend his remarks.)

Mr. GOHMERT. Mr. Speaker, I rise in opposition to this government takeover of health care in this so-called health care bill.

The SPEAKER pro tempore. The gentleman will be charged.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. CONNOLLY). Mr. CONNOLLY of Virginia. Mr. Speaker, I thank the gentlelady.

We have reached a historic crossroads in our history. We can choose to set our Nation on the path to improving the access to quality health insurance for millions of Americans and finally containing the cost of that care, or we can continue on the road of the status quo, threatening to leave more families without basic care and bankrupting the engine of our economy.

This bill in front of us today, this historic bill meets the four tests my constituents set for it:

Will it bring down premium costs for families and small businesses? Yes, it will.

Will it reduce the deficit? Yes, it will. Now and in the future.

Will it protect their choice of plan and doctor? Yes, it will.

Will it improve access to care? Yes, it will.

We have heard a lot of fear, we have heard a lot of disinformation. But I quote today on the Sabbath 2 Timothy 1:7, "For God did not give us a spirit of timidity, but a spirit of power, of love."

Let us not be timid. Let us pass this historic piece of legislation.

Mr. DREIER. Mr. Speaker, at this time I have 2 minutes. 35 minutes to my very good friend from Sarasota, Florida (Mr. BUCHANAN).

Mr. BUCHANAN. I want to thank the gentleman from California.

Mr. Speaker, I oppose this bill. It does nothing to lower costs or little to lower costs, it raises taxes $540 billion, and it cuts Medicare.

Being in business and signing the front of payroll checks, I can tell you that one of the biggest concerns with small businesses is the escalation of health care. It is $10,000 to $12,000 today for a small business in a family. CEO Roundtable is saying if we do nothing about it—and this bill does nothing about it—it will go to $28,000 in the next 10 years.

It also increases taxes $540 billion. A lot of those taxes are passed through to small businesses, the LLCs and sole proprietorships. It passes through to them, it hurts working families, and it will not improve access to care.

The other thing, as someone that represents an area that has the most seniors in the country, we have real cuts, not just waste, fraud, and abuse, of $500 billion. This will really hurt seniors. I had a senior the other day say, “All I have is my Social Security and Medicare. It is not perfect, but don’t mess with my Medicare.”

Ms. SLAUGHTER. Mr. Speaker, may I inquire how much time remains?

The SPEAKER pro tempore. The gentleman from California has 6 minutes, 20 seconds remaining.

The SPEAKER pro tempore. The gentleman from California has 6 minutes, 20 seconds remaining.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield for a unanimous consent to the gentleman from Idaho (Mr. SIMPSON). (Mr. SIMPSON asked and was given permission to revise and extend his remarks.)

Mr. SIMPSON. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to the distinguished gentleman from Springfield, Missouri (Mr. BLUNT).

Mr. BLUNT. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I was able to chair our Health Care Solutions group on our side, and we had lots of ideas. In fact, many of those ideas were included in the 80 amendments that went to the Rules Committee yesterday, none of which were allowed.

This could be a bill. Mr. Speaker, about medical liability reform, about small business health plans, buying across State lines, lots of things that aren’t there.

I don’t think, Mr. Speaker, this bill improves what works and fixes what is broken, which should be our goal. But that is not the main reason, Mr. Speaker, we should not be proceeding today. The main reason is not that it is not the best bill or a bill that I approve of. The main reason is that it costs too much. Mr. Speaker.

This is a bill where the proponents say we are going to collect $1 trillion in either new taxes or Medicare cuts. We are going to accumulate $1 trillion over 10 years, and we are going to spend it in 6 years. In fact. Mr. Speaker, by year 8, by year 9, by year 10, we are spending $200 billion a year. When I checked with the Congressional Budget Office, what about year 11? They said $250 billion as well.

Mr. Speaker, this will cost jobs. It doesn’t head the country in the right direction. I oppose the rule and will oppose the bill.

Ms. SLAUGHTER. Mr. Speaker, I continue to reserve the balance of my time.

