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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker.

PRAYER

Dean George Werner, Trinity Cathedral, Pittsburgh, Pennsylvania, offered the following prayer:

Gracious God, we meet in a challenging moment of Your history. We cannot control all that may endanger us, but we can choose our behavior and the example we set as leaders.

Facing overwhelming challenges, the signers of our Declaration of Independence pledged ''their lives, their fortunes and their sacred honor.'' In Romans, Paul, too, encourages us to ''outdo one another in showing honor.''

Please send Your Holy Spirit among us, strengthening our vision and courage to do right, especially when no one is watching. Not for just this great House, but for all levels of government; for all corporations, institutions and organizations; for financial, industrial, commercial, academic, military, including our religious and altruistic communities, which sadly have not been immune from dishonor; that our beloved country may continue to be a beacon of light to a troubled world, and that government for, by, and of the people shall not perish from the face of this Earth.

Amen.

THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Florida (Mr. KLEIN) come forward and lead the House in the Pledge of Allegiance.

Mr. KLEIN of Florida led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

HONORING THE VERY REVEREND GEORGE L.W. WERNER

The SPEAKER. Without objection, the gentleman from Pennsylvania, Congressman ALTMIRE, is recognized for 1 minute.

There was no objection.

Mr. ALTMIRE. Madam Speaker, it's my great honor to welcome the Very Reverend George L.W. Werner, who today serves as the guest chaplain for the United States House of Representatives.

As the dean emeritus of the historic Trinity Cathedral in Pittsburgh, Pennsylvania, Dean George Werner has earned a special place in the hearts of Western Pennsylvania and especially the Episcopal Church. A well-known volunteer and leader in the community, Dean Werner is involved in countless community and civic organizations, including the Ireland Institute of Pittsburgh, the St. Margaret's Foundation, and the University of Pittsburgh Medical Center, just to name a few.

And it's altogether fitting that by opening up today's House session in prayer, Dean Werner is the first person to stand at that center podium where President Obama stood last night to talk about the need for health care reform, because Dean Werner has literally made a career out of advocating for fairness for all of our citizens and helping those less fortunate.

It's my distinct honor and privilege to welcome to the House today my good friend, Dean George Werner.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to five further requests for 1-minute speeches on each side of the aisle.

IF IT'S TOO GOOD TO BE TRUE, IT PROBABLY IS

(Mr. BONNER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BONNER. Madam Speaker, last night the American people and many in this Chamber listened intently as President Obama made the case for major reform of our health care system. But I must admit I was dismayed, like a growing number of Americans, over the fact of what the President said—and what the Democratic leadership in Congress has already done in the form of H.R. 3200—simply doesn't add up.

We all remember the old saying that if it's too good to be true, it probably is. Last night, the President promised a plan that would insure more people, provide better coverage, and would cost less money. However, missing from that equation is one basic question: How are we really going to pay for all of this? Sadly, that's the $900 billion question.

And when the President said that he won't sign a bill into law that adds one dime to the deficit, what he failed to say is this: You, the American people, are going to pay for these changes with more taxes and with cuts to popular programs like Medicare.

Republicans want to take this President at his word, but it would help if the details and the numbers added up with the rhetoric.

MIKE McCARVILLE

(Mr. BOREN asked and was given permission to address the House for 1 minute.)

Mr. BOREN. Mr. Speaker, I rise today to celebrate the 30th anniversary

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of an influential Oklahoma publication, the McCarville Report, and to acknowledge its author, Oklahoman Mike McCarville.

Born in Enid and later raised and schooled in Del City, Oklahoma, Mike has spent his entire professional life in the field of journalism. Throughout his 35-year career, Mike has written or contributed to almost every notable Oklahoma newspaper. However, it has been the very popular McCarville Report that has solidified his influence in Oklahoma politics and culture.

The McCarville Report provides daily insight into the policy positions and issues that face Oklahoma's elected officials. It is an important resource to me and to thousands of Oklahomans that read it every day.

Congratulations, Mike, on 30 years of providing Oklahomans with the McCarville Report. Your hard work does not go unnoticed.

NEW SPEECH, SAME PLAN

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, the President's speech in this Chamber last night was the 28th speech about the same old tired plan, and it totally ignored the facts. Rhetoric and empty promises are not going to solve the health care challenges Americans face. Americans have spoken in number and force against the same proposals the President endorsed last night.

Americans want health care reform that will not expand government intrusion into health care or undermine what works in our health care system today.

Contrary to the President's claim that Republicans have no solutions, I support H.R. 3400, the Republican solution: health reform that will expand coverage to those who need it regardless of preexisting conditions. It also expands insurance pools across State lines and encourages young, healthy people to buy insurance to bring down costs for everyone.

Individuals and small businesses can be encouraged to band together to purchase group health coverage for themselves or their employees, and we can save billions by limiting frivolous lawsuits against physicians that have driven many out of business altogether.

REMEMBERING SEPTEMBER 11, 2001

(Mr. KLEIN of Florida asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KLEIN of Florida. Mr. Speaker, on Friday we mark a sober anniversary in the history of our Nation—the anniversary of the terrorist attacks on September 11, 2001. As time has passed, our resolve has not faltered. We remain committed to rooting out terror and evil wherever it may hide and protecting our homeland against all who threaten our way of life.

I'm proud that, because of legislation we passed here in Congress and the President signed into law, September 11 is now a day of national service and remembrance. I encourage all Americans to spend time giving back to their communities to honor the spirit of service that unified our country and the world in the aftermath of the attacks.

Especially in these turbulent times, it is important to remember that no matter what our political party or what other things divide us, we are all Americans and we stand together in solemn reflection and steadfast commitment that we will never forget the innocent lives lost that day.

HEALTH CARE

(Mr. AUSTRIA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. AUSTRIA. Mr. Speaker, I spent the last months listening to my constituents throughout all eight counties in my district in Ohio about health care. Whether talking to my health care advisory committee, meeting with senior citizens, listening to soccer moms on the soccer field, or hosting a live townhall meeting, I heard loud and clear the concerns of the citizens of my district.

The American people are concerned about the proposed government-run option and the uncertainty of this bill. They want lower health care costs and are worried about being able to maintain their doctor-patient relationship. My father was a doctor, my mother was a nurse, and families across Ohio and our Nation deserve a health care system that maintains quality, lowers costs, and improves access.

Mr. Speaker, it's time for Congress to listen to the American people and work together to provide real solutions for these issues.

□ 1015

HONORING THE LIFE, SERVICE, AND SACRIFICE OF NORTH ST. PAUL, MINNESOTA, POLICE OFFICER RICHARD CRITTENDEN

(Ms. McCOLLUM asked and was given permission to address the House for 1 minute.)

Ms. McCOLLUM. Mr. Speaker, I rise to honor the life and public service of North St. Paul police officer Richard Crittenden who will be laid to rest tomorrow.

On Monday morning, Officer Crittenden was responding to a domestic dispute call. He was killed protecting a woman from a man who had repeatedly abused her. North St. Paul is a wonderful community of 11,000 people where I raised my children and served on the city council. To lose an officer in the line of duty is a tragedy for every resident. It is a tragedy for all of us.

On behalf of my constituents and all Minnesotans, I extend our prayers and deepest sympathies to Officer Crittenden's wife, Christine, his children and grandchildren. Their loss is tremendous. To the North St. Paul officials and residents and especially to the members of the police department, I extend my condolences at this time of great pain and loss.

Officer Crittenden gave the ultimate sacrifice, his life, in the line of duty. His service as a peace officer was always respected, but his courage and sacrifice make him a hero who shall be remembered and honored always.

HEALTH CARE REFORMS

(Mr. TIM MURPHY of Pennsylvania asked and was given permission to address the House for 1 minute.)

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, last night the President spoke about health care. And despite what some may portray as big rifts, there is much room for agreement. And so I urge we work on these health care principles to get this job done. Everyone should have the choice to purchase in groups, the choice to purchase across the Nation competitively, the choice to have your plan portable and permanent across jobs, and the choice to purchase a basic plan that covers emergency and hospital care.

The President used the analogy of buying car insurance. But let's keep in mind that with auto insurance, you can buy a very basic liability plan and add to it if you choose. Keep health insurance very basic, and you can keep it very affordable. But there should be no choice to cut coverage because a person is sick or was sick at one time, and there should be no choice to have plans and hospitals that tolerate waste, fraud and inefficiency. This includes stopping hospital-based infections.

With these changes, we can make health care more affordable. With these changes we can supplement payments for lower cost, high-quality health insurance for those who cannot afford it, and that does not have to include the government running an insurance company. There's lots of room for agreement. Let's solve this problem for America. That's good medicine.

HEALTH CARE REFORM

(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. Mr. Speaker, we in this House of Representatives have the opportunity to participate and help shape history. Last night during the joint session, President Barack Obama was part of that great train of history of our Nation. He spoke in the great tradition of Teddy Roosevelt who first spoke about national health care, and Eleanor Roosevelt who talked about it, and Harry Truman who spoke 60 years ago from this well about that need in this Nation. And he spoke in the great

tradition of John Kennedy and Lyndon Johnson, who saw that Medicaid and Medicare were passed in 1965.

I was very, very proud to be a part of this body last night, and I will be even prouder when a vote comes up.

Over the Speaker's rostrum engraved in stone is a quote of Daniel Webster: ''Let us develop the resources of our land, call forth its powers, build on its institutions, promote all its great interest and see whether we also in our day and generation may not perform something worthy to be remembered.'' Daniel Webster is calling to us to heed Barack Obama's call to pass national health care in the great tradition of American leaders and do something worthy to be remembered.

I look forward to that opportunity.

HUMAN SPACE FLIGHT IN THE U.S.

(Mr. OLSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OLSON. Mr. Speaker, this past Tuesday, the Review of U.S. Human Space Flight Plans Committee released the options they have provided the Obama administration regarding the future of our Nation's human space flight program. Their opening sentence says it all: ''The U.S. human space flight program appears to be on an unsustainable trajectory.''

Two prior Congresses and two Presidential administrations have endorsed the course NASA is on, but without providing the necessary funding. This Congress, this Congress, needs to meet the commitment to our Nation's space agency. The work being done benefits science, education, and our economy.

We have stood on this floor and spent money bailing out the past. It is time we reinvested in our future. The achievements of the men and women of America's space program cannot continue to be received with empty promises and constant second guessing. We have been the world's leader in human space flight for nearly 50 years. We must always be so.

HEALTH CARE REFORM

(Mr. BACA asked and was given permission to address the House for 1 minute.)

Mr. BACA. Last night in a joint session of Congress, President Obama urged Congress that ''now is the time to deliver health care.'' We heard it loud and clear. But what we also heard was a remark that was disrespectful to this House and the American people serving here in the United States Congress.

Access to adequate health care should be a right, not a privilege for those who can afford it. I stand here voicing the concerns of 217,000 uninsured in my district. No parent should have to worry about paying for a mortgage or paying for expensive health care insurance. No senior citizen should retire and have to balance paying for a doctor's visit or paying for groceries. No one should be denied health care because of a preexisting condition. That is not right. This is un-American.

I urge my colleagues to be players in this debate and not just stand by and watch and be critical. Working together, we can make a difference.

As the President stated: ''We did come not to fear the future. We came here to shape it.'' Let's get health care reform right now. I ask all of us to work together.

PROVIDING FOR CONSIDERATION OF H.R. 965, CHESAPEAKE BAY GATEWAYS AND WATERTRAILS NETWORK CONTINUING AUTHORIZATION ACT

Mr. ARCURI. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 726 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 726

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 965) to amend the Chesapeake Bay Initiative Act of 1998 to provide for the continuing authorization of the Chesapeake Bay Gateways and Watertrails Network. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill, and any amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Natural Resources; (2) the amendment in the nature of a substitute printed in the report of the Committee on Rules accompanying this resolution, if offered by Representative Bishop of Utah or his designee, which shall be in order without intervention of any point of order except those arising under clause 9 or 10 of rule XXI, shall be considered as read, and shall be separately debatable for 20 minutes equally divided and controlled by the proponent and an opponent; and (3) one motion to recommit with or without instructions.

The SPEAKER pro tempore (Mr. PASTOR of Arizona). The gentleman from New York is recognized for 1 hour.

Mr. ARCURI. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Florida (Mr. LINCOLN DIAZ-BALART). All time yielded during the consideration of this rule is for debate only.

GENERAL LEAVE

Mr. ARCURI. I ask unanimous consent that all Members be given 5 legislative days in which to revise and extend their remarks on House Resolution 726.

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

There was no objection.

Mr. ARCURI. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, House Resolution 726 provides for consideration of H.R. 965, the Chesapeake Bay Gateways and Watertrails Network Continuing Authorization Act. I want to recognize my colleague from Maryland, Mr. JOHN SARBANES, for his leadership on this issue. He has worked diligently in a bipartisan fashion to protect the Chesapeake Bay so that it remains a vibrant recreational and economic network.

H.R. 965 will continue the important restoration and conservation of the Chesapeake Bay watershed by permanently authorizing the Chesapeake Bay Gateways and Watertrails Network. The Chesapeake Bay is our Nation's largest estuary. Many people often think of the bay as only part of Maryland and Virginia. But the bay's watershed covers 64,000 square miles in five States and the District of Columbia. In fact, the watershed's most northern point, or what we in upstate New York would call the starting point, extends into a significant portion of my congressional district in the village of Cooperstown.

As a result of its size and location, the Chesapeake Bay has played an important role in our country's history, from early settlement and commerce, to military battles and transportation development, as well as recreational uses. It truly is worthy of preservation, both for its natural beauty and its impact on our Nation's culture and economy.

The Chesapeake Bay Network is a comprehensive protection program for the bay. The programs authorized serve to identify, conserve, restore and interpret the natural, historical, cultural and recreational resources within the watershed. These programs also educate local communities on the significant sites in the region and how their community impacts the overall health of the bay. This law requires a full matching requirement for grants awarded by the National Park Service to State and local agencies and not-for-profit corporations and organizations for such projects.

The resulting network is a system of over 150 parks, museums, historic communities, scenic roadways, water trails and water access points located within the vast Chesapeake Bay watershed. Each of these sites tells a piece of the vast Chesapeake story, while providing Federal support for the preservation and improvement of these sites to enhance both the historical and recreational user experience. The network is overseen by the National Park Service, but the Park Service only manages 10 of the network's sites. Other gateways are managed by local State and nongovernmental organizations.

The Chesapeake Bay Network has always been a bipartisan program. The legislation that created it in 1998 passed the House on suspension by voice vote, was agreed to by unanimous consent in the Senate, and signed into

law by President Clinton. In 2002, a clean 5-year reauthorization received similar unanimous support in Congress and was signed into law by President Bush. Last year, an identical bill, H.R. 5540, passed the House by an overwhelming bipartisan vote.

H.R. 965 will permanently reauthorize this bipartisan program, which the White House Conference on Cooperative Conservation, headed by the Department of the Interior, has called a success story. It's worth noting that the National Park Service has also recommended permanent reauthorization of the network.

I encourage all my colleagues to vote for this rule and the underlying bill and to continue to support the Chesapeake Bay Gateways and Watertrails Network.

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

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I would like to thank the gentleman from New York, my good friend, Mr. ARCURI, for the time.

I yield myself such time as I may consume.

Mr. Speaker, the House of Representatives is spending 1 hour debating the rule that will be used to consider the underlying legislation being brought to the floor today, the Chesapeake Bay Watertrails Continuing Authorization Act. That simple and noncontroversial legislation, barely two pages in length, passed last Congress, as my good friend has mentioned, by an overwhelming vote. In fact, it passed by 321–86. That is a pretty impressive margin. I believe it will pass today by, at the very least, that margin.

So I would ask why the majority is going through all of this trouble of having the House consider a special rule for a two-page bill. Why is the House going to spend 2 hours today, approximately, discussing a bill that could have been handled in just a few minutes under suspension and ultimately pass by an overwhelming majority vote in this House?

□ 1030

I'm not sure of the answer. But I think it's noteworthy that the majority spends a week's worth of Congress' precious time on water trails and the Chesapeake while Americans face unemployment levels we have not seen in 26 years.

The majority is requiring the House today to consider the Chesapeake Bay Gateways and Watertrails Network Continuing Authorization Act, a bill that spends $5 million over 5 years through a process that requires hours of debate. But yesterday, we considered the Wind Energy Research and Development Act of 2009 with only 40 minutes total of debate, and that bill authorized the expenditure of $1 billion.

So I would ask, how is it appropriate for the majority to require up to 2 hours of debate to spend $5 million, but it authorizes 40 minutes of debate for $1 billion? It may not be appropriate, but it is certainly common practice under this majority to rush important legislation through the House. I fear we may see that again when the House considers the majority's health care reform legislation.

Consider that this Chesapeake Bay water trails bill was introduced in February; it has remained unchanged since then, giving Members months to consider and read the two-page bill. And that is consistent with the Speaker's pledge, still on her Web site, that "Members should have at least 24 hours to examine bills and conference reports and texts prior to floor consideration." But will the majority live up to their pledge to allow Members time to read the health care bill when it finally comes together?

Perhaps if the majority had lived up to their promise, Members would have had time to properly read and consider the cap-and-tax as well as the so-called "stimulus" bill and voted them down. So let's see, Mr. Speaker, let's see if they live up to their promise when we consider the health care legislation. I won't be holding my breath.

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

Mr. ARCURI. Mr. Speaker, we are here today to reauthorize the Chesapeake Bay Gateways and Watertrails Network. This is a program that did not have a single Member of Congress oppose its creation or its subsequent reauthorization. The program has been heralded as a success by the Bush administration and was unanimously reauthorized during that administration. This rule provides for consideration of the legislation that would now permanently extend the authorization for this bipartisan program, a move endorsed by the National Park Service.

We all agree that the Chesapeake Bay Gateways and Watertrails Network is a good program that has had a positive impact on preservation and recreation within the Chesapeake Bay watershed, but it's clear that some of us disagree on whether to make the reauthorization permanent, which is why we've made in order a substitute amendment that would reauthorize the program for 5 years to allow a full debate.

Mr. Speaker, I urge a "yes" vote on the previous question and on the rule.

I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

CHESAPEAKE BAY GATEWAYS AND WATERTRAILS NETWORK CONTINUING AUTHORIZATION ACT

Mr. GRIJALVA. Mr. Speaker, pursuant to House Resolution 726, I call up the bill (H.R. 965) to amend the Chesapeake Bay Initiative Act of 1998 to provide for the continuing authorization of the Chesapeake Bay Gateways and Watertrails Network, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 726, the bill is considered read.

The text of the bill is as follows:

H.R. 965

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Chesapeake Bay Gateways and Watertrails Network Continuing Authorization Act".

SEC. 2. AUTHORIZATION OF APPROPRIATIONS.

Section 502 of the Chesapeake Bay Initiative Act of 1998 (16 U.S.C. 461 note; Public Law 105–312) is amended by striking subsection (c) and inserting the following:

"(c) Authorization of Appropriations.—There are authorized to be appropriated such sums as are necessary to carry out this section.".

The SPEAKER pro tempore. After 1 hour of debate on the bill, it shall be in order to consider the amendment in the nature of a substitute printed in House Report 111–249 if offered by the gentleman from Utah (Mr. BISHOP) or his designee, which shall be considered as read, and shall be debatable for 20 minutes, equally divided and controlled by the proponent and an opponent.

The gentleman from Arizona (Mr. GRIJALVA) and the gentleman from Washington (Mr. HASTINGS) each will control 30 minutes.

The Chair recognizes the gentleman from Arizona.

GENERAL LEAVE

Mr. GRIJALVA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 965.

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

There was no objection.

Mr. GRIJALVA. Mr. Speaker, I rise today in strong support of H.R. 965, introduced by our friend and colleague, Representative JOHN SARBANES. H.R. 965 is a simple, straightforward bill that would permanently authorize the highly successful Chesapeake Bay Gateways and Watertrails Network.

Over 10 million people each year visit one of the 166 gateway sites supported by this program. They come to kayak or canoe, hike or bike, picnic, hunt or fish, or to watch wildlife. Others come to visit the Chesapeake's many maritime museums or to renew their acquaintance with the turning points in our Nation's history, such as the sites at Fort McHenry and Yorktown battlefield.

Each of these visitors comes away with a strengthened awareness of the crucial role the Chesapeake Bay plays in our national story and as the ecological and economic heart of the mid-Atlantic. And that is the goal of the gateway network, to renew our connection with that great Bay. The program

is so successful that the National Park Service has heaped praise upon it, and the White House in 2005 declared it to be a ''cooperative conservation success story.''

Congress originally authorized this program for 5 years and renewed that short-term authorization in 2002. In 2004, a National Park Service special resource study concluded that a permanent commitment to the program would ensure its long-term viability and enhance the Chesapeake's status among America's national treasures.

Anyone who reads The Washington Post knows that the Bay's oyster population is in trouble. That situation is both a symptom and one of the causes of the precarious health of the Bay. Keeping people connected and concerned about the Bay is vital to each step in restoring that great estuary, from its headwaters to its oyster beds. The Gateways Network does just that. This program is a proven success and should be permanently authorized.

I urge my colleagues to support H.R. 965.

I reserve the balance of my time.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself such time as I may consume.

(Mr. HASTINGS of Washington asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Washington. Mr. Speaker, I must begin the debate today by expressing my sympathy to the Democrat sponsors of this legislation for the poor luck that has befallen this bill for now 2 consecutive years. It seems like when the going gets tough and there is a need to fill a void on the House floor, someone on the Democrat side says, hey, let's roll out the Chesapeake water trails bill.

Last year, when gas prices were at record levels, at an average of $4.19 in my home State of Washington, Democrat leaders put this bill on the floor to be debated for several hours as they sought to avoid voting on a Republican plan to lower gas prices and open additional offshore areas to drilling. And so now here we are this year, after the vigorous debate over health care that took place all across America in August, after the President's speech last night, with the government takeover of health care in America very much alive and a threat in these halls of Congress, with the economy struggling, with more and more Americans losing their jobs, with unemployment nearing 10 percent, Democrat leaders have once again sent this Chesapeake Bay bill to the floor to fill a void.

Mr. Speaker, this bill passed last year with over 300 out of 435 votes; in fact, specifically 321 Members voted for this bill. This bill could be considered and passed by the House in just a few minutes under the expedited process of the suspension calendar. Yet, Mr. Speaker, here we are this morning with several hours dedicated to debate on water trails when this Congress should be focused on creating jobs and getting control over massive government spending—spending, I might add, that has led to a $1 trillion budget deficit in just a few months of this new Obama administration.

So, Mr. Speaker, just like last year, Republicans will explain our concerns with this bill, and then we will focus on the higher priorities facing our country and the American people.

Chairman GRIJALVA has very clearly explained this bill. It is a very simple bill that renews a government program that has bipartisan support from the States surrounding the Chesapeake Bay. In fact, after the August discussion around the country of a more than 1,000-page health care bill, I am pleased, very pleased, that this Chesapeake Bay bill is not even one-half page in length. Despite the shortness of the bill, however, Republicans believe it can be improved upon and have proposed an alternative that is even shorter and that recognizes the need for this Congress to exercise some degree of fiscal discipline.

As currently written, this bill would extend the current Chesapeake Bay program forever without any constraints or limits on how much money can be spent on the program. Mr. Speaker, this may be a popular program in the mid-Atlantic region of our country; yet I don't believe the Natural Resources Committee and this Congress should be in the habit of granting eternal life and unlimited sums of money to government programs.

Bills creating or renewing government programs are typically renewed for a set period of time, usually 5 years, to ensure that there is accountability in these programs, there is a review of these programs, and to ensure that taxpayer dollars are not being misused, wasted, or unnecessarily spent. There is simply no reason to exempt this Chesapeake Bay program from a periodic review of 5 years, and there is certainly no reason to lift the cap on spending for this program.

The substitute amendment by Congressman BISHOP of Utah, who is the ranking Republican on the National Parks Subcommittee, would renew the bill for 5 years and retain the current limit on spending. This Chesapeake Bay program has previously existed on 5-year periods of time and can continue to do so in the future if that amendment is agreed to.

So I urge all of my colleagues to support the Bishop amendment.

I reserve the balance of my time.

Mr. GRIJALVA. Mr. Speaker, at this point, let me yield as much time as he may consume to the sponsor of the legislation, Mr. SARBANES.

Mr. SARBANES. I want to thank Chairman GRIJALVA, and Chairman RAHALL as well, for their strong support of the Chesapeake Bay Gateways and Watertrails Network.

This is a bill that is, I believe, quite noncontroversial. We are here today debating it because there is some difference of perspective with respect to whether there ought to be a permanent authorization to this bill or not. That is something I strongly support because I think it sends a very powerful message to the citizenry in the Chesapeake Bay watershed that the Federal Government is ready to be a partner on a permanent basis. If we want people to step forward and take ownership at the community level and across the watershed, we need to send that message to them, and there is no better way to send that message than to permanently authorize this program.

The Chesapeake Bay has a tremendous story to tell. I'm from Maryland, of course, and we consider ourselves in many ways principally stewards of the Chesapeake Bay. It is a national treasure. It is the largest estuary body in the United States. But it doesn't just touch the State of Maryland; it touches six States and the District of Columbia. It touches New York, Pennsylvania, Maryland, Delaware, Virginia and West Virginia.

□ 1045

The watershed stretches from MICHAEL ARCURI's district, where he represents Cooperstown, New York, where it begins, to BOBBY SCOTT's district in Virginia. The cosponsors of this bill are both Democrat and Republican, indicating the strong support that it has had from the beginning of the program.

Some of you know I have introduced other legislation which is focused very specifically on how we engage the next generation, engage our young people in the environment and get them outdoors learning.

The Chesapeake Bay Gateways Network is a wonderful resource for that. There are over 156 sites, historic, natural, cultural, recreational sites across the watershed that are available because of the funding that comes through technical assistance and other grant funding, that are available as a resource for the next generation to take advantage of, available for older generations to pass on the history of this area and this region to the next generation.

So I am excited. And I appreciate the gentleman's sympathies to me, but I must say any opportunity that I have to talk about the importance of this network is one that I would seize happily.

I do want to reiterate that this represents the National Park Service's component of a larger partnership that exists on behalf of the Chesapeake Bay on the part of the Federal Government that includes the National Park Service, that includes the National Oceanic and Atmospheric Administration, that includes the Environmental Protection Agency, and this is a partnership that has just worked fabulously over many, many years.

In closing, let me just emphasize again, and I know we will debate it a little bit later with respect to the amendment that is going to be proposed by Congressman BISHOP, but let

me just emphasize again how important it is that this be a permanent authorization. We need to send a message, a powerful message, to the citizens that are part of the Chesapeake Bay watershed that the Federal Government is here to stay when it comes to preserving and protecting this incredible resource that we have.

Mr. HASTINGS of Washington. Mr. Speaker, I have several Members that are not on the floor, so at this point I will reserve my time.

Mr. GRIJALVA. Mr. Speaker, I yield 1 minute to our majority leader, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank my friend, Chairman GRIJALVA, for yielding, and I thank Mr. SARBANES for his leadership on this bill.

Mr. Speaker, I rise today to express my strong support for H.R. 965, legislation introduced by Representative JOHN SARBANES, whose father established this program some years ago and who was one of my closest friends, and still is, and with whom I worked very closely on this particular piece of legislation and so many other items directed at the environment in general and the Chesapeake Bay in particular.

This bill permanently reauthorizes the National Park Service's Chesapeake Bay Gateways and Watertrails Network Program. Those of us fortunate enough to live in the region have been blessed with a multitude of magnificent national resources, not the least of which is the Nation's largest estuary, the Chesapeake Bay, a body of water that has played such an important role in shaping the cultural, economic, political and social history of our region.

Unfortunately, the Chesapeake Bay of 2009 is not the pristine body that Captain John Smith first chartered on his expedition some 400 years ago. Indeed, earlier this year, the EPA Chesapeake Bay Program released the Chesapeake Bay's 2008 Health and Restoration Assessment which found the overall health of the bay remained degraded and that the Bay Program is still far short of most restoration goals. Shortly thereafter, the University of Maryland's Center for Environmental Science issued a report card grading the bay's health as a C-minus for the second year in a row. That obviously is not good news, nor is it acceptable.

Over the years, I have joined with many of my colleagues in supporting a number of legislative initiatives and securing millions of dollars focused on the restoration effort. While some progress has been made, clearly, as those reports indicate, much remains to be done.

I am heartened, Mr. Speaker, by the commitment of President Obama and his administration to the Chesapeake Bay. On May 12, President Obama issued an Executive order declaring that the restoration of the Bay requires a renewed commitment to controlling pollution, protecting habitat, conserving land, and improving management of natural resources. I have the privilege of living on one of the tributaries that flows into the Chesapeake Bay, the Patuxent River, and I know how critical it is. We have the Anacostia River here and the Potomac River here in our city.

The President declared that the Federal Government should lead this effort and established a Federal Leadership Committee for the Chesapeake Bay consisting of relevant agencies which would be chaired by the EPA administrator. The agencies were directed to draft and submit reports to the committee making specific recommendations for protecting the Chesapeake Bay. The initial reports are slated to be made public today, which makes this effort very timely.

H.R. 965, the legislation we are now considering, takes another important step forward in our efforts by permanently authorizing a program that has already done so much to raise awareness of the fragile health of the bay and directly engage our region's citizens and visitors to take an active role in fulfilling our shared goal of restoring the Chesapeake.

The Chesapeake Bay Gateways Network, which includes more than 150 museums, State parks, wildlife refuges, and other sites in six States and the District of Columbia was established, Mr. Speaker, to link together these wonderful places in the hopes of enabling visitors to better understand and appreciate the role they can play in the bay's survival.

Unfortunately and tragically, much of the bay's stress is man-made. The program enables sites to compete for grant funding which must be fully matched for projects that will help conserve, restore, and interpret their roles in the bay's natural, cultural, and social history. The Gateways Program is a critical component to fostering a commitment among our citizens to restore the bay, and I encourage my colleagues to join me in supporting this legislation.

In closing, let me thank Mr. GRIJALVA for his leadership in bringing this to the floor and Mr. SARBANES for his sponsorship and continuing the extraordinary legacy that his father over 30 years in the United States Senate and 6 years in the House of Representatives contributed to this country and to the Chesapeake Bay and our environment in particular.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Utah (Mr. BISHOP).

Mr. BISHOP of Utah. Mr. Speaker, this will be a debate on a bill of complete congeniality, because I don't think any of us are really opposed to a lot of what is attempted in this underlying bill.

I certainly am not, Mr. Speaker, one who likes to say ''I told you so,'' but I told you so. You see, it was said in the history of this particular bill, the first time it was passed it was passed with a 5-year reauthorization and it passed unanimously in both houses. The second time it was reauthorized 5 years and it passed unanimously in both houses. Last year you decided to take the reauthorization away, not impose the 5-year limit, and we said on the floor if you actually put that back in there it would have a significant enhancement of its ability to pass the Senate, and you didn't do it. It didn't pass the Senate, so we are back here a year later doing the same thing again.

So I don't want to say I told you so, but to quote that great philosopher Yogi Berra, this is like deja vu all over again. For, indeed, a year ago, last year, instead of talking about energy issues, which were primarily on the minds of the American people, we brought up this particular bill and apparently did the same thing we are doing this year when health care is primarily on the minds of most people.

This is a particular bill which, in fact, is the only bill we are going to debate this week under a rule. I appreciate the majority leader being here and his statements on this particular bill. I don't know if I appreciate flying back for 4 hours just to do this bill this week. But, nonetheless, it is still the only one we are going to have here, even though there are significant issues we should be discussing, that the American people want us to discuss.

The majority leader was slightly in error in what he said though. Everything he said about the cleanup of the Chesapeake Bay was accurate. But this is not a cleanup bill. This is not an environmental protection bill. This is not an EPA bill. This is a recreation bill. I don't oppose that, but it is clear this is a recreation bill. And the National Park Service has made several suggestions, because once again there are no Federal waters or Federal assets associated in this particular area, the National Park Service did say that we should give technical assistance to this area, but they did not recommend fully funding on a nonrenewable basis other types of grant programs to this particular area. Indeed, the Obama budget does not have money in it for this particular bill.

So one of the things we need to talk about is if we are going to abrogate our oversight responsibilities, and if we decide not to abrogate our oversight responsibilities and treat this bill as other bills from the Resource Committee have been treated, we will probably have a better chance of actually passing the bill this year in both Houses of Congress and not coming back for a third try next time around.

Mr. GRIJALVA. Mr. Speaker, I flew back 4 hours to deal with this very important piece of legislation, but also to listen to our President last night, which I thought was worth the trip.

I now yield such time as he may consume to the gentleman from Maryland (Mr. KRATOVIL), a cosponsor of the legislation.

Mr. KRATOVIL. Mr. Speaker, I rise in support of H.R. 965, the Chesapeake Bay Gateways and Watertrails Network Continuing Authorization Act offered by my friend and colleague from Maryland, Representative JOHN SARBANES.

This act is vital to the residents of Maryland's First Congressional District and all those who rely on a healthy Chesapeake Bay for commercial, recreational and historical purposes. The act provides grants to parks, volunteer groups, wildlife sanctuaries, historic sites, museum and water trails. A network has been developed that ties sites together that provide meaningful experiences and fosters citizen stewardship of the Chesapeake Bay, not only by those who have the good fortune to live within its watershed, but all who come to visit or are able to benefit economically from it.

Since 2000, the network has grown to include 156 gateways in six States and the District of Columbia and over 1,500 miles of established and developing water trails, many of which are located in my district, within the boundaries of Maryland's First Congressional District.

From Sandy Point State Park on Maryland's western shore, traversing the Bay Bridge to the schooner Sultana in Chestertown, the Blackwater Wildlife Refuge in Dorchester County, down the lower shore to the Smith Island Center and the Tawes Museum in Crisfield, network destinations literally dot the landscape of the First Congressional District with historical, environmental and cultural landmarks.

The ultimate goal of this network is to create an atmosphere of natural, cultural, historical and recreational sites throughout the Chesapeake Bay region. Residents and visitors are able to visit these places to learn about the bay's diverse stories, experience its history and enjoy its natural beauty. Whether it is a family paddling a water trail, riding on a ferry or driving a scenic tour route, each and every visitor will hopefully develop a greater sense of appreciation for our Nation's largest estuary.

For these reasons, I support the Chesapeake Bay Gateways and Watertrails Network Continuing Authorization Act and urge my colleagues to do the same.

Thank you again to Mr. SARBANES for sponsoring the bill.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Virginia (Mr. WITTMAN), a very distinguished and valuable member of the Committee on Natural Resources.

Mr. WITTMAN. Mr. Speaker, I would like to thank the gentleman for yielding time.

