CONGRESSIONAL RECORD — HOUSE

March 21, 2010

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. BOEHNER), or their designees, each of whom may be designated by the Majority Leader.

Two minutes remain in the vote.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. EDWARDS of Maryland) (Mr. HOYER) and the gentleman from Ohio (Mr. BOEHNER), or their designees, each of whom may be designated by the Majority Leader.

GENERAL LEAVE

Mr. WAXMAN. I would like to ask unanimous consent that all Members have 5 days in which to revise and extend the remarks and insert extraneous material in the Record.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California? There was no objection.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the majority leader of the House of Representatives, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank my friend for yielding.

Today is March 21, 2010. On March 21, 1965, Martin Luther King, Jr., led a march across the Edmund Pettus Bridge. It was a march across that bridge for the vote in this democracy.
It was a march towards a greater freedom for many Americans. It was a march for a better quality of life for many Americans. Indeed, it was a march across the Edmund Pettus Bridge for freedom and a better realization of the promise of our democracy.

Today, 2010, we cross another bridge. It is not a physical bridge, but it is a bridge that too many Americans find that they cannot cross; a river that separates them from the security of having available the best health care available in the world available to them.

We are here to conclude a day of debate, which concludes months of debate, in a national conversation that began more than a century ago.

But this much is beyond debate. American health care is on an unsustainable course. By the end of this decade, another family will have fallen into bankruptcy because someone had the bad fortune simply to be sick. More families will have joined them in paying more and more for less and less health coverage. More businesses will have joined them by cutting their workers' care and their workers will have lost.

We have before us a bill to change an unsustainable course. That is our choice this evening. It is a historic choice that all of us have been invited to put in the position to make. It is a choice that we will be honored to make this evening. We stood in this Chamber tonight with JOHN DINGELL, JOHN DINGELL, who stood at that rostrum with the gavel that the Speaker will use tonight to gavel through Medicare, that ensured that millions and millions and millions of seniors would not be crushed by poverty and put into bankruptcy by the cost of health care.

Indeed, they will have been given the opportunity for a longer, better quality of life in America when JOHN DINGELL brought that gavel down on that desk and noted the passage of Medicare in 1965.

For more than 3,000 district events, more than 100 hearings, and almost 2 years of public debate, health insurance reform has stood up to the scrutiny, to criticism, indeed, to falsehoods. But this purpose is older than that, as borne, that the task of bringing affordable health care to every American was on our Nation's agenda, waiting for this day. At the beginning of this decade in 2002, George W. Bush said, "All Americans should be able to choose a health care plan that meets their needs at affordable prices.

George Bush was right.

In 1976, Gerald Ford spoke of "our effort to upgrade and perpetuate our total health care system so no individual in this country will lack help whenever or wherever he needs it.

Gerald Ford was right.

And Richard Nixon said this, "Let us act now." That was in 1974, when there were far fewer Americans who did not have health insurance and where health care was less costly. Richard Nixon was right in 1974 on this issue. Let us in 2010, in a bipartisan way, perhaps not a bipartisan vote, but recognizing that this has been a bipartisan issue for those Republican Presidents and Democratic Presidents whom I have not quoted but whom, as all of you know, were equally committed to that vision and that objective, affordable health care for all, for all workers covered by both parties' nominees in the last campaign, Senator Obama and Senator McCaIN.

But what a campaign of fear this bill has faced this last year. Its critics call it, without justification, and we will hear it tonight, a "government takeover." That's not true, but if you believe it's true, perhaps you think we ought to repeal veterans health care, which is clearly government-run health care. Perhaps we ought to repeal Medicare, government participated but private sector providers. Perhaps you believe Medicare should be repealed. I don't think you do; I hope you don't.

It is more control, however, for whom? For insurance companies. It is the end of discrimination against Americans with preexisting conditions, and the end of medical bankruptcy and caps on benefits. It is coverage you can rely on objectively, choice, for those who face the hard decision of which Medicare, government participated but private sector providers. Perhaps you believe Medicare should be repealed. I don't think you do; I hope you don't.

It is a free, competitive, transparent marketplace where individuals and small businesses can pool together to buy private insurance at low rates. It is lower cost for the middle class and America saves an additional $600 billion in the decade ahead. Indeed, it's the deepest definite reduction since the Clinton budget of 1993, and, indeed, in other Congresses as well. Indeed, it's the deepest definite reduction since the Clinton budget of the 1990s that ushered in a budget surplus and historic prosperity.

According to the nonpartisan CBO, this bill is $143 billion in savings in the first decade and more than $1 trillion over 10 years, saving $1 trillion in the second decade. We can add to those deficit savings real cost controls that bring down the price of the world's most expensive health care. Take those into account, says leading health care economist David Cutler, and America saves an additional $600 billion in the first 10 years and even more in the second 10 years.

Yet there are some who hope for the bill's defeat. They would see that, I think, as the defeat of one party. One Senator made that observation and said the other Members of President's Waterloo. If this bill fails, the Waterloo will be that of the people who are without health care insurance, the people who are struggling to make sure that their children are healthy and well and safe. But it would be a defeat for them and for our country, for a healthy America is a stronger America.

They saw the same thing in 1993, my Republican colleagues, when to a person they said the battle, in a national conversation that did the same thing. My Republican friends voted against a single exception against the 1993 economic reform plan of the Clinton administration.

Congressman Boehner asked, "Who does this spending stimulate except maybe the liberal faculty at Harvard or Berkeley?"

Congressman Kasich said, "If it was to work, then I'd have to become a Democrat.

It did work, and he didn't change. It was a partisan vote, Mr. Speaker, a partisan vote that helped create 22.7 million new jobs, contrary to what so many of my Republican friends said that the bill would do, a budget surplus of $5.6 trillion, contrary to the assertion of Mr. Armey that it would create deep debt.

That bill passed through a gauntlet of slurs, hyperbole, and untruths, and so did the Medicare, which Republicans called "raze socialism," and so did Social Security, which a Republican Congressman called the "lash of the dictator."

I don't know whether there are any Republicans in this body tonight that believe that Social Security is the lash of the dictator. I hope not.

Those slurs were false in 1935, they were false in 1965, and, ladies and gentlemen of this House, they are false in 2010. Ladies and gentlemen of this House, this bill, this bill will stand in the same company, for the misguided outrage of its opposition and for its lasting accomplishment of the American people.

Closing, Mr. Speaker, I want to honor some of the "little punk staffers" who gave so much to help bring this bill to the floor. I say to my friends on the other side of the aisle who did so much to bring your prescription drug bill to the floor, they need to be honored. They need to be thanked. They need to be respected for the work they do for this House, for each of us but, more importantly, for America.


I also want to honor Mr. Speaker, the tireless staff of the House Committees on Ways and Means, Energy and Commerce, Education and Labor, Rules, and the Budget, as well as the staff of the CBO, Doug Elmendorf, Holly Harvey, Phil Ellis, Kate Massey, Pete Fontaine and the whole CBO health care team, along with Tom Barthold, and everyone of the staff on the Joint Committee on Taxation, who contributed to their estimates.
Finally, two remarkable staffers in my office have made health reform the cause of their lives and just about every one of their waking hours for the past year, Liz Murray and Ed Lorenzen. Thank you very much.

Mr. Speaker, one of my staffers, my deputy chief of staff, has a 4-year-old daughter. She is a beautiful young girl, she is a smart young girl. Her name is Colette. A few days ago a neighbor asked Colette where her mom was, and I am told that she answered, She’s at work, making sure everyone can go see the doctor. Thanks, Mom. Thanks to all the moms throughout America who, when we pass this bill, will have a greater sense of security for their kids, for their families, for themselves.

I know this bill is complicated, but it’s also very simple. Illness and infirmity are universal, and we are stronger against them together than we are alone. Our bodies may fail us; our neighbors don’t have to. In that shared strength is our Nation’s strength, and in this bill is a prosperous and more just future.

Unfortunately, much of this debate has been divisive, much of it has been irrelevant. We have seen angry people at the doorstep of the Capitol. Every President in this last century has said this is necessary for a great Nation to do.

My colleagues, how proud we must all be that our neighbors have elected us to come here in this, the people’s House, to do this good work this night.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from North Carolina for a unanimous consent request.

Mr. ROGERS of Alabama. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Alabama for a unanimous consent request.

Mr. ROGERS of Alabama asked and was given permission to revise and extend his remarks.

Mr. ROGERS of Alabama. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from North Carolina for a unanimous consent request.

Mr. COBLE asked and was given permission to revise and extend his remarks.

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

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Georgia, the ranking member of the Health Subcommittee, Mr. DEAL, for 1 minute.

Mr. DEAL of Georgia. I thank the gentleman for yielding.

Madam Speaker, it has been said that the problem with socialism is that you eventually run out of other people’s money. Despite billions of dollars in new taxes, despite billions of dollars in cuts to Medicare, and despite deceptive accounting practices to hide the true cost of this bill, it appears that we have run out of that money is here in Washington, because we are seeking to impose unprecedented and unconstitutional mandates on our States.

Tonight, as I cast what might be the last votes of my congressional career, I am pleased to say that as I pursue my full-time activity to become the governor of the great State of Georgia, that I will cast my vote in opposition to this bill.

If this bill becomes law and I am successful in my undertakings, I will devote my efforts to making sure that the people of my State are not subject to the unconstitutional individual mandate and that my State is not subject to the unconstitutional individual mandate to expand our Medicaid rolls.

I know that I am not alone. Yesterday, 38 States indicated that they would join in suing to challenge the constitutionality of this statute.

I urge my colleagues to join me on a ‘no’ vote.

Mr. WAXMAN. Madam Speaker, I yield myself 2 minutes.

Today is a historic moment. We will take decisive votes to provide quality affordable health care for all Americans. This is a goal that Presidents of both parties have sought for 100 years. We must act. The status quo is unsustainable.

This bill provides all Americans the security of knowing they will always be able to afford health care for themselves and their families.

The bedrock foundation of the legislation is that it builds on what works today, and reforms what doesn’t.

If you like your doctor and your current plan, you keep them.

We strengthen Medicare.

Seniors who hit the donut hole will get some immediate help: a $250 rebate this year, and a 50 percent discount on their brand-name drugs next year.

And the donut hole will be completely eliminated within a decade.

We provide coverage to 32 million uninsured Americans—not just those without insurance today but many who would otherwise be expected to lose their coverage in the coming years.

We eliminate waste, fraud, and abuse and reduce the deficit by over a trillion dollars.

And we eliminate the special deal for Nebraska, providing all states equitable treatment under Medicaid.

The American people will see immediate benefits on enactment. Starting this year: Your children can stay on your policy through age 26.

Preventive care under Medicare is free. And children with pre-existing conditions cannot be denied coverage.

Today we vote to make a profound difference for the better for the American people. Under the leadership of the President and our Speaker, we are poised to provide access to quality health insurance for all Americans.

Today is a historic moment.

I, on behalf of myself and Chairman LEVIN, express our intent regarding this section. Section 3301 of this legislation provides for 50 percent discounts for brand name drugs in the Part D donut hole. It requires that manufacturers enter into an agreement to provide such discounts as a condition of participation in the Part D program.

This section adds to the Social Security Act new Section 1860D–43(c)(1), which provides a
limited exemption from the requirement to provide a discount if the Secretary makes a determination that the availability of the drug is essential to the health of beneficiaries under this part. This intent of this exemption, if it is used at all, is that it be used only in extraordinary circumstances, and that it be of limited duration. For example, if a new drug manufacturer without an agreement already in place receives a new drug application approval after the period in which annual agreements are supposed to be signed by the Secretary, the Secretary could decide that the drug is essential to beneficiaries’ health and provide a short-term exemption until an agreement with the manufacturer is in place. Any exemptions provided under this section are intended to be temporary in nature.

Moreover, nothing in this section requires the Secretary to make a finding that a given drug is essential to beneficiaries’ health, or provides a right of action for any individual or organization to force the Secretary to make such a finding.

This provision also contains civil monetary penalties for manufacturers that fail to provide applicable beneficiary discounts. The civil monetary penalties specified in this provision are not the sole penalties that can be applied to manufacturers that violate requirements of this section or other provisions of law. For example, relevant CMPs that apply to Medicare fraud or misleading statements and False Claims Act penalties can also be applied to manufacturers that fail to provide required discounts.

Another provision of this section states that the Secretary “shall not receive or distribute any funds of a manufacturer under this program”. This provision refers only to manufacturer funds, not to other funds or information. Section 1860D–43 contains no restriction on the ability of the Secretary, CMS, or the Inspector General to obtain (from any manufacturer, PDP or MA–PD plan, or other entity) any data or information necessary for the purposes of program compliance and integrity or audit purposes, or otherwise necessary to identify and eliminate waste, fraud, or abuse under this section.

I wish to clarify certain aspects of legislative intent regarding the Independent Payment Advisory Board (IPAB), which is a new executive branch body created in the Senate passed health reform bill and charged with constraining Medicare spending. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 3403 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payment rates

The legislation we will pass today contains nursing home reforms that will make it easier to identify owners responsible for inadequate care, improve enforcement, and improve nursing home quality nationwide. These improvements represent a significant step forward. Nearly identical provisions were included in health care reform legislation that passed in the Senate, and in Health, and Medicare Committee, and in HR 3200 as passed by the Senate.

I reserve the balance of my time. Mr. BARTON of Texas, Madam Speaker, I yield to the gentleman from Michigan (Mr. UPTON) for 1 minute.

Whatever happened to tort reform? Not here. The lawyers are going to continue to get richer suing doctors and hospitals, and older Americans will see their benefits evaporate. Where are our priorities?

Yesterday I introduced an amendment that would delay the bill until we can guarantee Medicare’s solvency for at least the next 30 years, but it was denied. I guess they would rather spend money that we don’t have rather than uphold our commitment to seniors. Debt continues to soar beyond belief. Today, every man and woman will spend $46,000 on the debt. Let’s do better. We can.

Mr. WAXMAN. Madam Speaker, I am proud at this time to yield 2 minutes to the gentleman from Michigan (Mr. DINGELL), the distinguished dean of the House, who has championed the cause of health care in all of the time he has been in the Congress. And before that, his father called upon the Congress to adopt this legislation as well.

Mr. DINGELL asked and was given permission to revise and extend his remarks.

Mr. DINGELL. Madam Speaker, I thank my colleague, Mr. WAXMAN, for his leadership and for his gracious comments. And I want to thank and praise our Speaker, our majority leader, and the leader in the Senate for the great leadership that they have given us in this great undertaking.

Today is a day that is going to rank with the day we passed the civil rights...
bill in 1964. Today we are doing something that ranks with what we did on Social Security or Medicare. This is the day on which we can all be proud if we vote for that legislation.

Facts are an intransigent hard thing. And yet we look at this from the standpoint of what it is and what it does.

Thirty-two more million Americans are going to have health care. They don’t now. America, which has health care of the best character in the world, does not make it available to 32 million people because they can’t afford it. And Americans every day are losing their health care. Eighteen thousand Americans every year die for want of health care, and 44,000 Americans also go bankrupt because of it.

What does this bill do? It gives Americans the same health care that we here in the Congress have. It preserves their choice, and it sees that if those Americans want to change, they can do so.

It also fixes the insurance company.

And the reason that the insurance companies are so up in arms about it, and they are the ones that are opposing this bill, is because it is going to take care of their patients and because it is going to take care of their customers.

What is it going to do? No more pre-existing conditions. And, they can’t cancel your policy while you are on the gurney riding into the operating room because you are sick.

I want to commend my colleagues for this.

Madam Speaker, I have much humility, joy, and pride in supporting H.R. 3590 and H.R. 4872.

Madam Speaker, all the arguments, for and against, have been made. There have been endless hours of debate in committees, on the floor of this House, and in meetings throughout the country.

We have heard innumerable stories that inspire us to act, and unfortunately stories that have caused us to question whether the civility of our discourse has reached irreversible lows.

As the historic vote draws near, I urge my colleagues to act on behalf of the American people.

Let us do this day stand boldly to do what is right for the health and well-being of our constituents, what is essential for the viability of American business, and what is necessary for our government.

Let us resolve to do what generations before us determined needed to be done to address one of the greatest needs in the history of our people.

When we do this, history will smile upon us. And generations to come will say on this day, when we do this day, the same.

And generations to come will say on this day, when we do this day, the same.

Mr. BARTON of Texas. Madam Speaker, I yield for a unanimous consent request to a member of the committee from the Keystone State of Pennsylvania, Dr. MURPHY.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield for 1 minute to the gentleman from Florida (Mr. STEARNS).

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

Mr. STEARNS. Madam Speaker, this incredibly expensive $1 trillion health care bill will hurt many individuals that currently have insurance. The bill will hurt veterans because it does not accept TRICARE as a qualified medical plan. It will hurt seniors by cutting Medicare advantage to fund these new government programs. Mr. STUPAK, no lawyer, will argue that an Executive order is law. So the Senate bill starts us on a path of government-sanctioned abortion-on-demand paid for by taxpayers. The U.S. has a $1.5 trillion deficit, and now we are adding $1.2 trillion over 10 years.

The President pledged no family making under $250,000 would face tax increases, yet there are 12 new tax increases violating that pledge, and 46 percent of families making less than $60,000 will be forced to pay the individual mandate.

The bill will expand the IRS by 17,000 auditors to enforce these new taxes. It will hurt businesses, create health care rationing, and move the United States of America to further fiscal instability.

Mr. WAXMAN. Madam Speaker, I am pleased to yield at this time to the chairman of the Health Subcommittee, who has played such an instrumental role in the legislation, the gentleman from New Jersey (Mr. PALLONE) for 1 minute.

Mr. PALLONE. Madam Speaker, I am amazed when I hear my colleagues on the other side of the aisle. They seem amazed when I hear my colleagues on the other side of the aisle. They seem amazed when I hear my colleagues on the other side of the aisle. They seem amazed when I hear my colleagues on the other side of the aisle. They seem amazed when I hear my colleagues on the other side of the aisle.

Now, Democrats today have proposed a bill that will lower health care costs, give almost all Americans quality health care, and put an end to insurance company abuses.

When we pass this bill, 32 million more Americans are going to be able to go to see a doctor on a regular basis. America’s seniors are going to be able to get more help to afford their prescription drugs, which will keep them healthy and out of the hospital.

The bottom line is that Americans will be healthier. Fewer people will get seriously ill and incur outrageous medical bills for hospital and nursing home care. And, healthier people save the government and the health care system significant money even beyond the CBO projections.

Madam Speaker, passage of this bill will lead to a healthier and a stronger America, and I urge my colleagues to vote yes.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from the bluegrass State of Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Yesterday I read an article by Speaker Pelosi in which she said the health care bill they proposed would strengthen Medicare, reduce deficits, and bring the predatory practices of health insurance companies under control.

How can you strengthen Medicare when you take $500 billion out of it, out of nursing homes, out of hospitals, and out of Medicare advantage?

How do you claim you reduce the deficit by $136 billion when you include the taxes for 10 years and the expenditures for only 6 years?

And how do you say you are going to control the insurance companies, and act like you are throwing them in the briar patch, when in fact they support the bill? They are the ones that are opposing the bill. They are the ones that are opposing the bill.

Health reform may be necessary, but this is definitely not the right bill.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentleman from Massachusetts (Mr. MARKEY), a very important member of our committee.

Mr. MARKEY of Massachusetts. On health care, the Democratic party is the “party of hope” and the Republicans are the “party of nope.”

The Democratic health care bill lowers prescription drug costs for seniors, expands coverage for 32 million more Americans, reduces the deficit by $136 billion over the next 10 years, and gives middle class families tax credits to help pay for health coverage.

What do the Republicans say to this plan? They say “nope.” Nope to lowering prescription drug prices, nope to expanding coverage, nope to health insurance tax breaks.

GOP used to stand for Grand Old Party. Now, it stands for grandstand, oppose, and postpone. They grandstand with phony claims about nonexistent government takeovers, they oppose any real reform, and then they want to postpone fixing a broken health care system. GOP: Grandstand, oppose, and postpone.

Today we have a choice between change and more of the same, between “hope” and “nope.” Ted Kennedy is looking down and smiling today. Vote “aye” for JOHN DINGELL, for Ted Kennedy, and for all of those Americans that need health care in our country.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Member from Massachusetts should heed the gavel.
Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. SHADEGG).

Mr. SHADEGG asked and was given permission to revise and extend his remarks.

Mr. SHADEGG. Madam Speaker, never before in the history of our Nation has there been such a massive change in policy been made on a purely partisan basis and in the face of such overwhelming opposition. Tragically, this bill will destroy our nation and the sick and the ill and those with preexisting conditions can get their health care paid for.

We owe the American people much better than this. We owe them real health care reform. We owe them the kind of reforms that will bring down their premiums. We owe them across-State-line purchases. We owe them health care pooling so that the sick and the ill and those with preexisting conditions can get their health care paid for.