Mr. DREIER. Mr. Speaker, I yield myself 15 seconds to urge my colleagues to defeat the previous question. I will be offering an amendment to the rule. The amendment will require the Speaker to direct the Clerk to call the roll on the final votes on the Senate health care bill and the reconciliation bill.

As the Republican leader has said repeatedly, it is time for the Members of this House to stand up and be counted. I ask unanimous consent that the text of the amendment and explanatory material appear in the RECORD immediately prior to the vote on the previous question.

The SPEAKER pro tempore. There is objection to the request of the gentleman from California?

There was no objection.
Mr. DREIER. Mr. Speaker, at this time I yield 1 minute to my good friend from Monticello, Indiana (Mr. BUYER).

Mr. BUYER. I rise in opposition to the rule.

Why should the VFW National Command state that he is furious? Because Congress is moving a flawed bill that does not protect America’s military and dependents, veterans, widows, or orphans.

The VFW stated, "The President and the Democratic leadership are betraying America’s veterans.”

The VFW is asking for a “no” vote on this bill because it breaks the promises the President made to veterans at their national convention. This flawed bill comes as Congress and their families or survivors. The VFW salutes the congressmen and their supporters, said Tradewell, "and I hope their messages were heard loudly and clearly throughout Congress. Healthcare is important, but so is protecting the programs that were promised to our nation’s veterans, military and their families. And where are the protections for the Secretaries of DOD and the VA to preserve the integrity of their healthcare systems? Absent from the bill.

Buck McKeon and I and others tried to fix this bill, but were denied by this rule and our suspension efforts, even though Mr. LEVIN and I tried to have an agreement. Many veterans groups support efforts to correct these errors. Vote "no.”

[Mar. 21, 2010]

NATIONAL HEALTHCARE BILL BETRAYED VETERANS

WASHINGTON.—The national commander of the nation’s oldest and largest combat veterans’ organization is furious that Congress is moving ahead with a flawed healthcare bill that does not protect the health programs provided to veterans, servicemembers or their families.

"The president and the Democratic leadership are betraying America’s veterans," said Thomas J. Tradewell Sr., a combat-wounded Vietnam veteran from Sussex, Wis., who leads the 2.1 million-member Veterans of Foreign Wars of the U.S. and its Auxiliaries.

"And what makes matters worse is the leadership is denying the bill. And when they are denying the bill, they are pushing for passage today like it’s a do-or-die situation. This nation deserves the best from their elected officials, and the rush to pass legislation of this magnitude is not it..."

At issue is H.R. 4872 does not fully protect the healthcare programs provided by the Department of Veterans Affairs and the military’s Tricare system. Specifically, the bill covers Tricare For Life but not the other Tricare programs but were denied by this rule and our suspension efforts, even though Mr. LEVIN and I tried to have an agreement. Many veterans groups support efforts to correct these errors. Vote “no.”

[Mar. 21, 2010]

DISABLED AMERICAN VETERANS

WASHINGTON, DC, March 30, 2010.

Hon. STEVE BUYER,
Ranking Member, Committee on Veterans’ Affairs, Cannon House Office Building, Washington, DC.

Hon. BUCK MCKEON,
Ranking Member, Committee on Armed Services, Rayburn House Office Building, Washington, DC.

DEAR RANKING MEMBERS BUYER AND McKEON:

On behalf of the 1.2 million members of the Disabled American Veterans (DAV), I am writing to support your amendment no. 31 to H.R. 4872, the Reconciliation Act of 2010, and its associated proposed legislation, H.R. 4894, “to amend the Patient Protection and Affordable Care Act to ensure appropriate treatment of Department of Veterans Affairs and Department of Defense beneficiaries.”

You recently proposed these measures to maintain the integrity of the health care systems of the Department of Veterans Affairs (VA) and the Department of Defense (DoD), and to ensure that the circumstances of all persons covered by the VA or DoD health care systems meet any minimum coverage requirements mandated by national health insurance reform legislation now pending before Congress.