I rise in support of H.R. 965, the legislation to reauthorize the Chesapeake Bay Gateways and Watertrails Network. I represent Virginia's First Congressional District, better known as America's First District, which is largely defined by the Chesapeake Bay. My constituents live, work and play in the bay watershed.

My district includes many components of the Gateways Network, from historic Yorktown and Jamestown to George Washington's birthplace in Westmoreland County. The Gateways Network links together over 100 parks, museums, wildlife refuges, and other cultural and historic sites into a comprehensive system.

□ 1100

The gateway program connects visitors with the natural beauty and rich history and recreational opportunities within the Chesapeake Bay watershed, and I've had the privilege to travel the trail, specifically the Captain John Smith Water Trail. It is an amazing asset that we have. I've heard from many constituents that realize how valuable that is and what a great experience it brings to them to travel up and down the bay to link all the history and the resources that are there in our wonderful bay watershed.

One of those recreational opportunities, as I said the network provides, is the chance to kayak or sail the Captain John Smith Water Trail. It's an amazing experience, and that traces John Smith's 17th century voyage of discovery, and you can put yourself in the place of Captain John Smith and the experience that he had when he first arrived on these shores.

Again, Mr. Speaker, I offer my support of this bill and I want to commend my friend from Maryland, Mr. SARBANES, for his effort in leadership in our efforts to focus on the bay and its restoration.

Mr. GRIJALVA. If I may inquire of Mr. HASTINGS if he has any additional speakers.

Mr. HASTINGS of Washington. I have a few others, but they're not here. Mr. Speaker, does the gentleman have anymore speakers on his side?

Mr. GRIJALVA. No, Mr. Speaker.

Mr. HASTINGS of Washington. Mr. Speaker, I will yield back the balance of my time.

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

The SPEAKER pro tempore. All time for debate on the bill has expired.

AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY MR. BISHOP OF UTAH

Mr. BISHOP of Utah. Mr. Speaker, I have an amendment made in order under the rule.

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

The text of the amendment is as follows:

Amendment in the nature of a substitute offered by Mr. BISHOP of Utah:

Strike all after the enacting clause and insert the following:

SECTION 1. REAUTHORIZATION.

Section 502 of the Chesapeake Bay Initiative Act of 1998 (16 U.S.C. 461 note; Public Law 105–312) is amended by striking ''2008'' and inserting ''2014''.

The SPEAKER pro tempore. Pursuant to House Resolution 726, the gentleman from Utah (Mr. BISHOP) and a Member opposed each will control 10 minutes.

The Chair recognizes the gentleman from Utah.

Mr. BISHOP of Utah. Mr. Speaker, I appreciate the opportunity of presenting this particular amendment, not because we have any antipathy towards the Chesapeake Bay or the recreational purposes that may be there, and I appreciate the fact that you enjoyed the first speech, but because it's about time we do it right way. Surely we can bully through this any way we want to, but we need to do it the right way, the way it was done the first time and the second time and the way it should be done this particular time.

When this bill last year came out of the Resources Committee, it was compiled with six other bills, all of which had 5-year reauthorizations. Some of the bills that Resources has sent out here have not had those type of reauthorizations. However, they had another factor which put a cap on the kind of appropriations that could be there, and that's why a 5-year reauthorization process is the perfect kind of compromise.

It's a position between the National Park Service which last year said there should be technical assistance, but was opposed to any kind of grant process going through this because they said this program had matured to the point it no longer needed to be supported by the Federal Government, or the sponsor's approach, which simply says, take off limit and continue on with what has been now close to $9 million of earmarks for this program.

It's not a problem. The appropriations is not a problem. What is the problem is we are now giving up our rights to review these types of programs, which is not what an authorizing committee ought to do. There is, in past experience, not here but in past experience, where sites that no longer have to be renewed by Congress do become lethargic and no longer have that desire for innovation to produce results. That's not necessarily to say it will happen here, but that has been the process that we have learned through history.

The purpose of an authorizing committee is to authorize and then review those authorizations, which is why it has been tradition for committees to put in an authorization period for those particular reviews. And it is not wise for Congress to abrogate our congressional responsibility for those purposes. What we're talking about is simply saying, look, what we need, as a Congress, are the options to review this in the future and not take the options off the table.

That's the one thing all Americans are talking about more than anything else is the idea of options. Like my family just gave me an Ipod. And I don't know how to download stuff, but they can put music on there. When I was growing up, if I wanted a song and,

Mr. Speaker, you're probably in the same situation I was, I had to buy the entire record to get the song. I don't need to do that. I now have more options. If I want to go and buy cereal, I look at an entire store and there is an entire wall of potential cereals up there which I can buy. I am given options. If I want to order vanilla ice cream, I can still go to a store that offers me 31 flavors. There are 59 different kinds of Eggo waffles.

Our entire life is provided by options. And yet, as a Congress, we decide and seem to have this tendency to take options off the table so we don't have them for the future. That, to me, is just a mind-boggling approach to it. It's the same thing that we're talking about in health care, which is the topic on the minds of the American people which we should be talking about today on this floor, rather than reauthorizing a bill we all like and support.

But in that, the issue once again, is options for the American people. There are myriad types of proposals being put out there by some of my Republican colleagues, all which deal with the concept of giving options to the American people: options to buy their own health care, options to get HSAs, options to have new association pools, option in which they can buy across lines, options in which we can have tort reform. All those things should be on the table, and that's what we should be doing.

In like manner to this particular bill, we are, once again, limiting our options, which is the exact opposite thing government should be doing. Now, that's what's important, and that's where we should be going. Like I said, a year ago we had this particular bill, this particular amendment again, which would have made it better and probably then had helped the Senate to actually include it in their list of bills to be passed.

If we do this particular amendment, to do what we have traditionally done with other bills, what we are doing is simply providing Congress with the options Congress should accept, and make sure that we are always reviewing the programs we have to see what they are doing, and a 5-year period is the norm. It is traditional.

This simply would say we're going to do this bill and we're going to do it the right way, do it totally the right way, so once again it might be passed unanimously, as it was the first time when they had a review in there and the second time when they had a review in there, and was not passed the third time when they decided not to put a review in this particular piece of legislation.

We've got options. We should be doing it. Mr. Speaker.

I reserve the balance of my time.

Mr. GRIJALVA. Mr. Speaker, I rise to claim the time in opposition to the amendment offered by my friend, Representative BISHOP.

The SPEAKER pro tempore. The gentleman from Arizona is recognized for 10 minutes.

Mr. GRIJALVA. Mr. Speaker, the National Park Service has found that this is a very, very successful program in large part because the Federal commitment leverages funding and support from State, local and nonprofit partners who care deeply about the health of the Chesapeake Bay. There is a broad agreement that making the Federal commitment to this program permanent will send a strong signal to the program's partners and make the program even more effective in the long run.

I would point out that both the Save America's Treasures and Preserve America programs have permanent authorizations. Conversely, amending the bill to make the authorization time-limited would cause funding partners to question the level of Federal commitment and could cause private contributions to drop off.

The purpose of granting this program a permanent authorization is to avoid having to return to Congress every 5 years to get new legislation for what is, by all measures, a successful program. I should add that, despite my friend's arguments about a permanent authorization, this program will continue to receive annual oversight through the appropriations process.

Regarding the existing cap on annual funding for the program, such a cap may have been appropriate when the program was first authorized in 1998. However, as more and more people become aware of the importance of the bay, the challenges it faces, Congress should provide more funding for the grant program. Proponents would like to be able to seek increased funding through the appropriations process and not have to get new authorization legislation each time they seek more funding.

This is an important and successful program. It deserves a permanent authorization. I urge Members to vote against the Bishop amendment and for H.R. 965 to permanently authorize this very excellent program.

I reserve the balance of my time.

Mr. BISHOP of Utah. I am pleased to yield 3 minutes to the gentleman from Louisiana (Mr. FLEMING).

Mr. FLEMING. I thank my friend, Mr. BISHOP from Utah, for letting me speak. I enjoy serving on Natural Resources and certainly this is an important topic; but I do want to bring up what happened on this very floor last night with regards to health care.

The Congressional Research Service, which, as you know, are experts when it comes to whatever happens in terms of academics in Congress, came out with a report this morning on the controversial topic of does ObamaCare, or H.R. 3200, or whichever Democrat version of the bill we're talking about, does it cover illegal immigrants. And let me give you a quote from the CRS. It says: ''Under H.R. 3200, an insurance exchange would begin operation in 2013 and would offer private plans alongside a public option. H.R. 3200 does not contain any restrictions on noncitizens, whether legally or illegally present or in the United States.''

So it's very clear that despite the fact that our President claims that this does not cover illegal immigrants, it absolutely does. In fact, in the SCHIP bill earlier this year, we tried, on our side of the aisle, to get language that was specific to require some sort of proof before someone could sign up for coverage under SCHIP that would show that they were not illegal immigrants. And, of course, that tougher language was removed.

Also, with regard to $900-or-so billion that our President mentioned last night, cost of the health plan, which really most believe is more like $1.6 trillion, he talked about savings that would come as a result of removal of fraud, waste, and abuse. Now, these programs, Medicare and Medicaid, which are government-run programs, have been in existence for around 45 years. What have we learned recently that we haven't known for all of these years that we can now remove fraud, waste, and abuse that we couldn't for 45 years?

In a 48-minute speech last night, the President did not bring up one new idea, any new strategy or techniques that would allow us to remove fraud, waste and abuse any better than we have been able to for all these years. The truth of the matter is that in order to reduce what we already have as waste in the system, we would have to create even another level or two of extremely expensive bureaucracy that would cost even more than what we would recover.

The fact of the matter is that a government system, whether it's running Cash for Clunkers, or the post office, is inept at controlling fraud, waste and abuse. It creates many new bureaucracies, in this case 53 new bureaucracies in the health care system; and, consequently, without moving to a private industrial form this wouldn't be possible.

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

Mr. BISHOP of Utah. I yield the gentleman 1 additional minute.

Mr. FLEMING. Yes, to kind of summarize, I think that there were, I was personally offended last night when our President insinuated, if not coming out right and condescendingly saying that somehow we've been lying about what we've been saying about these health care bills. But the fact is, if you look at the details, if you look at the truth, you find that what we've been saying we can back up with facts, whether it is taxpayer-funded abortions, which is definitely covered in all versions of the bill on the Democrat side, coverage of illegal immigrants, definitely covered, and then of course the cost of this monstrosity, which is going to start at $1.6 trillion, and after about 10 years it's going to go up from there, never bending the cost curve down.

So, again, I would like to suggest that rather than being called out for

so-called myths, I think we should really get to the bottom and the real truth of this matter.

Mr. GRIJALVA. Mr. Speaker, in an effort to reintroduce germaneness to the debate on the amendment, let me recognize Mr. SARBANES for 3 minutes.

Mr. SARBANES. Mr. Speaker, I agree there's going to be plenty of time to debate the health reform bill and to demonstrate very clearly that it does not extend benefits to those who are here unlawfully. But I hope the American people have the confidence that we can debate the health bill at the appropriate time and in the appropriate ways, while also conducting other business that faces the Nation which, of course, is what we're trying to do this morning with respect to the Chesapeake Bay Gateways and Watertrails Network.

And responding to some of the points raised by my colleague, Congressman BISHOP, I do just want to emphasize we understand that it's not maybe standard to move to a permanent authorization that typically would go to 5-year reauthorizations.

□ 1115

I want to make sure people understand that this is not being done lightly. This is being done for a very specific reason. There are times when, based on the experience of a program and an initiative, as in this case, you reach the conclusion that the program is worth authorizing on a permanent basis because you want to send a message, and it's particularly important to do that in circumstances where a key ingredient of the success of the program is the fact that you have thousands of ordinary citizens through community groups and nonprofits and other organizations stepping forward on a daily basis, saying, Yes, we want to be partners in this effort.

The last thing we want to do at that moment when so many people are saying, Yes, you can count on me at the community level to take up this charge to protect and preserve the Chesapeake Bay, is say to them, Well, we're not sure this commitment on behalf of the Federal Government is going to be there for the long term. That's why it is critical to this program that we authorize it on a permanent basis, so I want to urge that we do that.

I do also want to note that this program couldn't be further away from an earmark program. There was a suggestion made there. In fact, the National Park Service makes judgments on which partners to recognize based on applications that come in for grant funding, and the Congress has never approved an earmark as part of the Chesapeake Bay Gateway program.

So this is a good program. I think it's one that deserves to be authorized on a permanent basis for the reasons that I indicated, and I would urge that we oppose the Bishop amendment.

Mr. BISHOP of Utah. I am ready to use my final minute if I might, Mr. Speaker.

I don't want to be cantankerous about this. We are talking about a decent bill from a decent program with a decent sponsor, but we are not in the system of sending out messages. We are a legislative body that is supposed to review and that is supposed to budget, and in that way, we should not be abrogating our responsibilities over to the appropriators. It's an authorizing concept. It's what authorizers ought to do. It's what we should be doing. NEPA is renewed. Endangered Species is renewed, as is the Clean Water Act. In fact, the only thing we have not renewed—and it's on a permanent basis—is the Nautical Charting Act that was started in the 1700s by Thomas Jefferson.

So what we are talking about is doing what is the norm and doing what is rational and doing this bill the right way and actually—I hate to say this—but once again, to try and not limit what we are doing as a body.

Health care is what we should be talking about. The bill that PELOSI has put on the floor is not the only idea. There are better bills out there that think outside of the box, but unless we put the Price bill, the Shadegg bill, the Ryan bill, and the Gohmert bill on the floor to be discussed and debated, we will not have all of the options open to us. That is also why I am arguing that we should have a permanent review, a review every 5 years, of this program. It is what Congress does, and we should do it and do it the right way.

I yield back the balance of my time.

Mr. GRIJALVA. Mr. Speaker, in closing, the NPS, the National Park Service, gave the subcommittee testimony, and they said, through technical and financial assistance, the National Park Service has assisted Gateways to develop hundreds of partnerships across the watershed to help people understand and appreciate the Chesapeake Bay.

It has been mentioned, nevertheless, that the Bush administration testified that it opposed this financial assistance or the grants program. When I asked the Park Service witness at that 2007 hearing about that contradiction, he said that the Park Service would love to continue the grants program, but it was a financial decision made by OMB, by the Bush administration.

This is a good program. It is all linked together. A permanent authorization would secure this program for the future. It is a vital environmental link to the Mid-Atlantic which must be saved. With that, I urge a ''no'' vote on the amendment.

I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to House Resolution 726, the previous question is ordered on the bill and the amendment by the gentleman from Utah (Mr. BISHOP).

The question is on the amendment offered by the gentleman from Utah (Mr. BISHOP).

The amendment was rejected.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. HASTINGS of Washington. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. HASTINGS of Washington. In its present form, I am.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Hastings of Washington moves to recommit the bill H.R. 965 to the Committee on Natural Resources with instructions to report the same back to the House forthwith with the following amendment:

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

SEC. 3. EFFECTIVE DATE.

The amendments made by section 2 shall not take effect until the national deficit is less than $1,000,000,000,000.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Washington is recognized for 5 minutes in support of his motion.

Mr. HASTINGS of Washington. Mr. Speaker, this is a very, very simple motion to recommit.

Many times in this body—and I think rightfully so—we are accused of not reading bills or amendments that are before us. I cite, of course, the cap-and-trade or cap-and-tax bill, when we were thrust an 800-page amendment only 8 hours or so before we debated it. We had an 1,100-page health care bill that America is now seeing and is digesting, and they are responding back to us. This is a very short bill, as I have mentioned, and this motion to recommit is also very, very short. In fact, I am going to read it, Mr. Speaker, so that everybody can hear it. It is that short.

It says at the end of the bill, Add the following new section: Section 3. Effective date. The amendments made by section 2 shall not take effect until the national deficit is less than $1 trillion.

It is a small, small measure of fiscal discipline.

By the way, Mr. Speaker, I have been here for 15 years; you've been here slightly longer than I have, but I have to say that this is the first Congress that I can ever remember using the term ''$1 trillion'' in terms of fiscal budgets in this country. In fact, I would suggest everybody take this little test. Go back to your offices, and write down yourself what ''$1 trillion'' is. It's a ''one'' followed by 12 zeros. It would kind of wake you up.

The reason I offer this motion to recommit, Mr. Speaker, is with unemployment approaching 10 percent, with upside-down mortgages and with homeowners facing foreclosure, I think it is hardly time to add eternal life and unlimited money to a very nice but unnecessary Federal program at a time when we are contemplating adding several massive new government programs such as health care, which I just mentioned, and cap-and-trade or cap-and-tax.

As I mentioned, I think it might be time to pause and consider the difference between things we need and things that we merely want. Of course, additional water trails and interpretive centers are nice to have, but increasing their numbers is not a necessity at this time. I am not opposed to them, by the way, but I am not prepared to support a law that says that this particular earmark program must be extended for all time with unlimited funds regardless of the deficit.

One of the popular jokes of our constituents when they want to disparage Washington is that the only earthly thing that has perpetual life is a government program. We need not add to their low view of how we operate, so I urge my colleagues to support this MTR, and we will add a degree of fiscal restraint to this legislation. I think that that restraint is badly needed.

Mr. Speaker, I am going to do something that probably has never been done. I am going to reread this motion to recommit because it is so short.

At the end of the bill, add the following new section: Section 3. Effective date. The amendments made by section 2 shall not take effect until the national deficit is less than $1 trillion.

Mr. Speaker, I urge my colleagues to support the motion to recommit.

I yield back the balance of my time.

Mr. GRIJALVA. Mr. Speaker, I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman from Arizona is recognized for 5 minutes.

Mr. GRIJALVA. Mr. Speaker, the motion doesn't tell us who would have the certification power or how we would meet the standard that the motion to recommit attempts to make. It's like saying we on the Republican side ran up a huge deficit. Now we want to penalize this one little program until you clean up the mess.

Why this program? Why not a program that was done this morning during the Natural Resources Committee meeting where the sponsor of the motion to recommit, the gentleman from Washington, had legislation that passed for a road which runs through his district? Should we put the same standard on that legislation?

This is arbitrary, this motion to recommit. While it attempts to score political points, it also, if passed, jeopardizes a very valuable resource that, if not restored and protected through the legislation, will cause disastrous economic, environmental, cultural, and health consequences—bad consequences for the Mid-Atlantic and for the Nation as a whole. The motion to recommit, while an attempt to score points, has no merit. It is arbitrary and I urge its defeat.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

Mr. HASTINGS of Washington. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—yeas 194, nays 229, not voting 10, as follows:

[Roll No. 694]

YEAS—194

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Driehaus
Duncan
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Hoekstra
Hunter
Inglis
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Maffei
Manzullo
Marchant
Marshall
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mitchell
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Peters
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Teague
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (FL)

NAYS—229

Abercrombie
Ackerman
Andrews
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Boucher
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (TN)
DeFazio
DeGette
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards (MD)
Edwards (TX)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Maloney
Markey (CO)
Markey (MA)
Massa
Matheson
Matsui
McCollum
McDermott
McGovern
McMahon
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Minnick
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murtha
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Perlmutter
Perriello
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wexler
Wilson (OH)
Woolsey
Wu
Yarmuth

NOT VOTING—10

Boyd
Clay
Davis (IL)
Delahunt
Issa
Lynch
McCarthy (NY)
Payne
Roskam
Young (AK)

□ 1207

Mr. NADLER of New York, Ms. SPEIER, Mr. SMITH of Washington, Ms. CHU, Ms. KILROY, Mrs. CAPPS, Mr. MURPHY of Connecticut, Ms. EDWARDS of Maryland, Messrs. HONDA, WELCH, CUMMINGS, CARNAHAN, WEINER, ACKERMAN, PATRICK J. MURPHY of Pennsylvania, LANGEVIN, FATTAH, JOHNSON of Georgia, NADLER, RANGEL, WALZ and Ms. BALDWIN changed their vote from ''yea'' to ''nay.''

Messrs. JORDAN of Ohio, AKIN, SULLIVAN, NEUGEBAUER, TIAHRT, Ms. GIFFORDS, and Mr. ROGERS of Alabama changed their vote from ''nay'' to ''yea.''

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MOMENT OF SILENCE IN MEMORY OF FORMER REPRESENTATIVE W.G. ''BILL'' HEFNER OF NORTH CAROLINA

(Mr. PRICE of North Carolina asked and was given permission to address the House for 1 minute.)

Mr. PRICE of North Carolina. Mr. Speaker, on September 2, we received the sad news of the passing of W.G. ''Bill'' Hefner, the Representative for 12 terms from the Eighth District of North Carolina. He served from 1975 to 1998.

Bill Hefner was a beloved and respected Member of this body, a man who never lost his sympathy for the underdog and never lost his capacity to advocate for the working people of our State and our Nation.

Bill was probably best known for his impact on the quality of life of our military men and women, our service men and women, through his chairmanship of the Military Construction Appropriations subcommittee.

I would, at this point, like to yield to LARRY KISSELL who currently represents the Eighth District of North Carolina and who on Tuesday night convened a Special Order to pay tribute to this wonderful man.

Mr. KISSELL. Mr. Speaker, Mr. Hefner was my Congressman for 24 years. He was a Congressman that was beloved by the people of the district because he never forgot where he came from. He came to North Carolina having grown up in Alabama as the son of a sharecropper. He had a gift given to him by God to sing music, and he came to North Carolina as a very successful gospel singer. Having never run for office before, he ran for Congress.

We in the Eighth District miss him and pass on our thoughts to his widow, Nancy, and his daughters, Stacye and Shelly.

Mr. PRICE of North Carolina. Mr. Speaker, I would now like to yield to the dean of our delegation, HOWARD COBLE.

Mr. COBLE. I thank the gentleman from North Carolina for yielding.

Bill Hefner's district was contiguous to my district. On one occasion, a friend of mine decided to run against Bill and asked me to come and say a good word for him. I did that, but I did not say a bad word against Bill. But we House Members have a way of guarding our district lives very jealously. And Bill said to me, the next time you come into my district, I'm going to bring a gospel quartet into your district and get your attention. I said, well, Bill, when you do, will you promise to sing ''Sweet Beulah Land'' and ''I'll Meet You in the Morning''? He was so taken aback that I knew those songs, he said, oh, forget about it, I'll talk to you about it later.

But DAVID, as you said, as Mr. PRICE said, he was indeed a friend of the veterans. He was a good man, and we will miss him.

Mr. PRICE of North Carolina. I thank the gentleman.

Mr. GRIFFITH. Madam Speaker, I rise today to honor the memory of Congressman Bill Hefner, who served North Carolina's eighth Congressional District for 24 years with distinction. In addition to his service in the United States House of Representatives, Mr. Hefner served as a Marshall County Commissioner in my home state of Alabama. He spent his later years in my hometown of Huntsville.

Congressman Hefner was a fine example of a public servant. He fought for the interests of his constituents, bucking party lines time and time again in the process. He was a champion of our military, working tirelessly on behalf of our veterans to ensure they received the tools needed to do their jobs and the benefits earned through service.

Congressman Hefner lived a full life, spending time in a myriad of positions from a Southern Baptist gospel singer to radio station owner. His dedication and commitment to public service made Alabama, North Carolina, Washington, DC, and our nation as a whole a better place, and he will be sorely missed.

Madam Speaker, I rise today to honor the memory and life of former Congressman Bill Hefner.

GENERAL LEAVE

Mr. PRICE of North Carolina. I ask unanimous consent, Mr. Speaker, that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the subject of my 1-minute.

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

There was no objection.

Mr. PRICE of North Carolina. I ask that all Members rise and that we observe a moment of silence in memory of our dear departed colleague.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 1243. An act to provide for the award of a gold medal on behalf of Congress to Arnold Palmer in recognition of his service to the Nation in promoting excellence and good sportsmanship in golf.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1023. An act to establish a non-profit corporation to communicate United States entry policies and otherwise promote leisure, business, and scholarly travel to the United States.

The message also announced that, pursuant to Public Law 106–567, the Intelligence Authorization Act for Fiscal Year 2001, the Chair, on behalf of the Republican Leader, appoints the following individual to serve as a member of the Public Interest Declassification Board:

General Michael V. Hayden of Virginia.

The message also announced that, pursuant to provisions of Public Law 110–343, the Chair, on behalf of the Republican Leader, appoints the following individual as a member of the Congressional Oversight Panel:

Mr. Paul S. Atkins of Virginia, vice John Sununu of New Hampshire.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

CHESAPEAKE BAY GATEWAYS AND WATERTRAILS NETWORK CONTINUING AUTHORIZATION ACT

The SPEAKER pro tempore. The question is on the passage of the bill.

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

RECORDED VOTE

Mr. INSLEE. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 311, noes 107, not voting 15, as follows:

[Roll No. 695]

AYES—311

Abercrombie	Castle	Fattah
Ackerman	Castor (FL)	Filner
Adler (NJ)	Chandler	Forbes
Alexander	Childers	Fortenberry
Altmire	Chu	Foster
Andrews	Clarke	Frank (MA)
Arcuri	Cleaver	Frelinghuysen
Baca	Clyburn	Fudge
Baird	Cohen	Gallegly
Baldwin	Connolly (VA)	Gerlach
Barrow	Conyers	Giffords
Bartlett	Cooper	Gonzalez
Bean	Costa	Goodlatte
Becerra	Costello	Gordon (TN)
Berkley	Courtney	Grayson
Berman	Crowley	Green, Al
Berry	Cuellar	Green, Gene
Biggert	Cummings	Griffith
Bilbray	Dahlkemper	Grijalva
Bilirakis	Davis (AL)	Guthrie
Bishop (GA)	Davis (CA)	Gutierrez
Bishop (NY)	Davis (TN)	Hall (NY)
Bishop (UT)	DeFazio	Halvorson
Blumenauer	DeGette	Hare
Blunt	DeLauro	Harman
Boccieri	Dent	Hastings (FL)
Boren	Diaz-Balart, L.	Heinrich
Boswell	Diaz-Balart, M.	Herseth Sandlin
Boucher	Dicks	Higgins
Brady (PA)	Dingell	Hill
Braley (IA)	Doggett	Himes
Bright	Donnelly (IN)	Hinchey
Brown, Corrine	Doyle	Hinojosa
Buchanan	Driehaus	Hirono
Butterfield	Edwards (MD)	Hodes
Cantor	Edwards (TX)	Holden
Cao	Ehlers	Holt
Capito	Ellison	Honda
Capps	Ellsworth	Hoyer
Capuano	Emerson	Inslee
Cardoza	Engel	Israel
Carnahan	Eshoo	Jackson (IL)
Carney	Etheridge	Jackson-Lee (TX)
Carson (IN)	Fallin	

Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Jones
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (NY)
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Lance
Langevin
Larsen (WA)
Larson (CT)
LaTourette
Lee (CA)
Levin
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Luján
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCaul
McCollum
McCotter
McDermott
McGovern
McHugh
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Murtha
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Paulsen
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Polis (CO)
Pomeroy
Price (NC)
Putnam
Quigley
Rahall
Rangel
Rehberg
Reyes
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Taylor
Teague
Thompson (CA)
Thompson (MS)
Thompson (PA)
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wexler
Whitfield
Wilson (OH)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (FL)

NOES—107

Aderholt
Akin
Austria
Bachmann
Bachus
Barrett (SC)
Barton (TX)
Blackburn
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Carter
Cassidy
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Deal (GA)
Dreier
Duncan
Flake
Fleming
Foxx
Franks (AZ)
Garrett (NJ)
Gingrey (GA)
Gohmert
Granger
Graves
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Hoekstra
Hunter
Inglis
Johnson, Sam
Jordan (OH)
King (IA)
Kingston
Kline (MN)
Lamborn
Latham
Latta
Lee (NY)
Lewis (CA)
Linder
Lucas
Luetkemeyer
Lummis
Mack
Manzullo
Marchant
McCarthy (CA)
McClintock
McHenry
McKeon
McMorris Rodgers
Mica
Miller (FL)
Moran (KS)
Myrick
Neugebauer
Nunes
Olson
Paul
Pence
Poe (TX)
Posey
Price (GA)
Radanovich
Reichert
Royce
Ryan (WI)
Scalise
Sensenbrenner
Sessions
Shadegg
Shimkus
Smith (NE)
Souder
Stearns
Sullivan
Thornberry
Tiahrt
Tiberi
Walden
Westmoreland
Wilson (SC)

NOT VOTING—15

Boyd
Clay
Davis (IL)
Delahunt
Farr
Issa
Lungren, Daniel E.
Lynch
McCarthy (NY)
Payne
Roe (TN)
Roskam
Rush
Terry
Young (AK)

□ 1220

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mrs. McCARTHY of New York. Mr. Speaker, today, I missed 2 votes. Had I been present. I would have voted as follows:

Rollcall No. 694, on the Motion to Recommit with Instructions to H.R. 965, I would have voted "nay."

Rollcall No. 695, on Passage of H.R. 965, I would have voted "aye."

LEGISLATIVE PROGRAM

Mr. McCARTHY of California. Mr. Speaker, I ask to address the House for 1 minute for the purpose of inquiring about next week's schedule, and I yield to the gentleman from Maryland, the majority leader.

Mr. HOYER. I thank the gentleman for yielding.

On Monday, the House will meet at 12:30 p.m. for morning-hour debate and 2 p.m. for legislative business, with votes postponed until 6:30 p.m.

On Tuesday, the House will meet at 10:30 a.m. for morning-hour debate and 12 o'clock for legislative business.

On Wednesday and Thursday, the House will meet at 10 a.m. for legislative business.

On Friday, no votes are expected in the House.

We will consider several bills under suspension of the rules. The complete list of suspension bills will be announced by the close of business tomorrow.

In addition, we will consider H.R. 3246, the Advanced Vehicle Technology Act of 2009, and H.R. 3221, the Student Aid and Fiscal Responsibility Act of 2009.

I yield back.

Mr. McCARTHY of California. Since this is the first colloquy of the fall, I would like to give the Members and the public a sense of what the House will be considering over the next couple of months. What do you expect to be voting on during the months of September and October?

And I yield to the gentleman.

Mr. HOYER. I thank the gentleman for yielding.

First of all, of course, as you know, the House has passed all 12 of our appropriation bills, so we're ready to go to conference on all 12 of those bills. The Senate has passed four of their bills and is working on the balance. We hope to conference and have on the floor a number of those bills before the end of September, before the beginning of the fiscal year. There obviously will be, given the Senate's schedule, a requirement for a continuing resolution for some period of time, perhaps in a 30-day period time frame. So we will be considering those bills, those conference reports.

In addition, as you heard, the student loan reform bill will be on the floor next week, we believe. Defense authorization is in conference, and we expect that conference report. Health care reform, obviously we expect to do that this fall. Regulatory reform is expected to be an item on our agenda in the House this fall. Additionally, we will be waiting on the Senate on a number of items that we have sent to them, including climate change and food safety, which, as you know, the House passed. So those will be some of the items. That is not an exhaustive list, but is, I think, a good list of what we expect to be considering during the coming weeks.

Mr. McCARTHY of California. Reclaiming my time, I thank the gentleman.

Does the gentleman expect the House to be in session beyond the targeted adjournment date of October 30?

And I yield.

Mr. HOYER. I think the honest answer to that is yes. Obviously, that was a target date, not knowing exactly how quickly we would proceed.

Clearly, health care, among other issues, is taking, as we understand it needed to, a longer time. And so consideration of that and the appropriation bills and other authorization bills that are going between the two Houses will, I think, clearly take us beyond October 30.

Mr. McCARTHY of California. Does the gentleman see the House taking any days or weeks off that are currently scheduled between now and the 30th of October?

Mr. HOYER. Let me say that I believe that every week scheduled in October we will be meeting. However, in November, as the gentleman probably knows, Veterans Day falls exactly in the middle of the week on a Wednesday. We are now talking about what that means in terms of schedule because obviously all the Members want to be home with their various organizations, municipalities, counties and communities to honor our veterans on that day and honor the service of those who have kept this country free.

As a result, we are trying to figure out whether or not it makes any sense to either schedule a Monday and Tuesday or a Thursday and Friday and have Members come back and forth for that. We have not made that decision, but it is, in terms of the weeks that we are looking at over the next 10 weeks, a week that may not be one in which we will meet. We will try to make that determination very soon, within the next couple of weeks, part of which will be dictated by the schedule, what is moving, how much time we need available.

In addition to that, we will not be meeting Thanksgiving week. I say that pretty definitively. Obviously, if we could finish the Monday or Tuesday of Thanksgiving work, finish in terms of adjournment sine die for this session, then I think that might change that. But other than that, my expectation is we would not be meeting Thanksgiving week if we need to meet longer than Thanksgiving week.

Mr. McCARTHY of California. I thank the gentleman.

Currently, you have scheduled out between now and October 30. Do you see any of those Mondays or Fridays that maybe we would not be in session, having done our work during the week, knowing that the debate is going on still within health care and others that people can be back in their district? And I yield.

Mr. HOYER. I thank the gentleman for yielding.

My expectation is that it is quite possible that we would take off either a Monday that is now scheduled—or two, or three—or a Friday, one or the other. Given the flow of work, we did a lot of work, worked very hard, and we passed a lot of legislation, but obviously to complete that we need it to come back from the Senate, need to complete conference reports. So to some degree, the flow of work will dictate that schedule; but on the other hand, we want to give all the Members on both sides appropriate notice so they can utilize the time at home to be discussing with their constituents pending legislation, and particularly the health care bill.

Mr. McCARTHY of California. Would the gentleman be able to tell early for at least September, knowing the Mondays and Fridays that we may be able to be working at home?

Mr. HOYER. I'm sorry. Could you repeat that?

Mr. McCARTHY of California. I just wonder if the gentleman, knowing the schedule of all the Mondays and Fridays now, if you've already made that decision which Mondays and which Fridays?

Mr. HOYER. We have not. What I indicated is that I hope to be working on that, and I hope next week to have at least made a preliminary decision on some of the Mondays and/or Fridays. It may not be all of the ones that we will be able to have Members have an opportunity to work at home. And again, it's a little difficult to do that because it's a little difficult to predict the workflow schedule.

Mr. McCARTHY of California. Well, I appreciate the gentleman's answer.

Mr. HOYER. But I want to reiterate, we do expect next week to at least take a number in the relatively near term—and that means September—so that Members will have prior notice.

Mr. McCARTHY of California. Well, I thank the gentleman.

Knowing that we heard the President last night, and we're all coming off from an August recess where we watched America wake up and really pay attention to what is going on here in Congress and voice their opinion when it comes to health care, and having watched that and having my own townhall meetings, watching other Members' townhall meetings throughout the country and some of the questions raised, I listened to the President last night talk about ideas and a public plan, and others—the gentleman yourself had talked during your townhalls—and some leadership said the public plan has to be in the plan or a bill will not go through. I know the gentleman from Maryland said it doesn't have to be exactly a public plan in there.

□ 1230

Does the Democratic leadership position include a government option or exactly a public plan or a trigger?