We owe America better than this.

Mr. WAXMAN. Madam Speaker, I am honored at this time to yield 1 minute to a senior member of our committee, the gentlelady from California (Ms. ESHOO).

Ms. ESHOO. Madam Speaker, I feel so privileged to be part of a Congress that is on the threshold of making history. Since Teddy Roosevelt and all Presidents forward, we have struggled in our country to provide something for the people that has eluded them. As the Catholic sisters said as they urged us to vote for this legislation, they called it "life affirming."

I think the step that we take this evening will perfect the union in our country. Why? Because the human body holds the soul. And when we help to cure, when we help to heal, when we recognize the dignity of every single American, that they have first-class citizenship and that they should indeed have health care coverage.

This is a landmark piece of legislation. I feel privileged that my constituents have sent me here to cast a vote for it, and I urge everyone to do so.

Mr. Speaker, I rise in support of the landmark comprehensive health care reform that is before us.

For the first time in history, Congress will pass legislation to finally insure all Americans. This legislation will reduce the deficit by $3 trillion over 10 years and $1.2 trillion over 20; eliminate discriminatory insurance practices, and open the insurance market to millions of Americans who have been priced out.

More than a century has passed since Teddy Roosevelt first called for health care reform. Nineteen presidents later, we stand on the threshold of history as we prepare to vote on this historic legislation. The American people have been waiting for this. The American people deserve this, and the status quo is no longer acceptable to the American people and for our country! We must pass H.R. 4872.

With the passage of H.R. 4872, The Patient Protection and Affordable Care Act, we begin to guarantee that health care will be a right to all and not a privilege for a few.

We have all wished for the perfect bill many of us envisioned when we started on this path. This is not it, but without question this bill will vastly improve the dysfunctional system we now struggle to be well in, and lay the foundation for the further work needed to achieve those things that are still needed but could not be included today.

I want to especially thank all of our Democratic leaders for ensuring that the people of the Territories were not left out and my Democratic colleagues—especially the Congressional Black Caucus and our TriCaucus partners for their support and encouragement.

They are all—including Senator Leader Reid—to be thanked and applauded for answering our call for prevention, nondiscrimination, equity and diversity in the bill’s provisions and for going beyond insurance reforms to include measures specifically to eliminate health disparities for African Americans, all people of color, the poor, those living in rural areas and the Territories and our LGBT community.

This is not only a historic day for our country, it is a great day.

Today we begin to end the "shocking and inhumane" injustice in healthcare that the Rev. Dr. Martin Luther King, Jr. spoke of. Today we continue the march to the full greatness that is our Nation’s destiny!

I am proud to have been given the opportunity by the people of the Virgin Islands and our House leadership to be a part of this process, and though I am not able to cast a vote on this landmark legislation I support it fully, proudly and unreservedly.

When the vote is called, let’s do it! The victory has already been claimed for us and for the people of the United States—all of us.

To God be the glory!

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentleman who’s played a very influential role in this legislation, the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. I wish to engage the chairman in a colloquy, if I may.

Throughout the debate in the House, Members on both sides of the abortion issue have maintained that current law should apply. Current law with respect to abortion services includes the Hyde
amendment. The Hyde amendment and other similar statutes to it have been the law of the land on Federal funding of abortion since 1977 and apply to all other health care programs—including SCHIP, Medicare, Medicaid, Indian Health Service, Public Health Service, military health care programs, and the Federal Employees Health Benefits Program.

The intent behind both this legislation and the Executive order the President signed is to ensure that, as is provided for in the Hyde amendment, that health care reform will maintain a ban on the use of Federal funds for abortion services except in the instances of rape, incest, and endangerment of the life of the mother.

Mr. WAXMAN. If the gentleman will yield to me, that is correct. I agree with the gentleman from Michigan that the intent behind both the legislation and the Executive order is to maintain a ban on Federal funds being used for abortion services, as is provided in the Hyde amendment.

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

Mr. WAXMAN. I yield the gentleman 30 additional seconds.

Mr. STUPAK. I thank the chairman. I’m seeking the chairman’s commitment that our conversations on this issue, the abortion issue, will continue.

Mr. WAXMAN. I know that this is an issue of great concern to the gentleman from Michigan and many other members of the Energy and Commerce Committee. You have my commitment to work with you and other Members in the future.

PARLIAMENTARY INQUIRY

Mr. BARTON of Texas. Madam Speaker, I have a parliamentary inquiry.

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

Mr. BARTON of Texas. It has been agreed to, I am told, by the Parliamentarian and others, that if I yield to Mr. SENSENBRENNER 2 minutes right now, it will come out of Leader Boehner’s time.

The SPEAKER pro tempore. The Chair has been so advised of the minority leader’s designation of that time.

Mr. BARTON of Texas. I yield 2 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER).

Mr. SENSENBRENNER. I have listened to this colloquy and, frankly, it doesn’t state the law. The proposed Executive order does not state the law. The proposed Executive order does not state the law. The proposed Executive order has a copy of a statute that specifically states that nobody can force the Executive order in any court. So the Executive order is merely a piece of paper that certainly will not have any effect of law.

Earlier today, the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) was quoted on Fox News saying, Well, it can’t be changed by Executive order because an Executive order can’t change the law. She was right on in that respect. An Executive order can’t change the law.

But even on a policy question, President Obama, at a campaign rally when he was running for election, criticized the Bush administration’s excessive use of Executive orders. Congress’ job is to pass legislation. The President can veto it or sign it. Executive orders are not part of his power. The President is not supposed to be uncontrollable and cannot be trusted with doing something this significant through Executive orders, relating to trying terrorists in military commissions.

Now, finally, it is basic law, as restated by the Supreme Court as late as 2006 in the case of Hamdan v. Rumsfeld, that an Executive order cannot trump or change existing law. The Executive order that is being talked about now is a piece of paper. It will have no force and effect in terms of preventing the exchanges that are established under the Senate bill that we will be voting on in a few hours, then the only thing that one can do is vote against that Senate bill to preserve the funding that is currently provided in the Hyde amendment to programs that are created under the Senate bill.

I’m sorry, but the gentleman from Michigan and the gentleman from California also have said, I’m not worried about protecting the Hyde amendment. The Hyde amendment is to pass comprehensive health care for the American people.

Mr. ENGEL. I thank the chairman for yielding to me.

Mr. WAXMAN. Madam Speaker, I’m proud to be a Member of Congress, but never as自豪 as I am tonight. Tonight we’re finally going to pass comprehensive health care for the American people.

My friends on the Republican side of the aisle keep saying the bill is flawed. The only flaw was what they controlled — the President of the United States, not once did they try to pass health care, not even incrementally, as they say we should do now.

No longer, when we get sick, will the insurance companies say, Sorry, we can’t cover you. No longer, if you lose your job or change your job, can you not keep your health insurance. You will be able to keep it. If you have a preexisting condition from your youth, you won’t be able to be denied it. If you’re 26 years old, you can stay on your parents’ policies. There’s no annual cap or lifetime cap. We help seniors by closing the doughnut hole in Medicaid. We save money, it’s a strong foundation.

Everybody wins with this bill, but especially the American people. I’m proud that we’re passing comprehensive health care. The current system is not sustainable financially, and what we’re doing means that everybody wins.

Mr. BARTON of Texas. Madam Speaker, I would yield 30 seconds to the gentleman from Oklahoma (Mr. SULLIVAN).

Mr. SULLIVAN. I would like to thank Congressman BARTON for yielding me time.

Higher premiums, higher taxes, and cutting Medicare is not health care reform. Republicans care about health care, but we don’t care for this bill. Unfortunately, the White House and congressional Democrats are still insisting on their massive 2.2 trillion bill that includes higher premiums, $500 billion in higher taxes, and $500 billion in cuts to senior Medicare.

My son, who’s here this week, Tommy Sullivan, even can consider that that’s not reform.

Mr. WAXMAN. Madam Speaker, I’m pleased to yield, at this time, 1 minute to someone who’s been a very active member of the Health Subcommittee and the vice chairman of the full committee that will give parents of young adults the ability to keep their kids on their policies while they start their careers; a foundation that will finally give adults with pre-existing conditions the ability to buy affordable insurance. And starting right away, insurance companies cannot exclude children, like my own young daughter, Francesca, who have chronic conditions such as diabetes or asthma from their plans.

Madam Speaker, this bill is just a foundation. We need to build on it, but it’s a strong foundation.

Mr. BARTON of Texas. I’d like to yield 1 minute to one of our best pro-life leaders in the House of Representatives, the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. This bill violates the conscience of the American people. It violates the American people. It violates the American people. It violates the American people. It violates the American people. It violates the American people.

Regardless of the colloquy, an Executive order is not a statute. It doesn’t trump a statute. The government will end up directly paying for abortions at community health centers. Taxpayer subsidies will, for the first time in decades, subsidize insurance coverage that
includes abortion. The bill and the accompanying Executive order turns over the protection of the unborn to the most pro-abortion President in our history.

This extreme legislation is being forced on unintended victims. It is the most pro-abortion bill and the largest expansion of abortion in our history. No Member who votes for it will ever be able to claim again that they have always stood on the side of the unborn. I'm sad to say this. This is a career-defining vote. There will be no living it down.

I urge my colleagues to vote "no" on this terrible bill.

Mr. WAXMAN. I yield 1 minute to my colleague from California (Mrs. CAPPS), who is a very active and influential member of the Health Subcommittee.

Mrs. CAPPS. I thank the chairman. Madam Speaker, we've been trying to reform health care in this country for decades, and I've been blessed to participate both as a health care provider and now as a Member of Congress. Passed bills are not only the right thing to do; it is truly a matter of life and death for the millions of Americans who today lack health insurance coverage, and it is critical for all who suffer from diseases that could have been cured or made less painful if people had earlier had access to screenings.

One thing, our bill will now guarantee no more copays for preventive screenings for diseases like cervical cancer or heart disease. As a public health nurse with decades of experience, I know this is one of the most important steps we can take to improve the health of American families, and I stress this point because it's one that's not brought up all that often.

I underscore the importance of universal access to preventive care because this measure will improve the lives of millions of families and save us all billions in avoidable health care costs. I know my constituents are going to appreciate these important provisions which will improve health care in the United States. It's one of the many reasons I urge my colleagues to vote "yes" on this bill.

Mr. BARTON of Texas. Can I inquire as to the time remaining on each side for the Energy and Commerce Committee's control.

The SPEAKER pro tempore. The gentleman from Texas controls 2½ minutes, and the gentleman from California controls 3 minutes.

Mr. BARTON of Texas. I yield 45 seconds to the gentleman from Nebraska, the Cornhusker State, Mr. TERRY.

Mr. TERRY. We all want all people to have access to affordable health care, but this trillion-dollar tragedy is just not affordable. The price tag is too high, but this bill does absolutely nothing to help reduce costs. It does take $500 billion from Medicare, resulting in cuts in service to seniors. It does raise taxes on many small businesses, including new mandates on businesses and actually increases premiums as much as 13 percent.

In committee. I introduced an amendment that gives seniors access to exactly the same care that we have as Members of Congress, but Mr. MARKLEY and almost all the Democrats voted against it. All Republicans voted for that. Last, the clear language of this bill allows abortion, and I encourage all Members this year to ask Madam Speaker, I rise today in opposition to this unprecedented legislation that will affect one-sixth of our economy, saddle our children and grandchildren with trillions of dollars of debt, and lead to a government takeover of America's health care system.

As a member of one of the House Committees with jurisdiction over health care, I have had a front row seat to watch a legislative process that has had one over-riding theme—no reform idea, bill, or amendment on health offered by a Republican or even a moderate Democrat was given any consideration. From the start this has been a process that is best described as, "our way or the highway."

This bill will result in rising health care costs and premiums. The Congressional Budget Office, CBO, reported in December that if the Senate bill was passed, average premiums per policy would rise by 10 to 13 percent in 2016, resulting in annual premiums of $5,500 for single policies and $13,100 for families.

According to the Congressional Budget Office, CBO, the health care bill carries a price tag of $940 billion over 10 years. Most revenue raisers come from new taxes on small business, individuals, and medical goods. Furthermore, the health care bill includes significant payment changes for Medicare Advantage and $500 billion in cuts to both Medicare and Medicaid. A number of arbitrary cuts are made to skilled nursing facilities, hospice, home health, Medicaid DSH payments, and popular Medicare Advantage plans. Specifically, the bill reduces Medicare Advantage payments by over the next 7 years, resulting in reduced access for millions of beneficiaries currently on Medicare Advantage plans. The "savings" Democrats purport are truly cuts to services that our seniors need. I don't think we can afford this plan and it will, in time, hurt both our economy and beneficiaries.

The scoring used by CBO and our Democrat colleagues can best be described as "new math." For example, a 10-year fix for Medicare reimbursement to physicians will cost $298 billion, yet that is not counted in the CBO score. But a separate deal has been struck with the doctors to do that later this year. So by my math, the real cost of health care reform is closer to $1.3 trillion, not $940 billion.

A recent New York Times article highlighted a growing trend of physicians dropping Medicaid patients because of low payments—and the Democrats' solution to our health care crisis is to expand Medicaid eligibility to an additional 16 million more individuals over the next 10 years? In a letter to the President following the Health Care Summit, President Obama acknowledged the need to increase Medicaid reimbursement to ensure future services and yet, those anticipated additional costs are nowhere to be found in either H.R. 3590 or H.R. 4872.

Another "new math" trick being used by the Democrats is to tell the American people that the Medicare Part D drug benefit "donut hole" will be closed. Yes, the "donut hole" is part of this legislation. However, the "savings" are not closed entirely until the year 2020 which is after the scoring period used by the CBO. Again, this "new math" is being used as a gimmick to make it appear that this bill will reduce the deficit. But it will not. This bill costs more than Democrats claim.

Mr. WAXMAN. I yield 1 minute to the gentleman from Pennsylvania (Mr. DOYLE), who has played a very significant role in bringing us all together and I think has a great deal of responsibility for getting this bill to the point where it is today.

Mr. DOYLE. Madam Speaker, my office got a call today from Mary Anne Ferguson, 91 years old from Point Breeze in Pittsburgh. She asked me to
vote for health reform because she wants everyone to get the coverage she has. She remembers before Medicare when half of our seniors worried about getting sick because they had no health insurance.

Today, millions of working Americans fear getting sick because they don’t have health coverage. One of those was Bill Koehler from Garfield in Pittsburgh. His sister Kitty says that Bill was a loving and generous man to his family and friends, and those in need. When he lost his job, he lost his coverage. His new job as a pizza delivery driver earned too much to qualify for Medicaid, and private insurance wasn't going to cover his preexisting heart condition—the very reason why he needed health insurance. He died last year from a heart attack while driving home.

So when I'm called to vote tonight, I will stand on the side of Mary Anne Ferguson and Bill Koehler and the tens of millions of Americans who need us to pass this bill. “Yes” to health reform. “Yes” to Bill Koehler.

Mr. BARTON of Texas. I would like to yield for a unanimous consent request to the gentleman from Kentucky.

(Mr. ROGERS of Kentucky asked and was given permission to revise and extend his remarks.)

Mr. ROGERS of Kentucky. Madam Speaker, I rise in opposition to this flawed bill.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentleman from Kentucky.

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Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentleman from Kentucky.

(Mr. ROGERS of Kentucky asked and was given permission to revise and extend his remarks.)

Mr. ROGERS of Kentucky. Madam Speaker, I rise in opposition to this flawed bill.
Above all else, what I heard from my constituents is that they have to tighten their belts in this difficult economy, and they want the federal government to do a far better job of living within its means. There is great wisdom in that observation, and I believe we have a moral obligation to not drown our children and our grandchildren in a sea of national debt.

Unlike the Medicare prescription drug bill that was passed in 2003 without being paid for, I support the principle that health care reform should be paid for. I hope the Congressional Budget Office is right when it says this bill will work, but, frankly, I am skeptical that anyone can predict with absolute certainty the cost of such a complex, far-reaching bill over a period of 10 to 20 years. That is why I had urged that this bill include a fiscally responsible trigger mechanism in it that would cut spending if actual costs exceed projections, if cost savings are not fully realized or if projected new revenues are overestimated. The President mentioned such a trigger in his address to Congress last year, and a trigger was included in some parts of the bill. However, I am disappointed that my common sense proposal for a trigger covering all of the bill’s costs and revenues was not included. Today, most Americans simply do not believe this bill will reduce the deficit and health care costs. I hope they are wrong, but I fear that they are right.

A less expensive bill, with a fiscally responsible trigger in it, would have also reduced the need for the additional taxes and Medicare reductions included in this bill. Once the new revenues and Medicare savings have been used to pay for the new spending in this bill, it will be that much harder to find ways to reduce the massive federal deficits our Nation is facing for the foreseeable future.

If unchecked I believe huge federal deficits will harm our economic growth and our children’s future. Increasing interest payments on our $12.7 trillion national debt will lead to higher taxes and crowd out vital education, health care, infrastructure, national defense and job training programs that are so important for hard-working families and our country.

Reforming excessive federal deficits will require tough choices, the same kind of choices families and businesses have to make every day. Given this year’s deficit will be approximately 1.3 trillion dollars, I simply believe we cannot afford all of the new spending in this bill.

If this bill becomes law, my hope is that Congress will protect its positive provisions but reduce its scope and costs to get our country back on track toward a balanced budget that can ensure economic opportunity for future generations.

The SPEAKER pro tempore. The gentleman has 55 seconds remaining.

Mr. WAXMAN. Madam Speaker, I yield the balance of my time to the gentlewoman from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. Madam Speaker, what this all boils down to is, Whose side are you on? Madam Speaker, I rise today on behalf of the 13,500 people in my district who will finally have access to health insurance because of this measure. I represent the 1,000 families in south central Wisconsin who will be protected from medical bankruptcy this year because of this effort. And I rise today because of the 539,000 constituents who will see their coverage improve because of the work we’ve done.

Madam Speaker, I rise with pride and hope in the promise of this health care reform bill. There is no doubt that powerful interests have strenuously opposed reform, and they’ve often resorted to tactics that could make no one proud. But nothing can sully the pride I feel today in taking this critical step to provide health coverage for all Americans. I’ve worked my entire career to achieve health care for all. Today we stand on the floor of the people’s House ready to pass the bill.

The SPEAKER pro tempore. The gentleman from Texas has 40 seconds remaining.

Mr. BARTON of Texas. I yield myself the balance of my time.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. Madam Speaker, this bill will not last. It is based on a fatal assumption that one party acting unilaterally can dictate the entire will of the American people on one-sixth of the economy. That will not work, and it relegates the abortion debate. It is fatally flawed in its assumptions in terms of balancing the budget and deficit reduction, and it will take away coverage from millions of people if it gets as far as 2014 and you kill the trigger in the option that puts all these mandates on employers.

Please vote “no.” Let’s get back, start over. Let’s start from scratch and do a bill that everybody can support. Vote “no” on this bill.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) is recognized for 15 minutes as a designee of the minority leader.

Mr. LEVIN. Madam Speaker, I yield myself 1 minute.

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

Mr. LEVIN. We come to the floor for thousands of votes each year, but no single vote comes with so many personal stories within our families and my own. In our districts, people have spoken out about the need for real reform.

The millions and millions that have health insurance now worry about losing it. (Mr. RANGEL.) I reserve the balance of my time.

Mr. LEVIN. Madam Speaker, it is now my real privilege to yield 1 minute to the distinguished gentleman from New York (Mr. RANGEL) who has given decades and decades of service to this Congress, to New York, and to the people of America.

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

Mr. RANGEL. Thank you, Mr. Chairman.

Madam Speaker, my colleagues, one of the lowest points in my political career was when I asked for a leave of absence from the chairmanship of the Natural Resources Committee. I had thought at that time with my feeling about how important it would be for the entire Nation to have access to...
quality health care that I did not want to do anything or be anywhere to distract from our leadership, NANCY PELOSI, our leader STENY HOYER or JIM CLYBURN, but most important, the great Members who worked so hard with our staff and our dedicated staff to get out the first bill on this very important subject.

When people ask how do you feel and how are you today, I can report that this has been one of the most historic moments of my life, to be privileged to serve in this great body and to be a part of this legislation that I know that, no matter how long anybody has been in this great legislative body, people will ask. Which side have you been on? And thank God I am on the right side.

Mr. CAMP. Madam Speaker, I yield 45 seconds to the gentleman from California (Mr. HERGER), a distinguished member of the Ways and Means Committee.

Mr. HERGER. Madam Speaker, the American people have spoken again and again. They do not want to spend nearly $1 trillion on a new government health care plan paid for by raising taxes, and raiding the Medicare trust fund. They don't want to force everyone to buy government-approved health insurance or subsidize health plans that cover abortion. And they don't want a 2,400-page bill riddled with backroom deals.

Madam Speaker, Americans are watching and know what is at stake. Let's reject this destructive legislation.