As you know, over six million veterans, and particularly war-disabled, have come to rely on the Department of Veterans Affairs (VA) health care system—a system acknowledged by independent evaluators as one of the best in the world. Since national health insurance reform legislation is under consideration in Congress today, it is of vital importance to DAV and millions more, to retain its autonomy to manage our system to continue addressing the unique and specialized needs of sick and disabled veterans. For this reason, we support Congressional approval of the unambiguous language in your amendment, that nothing in the health insurance reform shall be construed as affecting... any authority under title 38, United States Code.

We also appreciate your leadership in addressing this critical issue that is important to America’s service members, veterans and their families.

Sincerely,

CLARENCE E. HILL, National Commander.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 30 seconds.


Hon. STEVE BUYER,
Ranking Member, Committee on Veterans’ Affairs, Cannon House Office Building, House of Representatives, Washington, DC.

DEAR REPRESENTATIVE BUYER: The American Legion offers its full support to the Buyer/McKeon Amendment to H.R. 4872.

As the nation’s largest veterans’ service organization, The American Legion is extremely concerned about the impact health care reform will have on the Department of Veterans Affairs (VA) and the Department of Defense (DoD) health care systems. We strongly support your amendment as H.R. 4894, your bill to clarify that “minimum essential coverage” includes the health programs provided to veterans, persons covered by VA health care plans from any health reforms currently underway, and military retirees. Moreover, it would be impossible to regain the trust of our nation’s veterans, military and veterans’ communities were re-assured by both the Administration and congressional leadership that both VA and DoD beneficiaries would be exempted in any national health care reform legislation.

Both VA and DoD provide quality health care services and should be considered earned benefits by virtue of honorable military service. Therefore, premiums have been paid in full, especially by those who are service-connected veterans and military retirees. Moreover, it would be impossible to regain the trust of our nation’s veterans, military and veterans’ communities were re-assured by both the Administration and congressional leadership that both VA and DoD beneficiaries would be exempted in any national health care reform legislation.

Once again, The American Legion fully supports this amendment and we appreciate your leadership in addressing this critical issue that is important to America’s service members, veterans and their families.

Sincerely,

DAVID W. GORMAN, Executive Director, Washington Headquarters.
Democrats understand the importance of providing health care to veterans. We started it. The House passed a bill yesterday affirming our commitment to TRICARE and TRICARE for Life. And, in addition, the VA Secretary has stated that this health bill will not undermine veterans health care.

I submit for the RECORD a letter from five committee chairs and a statement from Veterans Affairs Secretary Eric Shinseki.

CONGRESS OF THE UNITED STATES,
Hon. LOUISE SLAUGHTER,
Chairman, Committee on Rules, The Capitol, Washington, DC.

DEAR CHAIRWOMAN SLAUGHTER: The House Democratic leadership asked our committees to review H.R. 3590 and H.R. 4872 to assess the impact of the bills on the health care provided by the Department of Defense and the Department of Veterans Affairs. Our reviews of H.R. 3590 and H.R. 4872 lead us to believe that the intent of the bills was never to undermine or change the Department of Defense and Department of Veterans Affairs operation of their health care programs or interfere with the care that our service members receive under TRICARE. However, we commit to look into this issue further to ensure that no unintended consequences may arise and to take any legislative action that may be necessary.

H.R. 3590, as drafted, does not specifically mention that TRICARE coverage meets the individual responsibility requirement, but such coverage would satisfy the requirement of this bill. To affirm that this is the case, the U.S. House of Representatives unanimously passed H.R. 4887, the TRICARE Affirmation Act, which provides assurances to the American people that care provided to those in the military and their families, as well as military retirees under age 65 and their families, would indeed meet the requirements of their health care programs or interfere with the care that our service members receive under TRICARE. However, we commit to look into this issue further to ensure that no unintended consequences may arise and to take any legislative action that may be necessary.

Mr. Speaker, I have been told that a policy which raises taxes for 10 years to pay for 6 years of government programs is fiscally sound.