I yield to the gentleman.

Mr. HOYER. You heard the President's comments last night. I agree strongly with the President and with the Speaker, and I think, frankly, there is no difference in the three of us. We all believe that a public option is an important option, A, to save money and, B, to give consumers options that they might not otherwise have and bring prices down for consumers as well as for government. So there is no difference there on the importance of the public option.

I am for a public option, as you probably heard me. I don't know whether you watched my town meeting, but that question was asked and I responded I am for the public option.

What I have said is essentially what the President said last night, that there is much in this bill that I think advantages consumers, businesses, individuals and families, and I think the public option is important, but there are other things in the bill which are important. But I expect that we are going to bring a bill to the floor. I am certainly hopeful that it has a public option in it. We think that is the best alternative. The President has indicated he thinks that is the best alternative.

He did, however, say, and I share his view, if there are other ways people think we can do it, provide that competitive model to bring prices down and to make sure consumers get the best product available, if there are other ways to do that, then we are certainly open to hearing them.

Mr. McCARTHY of California. Does the gentleman believe that health care will come to the floor in the House before in the Senate?

Mr. HOYER. I think health care will come to the floor in the House when it is ready to come, and what I mean by that is when we have a consensus on exactly how the bill ought to be fashioned. We believe on this side that the committees are some 85 percent in agreement, as you know, the Energy and Commerce Committee, the Education and Labor Committee, and the Ways and Means Committee. As you also know, there are differences between those bills, and we are working on that at this point in time to see how we can make those compatible. The President's comments last night will obviously also be taken into consideration.

So we will bring to the floor a bill that we believe reflects the President's view, our view, and hopefully we would hope the views in part at least of some of the Members on your side of the aisle.

Mr. McCARTHY of California. I thank the gentleman.

Reclaiming my time, I notice you refer to the bill and sometimes another bill, and you have this bill H.R. 3200 done by one side of the aisle, passed three committees. I know last time when President Clinton was in and they took up health care and they produced a bill in Ways and Means, it took 7 weeks of debate. I know this was 48 hours and others were a short time period.

When you refer to that bill, are you referring to H.R. 3200 coming before this body, this House?

I yield to the gentleman.

Mr. HOYER. I thank the gentleman.

First of all, let me say I don't know where he gets 2 weeks. The Ways and Means Committee was in discussion. You may mean formal hearings on the bill. But we have had 80 hearings in the committees over the last 24 months on health care reform, so it was an extensive part of the debate of every candidate for President over the course of 2008, and, frankly, prior to 2008.

This bill and many of its facets have been considered extensively, many of which were in plans presented by Presidential candidates on both sides of the aisle, Democrat and Republican. And clearly the President of the United States talked extensively about his ideas and where he wanted to go on health reform, and much of what he said and proposed was included in the bills that have been acted upon and I think reflect his views as well as the views of many people not only in this body but throughout the country.

So, from that standpoint, we believe this has gotten very extensive consideration. I think it is unprecedented. We had over 1,000 town meetings on our side. I know you had a number of town meetings on your side. I am not sure of the number. But literally I think thousands and thousands of Americans had an opportunity to participate and are continuing to participate in the discussion of the specifics of this bill.

So we think it has gotten very widespread and very thorough consideration. Given that consideration, there are still differences that we are working on.

Mr. McCARTHY of California. Reclaiming my time, just referring back, what I said was when the Clinton administration did health care, on Ways and Means they debated for 7 weeks, taking the bill up itself. When we did it this time, it was 48 hours of presenting the bill, the amendments, and being voted out of committee.

Knowing the call to the American public about transparency, and we all heard that during the month of August, would the gentleman allow, before any bill comes to the floor—and I guess the bill would be H.R. 3200, from what I am hearing the gentleman say. I know it is in committee, but when you get to that final version——

Mr. HOYER. Will the gentleman yield, because I want to clarify that.

H.R. 3200 was a base bill that was put together by the committee Chairs, the committee staff, with input from others, as a mark. My expectation is that there will be a compendium that will be put together and we will probably have a new number on it. So I don't think H.R. 3200, which was a base mark, but you understand this was a bill, and, as you well know, in three committees, so there may well be a bill fashioned from the product of the three committees.

Mr. MCCARTHY of California. Reclaiming my time, so it would be a different number, but in essence the same bill.

Would the gentleman allow, before that bill is voted on on this floor when you come to the conclusion of where that bill ends up, would we be able to have the time to go back to the American public and, again, all of us have townhall meetings again for the transparency of saying this is the bill that would be voted on in the House?

I yield to the gentleman.

Mr. HOYER. I thank the gentleman for yielding.

There has been unprecedented, I reiterate, I don't think you can remember, and I have been here 29 years and I can't remember a bill that has been more widely vetted than this bill in terms of the American public. Maybe the Social Security proposal the President some years ago had, that was pretty widely vetted, but I don't think as widely vetted as this proposal.

So I say to the gentleman, you go and you vet the bill, you discuss alternatives, you then come back after having listened to those alternatives and fashion a bill. You don't have new committee hearings, whether it is a health care bill or any other bill. You amend it and you perfect it pursuant to hearings, and then you bring it to the floor. I don't expect we will treat this bill any differently.

Mr. MCCARTHY of California. I thank the gentleman.

The only thing I would ask, knowing that the American public did have this bill vetted but the majority of the American public disagreed with this bill, disagreed with the public option, and having the transparency here that the American public is asking, having the American public so engaged and educated on health care and it being such an issue, I always thought it would be helpful not only to this body but to the American public itself, before we go and vote again, whatever comes before that bill to come to the House, that you allow the opportunity for Members to go home and have a townhall and explain what is in the final version of the bill before that vote takes place. I think the American public would appreciate it, and it would be a great opportunity for both sides.

Mr. HOYER. Well, if the gentleman will yield, I want to say clearly, as you know, the base bill, the mark bill from which the three committees worked, as you know, was put online before the August break, so that it has been online for a very long period of time. Now, there will be changes. There will be amendments. There have already been amendments in the three committees and those have been online.

So, I think the gentleman's concern is correct. We share it. We want to make sure the public has the opportunity to know what is being done, that we transparently have the specifics for the American public to know what we are doing and for the Members to have that knowledge, and we intend to do that.

Now, whether or not we are going to have a timeframe in which somebody can have a townhall meeting, which may take a month to notice and get together, I think you would be shocked if I responded to you that, oh, sure, we will just wait around until you have your town meetings. So I am not going to say that. But I do appreciate the gentleman's point, which is we want to make sure the public does in fact have notice.

Mr. MCCARTHY of California. Well, I thank the gentleman and I appreciate his answers today. The one thing I would say, I did this townhall in Bakersfield, California, where I did no notice, I didn't do a mailer, and gave enough opportunity. We have an opportunity now to know we will be in past October. I had 3,000 people, that is 1 percent of the whole city's population, turn out, and very engaged, very knowledgeable of the bill itself.

So I just hope the opportunity comes that knowing maybe there is a different number on this bill, but it is still H.R. 3200, that the public would be able to see it. And I will tell the gentleman that the Republicans on this side have a lot of ideas about health care, a lot of bills out there, of ways that we can lower the costs, take care of preexisting conditions and actually make health care much better for all Americans.

I appreciate the time and yield back.

ADJOURNMENT TO MONDAY, SEPTEMBER 14, 2009

Mrs. LOWEY. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 12:30 p.m. on Monday next for morning-hour debate, and further, when the House adjourns on that day, it adjourn to meet at 10:30 a.m. on Tuesday, September 15, 2009, for morning-hour debate.

The SPEAKER pro tempore (Mr. LUJÁN). Is there objection to the request of the gentlewoman from New York?

There was no objection.

TAXPAYERS REFUSE TO PAY FOR ILLEGAL IMMIGRANTS' HEALTH CARE

(Mr. KING of Iowa asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KING of Iowa. Mr. Speaker, a Rasmussen poll found that 83 percent of voters believe only U.S. citizens should be eligible for health care subsidies. However, H.R. 3200, the health care bill, gives coverage to illegal immigrants, despite what the President says.

Although language in the bill purports to prevent illegal immigrants from getting coverage, even the Congressional Research Service confirms that there are three major loopholes that render the language meaningless.

Number one, there is no method to verify eligibility. An amendment to include it was defeated by Democrats in committee.

Item number two, illegal immigrants are not prohibited from using the ''public option,'' better described as the government mandate.

And, number three, all members of families including illegal immigrants may be eligible as a group, and language indicates so.

So if Congress wants to represent the wishes of the people, including the 70 percent of Democrats and 87 percent of Independents, they should add citizenship verification of eligibility to any health care legislation. But they have voted it down in committee 29–28. False claims about not covering illegal immigrants are hollow.

CALLING THE PRESIDENT OUT

(Mr. BURTON of Indiana asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURTON of Indiana. Mr. Speaker, last night the President made a very eloquent speech here in the House Chamber. I am always impressed with his eloquence. But one of the things he said that stuck with me was he said if the Republicans, he didn't say ''Republicans,'' but he said if anyone in the Chamber, and I think he was referring to Republicans, if anyone in the Chamber doesn't state the facts correctly or misleads the American people, he is going to call them out. That is a pretty tough term, ''call them out.''

So I just would like to say if I were talking to the President right now, Mr. President, that is a double-edged sword. You said you are going to call us out if we don't tell the truth. Well, in the next series today, I am going to take a 5-minute Special Order and I am going to go through everything, or as many as I can get to in 5 minutes, I am going to go through everything the

President said last night which was not quite true, because I think the American people really need to know the facts, and so we are going to call the President out.

GOVERNMENT GONE WILD

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, Congress is spending money we don't have on things we cannot afford. We spent billions on the so-called stimulus that hasn't worked. The government took over the car industry and gave money to the fat cats on Wall Street. Congress gave money, America's money, to the banking industry, and this House passed a national energy tax.

The government is out of control. Nearly 10 percent of the people are unemployed. With these hard economic times, now we are told we have to spend $1 trillion on a health care bill that is still confusing to most Americans. Where are we supposed to get the money?

We cannot continue to spend money we don't have and borrow it from our ''friends'' like China. This spending will cause inflation, and eventually somebody is going to get a massive tax increase to pay for a government gone wild.

Some taxacrats wish to tax small businesses into oblivion, the backbone of our country. Even if this were the greatest health care bill in the world, we can't afford to tax more Americans to pay for it. The American people deserve a break from all the spending, borrowing and taxation.

And that's just the way it is.

□ 1245

HEALTH CARE REFORM

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, a new Gallup poll says that 39 percent of Americans want their Member of Congress to vote against a health care overhaul while 37 percent want their Representative to support it. An Associated Press poll shows 49 percent oppose a health care overhaul. The numbers show a deep division in the Nation, one that was evident in August townhall meetings where the American people had their say. These were people who took the time to read the House bill and decide against it because of cost, complication and controversy.

Yet there are elements in all the proposals before Congress on which people can agree, and it's time to go back to the drawing board and be inclusive. As a former health care provider, I'd very much like to be a part of the solutions that will help the situation without breaking the bank. Tort reform is a must to reduce the cost of health care. Allowing insurers to compete across State lines will increase competition and thereby lower costs. Addressing workforce issues is crucial as baby boomer doctors, nurses and technicians retire.

Let's look at the approximately 13 million Americans out of 303 million who don't have an option for insurance and find a way to help the population that actually needs our help.

HONORING THE EIGHTH ANNIVERSARY OF THE SEPTEMBER 11 TERRORIST ATTACKS

(Mr. LANCE asked and was given permission to address the House for 1 minute.)

Mr. LANCE. Mr. Speaker, as we approach the eighth anniversary of the September 11 terrorist attacks on our Nation, we honor those innocent people who perished on that terrible day and extend our continued prayers and sympathy to their loved ones. We remember the tremendous heroism and self-sacrifice of so many in New York, the Pentagon, and on a plane over Shanksville, Pennsylvania. Closer to home in New Jersey, communities across the Garden State remember those who perished and pay tribute to the distinguished service of the brave police officers, firefighters and first responders who answered the call and, in some cases, never returned home.

Today I come to the floor of the House to pay my special respect to the 81 New Jersey families in the Seventh Congressional District who lost loved ones as a result of the tragic terrorist attacks. To these families I say, we will never forget the sacrifices you and others have paid and continue to pay. I hope all Americans will pause tomorrow and take a moment to reflect on the tragedy of 9/11, to remember the victims, the heroes, and all the loved ones they left behind, while paying tribute to the men and women who serve and defend us today against the dangers we still face.

May God continue to bless the United States of America.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

SEPTEMBER 11 OBSERVANCES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York (Mrs. LOWEY) is recognized for 5 minutes.

Mrs. LOWEY. As we mark the eighth anniversary of the tragic terrorist attacks on our country, we are reminded of the adage that ''time heals all wounds.'' At Ground Zero, bulldozers are laying the foundation for new towers, while millions carry on their daily routine. Many who lost spouses have remarried, finding comfort in new love. Infants have grown into children and children into adults, with thoughts that dwell on the future, rather than the past.

For this we should be grateful. No one should live in the perpetual shadow of grief. And yet the wounds are still raw. New Yorkers still perceive the skyline of Manhattan as maimed and incomplete. We are still gripped at certain moments by memories of loved ones that are unbearably painful. We are still at war, bearing the unfinished burden of rooting out the perpetrators and instigators of evil. And as a Nation, as a people, we understand that the innocence shattered on that awful morning 8 years ago can never be fully restored.

Our challenge then, as Americans, is to honor the loss and heed the lessons of 9/11, while also affirming at every opportunity the optimism and confidence that always defined this great Nation at its best. In this body, we do this by remaining strong and steadfast in our determination to confront terrorists and their sponsors, using the full spectrum of American power as an instrument of justice. We do this by, together with the firefighters, police officers, emergency workers and intelligence officers, committing to the hard work of securing our land against those who would do violence, ensuring that our transportation networks and energy facilities, our ports and our bridges are defended by more than feckless hope.

We do this by refusing to give up our liberties out of fear, knowing that a retreat from our founding values does more harm to America than any external enemy ever could. And we do this by pursuing the age-old American vision of a world lifted by freedom, knowledge and prosperity in which all men and women have the tools to build just and decent societies that live in peace with their neighbors.

It has been my duty and honor to serve and to serve those goals as a Member of the United States Congress. In tribute to all those who lost their lives 8 years ago, to all those who have lost their lives in Iraq, in Afghanistan in the time since, and to all those whose lives are still shaped every day by memory and loss, let us together commit to upholding these responsibilities until our work is done.

Thank you. May God bless America, and may God bless all people of goodwill.

HEALTH CARE REFORM

(Mr. TIAHRT asked and was given permission to address the House for 1 minute.)

Mr. TIAHRT. Mr. Speaker, last night President Obama told us that his administration would tackle medical malpractice reform as a way to lower health care costs. Defensive medicine

practices do drive up the cost of health care. It's at least 10 percent of overall cost and as much as 40 percent of some procedures, and it should be aggressively tackled.

This is what we have been saying on the Republican side for years. But who is it? Who will take on this difficult task? And just how committed is President Obama in taking on medical malpractice reform and protecting medical providers from trial lawyers? A simple Google search shows that Secretary Sebelius was the executive director and the head lobbyist for the Kansas Trial Lawyers Association for 8 years. That's right, Secretary Sebelius, head of the Health and Human Services, was a deep political professional and has personal ties with trial lawyers and has been tapped by the President to go after these same trial lawyers and figure out just what kind of malpractice reform should be put in place.

I think this is a classical example of what we call a conflict of interest. The President has made several publicly embarrassing gaffes recently, and when it comes to vetting these people, I would hope that he takes more time in vetting Secretary Sebelius.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Mr. Speaker, the President said last night, and I mentioned it a few minutes ago, that if anybody in this body told an untruth about his proposals on health care he was going to call them out. Well, as I said before, that's a double-edged sword because I think the President made a number of misstatements last night that need to be corrected. And the American people need to know what they were. As a matter of fact, one of the things he needs to do is he needs to take on the Associated Press because they have a news article out today that says Obama uses iffy math on deficit pledge, and they point out that his arithmetic isn't quite accurate.

But let me go into some of the specifics. He said last night, ''Nothing in this plan will require you or your employer to change the coverage or the doctor you have.'' Let me repeat this: nothing in our plan requires you to change what you have. The majority leader just a few minutes ago said we really need to keep the public option in, and that's what they would like to bring to the floor.

Well, let's say they do that. If you're an employer, and it costs more than 8 percent to take care of your employees and health insurance, you can dump them on the government plan for 8 percent. So if you're spending 10 percent to pay for your employees' health insurance and you want to cut your costs, all you have to do is put them on the government plan and pay 8 percent.

And so there is an inducement for people to go on the government plan, especially if the employer's transferring them. And as a matter of fact, independent experts all agree that the legislation proposed would result in millions of Americans losing the coverage they have. The Congressional Budget Office, this body right here, this budget office, believes several million will lose their coverage. The Urban Institute says it will be up to 47 million, and the Lewin Group says it will be up to 114 million.

So I would say, Mr. President, that's not quite accurate. He also said, ''Under my plan, individuals will be required to carry basic health insurance just as most States require you to carry auto insurance.'' That is going to be what they call a government mandate. And one of his senior Obama administration officials recently wrote that a mandate is, in many respects, analogous to a tax and, furthermore, has the potential to be a very regressive tax, penalizing uninsured people who genuinely cannot afford to buy coverage.

Thus, this policy stance breaks the signal promise of the Obama campaign when he said, I can make a firm pledge, under my plan no family making less than 250,000 a year will see any form of tax increase, not your income tax, not your payroll tax, not your capital gains tax, not any of your taxes.

Not accurate. The President said, ''There are those who claim that our reform effort will insure illegal aliens or immigrants. This too is false. The reforms I'm proposing would not apply to those who are here illegally.'' Look at H.R. 3200, their bill. It says, nothing in any of the Democrat bills would require individuals to verify their citizenship or identity prior to receiving taxpayer subsidized benefits, making the President's promise one that the legislation itself does not keep. So that wasn't accurate, Mr. President.

And here's another quote and one more misunderstanding I want to clear up: ''Under our plan, no Federal dollars will be used to fund abortions and Federal conscience laws remain in place.'' Fact: the National Right to Life Committee, among another independent pro-life groups, have confirmed that the legislation will result in Federal funds being used to pay for abortions, both through the government-run health plan and through Federal subsidies provided through the exchange, despite various accounting gimmicks created in an Energy and Commerce Committee ''compromise plan.'' Much of the rest would be paid for with revenues from the very same drug and insurance companies that stand to benefit from tens of millions of new customers.

The President said reducing the waste and inefficiency in Medicare and Medicaid will pay for most of this plan. Much of the rest would be paid for with revenues from the very same drug and insurance companies that stand to benefit from tens of millions of new customers. Fact: the Congressional Budget Office, our body, has previously found that the cuts to Medicare Advantage plans included in the Democrat legislation would result in millions of seniors, millions of seniors, losing their current plan, a direct contradiction of the President's assertion that nothing in this plan requires you to change what you have.

□ 1300

So that's not quite true. It's not true at all.

The President last night:

This reform will charge insurance companies a fee for their most expensive policies, which will encourage them to provide greater value for the money, an idea which has the support of Democrat and Republican experts, and according to these same experts, this modest change could help hold down the cost of health care for all of us in the long run.

Fact: While some Republicans support addressing the current employee exclusion for health insurance in the context of overall tax reform, the President's proposal would raise fees in order to finance new Federal spending—a tax increase of hundreds of billions of dollars and one that most of us on the Republican side would never support.

Fact: You can keep your current insurance. However if it costs your employer more than 8 percent for your health coverage he would consider paying 8 percent and put you on a government plan.

Quote: ''Nothing in this plan will require you or your employer to change the coverage or the doctor you have. Let me repeat this: nothing in our plan requires you to change what you have.''

Fact: Independent experts all agree that the legislation proposed would result in millions of Americans losing the coverage they have—the Congressional Budget Office believes several million, the Urban Institute up to 47 million, and the Lewin Group as many as 114 million.

Quote: ''Under my plan, individuals will be required to carry basic health insurance—just as most states require you to carry auto insurance.''

Fact: Senior Obama Administration official Sherry Glied has previously written that a mandate ''is in many respects analogous to a tax''—and furthermore has the potential to be a ''very regressive tax, penalizing uninsured people who genuinely cannot afford to buy coverage.'' Thus this policy stance breaks the signal promise of the Obama campaign: ''I can make a firm pledge. Under my plan, no family making less then $250,000 a year will see any form of tax increase. Not your income tax, not your payroll tax, not your capital gains taxes, not any of your taxes.''

Quote: ''There are also those who claim that our reform effort will insure illegal immigrants. This, too, is false—the reforms I'm proposing

would not apply to those who are here illegally.''

Fact: Nothing in any of the Democrat bills would require individuals to verify their citizenship or identity prior to receiving taxpayer-subsidized benefits—making the President's promise one that the legislation itself does not keep.

Quote: ''And one more misunderstanding I want to clear up—under our plan, no federal dollars will be used to fund abortions, and federal conscience laws will remain in place.''

Fact: The National Right to Life Committee, among other independent pro-life groups, have confirmed that the legislation will result in federal funds being used to pay for abortions—both through the government-run health plan, and through federal subsidies provided through the Exchange, despite various accounting gimmicks created in an Energy and Commerce Committee ''compromise.''

Quote: ''I will not sign a plan that adds one dime to our deficits—either now or in the future. Period.''

Fact: The nonpartisan Congressional Budget Office has found that H.R. 3200 would increase deficits by $239 billion over 10 years—and also found that the legislation ''would probably generate substantial increases in federal budget defictis'' thereafter. The Peter G. Peterson Foundation released a study today which found that in its second decade, H.R. 3200 would increase federal deficits by more than $1 trillion.

Quote: ''Not a dollar of the Medicare trust fund will be used to pay for this plan.''

Fact: Among more than $500 billion in proposed savings from Medicare, the Democrat bills also propose redirecting $23 billion from the Medicare Improvement Fund to fund new health care entitlements. According to current law, the Medicare Improvement Fund is designated specifically ''to make improvements under the original Medicare fee-for-service program.''

Quote: ''Reducing the waste and inefficiency in Medicare and Medicaid will pay for most of this plan. Much of the rest would be paid for with revenues from the very same drug and insurance companies that stand to benefit from tens of millions of new customers.''

Fact: The Congressional Budget Office has previously found that the cuts to Medicare Advantage plans included in the Democrat legislation would result in millions of seniors losing their current plan—a direct contradiction of the President's assertion that ''nothing in this plan requires you to change what you have.''

Quote: ''This reform will charge insurance companies a fee for their most expensive policies, which will encourage tham to provide greater value for the money—an idea which has the support of Democratic and Republican experts. And according to these same experts, this modest change could help hold down the cost of health care for all of us in the long-run.''

Fact: While some Republicans support addressing the current employee exclusion for health insurance in the context of overall tax reform, the President's proposal would raise ''fees'' in order to finance new federal spending—a tax increase of hundreds of billions of dollars, and one that many Republicans may not support.

Quote: ''Add it all up, and the plan I'm proposing will cost around $900 billion over ten years.''

Fact: The Congressional Budget Office, in its score of H.R. 3200 as introduced, found that the legislation would spend approximately $1.6 trillion over ten years—nearly double the President's estimate.

Quote: ''I will continued to seek common ground in the weeks ahead. If you come to me with a serious set of proposals, I will be there to listen. My door is always open.''

Fact: On May 13, House Republican leaders all wrote the President a letter reading in part: ''We write to you today to express our sincere desire to work with you and find common ground on the issue of health care reform. . . . We respectfully request a meeting with you to discuss areas for potential common ground on health care reform.'' Nearly 4 months later, that meeting has yet to take place.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York (Mrs. LOWEY) is recognized for 5 minutes.

(Mrs. LOWEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

THESE COLORS DON'T RUN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, it was a clear, cool morning in America 8 years ago on September 11. The sun had risen, and people of the Nation went to work. I was driving my Jeep to the courthouse in Texas, where I served as a judge at the time.

KILT Radio, in Houston, interrupted a Willie Nelson song and reported that a plane had crashed into a tower at the World Trade Center. Then a second plane had hit the other tower in New York City. I, like many others on the road that day, pulled over to the side and listened intensely to the radio, and heard about a third plane crashing somewhere in Pennsylvania and yet a fourth plane deliberately hitting the Pentagon.

They were from every State in the United States, from 115 foreign countries and were of all races and nationalities. They were men and women and America's young people. At the end of the day, 2,819 people did not return home to the people they loved; 343 were firefighters and paramedics; 23 were New York City police officers; 37 were Port Authority officers; 125 were working for the military at the Pentagon; and 266 others were passengers on airlines.

These were the victims of the attack on America on September 11, 2001. The enemy we faced and still face killed in the name of religion the innocence of this Nation.

America is great because of people like the passengers on Flight 93, who called their loved ones and said goodbye and then said, ''Let's roll.'' They knew it was up to them to stop the terrorists on that plane. They were unarmed and already had seen others murdered before their eyes, but they did what it took to stop the terrorists from doing whatever the terrorists had planned to do to our Nation. It didn't matter whether they were flying into the Capitol or into the White House or exactly what they were going to do. The passengers of flight 93 were not going to let them do it no matter what it was. They saved innocent lives on the ground when they forced that plane down in Shanksville, Pennsylvania.

What makes America great is her people—ordinary Americans who strap on hundreds of pounds of gear and who run into a building that's on fire to help people who are scared and injured and who don't know where to go to be safe. They are paramedics and police officers and firemen and Port Authority officers who climbed hundreds of flights of steps, climbing up while everyone else was trying to get out of a building that was on fire.

They went into those darkened stairwells even after one building had collapsed, even after they knew that hundreds of their friends and family members and coworkers had just likely been killed when that first building came down. They kept on trying to save people whose lives they had been trained to save and to be responsible for. They took an oath and stood for that oath, and we would hope that we would all do the same. That's what makes America the rare breed. Through the smoke, the fire, the dust, and the debris, these extraordinary people showed the world exactly what an American hero looks like.

What sets Americans apart is the bravery of the people who face challenges. We are continuing to be underestimated because no other country in the world can understand what an American feels when confronted with the type of evil that confronted us on September 11, 2001.

At the end of the day on September 11, 2001, I, like most Americans, was mesmerized in front of the TV, watching video of the attack on our Nation. I noticed that, when the planes hit the World Trade Center, thousands of people—good people—sought safety from the terror in the skies, but there was another group, a handful of people—that rare breed—who, when the planes hit those buildings, ran as hard as they could to confront that terror.

Who were they?

Well, they were the emergency medical technicians; they were firefighters; they were police officers; and they were just regular Americans. Their first inclination was not to run and hide. Their first inclination was to fight back, and that's exactly what they did. They showed the pride that we feel in our country when we see the flag waving and say, These colors don't run. We mean it.

So, Mr. Speaker, while it's important to remember those who died that day 8 years ago, it's just as important to remember those who got to live and who

had another chance at life because America's first responders were there and answered the call to defend America.

And that's just the way it is.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

AMERICA MUST NOT OCCUPY AFGHANISTAN

The SPEAKER pro tempore (Mr. POLIS). Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, tomorrow is the eighth anniversary of one of the most tragic days in America's history, September 11, 2001.

On that day, our Nation was attacked, and nearly 3,000 Americans were killed. We continue to grieve for them and for their families, and tomorrow we celebrate a national day of remembrance and service in their honor and memory.

Soon after 9/11, Mr. Speaker, American troops invaded Afghanistan, where the attacks had been planned. Many Americans have considered the war in Afghanistan a good war. Our troops have shown incredible skill and bravery in a very difficult conflict over those 8 years. But now, 8 years later, our troops are still in Afghanistan and are still facing a growing insurgency. The Taliban appears to have regained control of half the country, and many al Qaeda operatives have fled to Pakistan. As a result, a growing number of Americans now oppose a war that no longer serves our national security interests.

In three recent polls, more Americans called for reductions in our troop levels rather than increases, and in one poll, the majority of Americans said that the war in Afghanistan is simply not worth fighting.

Despite this, General Stanley McChrystal, commander of U.S. and NATO forces in Afghanistan, is expected to ask the President to commit more troops. There are reports that General McChrystal may ask for as many as 30,000 more, which would bring the American troop level to about 100,000. Enlarging the American footprint in Afghanistan, Mr. Speaker, will almost certainly lead the Afghanistan people to see the United States as an occupying force, and if history has taught us anything, it is that the Afghan people will resist any foreign occupation. That is the bitter lesson that the Soviet Union and the British empire learned.

Even Secretary of Defense Robert Gates is concerned about the problem. In a recent interview, Secretary Gates said he asked General McChrystal about the implications of significant additional forces and whether the Afghans will see this as the United States becoming more of an occupier rather than a partner.

Secretary Gates also spoke last week about the failures of previous foreign forces in Afghanistan. He said one reason for their failures is that the Afghans concluded that they were there for their own imperial interests and not there for the interests of the Afghan people.

Mr. Speaker, the worst thing our Nation can do right now is to stumble into an occupation that the Afghan people do not want, one that will last many years, that will cost many lives and that will cost hundreds of billions of dollars that we can't afford.

We should not double-down on a strategy that hasn't worked. We need a brand new strategy, one that is based, among other things, on economic development for the Afghan people, on better governance and on improvements in policing and in intelligence. We need to have strategies that are the best ways to capture violent extremists, and we must have a clear exit strategy and a timetable for the withdrawal of our brave troops.

If we do that, if we can stop more people from dying—our troops and the Afghan people—we will truly be honoring the 3,000 who died on September 11, 2001.

COFFEE WITH THE CONGRESSMAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. NEUGEBAUER) is recognized for 5 minutes.

Mr. NEUGEBAUER. Mr. Speaker, like many Members in the House, I spent a good part of August visiting with those who sent me here to Washington to represent them. I held seven ''Coffee with the Congressman'' meetings in all parts of the 19th Congressional District, and I was amazed at the tremendous amount of turnout.

Those who came to these meetings were upset about the direction that the government is taking their country. They want their voices to be heard in Washington. I told them I would bring their messages back to Congress with me, and hundreds of those attending our meetings filled out these message forms. As I said, I would like to read these comments on the House floor so that everyone in Congress will know how they feel. The people of the 19th Congressional District, and I think people all across America, share these same thoughts. So, for the next 5 minutes, you're going to hear from the people who came to the August 24 townhall meeting in Abilene, Texas, in their own words.

David from Abilene, Texas wrote these comments:

''My message to Washington is fix Social Security, Medicare, Medicaid, VA, and welfare first. When they have a good working system in place, then we can talk about taking on health care.''

Claude from Tuscola, Texas had these comments:

''In my business, I have 19 employees, and I have reasonable health care coverage for all my employees, and I furnish this at no cost to my employees. Two of my employees cover their families at their expense. It is a very good policy.''

Jerry from Abilene said, ''I'm a 75-year old male, married 52 years with 6 grandchildren and 4 great-grandchildren. This is all about the enormous debt I will be leaving for them. Please quit the spending, and look for ways to cut costs and improve our current system.''

Charles from Abilene said, ''You can't borrow your way out of debt. When you find yourself in a hole, stop digging. Whatever happened to common sense? Stop the cap-and-trade bill. It will raise taxes on all and not affect the global climate. Drill for oil in Alaska and our coastal waters, where there are proven reserves. If the health care bill is good enough for the taxpayers, it should be used by the President, Congress and the unions.''

Charleye from Abilene said, ''I do not want the government to control our health care. Please do not pass the proposed health care reform. Government spending is out of control. Please put a cap on spending in all areas. Not more bailouts—for anybody. Please listen, and stop spending our money now.''

Bill from Abilene asked this question:

''Should this health care bill get passed, will all of the national politicians have to get on it too, or will you still keep your individual health insurance you have now?''

Trudy from Abilene said, ''Please stand against all bills that are not read and debated. 'No' to government health care.''

Tom from Abilene said, ''You must do everything possible to prevent publicly funded abortions in the health care bill.''

Maria from Merkel, Texas said, ''People fail to see I am paying for this. Somebody has to. I'm tired of paying taxes toward things that people don't want to work for.''

Lucile from Abilene says, ''I do not want government control of my health care. This excess spending is ruining the U.S. Please be serious about your country and its citizens.''

Grace from Abilene said, ''No new taxes. We need insurance reform, not health care reform. The government bankrupted Medicare, not the recipients. No more bailouts. When did we start bailing out people that lived beyond their means in their high-priced homes?''

□ 1315

Mike from Abilene: ''I am a 27-year retired Air Force veteran. I am concerned about TRICARE for life and the

loss of benefits under the new health care bill.''

Amy from Abilene: ''Please save citizens of the U.S. from paying for abortions or any encouraging of such, from any funding directly or indirectly of euthanasia.''

Caryn from Abilene: ''Leave our health care alone and cut our taxes.''

Ruth from Cisco: ''Please continue to stand for truth and freedom in Washington. The health care bill is not about more health care, but less—rationing.''

Hal from Abilene: ''I am not against sensible reform. I am against government control of our economy and health care. In short, stay within the confines of the Constitution and out of our lives.''

Marion and Mary from Abilene: ''Stop the runaway spending like cap-and-trade. Fix our present health care system. Support our vets, old and new.''

Emily from Abilene: ''I don't think most Congressmen realize or understand the true feelings of the American people. We used to have real regard for our leaders.''

Jerry and Camille from Ranger, Texas: ''Stop the bailouts. Stop the outrageous spending and get back to following the Constitution. Read all the bills before signing. I was in the front row and I had never been to a town hall meeting before.''

Kay from Abilene: ''I oppose cap-and-trade which will dramatically reduce our standard of living and is absolutely unnecessary.''

J.M. from Abilene: ''Government has to stop spending and pay our way out of debt.''

This is just a small fraction, Mr. Speaker, of how the American people feel.

Libby from Abilene: "While we have Medicaid for people, it is impossible to find a doctor who will take new Medicaid patients in Abilene."

Mike from Abilene: "Do not pass health care reform that reduces Medicare benefits or makes access to doctors more difficult."

Betty from Abilene: "Read the bills before you sign them."

Robert and Essie Mae from Abilene: "Stop the spending!"

Debra from Abilene: "What are the pros and cons to mandatory health care as with auto insurance, seat belt laws and smoking bans?"

Edna from Jayton: "First, we should reduce government."

Maetta from Abilene: "How about our representatives and senators sharing in the same health plan that they provide for the rest of us?"

BREACH OF DECORUM IN THE HOUSE OF REPRESENTATIVES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, just a moment of good news that tells the American people that their government is working. I look forward to holding my job fair number two in Houston, Texas, where it has been voted that Houston has the highest unemployment rate of our State, the State of Texas, at the Georgia R. Brown Convention Center in conjunction with the City of Houston, where we will be hosting private employers, local government and State and Federal Government because the stimulus dollars are working and the American people want us to create jobs.

