I've been here 10 years. I have learned about authorization and appropriations and about the Budget Committee and the way we do things. But if we're going to seriously get at this problem, other than shaving a few percent here or there, if we're going to seriously get at the problem of having to radically reduce our appetite for spending, it's going to require changes in the structure of this Congress. And that will be one of the things that you can see we've already started on and are continuing and pledging to continue to do—to take a look at our rules and how the organization is set up so that we can make those hard choices and decisions.

There has been a commitment that those decisions will be made in a transparent way; in a way that everybody who is elected to be a Congressman, so that every district in this country will have somebody that can stand up and have an opportunity to weigh in and have an opinion. You won't see, as we had in the last Congress, bills that are being written in the Speaker's office and brought to the floor and rammed through in the dead of night. You're going to hear open debate, a lot of discussion, and a lot of ideas being discussed. I think that's a good thing and a proper thing. But, ultimately, we have to deal with the question: What are the essential functions that must happen in Federal Government?

Now, I've just heard that there are going to be some very significant cuts in defense. That's very concerning to me. Why would we be taking the Defense Department and doing major cuts there and no other department in government is being looked at? This is something that some of us will probably react to some because we believe we have to control spending, but why do you single out the Department of Defense? We're fighting two wars. Why are you going to whack that budget when you have all these other budgets that have never been touched whatsoever? And so we have to take a look at those percentages. When you see entitlements going very, very high, defense budget going low, that signals that we've got to be careful about the choices we're making, because the choices we make today, 10 years from now, your sons or daughters or my grandsons and my granddaughters may be affected by those choices.

So we start out a new Congress, I think, on the right foot. Emphasis on the U.S. Constitution; emphasis on the fact that we have to be responsible; emphasis on the fact that everybody in every congressional district is going to have a piece of the action; and the fact that we're going to have to be responsible, we're going to have to be cutting Federal spending. You cannot run, as we have in the first 2 years of the Obama administration, with $1.4 trillion deficit. And that will stop.

REPEAL OF THE AFFORDABLE HEALTH CARE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Madam Speaker, it's a great privilege to be here on the floor with you. Congratulations to you and the other new Members of the Republican Party.

We have some extraordinarily important tasks ahead of us. This afternoon, I'm going to be joined by some of my colleagues. We've just heard a very useful discussion on the role of the Constitution and how it plays into it. And indeed, today we did spend about 3 hours reading through the Constitution, and I think it was to all of our benefit. We started off with the new Speaker actually reading the preamble. I think that's a good place for us to start, because we're going to discuss health care today and we're going to discuss an effort by the majority party, the Republicans, to repeal the Affordable Health Care Act that was passed last session. And this issue has become a constitutional issue, so reading the preamble to the Constitution and Article I, section 8 is useful.

''We the people of the United States, in order to form a more perfect Union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare''—promote the general welfare—''and secure the blessings of liberty to ourselves and our posterity, do ordain and establish this Constitution for the United States.'' And then later, in article I, section 8, ''Congress shall have power to lay and collect taxes, duties, imposts and excises, to pay the debts and provide for the common defense and general welfare of the United States.''

It's about the general welfare of the United States that we'll be discussing in this next hour, and that's the welfare of the people of the United States. It speaks to us, the citizens—all of us—whether we are a newborn baby or a senior in the last of life—how do we provide for that general welfare?

Last year, in a major step forward, the first time in more than nearly four decades, this Congress, together with the Senate and the President, passed the Affordable Health Care Act, a very, very important and extremely useful step in providing for the welfare—that is, the general welfare—of the American population. It's a law that makes life better from birth to retirement. Part of this law, a very, very important part of it, deals with what we call the Patient's Bill of Rights—the Patient's Bill of Rights, vis-à-vis, the insurance industry.

I think all of us can go back to our districts, to our homes, and even to our own lives and find numerous episodes where the insurance industry has said, No, you cannot have this procedure; or, No, you cannot have coverage because you have a preexisting condition.

□ 1540

Today, we are going to talk about the Patients' Bill of Rights and the Republican effort that is now underway in the Rules Committee in this building, as we speak, to write a rule that they will bring to the floor next week, without one hearing, to completely wipe out this extraordinarily important effort to provide for the general welfare of the American people. We are going to discuss that in great detail.

Now, for me, this is a very important part of my life. I spent 8 years of my life as the insurance commissioner in California, taking on the insurance companies, trying to force them to honor their commitments, to force the insurance companies to pay the claim of a patient who had undergone chemotherapy, to provide insurance that was contracted for and not to rescind that health care policy. I cannot even begin to count the number of cases that came before me as insurance commissioner where the insurance companies would rescind a policy because the person suddenly became ill and had a very expensive episode.