I was struck, Mr. Speaker, by Mr. HASTINGS, who spoke how the people outside have lost hope. They have lost hope that Congress is listening. They are tired of being told, "You are not smart enough to understand our wisdom. We, the Democratic leaders, will tell you how to live. And, after we pass this vote, you will love us all the more."

I am struck that Mr. CARDINAL endorsed this, even though his State is going bankrupt from Medicaid and this program expands Medicaid.

Mr. Speaker, I ask my colleagues to listen to the wisdom of the American people. Vote for their constituents, not for their leaders.

Ms. SLAUGHTER. Mr. Speaker, I continue to reserve the balance of my time.

Mr. DREIER. Mr. Speaker, may I inquire of the distinguished gentleman from New York how many speakers he has remaining?

Ms. SLAUGHTER. Mr. Speaker, I have two speakers left.

Mr. DREIER. Then I reserve the balance of my time.

Mr. NADLER. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from New York (Mr. NADLER).

Mr. Speaker, this bill is historic progress. We should embrace it.

Mr. Speaker, make no mistake about it: the bill before us today is far from perfect. Like many of my colleagues in the House, I have
outlined numerous concerns with the Senate-passed health insurance bill. And with good reason. The Senate-passed bill failed to include a public option, the best available way to refocus our misguided health care approach so that patients and doctors are put ahead of corporate profits. It contained draconian provisions on so-called “do-gooder” states like my home state of New York. It imposed a new restriction on a woman’s access to safe, legal reproductive health care. And it included a disastrous excise tax that would have done more to slow the economy than it would to lower the cost of health insurance.

After considerable struggle and intense negotiation, my colleagues and I were able to ensure that “do-gooder” states like New York are not punished merely for taking a more progressive stance to their Medicaid system, turning what would have been a nearly $800 million loss in revenue to the State under the Senate-passed bill into a $2.1 billion net savings.

We were also able to reduce the effect of the misguided excise tax, to remove special deals for specific states, to increase affordability credits, to close the Medicare Part D donut hole that ensnares thousands of seniors, and to include numerous consumer protections.

And, even with these improvements, Mr. Speaker, the package before us today is not perfect. But I am reminded that, when our predecessors cast their votes in favor of Social Security in 1935, they passed an imperfect bill. And when they passed Medicare and Medicaid in 1965, they passed an imperfect bill. And in the years since those crucially important programs were signed into law, Members of Congress who have come after them have made—and will continue to make—vast improvements to those programs.

Despite my concerns with the bill, our votes today mean something. Our votes today mean that 32 million more Americans will have access to health care coverage. Our votes mean that 45,000 Americans won’t lose their lives each year because they are too poor to have health insurance or because their illnesses are too expensive. Our votes mean that the Medicare program will continue to provide important benefits to our seniors. And our votes mean that we take a giant leap forward in our quest to ensure that all Americans have access to health care that they can afford.

Mr. Speaker, I have spent much of my adult life fighting for universal health coverage. Today’s vote doesn’t end that fight. But we simply can’t lose sight of how historic this moment is. That’s why I am proud to cast my vote in favor of the Health Care and Education Affordability Reconciliation Act, a bill that will have a better opportunity to have access to quality health insurance. The contemporary writer and commentator, Dennis Prager, has said that the bigger the government grows, the smaller the individual becomes.

Now, Mr. Speaker, it seems to me absolutely essential that we look at what it is that is before us. It is a $1.2 trillion bill that has $569.2 billion in job-killing tax increases. It has provisions that will hire 18,000–18,000–new Internal Revenue Service agents to police every one of the 300 million Americans—every one of the 300 million Americans—to ensure that they comply with the new mandate that is imposed by this measure. No. Mr. Speaker, we have, as has been said, a plan that will have taxes and regulations for 4 years, and maybe—maybe—some benefits in the last 5 years of the decade. We believe that we can work in a bipartisan way to do a number of things that will improve our economy—improve our economy—reduce the cost of health insurance to ensure that every single American will have a better opportunity to have access to quality health insurance. We believe very fervently—and Mr. Cassiday, who spoke yesterday, that what is essential for us to recognize that every single Member of this institution does, in fact, want to ensure that every American has access to quality, affordable health insurance. The contemporary writer and commentator, Dennis Prager, has said that the bigger the government grows, the smaller the individual becomes.