Mr. LEVIN. Madam Speaker, in terms of seniority and in recognition of all of his years of service, I would like to note that the gentleman from California (Mr. STARK) is going to be submitting a statement to the RECORD. And I am now pleased, it is a special privilege, to yield 1 minute to the very distinguished gentleman from Massachusetts (Mr. NEAL).

Mr. NEAL of Massachusetts. Madam Speaker, this is a most significant day. The health insurance reform has been coming for a long time, and we are finally here. With passage of this bill, American families are going to take back control of their health care.

This bill bars insurance companies from discriminating based on preexisting conditions. It caps out-of-pocket expenses. Half the bankruptcies in America are due to health-related matters. This bill allows individuals and small businesses to purchase affordable insurance from competitive marketplaces. It contains cost controls that will save the taxpayer $138 billion over the next 10 years. And for parents that are watching tonight, your dependents can stay on your insurance until they are 26 years old.

Nobody has defended Social Security and Medicare the way I have in this institution. And I must tell you tonight, I can't believe anybody who is watching believing for 1 minute that our Republican friends have been better in history on Medicare than we have been. It is in our DNA. This is a defining moment. The excisionary and discriminatory tactics that exist in our current system tonight become history as well.

Mr. CAMP. Madam Speaker, I yield 45 seconds to the gentleman from Texas (Mr. BRADY), a distinguished member of the Ways and Means Committee.

Mr. BRADY of Texas. The government promised you health care. When forced to buy the government-approved plan or face the tax man, you complied. But the cost didn't go down, it went up; over the next 3 months to see a doctor. And when you need care, the government plan denies it four times more often than your insurance company. Now the government is short on money. They started rationing care, cutting hospital payments, withdrawing coverage from some families, and it has just been 3 years since it all began.

Folks, this isn't the future, this is Massachusetts today. Higher costs, slower care, and rationing. That is why Massachusetts said "no" to Obama care. America is saying "no" too because bigger government doesn't mean better health care.

Mr. LEVIN. Mr. Speaker, I yield to the gentleman from New York for a unanimous consent request.

Mr. MAPFEEI and was given permission to revise and extend his remarks.

Mr. MAPFEEI. Mr. Speaker, I submit the remarks for the RECORD that I delivered at the American Cancer Society in East Syracuse on Tuesday of this week in support of this historic health care reform bill.

I have heard from thousands of constituents about the current health care reform debate. I've tried to listen to everything they've had to say—for and against health care reform. Their advice and their pleas and their stories and their criticisms have helped guide my advocacy on behalf of changes and improvements to proposals before Congress and my decision on the compromise legislation before Congress.

Now that the President's changes will be incorporated into the final legislation, I will support this historic health care reform effort.

I am voting in favor of this legislation not because I think it is perfect, but because I strongly believe it is in the best interests of my constituents—that it will make a positive difference in the lives of families, businesses, and hospitals in central and western New York.

First, I'm voting for this because we need to do something to control rising health care costs that keep taking a bigger and bigger bite out of the household budgets of upstate New York. Skyrocketing health care costs aren't just crippling the U.S. economy—they're emptying our pocketbooks. My entire life is filled with stories about how people—regular middle-class people—can't afford the health care they need. How insurance companies have denied needed care. How kids graduating from college can't find affordable coverage. How people with life threatening conditions need to hold bake sales and bowl-a-thons to pay health bills. Families go bankrupt not because they were irresponsible but because they trusted their insurance plans. More than 72 million adults currently have medical debt or problems paying their bills even though most of them have insurance. It has to end—and I honestly believe if we don't take action now it will never end.

Second, I'm voting for this because if we don't fix health care, businesses that are struggling to compete in a global economy will fall further and further behind.

As premiums nearly double, employees in small firms will see offers of health insurance options almost cut in half. It is predicted the 41 percent of firms offering insurance in 2010 will drop to 23 percent in 2020. Not because they are bad employers but because they cannot afford it.

Every industrialized nation has figured out a way to get people affordable coverage—the United States can, too.

And finally, I'm voting for this bill because if we don't fix health care, businesses that are struggling to compete in a global economy will fall further and further behind.
March 21, 2010

CONGRESSIONAL RECORD — HOUSE

H1865

along another few years but if we do, it will only be harder to control those long-term costs.

I know many people in my district will be encouraged that we are finally moving forward, that we are finally taking action on an issue that affects us all.

I know others will be unhappy. Many of my constituents have strong concerns about this legislation. In fact, I share some of those very same concerns. I worked very hard to improve health care, but I did not support the legislation with less than 25 employees to get subsidies for health insurance and for a reduced burden on other businesses. I fought successfully to raise the threshold on any benefit surcharge so that it won’t affect middle-class people in my district.

This is not a perfect bill. But it is an important legislation that we need to pass to move this country forward.

There are several criticisms of the proposal that do come up certainly across the country and even here in my district that I feel compelled to address.

First, many argue that this is a government take-over of health care. That is simply not true. In fact, except for Medicare, Medicaid, the VA and other already existing programs, Americans would be covered by private insurance plans with which the government has negotiated.

Second, some will say that large majorities of the American public are against the President’s plan. The Post-Standard printed an AP poll this last weekend that did show slightly more respondents nationwide opposed rather than supported the health care reform plans—by two percentage points—43 to 41. But for many it’s not that the plan went too far but that it did not change enough. In fact, fully 82% of respondents to that same poll wanted to change the health system a moderate amount or more. Only 17 percent said it should be changed a little or not at all.

So this idea that Americans don’t want change is simply wrong. In this region, it is particularly misguided. While it is true that my office has received many calls objecting to the health care debate, a vast majority of them have been from out-of-state—a purposeful and well-funded attempt to jam our laws so that my constituents cannot get through. And yet the pendulum did and while it is clear there are diverse opinions and that my constituents are more divided on this than any other major question we’ve faced so far, it is also clear from our office communications and our research that a majority of my constituents want to work as hard as I can to improve health care and protect the changes we need. And I will do just that.

Third, that the President’s proposed changes will increase costs to businesses and taxpayers. But I ask compared to what? The changes will increase costs to businesses and need. And I will do just that. I know many people in my district who have been proven to be false.

Far from convincing me to oppose the health care reform, they have strengthened my resolve. Because when people who have that much money feel so strongly that they run attack ads on you, chances are that you’re doing the best interest of taxpayers and ordinary families.

So what’s in this proposal? People who have been denied coverage because of a pre-existing condition will finally have access to affordable coverage. Insurers will not be allowed to deny coverage when you get sick and are in the middle of treatment.

Never again will you lose access to insurance if you get laid off or switch jobs.

Small businesses and employers getting crushed by soaring health care costs will see lower costs.

Never again will you be subject to annual or lifetime limits on what insurance companies will pay, protecting millions of Americans from the threat of medical bankruptcy.

Insurers will be required to offer free preventive care, lowering your out-of-pocket expenses and helping ensure that diseases or conditions can be caught early on.

Seniors who fall into the Medicare Part D donut hole will see lower prescription drug costs. New retirees will receive temporary funds to help offset the cost of expensive claims for retirees’ health benefits—lowering premiums and protecting coverage for early retirees.

Insurers are prohibited from charging women more than men for health insurance or discriminating on the basis of domestic violence as a pre-existing condition. Required maternity services as part of the essential benefits package in the exchange.

Young adults will now be able to stay on their parents’ insurance much longer, through their 26th birthday.

And finally, health reform will guarantee access to quality, affordable health insurance for 31 million Americans who don’t have coverage today, also eliminating the annual hidden tax of $1,100 that American families pay to cover the cost of the uninsured. While the official health insurance exchanges are being created, a temporary insurance pool will be available for individuals with pre-existing conditions or chronic illnesses.

These benefits are all vitally important. But perhaps in the end it comes down to this: those opposed to health care reform are concerned that it will cost them more. This bill saves money and the further out you go, the more it saves. But it also saves something more precious—it will save lives.

Mr. LEVIN. Mr. Speaker, it is now my real privilege to yield 1 minute to the distinguished gentleman from Tennessee (Mr. DOGGETT).

Mr. DOGGETT. So very fearful of being held accountable, the giant insurance monopolies have spent millions spewing out anger and spreading fear of reform. We have not seen such brazen, outlandish, outrageous arguments raised since the same forces failed to block President Lyndon Johnson from securing approval of Medicare.

For Republicans, our bill is too long or it is too short. It is too thick or it is too thin. It is never just right because their true answer to health insurance reform is “never, never, never.” Our determined efforts should not be derided as a four-letter word, but you can certainly sum up our many, many pages with four words: you’re doing too much.

With this reform, every insured American gets valuable consumer protections, and every uninsured American can become insured. Thirty-two million Americans will be protected from the risk of bankruptcy from health care.

The bill restrains soaring insurance premiums and reduces Federal deficits. The SPEAKER pro tempore. The time of the gentleman has expired. Mr. DOGGETT. My time has expired, but many Americans will not, as a result of this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

Mr. DOGGETT. The SPEAKER pro tempore (Mr. SERRANO). The Chair will remind all Members to heed the gavel.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to the distinguished gentleman from Georgia, Mr. LINDER.

Mr. LINDER. Mr. Speaker, I feel rude trying to inject some fact into this heated debate, but I say this: 85 percent of America is insured; 95 percent of those people are happy with their insurance. The other 15 percent uninsured, they consume 70 percent on average as much insurance as those who are insured. They are cared for.

The lady in Cleveland who has been referred to ad nauseam is being cared for at the Cleveland Clinic.

So what are we to do about those 15 percent? Why not take over 16 percent of the economy. A $2.5 trillion program that will destroy health care for the 85 percent who are happy, to find health care for the 15 percent who are not insured. This has never been about health care. This is about government.

Mr. LÉVIN. Mr. Speaker, I yield 1 minute to the very distinguished gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. Mr. Speaker, I have worked for access to quality, affordable health care from day one of my very first campaign, and every day since.

Today, with passage of this bill, we will be closer to that important goal...
Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from California (Mr. NUNES).

Mr. NUNES. Mr. Speaker, this debate is not about the uninsured; it’s about socialized medicine. Today we are turning a page in American history. For most of the 20th century, people fled the ghosts of communist dictators, and now you are bringing the ghosts back into this Chamber. With passage of this bill, they will haunt Americans for generations.

Your multitrillion dollar health care bill continues the Soviets’ failed Soviet socialist experiment. It gives the Federal Government absolute control over health care in America.

My friends, that is what this debate is really about. Today, Democrats in this House will finally lay the cornerstone of their socialist utopia on the backs of the American people.

Say “no” to socialism. Say “no” to totalitarianism. Say “no” to this bill.

Mr. Larson, I yield my privilege to yield 1 minute to the Chair of our caucus, the very distinguished gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut, I thank the chairman, and it’s my honor to yield my time to someone who’s always understood whose side he’s on in this debate, the gentleman from Michigan, MARK SCHAUER.

Mr. SCHAUER. Mr. Speaker, today I stand for the people of Michigan who lost their jobs when similar provisions to their jobs—they’ve been dropped and denied coverage by insurance companies for preexisting conditions or because they got sick—and are going broke because of their medical bills.

I stand for the elderly in my district who fall into the doughnut hole and are denied coverage by insurance companies because they got sick—and are going broke at a time when Medicaid already is rolls at a time when Medicaid already is running state budgets into the red.

I stand for the people of Michigan who are brought the ghosts back into this Chamber. With passage of this bill, they will haunt Americans for generations.

The answer should be easy: they should vote for the Senate bill that forms the core of the plan. Meanwhile, President Barack Obama and his aides deny that he is telling balmy Demo- crats that these members of the Senate are not members of Congress, there is no ambivalence. All nine are opposed to it.

President Obama is pressing hard for the overhaul because it is his signature issue. He is more than a year into his administra- tion and has been handed setback after setback, despite the fact that the White House, House and Senate are in Democratic hands. The economy is stalled, unemployment remains at punishing levels and voters are engaged at the largest turnout in history. Only that, but they are alarmed about the seriousness of debt the government has run up in less-than-stimulating stimulus efforts. The Contrary is that Obama has employed to date is now a dead horse, unresponsive to further lashing. In short, Obama is desperate for a win.

Ohio’s Democrats must decide whether they were elected to govern the American people the best health-care bill possible, or whether they were elected to save a presidency. The answer should be easy: they should vote for the measure to save his presidency. But Obama’s cancellation of his trip to Asia, which was to begin on Sunday, speaks volumes about what he thinks this vote means to his presidency.

The administration also denies that Obama has cut any special deals in dozens of private meetings with individual House members over the past week. But neither is the White House divulging many details about these closed meetings.

It is incredible that a sixth of the U.S. economy and the health of every American could be subjected to massive government intervention based on such fiscal dishonesty and secrecy.

The Obama administration and Democratic leaders in Congress are pushing Democratic members of the Senate to sign up for the health-care overhaul in the next week or two and to trust the Senate to agree to changes in follow-up bills that will make the plan more amenable to House Democrats.

This complicated approach is a parliamentary maneuver intended to deny Senate Republicans the opportunity to kill the bill with a filibuster.

Of the 11 Democratic members of Ohio’s congressional delegation, one is opposed and eight say they are undecided about how they’ll vote. Among Ohio’s nine Republican members of Congress, one is opposed and Congresswomen are more amenable to House Democrats.

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transferring the money to the American Legacy Foundation in Washington, D.C. The governor and lawmakers retaliated appropriately by abolishing the Tobacco Use Prevention and Control program after it had been fighting in court for the money to be returned to the state.

Cordray quite properly argues that as the next budget cuts, already being implemented, with huge shortfalls anticipated, state and local officials will have to find the money to be cut, and even if the an-
tigators anticipated, state and local officials turned to the state. They fighting in court for the money to be re-

[From the Columbus Dispatch] SAY NO HEALTH-CARE OVERHAUL WON'T REDUCE COSTS, WILL DRIVE UP U.S. DEBT

Democratic lawmakers in the House are under tremendous pressure to approve within days a massive overhaul of health care. If these members succumb to the pressure from President Barack Obama and Democratic leaders, they will be approving a major inter-

vention into a sixth of the U.S. economy—a move driven by the president's need for a pol-

itical victory, not by sound policy that serves the interests, wallets and health of the American people.

Approval of the proposed plan would guar-

antee that Americans pay more to get less health care later on. It ultimately will be paid, either by raising its cost, by limiting the amount and kind of care available or by making people wait longer.

The government's new annual spending for health care will add to the annual federal deficits and increase the national debt, which already surpasses $12 trillion.

Though the president claims that the over-

haul will reduce the mounting cost of medical care and reduce the federal deficit over 10 years, his numbers are based on ac-

counting tricks, including gaming of revenue and spending estimates and double-counting of various federal revenues.

The vaunted Congressional Budget Office figures that Obama points to in claiming savings are bogus. The CBO is a by-the-books outfit, but it prepares its estimates based on the assumptions laid down by Congress. If the parameters are dishonest, then the resulting estimate will be, too. In its scoring of the Senate health-care bill, for example, the CBO was required to base its estimate on 10 years of tax revenues generated under the plan, but balance that against only six years of spending mandated by the plan. No surprise then, that the estimate shows the cost coming in at less than $1 trillion over its first decade, with a modest surplus. The real question is what the program would cost over a period of 10 years when taxation and spending are fully under way. That number is $2.3 trillion, by one estimate. The tax deals were cut to induce House members to vote yes.

Adding $31 million people to health-insur-

ance rolls, as the bill seeks to do, will in-

crease the lines waiting to see a doctor or to enter a hospital for treatment. This massive increase in demand will also drive up the cost of care. The uncertainty and delay has promised that those contents with their current insurance coverage won't have to change it, but the circumstances under which they exercise that coverage are going to change signifi-

antly. Expanding to vastly the pool of peo-

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eryone. Half of the 31 million are to be enrolled in state Medicaid programs, at a time when many have already cut back on services to reduce their budgets, swallowing billions in state reve-

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Mr. LEVIN. It is now my real privi-

lege to yield to another member, an en-

ergic member of our committee, the gentle-

man from Wisconsin (Mr. KIND).

(Mr. KIND asked and was given per-

mission to revise and extend his re-

marks.)

Mr. KIND. Mr. Speaker, I will never for-

get the pride I felt as a 6-year-old kid in Wisconsin watching Neil Arm-

strong and Buzz Aldrin walk on the moon. It was a deep and abiding belief that I live in a country that's capable of accomplishing anything once we put our mind to it. That belief is being tested this high-stakes drama today.

People are wondering if we're still capa-

ble of doing great things. I believe we can, and I want my two boys to feel the same way. I believe our country, by working together, can ensure that all Americans have access to quality, af-

ordable, and secure health care, regard-

less if they're young or old, whether they're rich or poor, and even whether they have a preexisting condi-

tion. It's the American way. And it's the respon-

sible manner by paying for this bill and finding savings that will re-

duce the deficit in future years.

That national achievement can begin today, this evening, with our vote. I urge my colleagues to support this health care reform for all Ameri-


can.

The SPEAKER pro tempore. The Chair will note that the gentleman from Michigan (Mr. CAMP) has 41⁄2 min-

utes remaining and the gentleman from Michigan (Mr. LEVIN) has 61⁄2 minutes remaining.

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

Mr. LEVIN. It is now my privilege to y

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In December, the chief actuary for the fed-

eral Centers for Medicare and Medicaid Serv-

ices reported that the Senate plan does noth-

ing to in costs in states that would make those costs higher than they would be without the overhaul.

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The only thing that won’t grow are the benefits that the seniors who are in the Medicare Advantage plan have. They will be losing their doctors because doctors are refusing to take Medicare patients and will once this bill becomes law.

Mr. Speaker, this bill cuts Medicare, raids Social Security, and we need to reject this bill.

Mr. LEVIN. I now yield 1 minute to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, many things are said across the aisle in the heat of a debate, and if it hasn’t been said yet, maybe the reason is it has been said by everybody. I believe that the ranking member is an honorable person. I believe my chairman is. Even the President of the Vietnam Veterans of America said this is shameless.

* * * It’s not right. Tell the truth and then let the chips fall where it may. It is utterly * * * suggest, Mr. Chairman, that we are seeking to deny any veteran the health care they deserve and the benefits that nearly all Republicans and Democrats have spent our careers in Congress working to protect and prove.

Mr. DAVIS of Kentucky, Mr. Speaker. I will take the gentleman’s words be taken down for the false statements that he made about this conference to me as an Army veteran among others in the Chamber.

The SPEAKER pro tempore. The gentleman from New Jersey will be seated. The Clerk will report the words.

Mr. PASCRELL. Mr. Speaker, I ask unanimous consent to remove any word or words that were taken as offensive.

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

Mr. DAVIS of Kentucky. I accept the gentleman’s apology.

The SPEAKER pro tempore. Without objection, the words will be stricken.

There was no objection.

Mr. PASCRELL. Don’t push me. I include the following material for the RECORD:

VIETNAM VETERANS OF AMERICA,
March 21, 2010.

As Secretary of Veterans Affairs, I accept the solemn responsibility to uphold our sacred trust with our nation’s Veterans. We know that individual military care and TRICARE will be undermined by the health reform legislation. I am confident that the legislation being voted on today will provide the protections afforded our nation’s Veterans and the health care they have earned through their service. The President and I stand firm in our commitment to those who serve and have served in our armed forces. We pledge to continue to provide the men and women in uniform and our Veterans the high quality health care they have earned.

President Obama has strongly supported Veterans and their needs, specifically health care needs, on every major issue for these past 14 months—advance appropriations, new GI Bill implementation, new Agent Orange presumptions for three additional diseases, new Gulf War Illness presumptions for nine additional diseases, a 16% budget increase in 2010 for the Department of Veterans Affairs, that is the largest in over 30 years, and which has been followed by a 2011 VA budget recommendation that increases that record budget by an additional 7.6%.

To give our Veterans further assurance that health care will not affect their health care systems, the Chairmen of five House committees, including Veterans Affairs Chairman Bob Filner and Armed Services Chairman Ike Skelton, have just issued a joint letter reaffirming that the health reform legislation as written would protect those receiving care through all TRICARE and Department of Veterans Affairs programs.

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ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair reminds all Members that any statements should be directed through the Chair and not to others in the second person.

PARLIAMENTARY INQUIRY

Mr. TIAHRT. Parliamentary inquiry, Mr. Speaker.

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

Mr. TIAHRT. Is it true that in the course of comfortable debate that we do not question another Member’s motives?

The SPEAKER pro tempore. The Chair will affirm that Members must maintain proper standards of decorum. Mr. TIAHRT. Is it against the House rules to question another Member’s motives?

The SPEAKER pro tempore. A Member’s remarks should avoid personalities toward other Members.

Mr. TIAHRT. I thank the Speaker.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, an Army Ranger, Mr. Davis of Kentucky.

Mr. DAVIS of Kentucky. My heart is heavy with grief tonight at this turning point for our Nation, Mr. Speaker. This vote will define the America we will have in the future: massive tax burdens, rationed care, and intrusive bureaucracy.