Then we will have an opportunity to celebrate in my district the gospel music heritage legislation that myself and the Senator from Arkansas passed, Senator BLANCHE LINCOLN, to commemorate America's great history in gospel music. We will be at the Grace Community Church on Friday, September 18, at 7:30.

I say that because there is a reason to be joyful in America. It's a great country, and that is why I pause now for a serious moment to reflect on 9/11 and to offer, again, my deepest sympathy and concern for those families and victims and just to remind Americans that we will never forget.

What brings me here today, to take all of that good news or all of that recognition that we are one country not divided by Republicanism or being a Democrat or an independent, but we are one family, loving our values and loving our democracy, makes me come today with a very saddened heart. For yesterday the President of the United States rose before this body and offered in the most poignant but kindest and firmest way an extended hand to work and to collaborate with Americans and those who represent Americans in this body. And I have had the privilege of hearing a number of Presidents speak to the Nation from this place.

And let me say to you that when a President comes here, he is a guest of this body. It is not Republicans and Democrats, it is the United States Congress. For the President's cabinet is here, the Senate is here. In some instances, the Supreme Court is here. Members are here from all over the country. Our guests are here as well.

And each time a President has come, whether or not I have an emotional opposition and a reasoned opposition to the position that they may be making, I hold their presence in reverence and respect. Last night my heart weighted with sadness, for as we spoke to the American people, adults, those of us who are elected, we found the highest level of disregard and disrespect.

Not only was there a shout-out, albeit the First Amendment is protected, there is a reasonable response of those elected to high public office that when the President stands, not the President the Democrat, or the Republican, but the President of the United States, I can say this, because I denounced the throwing of a shoe at our President on foreign soil, of any kind. I denounced the seeming tolerance of President Bush having a shoe thrown at him. It is horrific and a disgrace.

Just as I denounce holding up papers while the President is speaking. That happened last night. Just as I denounce having a sign in your lap, which we are not allowed to wear buttons expressing viewpoint. That happened last night.

Just as I denounce words coming out calling the President a liar. It should be denounced by the leadership of my good friends on the other side. This is not an individual act. It should be denounced as inappropriate decorum in this place.

And for those who wish to be equally rude by holding up something, let me suggest that it is a free country. And I do appreciate, sometimes we make mistakes, I admit to mistakes. We have to clarify those mistakes. But I believe it is important to clarify it so the President of the United States' ears can hear it and so this body can hear it.

And I would hope my friends on the other side of the aisle, the leadership, will come to this well next week and acknowledge that this place should be a place of decorum. Yes, Members have turned their backs, some Members have walked out. That is their privilege. We do not have a despotic Nation, and they have the privilege to do so, if they disagree with the words being spoken by the President of the United States. But remember, he or she is our guest. And when you invite someone into your home, you treat them with the highest level of respect.

I am not angry. I am simply saddened and disappointed, because so many of my friends on the other side of the aisle expressed their own disappointment, but somewhat in silence. It is important for the American people to know that whoever the President is, no matter where they come from, what background, what region, what State, they are the President of the United States.

The President told the truth last night, and the other side must tell the truth about inappropriate behavior and the lack of reverence. We need to respect each other, and I call for that.

THE REAL STARS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Mr. Speaker, tomorrow is the eighth anniversary of the horrific attack on our country on September 11, 2001, and we need to remember that there are still people in the world who want to destroy us and all that we stand for. It is up to us at the national level to provide for our national security, and we need to focus on that.

Today someone sent me a column by Ben Stein that I had not seen but was written in 2003. In this column, he does a great job of putting us and trivial things into perspective, and I thought that today would be a good day to share this column entitled ''How Can Someone Who Lives in Insane Luxury Be a Star in Today's World?''

''As I begin to write this, I 'slug' it, as we writers say, which means I put a heading on top of the document to identify it. This heading is 'eonlineFINAL,' and it gives me a shiver to write it. I have been doing this column for so long that I cannot even recall when I started. I loved writing this column so much for so long I came to believe it would never end.

''It worked well for a long time, but gradually, my changing as a person and the world's change have overtaken it. On a small scale, Morton's, while better than ever, no longer attracts as many stars as it used to. It still brings in the rich people in droves and definitely some stars. I saw Samuel L. Jackson there a few days ago, and we had a nice visit, and right before that, I saw and had a splendid talk with Warren Beatty in an elevator, in which we agreed that 'Splendor in the Grass' was a super movie. But Morton's is not the star galaxy it once was, although it probably will be again.

''Beyond that, a bigger change has happened. I no longer think Hollywood stars are terribly important. They are uniformly pleasant, friendly people, and they treat me better than I deserve to be treated. But a man or woman who makes a huge wage for memorizing lines and reciting them in front of a camera is no longer my idea of a shining star we should all look up to.

''How can a man or woman who makes an eight-figure wage and lives in insane luxury really be a star in today's world, if by a 'star' we mean someone bright and powerful and attractive as a role model? Real stars are not riding around in the backs of limousines or in Porsches or getting trained in yoga or Pilates and eating only raw fruit while they have Vietnamese girls do their nails.

''They can be interesting, nice people, but they are not heroes to me any longer. A real star is the soldier of the 4th Infantry Division who poked his head into a hole on a farm near Tikrit, Iraq. He could have been met by a bomb or a hail of AK–47 bullets. Instead, he faced an abject Saddam Hussein and the gratitude of all the decent people of the world.

''A real star is the U.S. soldier who was sent to disarm a bomb next to a road north of Baghdad. He approached it, and the bomb went off and killed him.

''A real star, the kind who haunts my memory night and day, is the U.S. soldier in Baghdad who saw a little girl playing with a piece of unexploded ordnance on a street near where he was guarding a station. He pushed her aside and threw himself on it just as it exploded. He left a family desolate in California and a little girl alive in Baghdad.

''The stars who deserve media attention are not the ones who have lavish weddings on TV but the ones who patrol the streets of Mosul even after two of their buddies were murdered and their bodies battered and stripped for the sin of trying to protect Iraqis from terrorists.

''We put couples with incomes of $100 million a year on the covers of our magazines. The noncoms and officers who barely scrape by on military pay but stand guard in Afghanistan and Iraq and on ships and in submarines near the Arctic Circle are anonymous as they live and die.

''I am no longer comfortable being a part of the system that has such poor values, and I do not want to perpetuate those values by pretending that who is eating at Morton's is a big subject.

''There are plenty of other stars in the American firmament. The policemen and women who go off on patrol in South Central and have no idea if they will return alive; the orderlies and paramedics who bring in people who have been in terrible accidents and prepare them for surgery; the teachers and nurses who throw their whole spirits into caring for autistic children; the kind men and women who work in hospices and in cancer wards.

''Think of each and every fireman who was running up the stairs at the World Trade Center as the towers began to collapse. Now you have my idea of a real hero. I came to realize that life lived to help others is the only one that matters. This is my highest and best use as a human. I can put it another way. ''Years ago, I realized I could never be as great an actor as Olivier or as good a comic as Steve Martin . . . or Martin Mull or Fred Willard—or as good an economist as Samuelson or Friedman or as good a writer as Fitzgerald. Or even remotely close to any of them.

''But I could be a devoted father to my son, husband to my wife and, above all, a good son to the parents who had done so much for me. This came to be my main task in life. I did it moderately well with my son, pretty well with my wife and well indeed with my parents (with my sister's help). I cared for and paid attention to them in their declining years. I stayed with my father as he got sick, went into extremis and then into a coma and then entered immortality with my sister and me reading him the Psalms.

''This was the only point at which my life touched the lives of the soldiers in Iraq or the firefighters in New York. I came to realize that life lived to help others is the only one that matters and that it is my duty, in return for the lavish life God has devolved upon me, to help others He has placed in my path. This is my highest and best use as a human.

''Faith is not believing that God can. It is knowing that God will.''

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. SCHIFF) is recognized for 5 minutes.

(Mr. SCHIFF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. TIAHRT) is recognized for 5 minutes.

(Mr. TIAHRT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

STATUS REPORT ON CURRENT LEVELS OF ON-BUDGET SPENDING AND REVENUES FOR FISCAL YEARS 2009 AND 2010 AND THE FIVE-YEAR PERIOD FY 2010 THROUGH FY 2014

The SPEAKER pro tempore. Under a pervious order of the House, the gentleman from South Carolina (Mr. SPRATT) is recognized for 5 minutes.

Mr. SPRATT. Madam Speaker, I am transmitting a status report on the current levels of on-budget spending and revenues for fiscal years 2009 and 2010 and for the five-year period of fiscal years 2010 through 2014. This report is necessary to facilitate the application of sections 302 and 311 of the Congressional Budget Act and sections 424 and 427 of S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010.

The term ''current level'' refers to the amounts of spending and revenues estimated for each fiscal year based on laws enacted or awaiting the President's signature.

The first table in the report compares the current levels of total budget authority, outlays, and revenues with the aggregate levels set by S. Con. Res. 13. This comparison is needed to enforce section 311(a) of the Budget Act, which establishes a point of order against any measure that would breach the budget resolution's aggregate levels.

The second table compares the current levels of budget authority and outlays for each authorizing committee with the ''section 302(a)'' allocations made under S. Con. Res. 13 for fiscal years 2009 and 2010 and fiscal years 2010 through 2014. This comparison is needed to enforce section 302(f) of the Budget Act, which establishes a point of order against any measure that would breach the section 302(a) discretionary action allocation of new budget authority for the committee that reported the measure.

The third table compares the current levels of discretionary appropriations for fiscal years 2009 and 2010 with the ''section 302(a)'' allocation of discretionary budget authority and outlays to the Appropriations Committee. This comparison is needed to enforce section 302(f) of the Budget. Act, which establishes a point of order against any measure that would breach section 302(b) sub-allocations within the Appropriations Committee.

The fourth table gives the current level for fiscal years 2011 and 2012 for accounts identified for advance appropriations under section 424 of S. Con. Res. 13. This list is needed to enforce section 424 of the budget resolution, which establishes a point of order against appropriations bills that include advance appropriations that: (1) are not identified in the joint

statement of managers; or (2) would cause the aggregate amount of such appropriations to exceed the level specified in the resolution.

REPORT TO THE SPEAKER FROM THE COMMITTEE ON THE BUDGET—STATUS OF THE FISCAL YEAR 2010 CONGRESSIONAL BUDGET ADOPTED IN S. CON. RES. 13

[Reflecting action completed as of August 15, 2009—On-budget amounts, in millions of dollars]

	Fiscal Years—		
	2009 [1]	2010 [2]	2010–2014
Appropriate Level:			
Budget Authority	3,668,601	2,882,149	n.a.
Outlays	3,357,164	3,002,606	n.a.
Revenues	1,532,579	1,653,728	10,500,149
Current Level:			
Budget Authority	3,666,974	1,676,230	n.a.
Outlays	3,360,358	2,283,297	n.a.
Revenues	1,532,579	1,672,889	11,264,480
Current Level over (+)/under (−)Appropriate Level:			
Budget Authority	−1,627	−1,205,919	n.a.
Outlays	3,194	−719,309	n.a.
Revenues	0	19,161	764,331

n.a. = Not applicable because annual appropriations Acts for fiscal years 2010 through 2013 will not be considered until future sessions of Congress.

[1] Notes for 2009:

Current resolution aggregates exclude $7,150 million in budget authority and $1,788 million in outlays that was included in the budget resolution as a placeholder to recognize the potential costs of major disasters.

[2] Notes for 2010:

Current resolution aggregates exclude $10,350 million in budget authority and $5,488 million in outlays that was included in the budget resolution as a placeholder to recognize the potential costs of major disasters.

BUDGET AUTHORITY

Enactment of measures providing new budget authority for FY 2009 in excess of $1,627 million (if not already included in the current level estimate) would cause FY 2009 budget authority to exceed the appropriate level set by S. Con. Res. 13.

Enactment of measures providing new budget authority for FY 2010 in excess of $1,205,919 million (if not already included in the current level estimate) would cause FY 2010 budget authority to exceed the appropriate level set by S. Con. Res. 13.

OUTLAYS

Outlays for FY 2009 are above the appropriate levels set by S. Con. Res. 13.

Enactment of measures providing new outlays for FY 2010 in excess of $719,309 million (if not already included in the current level estimate) would cause FY 2010 outlays to exceed the appropriate level set by S. Con. Res. 13.

REVENUES

Revenues for FY 2009 are at the appropriate levels set by S. Con. Res. 13.

Enactment of measures resulting in revenue reduction for FY 2010 excess of $19,161 million (if not already included in the current level estimate) would cause revenues to fall below the appropriate levels set by S. Con. Res. 13.

Enactment of measures resulting in revenue reduction for the period of fiscal years 2010 through 2014 in excess of $764,331 million (if not already included in the current level estimate) would cause revenues to fall below the appropriate levels set by S. Con. Res. 13.

DIRECT SPENDING LEGISLATION—COMPARISON OF CURRENT LEVEL WITH AUTHORIZING COMMITTEE 302(a) ALLOCATIONS FOR RESOLUTION CHANGES, REFLECTING ACTION COMPLETED AS OF AUGUST 15, 2009

[Fiscal Years, in millions of dollars]

House Committee	2009		2010		2010–2014 Total	
	BA	Outlays	BA	Outlays	BA	Outlays
Agriculture:						
Allocation	0	0	0	0	0	0
Current Level	0	0	0	0	0	0
Difference	0	0	0	0	0	0
Armed Services:						
Allocation	0	0	0	0	35	35
Current Level	0	0	0	0	35	35
Difference	0	0	0	0	0	0
Education and Labor:						
Allocation	−187	−202	32	36	−812	−801
Current Level	−187	−202	32	36	188	199
Difference	0	0	0	0	1,000	1,000
Energy and Commerce:						
Allocation	11	2	10	13	−10	−2
Current Level	11	2	10	13	−10	−2
Difference	0	0	0	0	0	0
Financial Services:						
Allocation	0	0	0	0	0	0
Current Level	−564	3,226	318	11,346	524	8,064
Difference	−564	3,226	318	11,346	524	8,064
Foreign Affairs:						
Allocation	0	0	0	0	0	0
Current Level	0	0	0	0	0	0
Difference	0	0	0	0	0	0
Homeland Security:						
Allocation	0	0	0	0	0	0
Current Level	0	0	0	0	0	0
Difference	0	0	0	0	0	0
House Administration:						
Allocation	0	0	0	0	0	0
Current Level	0	0	0	0	0	0
Difference	0	0	0	0	0	0
Judiciary:						
Allocation	0	0	0	0	0	0
Current Level	0	5	−1	64	−71	−6
Difference	0	5	−1	64	−71	−6
Natural Resources:						
Allocation	0	0	0	0	0	0
Current Level	0	0	0	0	0	0
Difference	0	0	0	0	0	0
Oversight and Government Reform:						
Allocation	0	0	0	0	0	0
Current Level	0	0	0	0	0	0
Difference	0	0	0	0	0	0
Science and Technology:						
Allocation	0	0	0	0	0	0
Current Level	0	0	0	0	0	0
Difference	0	0	0	0	0	0
Small Business:						
Allocation	0	0	0	0	0	0
Current Level	0	0	0	0	0	0
Difference	0	0	0	0	0	0
Transportation and Infrastructure:						
Allocation	0	0	13,085	0	68,669	0
Current Level	0	0	0	0	0	0
Difference	0	0	−13,085	0	−68,669	0
Veterans' Affairs:						
Allocation	0	0	0	0	0	0
Current Level	0	0	0	0	0	0
Difference	0	0	0	0	0	0
Ways and Means:						
Allocation	0	0	6,840	6,840	37,000	37,000
Current Level	0	0	0	0	0	0
Difference	0	0	−6,840	−6,840	−37,000	−37,000

DISCRETIONARY APPROPRIATIONS FOR FISCAL YEAR 2009—COMPARISON OF CURRENT LEVEL WITH APPROPRIATIONS COMMITTEE 302(a) ALLOCATION AND APPROPRIATIONS SUBCOMMITTEE 302(b) SUBALLOCATIONS

[In millions of dollars]

Appropriations subcommittee	302(b) suballocations as of July 8, 2008 (H. Rpt. 110–746)		Current level reflecting action completed as of August 15, 2009		Current level minus suballocations	
	BA	OT	BA	OT	BA	OT
Agriculture, Rural Development, FDA	20,623	22,000	27,594	22,823	6,971	823
Commerce, Justice, Science	56,858	57,000	76,311	62,440	19,453	5,440
Defense	487,737	525,250	636,663	625,194	148,926	99,944
Energy and Water Development	33,265	32,825	91,085	35,130	57,820	2,305
Financial Services and General Government	21,900	22,900	29,747	24,004	7,847	1,104
Homeland Security	42,075	42,390	45,045	46,508	2,970	4,118
Interior, Environment	27,867	28,630	38,586	29,687	10,719	1,057
Labor, Health and Human Services, Education	152,643	152,000	281,483	168,653	128,840	16,653
Legislative Branch	4,404	4,340	4,428	4,393	24	53
Military Construction, Veterans Affairs	72,729	66,890	80,076	66,975	7,347	85
State, Foreign Operations	36,620	36,000	50,605	40,989	13,985	4,989
Transportation, HUD	54,997	114,900	119,530	121,039	64,533	6,139
Unassigned (full committee allowance)	0	987	0	0	0	−987
Subtotal (Section 302(b) Allocations)	1,011,718	1,106,112	1,481,153	1,247,835	469,435	141,723
Unallocated portion of Section 302(a) Allocation [1]	470,483	141,760	0	0	−470,483	−141,760
Total (Section 302(a) Allocation)	1,482,201	1,247,872	1,481,153	1,247,835	−1,048	−37

[1] Includes emergencies enacted before March, 2009 that are now included in resolution totals. Also includes adjustments for rebasing and technical reestimates since the Appropriations bills were scored at the time of enactment. Finally, it includes adjustments for overseas deployments made pursuant to S. Con. Res. 13.

DISCRETIONARY APPROPRIATIONS FOR FISCAL YEAR 2010—COMPARISON OF CURRENT LEVEL WITH APPROPRIATIONS COMMITTEE 302(a) ALLOCATION AND APPROPRIATIONS SUBCOMMITTEE 302(b) SUBALLOCATIONS

[In millions of dollars]

Appropriations subcommittee	302(b) suballocations as of July 30, 2009 (H. Rpt. 111–238)		Current level reflecting action completed as of August 15, 2009		Current level minus suballocations	
	BA	OT	BA	OT	BA	OT
Agriculture, Rural Development, FDA	22,900	24,883	8	7,192	−22,892	−17,691
Commerce, Justice, Science	64,415	70,736	0	26,959	−64,415	−43,777
Defense	636,293	648,367	39	244,349	−636,254	−404,018
Energy and Water Development	33,300	42,771	0	23,381	−33,300	−19,390
Financial Services and General Government	24,150	25,653	83	6,658	−24,067	−18,995
Homeland Security	42,625	46,345	0	21,168	−42,625	−25,177
Interior, Environment	32,300	34,188	0	14,551	−32,300	−19,637
Labor, Health and Human Services, Education	163,400	218,909	24,637	163,540	−138,763	−55,369
Legislative Branch	4,700	4,805	0	683	−4,700	−4,122
Military Construction, Veterans Affairs	77,905	77,665	−2,160	27,190	−80,065	−50,475
State, Foreign Operations	48,843	47,487	0	26,285	−48,843	−21,202
Transportation, HUD	68,821	135,243	4,400	86,331	−64,421	−48,912
Unassigned (full committee allowance)	0	566	0	0	0	−566
Total (Section 302(a) Allocation)	1,219,652	1,377,618	27,007	648,287	−1,192,645	−729,331

2011 and 2012 advance appropriations under section 424 of S. Con. Res. 13

[Budget Authority in Millions of Dollars]

Section 424 (b) (1) Limits

	2011
Appropriate Level	28,852
Enacted advances:	
Accounts Identified for Advances:	
Employment and Training Administration	—
Office of Job Corps	—
Education for the Disadvantaged	—
School Improvement Programs	—
Special Education	—
Career, Technical and Adult Education	—
Payment to Postal Service	—
Tenant-based Rental Assistance	—
Project-based Rental Assistance	—
Subtotal, enacted advances	—
	2012
Appropriate Level [1]	n.a.
Enacted advances:	
Accounts Identified for Advances:	
Corporation for Public Broadcasting	—

Section 424 (b) (2) Limits

Appropriate Level [2]	n.a.
Enacted advances:	
Veterans Health Administration Accounts Identified for Advances:	
Medical services	—
Medical support and compliance	—
Medical facilities	—
Subtotal, enacted advances	—

[1] S. Con. Res. 13 does not provide a dollar limit for 2012.

[2] S. Con. Res. 13 does not provide a dollar limit for allowable advances for the Veterans Health Administration.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 10, 2009.

Hon. JOHN M. SPRATT Jr.,
Chairman, Committee on the Budget,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The enclosed report shows the effects of Congressional action on the fiscal year 2009 budget and is current through August 15, 2009. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010, as approved by the Senate and the House of Representatives.

Pursuant to section 423(b) of S. Con, Res. 13, provisions designated as emergency requirements are exempt from enforcement of the budget resolution. As a result, the enclosed current level report excludes those amounts (see footnote 2 of the report).

Since my last letter dated June 25, 2009, the Congress has cleared and the President has signed the following acts that affect budget authority, outlays, and revenues for fiscal year 2009:

An act to make technical corrections to the Higher Education Act of 1965, and for other purposes (Public Law 111–39);

An act to authorize the Director of the United States Patent and Trademark Office to use funds . . . and for other purposes (Public Law 111–45); and

An act to restore sums to the Highway Trust Fund, and for other purposes (Public Law 111–46),

Sincerely,

DOUGLAS W. ELMENDORF,
Director.

Enclosure.

FISCAL YEAR 2009 HOUSE CURRENT LEVEL REPORT THROUGH AUGUST 15, 2009

[in millions of dollars]

	Budget authority	Outlays	Revenues
Previously Enacted: [1]			
Revenues	n.a.	n.a.	1,532,571

FISCAL YEAR 2009 HOUSE CURRENT LEVEL REPORT THROUGH AUGUST 15, 2009—Continued

[in millions of dollars]

	Budget authority	Outlays	Revenues
Permanents and other spending legislation	2,186,897	2,119,086	n.a.
Appropriation legislation	2,031,683	1,851,797	n.a.
Offsetting receipts	−640,548	−640,548	n.a.
Total, previously enacted	3,578,032	3,330,335	1,532,571
Enacted this session:			
Helping Families Save Their Homes Act of 2009 (P.L. 111–22)	−524	3,266	0
An act to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products . . . and for other purposes (P.L. 111–31)	11	2	8
Supplemental Appropriations Act, 2009 (P.L. 111–32) [2]	89,682	26,992	0
An act to make technical corrections to the Higher Education Act of 1965, and for other purposes (P.L. 111–39)	−187	−202	0
An act to authorize the Director of the United States Patent and Trademark Office to use funds . . . and for other purposes (P.L. 111–45)	0	5	0
An act to restore sums to the Highway Trust Fund, and for other purposes (P.L. 111–46) [3]	−40	−40	0
Total, enacted this session	88,942	30,023	8
Total Current Level [2 3 4]	3,666,974	3,360,358	1,532,579
Total Budget Resolution [5]	3,675,751	3,358,952	1,532,579
Adjustment to budget resolution for disaster allowance [6]	−7,150	−1,788	n.a.
Adjusted Budget Resolution	3,668,601	3,357,164	1,532,579
Current Level Over Budget Resolution	n.a.	3,194	n.a.
Current Level Under Budget Resolution	1,627	n.a.	n.a.

[1] Includes the Children's Health Insurance Program Reauthorization Act of 2009 (P.L. 111–3), the American Recovery and Reinvestment Act (ARRA) (P.L. 111–5), and the Omnibus Appropriations Act, 2009 (P.L. 111–8), that were enacted by the Congress during this session, before the adoption of S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010. Although the ARRA was designated as an emergency requirement, it is now included as part of the current level amounts.

[2] Pursuant to section 423(b) of S. Con. Res. 13, provisions designated as emergency requirements are exempt from enforcement of the budget resolution. The amounts so designated for fiscal year 2009, which are not included in the current level totals, are as follows:

Supplemental Appropriations Act, 209 (P.L. 111–32)	16,169	3,530	n.a.

[3] Section 1 of P.L. 111–46 appropriates $7 billion to the Highway Trust Fund. The enactment of this legislation followed an announcement by the Secretary of Transportation on June 24, 2009, of an interim policy to slow down payments to states from the Highway Trust Fund. The Congressional Budget Office estimates that P.L. 111–46 will reverse this policy and restore payments to states at levels already assumed in current level. Thus, enactment of section 1 results in no change to current level totals. Other provisions of the act will reduce budget authority and outlays by $40 million in 2009.

[4] For purposes of enforcing section 311 of the Congressional Budget Act in the House, the budget resolution does not include budget authority, outlays, or revenues for off-budget amounts. As a result, current level excludes these items,

[5] Periodically, the House Committee on the Budget revises the totals in S. Con. Res. 13, pursuant to various provisions of the resolution:

	Budget authority	Outlays	Revenues
Original Budget Resolution	3,675,927	3,356,270	1,532,571
Revisions:			
For the Supplemental Appropriations Act, 2009 (section 423(a)(1))	0	2,882	0
For an act to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products . . . and for other purposes (section 324)	11	2	8
For an act to make technical corrections to the Higher Education Act of 1965, and for other purposes (section 322)	−187	−202	0
Revised Budget Resolution	3,675,751	3,358,952	1,532,579

[6] S. Con. Res. 13 includes $7,150 million in budget authority and $1,788 million in outlays as a disaster allowance to recognize the potential cost of disasters; these funds will never be allocated to a committee. At the direction of the House Committee on the Budget, the budget resolution totals have been revised to exclude these amounts for purposes of enforcing current level.

SOURCE: Congressional Budget Office.

Note: n.a. = not applicable; P.L. = Public Law.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 10, 2009.

Hon. JOHN M. SPRATT, JR.,
Chairman, Committee on the Budget,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The enclosed report shows the effects of Congressional action on the fiscal year 2010 budget and is current through August 15, 2009. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010, as approved by the Senate and the House of Representatives.

Pursuant to section 423(b) of S. Con. Res. 13, provisions designated as emergency requirements are exempt from enforcement of the budget resolution. As a result, the enclosed current level report excludes those amounts (see footnote 2 of the report).

Since my last letter dated June 25, 2009, the Congress has cleared and the President has signed the following acts that affect budget authority, outlays, and revenues for fiscal year 2010:

An act to make technical corrections to the Higher Education Act of 1965, and for other purposes (Public Law 111–39);

A joint resolution approving the renewal of import restrictions contained in the Burmese Freedom and Democracy Act of 2003, and for other purposes (Public Law 111–42);

An act to authorize the Director of the United States Patent and Trademark Office to use funds... and for other purposes (Public Law 111–45);

Making supplemental appropriations for fiscal year 2009 for the Consumer Assistance to Recycle and Save Program (Public Law 111–47); and

Judicial Survivors Protection Act of 2009 (Public Law 111–49).

Sincerely,

DOUGLAS W. ELMENDORF,
Director.

Enclosure.

FISCAL YEAR 2010 HOUSE CURRENT LEVEL REPORT THROUGH AUGUST 15, 2009

[In millions of dollars]

	Budget authority	Outlays	Revenues
Previously Enacted: [1]			
Revenues	n.a.	n.a.	1,665,986
Permanents and other spending legislation	1,642,620	1,625,731	n.a.
Appropriation legislation	0	600,500	n.a.
Offsetting receipts	−690,251	−690,251	n.a.
Total, previously enacted	952,369	1,535,980	1,665,986
Enacted Legislation:			
Helping Families Save Their Homes Act of 2009 (P.L. 111–22)	318	11,346	0
An act to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products...and for other purposes (P.L. 111–31)	10	13	46
Supplemental Appropriations Act, 2009 (P.L. 111–32) [2]	11	33,530	−2
An act to make technical corrections to the Higher Education Act of 1965, and for other purposes (P.L. 111–39)	32	36	0
A joint resolution approving the renewal of import restrictions contained in the Burmese Freedom and Democracy Act of 2003, and for other purposes (P.L. 111–42)	0	0	6,862
An act to authorize the Director of the United States Patent and Trademark Office to use funds . . . and for other purposes (P.L. 111–45)	0	65	0
Making supplemental appropriations for fiscal year 2009 for the Consumer Assistance to Recycle and Save Program (P.L. 111–47) [2]	0	0	−3
Judicial Survivors Protection Act of 2009 (P.L. 111–49)	−1	−1	0
Total, Enacted Legislation	370	44,989	6,903
Entitlements and mandatories:			
Budget resolution estimates of appropriated entitlements and other mandatory programs	723,491	702,328	0
Total Current Level [2 3 4]	1,676,230	2,283,297	1,672,889
Total Budget Resolution [5]	2,892,499	3,008,054	1,653,728
Adjustment to budget resolution for disaster allowance [6]	−10,350	−5,448	n.a.
Adjusted Budget Resolution	2,882,149	3,002,606	1,653,728

FISCAL YEAR 2010 HOUSE CURRENT LEVEL REPORT THROUGH AUGUST 15, 2009—Continued

[In millions of dollars]

	Budget authority	Outlays	Revenues
Current Level Over Budget Resolution	n.a.	n.a.	19,161
Current Level Under Budget Resolution	1,205,919	719,309	n.a.
Memorandum:			
Revenues, 2010–2014:			
House Current Level	n.a.	n.a.	11,264,480
House Budget Resolution	n.a.	n.a.	10,500,149
Current Level Over Budget Resolution	n.a.	n.a.	764,331
Current Level Under Budget Resolution	n.a.	n.a.	n.a.

[1] Includes the Children's Health Insurance Program Reauthorization Act of 2009 (P.L. 111–3), the American Recovery and Reinvestment Act (ARRA) (P.L. 111–5), and the Omnibus Appropriations Act, 2009 (P.L. 111–8), that were enacted by the Congress during this session, before the adoption of S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010. Although the ARRA was designated as an emergency requirement, it is now included as part of the current level amounts.

[2] Pursuant to section 423(b) of S. Con. Res. 13, provisions designated as emergency requirements are exempt from enforcement of the budget resolution. The amounts so designated for fiscal year 2010, which are not included in the current level totals, are as follows:

	Budget authority	Outlays	Revenues
Supplemental Appropriations Act, 2009 (P.L. 111–32)	17	7,064	n.a.
Making supplemental appropriations for fiscal year 2009 for the Consumer Assistance to Recycle and Save Program (P.L. 111–47)	0	2,000	n.a.
Total, enacted emergency requirements	17	9,064	0

[3] The scoring for P.L. 11–46, an act to restore the Highway Trust Fund, and for other purposes, does not change current level totals. P.L. 11–46 appropriates $7 billion to the Highway Trust Fund. The enactment of this legislation followed an announcement by the Secretary of Transportation on June 24, 2009, of an interim policy to slow down payments to states from the Highway Trust Fund. The Congressional Budget Office estimates that P.L. 111–46 will reverse this policy and restore payments to states at levels already assumed in current level. Thus, no change is required.

[4] For purposes of enforcing section 311 of the Congressional Budget Act in the House, the budget resolution does not include budget authority, outlays, or revenues for off-budget amounts. As a result, current level excludes these items.

[5] Periodically, the House Committee on the Budget revises the totals in S. Con Res. 13, pursuant to various provisions of the resolution:

	Budget authority	Outlays	Revenues
Original Budget Resolution	2,888,691	3,001,311	1,653,682
Revisions:			
For the Congressional Budget Office's reestimate of the President's request for discretionary appropriations (section 422(c)(1))	3,766	2,355	0
For the Supplemental Appropriations Act, 2009 (section 423(a)(1))	0	818	
For an act to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products . . . and for other purposes (section 324)	10	13	46
For further revisions for appropriations bills (sections 423(a)(l) and 422(a))	0	3,521	0
For an act to make technical corrections to the Higher Education Act of 1965, and for other purposes (section 322)	32	36	0
Revised Budget Resolution	2,892,499	3,008,054	1,653,728

[6] S. Con. Res. 13 includes $10,350 million in budget authority and $5,448 million in outlays as a disaster allowance to recognize the potential cost of disasters; these funds will never be allocated to a committee. At the direction of the House Committee on the Budget, the budget resolution totals have been revised to exclude these amounts for purposes of enforcing current level.

SOURCE: Congressional Budget Office.

Note: n.a. = not applicable; P.L. = Public Law.

□ 1330

CONGRESSIONAL PROGRESSIVE CAUCUS

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

Mr. ELLISON. Here we are again, another Special Order with the Progressive Caucus.

It's an honor to be here again here before the people to talk about the issues that concern us. No issue is more prominent today than the issue of health care, and I'm pleased to be able to discuss this critical issue with our co-Chair of the Progressive Caucus, Chairwoman LYNN WOOLSEY.

And I yield to the gentlelady.

Ms. WOOLSEY. Thank you very much.

I want to thank the gentleman from Minnesota, Congressman ELLISON, for every week having a 1-hour Special Order on the very subject of health care. We've done a lot over these last few weeks, and the Progressive Caucus is very proud of the role that we have played in bringing health care to where it is. I think KEITH said earlier this morning that we probably have just finished the first few innings of a ball game, and we're the ball now after last night's great speech by our President, and his clarity and his ability to explain to the country what it is he wants in a health care bill and his willingness to actually debunk some of the myths that have been out there and some of the lies that have been told about this health care debate and, at the same time, talk about what his priorities are.

And one of those priorities, from what he has given us, which is a laminated card that lists what he wants in a health care bill, and it says under—if you don't have insurance, there are one, two, three, four points, and the third point says—and this is what—I'm going there right away because this is what Progressives were looking for. If you don't have insurance, quality, affordable choices for all Americans, this bill would offer a public health insurance option to provide the uninsured who can't find affordable coverage with a real choice.

Now, that says to us that the public option—and we want a robust public option—remains on the table, that the ball is in our court. Now, I guess this is the third or fourth inning of getting this thing together so that we can bring a health care bill to the floor of the House that is worthy of all Americans, and now that the ball is in our court. We, as the Progressive Caucus, have pledged to define what we consider a robust public health option to be, to work with our leadership and with the administration and to see that our definition of ''robust public option'' is included in health care reform.

Mr. ELLISON, you have been absolutely magnificent in making that happen.

Mr. ELLISON. Let me commend you for your leadership.

We have sent letter after letter to make sure that the White House knew exactly where we stood. The last letter we sent, I think we had 60 signatures, but that was not the only letter we sent. We have been letting the White House know, letting Democratic leadership know that a public option was essential to reform.