Now, Mr. Speaker, it seems to me absolutely essential that we look at what it is that is before us. It is a $1.2 trillion bill that has $569.2 billion in job-killing tax increases. It has provisions that will hire 18,000–18,000–new Internal Revenue Service agents to police every one of the 300 million Americans—every one of the 300 million Americans—to ensure that they comply with the new mandate that is imposed by this measure. No. Mr. Speaker, we have, as has been said, a plan that will have taxes and regulations for 4 years, and maybe—maybe—some benefits in the last 5 years of the decade. We believe that we can work in a bipartisan way to do a number of things that will improve our economy—improve our economy—reduce the cost of health insurance to ensure that every single American will have a better opportunity to have access to quality health insurance.
know very well that pooling to deal with preexisting conditions is something that will play a role to ensure that those with preexisting conditions have their needs met.

We know that we can drive costs down if we expand—expand—an associated health plan so that small businesses can come together and bring their rates down. And we know—we know, Mr. Speaker—that if we allow for the purchase of health insurance across State lines, we will create greater competition and, immediately our constituents will have access to quality, affordable health insurance.

And, Mr. Speaker, we know, item number five, something we’ve sent to the other body but the Democrats blocked, and that is something the President also said he supported when he addressed the joint session of Congress, meaningful lawsuit abuse reform so that medical doctors do not have to engage in defensive medicine.

Mr. Speaker, these are five commonsense proposals that we could address in a bipartisan way, I would hope, that will immediately—immediately—bring the cost of health insurance down and not just in defensive medicine to wait 4 years before they may have a benefit.

Mr. Speaker, I urge my colleagues to vote “no” on the previous question and “no” on this rule and, if we get beyond it, vote “no” on the bill itself. I yield back the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, the question couldn’t be more clear. You either believe in insurance reform, which will give a decent chance for health care for every American, or you simply believe in insurance companies. I urge a “yes” vote on the previous question and on the rule.

Mr. HOLT. Mr. Speaker, I rise today to support the rule and the health reform package we are debating today.

And in opposition to a previous time we voted on a Sunday: March 20, 2005, when our colleagues on the other side of the aisle forced an extraordinary vote to intervene in the case of Terri Schiavo.

Now, that is what a real government takeover of medicine looks like. That midnight vote was a grotesque legislative travesty. For 215 years it had been a solid principle of this country that Congress not get involved in life-and-death issues like the tragic case of Ms. Schiavo. Yet, on that Sunday, Congress broke with tradition and inserted its own judgment. On that Sunday, our colleagues on the other side of the aisle sent the message that it knew better than families, doctors, and hospital chaplains.

The health reform package we debate today is not a government takeover; it is legislation that helps real people with real problems. It gives them more choice, more control, and more access to health care. One person this will help is a woman from Pennington, New Jersey. She called me yesterday to let me know her career was over, that she would lose her job because of state budget cuts in New Jersey, which would mean that she would lose her health coverage as well. She told me her worries about finding affordable coverage while she looks for a new job and tries to keep food on her table. To complicate her situation, she has a pre-existing condition. This means that even if she could afford health care, it is possible she could be denied due to her pre-existent condition.

I will vote for health reform to help middle-class Americans like her, who play by the rules and still find health coverage unreliable or totally out of reach.

I urge my colleagues to vote in favor of this health reform package to give families and small businesses more control over their own health care.

Mr. HONDA. Mr. Speaker, today I rise in support of health care reform. The other side of the aisle would have us believe that we need to wait longer to see health reform a reality. They don’t want to make the sweeping changes that the American people know we need to make.

I cannot, we cannot, stand by and let this historic opportunity pass us by; the people of my district deserve more and better from this Congress.

I say yes to tax credits and other assistance to 86,000 families and 14,900 small businesses in my district. I say yes to coverage for 22,500 uninsured residents. I say yes to protecting 800 families from bankruptcy due to unaffordable health care costs.