Democrats are thwarting the will of the American people, taking them on a headlong rush toward socialism. This is
based on a false premise that every need a person could have on Earth can be met by government. Almost like worshipers, they carry the heart of our Constitution, bought in blood, and sacrifice it on the altar of political expediency. It raises taxes, violates your privacy, is policed by the IRS, intrudes on free choice, and hurts seniors.

I stand firm in my opposition to this exercise in idolatrous statism, a true tyranny that is the largest legislative transfer to the executive branch in the history of this Republic.

Vote "no" on this bill. Start over with real reforms that Americans want.

Mr. LEVIN. It is now my pleasure to yield 45 seconds to the very distinguished gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. Mr. Speaker, I rise in support of the Patient Protection and Affordable Health Care Act, a historic measure that will put families first when it comes to accessing health care coverage.

American families need this bill now more than ever. In the past decade, the cost for health care for American families has skyrocketed. If we do nothing, it’s only going to get worse. If we do nothing, in 10 years small businesses will shell out $29,000 in medical costs per employee. If we do nothing, the costs of an employer-sponsored health insurance plan will increase 84 percent by 2016. And if we do nothing, the American economy will break under the weight of mounting debt.

Americans may very well be tired of the endless media coverage regarding this debate. But they know as we do that we have a serious problem in our health care system that must be fixed. We on this side of the aisle are ready to deal with the current system to kill jobs and bust the budgets of our families and our Nation. After reading the legislation carefully, I have concluded that it will save lives and save money. This is the best chance we have to reduce sky-rocketing health care costs for North Carolina families.

North Carolinians know that the current system is broken and that we need common-sense reform. But our effort to fix our health care system has always been about people not about politics. Our effort is about North Carolina families. We need reform for folks who are struggling with unbearable health care costs, rapidly rising premiums, and out of pocket expenses, and for the Nation.

The working families of the Second District need solutions, not more fear, neither the real threat of rising cost nor the false fears spread by special interests. We cannot continue to allow the current system to kill jobs and bust the budgets of our families and our Nation. After reading the legislation carefully, I have concluded that it will save lives and save money. This is the best chance we have to reduce sky-rocketing health care costs for North Carolina families.

North Carolinians know that the current system is broken and that we need common-sense reform. For business, the effort to fix our health care system has always been about people not about politics. Our effort is about North Carolina families. We need reform for folks who are struggling with unbearable health care costs, rapidly rising premiums, bureaucratic meddling, and arbitrary denials of coverage and access that is driving our Nation deeper and deeper into debt.

Throughout this process, I have heard from thousands of folks from the main streets and country roads of North Carolina who are crying out for a chance to have health care again and they are asking Congress to reform health care. Folks like a man from Wilson, North Carolina, who says that insurance industry bureaucrats are keeping him from providing his patients the care they need.

Folks like a woman from Raleigh, who fears she will suffer the same fate as her sister who died from asthma because she could not get insurance coverage.

Folks like a man from Louisville, who cannot start a new business because he needs to provide health care to his current employee providers. His mother pleaded with me that they are not looking for a handout; just a fair playing field.

Folks like a woman from Rocky Mount, who notes that the working poor, self-employed, and those on the margins need relief. She called on me to not let the insurance companies win this time.

These are the real people that convinced me that voting for these bills is the right thing to do. A lot of folks are afraid, both of the current system and of potential changes. Thousands of families without insurance, and individuals with pre-existing conditions, are an illness away from financial ruin. Reform needs to provide them security.

Mr. Speaker, as we continue to address America’s health care challenges, health reform is absolutely necessary to get our economy growing again. This bill will reduce the strangehold that insurance costs have on our small businesses and eliminate the threat of bankruptcy due to medical costs that hangs over so many North Carolina families. It will strengthen our rural communities, supporting the training of doctors and providing incentives for them to work in underserved areas. And the bill is fully paid for, so that not only will it bring down costs for individuals and businesses, but for the taxpayer and future generations.

Mr. Speaker, making sure every American has access to affordable health insurance and high-quality health care is one of the most important challenges of our time. But the money we need to provide health care to Iraqi citizens, as we have over the past decade, can afford a fiscally responsible reform that puts health care in reach for all Americans. The health reform debate is about saving money and saving lives. At its core, health reform is about saving lives and providing health care to people across my district, North Carolina, and the country. I am pleased to be able to vote in favor of this historic legislation.

The SPEAKER pro tempore. The gentleman from Michigan will be charged time.

Mr. LEVIN. I yield to the gentleman from Pennsylvania (Mr. FATTAH) for an unanimous consent request.

Mr. FATTAH. I rise in support of the health care reform bill in honor of a few friends of mine. Linda Taylor, who died because of the lack of insurance in a breast cancer illness that she faced.

The SPEAKER pro tempore. The gentleman from Michigan will be charged time consumed.

Mr. LEVIN. I yield 45 seconds—I wish I could yield more—to our distinguished colleague from Maryland (Mr. VAN HOLLEN).
Mr. VAN HOLLEN. Mr. Speaker, they called it “a dangerous device invented in Nazi Germany” and a “method of imposing Stalinism.” Those were the statements made by the opponents of Medicare, Medicare that now provides health coverage to 45 million Americans.

This legislation will ensure that 32 million more Americans have access to affordable health care and that no American is held hostage to the abusive practices of the insurance industry.

As in 1965, we have the rhetoric of mass distortions. This morning, Republican Leader BOEHNER even said this bill means Armageddon. The day after this legislation is signed by President Obama, Americans will see the world is not coming to an end, that there are no death panels. They will begin to see a system that works for them, not the insurance industry who is spending millions of dollars to kill the bill.

As Mr. Speaker, we all have compassion for families struggling those who have lost jobs, those who lack access to health care. We all want to do what’s right for our country. We all want to solve these problems. But as I look at this massive, complex and partisan bill, I see premiums rising, rising for families and abject failure to control health care costs for families and businesses.

I see huge tax increases coupled with irresponsible cuts to Medicare services, all to expand new coverage entitlements where physician access will worsen, continuing to burden our strapped emergency rooms.

Mr. Speaker, frankly, I see a sequel to the modern Greek fiscal tragedy unfolding before us with a potential for default. We have a duty to reform health care, but an obligation to get it right.

Mr. LEVIN. I now yield 45 seconds to a very senior member of our committee, Mr. McDermott of Washington.

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

Mr. McDermott. Mr. Speaker, there are many histories in action that is daunting, we need a Medicare, Social Security and unemployment insurance. The Democrats answered. In 1965, we needed health care for senior citizens. The Democrats answered. In 1980, the country needs health care reform, and the Democrats will answer tonight.

It was predicted that Bush wanted a change, the medical profession wanted a change, and labor wanted a change. And the Republicans brought an economic collapse to make it clear to everybody that we all are in danger if we don’t change the health care system in this country.

For me and many of my colleagues, passing a national health care reform bill is the culmination of a long process. In the late 1950s and early 60s, when I was going to medical school in Chicago, Canada’s Tommy Douglas was beginning a national health care plan in the province of Saskatchewan. As I came to the end of my medical training, doctors began the strike to shut down the system because they didn’t want to practice medicine under any system that was not totally free enterprise in nature. But as a new physician at the time, it seemed to me that the benefits of extending health coverage to everyone in Canada far outweighed the benefits of a free enterprise system. Between 1963 and 1970, while I got my training in adult and child psychiatry and served 2 years in the United States Navy, I had the opportunity to observe the American healthcare “nonsystem” firsthand. Every day, I watched as people fell through the cracks. When I entered politics in the Washington state legislature, I knew that it was my obligation to do all that I could to bring about a national system that would provide coverage for everyone.

During my campaign for governor in 1972, I made my first speech declaring my support for single-payer health care. Each year that I served in the state legislature, I faced the institutional resistance to the creation of a more orderly system. Yet people complained they couldn’t get care. Hospitals complained about uncompensated care. People complained about the exorbitant expenses of the uninsured onto the policies paid for by the insured.

In the early 1980s, I began trying to establish an uncompensated care fund that would be paid into by all hospitals and the receipts were to go to the uninsured. Rather than single-care of those in the community who had no health insurance. But hospitals resisted. I did a study to find out how many people in the state of Washington either were not covered by a government program or didn’t have insurance through their employment. Unsurprisingly, we found that it was a huge number. So in 1983, I began the process of trying to do in Washington State what Tommy Douglas had done a few hundred miles away in the province of Saskatchewan.

As I tried to get universal coverage in the state of Washington, I ran into numerous obstacles. The medical establishment was more interested in capital investments than they were in ensuring that medical coverage was available to everyone in Washington. Large businesses were reluctant to accept any responsibility beyond what they were already doing for their employees. Any mandate was out of the question because under a technical loophole, big employers are exempt from any mandates. Rather than a single-payer system, Congress has designed a less desirable model that would more tightly regulate private insurance companies much in the same way that we do with utility companies.

Members of Congress have opted for a model that provides for insurance regulation at the national level, rather than the state level as it is today. It has much in common with the French system which provides universal coverage to the French people at half the cost of what we spend here in the United States. Their system provides a quality of care that is considered the best in the world according to the World Health Organization.

I know that this bill is far from perfect and will require continued efforts to adjust and improve it in the years to come. But today we began. As the Chinese adage says, “every journey of a thousand miles begins with a single step.” Today we have taken that step.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, Dr. Boustany of Louisiana.

Mr. BOUSTANY. Mr. Speaker, we all have compassion for families struggling those who have lost jobs, those who lack access to health care. We all want to do what’s right for our country. We all want to solve these problems.

I believe that a single-payer model is the most effective to achieve both cost control and universal coverage. But 40 years of experience prevent me from being ideological about the solution to the problems of universal health care.

This experience prevent me from being ideological about the solution to the problems of universal health care. Rather than establishing a single-payer system, Congress has designed a less desirable model that would more tightly regulate private insurance companies much in the same way that we do with utility companies. Members of Congress have opted for a model that provides for insurance regulation at the national level, rather than the state level as it is today. It has much in common with the French system which provides universal coverage to the French people at half the cost of what we spend here in the United States. Their system provides a quality of care that is considered the best in the world according to the World Health Organization.

I know that this bill is far from perfect and will require continued efforts to adjust and improve it in the years to come. But today we began. As the Chinese adage says, “every journey of a thousand miles begins with a single step.” Today we have taken that step.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Nevada (Mr. Heller).

Mr. HELLER. I thank the gentleman for yielding.

Thousands of Nevadans have been surveyed and an overwhelming number oppose the government takeover of health care. Yet two-thirds of Nevada’s delegation will defy their constituents and vote with their leadership instead.

This $2.6 trillion legislation will raise Nevada taxes, kill Nevada jobs, remove Nevada seniors from Medicare, and saddle the State of Nevada with a budget-busting mandate. If the majority of my colleagues from Nevada to speak for Nevada—not their Beltway benefactors—when casting their vote today.
Mr. LEVIN. I now yield 45 seconds to the gentleman from Oregon, a member of the committee, Mr. BLUMENAUER.

Mr. BLUMENAUER. Today's victory for health care reform and coverage for 32 million Americans is not just the culmination of 15 months of hard work in this Congress. It represents the historic accomplishments sought by Presidents and Members of Congress dating back to Teddy Roosevelt. That the accomplishment was achieved in the midst of difficult economic times, a toxic political environment without any bipartisan support, makes it all the more remarkable.

Passage tonight will start making a difference for our families this year and, most important, the bill is fully paid for. We're reforming Medicare, we improve the quality of health care in this country and reduce the deficit. Tonight's victory starts America on the road to better health and economic security.

Mr. CAMP. Mr. Speaker, before I yield, I would like to remind the Chair that Medicare and Social Security passed with large bipartisan majorities.

With that, I yield 45 seconds to the distinguished member of the Ways and Means Committee, the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. I thank the gentleman for yielding.

Mr. Speaker, just because it's historic doesn't mean it's good. I think we've got to be reminded of that. I think back to history for something that actually was good, and that was when Alexander Hamilton said regarding our Constitution, "Here, sir, the people govern."

We would be wise to listen to the American people. The American people have said "no" to the ABCs of PelosiCare. They have said "no" to the arrogance of this bill. They have said "no" to the budget-busting nature of this bill. And they have said "no" to the crippling of the economy of this nation. This bill.

Mr. Speaker, as we can. It is right to reduce the deficit and save as much money as we can. It is right to save lives. It is right to do the right thing. It is right to vote to pass this bill and provide health coverage for 32 million additional Americans.

It is right to do the right thing. Mr. LEVIN. I now yield to the gentlelady from New York for an unanimous consent request.

Mrs. MALONEY. I thank the gentleman for yielding and for his leadership.

I rise in support of the health care bill.

Mr. Speaker, this is an historic vote. With passage of these health care reforms, 32 million people without insurance will get it—including almost 2.5 million uninsured in New York State. It will end discrimination for preexisting conditions, make progress on cutting high medical costs, and reduce the deficit by over $1 trillion over the next two decades. This package of reforms that will make a real difference in the lives of Americans, over their entire lives:

If you're employed and just graduating college, you'll now be included on your parents' coverage until your 26th birthday. If you're self-employed in your thirties or forties, you'll be able to shop for more affordable coverage on exchanges set up by states or the Federal Government.

If you're 56 and have taken early retirement, you can continue to be covered under your employer's plan until you sign up for Medicare. And if you're a senior with Medicare Part D Drug Coverage, the so-called "donut hole" has been closed.

The Senate version penalized states like New York which were already doing more than most to provide care to the needy. And that's one of the things this House is fixing.

The impact on the New York State Medicaid budget went from a projected increased cost of over $700 million to increased aid of $1.3 billion in just the first year. That's a "swing" of over $2 billion.

Finally, these reforms will do more for women's health despite the restrictive language on reproductive health services contained within the Senate bill—than any other legislation in my career. I am grateful for the opportunity to be a part of this momentous reform and urge my colleagues to remember that today we will make a difference in people's lives. Today we change the overall health of our Nation.

Mr. LEVIN. I yield to the gentleman from Minnesota for a unanimous consent request.

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

Mr. ELLISON. I rise in support of universal health care.

Mr. Speaker, there was a time in our country's past that enactment of a comprehensive civil rights law was deemed merely a dream.

There was a time in our country's past that enactment of the Medicare law to guarantee the health care for our nation's senior was deemed merely a dream.

We now take all three—civil rights, retirement security for our seniors and health security—for granted in our society.

They are all assumed as a given and as a right in our society.

Well, Mr. Speaker, I believe when we leave this chamber tonight after passing this health care bill, we will forget how hard it was to pass this bill. And in another generation, our grandchildren will also assume that universal health care is a right and a given in any modern society.

Mr. Speaker, tonight marks the beginning of the dream of universal health care becoming a reality in our society. It is an important beginning—When 40,500 uninsured Fifth District residents will have access health care coverage to health insurance.

When 9,700 Fifth District residents with preexisting conditions can no longer be denied coverage.

When 57,000 uninsured Fifth District residents can obtain coverage on their parents' insurance plans.

When insurance coverage for 358,000 Fifth District residents is improved—and when the cost of uncompensated care for hospitals and other health care providers is reduced by $101 million—that is positive change.

And when thirty-two million more Americans have health insurance it is a good beginning. At the same time, when $1.3 trillion in deficit spending (accumulated over the past eight years) is reduced, it is a good start.

I look forward to enthusiastically casting my "yes" vote tonight for this historic legislation.

Mr. LEVIN. I yield to the gentlelady from California for a unanimous consent request.

(Ms. RICHARDSON asked and was given permission to revise and extend her remarks.)
Mr. LEVIN. I now yield the balance of my time, 45 seconds, to the very distinguished gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise today to cast my vote to end abusive insurance company practices that put doctors and patients in control of their health care.

And when I do, I will cast it for the small business owner in my district whose health insurance premiums shot up more than 15 percent last year, for example because one employee got sick. I will cast it for the 135,000 people in my district who don’t have health care coverage. On a personal note, I will cast it for the 2.5 million breast cancer survivors like me, who have a pre-existing condition that make it next to impossible to obtain health insurance.

Finally, I’ll cast it for all of the moms in America with beautiful children like mine, but who don’t have the security of health insurance and who die just every time their child gets sick. Our current system is broken. It’s un-American. The nightmare ends tonight.

The SPEAKER pro tempore. The gentleman from California (Mr. MILLER) is recognized for 15 minutes as a designee of the majority leader.

Mr. MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS), a member of the committee.

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

Mr. ANDREWS. I thank my chairman for yielding.

Mr. Speaker, the ladies and gentlemen of the House should respect our constituents who are against the bill, who are for the bill, and those who are undecided; but we should respect them enough to give them an accurate record of what’s in the bill, and I think it’s time for some accuracy.

We have heard repeatedly tonight that there are cuts to Medicare in this bill. There is not one cut to not one beneficiary anywhere in this bill. Medicare benefits expand for prescription drugs and expand for preventive care. We heard someone say that the bill increases premiums for Americans.

Section 1001 of the reconciliation bill says that for a family making $45,000 a year, if you look at their premiums, their copays and their deductibles, which is what real people have to do, the law would them $7,000 a year. We have heard that the special interest provisions, that I think are an abomination, are in the bill. They are not. If you read section 1201 of the reconciliation bill, it says goodbye to the so-called Cornhusker kickback and other special interest provisions.

We heard that there is taxpayer funding for abortions. Read section 10,104 of the underlying bill. There isn’t. We have heard that this is going to add to the deficit and the debt of the country. Don’t listen to what the Democrats say. Don’t listen to what the Republicans say. Listen to what the non-partisan Congressional Budget Office says, which is that the bill will save $138 billion off the deficit in the first 10 years and $1.2 trillion off the deficit in the next 10 years.

Finally, we hear the bill will kill jobs. When the Clinton economic plan was on the table, a gentleman named Dick Armey, a leader of the anti-movement on this bill, said it would be “a recipe for disaster.” He was wrong. That bill created 23 million new jobs and we should vote —

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

Mr. GEORGE MILLER of California. I yield the gentleman 15 additional seconds.

Mr. ANDREWS. Finally, I heard one of our colleagues say this bill will create a socialist utopia. No, Mr. Speaker, it won’t. It will create a decent society that every man, woman, and child in this society and this country so richly deserves. Vote “yes” on this bill.

The SPEAKER pro tempore. The gentleman from Minnesota (Mr. KLINE) is recognized for 8 minutes as a designee of the minority leader.

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself 1½ minutes. I came to this chamber 25 years ago to do my part to make this country better.

Every vote I cast and every policy I help shape must be judged by whether it achieves what my constituents sent me here to accomplish. As each Member of this, the people’s House, prepares to vote “yea” or “nay” tonight, we should all take a moment to remind ourselves of why we are here.

Our job is to ensure American employers have the tools and the freedom they need to create, grow, and retain jobs. Instead, this bill will destroy jobs at a time when we need them the most.

Our job is to ensure freedom, security, and prosperity for future generations. Instead, this bill will be paid for by our children and our grandchildren and our great grandchildren. Our job is to legislate openly with integrity and fairness. Instead, this bill is full of back-room deals negotiated behind closed doors.

This bill is not what the American people want. Alluding us to start over with reforms that will bring down health care costs while preserving the relationship between patients and their doctors. This is our last chance to stand up for the people who sent us here and display the courage to prove that we can do better.

I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Connecticut (Mr. COURTNEY), a member of the committee.

Mr. COURTNEY. Mr. Speaker, tonight we are going to answer a question which the tea party on the right to reformers on the left ask constantly, which is, Why can’t the American people have access to the same type of benefit that Members of Congress have?

It’s a good question. Some of the most hysterical voices in opposition to this bill have a purchasing exchange through the Federal employee benefits plan that has comprehensive benefits, choice, no rescissions, no lifetime caps. And this bill is going to give the American people exactly what Members of Congress have. Ask any question about that, section 1312 will make sure that starting in 2014, Members of Congress have to use exactly the same purchasing exchange that the American people will have to use.

No more haves and have-nots. No more tax-paying Americans who don’t have health insurance, underwriting the health benefits of Members of Congress who would deny them access to quality, affordable health care. It is time to answer that question tonight in the affirmative by passing this legislation.

Mr. PRICE of Georgia. Mr. Speaker, health care decisions that we make for ourselves and for our families are some of the most important and personal in our lives. As a physician, early in my career of caring for tens of thousands of patients, I recognized that there were more folks in Washington who affected what I could do for and with my patients than anybody I ever met in residency or in medical school and that was wrong.

Health care, taking care of people, is a moral endeavor and should be grounded in principle. And if the principles that we hold dear for health care are applied to this debate and to this bill, the picture is not pretty: accessibility, being able to receive care; affordability, being able to afford care; quality, receiving the best care available; responsiveness, having a system that works for patients; and innovation, being certain that we have the newest and the best treatments and choices, patients being able to choose their physicians and how and where they are treated.