And so last night I was very gratified to hear the President not back away from a public option but to embrace the idea. And I will take credit on behalf of the Progressive movement in saying that I think that we helped inform and shape the position that the President ultimately took.

The President made a great line, I think you might agree, Congresswoman WOOLSEY, when he said we don't fear the future; we're here to shape it. That is absolutely true for the Progressive Caucus under your leadership and that of Congressman GRIJALVA.

The Congressional Progressive Caucus has been coming here week after week, but not just coming to the House floor but in the debate. We've been in meetings. We've been writing letters. We've been having communication. Through your advocacy, Congresswoman WOOLSEY, and that of Congressman GRIJALVA, we have been very clear

that we grasp the magnitude of the moment that we're in. We're not going to make any mistake about the historic nature of this time and that we are grasping that moment and making sure that we set our country on a path to true health care reform, and that starts with a public option, I believe.

And I believe yesterday—we can't celebrate because we haven't gotten the ball over the fence yet, but I'm happy with the fact that we have kept the President on course, and I am very encouraged by what happened yesterday.

And before I yield back to you, Congresswoman, I want to just share with you something, if I may, and that is this big red box. Do you see this box right here? This box represents 63,692 people who signed a petition saying that they wanted a public option. This is no joke. This is, like, a lot of work, and this is an enormous document right here. All of these people said, Hey, look, you know, if we're going to mandate care for 49 million new people, then how can we mandate care for them if we're going to mandate that they go do business within a monopoly or a duopoly without any way to have competition introduced so that prices can be pushed down.

So this huge document, which has signatures from every State in the Union—Congresswoman WOOLSEY, the first ones up here are Alaska, and if I dip in through a little further, then there's California. And they're even by congressional district. Then we can go further and we're still in here, California, because you guys have got a big State over there. The Congressional District 22.

What congressional district is yours?

Ms. WOOLSEY. Sixth.

Mr. ELLISON. Let me tell you, we've got a bunch of sixes in here.

Ms. WOOLSEY. Oh, I'm sure you do.

Mr. ELLISON. We've got sixes for days here. They signed this petition, too. Their names are right here.

Then we could even jump back here to my State of Minnesota, which is in here as well, but also Massachusetts and Missouri and New Jersey, Nevada, New York, Oregon, Tennessee. This is the voice of many, many Americans who understand the time for reform is now.

So I thought I would mention that in terms of making sure that the public option remains a critical part of the discussion, maintains its status as a central part of reform.

I give credit to the President last night. I give credit to you and Congressman GRIJALVA for your leadership, but I also give credit to the Progressive movement, because we're all in this same thing together.

I yield back to the gentlelady.

Ms. WOOLSEY. It was a Sunday in the city of Sonoma. I was presented with—that's the list of names that is very impressive. But I was presented with a stack of petitions like that, and I was so proud. I barely could hold them because they were so heavy.

So let's talk about why it's important to have a public option. I think it's time that we start repeating the value and the need for a public option because we get criticized, A public option will cost, blah, blah. The public option absolutely saves money. And the reason it does, there is the same level of overhead, like Medicare or Medicaid, because there's no marketing fees. There are no high-paid executives in the six and seven figures, and there's no shareholders that have to be paid on their stock. So it saves money.

The other thing it does, it provides competition to the private health care industry, health insurance industry. And why is that important? Well, without competition, the rates soar, and they have been over the years to a point where if it continues—right now $1 out of every $6 goes to health care in this country, and that number is going to grow so quickly, and we will be so embarrassed and in so much trouble that we'll know that we made a huge mistake. We don't want to make that mistake.

The other thing—you know about competition. Let's talk about competition for just a minute. The President last night said only about 5 percent of Americans would opt into the public option. Well, I truly believe it would be more than that. But at first it might be—and it needs to prove itself and become just a very viable health care provider, which it will be if it's robust like we want.

But if it's only 5 percent of the overall, why are the private insurance companies so worried? They do not want a public option. And they don't want any competition, and they know that this is the competition they really don't want because it will prove itself over time, and more and more people will indeed select the public option when they have that choice.

Now, the other thing that the public option provides—and I know you're going to be able to add more, but security, security for people who are covered on plans by their employers today. One of the big arguments out there is 85, 75 to 85 percent of all Americans already are covered by their employer and they like the coverage. Well, you know, they might, they might not, but they're covered. But they are not certain that that coverage will last.

And there's a poll, the Belden Russonello poll that shows that 60, 70 percent—I can't remember exactly; I think it's 68 percent, something like that—of the people who have insurance feel insecure on whether that insurance will be available to them for as long as they will need it. And certainly they can't feel secure if they lose their job or if they want to take a new job or if their employer decides, I can't afford to cover my employees anymore. And we want the public option to be one of the choices they have in a soft landing if any of that happens. And they don't feel that secure, and we know it.

Mr. ELLISON. If the gentlelady yields back, let me say we're defining the public option. What is it? What is this thing they're talking about, this public option? And the gentlelady has made a good number of points to show what it is. Let's sharpen the points a little bit.

Ms. WOOLSEY. What does it look like?

Mr. ELLISON. Think not only of the public option but the whole overall package of reform.

First of all, if you have health insurance through your job, you will keep that. If you have health insurance through Medicare or Medicaid or the VA, you will keep that. There will be more people added to the program because there are a lot of people who don't have any health care who are indigent who could apply, but there will be money to make sure that those folks get in. Those programs will stay in place as they exist now.

But then the new thing will be an exchange, and what is an exchange? It's kind of like a grocery store, but it will be online. You can shop for health care insurance products online, and this will be the exchange.

Ms. WOOLSEY. If the gentleman will yield.

It will look like a catalogue. It will be a print catalogue of health care plans available by region.

Mr. ELLISON. If you've ever bought furniture or anything else in a catalogue or if you have ever gone on eBay or anything or shopped or shopped this way, it's going to be like that. But the question is that on this grocery store that we're talking about, this exchange, it's just a market, will you be able to go into a certain aisle and stop and pick up the public option in addition to all of the other private options. That's all it is.

I've been somewhat surprised by people who claim to be free marketeers who don't want any competition. It always surprises me when I hear people say competition and choice, and I say, Wait a minute, the public option is just one more choice. What could be wrong with it? It's just one more thing you can get among an array of different choices. Why would you not like it?

□ 1345

Another good thing about the public option is that the Congressional Budget Office estimates it will save about $150 billion. One time I said ''million'' by accident. I was quickly corrected. It's ''billion.'' And the President made it clear last night that, hey, it's got to survive based on the premiums it collects. And the public option I don't think is worried about that because, as the gentlelady points out, you don't have to pay a bunch of lobbyists $1.4 million a day. You don't have to buy a bunch of, pay out a bunch of company donations to politicians. You don't have to advertise and try to create demand where there really isn't any.

The head of the public option will be the Secretary of Health and Human

Services who I think makes about $174,000 a year, quite a bit less than CEOs at some of the insurance companies. The chief executive of Aetna makes, what, $24 million a year. The United Health Group person makes about 3-point-something million. This is just base salary. This isn't even other incentives in their packages. So the public option will be able to offer a good product which people can rely on.

You ask people how do they feel about other public options, because, by the way, this will not be the first public option. This is not the only public option in American society. It is not the first public option. Look, Medicare is a public option. Social Security is a public option for income for seniors. The VA is a public option. You don't have to take these services. You can not accept them. They are an option available for you if you want to take it. So people don't even have to take the public option.

I've heard some people say that this is going to be a government takeover of health care. Wait a minute, if you don't like the public option, don't get it. Get one of the other products that will be listed on the exchange, and you will be perfectly free to do that. So these are just a few things about the public option that need to be understood.

We have just been joined by one of our personal heroes, JOHN CONYERS, who never stops fighting. We are talking about the Progressive message tonight. We are talking about health care, the public option. And you, Congressman CONYERS, are the original author of H.R. 676, the single-payer bill, which I'm a coauthor on, and Congresswoman WOOLSEY is as well. We will yield to you. Thank you for coming.

Mr. CONYERS. If you yield to me just very, very briefly, I want to tell you and Chairwoman WOOLSEY and the good doctor who is on the floor with us that I have listened to everything you said. And I want to commend you. I'm so proud that this discussion goes on immediately the night after the inspirational remarks of the President, especially, at the end.

There was one part that I wanted to remind all the Members of the caucus about. It was the part where he compared the Progressive Caucus and the single-payer concept on the other hand with those of a totally different viewpoint that feel that there should be no employer connection at all. That was a tremendously effective rhetorical flourish. But the fact remains that I guess there is somebody—oh, come to think of it, I am one of the people that would like to separate the employer connection from health care. I hope that doesn't make me a conservative or whatever group that has been promoting that, because I think now that I reflected on it, I think that is not a bad idea.

The question is, after we separate it, we separate all people that work for a living with the employer connection to their health care, which has been very hurtful for most people, take for example the automobile workers in the Detroit area with three major automobile plants. Their connection to, the relationship worked out between their collective bargaining agent and the corporations has been disastrous because when they close down or move out or relocate, guess what? The employer loses not only his job, but he also loses his health care, and he also loses his pension in many cases.

So I think that this should be carefully considered and reconsidered by everyone that heard the brilliant speech last night. That is to say that to reject both of these ideas out of hand, the single-payer concept and an end to employer connection, I don't know who is advocating that, but to say that everybody goes out and get his own insurance, well, maybe there are 432 other Members besides ourselves, so maybe somebody is, but I don't take it as a serious consideration in this very complex subject matter that brings progressives to the floor today.

Now, on the other hand, the universal single-payer health care bill is not just a few people that have come up with something to involve themselves in the discussion with health care reform. As a matter of fact, the single-payer concept is one of the oldest serious major notions that has been around. That is to say, for those of us who were here when the President was Bill Clinton and he assigned his wife the task of taking on the reform of health care, we were summoned, we who were supporting single-payer, were summoned to the White House collectively.

I remember very well that JERRY NADLER of New York was there, a distinguished member of the Judiciary Committee. And what happened was that we were urged to step back from our initiative which had been going on for years before the Clintons assumed their responsibilities on 1600 Pennsylvania Avenue, and after some brief discussion, we agreed that that was the appropriate thing to do. We did it. We did step back.

That concept is now undergoing a very short shrift in this whole discussion, namely because this whole discussion was initiated on the premise that universal single-payer health care was too new, too startling and too complex. It would take too long to institute. And so we are going to start off by not including it in the mix. I'm proud to say that some of the committees did include it in the mix. Predominantly, GEORGE MILLER of the Education and Labor Committee had Members testify before his committee. CHARLES RANGEL of the Ways and Means Committee had testimony on universal single-payer health care. And there may have been testimony in the Energy and Commerce Committee under the distinguished leadership of HENRY WAXMAN, but I cannot really attest to that at this moment.

What I am saying is that those Members who support universal single-payer health care have already made a major concession in the discussion, major concession. And it just seems to me that this could have been addressed in a different way, and it wasn't. That's water over the dam. But still, 86 Members, and there are more who are not cosponsors of the bill, were never cut into the major premises of how we go about it.

So for the President to compare that with those people who want everybody to go buy their own insurance any way they can, I think, was a mistaken metaphor. I just wanted to inject that into the discussion because this was a speech that was a call to arms to the American people and the Congress that there is going to be health care reform.

Now, the consideration is, however, that where we are right now, as you have said so articulately, you and the chairwoman, is that we have to not have a public option. We have to have a robust, strong public option. And my job, as I see it, is to pursue this, not that we have one that we discussed or that we may stick one in or that is a sliver of the whole subject matter. For the reasons you have already articulated in this Special Order, it's critical. It's not I hope we can get it. We've got to get it. This bill's name of health care reform will only be justified if we do get it.

I want to pledge to the many people in the many places that I have been around the country who are not happy that H.R. 676 was not more thoroughly considered, single-payer, that we definitely must have an alternative to the dozens and dozens of private insurance companies if we are to have any savings and have any real meaningful reform worthy of the name.

I thank the gentleman for yielding.

Mr. ELLISON. Let me thank the chairman of the Judiciary Committee, JOHN CONYERS. And let me yield now to Congresswoman WOOLSEY.

Congresswoman, how do you react to some of the things that Congressman CONYERS shared with us just now? Do you have any thoughts inspired by that?

Ms. WOOLSEY. Congressman CONYERS knows that the Progressive Caucus, almost to a person, and there's 85 of us, would have voted right this minute for a single-payer. That's what we wanted. And we knew that it was a nonstarter. But we also felt that to get to single-payer—we are not supposed to say that. We are not supposed to tell people that the public option could be a step towards single-payer. But if it does and proves itself like I know it will, more and more people will select the public plan. And so we compromise. It was a huge compromise for us.

□ 1400

I represent the Sixth District in California just across the bridge from San Francisco, the Golden Gate Bridge, one of the best educated and one of the most affluent, by the way, districts in the country. And I say that because

they're also one of the most progressive districts in the entire United States of America. After President Obama was sworn in and we started talking health care and I would be at meetings and they would talk single payer and I knew that wasn't where we were going and I told them, they actually got tears in their eyes. I felt like I had so let them down, John, I really did. But now they're with us, they're with us 100 percent for a public option. But not just a public option with triggers or co-ops or mishy-mash that's just going to put it off and put it off and make it absolutely never happen.

They're with us for something that would be modeled after Medicare, the Medicare provider system so that the public plan doesn't have to go out and put together their own provider system, and possibly the rate structure based on Medicare. That's how I would do it. And of course it would have all the base benefits that we're insisting on for every health care plan. And because there won't be the 30 percent overhead, actually, it can be less expensive and have better benefits.

Mr. ELLISON. If the gentlelady yields back, there's other another thing about the public option that we do need to point out, and that is, it is a vehicle to introduce evidence-based practices that improve the quality of care.

The fact is that the private market could only be trusted to do whatever makes it the most money. I mean, there's nothing wrong with that; I mean, that's the country we live in, that's fine. But a public option can take on a public interest and a public spirit, which can then say, You know what? There are certain medical practices that enhance health, that make people more well, that are safer, that are less expensive—just because something costs more money doesn't mean it's better medicine.

So it's a way to introduce evidence-based practices like cooperative and coordinated care, medical home, medical bundling, things like that, so that if you're a patient, you're getting a number of people, a number of providers helping to keep you healthy so that you don't end up in a very difficult situation. That's another important aspect of this, because the more we keep people well, the less we have to spend on hospitalizations and other expensive aspects of the system, another key as to why a public option is important.

But I just want to ask you all this question: You know, I've been asked—and I'm sure you have, too—Well, are you going to stand in the way of a bill if you don't get your public option? And they ask this question in such a challenging way like, Oh, boy, I don't want to be the one who messes everything up, right? And you kind of feel like on the spot a little bit. Well, my question is, I'd like those people who are against the public option to justify handing over nearly 50 million newcomers into an industry that you're going to mandate that they get health care coverage, but absolutely provide no vehicle to diminish costs, no competition, no choice.

Many markets around the country—and the President pointed this out very well—have one provider. Alabama has one provider. Many have two providers or three—no, I'm misusing the word ''provider''—insurance company, because a provider and an insurance company aren't the same thing. These people have market power. And there has been this proposal, Well, let people buy health insurance across State lines. Well, if my State has one insurance company and your State has two, how much choice is that? So the fact is even that is kind of a red herring. I'm not saying it's a bad idea in essence, but it's nowhere near enough.

So my question is, if somebody were to tell you, I want you to buy this stool, but it only has two legs. And then they say, by insisting on that third leg on that stool, are you going to allow yourself to not have a stool? Why do you have to have the third leg on that stool? Or better yet, oh, we're going to buy a car, but you insist—and they want to suggest unreasonably so—you demand that there be an engine in the car, right? Like you're being this unreasonable person because you insist that there be an engine in the car or an extra leg on that stool.

I mean, a public option does not make the bill perfect; it makes the bill function. And so it's important to really drive this point home because people use terms like, Oh, well, don't make the perfect be the enemy of the good. Well, look, you know, we're not talking about perfect. Perfect would be, in my mind, a single-payer bill. The Conyers bill would be the perfect bill. But the fact is we've compromised already. So this public option does not perfect the health care bill; it makes it work, it makes it function. It is essential to the functioning of the whole package.

Ms. WOOLSEY. So do you want to know what I say?

Mr. ELLISON. I will yield to the gentlelady.

Ms. WOOLSEY. And Keith you were perfect.

My answer is that we don't have health care reform unless we have a public option. And this is health care reform. Now, if we had legislation to tweak around the edges of health insurance, we can do a lot that will be good in this bill, but it would be a health insurance total tweaking bill. And so then name it what it is, but don't call it health care reform. Because we're not coming back here and revisiting this in my lifetime, and I know it. I want us to do this right, and I believe we will.

So I'm not going to go there, you know—''Would I or wouldn't I?'' I mean, I've drawn the line, and many lines before, but I'm not going to vote for something and call it health care reform that isn't.

Mr. ELLISON. If the gentlelady will yield, not only have you drawn the line, you've held the line, and we're all grateful for that.

Let me yield to the gentleman from Michigan, Congressman CONYERS.

Mr. CONYERS. To my dear colleague from Minnesota, KEITH ELLISON, there are only several things that can happen in this great historic debate that is now proceeding after the President has summoned us all together to suggest the direction that we might want to take: One, we get a strong public option; two, we get a weak public option; three, we get no public option.

My prediction is, with all due respect to all the bean counters—of which there is a profusion in the Capitol Hill area—is that this bill will more than likely succeed if there is a strong public option. I think that that is the way that health care reform will attract the largest number of votes. And conversely, I fear for the health of the health care bill if we don't have a strong public option. Now, that's my view. I've been in enough of these debates long enough to make this assessment based on the fact that I've been working on health care for more than half of my political career.

And so that's why I think this discussion is so important, and I want to keep it alive by offering to take out a Special Order next week—maybe even tomorrow if it's feasible—because there are so many parts, it's important that we understand this.

What would it do to this bill if we tack on some of these suggestions? And I realize the President has to bring us all together, but what would tort reform do to this bill? What would all these exchanges and other contraptions do to a bill like this?

I want to examine everything, and we want to work with it. I saw Members, to their credit, I'm presuming that those that were holding up papers last night, I presume those were health care bills with a number on it. If they weren't, if they were just holding up papers, then somebody has to explain to me what was the purpose. But I remember a discussion that we had in the Detroit area. It was a bipartisan television discussion, but Members were talking about provisions and notions that there were no bills for. Well, how do you know that? Well, I asked for the number of the bill and there weren't any. So I know there are a lot of theories and a lot of ideas and a lot of possibilities, we're loaded with them, but until a possibility has actualized enough to be dropped into that hopper and be assigned a number—and I'm for talking—hey, let's discuss all we want.

Mr. ELLISON. Will the gentleman from Michigan yield?

Mr. CONYERS. Yes

Mr. ELLISON. Thank you, sir. Forgive me if you would, but you inspired me, Mr. Chairman, because you mentioned tort reform. And I really think the whole tort reform thing is completely bogus. I mean, if you talk to

health care professionals, they say that 1 percent of health care expenditures are associated with lawsuits. In my own State of Minnesota, you have to have a doctor who is an expert in the field swear on an affidavit that is detailed and lengthy before you can even file the complaint for the medical malpractice lawsuit. And insurance rates and medical malpractice insurance rates are not plummeting. The reality is insurance companies charge doctors a lot of money and then blame lawyers for it. That's the scam going on, and that's the way that it is.

Tort reform—there is no need for tort reform. But if the President wants to discuss tort reform, fine, I'm not going to die on that hill. I'm going to die on the public option hill. I've got my battle lines squared off. Fine, if you want to waste time to satisfy some people talking about tort reform, that's okay, but the reality is that doesn't save any money; it's not the problem.

You know, do doctors run a lot of tests sometimes because of defensive medicine, as they sometimes say? Or do they run a lot of tests because we compensate doctors based on tests and hospitalizations?

I yield to the gentleman.

Mr. CONYERS. Fee for services. Well, doctors sometimes run more tests than might be actually required because they're compensated on the basis of fee for services. And there are instances where tests have been run by one hospital and another doctor and yet another doctor, and they're all the same tests but everybody ran their own tests because you could bill it. And these are the kinds of efficiencies that we can squeeze out savings. And so it's very important that we understand where the costs are and how they might be contained.

Ms. WOOLSEY. And the gentleman from Minnesota has a clinic in his State called the Mayo Clinic that is an example of excellence in that regard.

Mr. ELLISON. Yes. And the doctors at the Mayo Clinic are paid by salary; they're not paid by how many tests they run.

I want to thank the gentleman from Michigan, Congressman CONYERS, for spending the time with us. And have a wonderful weekend, Congressman.

Well, Congresswoman WOOLSEY, we've been having a great dialogue here. We've got about 10 more minutes left in our hour. And we can take that time by continuing to help define this idea of the public option. Do you think that's a good use of our time?

Ms. WOOLSEY. I have a few things I would add to what I think is a robust public option.

Mr. ELLISON. I yield to the gentlelady.

□ 1415

Ms. WOOLSEY. Well, I would believe that to be robust, the public option must be available nationally, across all State lines. It should be available from day one, with no trigger. And next week let's talk about triggers and co-ops.

I would have a robust public option that was built on the Medicare network structure, which means the providers, the doctors and the hospitals and the clinics that take Medicare, will automatically be assumed will take the public option. Now, I think if they don't want to, they don't have to. That is the way it is with Medicare also. But that they take it. This is brand new patients for them, paid for by the public plan. And it would be publicly accountable. This plan will work for the public and will be held accountable to the people of this country.

Mr. ELLISON. I think those are some essential factors. I think it is important to point out the Progressive Caucus has been crystal clear on what we mean by public option from the very beginning and has simply reiterated the position that we have taken.

Again, I simply believe that it is the dogged efforts of your leadership and that of co-Chair GRIJALVA, together with the Progressive Caucus as we support our leadership in the caucus, together with other members of the Democratic Caucus, together with the progressive community out there, people who signed the petitions that were in the huge stack when they gave them to you, people who amassed all of these documents, which are double-sided, by the way, all of these, 63,692 people sending them to 65 Members of Congress to encourage them to stick with the public option.

Ms. WOOLSEY. If the gentleman will yield, next time I am on this floor I am going to have mine sent here. It is really impressive. I will bet you every Progressive member has a stack like that. We need to all bring them.

I bet every Member, not just Progressive members. Shame on me.

Mr. ELLISON. It goes to show Americans are really ready for the kind of change we are talking about right now. It is essential that President Obama debunked myths last night. You know, in this body where we are standing now, which has maybe 20 or 30 people in it, of course, there are a lot of folks in the gallery, the fact is it was packed last night. But each one of the people who was here last night to hear the President's speech heard the President take on those myths head on, and I was very, very proud of the President when he did that.

He made it clear that health care reform is not just for the 49 million uninsured, though it is for them too. It is also for the people who have insurance, who have seen their rates double over the last 2 years, who have seen their copays go up, who have seen their deductibles getting higher and higher and higher, so if they do have an accident or need the medical care, that more and more of the money is going to come out of their pocket.

He talked about the importance of saying this is something we all need and this is good for everybody. He said, look, if you think you are invincible and are never going to get hurt and you don't have health insurance because you want to, like, save money by doing it, if you do get hurt, and we all know accidents happen every day, then we all are going to cover you because you are going to show up at the emergency room and that is going to come out of our taxes.

So he talked about how we are really all in this together, and it is a myth if you think you will be that rugged individual and just go it alone.

He didn't take on the myth of the death panels, but I wish that he did. I just want to reiterate that there are no death panels. This is a myth. It is not true. It is just really a simple lie. And the fact is is that what the legislation calls for is to compensate doctors if they have a conversation about end-of-life with their patients.

This is an extremely good idea. Why? Because anyone who has found themselves in that very difficult situation, having a loved one on a ventilator, you want to know what your loved one would want you to do. You want to know is there a DNR, is there some sort of will, is there something to help you, give you guidance as to what their wishes would be. So this is just dignity. This is just the way we should treat each other. I wish the President would have had time to really hit that point. But I know he understands that there is no such thing as death panels.

So I was happy by and large with the President's speech last night. As Congressman CONYERS pointed out, I wasn't happy about everything, but, of course, we understand we have to stay in the game long, not just short.

In the final minutes, I am going to hand it to the gentlewoman from California, Congresswoman WOOLSEY, our fearless leader in the Progressive Caucus, and you can take us out.

Ms. WOOLSEY. Thank you, and thank you for doing this every week. You are wonderful. I am going to read one more time what this card that is laminated says. The press is saying to me, how do you know he is going to do that? I say because this will never destruct. ''You said,'' we will say.

But, anyway, last night and on this card it says that the plan that the President supports offers a public health insurance option to provide the uninsured who can't find affordable coverage with a real choice. It does offer more than the uninsured, but not immediately. So that is very honest there.

Thank you, Mr. ELLISON. We will be back.

PERMISSION TO FILE REPORT ON H.R. 3246, ADVANCED VEHICLE TECHNOLOGY ACT OF 2009

Ms. WOOLSEY. Mr. Speaker, I ask unanimous consent that the Committee on Science and Technology may have until 11:59 p.m. on Friday, September 11, 2009, to file its report to accompany H.R. 3246.

The SPEAKER pro tempore (Mr. PETERS). Is there objection to the request of the gentlewoman from California?

There was no objection.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mrs. Wanda Evans, one of his secretaries.

HEALTH CARE REFORM

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

Mr. GINGREY of Georgia. Mr. Speaker, thank you for the opportunity to spend the next hour as the designee of the minority leader on the Republican side to talk about what we heard here in this Chamber last night beginning about 8:15 in prime time from the President of the United States regarding health care reform.

I am pleased to be joined by at least one of my colleagues, and there may be others that come during the hour. Congressman JOHN FLEMING from the great State of Louisiana will be joining me and we will be talking about what went on last night. We may even want to address some of the comments that our Democratic colleagues have just made on this House floor during the previous hour in regard to their enthusiasm for a public plan, indeed their enthusiasm for a single-payer system, national health insurance, if you will.

So this gives us a great opportunity. That is what makes this body so great, that we can agree to disagree in a respectful way. The three members of the Democratic majority that were just speaking to our colleagues are good friends that I have great respect for, the gentlewoman from California, the gentleman from Minnesota, the distinguished gentleman from Michigan. We just happen to totally disagree on this issue. That is why we are here.

That is what this is all about, is to take an opportunity to point and counterpoint, folks remember that, Crossfire and things we see on television. You are from the right, you are from the left; you are Republican, you are Democrat; you are conservative, you are liberal. Your viewpoints on what is best for the country are going to vary. Sometimes they are going to be 180 degrees apart, and, surprisingly enough, there are occasions on which we agree on issues almost 100 percent. But on this issue, there is serious disagreement.

I want to just talk a little bit about how the President started his address to this joint session of Congress, and, of course, in prime time to the Nation, on H.R. 3200, the bill that has passed the committees in the House, not passed the whole House, but also the bill that passed the Senate Health Committee. The President talked about that last night.

Typically when the President comes before a joint session of Congress, it is going to be in this Chamber, because this is the bigger Chamber, as our colleagues know. The Cabinet members come in, and there are additional chairs put out here down front for them, for members of the Supreme Court, for any retired Members of Congress who may want to come. Of course, the galleries were completely full last night. Madam First Lady was sitting over here on this side, and it was quite a setting.

I don't think any of us really knew, except maybe the Democratic leadership and some of the Democratic majority party, knew ahead of time what the President was going to say. Sometimes we get a draft of the speech, and on this particular occasion we didn't.

When we sat down in our seats and the magic hour was approaching, at just after 8 p.m. last night these cards, these laminated cards, were passed out by the clerks of the House. I want my colleagues to notice, and, of course, you did see it last night, but there is some script on the front, but there is nothing on the back. So it is not really a two-pager. It is a one-sider, if you will. The bottom line, it is just a thumbnail sketch of what the President was going to say to us.

We typically have, when we sit down, a copy of the speech, and not just a draft, the very speech that the President is going to make right here standing behind that podium as he reads that off of his teleprompters so we can follow word by word, and, indeed, if he is speaking slower by necessity, so we can read ahead and in a typical situation know what he is going to say maybe a page ahead or a page and a half ahead.

Not last night. You absolutely did not know what to expect. I know what I hoped to hear him say, and many people asked me about that, both before and after the speech.

But what did you expect, Congressman GINGREY? You are a doctor. You practiced OB/GYN medicine for 26 years in your district in northwest Georgia, Cobb County and Marietta. You delivered 5,200 babies. You have been in the practice of medicine for 31 years. You have been up here now seven. You sit on the Energy and Commerce Committee where this bill, this H.R. 3200, my colleagues, I just happen to have it, a fresh copy of it, I think 1,100 pages, pretty thick, kind of hard for me even to hold. You know, what do you think about the bill?

After the August recess, when everybody went home, this bill passed the Energy and Commerce Committee. It passed the Ways and Means Committee, and it passed the Education and Labor Committee, very narrowly, strictly upon party lines, and we went home for the August recess. That is when things really got exciting.

Typically, during the month of August, Members are in their district. They are seeing constituents, maybe one on one, more typically in a townhall meeting setting. On a busy, day you might see 50 people or 75, and rarely 100 if the weather is perfect.

Well, during this August recess, which lasted about 5½ weeks, all across the country congressional Members, Senators, Members of the House, Republicans, Democrats, Independents that held these townhall meetings were seeing 10 times the attendance that they would normally see. So instead of 50, I was seeing 500. Instead of 100, I was seeing 1,000. And this was true, I think, in every district.

My colleagues, you know that your constituents were either going to those townhall meetings, trying to talk to their Members, or they were watching on C–SPAN or they were watching on CNN or Fox News and they were seeing what was going on. And it was clear, it was clear that most of the people at those townhall meetings were our senior citizens. The ones I held, six or eight or nine, there were a few scatterings of young people, but maybe they were off working or at ball games or it wasn't on their mind like it was senior citizens.

But those senior citizens were there because they were very concerned about how this new bill, this big one, H.R. 3200, it is called the America's Affordable Health Choices Act of 2009, what it was going to do to their health care coverage.

□ 1430

And in particular, their concern was a provision in that bill, a provision in that bill that calls for the creation of an exchange, where people who do not have health insurance, maybe they have lost their job and in so doing, have lost the health insurance, or possibly they work for a company. The bottom line is that those seniors that were showing up are very concerned about how you pay for this bill and why the need for the Federal Government to sell health insurance and compete with the private marketplace for the business of these people that don't have insurance.

The bill calls for setting up these exchanges where people can go in their State, online typically, and shop for a health insurance policy, and several companies you can think of, my colleagues think of Blue Cross/Blue Shield, or Wellpoint or Cigna or Aetna or any of the insurance companies that have health insurance as part of that product line, and look and see what they offer, what your needs are in regard to your health, what medications you need to be on, and what the coverage is, and who the doctors are, in fact, that accept that particular policy.

You know in a community who you want to go to, who you want your wife to go to for obstetrical care, who you want your children to go to for pediatric care, and so you pick and choose. And also you look at the doctors. Do you know them or do they have a good

reputation? What they charge for standard obstetrical care or for the removal of an appendix, or for the repair of a fracture. Are they competitive? And that system, ladies and gentlemen, my colleagues in the Chamber, would work very well.

And it has worked very well in regard to the prescription drug plan that our Medicare beneficiaries receive now under the prescription drug plan that we passed back in December of 2003, without government interference, without government setting the price control, because if you let the government participate as a competitor on the field—and yet at the same time, they are the referee, they set all the standards in regard to what has to be covered, not just by them, but every insurance offering that's competing in that exchange and what they can charge.

So the Federal Government gets a tremendous unfair advantage and eventually what will happen is what the President has promised us repeatedly would not happen. What the President has promised is that if you like the insurance that you have, if you like the health insurance that you have, you can keep it and nobody can take it away from you. Now, that's a pretty bold promise that the President has made. But the fact is in this exchange, where you have a government plan competing, and then you have an administrator of all this called the Health Choices Administrator, not unlike the Social Security Administrator, a very, very powerful new bureaucrat comes along and says to Corporate America, what you are offering in the way of health insurance to your employees, even though they're very happy with it, is not adequate because we have made a decision that it needs to cover X and it needs to cover Y, and it needs to cover Z, and you don't cover one of those three, or you don't cover two of those three.

Or this Health Choices Administrator could also say, we have decided that nobody in any one year is going to pay more than a certain amount of deductible or copay, or in the aggregate, out-of-pocket expenses. And we notice, Mr. Employer, that even though the people that work for you are very happy with what they have, many of them have signed up for a very low monthly premium with a fairly high deductible, maybe $4,500, maybe $5,000 a year, but they have this catastrophic coverage so that if they get run over by a truck, or get hurt on their motorcycle, then this catastrophic picks up and they do not end up in bankruptcy.

A lot of young people, my colleagues, a lot of young Americans who are healthy; who may be working in their very first job; who are trying to pay for a car; who are paying off a student loan that could be as much as $125,000; who are trying to rent an apartment; who, indeed, may be just trying to pay down on an engagement ring for their fiance, and they are healthy, they take care of themselves, they don't smoke, they don't drink, they exercise, they run marathons, their parents are in great health, no family history of cancer, no family history of diabetes, heart disease, both sets of grandparents are now well into their 90s, they have the Methuselah gene, and we're going to say to them, the Federal Government is going to say to them, this plan that you have that works so well for you is not adequate according to what we have determined.

We, Uncle Sugar, we've made a determination that your plan is not adequate, Mr. Employer, and you're just going to have to either put in a whole new policy for these workers or you're going to have to pay a fine of 8 percent of their salary into this exchange.

So what happens then eventually all of these people, the Lewin Group estimates that as many as 110 million could lose their coverage even though they like it, and they can end up in this exchange; and pretty soon the government, which is competing in that exchange, will force all of the other competitors out, and you will have that many more people in a government-run Medicare/Medicaid-like program.

Now, if that's getting to keep what you like, then maybe you can sell me some oceanfront property in Arizona. My colleagues, it clearly is not what the American people want. And that's what they told us so clearly during these townhall meetings. I mean, I don't know what the President, my colleagues, I don't know what the President was doing during the August break. Maybe he and his family took a little vacation. I hope they did. But I expect that he was watching a little television, but maybe not. Maybe he was himself giving speeches and listening to his own speeches, but not watching these other townhall meetings and seeing these ladies and gentlemen with a little gray around their temple saying what are you about to do to our Medicaid program? What's this business we hear about you cutting Medicaid $500 billion? Mr. President, last year we spent 480 billion on Medicaid. If you're going to cut it 500 billion over the next 10 years, isn't that more than 10 percent a year cut?

And under Medicare right now, we know it's a good program, but it doesn't cover catastrophic care; it doesn't give us coverage as far as annual physicals. We have to be sick to go in and get our claim honored under Medicare, unless of course we signed up for Medicare Advantage, which 20 percent of us did. And, oh, by the way, what is this $170 billion cut to Medicare Advantage, a 17 percent per year cut in a very popular program to pay for this idea of insuring everybody when those who are chronically uninsured only amount, my colleagues, to about 5 percent of our total population? Even the President is beginning to admit that.