I say yes to reform.

All the other side is saying is no—to reining in health costs, controlling insurance companies who have proven over and over that they are willing to put profit over people’s lives, to ending the confounding morass of paperwork and lack of transparency that drives doctors, patients, and hospitals to distraction and negatively impacts the quality of patient care.

The opponents had their time—health reform was defeated in 1994 and they had a decade to change the system. People are still dying because they can’t afford care. Doctors are still dealing with ever more complicated paperwork rather than healing people. Our public hospitals are reeling, and the number of uninsured continues to grow.

We needed to act this weekend to step forward into the 21st century, make the hard choices, take the tough vote, and act in the best interests of the American people. I am proud to vote in favor of health care reform.

The material previously referred to by Mr. DREIER is as follows:

Amendment 70 to H. Res. 1183 Offered by Mr. DREIER OF CALIFORNIA

At the end of the resolution, add the following new section:

Sec. 6. With respect to any demand for a record vote on the motion to adopt H.R. 3500 or on final passage of H.R. 4872, the Speaker shall use her authority under clause 3 of rule XX to direct the Clerk to call the roll.

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress.)

The Vote on the Previous Question: What It Really Means

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon’s Precedents of the House of Representatives, (VI, 308–311), describes the vote on the previous question on the rule as “a motion to direct or control the consideration of the House being made by the Member in charge.” To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon’s ruling of January 13, 1920, to the effect that “the refusal of the House to sustain the demand for the previous question passes the consideration of the resolution” in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question. The opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: “The previous question having been refused, the gentleman from New York, Mr. Fitzerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.”

Because the vote today may look bad for the Democratic majority they will say “the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the (and [and] has no substantive legislative or policy implications whatsoever.” But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here’s how the Rules Committee described the rule using information from Congressional Quarterly’s “American Congressional Dictionary”: “If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business.”

Deschler’s Procedure in the U.S. House of Representatives, the subchapter titled “Amending Special Rules” states: “a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.” (Chapter 21, section 212) Section 21.3 continues: “Upon rejection of the motion for the previous question the Committee on Rules shall call the roll. The Speaker shall offer a rule resolution. The House defeated the previous question and a member of the leading opposition presented an alternative plan.

Mr. Speaker, today I rise in support of health care reform. The other side is saying is no—to reining in health costs, controlling insurance companies who have proven over and over that they are willing to put profit over people’s lives, to ending the confounding morass of paperwork and lack of transparency that drives doctors, patients, and hospitals to distraction and negatively impacts the quality of patient care.

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Ms. SLAUGHTER. Mr. Speaker, today I rise in support of health care reform. The other side is saying is no—to reining in health costs, controlling insurance companies who have proven over and over that they are willing to put profit over people’s lives, to ending the confounding morass of paperwork and lack of transparency that drives doctors, patients, and hospitals to distraction and negatively impacts the quality of patient care.

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ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Motion to suspend the rules on H. Res. 900;

Ordering the previous question on H. Res. 1203;

Adopting H. Res. 1203, if ordered; and

Motion to suspend the rules on H. Res. 925.

The first and third electronic votes will be conducted as 15-minute votes. Remaining electronic votes will be conducted as 5-minute votes.

COLD WAR VETERANS RECOGNITION DAY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 900, 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 Guam (Ms. Bordallo) that the House suspend the rules and agree to the resolution, H. Res. 900, as amended, on which the yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 429, nays 0, not voting 1, as follows:

[Roll No. 161]

YEAS—429

[Names of representatives]

NAYS—0

[Names of representatives]

Not Voting—1

[Names of representatives]

Res. 900, as amended.

BORDALLO) that the House suspend the question is on the motion offered by

on which the yeas and nays were ordered.

Remaining electronic votes will be conducted as 15-minute votes.

The vote was taken by electronic device, and there were—yeas 228, nays 0, not voting 0, as follows:

[Roll No. 162]

AYES—228

[Names of representatives]

NAYS—0

[Names of representatives]

Not Voting—0

[Names of representatives]