All of these are harmed by this bill. All of these principles are violated. All of these principles are improved by the further intervention of the Federal Government.

So you see, Mr. Speaker, mostly this is bad for patients, for all Americans. The trust that is necessary between doctors and patients and between patients and their doctors, to believe that your health is not being undermined by the system will be permanently eroded, permanently damaged; and it is that trust that is the foundation of the morality of health care.

So this is a sad day, yes, because there are so many wonderful and positive and patient-centered solutions
that we could have enacted. You see, we trust patients and families. They trust government.

As a physician, I know that when patients and their families and their doctors are not allowed to decide what they receive, we lose more than our health care system. We lose our morality. We lose our freedom.

The positive vote, the patient-centered vote, the bipartisan vote on this bill is a ‘no’.

Mr. GEORGE MILLER of California.

I yield 1 minute to the gentlewoman from California (Ms. WOOLSEY), a member of the committee.

Ms. WOOLSEY.

Mr. Speaker, the whole Nation desperately needs health care reform, but no group of Americans needs it more than women who face discrimination and insult at the hand of the broken status quo every single day. We all know that the current system allows insurance companies to deny coverage based on preexisting conditions.

But I wonder how many of my colleagues realize that essentially being a woman is a preexisting condition. Pregnancy, for example, or C-sections, can be deemed preexisting conditions. Most unbelievable of all, insurance companies can legally turn their backs on women who suffered injuries due to domestic violence because that, too, can be defined as a preexisting condition. We should all be ashamed of a system that penalizes healthy insurance company profits ahead of healthy American women.

This weekend, today, tonight, we will make history by passing a health care bill that will correct these injustices, and no longer will female be considered a preexisting condition.

Mr. KLINE of Minnesota. Mr. Speaker, at this time it is my pleasure to yield 2 minutes to the gentleman from Kentucky, the ranking member of the Higher Education, Lifelong Learning, and Competitiveness subcommittee, Mr. GUTHRIE.

Mr. GUTHRIE.

Mr. Speaker, I have always liked to describe the process I have seen in the last few weeks of trying to put a bill together like putting a puzzle together, but forcing pieces together and trying to make them fit. And in the end, the puzzle doesn’t have a complete picture. And one of the pieces they are trying to make fit to keep the whole thing whole, is what the score is; but what we are not mentioning is the incredible unfunded mandate that we were placing on our States.

Just a couple of years ago I was a State senator. And tonight, State senators in Kentucky, my former colleagues, are meeting together to try to close a billion-dollar budget gap. And what does this bill do? This bill puts a $30 billion unfunded mandate by CBO estimates onto our States.

To the south of Kentucky, Phil Bredesen, a very respected Democratic Governor of Tennessee, says this is the mother of all unfunded mandates. And just to the north of me in Indiana, Governor Mitch Daniels said a half a million more Hoosiers will be on Medicaid, costing the State taxpayers billions of dollars.

It’s going to cost my State, according to the Heritage Foundation, $303 million from 2014 to 2019. So that’s what our next budget session-mates will be budgeting for 2014. So the State legislators tonight who are hoping the economy will turn around, maybe there will be light at the end of the tunnel, because they are now having to deal with the $303 million freight train that’s the light at the end of that tunnel.

But on top of that, this proposed bill also takes student loan money to finance this bill. The government has taken over the student loan business; they have lower interest rates. Instead of lowering the rate our students are going to be paying back on our interest, we are going to take part of that money and put this bill on the backs of our students.

Mr. Speaker, it’s unfair to put these burdens on our States and on our students.

Mr. GEORGE MILLER of California.

I yield 1 minute to the gentleman from Arizona (Mr. GRIJALVA), a member of the committee.

Mr. GRIJALVA.

Mr. Speaker, today I rise in full support of the legislation to reform health care. It is, indeed, a historic opportunity for the American people to begin the necessary process of fixing a failing and broken health care system that is costly and denies basic health care to many, to 48 million Americans in this country.

It is also a tremendous building block for the care of people in this country in the future and to begin to rein in the greed of private insurance companies that continue to raise premiums. It is, indeed, a historic opportunity for the American people. This legislation has very good aspects in it. One of them is, finally, after 10 years of neglect by a Republican majority and administration, Indian health care is part of this legislation, and Indian health care brings necessary and increased resources to Indian Country.

We begin to deal with health disparities in this legislation, which we have not done in the past. I am proud to support this legislation. It is not just a step forward; it is a historic leap into bringing to the American people a necessary reality, which is health care.

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

Mr. KLINE of Minnesota. Mr. Speaker, could I inquire as to the time?

The SPEAKER pro tempore. The gentleman from California has 9½ minutes remaining. The gentleman from Minnesota has 3 minutes remaining.

Mr. KLINE of Minnesota.

I am at this time I am pleased to yield 1 minute to the gentlewoman from Illinois, a senior member of the Education and Labor Committee, Mrs. BIGGERT.

Mrs. BIGGERT.

Mr. Speaker, I rise today deeply troubled, not just by this bill, but by the historic opportunity this body has squandered. We had so long to get this right, so many chances to take a step back and listen, really listen, to what the American people were asking us.

Instead, true leadership was cast aside in favor of backroom deals, partisan games, and legislative gimmicks. The best intentions on both sides of the aisle never had a chance to turn good ideas into great policy, and we were left with a bill that is so poorly crafted that we are voting to overhaul it the same day it is going to the President.

But the American people still have a choice. It is not between this partisan bill and nothing. We can work together to deliver the commonsense reforms that the American people want.

Mr. Speaker, I know many colleagues have been struggling with this vote. I urge them to vote "no" and work with us to pass reforms we can all be proud of, that we can all vote for.

Mr. Speaker, I yield.

Mr. GEORGE MILLER of California.

I yield 1 minute to the gentlewoman from California (Ms. SHEA-PORTER).

Ms. SHEA-PORTER.

Tonight I vote for a middle class.

I have heard the desperation of parents whose kids were kicked off their plan before they even had a job. This bill allows 30 percent of young Americans currently without coverage to stay on their parents’ plans until age 26.

I have listened as New Hampshire small business owners told me they were embarrassed they could no longer insure faithful employees. This bill is their remedy.

I heard those who lost homes because they got sick or hurt, lost their insurance, and then could not pay medical bills. I listened as hospitals discussed the uninsured’s burden.

Instead, true leadership was cast aside in favor of backroom deals, partisan games, and legislative gimmicks.

For the families in New Hampshire and across America, I vote "yes" for you.

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore. The gentleman is recognized for 2 minutes.

Mr. KLINE of Minnesota. Mr. Speaker, earlier this month President Obama said ‘‘Everything there is to say about health care has been said, and just about everyone has said it.’’

Perhaps he is right. Perhaps everyone in Washington has said all there is to say. The lines have been drawn, and the number of undecided voters is dwindling. But perhaps it is time for Washington to stop talking and start listening.
I am listening to the calls coming into my office, 13–1 against this legislation. I am listening to residents of Minnesota’s Second Congressional District, who told me during a town hall last week 72 percent of them are opposed to this bill. I am listening to small business owners in my State and around this Nation who are paralyzed by the fear of new mandates, job-killing taxes, crushing Federal deficits, and more government control.

I am listening to the thousands of constituents who traveled to our Nation’s capital this weekend to tell us in no uncertain terms they want us to kill the bill. I am listening, and what I am hearing is the American people shouting “stop.”

They want us to start over. They want health care reform we can afford. They want reform that will bring down costs without sacrificing quality or personal freedom. Mr. Speaker, they want us to say “no” to this bill today so we can come back and do better tomorrow.

There is no question that there are Members in this body, Republicans and Democrats, who are ready to go to work on a much improved bill.

The die has not yet been cast. It is not too late. I urge my colleagues: Listen to the American people. Vote “no.”

Vote “no.””

I yield back the balance of my time.

Mr. GEORGE MILLER of California.

I recognize the gentlewoman from Nevada (Ms. TTUS), a member of the committee, for 1 minute.

Ms. TTUS. For over 1 year, I have listened to the voices of District 3 and heard heartbreakingly stories of children denied coverage because of a pre-existing condition, small business owners who can’t afford to insure their employees, and single moms who have lost their jobs and their insurance. They are the reasons I am voting for reform.

In District 3 alone, reform will improve coverage for more than 600,000 people. It will strengthen Medicare for 120,000 seniors and close the prescription drug doughnut hole. It will create health care tax breaks for over 200,000 families and 17,000 small businesses, and lets 72,000 young adults stay on their parents’ policy.

Insurance companies and others opposed to reform have spent over $1.3 million in southern Nevada, but I won’t be in town today, as I have always done, I am standing up for what I believe is in the best interest of my constituents. As has been said, it is the price of leadership to do the thing you believe has to be done at the time it must be done. Now is the time to get it done and pass health care reform.

The SPEAKER pro tempore (Mr. Pas-TOR of Arizona). The gentleman from Wisconsin (Mr. RYAN) is recognized for 10 minutes as a designee of the minority leader.

Mr. RYAN of Wisconsin. I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Texas (Mr. HINOJOSA), the Chair of the Higher Ed Subcommittee.

Mr. HINOJOSA. Mr. Speaker, I rise today in full support of this reconciliation legislation, to say that we have an extraordinary opportunity today to improve the quality of life for millions of Americans, for the 32 million children and children who are uninsured, and for students and workers who dream of pursuing higher education for our Nation’s students and workers. This landmark legislation provides $36 billion in Pell Grant scholarships over 10 years. It provides $2 billion of moneys for our Nation’s community colleges, and $2 billion for our minority-serving institutions, including HSIs and HBCUs. By moving to the Federal Government’s direct loan program, we will put the best interests of students first, and make college loans more reliable and affordable for students and families.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Massachusetts (Mr. TIERNY), a member of the committee.

Mr. TIERNY. Mr. Speaker, today is an opportunity for this body to stand up for middle class families and small businesses.

Today, by passing this bill, no family will have to worry that their 20-something-year-old child will have a serious condition and not be covered or ever be refused coverage in their lifetime due to a pre-existing condition. Insurance companies will no longer be able to rescind coverage of a child in the life-time just when serious conditions require care. They won’t be able to rescind coverage in the middle of cancer or diabetes care, and they will have to spend a reasonable portion of premium dollars on those services. We will be able to see our seniors afford both their groceries and their prescription medicines because we will close the so-called doughnut hole in their current coverage, and we will extend the life of Medicare for 9 years even as we improve its coverage.

Small business employers and employees will be better able to afford health care and will pay less in administrative expenses, profits, and overhead; prohibit insurance companies from denying coverage based on pre-existing conditions; prohibit annual and lifetime benefit caps, and every person will have access at the wisest insurance companies from dropping coverage when a person becomes sick.

For the 134,000 uninsured families and 17,300 small businesses, the bill will provide tax credits to buy affordable insurance at group rates through new health insurance exchanges that will be established, or for individuals with incomes below 133 percent of the poverty line, through expansion of Medicaid.

For the 75,000 seniors receiving Medicare, the bill will add free preventive and wellness care, improve primary, coordinated, and nursing home care, and provide a $250 rebate this year and 50 percent discounts on brand name drugs beginning next year to the 3,300 seniors who have fallen through the donut hole and are paying the full cost of prescription drugs, while closing the hole within 10 years.

For 67,000 young adults in the District, the bill will allow them to stay on their parents’ plan until age 26 and allow them to purchase affordable policies until age 30.

For 67,000 D.C. residents with pre-existing conditions, the bill will ensure they are not denied affordable coverage.

Families who purchase insurance through the health insurance exchange or are insured by small businesses will no longer fear bankruptcy due to health care costs not covered by insurance, because the bill will cap out-of-pocket costs at $6,200 for individuals and $12,400 for families.
For District of Columbia health care providers, the bill will provide up to $54.6 million for 42 D.C. community health centers, and will reduce the burden on uncompensated care by $69 million at the District’s hospitals and other health care facilities.

I am particularly pleased about the benefits that will be available to my constituents as soon as the bill is signed. For individuals, there will be coverage for early retirees, 55–64; coverage for young adults up to age 26 on parents’ policies; preventative care for those receiving Medicare and for others, now under private plans, to close the donut hole, coverage for residents with pre-existing conditions; and tax credits for small business employees. For many of my constituents, the elimination of abuses will be the most important part of the bill, including no more cancellation of policies when residents get sick; no discrimination against children with pre-existing conditions; no lifetime coverage limits; no annual limits on new plans; and requiring 80 percent of premiums for individuals and small groups, and 85 percent of large plan premiums, to be spent on the insured. Other critical provisions that will benefit many D.C. residents are the funds to double the number of patients the city’s 42 community health centers can accommodate, and funding for training more primary care doctors.

This is a historic day. The gentleman will be charged time.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentleman from California (Ms. ZOE LOFGREN). (Ms. ZOE LOFGREN of California asked and was given permission to revise and extend her remarks.)

Ms. ZOE LOFGREN of California. Mr. Speaker, I rise in support of the bill.

I am proud to stand on the floor of the House of Representatives today to cast my yes vote for this historic bill. I vote yes for the nearly 50,000 currently uninsured residents of the 16th California Congressional District who will now be eligible for health insurance. I vote yes for the 10,000 young adults in my district who no longer will be subject to the donut hole in Medicare Part D. I vote yes for the 55,000 young adults in the 16th District who will now be able to extend their coverage under their parent’s existing insurance. I vote yes for the roughly 15,000 small businesses in the 16th District who will be able to extend coverage to their employees because of the tax credits in this bill. I vote yes for the 800 families in the 16th District who every year are forced to file for bankruptcy due to medical bills. I vote yes because this legislation will reduce the deficit by over $1.3 trillion during the next two decades.

Two years ago, during a telephone townhall with my constituents, one of my neighbors in Burbank told me that her young daughter had become ill. Our children played together in preschool, and they lived just a few doors down. When her daughter became sick, they were able to get her the health care she needed through a healthy family. She was now, thankfully, all better.

Gentleman from California (Mr. SCHIFF). Mr. Speaker, I yield for the purposes of unanimous consent to the gentleman from California (Mr. SCHIFF). (Mr. SCHIFF asked and was given permission to revise and extend his remarks.)

Mr. SCHIFF. Mr. Speaker, I rise in support of this historic health care reform legislation.
member of the Budget Committee, the gentleman from Texas (Mr. HENSARLING). Mr. HENSARLING. Mr. Speaker, the vote we take tonight very well may unalterably change the role of government in a society whose most cherished birthright is that of personal freedom.

There are so many reasons to oppose this legislation. Taxpayer-funded abortions, the sleazy backroom deals that brought us the Cornhusker kickback, the Louisiana purchase, the pharmaceutical payoff, one-half trillion dollars in tax increases on an economy where millions have lost their jobs and can still find no gainful employment.

As a member of the House Budget Committee, let me give you one more: We can’t afford it. Our government can’t even pay for the promises it has made current generations, much less future generations.

After giving us the largest deficits in American history after proposing to triple the national debt in the next 10 years, Democrats today want to add $2.6 trillion of new spending to the Federal budget, costing every household $22,000. That is more money to borrow over the next 5 years, Mr. Speaker, I would be laughable.

But even more than cost, this is really a debate about who will control the health care resources of this Nation and who will control the health care decisions of our families. If we pass this bill, we will wake up one day only to find that when our loved ones become old and frail, or to find out we have cancer, we will see a mediocre doctor of the government’s choosing, only to be told by that same doctor that he cannot help because his treatment must be limited by the government protocol.

In America, we must never confuse the social safety net with the slippery slope to socialism.

When it comes to the health care of my family, when it comes to the health care of my country, I reject the hubris and arrogance of government social engineering, and I embrace the affordability and portability that comes by preserving the liberties of the American people.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from New York (Mr. BISHOP), a member of the committee.

Mr. BISHOP of New York. Mr. Speaker, over the course of this long and passionate debate, amidst the angry and at times even hateful rhetoric, amidst the misinformation of scare tactics, there exists one simple truth, and that truth is that the current system is unsustainable. It is a system that threatens to bankrupt the Federal Government and every other level of government, and it is a system that is already bankrupting businesses, families, and individuals.

Those who stand in the way of reform are protecting this system. To do nothing is to accept the crisis of ever escalating rates, slashed benefits, and, most tragically, illness and disease that go untreated.

The bill before us is not perfect, but it does enable us to begin to take action on the most pressing issues that affect the hardworking families we represent.

In my district alone, 24,000 uninsured individuals will get coverage. 97,000 families will receive tax credits to defray the cost of coverage, 20,000 businesses will receive tax credits to provide their employees with coverage, and 49,000 young adults will be able to remain on their parents’ policies.

On behalf of these people and the millions like them, let’s pass this bill tonight.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE of Wisconsin. As a member of the Budget Committee, I have had the opportunity to hear the most specious, inaccurate, contradictory, and downright laughable arguments against health insurance reform.

Take, for example, the argument that we need to start over because the Congressional Budget Office score had been done 17 months earlier and now was old and stale. And, oh, by the way, the debate has dragged on for 17 months. Yet, the minority simultaneously complains that somehow we are hurrying and ramming the bill through.

Once the CBO score was recalculated demonstrating phenomenal deficit reduction, the complaint became that the CBO is playing number tricks. Of course, the minority trusts CBO when the scores work for them.

The minority’s plan is to allow insurance premiums to rise unregulated by government intervention, let a family of four’s premiums double every decade, and end Medicare as we know it.

Take another argument, Mr. Speaker, that was old and stale. And, oh, by the way, the minority once it gets its way through the House will bring it to the Senate and then will demand that the Senate pass its health care plan.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. Mr. Speaker, I rise in strong opposition to this bill for two very important reasons. First, I believe that this bill fundamentally violates the U.S. Constitution and it will be found unconstitutional once it gets its way through the courts.

While Congress is given the power under the Constitution to regulate interstate activity, never before have we had to be required to purchase a private product—government approved—as a price of U.S. citizenship. This moves far beyond regulating economic activity into the realm of regulating inactivity.

If we allow that Congress has this authority under the Constitution, then there is no limit whatsoever of Washington’s ability to micromanage our lives. In the future, if Congress feels our car industry needs a boost again, they can require us all, once again, to purchase a car that is not exactly what our Founding Fathers had in mind.

Thirty-seven States have already filed legislation to challenge this bill. States have already passed laws threatening lawsuits if this bill passes tonight. One State lawmaker has pointed out that that’s two-thirds of the States of this great country, enough States to change the Constitution.

In addition, there’s another reason it should be rejected. It’s because it puts us hopelessly in debt. Democrats assert that their bill would reduce the deficit over the next 10 years, and more there and beyond. As a member of the Budget Committee, I have pointed out that that’s two-thirds of the deficit over the next 10 years. Democrats once it gets its way through the House will bring it to the Senate and then will demand that the Senate pass its health care plan.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Texas (Mr. GENE GREEN) for the purpose of a unanimous consent request.

Mr. GENE GREEN of Texas asked and was given permission to revise and extend his remarks.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in strong support of H.R. 3590 and also H.R. 4872.

Mr. Speaker, I rise in strong support of H.R. 3590, the Patient Protection and Affordable Care Act and H.R. 4872, the Reconciliation Act of 2010.

We are in desperate need of health care reform in the 29th District in Texas. We have the highest number of uninsured individuals in our country where nearly 43 percent of the residents are uninsured. If enacted, H.R. 3590 and H.R. 4872 would provide insurance coverage to 95 percent of all Americans and for 223,500 currently uninsured residents in the 29th district.

It will also improve the employer based coverage for 217,000 residents in my district. Also, approximately 177,000 families and 14,600 small businesses will receive tax credits and other assistance to help them afford health insurance coverage under the bills.

The legislation before us today will give all individuals the ability to access quality affordable health insurance, and approximately
Mr. Speaker, today, history was made. Today was for Sharon, from St. Louis, whose husband has Parkinson’s Disease, and whose medication costs quadruple every May, when he falls into the donut hole.

Today was for Mary, whose has lived in fear of losing her coverage because she knows her son will be refused coverage because of his preexisting condition.

Today was for Michelle, who can’t afford health coverage for the employees in her small bookstore.

Today was for Stacy, whose grandmother died because she didn’t have access to preventative care, leaving her family devastated and her grandfather broke from medical debt.

An American President once said, “There has long been a need to assure every American financial access to high quality health care. As medical costs go up, that need grows more pressing. Now, for the first time, we have not just the need but the will to get this job done.”

That President was Richard Nixon in 1974. Indeed, the time has come to make sure quality, affordable health care is available to all Americans dates back nearly 100 years, when Teddy Roosevelt called for reform, a call echoed by Democratic and Republican Presidents alike—Eisenhower, Kennedy, Nixon—and even Missouri’s own Harry S. Truman.

Today, we have finally fulfilled this century-old mission.

No longer will older Americans face financial ruin because they can’t afford to purchase life-saving medicine.