And it would be like saying, you know, I've just found out that the ice maker in my refrigerator has gone on the blink. And I got a little estimate and I went by Sears or Home Depot, and I found out that it's going to cost me about $350 to replace that ice maker. So you know what I think I'll do? I think I'll spend tens of thousands of dollars remodeling my kitchen. I mean, that makes a lot of sense doesn't it? It's kind of like the old adage of throwing the baby out with the bath water.

The bottom line is there are so many things that we can do to reform our health care system without going to this single-payer national health insurance program. The President, Mr. Speaker and my colleagues, last night, in the very first few minutes of his speech, he lamented the fact that since the days of Theodore Roosevelt, the early 1900s, that we have not passed meaningful health care reform. And then he referenced who? He referenced two distinguished Members of this body, former Member John Dingell, Sr. from Michigan, current Member JOHN DINGELL, who has served in this body for over 50 years, a great Member, former chairman of the Energy and Commerce Committee, now emeritus chairman of the Energy and Commerce Committee. And he said, you know, these two gentlemen, father and son, in every Congress for the last 45 years, I think he said, have introduced this bill to reform our health care system. Well, my colleagues, the President was expressing his great regret that that bill had not passed, and that bill was a single-payer national health insurance program just like Canada, just like the UK. Uncle Sam government bureaucrats running everything.

And that's what the President was disappointed in, the fact that we had not passed that. I say thank God we have not passed it, even though we have great respect for these Members. Congressman JOHN CONYERS, long-serving Member from Michigan was just on the floor a few minutes ago talking about a very similar bill that he introduces in every Congress. So that's what we're talking about. These are the things that I wanted to discuss with my colleagues this evening. I want to take a little time now to pass the gavel, the mike, if you will, to my friend from Louisiana, Dr. FLEMING, and we're going to continue over this hour to discuss this hugely, hugely important issue to the American people. And I yield to Dr. FLEMING.

Mr. FLEMING. I thank my friend from Georgia, Dr. Congressman GINGREY for having this debate this afternoon. I think this is an appropriate time, after, I guess, the climax of all speeches by our President on this topic, health care. I believe last night's speech was his 28th major speech with health care reform as its topic. Before we get into the meat of this, which will deal with some of the statements that were made last night, I want to comment on the speech that our President made, things that struck me during the speech and then afterwards.

And first of all, let me say that, as a physician practicing for over 30 years, business owner, still owning businesses and employing hundreds of people in my businesses, providing health care insurance for them, I came to Congress hoping to work in a reform environment. I want health care reform. Wanted it before I was elected, but seeking to achieve that through private means, through capitalism, through the things that have made America great, not through socialistic government takeover means. So I came to this discussion last night, sat very close to where I am at this moment, hoping that the President would, after a very difficult August recess for many of our friends on the other side of the aisle, running into disgruntled Americans who are unhappy with the idea of government take over of health care, would come in a nonpartisan way, wanting finally to reach across the aisle to share some of our ideas, to allow us to participate in the debate as well.

But I noticed four things that I want to point out real quickly. Number one was his partisan tone. I really felt that his tone was hyperpartisan, was really unexpected to me. Again, he's my President. He's President of everyone in this Chamber today. And I think it's his responsibility to rise above partisanship. And I had expected that, to be honest, but I was disappointed.

□ 1445

I noticed a condescending tone, his lecturing us on how to achieve capitalistic ideals, free-market ideals using socialistic principles. Again, I've been a physician for many years in private practice. I've owned businesses for a number of years, and know of no economic model in which creating socialistic or governmental entities will make capitalism or the free market better.

Thirdly, an accusatory tone, suggesting and, in fact, coming outright and saying, in effect, we Republicans are lying about many parts of H.R. 3200, the Democratic bill. I really take personal umbrage over that because everything that I've spoken about and everything I hear from my colleagues is backed up through facts, and while we may disagree at times even over those facts, I don't think that it's appropriate for us to accuse each other of lying.

Then, finally, the unsupported claims themselves, which we're going to get into in a moment, making statements that cannot be in any way supported.

So, on the one hand, every statement that I know of that I and my colleagues have made can be supported very clearly, not necessarily with what's directly in the bill but with facts that surround the bill. Then there is our President coming to us, making statement after statement and repeating them, which can't be supported in any way, shape or form either in the bill or outside of the bill.

Mr. GINGREY of Georgia. If my colleague will yield just for a minute——

Mr. FLEMING. Yes, please.

Mr. GINGREY of Georgia.—you mentioned a fact check, Dr. FLEMING, and I have a number of those facts here on the poster board, on the easel. I think what I'll do is uncover the first one, and I'll let you comment in regard to the first fact that he mentioned last night.

My colleagues, you may not be able to see that well nor may Dr. FLEMING, but here is what it says. This is a quote from our President.

''I will not sign a plan that adds one dime to our deficits—either now or in the future.''

Congressman, can you see the true fact on that?

Mr. FLEMING. Yes.

Yes, I remember him saying this and shaking his finger while he was doing it, and we have been totally unable to find anyone who can agree with this statement.

The cost of the bill will be anywhere from $1.6 trillion to over $2 trillion. The President says that the savings will either come from—well, really from a combination of raising taxes and then savings. If I could digress for a moment, he is talking about savings. You alluded to this a little bit, Congressman GINGREY, about his gutting Medicare and Medicaid $500 billion—$190 billion by killing off Medicare Advantage—and then the rest would come out directly.

You know, I was born at night, but I wasn't born last night, and I happen to know that I and many of my physician colleagues, who have been dealing with Medicare reimbursement for many years, all know that we are currently being reimbursed under Medicaid and Medicare well below our costs. We make it up on the private insurance, which is what is driving the private insurance cost up. It is the existing government-run programs that are running those costs up. To say that you can take $500 billion out and it's not going to affect services just is not true. It is plainly false to say that. Even with the best estimates, we come out with at least, as you say on your poster, $239 billion of deficit over 10 years. So there is nothing at all that supports that statement, sir.

Mr. GINGREY of Georgia. Reclaiming my time, I certainly agree with you.

The President talked about not spending one penny to add to the deficit, and this $239 billion shortfall in the pay-for is after cutting Medicare by $500 billion, as you have heard from me and from Dr. Fleming, and after taxing the rich, whoever they are. I think, unfortunately, the rich are a lot of small business men and women who create most of the jobs in this country. They're taxing them anywhere from 1 to 5 percent, and are trying to raise an additional $800 billion.

So, even with the $800 billion worth of new taxes and the $500 billion cut to the Medicare program, especially to Medicare Advantage—and Dr. FLEMING would, I'm sure, verify this—fully 20 percent of Medicare recipients today, my colleagues, choose the Medicare Advantage program as the delivery system because they get more care. Dental care is covered. Hearing aids are covered. Annual physicals are covered. There is a catastrophic cap. None of that is true under traditional fee-for-service Medicare unless, maybe, if you have an expensive supplemental policy.

So that was the first fact. Congressman, if you will let me unveil, if you will, fact number two.

My colleagues, this fact-check is this—and again, we're quoting from the President's speech last night, not 12 hours ago: Nothing in this plan will require you to change the coverage or the doctor that you have.

Now let me repeat that because this is an important fact check: Nothing in this plan will require you to change the coverage or the doctor that you have.

Congressman.

Mr. FLEMING. Yes, sir.

Well, you know, if you look in the four corners of the bill, itself, there is no statement that says that it will change the coverage or the doctor you have. However, remember that it's the impact of the law that really dictates the outcome.

First of all, you just mentioned that 25 percent of Medicare recipients are on Medicare Advantage, which is the privatization part of Medicare in general where they're able to get more services through private insurance than they can on regular Medicare. Well, the financing for that program will be killed off, so that's 25 percent of Medicare recipients. We'll lose Medicare Advantage, so whatever doctors and whatever services they're getting will definitely be changed.

Mr. GINGREY of Georgia. Reclaiming my time, even if they wanted to keep it, it would no longer be there for them because if you cut it to the bone—and this cut in Medicare Advantage is like 17 percent a year—the insurance companies that offer that product will just simply say, I'm sorry. We're shutting our doors, and you're going to have to go find yourself a doctor who will accept you under Medicare fee for service.

Mr. FLEMING. Absolutely.

Secondly, as I described before, Medicare and Medicaid, the current government-run programs, only survive today because of the tremendous subsidy that's going on from private insurance, and even that will run out of money in 8 years, so we haven't even solved that problem. But if you look at the fact that the current government-run programs are, themselves, being subsidized by private insurance, once you create this government option, which will cost employers 8 percent of their payroll, it will begin to pull people out of private insurance and onto the rolls of the single-payer, government-run system.

Little by little—well, in fact, quite rapidly—the cost of insurance premiums of private insurance will begin

to dramatically rise. The disparity of the differential between the 8 percent of payroll that they will be required under the government option and the 15 or 20 percent of whatever it is going to end up being with private insurance will be so large that employers will have to be put in a position—will be forced—to dump their employees into the government option, the government-run system. As you point out there, the Lewin study shows that as many as 114 million Americans will be the ones dumped into the system.

Mr. GINGREY of Georgia. Well, again, reclaiming my time, this is a point that I made earlier, Mr. Speaker. Again, I want to repeat it to our colleagues, this business about, if you like what you have, that you can keep it—you may want to keep it. As an example, we'll use Medicare Advantage. But you may be prohibited from keeping it because it's not offered anymore.

It's the same thing with regard to, if you work for an employer, Mr. Speaker, and if that employer says, Look, you know, we've got a menu. That's the way it works. That's the way it works for the Federal Employee Benefit Plan.

For those of us who work for the Federal Government, you have choices of five or six things that you might want—a high option, a low option, a standard option. You might want dental coverage. You might not. You might want eye coverage. You might not. You might, indeed, want a low premium, a very low monthly premium with a high deductible combined with a Health Savings Account. A lot of Federal employees choose that. A lot of employees for these large companies choose that, whether we're talking about Wal-Mart, Coca-Cola, Lockheed, whatever. They have those as their choices.

But the Federal Government is under this massive new bureaucracy with, I think, 53 different agencies making decisions under the Department of Health and Human Services. Mr. Speaker, the ones with the strongest voices would be these health choices administrators who could say—now, there will be a grace period up till—what?—about 2013, I think, Dr. Fleming.

Mr. FLEMING. Yes.

Mr. GINGREY of Georgia. But at that point, they could say to a company, Gosh, I notice that you've got a lot of your employees who have picked the high deductible-low premium plan, these young workers who are just out of college or just out of high school. Well, you know what, Mr. Employer? We're not going to approve that because we have decided that nobody can spend that much money out-of-pocket in any one year. That's one of our requirements. So you're going to have to come up with something entirely different and, yes, more expensive.

That's what Representative FLEMING was saying, Mr. Speaker, that the employer is going to say, You know what? It's not worth it to me. Heck, I'll just pay the 8 percent fine for each of these employees, and I'll let them go into this government plan.

So you're talking about, if you like what you've got, you can keep it. You can keep it until you can't keep it, and that's going to be in 2013.

Mr. FLEMING. Will the gentleman yield just for a moment?

Mr. GINGREY of Georgia. Of course I'll yield.

Mr. FLEMING. According to our President and to our colleagues on the Democratic side, they suggest this government option will be sort of an anecdote to the problem we have in insurance today, which is that there's not enough competition. Again, I don't know of any economic textbook or of any economic model that suggests that the way to create more competition in the workplace or in the business world is to create artificial pricing, which is what this does.

So what artificial pricing does, particularly when it's backed up with taxpayer dollars, is it, in effect, creates a situation where insurance companies will be put out of business, and that will, of course, cave the entire insurance industry.

Mr. GINGREY of Georgia. I thought we could go to the next fact then. Again, I'm quoting from our President last night.

''Not a dollar of the Medicare trust fund will be used to pay for this plan.''

I think he spoke the truth there because I don't think there's any money left in the Medicare trust fund. I think past Congresses for many years have spent that money like crazy. As we all agree, I think, every Member, every constituent, certainly every Medicare recipient would say that that trust fund ought to be lockboxed and that it should not be touched for any Federal expenditure except for the solvency of the Medicare plan.

So, yes, I agree with him, that not a dollar of the Medicare trust fund will be used to pay for this plan.

The fact, of course, is not just the trust fund. He's taking money right out of the hide of the Medicare program, not the fat but the muscle and the sinew and the cartilage and the bone; $500 billion out of Medicare.

Then he went on to say that he promised that, if his bill does not save money, more cuts will come. Hear me, Members, who might happen to be on Medicare—and your constituents surely are—more cuts will come.

Now, the next fact: The President earlier in the speech said this—and I wondered if he was listening. I don't know what he was listening to during the month of August, but this is his quote from his speech last night to this joint session and to the television audience—to all of the Americans.

''A strong majority of Americans still favor a public insurance option.''

□ 1500

What's the fact, Dr. Fleming?

Mr. FLEMING. Well, that's a bait and switch.

What the polls actually show is a majority of Americans favor health insurance reform. However, when you ask them specifically about the public option, as you point out in your poster, only 42 percent of Americans approve and 52 percent disapprove.

So we have a 10 percent gap. Most Americans do not approve of a public insurance option or what we call government takeover. And you really see this in the town halls. I don't know about you, Congressman GINGREY, but in my town halls, I did a number of town halls in my district during August. And overwhelmingly, I would say by a factor of about 95 to 98 percent, were against any sort of government-run insurance and only a handful suggested they were for it in any way. And, really, other polling that we have done suggest similar statistics.

And the other thing that you don't see here is intensity. The intensity level against government-run health care is far stronger than those who are in favor of it.

Mr. GINGREY of Georgia. Well, and, again, in regard to the facts, when we went home for the August recess, President Obama, his overall approval rating—and, let's face it, politicians pay attention to polls, and, certainly, our Commander in Chief and the highest politician in the country is the President of the United States, and he pays attention to his approval rating, and it dropped over 10 percent in a 5-week period of time and 57 percent of the people in the country when we left here the first of August were in favor of this health reform plan, but now it's down to 42 percent. So, again, that fact check, I think, is very important.

My colleagues, the point we are getting to is this, based on the speech that the President gave last night, it's pretty clear to me, it's pretty clear to this Member, to this physician Member, that the President has not listened. He may be listening to Ms. PELOSI, the Speaker of the House, he may be listening to Mr. REID, the majority leader of the Senate; he may be listening to CHARLIE RANGEL, who chairs the Ways and Means Committee. Possibly he is listening to HENRY WAXMAN, the chairman of the committee that I serve on, Energy and Commerce; or maybe his friend from California, GEORGE MILLER, who chairs the Education and Labor Committee in the House; and maybe he is listening to CHRIS DODD, the Senator from Connecticut, who chairs the Health, Education, Labor, & Pensions Committee, the health committee in the United States Senate.

But he is not listening to the American people. We have come to not expect, my colleagues, him to listen to the loyal minority and to give the minority truly an opportunity to participate on the front end of having input in these very important bills. We are talking about 17 percent of our economy is health care.

And JOHN FLEMING and PHIL GINGREY, together, probably have 70

years of clinical experience, Mr. Speaker, in the practice of medicine. And I am talking about where you see patients. I am not talking about writing papers or teaching at some ivory tower medical facility, I am talking about in urban and rural America, seeing patients across all aspects, financial, socioeconomic, ethnicity, with all kinds of problems.

And our specialties are different. And yet we have got these 70 years of clinical experience that we should have, could have, would have brought to the table. And not once were we invited. So the President is listening to somebody, but he is not listening to some experts that could help him, and he is sure not listening to the American people.

The American people said very clearly, and, again, when I wasn't holding town hall meetings, I was watching them. I was a C–SPAN junkie. You know, I was an insomniac. I'm a senior citizen, so I don't sleep a lot.

And the people were saying, Mr. President, no government-run health care, don't cut senior care to pay for this health reform. We don't need to remodel the kitchen. We just need to fix the ice maker.

Don't raise the deficit. We just heard that your guy, Mr. Orszag, the director of the Office of Management and Budget at the White House, your man, you put him there, he is a brilliant economist, and he just said that over the next 10 years your deficit spending, your red ink is going to total $9 trillion. Now, ladies and gentlemen, my colleagues, we are currently $11 trillion in debt in this country, 11 plus 9 is 20. That's about $45,000 worth of debt for every man, woman and child.

And we are going to do this massive health reform change and spend another $1.5 trillion when, yes, 14,000 people every day are losing their jobs and something like 5 million have lost their jobs since February when we passed the economic spendulus and Recovery Act that was going to stop unemployment at 8.5 percent and start growing jobs. Unemployment now is 10 percent, and we haven't grown a job yet.

The American people said don't raise the deficit. The American people said health care choices, not government dictates. The American people said bipartisan compromise. Mr. President, you are not listening.

Well, just a few additional points to be made, Mr. Speaker, and my colleagues. The truth behind the Democrats' health care proposal, 5.5 million more jobs will be destroyed just by the business tax proposals in this plan.

As I pointed out, 114 million Americans could lose their current health insurance, so much for if you like what you have you can keep it; $500 billion in Medicare cuts, 20 percent increase in seniors' Medicare prescription drug premiums, $800 billion in new tax hikes, and that's just the beginning.

Now, my colleagues, many times on the majority side of the aisle, you have said, the Republicans are the Party of No. Well, at first I took umbrage to that. It's almost like a member of our side of the aisle in a moment of passion made a statement last night that he regretted and apologized to the President, when this issue of whether or not this new health care benefit and these subsidies would be going to illegal immigrants. That invokes a lot of passion in a lot of people in this country, including Members of this body.

And when I hear the Democrat majority say we are the Party of No, I get upset about that, or at least I used to. And now I realize that maybe we are the Party of No, Mr. Speaker, but it's spelled k-n-o-w. And we do know. We do have a plan. We do have a second opinion, if you want to put it in medical parlance. We have a second opinion on everything that comes through this Congress. We had a second opinion on energy reform, Mr. Speaker.

We reject the cap-and-tax, cap-and-trade scheme that would cost every family at least $2,500 a year more in electricity costs when China and India with their 2.5 billion people get off scot free because they are a so-called developing nation. They are developing all right, they are eating our lunch, that's what they are doing. And they are taking away all of our manufacturing jobs.

Mr. Speaker, we have an idea, we have a second opinion on energy, we have a second opinion on how to reform health care. No, it's not 1,100 pages, it's 260 pages. It's called the Empowering Patients First Act. It's not H.R. 3200. It's H.R. 3400. And this is just one of four, or maybe five Republican bills that are alternatives, second opinions, that can solve this problem in a bipartisan way without breaking the bank.

But do you think we get an opportunity to have a hearing on these bills? Do you think we have an opportunity to have our amendments vetted? Do you think when whatever comes before this floor so that all the Members can vote on it, that any Republican will have an opportunity to either offer a bill or even an amendment?

I have as part of this bill an amendment on liability reform that every year that we Republicans controlled the House, it would pass. And it probably would save the cost of health care $150 billion a year, because doctors wouldn't be doing all these unnecessary, defensive tests, which can be downright dangerous to patients.

So, yes, this is a second opinion. And yet you won't hear much about it, except from us, an opportunity like this, my colleagues, and we take this opportunity.

Maybe when some of our Members have already, you know, headed for the airport and can't wait to get home to their families and their children and grandchildren, I certainly can't blame them for that. But this is our only opportunity, Mr. Speaker.

That's why Dr. Fleming and I are here to make sure that you understand that we are not the Party of No. We are the Party of K-n-o-w.

I would like at this point to hear from my friend from Louisiana.

Mr. FLEMING. I thank the gentleman. To follow up on H.R. 3400, which I am also an original cosponsor of, you know, the President last night talked about a lot of laudable goals such as doing away with the whole idea of preexisting illness that would deny care, denying care to someone who developed a disease while on insurance. The ability, if you lose your job, to keep your insurance.

Well, you know what, this bill provides for all of that. These are all structural problems that are easily fixable. Our insurance system that we have today for health care was developed in the 1940s when insurance was only a catastrophic umbrella coverage. It is not what it is today.

And, so, really, through some very simple things, tearing down the walls between States, so that any American can buy any insurance policy within the borders of the United States, that would create the kind of healthy, robust competition we need to lift service and to reduce cost, to simply pass a law, a very simple law that says you can't deny coverage as a result. You can't even ask what preexisting illnesses you have had in the past.

It's like a friend of mine who had a routine colonoscopy as a preventive tool, and he was found to have a couple of benign polyps. I can tell you, Dr. GINGREY, that man may die in bed at 100, he may get run over by a bus, but he will never die of cancer of the colon. However, that's the reason why he lost his insurance, because polyps were found on an examination that he well should have had.

These atrocities should not occur, and H.R. 3400 will resolve those issues. And it also has tort reform, which you talked about, which H.R. 3200, the Democrat bill does not have.

So, really, all of the problems we have, virtually all of them, all of the solutions are found within H.R. 3400. And yet and still, you mention about participating in the process, the President said last night, and I will quote him, "I will continue to seek common ground in the weeks ahead. If you come to me with a serious set of proposals, I will be there to listen. My door is always open." Well, on May 13 the House Republicans wrote him a letter asking for that. We are yet to hear a response.

□ 1515

He's never commented. As far as I know, he's never read H.R. 3400. So, again, I think it's disingenuous.

I think we have something better to offer and certainly something that could offer tremendous amendments to the bill already before us.

Mr. GINGREY of Georgia. I thank you for those comments, and I certainly agree with you. The President did say that. He said if you've got a good idea, bring it to me. And I would say this to the President because we do, as JOHN FLEMING said, we do have

some good ideas, not just the two of us but Members on both sides of the aisle. The more conservative Members on the Democratic side, the Blue Dog Coalition of 52 members, they need to be heard, and I think thus far they've been heard, but they've been ignored at the same time.

And what I would say to the President as we wrap up this hour, Mr. Speaker, this is what I would suggest to the President. We've all heard the expression around here—in fact, I think the late Senator Kennedy was famous for this; maybe he coined the phrase—''Don't let the perfect be the enemy of the good.''

Now, if President Obama thinks that H.R. 3200, the big bill with the public plan in it, is perfect but the American people, in a very resounding way, have said, ''Mr. President, we don't want the public plan because we fear that that's just a Trojan horse and it's two steps towards a single-payer national health insurance where you have rationing such as they do in Canada and the UK,'' then the President could—and I wish he had last night said to us—''Well, we can't pass what I think is the perfect, because American people are afraid of it. I feel that they're wrong. I fear that they've been scared. I fear that they've gotten misinformation. But nevertheless, they've spoken pretty clearly, and the Members on both sides of the aisle have heard because they came back to Washington and they told me, and I'm just going to have to pull that public plan option out and let's get together with the Republicans in the Senate and in the House and let's draw up a new bill and let's do the 'not perfect but the good.' ''

And Dr. FLEMING, Representative FLEMING mentioned a couple of things. Equalize the tax treatment so that everybody gets discounted health care. Absolutely put in the subsidy for people who are not poor enough to qualify for our safety net programs like Medicaid but they don't have enough income to purchase health insurance for them and for their children. They get government subsidies based on a sliding scale.

Make the insurance companies accept people with preexisting conditions. Don't let them put caps on how much coverage you get in any one year. If you get real sick in any one year, whatever the bill is, the insurance company should pay it after you paid your copay and your deductible. Maybe the next 5 years they won't have to pay anything and you won't have any claims.

And let's create these high-risk pools across each and every State where people with multiple illnesses can get coverage at a reasonable rate and, yes indeed, help those who need help with subsidies both from the State and from the Federal Government.

Just a few—let people purchase health insurance across State lines where maybe they're cheaper. If you live in—as I did for a long time—in Augusta, Georgia, it was just a half a mile across the river to North Augusta, South Carolina. Why can't people go across State lines and purchase health insurance? They can do it to buy a gun or a television set.

So again, all of these provisions are in the bill H.R. 3200, which I showed you just a second ago. Here it is.

So, Mr. President, in your opinion—not in ours—but in your opinion, this may not be the perfect, but I tell you what, it's darn good. And if we can get together in a bipartisan way for the American people and let's get this done and then let November 2, 2010, take care of itself. And as far as your political future, Mr. President, let's let 2012 take care of itself. Let the American people be the judge. But let's get this done in a bipartisan way and let's, for once, listen to the American people.

With that, Mr. Speaker, I will yield back.

NOTICE OF CONTINUING EMERGENCY WITH RESPECT TO CERTAIN TERRORIST ATTACKS—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111–63)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act, 50 U.S.C. 1622(d), provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. Consistent with this provision, I have sent to the *Federal Register* the enclosed notice, stating that the emergency declared with respect to the terrorist attacks on the United States of September 11, 2001, is to continue for an additional year.

The terrorist threat that led to the declaration on September 14, 2001, of a national emergency continues. For this reason, I have determined that it is necessary to continue in effect after September 14, 2009, the national emergency with respect to the terrorist threat.

BARACK OBAMA.

THE WHITE HOUSE, *September 10, 2009*.

HEALTH CARE IN COLORADO

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

Mr. POLIS. Mr. Speaker, over the last month, I've asked my constituents to share their health care stories with me so that I can share them with the Nation with regard to how we can improve upon our current health care system and some of the problems that exist that many Americans face every day.

One of my constituents from Boulder asked that her name not be used. When she was 17, she was diagnosed with the HPV virus that causes cervical cancer. It wasn't an easy diagnosis to reach. She had the symptoms of a miscarriage but she wasn't pregnant. That was later verified by the doctors. The only other syndrome that matched her symptoms was cervical cancer. Because of her age and the fact that she hadn't been sexually active for long enough to develop lesions, her doctor said it was statistically impossible for her to have cervical lesions. She said it was most likely a problem with the pill.

She returned every day of the week, had exams, and was given no information. She continually asked for a test to see if she had cancer or tumors, but her doctor refused the test and said it would be a waste of money and insurance probably wouldn't cover them. Even when she said she'd pay for the tests, she was denied them. She asked for a referral to a different doctor, and the doctor wouldn't give her a referral for the same reason. Statistically nothing is wrong, they said. It would be a waste of money.

Finally, this young women asked her mom to come with her, and after making them wait for an hour until the office closed, the doctor had a conference with other doctors and finally gave her a referral. She got an appointment, found out what was wrong and had surgery to fix it. Thank goodness that her mother helped her out with the cost.

Now, this young lady is having similar problems. She saw her new doctor to see what was wrong and decided they needed to run a few tests. She didn't tell her, however, that the six tests would add up to over $1,000 and her insurance only covered $300. When this young lady from Boulder, Colorado, was 20 years old, she went through what too many Americans are victims of and, unfortunately, she was raped and she contracted herpes. She started generic medication but it didn't work so she was prescribed Valtrex, which has no generic, and now it costs her out of pocket $200 a month just for that medication, which she can't afford most months.

Mr. Speaker, it is for women such as this across our country that we need to pass health care reform so that people don't have to be told ''no'' by their doctor, ''no'' by their insurance company, and they can get ongoing treatment for conditions that aren't their fault, might have been misdiagnosed, but they still have a healthy life ahead of them. And by passing health care reform now we can make sure that the next generation won't have to go through what this young lady in Boulder, Colorado, did.

Thank you, Mr. Speaker.

Mr. Speaker, I rise to share with the House stories from our Second Congressional District in Colorado about real people's experience with health care.

One gentleman in my district, a fellow by the name of Alex Medler, who is a friend of mine, gave permission for his story to be used on the floor of the House. He went through a very difficult experience 3 years ago when his mother died of lung cancer. The average life expectancy of a person with lung cancer as advanced as hers was only 8 weeks when she was diagnosed. But she was a fighter.

Soon after her diagnosis, she began receiving treatment with modern hormone-like drugs. For whatever reason—whether it was the new drugs, good luck, or her sheer determination—she endured for 3 years after she was given 8 weeks to live.

Alex still remembers very clearly a day when he was visiting his mother when she received yet another letter from the insurance company explaining that her treatments, which cost about $60,000 for just a few months of treatment, were not covered by insurance.

Alex and his family knew that they would lose her soon, and they tried to spend their time together as a family enjoying her final days, giving her the opportunity to play with her grandchildren and spend time with her family. But every hour that she and Alex's father engaged in the battle with the heartless insurance companies over these issues was precious time and stress that could have been better spent, and their fear of not being able to afford treatment and her guilt of having so many resources spent on her behalf were not things that the family wanted to discuss when someone was facing the end of their life. They had much more important things on their minds and their hearts.

This constituent, Alex Medler from Boulder, writes that improved health care in America should allow families the confidence and peace to focus on each other when it matters most, and it should move us away from having to fight with our insurance providers when we have better things to do.

Well said, Alex, and I think that the House of Representatives can learn a lot from the experience that you've allowed to be shared before our body.

Thank you, Mr. Speaker.

Mr. Speaker, I rise to share stories of real people from Colorado who shared with me their health care experiences so that I might share them with the House of Representatives to build the case and show what's happening in health care today and how we need to change it.

One of my constituents, a woman from Northglenn who asked that her name not be used in sharing this story, told me that she's a 32-year-old woman who pays $642 a month for health care. That doesn't even include her prescription drugs, which average $100 to $200 a month. She has a bad knee. So when her COBRA expired, she had to continue her health care plan and didn't qualify for less expensive plans. She only works part-time with her new job. Fortunately, right now her boyfriend is able to cover her overwhelming medical expenses or she believes she wouldn't have any health care at all.

She had MRIs for her knees at $300 each, and more recently, her brain was diagnosed as having too much fluid in it and she had to have that drained. In the last 6 months, she said she spent $1,500 just in medical imaging out of pocket, and she can't afford to keep doing this.

She writes, If there was another option for me, I would take it in a heartbeat. Please help.

Those are words that we in Congress need to heed to provide another option for this woman from Northglenn and for millions of Americans like her who are caught between jobs, out of work, and lack care.

Through the exchanges that are being created in this health care reform, we're creating a low-cost option for people who are self-employed, for people who are unemployed, for people who work at small companies preventing pricing discrimination based on preexisting conditions that would bring health care to people like this woman from Northglenn. And it's her we need to keep in mind as we move with speed to pass health care reform in this body.

Thank you, Mr. Speaker

Mr. Speaker, I rise today to share stories with you of real people from Colorado who've had trouble with our health care system who shared their stories with me and who wanted me to convey to the House of Representatives and the country what they've been dealing with and how we have this tremendous opportunity to improve it.

One of my constituents is Debbie from Boulder. Debbie's son was diagnosed in 2000 with Type 1 diabetes when he was just 4 years old. From that moment on, Debbie and her family knew that if at any time their health insurance ended, their son could not possibly be able to get health insurance again at a reasonable cost because of a preexisting condition. If Debbie's husband were to lose his job, he'd have to get COBRA or pay for insurance themselves out of pocket.

They'll always worry under the current health care system that their son might not have continued coverage as an adult because it takes a very little break in coverage to be unable to receive coverage in the future.

Debbie is hopeful that the public option will be available as a backup and as a competitor to the private insurance plans out there.

□ 1530

Debbie writes: the diabetes is such an expensive chronic disease, and without proper medication, diabetics will go under comas or seizures with the possibility of death. Debbie's son needs insulin daily and to have glucose testing and supplies to regulate. That's the minimum requirement. But without insurance, Debbie writes, that is an impossibility unless one is wealthy. Debbie has asked the United States Congress to pass the public option on health care reform to take some of the fear from her son's life and from her son's mother's daily worries.

There are millions of families across the country like Debbie's, families that worry about a preexisting condition that wasn't their fault. It may have been genetic. It may have been a childhood illness. I had a friend who at age 41 had a heart attack. He lived healthfully, ate healthfully and he worked out. It still happened. For him to be uncoverable for the rest of his life, what kind of system do we have in this country where people like Debbie's son, who is diagnosed at age 4 with diabetes, has a difficult life ahead of them in terms of getting coverage?

What we offer under this bill is to ban discrimination in pricing and exclusions based on preexisting conditions. This would help Debbie's son and Debbie's family and ensure that everybody in this country has the health care that they need and the chance to succeed.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share stories from real people in Colorado about the urgent need for health care reform in this country. One of my constituents gave me a very powerful story. She asked that her name not be used. She lives in Louisville, Colorado. She and her husband sell health insurance through a small agency, and she confided to me that she knows firsthand how broken the system really is.

She wants to see Congress pass real reform. She writes that she understands that that reform might make part of her own job obsolete. They make a good living selling insurance, and they think that their job isn't necessary. They help folks navigate a very complicated system. However, she knows that they can only help people who already have money.

The U.S., she writes, rations health care based on income, and that is just wrong. Health care should not be profit based. She writes: greed is very American and has infiltrated the health care industry in a most dangerous way. I truly believe the only way to solve this mess is to make the insurance companies switch to nonprofit entities, much like Kaiser Permanente. I believe that what is happening is terrible. In our country, we worship the right to make a profit instead of the right to health care. Please work to change that.

How powerful that a woman whose income derives from an industry, puts food on the table, sees what is happening in that industry, sees the wasted effort spent on sales, on marketing of an ever more complex system. With the proposed health care reform that we are talking about in Washington,

we will simplify the system, give people one-stop shopping through the exchange, a low-cost option that small employers, unemployed and self-employed people can sign up for and have a multitude of options on a single menu without the need for sales executives or sales associates to market to people. We are bringing the choices right to their doorstep and creating savings in the process that will go back into covering more Americans and provide a better quality of health care for everyone.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with the House of Representatives powerful stories from Colorado, from real people who shared with me their experiences with health care and what we can do better to improve health care through health care reform.

Renee from Northglen, Colorado, shared with me that she lived in Canada for 10 years with her husband. They had been transferred there as part of his job. Renee's experience in Canada is that the health care system worked extremely well, and she had even been diagnosed and dealt with major illnesses while she was there. Renee was impressed that she had an amazing doctor, that she was able to choose from a multitude of doctors of her own free will. And she had that same doctor for her entire 10 years in Canada.

When Renee and her husband moved back to Colorado, they went into business on their own. They started a small business that employed seven staff. It's always a financial struggle to pay high premiums, but they made those personal sacrifices to keep their employees insured and do the right thing as employers. But then the insurance company dropped them, and they picked up another, and they had to change physicians. This happens across our country every day.

It happened another time, and once again, a new physician, a new history, a new relationship. In the last 10 years that they have been in the United States, she and her small company have been through about six different insurance programs.

Unfortunately, that is all too common. If the U.S. could come up with a coherent insurance plan that lowers premiums, Renee, as a small businesswoman, writes, the economy will start picking up steam again with the extra capital that businesses will gain by lower premiums. Renee further writes that the scare-mongering that is put out by the insurance lobby is mind-numbing. The horror stories of other countries' systems is sheer ignorance. Our situation in the United States is far worse, and more people die because of a lack of health care.