No longer will parents fear that their children will be denied coverage because they have a preexisting condition.

No longer will small businesses be forced to choose between health care or hiring additional employees.

And no longer will people die, in the wealthiest country in the world, simply because they cannot afford care.

That all ends today, with the passage of this bill to stop the insurance companies from denying care to people who are sick and rein in rising costs to make health care more affordable for families and small businesses, giving everyone access to the kind of health care choices available to Members of Congress.

It’s about time. We have a healthier America. A healthier America means a stronger, more productive, more competitive America.

Mr. GEORGE MILLER of California.

Mr. Speaker, I yield to the gentleman from Texas (Ms. JACKSON LEE) for the purpose of a unanimous consent request.

(Ms. JACKSON LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. In the name of my mother, Ivalita Jackson, I affirmatively support this bill for all of America.

And Mr. Speaker, I have the great honor and privilege to rise in strong support of H.R. 4872, “The Health Care & Education Affordability Act of 2010,” a bill that will make health care affordable for the middle class, provide security for seniors, and guarantee access to health insurance coverage for the uninsured—while responsibly reducing the federal deficit over the next decade and beyond. I would like to thank President Obama and the leadership in the House and Senate for guiding us through this journey.

Mr. Speaker, when I stand here today and reflect upon what we are about to embark upon, I cannot help but think of some of the last words that the Great Senator Edward Kennedy shared in his letter to President Obama. The Senator said, “And so because of your [Obama’s] vision and resolve, I came to believe that soon, very soon, affordable health care coverage will be available to all, in an America where the state of a family’s health will never again depend on the amount of a family’s wealth. And while the future is uncertain, we were able to look forward and know that we will—yes, we will—fulfill the promise of health care in America as a right and not a privilege. Well, Senator, your life’s work shall today be proven to not be in vain.

Though it has been a long journey to get to this place and many have suggested that we need to start over and wait until some other time in the future to address the health care crisis, in the words of the great civil rights leader, Dr. Martin Luther King, Jr., that “we have all come to this hallowed spot to rekindle America of the fierce urgency of now.” We cannot wait. We will not wait any longer to provide the citizens of this great Nation access to affordable, quality health care.

Today when we pass this bill, it will be a historic day not only for millions of uninsured Americans, but also for our great Nation. As Speaker PELOSI has reiterated, we as Members of Congress, are “humbled to stand here at a time when we can associate ourselves with the work of those who passed Social Security, those who passed Medicare, and now we will pass health care reform.”

Many parallels exist between that time in history and today. Throughout this journey, we
have listened to a parade of Republicans warn that this bill will bring the downfall of American society, of the American way of life. This, however, is not the first time that the Republicans have been on the wrong side of history. In an interview in 1975, David L. Kopelman, who played a major role in the writing and passage of the Medicare Program, remarked that his colleagues were often criticized by Republicans. “Communist,” he recalled, “was the designation all too liberally applied to anyone with a progressive idea. Well, after all, when we went around making contact with employers in the early years that was the designation not delicately applied by many, if not most of them, to the social security program. It must be some communist scheme foisted on the American people.” All Landon, the Republican candidate for President in 1936, even campaigned on the fact that not a dollar in social security benefits would ever be paid.

Mr. Speaker, unfortunately, such ad hominem attacks are as prevalent as ever. The Republicans want you to believe that our country is descending into an abyss of socialism, that we are further from the truth. Today, I am proud to support a bill that is distinctly American. We the people, Thomas Jefferson wrote in the Declaration of Independence are endowed “with certain unalienable Rights that among these are Life, Liberty, and the pursuit of Happiness—that to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed . . . ” I believe that it is no coincidence that life is listed first—for without it, the Founders realized, no other rights can be realized. Over many years, the millions of Americans who could not access medical services were denied their right to life—a life with access to quality and affordable health care.

Let me set the record straight, this bill is good for the American people and will go a long way to ensuring access to quality and affordable care to those millions of Americans who for far too long have been left out of the health care equation. This health insurance reform legislation (the Senate bill as improved by the Reconciliation Bill) that the House is considering provides better choices for Americans who could not access health care and coverage, including for pre-existing conditions.

Provide Americans with better coverage and the tools they need to make informed decisions about their health insurance.

Creates health insurance exchanges—competitive marketplaces where individuals and small business can buy affordable health care coverage in a manner similar to that of big businesses today.

Offers premium tax credits and cost-sharing assistance to low and middle income Americans, providing families and small businesses with the largest tax cut for health care in history.

Ensures access to immediate relief for uninsured Americans with pre-existing conditions on the brink of medical bankruptcy.

Creates a reinsurance program in support of employers who offer retirees age 55–64 health coverage.

Invests substantially in community health centers to expand access to health care in communities where it is needed most.

Empowers the Department of Health and Human Services and state insurance commissioners to conduct annual reviews of new plans demanding unjustified, egregious premium increases.

Expands eligibility for Medicaid to include all non-elderly Americans with income below 133 percent of the Federal Poverty Level (FPL).

Replaces the so-called “Cornhusker” deal with fair assurance for all states to help cover the costs of these new Medicaid populations.

Maintains current funding levels for the Children’s Health Insurance Program (CHIP) for an additional two years, through fiscal year 2015.

Increases payments to primary care doctors in Medicaid.

The bill improves Medicare by:

Adding at least nine years to the solvency of the Medicare Hospital Insurance trust fund.

Filling the Medicare prescription drug donut hole. In 2010, Medicare beneficiaries who go into the donut hole will receive a $250 rebate. After that they will receive a pharmaceutical manufacturers’ 50 percent discount on brand-name drugs, increasing to a 75 percent discount on brand-name and generic drugs to close the donut hole by 2020.

Providing new, free annual wellness visits, and eliminates out-of-pocket copayments for preventive benefits under Medicare, such as cancer and diabetes screenings.

Improving Medicare payments for primary care which will protect access to these vital services.

Reduces overpayments to private Medicare Advantage plans. Medicare currently overpays private plans by an average of 14 percent. This legislation reins in those overpayments to ensure a fair payment system that rewards quality.

Encouraging reimbursing health care providers on the basis of value, not volume. The bill includes a number of proposals to move away from the “a la carte” Medicare fee-for-service system toward paying for quality and value while reducing costs for America’s seniors.

The bill prevents chronic disease and improves public health that promotes preventive health care at all ages and improves public health activities that help Americans live healthier lives and retrain the growth of health care costs over time. The legislation eliminates cost-sharing for recommended preventive care, provides individuals with the information they need to make healthy decisions, improves education on disease prevention and public health, and invests in a national prevention and public health strategy.

The bill improves health care workforce by making key investments in training doctors and nurses and other health care providers. Currently, 65 million Americans live in communities where they cannot easily access a primary care provider. An additional 16,500 practitioners are required to meet their needs. The legislation addresses shortages in primary care and other areas of practice by making necessary investments in our Nation’s health care workforce. Specifically, it will invest in medical education and loan repayment programs through the National Health Service Corps to expand the health care workforce. The bill also includes incentives for primary care practitioners and for providers to practice in underserved areas.

The bill provides for transparency and program integrity by providing consumers with information about physician ownership of hospitals and medical equipment companies, as well as nursing home ownership and other chronic care facilities. The bill contains provisions that will crack down on fraud, waste, and abuse in Medicare, Medicaid, SCHIP and private insurance. It establishes a private, non-profit entity to identify priorities in patient-centered outcomes research that will provide doctors with information on how to best treat patients and end wasteful overspending.

This bill also improves access to innovative medical therapies and establishes a regulatory pathway for FDA approval of biosimilar versions of previously licensed biological products.

The bill also provides community living assistance services and support that makes long-term support and services more affordable for millions of Americans by providing a
lifetime cash benefit that will help people with severe disabilities remain in their homes and communities. CLASS is a voluntary, self-funded, insurance program provided through the workplace. For those whose employers participate, affordable premiums will be paid through payroll deduction. Participation by workers is entirely voluntary. The Congressional Budget Office confirms that the program, which has been revised from earlier versions, is actuarially sound.

The bill provides revenue provisions that:

1. Reduce the deficit in the next ten years, and beyond. The bill is fully paid for with revenue provisions that focus on paying for reform within the health care system.

2. Tighten current health tax incentives, collect industry fees, institute modest excise taxes, and slightly increase the Medicare Hospital Insurance (HI) tax for individuals who earn more than $200,000 and couples who earn more than $250,000. The taxable base of the HI tax is also broadened by including net investment income. The HI tax increases will not only help fund health care reform, but, when combined with other provisions in the bill, will extend the solvency of the Medicare Trust Fund by at least nine years to 2026.

3. Include a fee on insurance companies that sell high cost health insurance plans. The fee is designed to generate smarter, more cost-reflective choices. The revenue assumption bill delays this new fee until 2018 so that plans have time to implement reform and begin to save from its efficiencies.

4. Change health care tax incentives by increasing penalties on nonqualified distributions from HSAs; and by the FSA will instantly and standardizing the definition of qualified medical expenses. The industry fees and excise taxes reflect responsible contributions from health care stakeholders who will benefit from the expanded coverage of millions of additional Americans under health care reform. The bill also assesses a small excise tax on indoor tanning services.

In total, the revenue provisions in the bill represent a balanced, responsible package of proposals that bend the health care cost curve by reducing the pressure on health spending, close unintended tax loopholes, and promote tax compliance.

Mr. Speaker, who among us can say with sincerity that the quality of one’s life, which certainly includes one’s health, is not heavily dependent upon the access to quality, affordable health care. According to the National Academy of Sciences, Institute of Medicine, there is a “consistent and statistically significant relationship between health insurance coverage and health outcomes for adults. These, in turn, improve the likelihood of disease screening and early detection, the management of chronic illness, and the treatment of acute conditions. . . .” Recently, a study published in the American Journal of Public Health by researchers at Harvard University Medical School concluded that nearly 45,000 excess deaths of Americans can be linked each year to lack of health insurance.

According to the U.S. Census Bureau, 27 million Americans live without health insurance, and an additional 1.1 million part-time workers lost their health insurance in 2008. Implementing the Medicare excise tax would improve the life expectancy of millions of Americans of all ages. It is impossible to put a price on that. When we talk about the right to healthcare, we are actually talking about the right to life—a life that includes access to quality health care.

The bill contributes to reducing health disparities. Minority communities are particularly vulnerable to being left uninsured and under-insured. Currently, people who do not choose to be uninsured but, instead, are priced out of insurance. These people cannot, as free market proponents often argue, “Pull themselves up by their bootstraps.” Instead, they and their families are too often cyclically and systematically trapped in their economic situation. As a result, minority communities suffer grave health disparities that would otherwise be limited but for lack of access to affordable and quality care.

According to a 2003 National Health Disparities Report released by the Agency for Research Quality and Care: Minorities are more likely to be diagnosed with late-stage breast cancer and colorectal cancer compared with whites. Patients of lower socioeconomic position are less likely to receive recommended diabetic services and more likely to be hospitalized for diabetes and its complications.

When hospitalized for acute myocardial infarction, Hispanics are less likely to receive optimal care. Many racial and ethnic minorities and persons of lower socioeconomic position are more likely to die from HIV. Minorities also account for a disproportionate share of new AIDS cases.

The use of physical restraints in nursing homes is higher among Hispanics and Asian/Pacific Islanders compared with non-Hispanic whites.

Blacks and poorer patients have higher rates of avoidable hospital admissions (i.e., hospitalizations for health conditions that, in the presence of comprehensive primary care, rarely require hospitalization).

This historic bill is particularly important for minorities and women—who have gone without health care coverage for too long. In 2007, only 49 percent of African-Americans in comparison to 66 percent of non-Hispanic whites used employer-sponsored health insurance, and 69 percent of African-Americans and 85 percent of non-Hispanic whites had insurance.

Hispanics have the highest uninsured rates of any racial or ethnic group within the United States. In 2004, the Centers for Disease Control and Prevention reported that private insurance coverage among Hispanic subgroups varied as follows: 39.1 percent of Mexicans, 47.3 percent of Puerto Ricans, 57.9 percent of Cubans, 57.8 percent of other Hispanic and Latino groups.

Health care reform also is critical to ensure that women have access to affordable health care coverage. An estimated 64 million women do not have adequate health insurance coverage. About 1.7 million women have lost their health insurance coverage since the beginning of the economic downturn. Nearly two-thirds lost coverage because of their spouse’s job loss. And nearly 39 percent of all workers lost their health insurance in 2008. Women also are more likely to deplete their savings to pay for medical bills than men because they are more likely to be poor. This bill gives women access to the health care that they need and deserve.

Passage of this bill will be a critical first step in helping to reduce such health disparities. This bill will:

1. Lower costs for minority families and prevent care for better health. Racial and ethnic minorities are often less likely to receive care that is preventive in nature. For example, Whites are half as likely to receive a pap smear, and twice as likely to die from cervical cancer as are Whites. Obesity rates are also high among certain minority groups. By ensuring all Americans have access to preventive care and by investing in public health, health insurance reform will work to create a system that prevents illness and disease instead of just treating it when it’s too late and costs more.

2. Provide greater choices and more affordable choices and competition. African Americans, Hispanics, and Asians are all more likely to need a referral in order to see a specialist and they are less likely to get coverage for seeing a doctor outside of the insurance network. Health insurance reform will create a health insurance exchange so you can compare plans and health insurance reforms which provide quality affordable option is right for you and your family. It will include a competitive public option that increases choices and holds private insurers accountable.

3. Allow for quality, affordable health care for minorities and eliminates discrimination in obtaining health insurance. Health insurance reform will prevent any insurance company from denying coverage based on a person’s medical history, including genetic discrimination which can disproportionately hurt minority populations.

4. Make health care accessible to everyone. African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population. By providing health insurance choices to all Americans and providing premium assistance to make it affordable, health insurance reform will significantly reduce disparities in accessing high-quality health care.

5. Control chronic disease. Nearly half of African Americans suffer from a chronic disease, compared with 40 percent of non-Hispanic whites. Chronic disease is the number one cause of death for African Americans. And 30 percent of African Americans have a chronic condition. Chronic Illness is growing in other minority communities as well. Health insurance reform includes a number of programs to prevent and control chronic disease, including incentives to provide medical homes and chronic disease management pilots in Medicare.

6. Promote primary care. By providing health insurance choices through a health insurance surcharge and investing in the primary care workforce (including scholarships and grants to increase diversity in health professions), health reform will make sure that all Americans have access to a primary care doctor so they can stay healthier, longer. It will also strengthen the system of safety-net hospitals and community health centers to ensure high-quality, accessible care.

Health reform legislation will require any health care program to report on race, ethnicity, gender, and socioeconomic status in order to better understand health disparities, and devote funding to addressing these issues.

Finally, this bill is uninsured in Texas. The people of my home state of Texas, in particular, with 6 million uninsured persons, and 26 percent uninsured in my district, the 18th Congressional District, have been hit especially hard when it
comes to lack of access to quality, affordable care.

And just what causes such a massive loss of health care coverage? Job layoffs are partially to blame especially in the face of the economic downturn. Yet, we know that the uninsured didn’t get this way before the devastating recession. Many Americans continue to be forced from their health care plans due to decisions by insurance companies to put profits over people. Policy cancellations rather than paying for expensive yet necessary medical treatment is just one of the many techniques used by large insurance companies to rack up huge profits annually.

According to the latest figures analyzing the profits of health insurance companies, 10 of the country’s largest publicly traded health insurance companies enjoyed a rise in profits of 426 percent, from 2000 to 2007. From filings with the U.S. Securities and Exchange Commission, it was revealed that in 2007, these insurance companies alone generated $12.9 billion in profit. That same year, the chief executive officers at these companies collected combined compensation packages of $118.6 million—an average of $11.9 million each. That is 468 times more than what an average American worker made that year.

Since 2007, there has been a 10 percent increase in the uninsured rate in Texas alone. Today, 5,789,000 Texans are without even basic health insurance. And this broken health insurance system has cost the Texas economy dearly. This year, Texas lost $30 billion in productivity as a result of its millions of uninsured residents.

Those in our state who are blessed to have insurance coverage have in some ways been losers as well. Specifically, the average Texan family pays insurance premiums of over $1000 a month. This figure is set to nearly double to $1920.75 per month by 2019, that is, unless we succeed in passing health care reform legislation. Today, when we pass this bill, the people of Texas and all over this nation become winners.

We know that many of our colleagues in this body do not want to reform the health care system by standing on the side of the big insurance companies. We choose to stand on the side of the Americans who need our help. President Franklin D. Roosevelt said it best when he said, “the test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have little.”

While the state-wide numbers are shocking, on the local level, the health care figures are even worse. The 18th Congressional District and the rest of Houston, account for 1.1 million of Texas’s uninsured residents. Nationally, more than 15 percent are uninsured. In Texas it’s nearly 24 percent. Here in Harris County, it’s 30 percent, according to state figures, the highest rate among the nation’s top 10 metropolitan areas.

So how do the million plus Houston residents without insurance company get health care—emergency rooms of course. Emergency rooms have become the health care providers of last resort for well over 100 million Americans annually. Over a 10 year period from 1994 to 2004, ER visits on a national level more than doubled. A recent jump, according to the Centers for Disease Control and Prevention. The Texas Hospital Association reports that ERs in the state experienced a 33 percent increase; in the Houston area, it was more than 50 percent. During this ten year period, the number of hospital emergency departments dropped by more than 12 percent nationally.

Emergency rooms in Houston hospitals are routinely swamped, as throngs flock seeking care for ailments that may range from a heart attack or gunshot wound to an ear infection or toothache. Ambulances pile up outside emergency rooms before unloading their patients. It’s reported that a wait of an hour or two to move a patient from the back of the ambulance is common in Houston. David Persse, the Houston Fire Department’s medical director, confirmed with a reporter recently that the record wait to unload an ambulance at Houston area hospital is six hours.

Ben Taub, the Houston area’s pre-eminent trauma care facility, has seen the brunt of the problem. In a recent USA Today article, one Ben Taub nurse reported arriving to work one morning to find ER patients waiting to be seen who arrived the day before, over 24 hours earlier. Even more concerning is the situation in the Houston area, that patients have called 911 from one ER to get to another, according one report. When we pass this bill tonight, these Americans who have been flocking to emergency rooms for primary care will have another option—affordable and accessible health care.

The benefits to the 18th congressional district: In my district, the health care bill will: Improve coverage for 279,000 residents with health insurance. Give tax credits and other assistance to up to 186,000 families and 14,600 small businesses to help them afford coverage. Extend coverage to 180,500 uninsured residents. Guarantee that 27,600 residents with pre-existing conditions can obtain coverage. Protect 500 families from bankruptcy due to unaffordable health care costs. Allow 62,000 young adults to obtain coverage on their parents’ insurance plans. Provide millions of dollars in new funding for 20 community health centers. Reduce the cost of uncompensated care for hospitals and other health care providers by $27 million annually.

As we reach this great milestone today, I am still reminded of the unfinished work that is left to do. We must ensure that physician-owned hospitals are allowed to maintain operations that allow them to serve the most vulnerable and underserved communities. I am committed to working with the Speaker’s office and my colleagues here to take the first steps in striking the balance between the many uninsured. The protection of physician-owned hospitals is an issue of national interest. We have a lot of work to do as we move toward the Senate and to the conference. I was gratified to meet with the Speaker to discuss the continued protection of the very viable physician-owned hospitals and believe that we have a real opportunity to address this issue in the very near future.

I offered three amendments that would have gone a long way to save physician-owned hospitals. Before the ERs, we have preserved physician-owned facilities that have a greater percentage of Medicaid inpatient admissions than the state average in operation and allows them to expand. My second amendment is extremely critical for minority communities and high poverty. This amendment would prevent physician safety-net hospitals from closing and preserves critical care access for impoverished communities and the disabled.

My third amendment, supported by Physician Hospital Association of America, would effectively prevent the closure of 230 existing hospitals, save $2.9 billion in total payroll, $608 million in federal taxes, $3.5 billion in transactions, and prevent 1- and part-time jobs by striking all language that prohibits grandfathered facilities from expanding.

During the ongoing healthcare debate, discussions about physician ownership of hospitals have ignored the positive impact these facilities have had on minority communities and minority physicians. Physician-owned general acute care hospitals, who have unprecedented amounts of minority owners, have allowed Hispanic, Black, and Asian Americans to transfer to the first hospital. The largest physician-owned hospital, Doctors Hospital at Renaissance, is over 50 percent minority owned.

To help my colleagues understand what is at stake, I would like to highlight some of the success stories:

In Houston, St. Joseph’s Hospital, a full-service general acute care center, is the only hospital that serves one of the most income-challenged and African-American sections of the city. Within the last few years, a for-profit corporation abandoned this hospital and the surrounding community. Physician ownership provided an avenue for it to stay open and prevent a critical loss for the neighborhood.

In South Texas, out-of-state corporations forced over 700,000 Texans to travel more than 250 miles to receive life-saving medical procedures. Decisions not to offer needed services by out-of-state healthcare conglomerates and the lack of public or county hospitals, left patients with two options: go without or to transfer to facilities 350 miles away. Income-challenged families who could not afford the travel were placed in great peril. Physician ownership enabled a group of local doctors to open a new hospital with advanced medical capabilities that reduced the need for travel to seek life-saving care. The hospital at Renaissance, a 506-bed premiere general acute care center, now provides some of the best care in the Nation and consistently has been recognized by Thompson Reuters as a Top 100 Hospital in the Nation.

In the Chinatown section of Los Angeles, California, the Pacific Alliance Medical Center (PAMC), a 142-bed full-service hospital, has been the community’s main hospital for 140 years. This facility was purchased by a group of physicians and minority physicians. Physician-owned general acute care centers, now provides some of the best care in the Nation and consistently has been recognized by Thompson Reuters as a Top 100 Hospital in the Nation.

I will continue to work on behalf of these Americans and to save physician-owned hospitals that are currently treating patients or under significant development, to ensure that Americans can continue to receive healthcare at the local hospitals they have come to depend upon. Physician-owned hospitals take care of patients covered by Medicare and Medicaid, as well as patients who are uninsured or cannot pay for their care. They also provide emergency departments access for
their communities. At a time when we are concerned about the shortage of hospital beds in the face of epidemics like the swine flu, my amendment to this landmark bill will make sure no hospital is forced to shut its doors or turn away Medicare or Medicaid patients. The benefits of our efforts significantly exceed the cost and are significant economic activity for local businesses and communities. Existing physician-owned hospitals employ approximately 51,700 individuals, have over 27,000 physicians on staff, pay approximately $2,421,579,312 in payroll taxes and $512,899,516 in other federal taxes, and have approximately $1.9 billion in trade payables. Hospitals currently under development would employ approximately 21,700 more individuals. With approximately 50 physician-owned hospitals, Texas leads the Nation in the number of physician-owned hospitals. The Texas economy would lose more than $2.3 billion and more than 22,000 jobs.

In my district, the 18th Congressional District of Houston, Texas, St. Joseph Medical Center is a general acute-care hospital that treats all patients. In fact, its 40 percent Medical population is double the dentist physician-owned hospital’s patient population in the entire State of Texas and is one of the highest in the country. St. Joseph’s was operated by the Sisters of Charity for many years until it was scheduled to be closed because the order could no longer support it. The hospital was offered to for-profit and not-for-profit hospital systems but no one would accept responsibility for operating St. Joseph’s. A plan was developed to convert the hospital into condominiums. I refused to allow that to happen. It was only at that point that the physicians who had practiced there for many years came together to buy the hospital to save it from closing.

St. Joseph’s takes care of patients covered by Medicare and Medicaid, as well as patients who cannot pay for their care. The emergency departments of many physician-owned “specialty hospitals” have been criticized for not having a true emergency department. St. Joseph’s has a department which is open 24 hours per day, 7 days per week, providing an access point for patients in need of emergency services. In fact, St. Joseph’s admissions through the emergency department are double the State average.

St. Luke’s hospital in Houston, which is church-owned, is one of the very few facilities under development; the nonprofit religious mission has the controlling interest. One full-service hospital has one phase already operating, but would be under the growth restrictions; the hospital cannot be completed if the new restrictions are applied. The hospital brought approximately 300 new jobs to the community; and Baylor Health Care System, based in Dallas, has found that their partnership with physicians has increased measurable quality, increased patient satisfaction, and decreased the cost in the delivery of their excellent care. This joint venture model has produced a heart development; the nonprofit religious mission, church-owned, has three new facilities under construction; and the emergency department are double the State average. St. Joseph’s has a department which is open 24 hours per day, 7 days per week, providing an access point for patients in need of emergency services. In fact, St. Joseph’s admissions through the emergency department are double the State average.

I yield myself the balance of my time.
Mr. Speaker, I rise in support of this truly historic legislation that addresses two of America’s greatest troubles—the crushing costs and high obstacles of obtaining both quality health care and a college education.

Our Nation and its economy have suffered from our longstanding failure to make health care affordable and affordable to all of the American people.

Americans have waited a long time for health insurance reform—nearly 100 years. Today, Congress and President Obama will deliver on literal promises on a dream deferred, on a crucial demand.

Because of this legislation, for the first time in America’s history, never again will Americans have to worry about losing their health insurance if they change or lose their job.

Insurance companies will not be able to jack up premiums or deny coverage because of a pre-existing condition.

They will not be able to drop people’s coverage when they get sick—and need it most.

There is no other plan on the table today that offers the same comprehensiveness.

Our reforms will improve the lives of every American—those with insurance today and those without it.

They will improve our economy by reducing the deficit, creating up to 4 million jobs over the next decade, and unshackling important business decisions from crippling health insurance costs.

Our legislation offers families and employees of small businesses access to choices of affordable health plans; security and control over their health care; vital federal and state conscience clauses; accountability for insurance companies; and coverage for 32 million Americans who don’t have insurance today.

This legislation also intends to lessen and eventually eliminate the loopholes and inconsistencies in our current system. More specifically, it seeks to begin the creation of a joint national and state health care system. Currently, we have a fragmented and unfair set of rules.

If you are poor you may or may not be covered by Medicaid and your benefits will vary depending on the state you live in.

If you are employed, you may or may not be offered benefits by your employer and those benefits vary from employer to employer. As providers continue to increase costs year after year, insurers, employers and states have been unable to effectively negotiate and respond by cutting benefits and increasing costs for individuals and families.

This bill will help change this unsustainable and unfair dynamic. Under this legislation, every American will have an obligation and an opportunity to purchase meaningful health benefits. The Secretary of Health and Human Services will establish a national plan with a basic but comprehensive set of benefits for all Americans. Although existing employer plans are not required to provide this level of benefits, it is our hope that employers will meet or exceed this standard. However, the bill does end a wide series of abuses that all health plans, including employer provided plans, must comply with.

These include an end to all pre-existing condition exclusions, limits on waiting periods for coverage, and elimination of annual and lifetime caps on benefits.

In order to make health care more affordable for workers and employers, the bill establishes exchanges that will negotiate with insurers to offer health coverage to individuals in a given area or state. These government-sponsored exchanges will establish a level playing field market place that will make health benefits fairer to all parties.

Insurers can no longer organize access to large pools of individuals who are required to purchase insurance with lower income individuals receiving federal subsidies to afford essential benefits. Employers will be relieved of their current burdens of designing and negotiating for health plans and will be at the mercy of a new health system. Employers will simply facilitate the enrollment and payroll deduction of their employees in exchange health plans with no other responsibilities. Employers may select a plan level to which any employer contribution will be limited, but are free to choose plans in that or a more favorable level.

The health plans offered through the exchange are state licensed (with the exception of the national plans) and are not ERISA plans. States have full authority to protect their residents and to have state law rights and consumer protections. There is no federal preemption of any state law that does not prevent the application of any of the rights and responsibilities included in Title I of this bill.

Small employers that choose to offer health coverage may be eligible for tax credits and cannot offer health benefits that discriminate in favor of highly compensated employees. For employers who use employee payroll and favor other Plan Professionals (Professional Employee Organizations), I expect that the U.S. Department of Treasury will issue rules to make clear the circumstances by which the small employer may take the tax credit and satisfy the prohibition against discrimination. The bill contains an individual mandate to obtain health insurance or pay a penalty.

This provision is grounded in Congress’s taxing power but is also necessary and proper—indeed, a critical incipit—to the overall effort to reform the health care market and bring associated costs under control throughout the interstate commerce. For example, without this requirement, some reforms may create the opportunity for moral hazards, such as the prohibition on pre-existing conditions.

Without an individual mandate to either obtain health insurance or pay a penalty, this provision is grounded in Congress’s taxing power but is also necessary and proper—indeed, a critical incipit—to the overall effort to reform the health care market and bring associated costs under control throughout the interstate commerce. For example, without this requirement, some reforms may create the opportunity for moral hazards, such as the prohibition on pre-existing conditions.

Without an individual mandate, individuals could wait to purchase health insurance until they are sick—thereby driving up insurance costs and undermining the bill’s efforts to bring health care costs and costs to the broader economy under control. This requirement spreads risk to ensure lower costs to the National Health Plan (CO-OP), a community health insurance plan. It is my understanding that the Patient Protection and Affordable Care Act requires the Secretary of Health and Human Services to issue regulations, interpretations, and guidance regarding the applicability of the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, the Health Insurance Portability and Accountability Act, the Family and Medical Leave Act, and Title VII of the Civil Rights Act of 1964 to the design and implementation of voluntary wellness programs. I urge the Department of Labor and other agencies to monitor and ensure that health plans properly convert and comply with the standards established by this Act. I also urge the Congress to continue to review and revisit this developing area of health care.

The Senate bill includes provisions that would provide for a “level playing field” between private health insurance issuers and a competing Consumer Operated and Oriented Plan (“CO–OP”), a community health insurance option, or a nationwide qualified health plan. These provisions would prevent unfair competition within a state where these plans compete.

For example, if a CO–OP is established in New York State, it would have to be subject to all the same federal and state laws enumerated in these level playing field provisions as private health insurance issuers in New York
State are. Or, for example, if a CO-OP were established in Florida and was exempted from a state law relating to licensure, private health insurance issuers in Florida would also have to be exempted from the same state law.

The bill we are passing contains protections for employees who are retaliated against for reporting violations involving health insurance regulation and the operation of exchanges, and provides recourse for workers who are fired or otherwise discriminated against because they participate in the exchange and the employee receives a tax credit or a subsidy to purchase health insurance through an exchange. Under this legislation such employees can bring a complaint to and receive assistance from the Department of Labor.

Section 2951 of H.R. 3950 makes an amendment to section 511 of Title V of the Social Security Act to require states to conduct statewide needs assessment and to coordinate such assessment with other appropriate assessments, and cross-references section 640(g)(1)(C) of the Head Start Act. This should not be interpreted to provide states with any authority over Head Start grantees or entities applying for Head Start funds.

Now, we’re pairing these truly historic health insurance reforms with another opportunity that cannot be missed: The chance to make the single largest investment in college affordability in decades. By originating all loans through the federal direct lending program—saving taxpayers $61 billion over the next 10 years. We are going to take tens of billions of dollars that for decades has gone to banks in the student loan program and instead give that money to students and to pay down the deficit.

For decades, banks have enjoyed a sweetheart deal: They receive taxpayer money to make virtually risk-free loans to students. As we speak, the federal government is now funding 88 percent of all federal student loan volume. It has proven to be a more stable lender for students through shaky financial markets and a more cost-effective lender for taxpayers.

Ending these subsides is not a radical idea. President Clinton first identified these subsides as wasteful in the 1990s. President Bush eyed them in three of his budgets. And President Obama has repeatedly proposed phasing out these subsides once and for all by originating all loans through the federal direct lending program—saving taxpayers $61 billion over 10 years.

And that’s what our legislation accomplishes.

Our reforms are good for students, taxpayers and American jobs.

We will help low and middle-income students pay for college and invest in the support they need to graduate.

We will be responsible with taxpayer dollars by using $10 billion of these savings for deficit reduction.

And we will end the practice of banks shipping lending jobs offshore.

This bill makes unprecedented investments to expand high-quality educational opportunities to all Americans. It invests in the Pell Grant scholarship award, strengthens Historically Black Colleges and Universities and minority serving institutions, and provides more resources to states for college access and completion efforts through the College Access Challenge Grant program.

Further, these investments are paid for without increasing our nation’s deficit, through key reforms in the federal student loan programs designed to provide a stronger, more reliable, and more efficient student loan system. The legislation directs $10 billion of the savings generated under this legislation to paying down the country’s deficit.

The education provisions of this legislation will convert all new federal student loans to the Direct Loan program starting in July 2010, saving $61 billion over the next 10 years. These changes will also upgrade the customer service borrowers receive when repaying their loans and promote jobs. The legislation will maintain a robust role for the private sector, allowing lenders and nonprofits to get contracts with the Department of Education to service Direct Loans.

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The legislation significantly increases the federal Pell Grant award; the cornerstone of need-based federal student assistance since 1972. Investments in this program are essential to ensuring educational access and making college more affordable for students and families. Both the House and Senate authorizing and appropriating committees have made significant investments in increasing the maximum Pell Grant award in the past few years—32 percent since 2006. The investments in this legislation build on these commitments by indexing the maximum Pell Grant award to the Consumer Price Index beginning in the 2013–2014 academic year, to reach an estimated maximum of $5,975 in the 2017–2018 academic year.

The legislation invests additional resources in the College Access Challenge Grant program created under the College Cost Reduction and Access Act of 2007 to assist states working with institutions of higher education, non-profit philanthropic organizations, and other organizations with experience in college access, to ensure that students have access to high-quality, affordable higher education.

The legislation directs $10 billion of the savings generated under this legislation to providing a stronger, more reliable, and more efficient student loan system. The legislation directs $10 billion of the savings generated under this legislation to paying down the country’s deficit.

The legislation also includes a continuation of funding for investments in Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges, Alaska and Hawaiian Native, Predominantly Black Institutions, institutions serving Asian American and Pacific Islanders, and institutions serving Native Americans, first made under the College Access and Completion Act and reauthorized in the Higher Education Act of 1998.
ensure a diverse geographical representation of community colleges in both urban and rural areas.

I’d like to thank Rubén Hinojosa, our higher education subcommittee chair, Tim Bishop, and all of our committee members for their tireless work on student loan reform.

Along with all the members of our committee, I’d like to especially thank Rob Andrews, our health subcommittee chair, for his backbreaking work over the last year on health reform.

And I would like to thank the many members of my staff for their long hours and tremendous work over the last year on these two pieces of reform: Mark Zuckerman, Danny Weiss, Alex Nock, Michele Varnham, Jody Calemine, Denise Forte, Ruth Friedman, Megan O’Reilly, Julie Radocchia, Jeff Appel, Ajita Talwalker, Celine McNicholas, Meredith Regine, Lillian Pace, Kara Marchione, Helen Pacicj, Rachel Racusen, Aaron Albright, Melissa Salmanowitz, Andra Belknap, Betsy Kittredge, Mike Kruger, Amy Peake and Courtney Rochelle.

Their commitment and expertise has been invaluable.

We almost didn’t get here today. You know that.

Opponents of health care reform have said anything and done everything to distort the facts, to slow the process, and try to put off what Americans have asked for and needed for generations. They have tried to sow fear into the American people.

They cannot win on the merits. And they will continue to lie and distort the facts going forward. But we have made it to the final step in this process—despite all that noise.

And now we face a simple choice.

We can side with America’s families and college students and make health insurance and college more affordable and accessible—while creating millions of jobs and reducing the deficit.

Or, we can side with insurance companies and banks.

That’s it.

That’s the choice.

I’m siding with the American people.

I urge each of my colleagues to join me.

The SPEAKER pro tempore. The gentleman from South Carolina (Mr. Spratt) is recognized for 15 minutes as a designee of the majority leader.

Mr. SPRATT. I reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I’d like to yield 2 minutes to the gentlewoman from Wyoming (Mrs. Lummis).

Mrs. Lummis. The world is begging America to get its financial house in order. This Congress responds by doubling the debt in 5 years and tripling it in 10.

Americans are begging for jobs, careers, at stability. This Congress responds by hiring 17,000 people at the IRS to enforce on Americans government-approved health insurance.

Small business entrepreneurs beg Congress to empower them to create jobs. Congress responds with 29 new taxes and a health care bill, amounting to half a trillion dollars.

Our military families beg us to leave TRICARE out of the Department of Defense.

Americans are fed up with government takeovers of business, like the auto industry that closed dealerships and threw Americans out of work. This health care bill threatens to take over the student loan business, throwing 31,000 more Americans out of work.

We Republicans implored the majority for a bipartisan health care reform bill. The majority part responded with special deals, and behind closed doors to garner votes for its most re- luctant members.

America deserves better than this. America is better than this. Let’s listen to America. Kill this bill. Start over with health care we can afford, create jobs and save our economy.

Mr. RYAN of Wisconsin. Mr. Speaker, at this time I’d like to yield myself the remainder of our Budget Committee time.

Mr. Speaker, there’s a lot wrong with this bill. We know the problems with its costs. We know it doesn’t really reduce the deficit. We know premiums are going to go up. The CBO has given us all this information and it’s clear that we have a bill that is chock full of gimmicks and hidden mandates. I’m not going to get into all of that again, but what I want to ask is this: Why has this decision become so personal to our constituents? Why are so many people engaging in this rage? Why have we received a hundred thousand calls an hour from around the country? It’s because health care affects every one of us. And yet, here we are, debating whether the government should have a bigger role in making those personal decisions.

So make no mistake about it. We are not just here to pass a health care bill. We are being asked to make a choice about the future path of this country. The answers to those questions are correct; this is history. Today marks a major turning point in American history. This is really not a debate about prices, coverage, or choosing doctors. This is ultimately about what kind of country we are going to be in the 21st century.

America is not just a nationality. It’s not just a massive land from Hawaii to Maine, from Wisconsin to Florida. America is an idea. It’s the most proudest idea on Earth. And it is a God-given idea. John Adams wrote in the Declaration of Independence that our rights come from nature and from the Creator—the one fundamental reason. It is simply the right of our forefathers and the forefathers of the forefathers.

And now we face a simple choice.

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Mr. SPRATT. I reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I first recognize the gentleman from California (Mr. Baca) for a unanimous consent request.

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

Mr. BACA. Mr. Speaker, I rise in strong support of this legislation.

Mr. SPRATT. I yield to Mr. Israel of New York to make a unanimous consent statement.

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

Mr. ISRAEL. Mr. Speaker, I rise in support of this bill.

Mr. Speaker, I rise in support of this bill for one fundamental reason. It is simply the right thing to do. Not for my Party, not for the President, not for the Speaker, not for me. But for the people I represent. The middle class and working families; the backbone of our economy; small businesses—challenged by rising health costs.

Few debates have been as long and as passionate as this one. Since last August I

The philosophy advanced on this floor by this majority today is so paternalistic and so arrogant. It’s condescending, and it tramples upon the principles that have made America so exceptional.

My friends, we are fast approaching a tipping point where more Americans depend upon the Federal Government than upon themselves for their livelihoods, a point where we, the American people, trade in our commitment and our concern for individual liberties in exchange for government benefits and dependences.

More to the point, Mr. Speaker, we have seen this movie before, and we know how it ends. The European-style social welfare state promoted by this legislation is not sustainable. This is not who we are and it is not who we should become.

As we march toward this tipping point of dependency, we are also accelerating toward a debt crisis; a debt crisis that is the result of the politicians of the past making promises we simply cannot afford to keep. Déjà vu all over again. It’s unconscionable what we are leaving the next generation.

This moment may mark a temporary conclusion of the health care debate, but its place in history has not yet been decided. If this passes, the request to reclaim the American idea is not over. The fight to reapply our founding principles is not finished. It is just a steeper hill to climb, and it is a climb that we will make.

On this issue, more than any other issue we have ever seen here, the American people are engaged. From our town hall meetings to Scott Brown’s victory in Massachusetts, you have made your voices heard and some of us are listening to you.

My colleagues, let’s bring down this bill and bring back the ideas that made this country great.

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Few debates have been as long and as passionate as this one. Since last August I
have heard the strong voices on both sides of this issue. I have listened to the angry chants of opponents of the bill at Town Hall meetings. I have read the mail from people who insist this is a march towards socialism, that it is a dangerous experiment, that it involves government mandates that will deny senior citizens the lifelong health care they need. I have watched protesters march outside my district office on Long Island. I have seen the repugnant signs here in Washington comparing health care to the Holocaust.

I understand it all. But I have also heard others. They are the average Long Islanders—not rich, not poor, but usually somewhere in between—who live in quiet desperation and concern.

The small business owner on Long Island who told me he just received a 22 percent increase in health insurance premiums and agonizes at the prospect of either scaling back the care he provides his workers or scaling back the workers he pays. Under this bill, his business will receive a tax credit to help him provide insurance for workers. And he will be able to shop for competitive rates and services in a new market-driven “Health Insurance Exchange.”

The woman who thought health care worked pretty well for her, until her daughter was diagnosed with breast cancer. She’s been forced to deal with high medical costs to care for her daughter. But, under this bill, she will not have to worry about an insurance company that refuses to pay for her chemotherapy.

The middle class family with two kids just out of college who are having trouble finding a job that provides health insurance. Under this bill, those young adults can get coverage until they turn 26. The small business owner on Long Island who told me he just received a 22 percent increase in health insurance premiums.

And just yesterday, Mr. Speaker, a small business owner called me with concerns and plentiful questions about the legislation we will vote on today. After I explained it, he said: “There’s been too much confusion about this bill. I understand.”