It is real experiences of real Americans like Renee that will win out at the end of the day and help convince America that we need health care reform to help people like Renee see the same doctor for 10 years, save small businesses money by creating exchanges which allow small businesses to enter larger risk pools, banning pricing discrimination based on preexisting conditions and tax credits to businesses for covering the employees.

I call upon the House of Representatives to pass health care reform and help Renee's business and her own personal health in establishing a relationship with a doctor for a period of time.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share stories of real people in Colorado and their experiences with our health care system and suggestions and recommendations for how we can improve it through health care reform.

Debbie Weingardt from Bloomfield shared a story with me that I want to share with you in the House today. Debbie was run over as a pedestrian in a car accident. She broke her back in three places, and both knees and shoulders had to be redone with surgery, and she pushed her husband out of the way and was further injured in that process. She was laid up for 3 years in bed and had to have seven surgeries. She then lost her insurance. With these conditions, she writes, I can't get reinsured. We need this health care reform.

Mr. Speaker, there are millions of Americans like Debbie who have been in accidents, had preexisting conditions. One of the things we accomplish in this health care reform bill is we ban pricing discrimination and exclusions based on preexisting conditions. We allow people like Debbie to access health care through an exchange with a maximum out-of-pocket, with a low deductible, be able to afford the health care they need to live a productive life and not have to worry every moment about losing their home, their assets, and their families to medical costs and difficulties.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado making the case for why we need health care reform in this country. I have a constituent who lives in Westminster, Colorado. He asked that his name not be used. He shared with me that 10 years ago after his son and daughter were married and they began starting a family, they are both small businesses people, own and operate their own business, neither one has employees, and both incomes barely pay their bills. They found that insurance was unavailable for them. They were in their childbearing years, didn't have large amounts of disposable income and didn't have enough equity in their businesses.

So, like a lot of Americans starting out trying to build a company or an idea from scratch, they scraped together what they could. They saved nickels and dimes in an effort to collect enough money to afford to have the baby and the family that they wanted.

Fortunately, they saved part of the necessary $10,000 for hospital expenses, and the hospital agreed to give them a payment plan, kind of like buying a car. They had a beautiful little girl. Shortly thereafter, they had a second child, a boy. The oldest child is about 4, and they still haven't been able to pay off their debts to the hospital for their two children. Those debts continue to hang over their heads. They pay a monthly bill that is attached with enormous interest. The irony in this story is that the businesses are now doing better. They have employees and their equity positions have blossomed.

Now the insurance sales people call begging them to accept their coverage. They take the obvious position of refusing to sell when the chance of payout is high and begging the sale when it's obvious they will be selling to young healthy individuals who have the wherewithal to pay all their bills.

The gentleman from Westminster who shared this story believes that we need to make sure that future generations of Americans don't face the same difficulties that his daughter and son-in-law faced in raising their family, to be born into a legacy of debt before you even speak your first words.

Under the proposed health care reforms, we can ensure that small businesses and self-employed individuals have access to low-cost exchanges. Small businesses receive tax credits to help them afford the cost of health care. Depending on people's income level, for a family of four, up to $73,000 a year in income, that family, that is about 400 percent of poverty, that family will receive affordability credits, or vouchers, to be able to use at the insurance provider of their choice.

By helping put insurance in reach of more American families, we can help improve the peace of mind and health outcomes for families like this family in Westminster, nationally.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with my colleagues in the House of Representatives stories from real people in Colorado about why we need health care reform today. Pat from Westminster writes in that I feel strongly we must have a public option for health care. Health care reform is intended to provide health care, not profits, for insurance companies. Pat writes that Pat had public option plans for most of her life, and all of them delivered excellent health care. She worked for the military overseas and had excellent care. She worked for the Federal Government in the United States and had the coverage provided through the Office of Personnel Management. She now has Medicare in addition to the OPM plan, excellent coverage. She has never been denied necessary care, and she has been given care that was far better than what she expected.

As a result, today she is 70. She is in much better condition and health than many of her contemporaries. She exercises daily and goes dancing several times weekly. Life is good, and it is

due in large part, she writes, to good health and dental care with a lifetime as a member of a public option, maligned frequently by our colleagues on the other side of the aisle as government-run health care, as socialized medicine.

We have a constituent, Pat, from Westminster who writes in and who says thank goodness for her public plan. If only more people would have the opportunity to participate in this kind of public plan, a lot of America's ills would dissipate. People would be healthier, and we would save money in providing care to all Americans.

It is stories of people like Pat that can inspire us to pass the public option as part of comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories of people from Colorado and their experiences with our health care system. I have a constituent in Silverthorne, Colorado. He asked that his name not be used, and he shared with me that his health insurance premiums between 2007 and 2008 went up from $900 a month to $1,500 a month. Both he and his wife are healthy. They rarely use insurance. But his wife just turned 60, so United Health Care said that was the primary reason for the increase.

This family in Silverthorne could not continue to carry their coverage, so they are currently uninsured waiting several years until Medicare kicks in. While he was covered, he decided he needed a full physical. He hadn't had one in 5 years. His policy provided up to one physical a year. He called to make sure it was covered and was told it was. He asked, Are you sure it's covered? Are you sure it's covered? They said, Don't worry. It's covered. Go get your physical. Then like a lot of what happens with Americans dealing with insurance companies, bait and switch, sure enough, they got billed for most of the cost, about $550 for a physical, and the insurance company only paid $120.

So this gentleman from Silverthorne called to protest. He said, You told me you covered the tests. Why didn't you cover the test? How, I asked, could I have a physical without tests? That's part of it. By definition, a physical is a series of tests.

This gentleman from Silverthorne further writes that he has so many friends with similar stories, he hopes that he never has to sign up with an insurance company again.

Through comprehensive health care reform, we can allow people like this gentleman from Silverthorne and his wife, who worry in their golden years before they're eligible for Medicare, what are they going to do, losing their benefits at 58 years old, 60 years old, 62 years old. By having a low-cost exchange and a public option, effectively, people like this gentleman from Silverthorne can buy into Medicare early.

□ 1545

That's one of the proposals of the public option, the version of the public option that's in the bill passed out of the Education and Labor Committee and the Ways and Means Committee, essentially a program with a provider network very similar to Medicare. It allows people like this person from Silverthorne, Colorado, my congressional district, to buy into Medicare a few years early at a low cost and be able to avoid going without health care during a time in his life that is a critical time to have health care.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with the House of Representatives stories of real people from Colorado and the issues that they've had with our current health care system and why we need to reform it.

One of my constituents from Westminster, Colorado—she asked that her name not be used—shared a very powerful story with me. She shared the story of her daughter who has multiple sclerosis, MS, so she can't get health care insurance at any cost. It took her over 3 years to be approved for disability through her Social Security, and she had to wait another year until she could apply for Medicare. During that time she couldn't obtain any insurance, including Medicaid.

This constituent from Westminster told me, Something really needs to change so that everyone can receive the health care they need no matter what. Many people who are employed only have 80/20 health care after several thousands of dollars are spent on deductibles.

This story repeats itself too often all across our country. People who suffer from preexisting conditions, it could have been genetic, a childhood illness—I have a friend who is 41 years old; he did everything right, lived a healthy lifestyle, ate well, he still had a heart attack at 41. That will be a preexisting condition for the rest of his life. So, too, this woman's daughter from Westminster who deals with MS will be insurable only at an extremely high cost for her life and only after going through a several-year process that resulted in her getting disability. One of the important accomplishments of the proposed health care reform is we ban pricing discrimination and exclusion based on preexisting conditions.

I call upon the House to pass health care reform that helps people like this family from Westminster have affordable health care throughout their lives.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you real stories from people of Colorado who have shared with me their stories to inform the House of Representatives and let my colleagues know how critical it is that we pass health care reform.

One of my constituents lives in Boulder. She asked that her name not be used in talking about this story. She is employed and she has health care. She considers herself one of the lucky ones. Nevertheless, she has a firsthand viewpoint of how the system is broken.

She carefully planned for the hip surgery that her daughter needed. She paid what she thought were the out-of-pocket costs, $15,000. She was okay with that. She had that, she paid that, but still the bills came. This woman has a doctorate, a Ph.D. and yet she spent hours trying to understand the amazing array of EOBs—explanation of benefits—statements and bills that barraged her. She had to learn the nuances of the system, and that her main out-of-pocket costs didn't really cover the bilge cost.

In other words, despite all of her research and being able to afford and put aside $15,000, she found that she is still responsible for the balance, over $5,000. Heaven help those, she says, who don't have the time, resources or patience to sort through all this mess. She writes that she fully supports President Obama's health care reform and believes that we need to pass health care reform immediately.

This is a woman with a Ph.D. Can you imagine somebody who is just learning English, who hasn't graduated high school, dealing with the complexity and barrage of forms that I dare most Members of Congress to be able to understand and comprehend? Through health care reform, we can simplify that. By creating the exchange, we provide one-stop shopping for people who are self-employed, unemployed, a low-cost option, tax credits, affordability credits to help people get the health care they need to afford the treatments they need. That's why we need to pass health care reform, to move our country forward, cover uninsured Americans, and make our country more competitive.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories of Americans who are struggling with our health care system today.

Gary Kline from Broomfield asked that I share his story on the floor of the House of Representatives. He told me his parents never had health care insurance. His father was self-employed and didn't make very much money. His mother needed three surgeries in 2004 just after she turned 65. Fortunately, she was old enough to qualify for Medicare; otherwise, Gary writes, his parents would likely be bankrupt today after a lifetime of hard work and running their own business and raising their kids. Gary writes that other people shouldn't have to go through bankruptcy in order to be able to afford medical care.

There are millions of people like Gary and his family across this country. One of the things that we accomplish in this bill is we hope to reduce medical bankruptcies. We require that any policy will have no more, ever, than a $10,000 out-of-pocket per year for a family to help reduce the number

of bankruptcies. Many will have less. Through the exchanges that are being created we will have a competitive, low-cost option for people who are self-employed like Gary's father, people who are unemployed, people who are between jobs. They will have access at one low cost to a large risk pool. There will be no pricing discrimination based on preexisting conditions, no exclusions based on preexisting conditions.

What if Gary's mother needed three surgeries in 2002 when she was 63 years old? It would have driven the family to bankruptcy. It's for families like this across our country, like Gary's in Broomfield, that we need to pass health care reform today, and I call upon my colleagues to join me in passing President Obama's health care reform package.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives stories about real Coloradans and their experiences with our health care system today and why we need to reform it.

Claudia from Boulder shared her story with me. She is 72 years old and she's on Medicare. Claudia believes that anyone on Medicare should support health care reform so that the rest of our citizens have the same access to medical support that the elderly have today. Those elderly people who don't support reform, Claudia writes, should examine how they would survive without Medicare.

In the exchange that's being created and the public option, we effectively allow people to buy into Medicare before they're eligible by age. You know, people sometimes approach me and they say, I'm scared of what a single-payer system would mean or I'm scared of what socialized medicine is. You know, all of these concepts already exist in our country to varying degrees. We have a socialized medicine system, which means government-owned hospitals, government-employed doctors ; that is our VA system that exists today. It serves our veterans who served us so well. We have a single-payer system, that's Medicare, that Claudia told us about, that is a single-payer system for seniors and covers every senior. And we have a mish-mash of private systems as well for people who are not yet Medicare eligible and have not served our country.

What this bill will help accomplish is making health care more affordable. Nobody will have to take the Medicare option to buy in early or the public option. Many will choose private options, but low-income individuals will get affordability credits to buy the option of their choice. Small businesses and people who are self-employed will get tax credits to help them afford quality health care.

Claudia is right; anybody on Medicare today should take a look in the mirror and say, Thank goodness I don't have to worry about my medical care. Can't we do that for the rest of America? And I call upon my colleagues in the House of Representatives to join Claudia in her call for comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with the House of Representatives real stories from people in Colorado about why we need health care reform and their experiences in their lives and what they have learned that I can share with the House of Representatives.

Danny Reed from Thornton shared with me a story that I want to share with you here on the floor of the House of Representatives. The issue that he raised is with his out-of-pocket premiums, an issue that is no stranger to many of us.

Danny considers himself lucky with his health, as well as the health of his wife and his two kids. Now his kids have grown and they're in college, but through all the years of paying $311 every 2 weeks with a $30 copay, Danny noted that that really adds up. Danny can't even remember the last time he or his wife have been to a doctor, and his kids get their sports checkups every year now. Now his daughter is old enough and she has her own insurance, so Danny was able to take her off of his, but it turns out that he doesn't even save any money by doing that. Under this particular plan that Danny has and the conditions that he faces, somebody who has more kids would pay the same as he does with one kid, because they say it's family coverage, but they get tax breaks because of the child through the child's credit income.

Danny, like a lot of Americans, is tired of paying these high prices and he worries about the ins and outs of his son playing college football. He has to find a way, like a lot of Americans, to keep more money per paycheck. As he puts it, he says, Good luck with this mess. And this is a mess that affects so many American families. Even families like Danny Reed's family that has health care insurance is still suffering from huge out-of-pocket costs, money away from college tuitions, money away from upgrading the house or buying a car for the kids or when their car breaks down, money away from anything else that they might spend it on. The very type of expenditures we need to get our economy going again and creating demand, Danny and his family can't make because all their extra money is going to health care.

Finally, with comprehensive health care reform, we will help get these costs under control. We create a low-cost option in the exchange where people can shop—a pricing pressure to stop this upward escalation of insurance fees, real competition for the insurance industry that will help Danny's family and millions of American families like Danny's keep more of the money that they earn through their hard work and spend it on their own priorities rather than see it leak off every week, every month, every year towards health care that they seldom see.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories that my constituents in Colorado have shared with me and asked me to make statements on their behalf on the floor of the House of Representatives to urge my colleagues to support health care reform.

Larry Woods from Louisville, Colorado, shared with me the story that even though his wife has a good job, the health care coverage consists of paying $200 a month towards an $875 bill, $675 a month out of pocket. Because Larry's small business serves residential home developers whose current needs in this recession are nearly nonexistent, Larry and his wife need to economize on almost everything, like a lot of families in this recession. They don't have a great policy, and their out-of-pocket costs for health care are the largest fraction of their spending. It exceeds Larry and his wife's costs for their mortgage, and it exceeds their food bill. Larry's policy only covers generic medications, and more than once they have simply not been able to buy the medication that was prescribed and there were no good alternatives.

There are millions of families like Larry's struggling to get by with the out-of-pocket costs of health care. They have insurance, he is not among the uninsured, and yet, still money is leaving their family as they economize in this recession for out-of-pocket costs for the health care they need.

Through comprehensive health care reform, we are creating a low-cost exchange that will allow access to a multitude of plans, creating real competition in the marketplace. The public option will ensure that every insurance company faces real competition in every marketplace, driving efficiency, making sure that of every dollar spent on insurance, more of that comes back to the customer in benefits rather than going out the door in excessive CEO salaries or excessive shareholder profits.

□ 1600

For families like Larry, we need to pass comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories from people of Colorado, their own personal stories of why we need health care reform in this country.

A constituent of mine, Bill Semple, from Boulder, Colorado, shared a compelling story with me that I feel will help encourage my colleagues in the House of Representatives to support health care reform.

Bill writes that he has known for a long time that the problems in our multipayer system are resistant to change, but he feels we just need to change it. His story that he shares is his professional experience as a psychotherapist. Bill is a psychotherapist in private practice and he has a lot of experience billing health insurance companies.

He shared with me that health insurance companies haven't raised their allowable limits for outpatient psychotherapy for 15 to 20 years because they have behavioral carve-outs to policies. This adds another layer of bureaucratic expense, another 20 percent to their already 30 percent, a total of about 50 percent overhead.

Bill spends hours hassling with them. Any mistakes that they make always seem to be in their favor. This is time away from his practice, away from seeing patients, away from his family just dealing with health insurance. And, by the way, those people on the other end of the line working for the health insurance companies, they are being paid salaries. They are costing money too. So when you are paying your premium, some of that is also going to those very people that are arguing with providers over what is covered and what isn't covered.

Bill shared with me that frequently the insurers only have to pay what kicks in after a sky-high deductible for the year is met. Preferred provider networks, in Bill's opinion, really have phantom lists. They look good, but they are often made up of providers who are gone, moved out of town or deceased, or who aren't really even accepting that particular insurer.

Bill shared with me that single-payer financing is best, but second best is a robust public option that people can buy into regardless of their status.

I hear a lot of frustration, not just from families affected by loss of health care, by worrying about losing their health care, but from providers in our current system; doctors overwhelmed with paperwork, taking money, time and resources away from their practice, away from patient health, simply to fill out paperwork for insurance companies and battle them over what is reimbursed.

By creating real competition in the insurance industry, we will give providers the ability to pick insurers that are easier to work with, that have streamlined procedures. The exchange will allow for a standardized procedure across the insurers, and practitioners like Bill Semple and many others across the country will have cost savings that they can pass along to their customers.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories of Coloradans who have a lot of experience dealing with the ins and outs of health care that our body here in the House of Representatives could learn from.

One of my constituents in Westminster, who asked that his name not be used, wanted me to share his story with you. His story relates to the diabetes that he suffers from, like so many millions of other Americans. His insurance insists that he use generic brands of control medicines for his condition. He participated in a study in which he found that he could reduce high triglycerides by 75 percent if using the primary drug for treatment. As a matter of fact, his readings improved so much during the trial that he was removed as a candidate for the study.

He advised his doctor of the readings and the improvement, and the doctor decided he should go back to the generic drug and wait to see if his reading went back to previous levels before allowing him to switch to the drug used while participating in the study. This constituent from Westminster felt that this took away his choice, even after he stated that costs from generic to primaries were affordable. He was willing to pay the difference. The insurance company made the decision on what drug he could use after the near miraculous results of the trial drug. He wasn't even able to pay for it out of his own pocket.

We need a system that promotes innovation. Lack of competition in the insurance industry has bred complacency. For people like this gentleman in Westminster, Colorado, and millions of others across the country, they need access to new, to experimental treatments that work. By promoting innovation among insurance companies, we open the door to practices of encouraging new types of therapies that can actually save money over time by reducing the need for catastrophic costs in the long run.

It is compelling stories like these which make the urgent case for why we need to pass health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives stories of real people from Colorado who shared with me their experiences with health care and why it is so urgent for Congress to pass comprehensive health care reform.

One of my constituents, Jane Marshall from Lafayette, shared a very compelling story with me that I want to share with you to help show what many American families are going through. The story that Jane shares is an exacerbating story. She is normally reticent to pass this kind of story along, but she knows that there is the hope of a happy ending because of a health care plan and her family's contribution in helping that occur by sharing this story.

Jane and her husband have five children, ages 20, 18, 15, 12 and 8, and their health care has always been determined by her husband's employer. The company that her husband worked for has changed insurance companies from HMOs to PPOs to SHAs to whatever policy or company was fiscally appealing to them at that time, with no regard to continuity, allowing families to keep their doctor or anything else.

This meant that none of their five children ever established a relationship with a pediatrician that they would even grow to know and trust. No sooner would they get to know one pediatrician than it would be switched as the company switched their health care program. They would start to become familiar with an office, and then the insurance changed again and the process would start all over again. The lists and amount of paper that Jane had to go through would appall all of us.

Then two women in Jane's husband's office were diagnosed with cancer within a 2-year period. Their family insurance rates skyrocketed because of the small risk pool of the business. They researched the escalated rates to determine the reason behind the increase. Because two people in the group plan were now considered high risk, the whole plan had to cost a lot more. They weren't even notified of that by the employer or the insurance company until they got the bills. Then they, like a lot of families, had to find it necessary to insure themselves and their children out of pocket because the cost of insurance through Jane's husband's company became unaffordable.

They acquired an insurance plan with Kaiser, but the only plan they could afford was a very basic one with large deductibles, and those deductibles loom like heavy weights on the family as they worry about what would happen if any of them ever need to be hospitalized or require emergency care. Additionally, during the transition from her husband's insurance to Kaiser, their son was denied coverage because of a diagnosis that he had.

One of the things that we accomplish in this bill is we create low-cost exchanges to provide competition among insurance companies. People who are uninsured, small businesses, can be part of one large risk pool and acquire insurance in a competitive environment, high quality at a low rate. We also ban pricing discrimination and exclusions based upon preexisting conditions.

Jane's husband recently lost his job, as many Americans have during this recession. They are hanging on, waiting for the economy to turn around, waiting for him to find employment and hopefully to find insurance coverage. In the meantime, they are paying out of pocket more than they can afford for insurance. Their situation caused them to evaluate their finances from a survival perspective and make any and all cuts that they had to to keep paying those premiums. Jane shared that insurance itself is not far from the chopping block of what they might need to cut to get by, put food on the table, and continue to live their lives.

While Jane feels that the waters before her are murky, she has hope, hope that this Congress will act and pass comprehensive health care reform so that families like Jane's across this country have access to a low-cost option, receive affordability credits to help afford health care and drive down the cost of care and ensure that kids growing up can see the same pediatrician for 10 or 20 years as they are growing up and build those relationships.

And that is why, for the sake of Jane Marshall and millions of Americans like her, we need to pass comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you and the House of Representatives real stories of people from Colorado and their experiences with health care and why we need to pass health care reform now.

One woman from Colorado who told me her story and asked that her name not be shared had a son who was born with a diaphragmatic hernia in 1987. He received emergency surgery shortly after birth, and although the first 5 years he had several related hospital stays, he grew up a pretty healthy kid. At that time, this woman didn't have to worry about whether or not insurance would pay for the treatment he needed. He received the very best care through their health provider.

But 2 years ago their son started having chest pains, difficulty breathing, and was developing problems with his spine. He was a junior in college at the time and he was trying hard to keep on top of his studies and not be impacted by poor health. He saw several doctors, who all said he had a condition that might have been related to his initial surgery at birth that needed an operation to correct the abnormality. But his mother's insurance company, Cigna, refused to approve the surgery three times over a year and a half, claiming that his health was not compromised enough. Certainly doing thoracic surgery on someone whose health is compromised is an incredibly bad idea.

Fortunately, they were finally able to obtain Cigna's approval when the president of the hospital and chief surgeon contacted a Cigna representative and discussed the case. Fortunately, his health didn't deteriorate during the year-and-a-half wait, and after the surgery in March he recovered pretty easily.

How many people like this young man don't have parents who are able to be aggressive advocates for them? What if his mother didn't have a high school education or was just learning English? What if his mother wasn't with us? What if that year and a half had made the difference between a lifetime of incapacitation and a productive healthy lifetime for this young man?

That is why we need to pass comprehensive health care reform, ban pricing discrimination based on preexisting conditions, and create more real competition in the insurance industry, so that insurers that routinely exclude coverage and fight the very people that they are there to help lose business to others who are willing to pass more of those patient premiums back to their patients in the form of health care.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado and their experiences with health care and why we need to pass health care reform.

A woman from Colorado who asked that her name not be used shared a very powerful story with me that I wanted to share with my colleagues in the House of Representatives.

Her eldest daughter, who she refers to as a beautiful, talented, caring and devoted woman, recently passed away after a painful 6 months of cancer of the spine. It is very difficult, as any parent who has lost a kid knows, to lose any child. Her daughter was 59 years of age at the time and she had no health insurance for 6 years. She was bipolar and had been denied health insurance as a single woman, in part because of her preexisting condition.

For 4 years, she suffered pain in her back and legs and shoulders. She went to chiropractic and massage therapy for some kind, any kind of relief, paying out of pocket when she could afford to. Finally, she was admitted to a hospital that had quality doctors, and those doctors detected that she had cancer of the spine that at that point was too far advanced for chemotherapy to be of any help.

If she had had health care insurance, her mother shared with me, that cancer could have been detected early enough for treatment that worked. Yet another casualty of our health care system.

□ 1615

Access to preventative care, to early detection makes all the difference in whether a person lives or dies and the costs of treating that individual. Early detection of breast cancer, early detection of cervical cancer, early detection of lung cancer, in this case spinal cancer, is a life and death equation. How many more Americans must die before we pass comprehensive health care reform that bans discrimination based on pre-existing conditions and exclusions based on pre-existing conditions, gives low-income individuals affordability credits to afford the health care plan of their choice so that they can be diagnosed early and treated early to prevent this terrible fate that this woman's daughter faced from happening to any more Americans under our watch or in our great country.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado who shared their stories with me and asked that I share those stories with the House of Representatives to help convince my colleagues of the urgent need for health care reform.

One woman from Colorado, who asked that her name not be used, shared with me that she's a physician. She's a provider. She is professionally active as a doctor. Several years ago she left her hospital-based job, and she entered private practice. She, herself, was able to afford COBRA insurance for the allowed 8 months. Her insurance had been through United Health Care. But she had ovarian cancer in 2001 before she was covered through United Health Care and she's been considered, fortunately, to have been in remission since September of 2001.

When her COBRA expired this year, United Health Care's company which sells individual medical insurance, Golden Rule, accepted her but with a rider stating they would not cover any cancer treatment of any variety. So although she can provide care to hundreds of people who come to see her as a doctor, she, herself, has no insurance for the very medical condition that she's likely to need it for.

She shared with me that a public option is absolutely critical for health care reform, and she hopes that eventually we'll have a universal system that covers everybody. How embarrassing as a Nation, the greatest Nation on Earth, that a doctor, a care provider, somebody who helps the sick, heals the sick, herself doesn't have access to health care insurance. She's excluded from the very condition that she needs health care for.

One of the things that this bill, this health care reform effort, accomplishes is we ban pricing discrimination and exclusions based on pre-existing conditions. Anybody who's had cervical cancer can't be discriminated against because of that and won't have that condition or any cancer excluded. It's for individuals like this and millions of others across the country that we need to act now to pass comprehensive health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado who shared with me their stories of why we need to pass health care reform.

One woman from Lakewood, Colorado, asked that her name not be used; and she said, fortunately, she's in good health and she relies on Kaiser Permanente and Medicare for her health concerns. But she shared that she has two daughters, both of whom are single moms and both of whom have two children each and, unfortunately, they're not eligible for Medicaid, so any illness or emergency is a huge expense. They lack coverage.

This woman knows that we need to pass health care reform so that her grandchildren grow up with the right kind of health care. With the affordability credits that are provided for in this bill, for a family of four, up to $73,000 in income, they will receive affordability credits to help them pay for the insurance of their choice for them and their family.

It's for families like this across the country, grandparents like this, parents like this who know we need to cover every child and every family with affordable health care in this country so they can grow up seeing the same pediatrician, build those relationships to improve their health and health habits across their lives.

I call upon my colleagues to join me in supporting health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you real stories of people from Colorado and their experiences with our health care system and why we need to reform it.

Gary Laura from Denver shared a compelling story with me, and I wanted to share that with you on the floor of the House of Representatives. Gary has worked in public health for 24 years. First, he was a public health adviser in New Orleans. He saw firsthand the issues that face individuals who don't have health care. Many individuals who, if they had a public option for health care, Gary believes, would seek out preventative care, would be diagnosed before a condition is too expensive or too difficult to treat.

Gary shares that in the old Charity Hospital, people would have to have limbs removed because they never had access to preventative care and they show up in the emergency room as a last resort. It's a very common problem across our great country. When an individual doesn't have access to preventative care, as the story I shared earlier about the woman who had spinal cancer, didn't have insurance, wasn't diagnosed until it was too late and left it to her mother to share that story which I hope becomes a legacy that helps pass health care reform in this country.

But this happens far too often and costs all of us more. When somebody is uninsured and doesn't have access to preventative care, goes in after the fact and has to have a limb removed because of untreated diabetes or any other condition, it costs us all more. Those costs are passed along to those of us who have insurance, resulting in higher insurance premiums for the rest of us. That is why we need to pass comprehensive health care reform.

Thank you, Mr. Speaker.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mrs. LOWEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mrs. LOWEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. SCHIFF, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, September 16 and 17.

Mr. JONES, for 5 minutes, September 16 and 17.

Ms. ROS-LEHTINEN, for 5 minutes, September 15.

Mr. MORAN of Kansas, for 5 minutes, September 16 and 17.

Ms. FOXX, for 5 minutes, today.

Mr. TIAHRT, for 5 minutes, today.

SENATE ENROLLED JOINT RESOLUTION SIGNED

The Speaker announced her signature to an enrolled Joint Resolution of the Senate of the following title:

S.J. Res. 9. Providing for the appointment of France A. Córdova as a citizen regent of the Board of Regents of the Smithsonian.

ADJOURNMENT

Mr. POLIS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 4 o'clock and 22 minutes p.m.), under its previous order, the House adjourned until Monday, September 14, 2009, at 12:30 p.m., for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

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

3245. A letter from the Acting Farm Bill Coordinator, Department of Agriculture, transmitting the Department's ''Major'' final rule — Conservation Stewardship Program (RIN: 0578-AA43) received August 5, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3246. A letter from the Acting Farm Bill Coordinator, Department of Agriculture, transmitting the Department's ''Major'' final rule — Environmental Quality Incentives Program (RIN: 0578-AA45) received August 5, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3247. A letter from the Director, Regulatory Management Divison, Environmental Protection Agency, transmitting the Agency's final rule — 1-Naphthaleneacetic Acid Ethyl Ester; Pesticide Tolerance for Emergency Exemptions [EPA-HQ-OPP-2009-0373; FRL-8428-3] received August 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3248. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Avermectin B1 and its delta-8,9-isomer; Pesticide Tolerances [EPA-HQ-OPP-2008-0806 FRL-8427-7] received August 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3249. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Carbon Black; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2009-0129; FRL-8426-3] received August 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3250. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Inert Ingredients; Extention of Effective Date of Revocation of Certain Tolerance Exemptions with Insufficient Data for Reassessment [EPA-HQ-OPP-2009-0601; FRL-8431-8], pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3251. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Spinetoram; Pesticide Tolerances [EPA-HQ-OPP-2008-0805; FRL-8426-9] received August 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3252. A letter from the OSD Federal Register Liaison Officer, Department of Defense, transmitting the Department's final rule — TRICARE: Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), Changes Included in the John Warner National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2007; Authorization of Forensic Examinations [DOD-2007-HA-0127] (RIN: 0720-AB18) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

3253. A letter from the Director, Office of Legislative Affairs, Federal Deposit Insurance Corporation, transmitting the Agency's final Rule — Risk-Based Capital Guidelines; Capital Adequacy Guidelines; Captial Maintenance; Capital-Residential Mortgage Loans Modified Pursuant to the Making Home Affordable Program (RIN: 3064-AD42) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3254. A letter from the Director, Office of Legislative Affairs, Federal Deposit Insurance Corporation, transmitting the Agency's final rule — Procedures To Enhance the Accuracy and Integrity of Information Furnished to Conusmer Reporting Agencies Under Section 312 of the Fair and Accurate Credit Transactions Act (RIN: 3064-AC99) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3255. A letter from the General Counsel, Federal Housing Finance Agency, transmitting the Department's final rule — 2009 Enterprise Transition Affordable Housing Goals (RIN: 2590-AA25) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3256. A letter from the General Counsel, National Credit Union Administration, transmitting the Agency's final rule — Truth in Savings (RIN: 3133-AD57) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3257. A letter from the General Counsel, National Credit Union Administration, transmitting the Agency's final rule — Credit Union Reporting (RIN: 3133-AD56) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3258. A letter from the Secretary, Securities and Exchange Commission, transmitting the Department's final rule — Regulation S-AM: Limitations on Affiliate Marketing [Release Nos. 34-60423, IC-28842, IA-2911; File No. S7-29-04] (RIN: 3235-AJ24) Received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3259. A letter from the Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's final rule — Catalog of Federal Domestic Assistance (CFDA) Numbers: 84.133B Rehabilitation Research and Training Centers and 84.133E Rehabilitation Engineering Research Centers received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

3260. A letter from the Assistant General Counsel for Legislation and Regulatory Law, Department of Energy, transmitting the Department's ''Major'' final rule — Energy Conservation Program: Energy Conservation Standards and Test Procedures for General Services Fluorescent Lamps and Incandescent Reflector Lamps [Docket Number: EE-2006-STD-0131] (RIN: 1904-AA92) received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3261. A letter from the Deputy Director, Regulations Policy and Management Staff, Department of Health and Human Services, transmitting the Department's final rule — Applications for Food and Drug Administration Approval to Market a New Drug; Posmarketing Reports; Reporting Information About Authorized Generic Drugs [Docket No.: FDA-2008-N-0341] (RIN: 0910-AG19) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3262. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Requirements and Procedures for Consumer Assistance To Recycle and Save Program [Docket No.: NHTSA-2009-0120] (RIN: 2127-AK53) received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3263. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Miscellaneous Revisions to the Procedures for Handling Petitions for Emergency Waiver of Safety Regulations and the Procedures for Disqualifying Individuals From Performing Safety-Sensitive Functions [Docket No.: FRA-2009-0006; Notice No. 2] (RIN: 2130-AC02) received August 7,2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3264. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Implementation of the 1997 8-Hour Ozone National Ambient Air Quality Standard: Addressing a Portion of the Phase 2 Ozone Implementation Rule Concerning Reasonable Further Progress Emissions Reductions Credits Outside Ozone Nonattainment Areas [EPA-HQ-OAR-2008-0419; FRL-8943-3] (RIN: 2060-AP96) received August 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3265. A letter from the Acting Divison Chief, CPD, WCB, Federal Communications Commission, transmitting the Commission's final rule — IP-Enabled Services [WC Docket No. 04-36, FCC 09-40] received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3266. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-160, ''Procurement Practices Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3267. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. Act 18-161, ''Enhanced Security at Gas Stations Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3268. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: copies of D.C. ACT 18-167, ''Modifications to the Permanent Systems of Highways and Designation of Water Lily Lane, N.E., and Cassell Place, N.E., S.O. 07-3090, and Transfer of Jurisdiction of Portions of Parcel 170/27 and Parcel 170/28, Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3269. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-170, ''Council Cable Autonomy and Control Temporary Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3270. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-165, ''KIPP DC Douglass Property Tax Exemption Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3271. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-169, ''University of the District of Columbia Expansion Temporary Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3272. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-171, ''Stimulus Accountability Temporary Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3273. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-179, ''District Land Disposition Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3274. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-180, ''District Land Disposition Temporary Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3275. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-189, ''Omnibus Public Safety and Justice Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3276. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: copy of D.C. ACT 18-185, ''New Convention Center Hotel Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3277. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-166, ''Closing of a Portion of a Public Alley in Square 2892, S.O. 08-6440, Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3278. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-163, ''Bloomingdale Court Alley Designation Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602 (c)(1); to the Committee on Oversight and Government Reform.

3279. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-167, ''Vending Regulation Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3280. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-162, ''Commercial Curbside Loading Zone Implementation Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602 (c)(1); to the Committee on Oversight and Government Reform.

3281. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-168, ''Closing of a Public Alley in Square 5928, S.O. 08-4393, Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3282. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-157, ''Quick Payment Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3283. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-158, ''Debarment and Suspension Procedures Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3284. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-159, ''Placement of Orders with District Departments, Offices, and Agencies Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1) Public Law 93-198, section 602(c)(1); to the Committee on Oversight and Government Reform.

3285. A letter from the Regulatory and Policy Specialist, Department of the Interior, transmitting the Department's final rule — Job Placement and Training (RIN: 1076-AE88) received August 20, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3286. A letter from the Deputy Assistant Administrator for Operations National Marine Fisheries Service, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Atlantic Coastal Fisheries Cooperative Management Act Provisions; American Lobster Fishery [Docket No.: 070717357-91069-03] (RIN: 0648-AV77) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3287. A letter from the Senior Attorney/Advisor, Department of Transportation, transmitting the Department's final rule — Administrative Wage Garnishment [Docket No.: OST-2008-0329] (RIN: 2105-AD78) received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

3288. A letter from the Secretary, Federal Maritime Commission, transmitting the Commission's final rule — Inflation Adjustment of Civil Monetary Penalties [Docket No.: 09-04] (RIN: 3072-AC36) received August 14, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

3289. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Federal Motor Vehicle Safety Standards; Air Brake Systems [Docket No.: NHTSA-2009-0083] (RIN: 2127-AJ37) received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

3290. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bell Helicopter Textron Canada Model 427 Helicopters [Docket No. FAA-2009-0227; Directorate Identifier 2007-SW-65-AD; Amendment 39-15978; AD 2009-15-15] (RIN: 2120-AA64) received August 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

3291. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Revisions to Digital Flight Data Recorder Regulations for Boeing 737 Airplanes and for All Part 125 Airplanes [Docket No.: FAA-1999-6482; Amendment No. 91-304A, 121-342A and 125-56A] (RIN: 2120-AG87) received August 21, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

3292. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Revocation of VOR Federal Airway V-329; Alabama-Florida [Docket No. FAA-2009-0229; Airspace Docket No. 09-ASO-13] received August 21, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

3293. A letter from the Regulation Coordinator, Department of Health and Human Services, transmitting the Department's ''Major'' final rule — Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Fiscal Year 2010 Rates; and Changes to the Long-Term Care Hospital Prospective Payment System and Rate years 2010 and 2009 Rates [CMS-1406-F and IFC; CMS-1493-F; CMS-1337-F] (RIN: 0938-AP33; RIN 0938-AP39; RIN 0938-AP76) received August 4, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); jointly to the Committees on Energy and Commerce and Ways and Means.

3294. A letter from the Regulation Coordinator, Department of Health and Human Services, transmitting the Administration's final rule — Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2010; Minimum Data Set, Version 3.0 for Skilled Nursing Facilities and Medicaid Nursing Facilities [CMS-1410-F] (RIN: 0938-AP46) received August 4, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); jointly to the Committees on Energy and Commerce and Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. PETERSON: H.R. 940. A bill to provide for the conveyance of National Forest System land in the State of Louisiana (Rept. 111–250). Referred to the Committee of the Whole House on the State of the Union.

Mr. PETERSON: Committee on Agriculture. H.R. 1002. A bill to adjust the boundaries of Pisgah National Forest in McDowell County, North Carolina (Rept. 111–251). Referred to the Committee of the Whole House on the State of the Union.

Mr. PETERS: Committee on Agriculture. H.R. 3175. A bill to direct the Secretary of Agriculture to convey to Miami-Dade County certain federally owned land in Florida, and for other purposes (Rept. 111–252). Referred to the Committee of the Whole House on the State of the Union.

Mr. PETERSON: Committee on Agriculture. H.R. 511. A bill to authorize the Secretary of Agriculture to terminate certain easements held by the Secretary on land owned by the Village of Caseyville, Illinois, and to terminate associated contractual arrangements with the Village (Rept. 111–253). Referred to the Committee of the Whole House on the State of the Union.

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 Mr. CHAFFETZ (for himself, Mr. BISHOP of Utah, and Mr. MATHESON):

H.R. 3547. A bill to designate the facility of the United States Postal Service located at 936 South 250 East in Provo, Utah, as the ''Rex E. Lee Post Office Building''; to the Committee on Oversight and Government Reform.

By Mr. MCDERMOTT (for himself, Mr. RANGEL, Mr. STARK, Mr. LEVIN, Mr. DAVIS of Illinois, Mr. MEEK of Florida, Mr. SESTAK, Mr. DINGELL, Mr. KILDEE, Ms. BERKLEY, Mrs. MILLER of Michigan, Mr. LATOURETTE, Mr. LANGEVIN, Mr. JOHNSON of Georgia, Mrs. MALONEY, Mr. NEAL of Massachusetts, Mr. PASCRELL, Mr. ETHERIDGE, and Mr. FILNER):

H.R. 3548. A bill to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes; to the Committee on Ways and Means.

By Mr. NADLER of New York (for himself, Ms. CLARKE, Mr. HIGGINS, Mr. MCMAHON, Mr. CROWLEY, Mr. ENGEL, Mrs. MALONEY, Mr. BISHOP of New York, Mr. MAFFEI, Mrs. MCCARTHY of New York, Mr. HALL of New York, Mr. MEEKS of New York, Mr. HINCHEY, Mr. RANGEL, Mr. SERRANO, Ms. SLAUGHTER, Mr. TOWNS, Mrs. LOWEY, Ms. VELÁZQUEZ, Mr. KING of New York, Mr. LEE of New York, Mr. TONKO, Mr. ACKERMAN, Mr. ISRAEL, Mr. MASSA, Mr. PERRIELLO, Mr. ALTMIRE, Mr. THOMPSON of Pennsylvania, Mr. PIERLUISI, Ms. BORDALLO, Mr. PATRICK J. MURPHY of Pennsylvania, Ms. RICHARDSON, Ms. SCHWARTZ, Mr. DOYLE, Mr. MORAN of Virginia, Ms. ROS-LEHTINEN, Mr. SESTAK, Ms. PINGREE of Maine, Mr. HIMES, Mr. CONNOLLY of Virginia, Mr. MEEK of Florida, Ms. LORETTA SANCHEZ of California, Ms. DELAURO, Mr. SHUSTER, Mr. CASTLE, Ms. MATSUI, Mr. ARCURI, Mr. WEINER, Mr. MCHUGH, and Mr. MURPHY of New York):

H.R. 3549. A bill to require the Secretary of the Treasury to mint coins in commemoration of the 10th anniversary of the September 11, 2001, terrorist attacks on the United States and the establishment of the National September 11 Memorial & Museum at the World Trade Center; to the Committee on Financial Services.

By Mr. HODES (for himself and Ms. MOORE of Wisconsin):

H.R. 3550. A bill to enhance penalties for violations of securities protections that involve targeting seniors; to the Committee on Financial Services, and in addition to the Committee on the Judiciary, 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. HODES (for himself and Ms. MOORE of Wisconsin):

H.R. 3551. A bill to protect older Americans from misleading and fraudulent marketing practices, with the goal of increasing retirement security; to the Committee on the Judiciary, and in addition to the Committee on Financial Services, 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. HOLT:

H.R. 3552. A bill to amend the Help America Vote Act of 2002 to clarify the treatment of provisional ballots cast in elections for Federal office, and for other purposes; to the Committee on House Administration.

By Mrs. KIRKPATRICK of Arizona:

H.R. 3553. A bill to exclude from consideration as income under the Native American Housing Assistance and Self-Determination Act of 1996 amounts received by a family from the Department of Veterans Affairs for service-related disabilities of a member of the family; to the Committee on Financial Services.

By Mr. LOEBSACK (for himself, Mr. BRADY of Pennsylvania, Mr. HALL of New York, Mr. PASTOR of Arizona, Mrs. CAPPS, Mr. COURTNEY, Mr. CARNEY, Mr. CUMMINGS, Ms. GIFFORDS, Ms. SHEA-PORTER, Mr. JOHNSON of Georgia, Mr. MASSA, Ms. BORDALLO, Mr. STUPAK, Mr. DRIEHAUS, Mr. ELLSWORTH, Mr. MURPHY of New York, Mr. BARTLETT, Ms. MARKEY of Colorado, Mrs. DAHLKEMPER, Mr. MINNICK, Mr. CONNOLLY of Virginia, and Ms. LORETTA SANCHEZ of California):

H.R. 3554. A bill to amend title 38, United States Code, to provide for the inclusion of certain active duty service in the reserve components as qualifying service for purposes of Post-9/11 Educational Assistance Program, and for other purposes; to the Committee on Veterans' Affairs.

By Ms. NORTON:

H.R. 3555. A bill to establish the United States Commission on an Open Society with Security; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Homeland Security, 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. HOEKSTRA:

H. Con. Res. 181. Concurrent resolution expressing the sense of the Congress that the United States Postal Service should issue a postage stamp commemorating Lieutenant Colonel Matt Urban and his service during World War II; to the Committee on Oversight and Government Reform.

By Mrs. MYRICK (for herself and Mrs. CAPPS):

H. Con. Res. 182. Concurrent resolution supporting the observance of September as Thyroid Cancer Awareness Month, and for other purposes; to the Committee on Energy and Commerce.

By Mr. POE of Texas (for himself, Mrs. MALONEY, Ms. SCHWARTZ, Mr. BROWN of South Carolina, Ms. BORDALLO, Mr. BURTON of Indiana, Mr. COURTNEY, Mr. SOUDER, Mr. SESTAK, Mr. CAO, Mr. DUNCAN, and Mr. KING of New York):

H. Res. 729. A resolution expressing support for designation of a ''National Firefighters Memorial Day'' to honor and celebrate the firefighters of the United States; to the Committee on Oversight and Government Reform.

By Mr. KIND (for himself, Mr. PETRI, Mr. RYAN of Wisconsin, Mr. KAGEN, Ms. MOORE of Wisconsin, Ms. BALDWIN, Mr. WALZ, Mrs. BACHMANN, Mr. ROGERS of Michigan, Mr. DAVIS of Illinois, Mr. WELCH, and Mr. PETERS):

H. Res. 730. A resolution honoring the 100th anniversary of the University of Wisconsin-La Crosse; to the Committee on Education and Labor.

By Ms. CLARKE (for herself, Mr. KING of New York, Mr. CARNEY, Mr. CUELLAR, Mr. THOMPSON of Mississippi, Mr. ROGERS of Alabama, and Mr. BILIRAKIS):

H. Res. 731. A resolution expressing the sense of the House of Representatives that the employees of the Department of Homeland Security, their partners at all levels of

government, and the millions of emergency response providers and law enforcement agents nationwide should be commended for their dedicated service on the Nation's front lines in the war against acts of terrorism; to the Committee on Homeland Security.

By Mr. ADLER of New Jersey (for himself, Mr. MAFFEI, Mr. FILNER, Mr. FOSTER, Mr. HOLT, Mr. LOBIONDO, Mrs. LOWEY, Mr. MCMAHON, Mr. PATRICK J. MURPHY of Pennsylvania, Mr. MURPHY of New York, Mr. PALLONE, Mr. PASCRELL, Mr. ROTHMAN of New Jersey, Ms. LINDA T. SÁNCHEZ of California, Ms. LORETTA SANCHEZ of California, Mr. TEAGUE, Mr. WAXMAN, and Mr. WOLF):

H. Res. 732. A resolution condemning the release of convicted terrorist Abdel Basset Mohamed al-Megrahi from a prison in Scotland to return home to Libya; to the Committee on Foreign Affairs.

By Mr. GINGREY of Georgia (for himself, Ms. BERKLEY, Mr. LINCOLN DIAZ-BALART of Florida, Mr. WEXLER, Mr. PRICE of Georgia, Mr. MARIO DIAZ-BALART of Florida, Mr. COBLE, Mr. POE of Texas, Mr. BARTLETT, Mr. PITTS, Mr. BROUN of Georgia, Mr. DANIEL E. LUNGREN of California, Mr. COLE, Mr. KLINE of Minnesota, Mr. CAMPBELL, Mr. LAMBORN, Mrs. LUMMIS, Mr. SHIMKUS, Mr. AKIN, Mr. MCCLINTOCK, Mr. WESTMORELAND, Mr. NEUGEBAUER, Mr. BROWN of South Carolina, Mr. INGLIS, Ms. MARKEY of Colorado, Mr. BURTON of Indiana, Mr. WU, Mrs. NAPOLITANO, Mr. MINNICK, Mr. SAM JOHNSON of Texas, Mr. CARNEY, Ms. MOORE of Wisconsin, Mr. DUNCAN, Mr. MARKEY of Massachusetts, Mr. COFFMAN of Colorado, Mr. KING of Iowa, Mr. HOLT, Mr. KLEIN of Florida, Mr. GARY G. MILLER of California, Mr. ORTIZ, Mr. DAVIS of Tennessee, Mr. JONES, and Mr. TOWNS):

H. Res. 733. A resolution expressing condolences to the people and government of the Republic of China (Taiwan) in the aftermath of the devastating typhoon that struck the central and southern regions of the island on August 8, 2009; to the Committee on Foreign Affairs.

By Mr. LATTA (for himself, Mr. STEARNS, Mr. SMITH of Texas, Mr. CHAFFETZ, Mr. ALEXANDER, Mrs. MCMORRIS RODGERS, Mr. SKELTON, Mr. SCALISE, Mr. POE of Texas, Mr. BARTLETT, Mr. CAO, Mr. GARRETT of New Jersey, Mrs. BACHMANN, Mr. PENCE, Mr. BRADY of Pennsylvania, Mr. HELLER, Mr. JORDAN of Ohio, Mr. FORBES, Mr. ORTIZ, Mr. SOUDER, and Mr. CAMPBELL):

H. Res. 734. A resolution expressing the support for and honoring September 17, 2009 as ''Constitution Day''; to the Committee on Oversight and Government Reform.

By Ms. MOORE of Wisconsin (for herself, Mr. RYAN of Wisconsin, Mr. KIND, Ms. BALDWIN, and Mr. PETRI):

H. Res. 735. A resolution commemorating the fourth annual Milwaukee Brides Walk and recognizing all Brides Walks held to protest against domestic violence; to the Committee on the Judiciary.

By Mr. PLATTS (for himself, Mr. GERLACH, Mr. DOYLE, Mr. BRADY of Pennsylvania, Mr. ALTMIRE, Mr. CARNEY, Mr. SHUSTER, Mr. SESTAK, and Mr. HOLDEN):

H. Res. 736. A resolution honoring President Lincoln's Gettysburg Address on ''Dedication Day'', November 19, 2009; to the Committee on Oversight and Government Reform.

ADDITIONAL SPONSORS

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

H.R. 39: Mr. RANGEL, Ms. WATERS, Mr. ELLISON, Mrs. LOWEY, and Mr. BRALEY of Iowa.
H.R. 179: Ms. BERKLEY.
H.R. 235: Mr. THOMPSON of Pennsylvania.
H.R. 275: Mr. NUNES and Mr. BOSWELL.
H.R. 303: Mr. MASSA and Mr. MINNICK.
H.R. 333: Mr. COSTELLO, Mr. BOCCIERI, Mr. BOSWELL, and Mr. PIERLUISI.
H.R. 362: Mr. MORAN of Kansas.
H.R. 413: Mr. TERRY, Mr. LIPINSKI, Mr. GUTIERREZ, Mr. GORDON of Tennessee, Mr. GEORGE MILLER of California, and Mr. CLAY.
H.R. 484: Mr. HEINRICH.
H.R. 510: Mr. WILSON of Ohio, Mr. LUETKEMEYER, and Mr. SOUDER.
H.R. 571: Mr. CHAFFETZ, Mr. COSTA, Mr. HIMES, and Mr. CARDOZA.
H.R. 610: Mr. HALL of New York.
H.R. 621: Mr. PASCRELL, Mr. MANZULLO, Mr. GINGREY of Georgia, Mrs. MILLER of Michigan, Mr. GUTIERREZ, Mr. SERRANO, and Mr. QUIGLEY.
H.R. 624: Mr. BARROW.
H.R. 644: Mr. BERMAN.
H.R. 658: Mrs. LOWEY, Mr. HEINRICH, Mr. ELLISON, and Mr. STARK.
H.R. 690: Mr. TERRY and Mr. JOHNSON of Georgia.
H.R. 819: Mr. MINNICK.
H.R. 836: Ms. TITUS and Mr. CAO.
H.R. 847: Mr. JONES and Mr. STUPAK.
H.R. 944: Mr. MINNICK.
H.R. 977: Mr. BISHOP of New York.
H.R. 978: Mr. DOGGETT.
H.R. 1024: Ms. RICHARDSON.
H.R. 1079: Mr. MCCOTTER, Mr. JONES, Mr. SIMPSON, Mr. VAN HOLLEN, Mr. GALLEGLY and Mr. BOOZMAN.
H.R. 1083: Mr. GALLEGLY and Mr. FORBES.
H.R. 1132: Mr. ORTIZ, Mr. KING of Iowa, Mr. KLINE of Minnesota, Mr. PUTNAM, Mr. CARDOZA, Mr. CROWLEY, Mr. NEUGEBAUER, Mr. SHULER, Mr. SHERMAN, Mr. HINCHEY, and Ms. LEE of California.
H.R. 1147: Ms. HARMAN, Ms. JACKSON-LEE of Texas, and Ms. MATSUI.
H.R. 1166: Mr. WOLF.
H.R. 1173: Mr. WOLF.
H.R. 1179: Ms. DEGETTE and Mr. MURPHY of New York.
H.R. 1189: Ms. WOOLSEY.
H.R. 1195: Mr. HIMES.
H.R. 1203: Mr. MCCOTTER, Ms. LINDA T. SÁNCHEZ of California, and Mr. CARTER.
H.R. 1205: Mr. ELLISON.
H.R. 1207: Mr. NADLER of New York and Mr. HINOJOSA.
H.R. 1242: Mr. ADLER of New Jersey.
H.R. 1250: Mr. GERLACH, Mr. MOORE of Kansas, and Mr. VAN HOLLEN.
H.R. 1310: Mr. WATT.
H.R. 1322: Ms. LINDA T. SÁNCHEZ of California.
H.R. 1326: Mr. MCMAHON and Mr. GUTIERREZ.
H.R. 1346: Mr. LUJÁN, Mr. ROONEY, and Mr. TEAGUE.
H.R. 1351: Mr. SOUDER, Mr. CARDOZA, Ms. ZOE LOFGREN of California, Ms. WATERS, and Mr. CONNOLLY of Virginia.
H.R. 1410: Mr. CONNOLLY of Virginia.
H.R. 1411: Ms. LINDA T. SÁNCHEZ of California and Mr. SESTAK.
H.R. 1456: Mr. GEORGE MILLER of California.
H.R. 1460: Mr. SOUDER.
H.R. 1521: Mr. LUETKEMEYER, Mrs. DAHLKEMPER, Mr. MCGOVERN, and Mr. BROUN of Georgia.
H.R. 1547: Mr. GUTHRIE and Mr. NUNES.
H.R. 1585: Ms. WOOLSEY and Mrs. BIGGERT.
H.R. 1615: Mr. MCCOTTER and Mr. SESTAK.
H.R. 1646: Mr. HOLT.
H.R. 1685: Mr. SCOTT of Virginia and Mr. GUTIERREZ.
H.R. 1695: Mr. HONDA, Mr. WALZ, Mr. SPACE, and Mr. HOLDEN.
H.R. 1721: Ms. MCCOLLUM.
H.R. 1800: Mr. COHEN.
H.R. 1826: Mr. PETERS.
H.R. 1829: Ms. HERSETH SANDLIN, Mr. MCCOTTER, and Mr. MURPHY of Connecticut.
H.R. 1835: Mr. ORTIZ.
H.R. 1859: Mr. MCDERMOTT.
H.R. 1868: Mr. FORBES.
H.R. 1881: Mr. COHEN, Mr. LATOURETTE, Mr. DOGGETT, Mr. DRIEHAUS, and Ms. BALDWIN.
H.R. 1897: Mr. SESTAK.
H.R. 1908: Mr. LATHAM.
H.R. 1927: Mr. HOLT.
H.R. 1944: Ms. BERKLEY.
H.R. 1961: Mr. TOWNS.
H.R. 1977: Ms. ROS-LEHTINEN.
H.R. 1987: Ms. JACKSON-LEE of Texas and Ms. FUDGE.
H.R. 1989: Mr. BARTLETT, Mr. BILBRAY, and Mr. SOUDER.
H.R. 2006: Mr. MARKEY of Massachusetts.
H.R. 2016: Mr. WEINER.
H.R. 2054: Mr. MOORE of Kansas.
H.R. 2057: Mr. CARNEY.
H.R. 2080: Mr. TONKO and Mr. POLIS.
H.R. 2119: Mr. CONAWAY.
H.R. 2155: Ms. SUTTON.
H.R. 2160: Mr. TURNER, Mr. POSEY, and Mr. DAVIS of Kentucky.
H.R. 2176: Mr. BRALEY of Iowa, Mr. TONKO, and Ms. FUDGE.
H.R. 2194: Mr. WALZ, Mr. CHILDERS, Mr. GOODLATTE, Mr. GONZALEZ, Mr. CAPUANO, Mr. ELLSWORTH, Ms. CHU, Mr. COSTELLO, Mr. MURPHY of Connecticut, and Mr. DOYLE.
H.R. 2209: Mr. JOHNSON of Georgia.
H.R. 2213: Mr. SESTAK.
H.R. 2227: Mr. GENE GREEN of Texas.
H.R. 2277: Mr. TOWNS.
H.R. 2279: Mr. SESTAK.
H.R. 2287: Mr. DAVIS of Kentucky and Mr. KINGSTON.
H.R. 2296: Mr. STUPAK, Mr. KRATOVIL, and Mr. ISSA.
H.R. 2324: Ms. WOOLSEY, Mr. LEVIN, and Ms. LEE of California.
H.R. 2328: Mr. SESTAK.
H.R. 2329: Mr. ALTMIRE.
H.R. 2350: Mr. LANCE and Mr. BAIRD.
H.R. 2366: Mr. SESTAK.
H.R. 2413: Mr. LARSON of Connecticut, Mrs. NAPOLITANO, Mr. HONDA, Mr. ELLISON, Ms. JACKSON-LEE of Texas, Ms. ZOE LOFGREN of California, Mr. BURTON of Indiana, and Mr. HARPER.
H.R. 2414: Mr. PRICE of North Carolina.
H.R. 2446: Mr. HARE.
H.R. 2447: Mr. TONKO.
H.R. 2452: Mr. PRICE of Georgia.
H.R. 2456: Mr. DAVIS of Kentucky.
H.R. 2521: Mr. WATT.
H.R. 2523: Mrs. KIRKPATRICK of Arizona.
H.R. 2531: Mr. CONNOLLY of Virginia.
H.R. 2563: Mrs. BLACKBURN.
H.R. 2565: Mr. MURTHA and Mrs. CHRISTENSEN.
H.R. 2573: Mr. THOMPSON of Pennsylvania.
H.R. 2615: Mr. TIBERI.
H.R. 2625: Mr. HASTINGS of Florida.
H.R. 2628: Mr. VAN HOLLEN.
H.R. 2692: Mr. MURPHY of New York.
H.R. 2705: Ms. BEAN.
H.R. 2708: Ms. RICHARDSON.
H.R. 2733: Mr. ROSS, Mr. WESTMORELAND, Mr. LUETKEMEYER, Mr. MCCLINTOCK, Mr. WITTMAN, Mr. PLATTS, Mr. KRATOVIL, and Mr. LANCE.
H.R. 2740: Mr. SESTAK and Mr. SARBANES.
H.R. 2745: Mr. BURGESS.
H.R. 2766: Mr. TONKO and Mr. MORAN of Virginia.
H.R. 2799: Mr. CUMMINGS and Mr. SESTAK.
H.R. 2831: Mr. VAN HOLLEN.

H.R. 2840: Mr. POLIS
H.R. 2923: Ms. GIFFORDS.
H.R. 2935: Mr. COOPER, Mr. MEEK of Florida, and Mr. GONZALEZ.
H.R. 2936: Mr. PETERS.
H.R. 3042: Mr. HOLT.
H.R. 3046: Mr. PUTNAM and Mr. PERRIELLO.
H.R. 3075: Mr. CONYERS.
H.R. 3076: Mr. SESTAK.
H.R. 3126: Mr. JOHNSON of Georgia.
H.R. 3131: Mr. OLSON and Mr. FORBES.
H.R. 3140: Mr. BACHUS.
H.R. 3202: Mr. CUMMINGS.
H.R. 3212: Mr. VAN HOLLEN, Mr. SESTAK, and Mr. LATHAM.
H.R. 3216: Mr. WILSON of Ohio.
H.R. 3217: Mrs. BLACKBURN, Mr. FLAKE, Mr. PAUL, Mr. COFFMAN of Colorado, Mr. KINGSTON, Mr. SHIMKUS, and Mr. HOEKSTRA.
H.R. 3226: Mr. MANZULLO, Mr. WHITFIELD, Mr. CRENSHAW, Mr. PAUL, Mr. UPTON, Mr. HELLER, Mr. DUNCAN, Mr. MCCARTHY of California, Mr. BILIRAKIS, Mr. TIAHRT, Mr. ROE of Tennessee, and Mr. FORBES.
H.R. 3227: Mr. MORAN of Kansas and Mr. BOOZMAN.
H.R. 3245: Ms. RICHARDSON and Mr. AL GREEN of Texas.
H.R. 3246: Ms. SUTTON.
H.R. 3249: Mr. POLIS.
H.R. 3265: Mr. SCOTT of Virginia.
H.R. 3271: Mr. SESTAK.
H.R. 3308: Mr. NEUGEBAUER.
H.R. 3312: Ms. ZOE LOFGREN of California.
H.R. 3328: Mr. KUCINICH.
H.R. 3341: Mr. TERRY.
H.R. 3343: Ms. JACKSON-LEE of Texas, Mr. COHEN, Mrs. CHRISTENSEN, Mr. CLAY, Mr. CONYERS, and Mr. ELLISON.
H.R. 3355: Mr. WEXLER, Mr. DENT, and Mr. RYAN of Ohio.
H.R. 3382: Mr. WESTMORELAND and Mr. DUNCAN.
H.R. 3400: Mr. BACHUS, Mr. LATTA, Mr. KINGSTON, Mr. WESTMORELAND, Mr. MCCLINTOCK, Mr. GOHMERT, and Mrs. SCHMIDT.
H.R. 3402: Mr. SESTAK.
H.R. 3404: Mr. FILNER and Mrs. MALONEY.
H.R. 3407: Mr. WALZ and Mr. MINNICK.
H.R. 3421: Ms. SHEA-PORTER, Mr. CUMMINGS, Mr. SCHAUER, Mr. STARK, and Mr. CARNAHAN.
H.R. 3455: Mr. TURNER, Ms. FUDGE, and Mr. LATOURETTE.
H.R. 3467: Mrs. MCMORRIS RODGERS.
H.R. 3480: Ms. SCHAKOWSKY, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. CUMMINGS, Mr. STARK, and Mr. ABERCROMBIE.
H.R. 3488: Mr. MATHESON.
H.R. 3496: Mr. BURTON of Indiana.
H.R. 3502: Mr. BERMAN, Mr. MURPHY of Connecticut, Mr. HARPER, and Mr. MOORE of Kansas.
H.R. 3503: Mrs. LOWEY, Mr. LEVIN, Mr. COSTELLO, Mr. PRICE of North Carolina, and Mr. SESTAK.
H.J. Res. 26: Mr. SIRES.
H. Con. Res. 49: Mr. DANIEL E. LUNGREN of California, Mr. CARDOZA, and Mr. BOCCIERI.
H. Con. Res. 74: Mr. ALTMIRE.
H. Con. Res. 108: Mr. MOORE of Kansas.
H. Con. Res. 148: Mr. THORNBERRY.
H. Con. Res. 160: Mr. CROWLEY, Mr. ADERHOLT, Mr. ALTMIRE, Ms. BERKLEY, and Mr. CALVERT.
H. Con. Res. 169: Mr. CALVERT and Mr. THOMPSON of Pennsylvania.
H. Con. Res. 178: Mr. BOSWELL, Mr. BOOZMAN, Mr. LARSEN of Washington, Mr. LIPINSKI, Mr. CAMP, and Mr. MURPHY of New York.
H. Con. Res. 180: Mr. SMITH of Washington.
H. Res. 90: Mr. FILNER.
H. Res. 111: Mr. DENT, Ms. ROS-LEHTINEN, Mr. HUNTER, and Ms. SUTTON.
H. Res. 150: Mr. COHEN.
H. Res. 167: Mr. RYAN of Ohio, Mr. BUTTERFIELD, Mrs. MALONEY, Mr. TOWNS, Mr. CUMMINGS, and Ms. BALDWIN.
H. Res. 216: Mr. PLATTS and Mr. CHAFFETZ.
H. Res. 274: Ms. HERSETH SANDLIN, Mr. HONDA, and Ms. ZOE LOFGREN of California.
H. Res. 441: Mr. KENNEDY, Mr. FORBES, and Mr. TURNER.
H. Res. 455: Mr. ROYCE, Mr. LINCOLN DIAZ-BALART of Florida, Mr. BARTON of Texas, Mr. CALVERT, Mr. KINGSTON, Mr. PITTS, Mr. LUCAS, Mr. HENSARLING, Mr. WESTMORELAND, Mr. REICHERT, Mr. WILSON of South Carolina, Mr. LEWIS of California, Mr. CAO, Mr. SIMPSON, Mr. AKIN, Mr. WHITFIELD, Mr. DEAL of Georgia, Mr. GINGREY of Georgia, Mr. MCCARTHY of California, Mr. REHBERG, Mr. HUNTER, Mr. LEE of New York, Mr. NUNES, and Ms. JENKINS.
H. Res. 487: Mr. SHIMKUS and Mr. LEE of New York.
H. Res. 554: Mr. LATHAM, Mr. HARPER, and Mr. CASSIDY.
H. Res. 594: Mr. SESTAK.
H. Res. 613: Mr. SESTAK.
H. Res. 615: Mr. SOUDER.
H. Res. 619: Mr. BROUN of Georgia and Mr. BARTLETT.
H. Res. 660: Ms. JACKSON-LEE of Texas, Mr. SHULER, and Mr. PRICE of North Carolina.
H. Res. 671: Mr. PENCE, Mr. PETRI, and Mr. STEARNS.
H. Res. 678: Mr. BARTON of Texas, Mr. HONDA, Mr. PETERS, and Mr. PASCRELL.
H. Res. 679: Mr. BILIRAKIS, Ms. CORRINE BROWN of Florida, Mr. CASTLE, Mr. LINCOLN DIAZ-BALART of Florida, Mr. MARIO DIAZ-BALART of Florida, Mr. LUETKEMEYER, Mr. PAULSEN, Mr. PERRIELLO, Mr. STEARNS, Ms. SUTTON, Ms. TITUS, Mr. BERRY, Ms. MARKEY of Colorado, Mr. VAN HOLLEN, and Mr. JOHNSON of Illinois.
H. Res. 686: Ms. HIRONO, Mr. COURTNEY, Mr. YARMUTH, Mr. CHANDLER, Mr. TOWNS, Mr. PASCRELL, Mr. HIMES, Mr. WU, Mr. MURPHY of Connecticut, Mr. KAGEN, Mr. PAYNE, Mr. DEFAZIO, Mrs. BACHMANN, Mr. CAO, Mr. AUSTRIA, and Mrs. EMERSON.
H. Res. 689: Mr. MANZULLO.
H. Res. 696: Mr. SHIMKUS, Mr. GOODLATTE, Mr. SHADEGG, Mr. AKIN, Mr. BONNER, Mr. WESTMORELAND, Mr. AUSTRIA, Mr. CHAFFETZ, Mr. SMITH of Texas, Mr. BROWN of South Carolina, Mr. FLEMING, Mrs. BLACKBURN, Mr. PRICE of Georgia, Ms. FALLIN, Mr. LATTA, Mr. MARCHANT, Mr. BRADY of Texas, Mr. PITTS, Mr. LUCAS, Mr. ISSA, Mrs. SCHMIDT, Mr. BARTLETT, Mr. BROUN of Georgia, Mr. DANIEL E. LUNGREN of California, Mr. GOHMERT, Mr. COLE, Mr. KLINE of Minnesota, Mr. CAMPBELL, Mr. LAMBORN, Mr. RYAN of Wisconsin, and Mr. KINGSTON.
H. Res. 701: Mr. BLUNT, Mr. COBLE, Mr. JONES, Mr. CASTLE, Mr. SPRATT, Mr. CLYBURN, Ms. ZOE LOFGREN of California, Mr. VISCLOSKY, Mr. HILL, Mr. MOORE of Kansas, Mr. ELLSWORTH, Mr. VAN HOLLEN, Mr. RUPPERSBERGER, Ms. HERSETH SANDLIN, Mr. BOREN, Mr. SHULER, Mr. CHILDERS, Mr. GRIFFITH, Mr. POMEROY, Mr. THOMPSON of California, Mr. BERRY, Ms. MATSUI, Mr. DEFAZIO, Mr. BARROW, Ms. WASSERMAN SCHULTZ, Mr. OBEY, Mr. EDWARDS of Texas, Mr. GENE GREEN of Texas, Mr. HOLT, Mr. ENGEL, Mr. HALL of Texas, Ms. BALDWIN, Ms. ROYBAL-ALLARD, and Mr. PASCRELL.
H. Res. 707: Mr. GRIJALVA, Mr. MICHAUD, Ms. SHEA-PORTER, and Mr. SPRATT.
H. Res. 709: Mr. CONYERS, Mr. BRALEY of Iowa, Ms. LEE of California, Mr. SCHIFF, Ms. HERSETH SANDLIN, and Mr. MANZULLO.
H. Res. 710: Mr. FARR, Mr. MCMAHON, Mrs. MALONEY, Mr. BUTTERFIELD, Mr. GENE GREEN of Texas, Mr. CAO, and Mr. MICHAUD.
H. Res. 721: Mr. COLE, Mr. ALEXANDER, Mr. FRELINGHUYSEN, Mr. CULBERSON, Mr. BONNER, Mr. SIMPSON, Mr. CALVERT, Mr. YOUNG of Florida, Mrs. BONO MACK, Mr. ADERHOLT, Mr. GRAVES, Ms. JENKINS, Mr. BILBRAY, Mr. WESTMORELAND, Mr. TIAHRT, Mr. FRANKS of Arizona, Mr. ROGERS of Kentucky, Ms. GRANGER, Mr. WOLF, Mr. LATHAM, Mr. WAMP, Mr. MARCHANT, Mr. POSEY, and Mr. RADANOVICH.
H. Res. 728: Ms. SHEA-PORTER and Mr. SULLIVAN.