He is right. This bill has changed in over a year of debate. Sometimes in an effort to accept bipartisan recommendations. Sometimes to reduce its cost. While one side has had the responsibility to improve the bill, the other side has taken the opportunity to brand it with mischaracterizations. But now the ink is dry. Mr. Speaker. And the dry ink of this bill represents the best hope to protect the middle class and working families I represent. The small business owner in East Northport who now has to play the waiting game for insurance. The family in Sayville who can now keep a child insured until the age of twenty-six. The senior in Deer Park whose drug costs will be covered. The accountant in Huntington who lost his job but will be able to shop for health care and negotiate rates.

This bill will improve coverage for 485,000 of my constituents with coverage through their employer, give tax credits to as many as 81,000 families and 21,000 small businesses to make health care affordable in my district, and extend coverage to 29,000 uninsured residents of the towns I represent.

This bill will reduce our debt. Yesterday, the Congressional Budget Office certified that the bill is fully funded and will actually reduce federal deficits by $143 billion in the first 10 years and over a trillion dollars in the next 10 years.

This bill is an urgent reversal from 8 years of ignoring the crisis. Between 2000 and 2008, health insurance premiums doubled, insurance company profits quadrupled, and an additional 15 million Americans fell uninsured. As a result, the leading cause of personal bankruptcy today is unpaid medical bills. Without action, these trends will grow worse.

These are the middle class families and businesses who have always expanded our economy. But rising health costs and insecurity have undermined the middle class. This bill will provide them with the basic security they need to do what they’ve always done: build our economy.

This vote is no different than the 1965 vote for Medicare. Back then, when one quarter of American seniors were living in poverty and wracked with unpayable medical bills, there were loud voices that said, “do nothing” and “start over” and “vote no.” Public opinion was skeptical then. Had I been in Congress in 1965, and the choice was voting for Medicare and risking my seat, or voting against Medicare and saving my seat, I would have voted for Medicare. It became the backbone of economic security for our senior citizens and helped build a middle class with economic security. This bill is different. No less necessary. No less historic.

Mr. SPRATT. Mr. Speaker, I yield to the gentlewoman from Ohio for an unanimous consent request.

Ms. SUTTON. I rise in support of this historic legislation.

Mr. SPRATT. Mr. Speaker, I yield myself 2 minutes.

Congress cleared the way for health care reform in the budget resolution. And when we did, we stipulated that reform had to be deficit-neutral. We can now say that the House, Senate and President have all abided by this principle. But, under this bill, we have always expanded our economy.

Mr. CAMP. Mr. Speaker, at this time I yield 3½ minutes to the distinguished gentleman from Indiana (Mr. PENCE), our conference chairman.

Mr. PENCE. This is truly a remarkable moment in the life of this Nation. Some say we’re making history. I say we’re breaking history. We’re breaking the new federal budget deficit-neutral, and the American people don’t want a government takeover of health care. Now I know they don’t like us to call it that, but when you mandate that every American have government-approved insurance, whether they want it or need it or not, when you create a government-run plan, paid for with job-killing tax increases, and you provide public funding for abortion, that’s a government takeover of health care, and the American people know it.

The American people want to face our challenges in health care with more freedom, not more government. As President Reagan said in his farewell address, “The distant capital can plan our lives better than we can plan them ourselves.”

You know, today we gathered in the old House Chamber for a time of worship and prayer. Members of Congress have been doing that for about 200 years. It’s a Chamber filled with statues of great Americans: Sam Houston, Lew Wallace, Robert Fulton, William Jennings Bryan, soldiers, heroes and
Mr. SPRATT. Mr. Speaker, I yield for a unanimous consent request to Ms. FUDGE of Ohio.

Ms. FUDGE. Mr. Speaker, I rise in support of this health care legislation. Mr. Speaker, I rise today to vote for my constituents. Ohiobans want health care reform and they want it now. They told me: "Now is the time to stand for change. Now is the moment to fight for quality care."

I'm voting for my constituents. I'm voting for the gentleman from North Carolina (Mr. WATTS), who called in to take issue with the gentleman from South Carolina (Mr. CLYBURN), who called in to a talk radio program last August. She said that she appeared on last August. She said that she appeared on this show last August. She said that she appeared on this show last August. She said that she appeared on this show last August.

I'm voting like a single mom in East Cleveland. I'm voting like seniors in Warrensville Heights depend on me. I'm voting like foster youth are waiting on me. I'm voting for the person in Euclid who died too soon. I'm voting like I don't have health care insurance myself. I'm voting for justice and equality. I'm voting for health care reform, so that I can hold my head high, look my neighbors in the eye and tell them: "I voted for you, and you, and you." Mr. SPRATT. Mr. Speaker, could I inquire as to the remaining time?

The SPEAKER pro tempore. The gentleman from South Carolina has 13 minutes, and the gentleman from Michigan has 16 minutes.

Mr. CAMP. Mr. Speaker, at this time I yield 2 minutes to the distinguished gentleman from California (Mr. McCARTHY), Mr. McCARTHY of California. Mr. Speaker, this is the people's House, and we were sent here to represent people throughout America. Some are actually in the gallery. We have been treating his son's sickle cell disease and put-ly bills. He shouldn't have to choose between his child's health insurance or meeting his month-
dom in their time who persevered, who made this the greatest Nation on Earth possible.

Now it's our turn. We can reform health care without putting our country on a pathway towards socialized medicine. We can reform health care by giving the American people more choices, not more government. So I say to my Democratic colleagues, stand with those who have gone before and made the hard choices to defend freedom in their time. Stand with us. Stand for freedom, and the American people will stand with you.

The consequences of reform are profound. Reform policies will have a direct impact on families, our economy and the future of our well-being. Reform will place an emphasis on prevention and necessary tests and procedures in an effort to diagnosis and treat illness early. Reform will improve the accuracy. We have all experienced our doctors recommending medications for seniors and eliminating burdensome copays or deductibles for their preventative care.

I'm voting for "Mary's" mom, who faced cancer without health coverage. "Mary's" mom died in her daughter's arms in pain and with-out medication because she had no insurance. I'm voting for the father in my District, who will get insurance under this bill. The gentleman from Pennsylvania.

I'm voting for the gentleman from California (Mr. McCARTHY). Mr. Speaker, it's the people's House, and we were sent here to represent people throughout America. Some are actually in the gallery. We have been treating his son's sickle cell disease and put-ly bills. He shouldn't have to choose between his child's health insurance or meeting his month-
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right, we will lift burdens that are holding em-
ployees back from growing and revitalizing our economy. Done wrong, jobs will be lost and 10 percent unemployment will become the norm rather than the exception. Health care expenditures make up an increasing percent-
age of state and federal spending. Addressing health care costs is critical to the long-term eco-
nomic health of the United States.

I support reform. I have advocated for delib-
erate policies that will reduce the cost and in-
crease the quality of health care, provide all Amer-
cans with the opportunity to obtain afford-
able health insurance, give patients more control over their health care decisions, and promote innovations and wellness initiatives that lead to cures.

I oppose the bill before us today because it will increase health care costs for Americans and bend the curve of health care spending in the wrong direction; it will create a new trillion dollar entitlement program that the bill does not realistically address how we will afford; and it will impede economic growth, particu-
larly in our district.

Moreover, health care reform must ad-
dress the escalating health care costs that are crippling American families and slow our nation’s healthcare spending. This bill does not accomplish those critical objectives. According to an analysis by the Congressional Budget Office, premiums will increase by 10 to 13 percent for families who are pur-
chasing health insurance in the individual mar-
ket. This amounts to more than $2,000 a year for a family. In addition, the CBO indicates that H.R. 3590, which will be the law of the land if it is enacted, will increase the fed-
eral budgetary commitment to health care by more than $200 billion over the next decade. If the reconciliation package (H.R. 4872) is also signed into law, the combined budgetary impact on health care spending will be $590 billion. American families can’t afford that in-
crease and neither can our country.

Moreover, this bill creates an unsustainable new entitlement program at the expense of seniors who will be impacted by more than half a trillion dollars in Medicare cuts and all Americans who will pay higher health care costs and more than half a trillion dollars in in-
creased taxes, fees and penalties. The bill uses ten years of taxes and Medicare cuts in order to pay for six years of programs. Over-
all, in the first 10 years of full implementation (2014 to 2023), the health care package will result in more than $2.6 trillion in spending. Al-
though the CBO estimated the overall deficit reduction will be $124 billion over 10 years, in its analysis the CBO cautioned that its long-
term deficit projections “reflect an assumption that the key provisions of the reconciliation proposal—namely, $590 billion—are enacted and re-
main unchanged throughout the next two dec-
adles, which is often not the case for major legislation. For example, the sustainable growth rate mechanism governing Medicare’s payments to physicians has frequently been modified; as a result, some provisions in those pay-
ments, and legislation to do so again is cur-
rently under consideration by the Congress.”

House Leadership has already said it will consider a bill to address the physician pay-
ment issue. Just that policy alone will cost $200 billion, which is not reflected in the CBO score.

Finally, this bill will have an immediate im-
pact on economic growth. New taxes and reg-
ulations will lead to lower wages, lost jobs and decreased investment. Employers with more than 50 employees who do not provide health insurance coverage that is deemed “accept-
able” by federal standards will be saddled with a tax of up to $2,000 per employee. The bill will levy a tax of as much as 2.5 percent of the household income of those who do not comply with the individual mandate, which re-
quires all Americans to maintain acceptable coverage. Many investors will face a new tax of 3.6 percent on capital gains, dividends, in-
terest, rents, royalties and other investment in-
come. This tax on reduced rate increases will lead to a top rate of 23.8 percent for capital gains and 43.4 percent for divi-
dends.

We will feel the impact close to home. A 2.3 percent medical device tax will increase the cost of medical devices—everything from tongue depressors to wheelchairs—and dis-
courage the development of critical new med-
ications. Specifically, this tax will impact businesses in our district imperiling jobs; curtailing advanced research and innovation; reducing the revenue stream of Virginia ven-
dors; and hampering investment in capital equipment. The ripple effect on our economy and on working families will be far greater than the sum of the tax. And ultimately, pa-
sients will see increased costs as a result.

Just yesterday, I offered two amendments to the Rules Committee that would have reduced the negative impacts of H.R. 3590. The first amendment would have inserted common-
sense medical liability reforms. Specifically, the amendment would enact nationwide re-
forms aimed at ending the costly practice of defensive medicine and encourage states to adopt effective alternative medical liability laws that will reduce the number of health care law-
suits that are litigated and the average amount of time taken to resolve lawsuits, and reduce the cost of malpractice insurance. The provi-
sions would save our country billions of dollars and reduce national health care spending. The second amendment would have struck the ill-
advised medical device tax that a company in my district has dubbed the “death tax” be-
cause it will increase their tax burden by 77 percent, increasing their tax rate to over 73 percent. This is an innovation tax that will mean less investment in research and devel-
opment that leads to medical innovations. Un-
fortunately the leadership of the House would not allow these important amendments to be debated on the House floor today.

I regret very much where we are today and wish that bipartisan efforts to address the wish that bipartisan efforts to address the

Today I’m reminded of a quote by President Ford: “A government that is big enough to give you everything you want is a government big enough to take away from you everything you need.”

I urge my friends on the other side of the aisle to join in supporting the American people and vote against this bill.
by creating new incentives for the development of new cures and treatments; and incentivizing collaboration among health providers through new payment reforms that promote high quality, efficient delivery of care.

The Speaker and her team will drive this legislation across citizens, ignoring their pleas against it. And America will again shake its head in disbelief and ask how Washington can turn a deaf ear and be so disconnected from the American people.

If we stand here in obedience to our purpose, the Congress will be an effective representation of the people of the United States. We should stop this unfortunate endeavor, take a step back and listen, listen to the heartbeat of America. When reform for true health care reform, the beat that asks for bipartisan government committed to solving America’s problems, the beat that asks that we put America’s families first. America deserves this. America deserves to be heard.

Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BOYD). (Mr. BOYD asked and was given permission to revise and extend his remarks.)

Mr. BOYD. Mr. Speaker, I thank my friend, Mr. SPRATT from South Carolina.

Mr. Speaker, ladies and gentlemen, I heard a wise man say that you never saw a great country with an uneducated and unhealthy population. We are headed there. Sixty-seven thousand uninsured in the congressional district that I represent will be helped by this bill. We all know the statistics about the spiraling cost of insurance and the ever-increasing percentage of uninsureds within our own districts and across this Nation. We all agree this is an unsustainable path. I have heard you say it many times. So I ask you, how high do these numbers have to go before we act?

Earlier I heard the gentlelady from Washington State say it is the wrong time. For 22 years in my legislative history, with the potential to bankrupt the government unparalleled in our Nation’s history, with the potential to bankrupt the future generations by lowering the standard of living for our children and grandchildren.

For the past 30 years, I haven’t been a politician, but a physician, treating patients and delivering babies in rural Tennessee. And without hesitation we have in this country the highest quality of health care in the world. But I will also say that this care is too expensive for an increasing number of people. Health care should not be a partisan issue. I have never operated on a Republican or a Democrat cancer in my life. We have heard about how this is going to save money and reduce the budget deficit. Seventeen years ago in Tennessee we tried a plan called TennCare. It was an idea where different companies were going to compete and we were going to cut costs. What happened in that? Just 10 budget years later, our costs had tripled and we had to cut the rolls in Tennessee because the State was literally going bankrupt. And this year for the first time, we have had to limit patients’ visits to 8 doctor visits per year, and this plan will only pay $10,000. I don’t care what the cost of the care is, and these costs are shifted to private insurers. Also the physicians are not taking TennCare because it pays them less than 60 percent of their costs of actually providing the care. That approach, which is pretty much the same approach we are voting on here today, failed, and I know because I am a physician who worked in that system.

Mr. Speaker, I have one question for every Member of this body: If we have seen how this Big Government scheme has worked, why would you vote for it again? Well, the States know. They are already well ahead of the Federal Government. Thirty-seven States, including Tennessee, are now proposing legislation to opt out if the ObamaCare plan should pass. And as the Medicare rolls in the country go down, the baby boomers hit. Three things will happen when that occurs: you will decrease access; you will decrease quality...
because you can't see your doctor; and costs will go up. So seniors get it.

The doctors get it. They are going to work harder and get paid less. Also, there is no meaningful tort reform, and without that, you cannot reduce the cost of care. The American people get this. They pay the price. Tennesseans don't want this plan. The people of the United States don't want this plan; but the politicians who vote for it are not listening.

I choose to listen to the American people and vote "no," and urge my colleagues to do the same.

Mr. SPRATT. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from New York (Mr. MEEKS).

Mr. MEEKS of New York asked and was given permission to revise and extend his remarks.

Mr. MEEKS of New York. Mr. Speaker, I rise in support of this historic legislation.

Mr. Speaker, I rise in support of Affordable Care for America.

I am proud to stand with my colleagues in the U.S. House of Representatives in support of this critical legislation to ensure that each and every American has access to affordable, quality health care.

Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT. Mr. Speaker, I rise in support of the Senate Amendments to H.R. 3590—the Patient Protection and Affordable Care Act.

As chair of the Congressional Hispanic Caucus Health Task Force, I will be voting for this bill today for the people in my 34th Congressional District of California. Over 23 percent of my constituents live below the federal poverty level, and 40 percent of them are uninsured. In 2008, over 1100 of my constituents faced health care-related bankruptcies caused primarily by health care costs that were not covered by their insurance.

This will extend coverage to over 34 million Americans. The legislation will also provide access to health insurance exchanges and subsidy expansion. The legislation will also provide access to affordable health insurance to over 30 million Americans who are uninsured today, including those with preexisting conditions. These bills will provide security for those who have insurance because 14,000 Americans will no longer lose their insurance every day, and others will no longer have to watch the cost of their insurance skyrocket every year.

Insurance companies will no longer be able to cancel policies or stop making payments in the middle of an illness. No longer will those with health care have to make copayments for preventive services, or go bankrupt, because the bills provide affordable limits on copays and deductibles.

And because the legislation will provide affordable insurance to virtually all Americans, families with insurance will not have to pay an extra thousand dollars a year to offset health care costs for those who show up at hospitals without insurance.
EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker’s table and referred as follows:

6713. A letter from the Secretary, Department of Commerce, transmitting a report in accordance with the provisions of Section 1512 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999; to the Committee on Transportation and Infrastructure.

6714. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department’s final rule — Migratory Bird Permits; Control of Muscovy Ducks, Revisions to the Waterfowl Permit Exceptions and Waterfowl Sale and Disposal Permits Regulations [Docket Number: FWS-R9-MB-2007-0017] (RIN: 1018-AV34) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6715. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department’s final rule — Migratory Bird Permits; Control of Purple Swamphens [Docket Number: FWS-R9-MB-2007-0018] (RIN: 1018-AV33) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6716. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department’s final rule — Migratory Bird Permits; States Delegated Falconry Permitting Authority [FWS-R9-MB-2009-0071; 91200-1231-9BPP] (RIN: 1018-AW96) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6717. A letter from the Assistant Chief Counsel, Department of Transportation, transmitting the Department’s final rule — Pipeline Safety: Administrative Procedures, Address Updates, and Technical Amendments [Docket No.: PHMSA-2007-0033] (RIN: 2137-AE29) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6718. A letter from the Assistant Chief Counsel for General Law, Department of Transportation, transmitting the Department’s final rule — Pipeline Safety: Administrative Procedures, Address Updates, and Technical Amendments [Docket No.: PHMSA-2007-0031] (RIN: 2137-AE27) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6719. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; PIAGGIO AERO INDUSTRIES S.p.A. Model P-180 Airplanes [Docket No.: FAA-2009-1081; Directorate Identifier C-539-AE; Amendment 99-16187; AD 2010-03-04] (RIN: 2129-AA44) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6720. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; Roll Helicopter Textron, Inc. Model 205B and 212 Helicopters [Docket No.: FAA-2010-0065; Directorate Identifier 2009-EN-01; AD Amendment 99-16190; AD 2010-03-03] (RIN: 2129-AA49) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6721. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; The Boeing Company Model 737-200C and -200F Series Airplanes [Docket No.: FAA-2009-0068; Directorate Identifier 2008-EN-215; AD Amendment 99-16188; AD 2010-03-05] (RIN: 2129-AA49) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6722. A letter from the Assistant Chief Counsel for Hazardous Materials Safety, Department of Transportation, transmitting the Department’s final rule — Hazardous Materials Safety: Miscellaneous Packaging Amendments [Docket No.: PHMSA-06-25736 (HM-231)] (RIN: 2127-AD89) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. RICHARDSON:

H.R. 4897: A bill to amend the Internal Revenue Code of 1986 to allow a deduction for interest paid on indebtedness incurred in connection with the purchase of a new automobile or light truck; to the Committee on Ways and Means.

By Ms. RICHARDSON (for herself, Ms. NORTON, Ms. JACKSON Lee of Texas, Ms. CLARKE, and Ms. KILROY):

H.R. 4898: A bill to authorize the Secretary of Homeland Security to establish a competitive program to make emergency preparedness planning and implementation grants to local educational districts/agencies located in areas under a high threat of terrorist attacks, natural disasters, or public health emergencies; to the Committee on Transportation and Infrastructure, and in addition to the Committees on Homeland Security, and Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. OBEY:

H.R. 4899: A bill making emergency supplemental appropriations for disaster relief and summer jobs for the fiscal year ending September 30, 2010, and for other purposes; to the Committee on Appropriations, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 949: Mr. MICHAUD.

H.R. 959: Mr. ELLSWORTH.

H.R. 1017: Ms. CORRINE Brown of Florida.

H.R. 1822: Mr. DEAL of Georgia.

H.R. 1879: Mr. TIM MURPHY of Pennsylvania.

H.R. 2067: Mr. ARCURI.

H.R. 2254: Mr. BERRY, Mr. BISHOP of Georgia, and Mr. ENGEL.

H.R. 2390: Mr. MATTHESON.

H.R. 3217: Mr. BILIRAY.

H.R. 3895: Mr. TONKO.

H.R. 4494: Mr. SEXTAK and Mr. ETRIDGE.

H.R. 4495: Ms. FUDGE, Mr. HUNT, and Mr. BLUMENAUER.

H.R. 4684: Mr. HODERS.

H.R. 4710: Mr. KADEN.

H.R. 4717: Ms. RICHARDSON.

H.R. 4894: Mr. KLINE of Minnesota, Mr. WAMP, and Mr. TIAHRT.

H.J. Res. 76: Mr. TANNER.

H. Res. 1118: Mr. LEWIS of Georgia, Mr. HODERS, Ms. CORRINE Brown of Florida, Mr. LAVIN, and Mr. FILZER.

H. Res. 1199: Mr. CONAWAY.

DISCHARGE PETITIONS

Under clause 2 of rule XV, the following discharge petition was filed:

Petition 10, March 15, 2010, by Mr. WALTMAN.

H.R. 775 was signed by the following Members: Joe Wilson and Adam H. Putnam.