The Patients' Bill of Rights prohibits that. We are going to talk about that. I want to start here, and then I'm going to turn this over to my colleagues.

I am going to give an example of a very dear friend who lived here in Washington. He was a Peace Corps volunteer, married. He was working here in Washington, DC, as the director of the National Peace Corps Association, the returned volunteers. He had a child. That child had a severe disability—kidneys didn't work. He was insured. His wife was insured. The pregnancy was insured. The delivery was insured. But that child, on the day the child was born with that preexisting condition of kidney failure, was uninsurable under the parents' policy.

That kind of action is prohibited by the Patients' Bill of Rights. No more would that happen to men and women, families, pregnant women across this country who deliver babies that have some problem. Those babies will be insured whatever the condition might be.

Our colleagues on the Republican side will bring to this floor next Wednesday, without one hearing in any relevant policy committee, a repeal of the Patients' Bill of Rights. What of the babies that are born in the future that have some issue? How will they be provided for?

The rest of the story is this family has spent 20 years now struggling to provide the health care services that their child needed. They have been close to bankruptcy many, many times. They have struggled through it. The child is no longer a child—a young adult—and under the law today, he has health insurance.

Is that what the American public wants from the Republican Party—the

repeal of that Bill of Rights that guarantees coverage for that young man? I think not.

Let me now turn to our colleague from the great State of Virginia.

BOBBY SCOTT, would you please share with us your own views and how this is going to affect the general welfare of the American people.

Mr. SCOTT of Virginia. Thank you, and I appreciate your hard work. Thank you for organizing this Special Order so we can discuss the problems with repealing health care.

You have gone all through the need for health care during your life and how the bill provides assistance for those with preexisting conditions. It limits insurance company abuses, like what's called a ''recision,'' when you have paid your premiums all these years and then finally get sick, and they want to cancel your policy right when you need it. There are lifetime and annual limits on benefits where they pay a certain amount, and once they get to that, you can be in the middle of a treatment, and they're not going to pay another dime for the rest of your life or at least for the rest of that year. There are many people with chronic diseases who hit up upon these limits very frequently.

You have talked about young people on their parents' policies, who are working, who finally get jobs. They don't cover benefits. Up to 26 years old, they can stay on their parents' policies.

We have talked about prevention, the importance of prevention. A lot of people, because of copayments and deductibles, can't afford their annual checkups. This bill provides for annual checkups without copayments and deductibles.

For those senior citizens in the doughnut hole, where they get no benefits, adding insult to injury, they have to continue paying their premiums, and get no benefit. We have assistance for them.

It is outrageous that they would elect to try to repeal this. No hearings. No nothing. Just put a label on it and call it ''ObamaCare'' and then expect people to go along with the repeal. You just can't label things and expect people, by virtue of the label, to take action. They call it ''government-run health care.'' No. Government-run health care was the single-payer plan. That was defeated.

The option of a public option would have been nice. People talk about choice. Well, in the plan that's on the books today, they have the choice of all the plans of anybody who wants to sell insurance in their States. They have a choice of all of them. It would be nice to have an additional choice—a choice of a public option where you have the choice of a policy that is not run by a for-profit corporation with a financial interest in denying you coverage or canceling your policy. It would be nice to have that option. You don't have to pick it, but it's just nice to have that option.

One of the things that we want to make sure is that we have as many options as possible, including a public option if we can ever get there; but when we talk about repeal and replace, there is no replace tomorrow in the rule that they are suggesting. They just want it repealed. We want to know what they're going to replace it with and what they're going to leave out.

Are they going to leave out the part where people with preexisting conditions can get covered? Are they going to say, ''No, you can't get covered''? Does the insurance company get to decide who has the privilege? Are health insurance companies going to tell young people under 26 to get off their parents' policies? Are they going to tell those in the doughnut hole to get back in the doughnut hole where they belong? Are they going to talk about those who can't afford prevention to get prevention? Are they going to tell those who are going to run out of coverage because of the limits, ''No, that's enough. You've had enough, and you can't get any more coverage''?

What are they going to tell all of these people?

We need to make sure that we keep this policy, all of these provisions, intact. I have no idea what they want to replace it with, but I think, if they went step by step and if the people looked at the provisions of the bill, they would elect to keep everything that's in the bill today.

Now, there are some things that people don't like. When you have a good plan, you have to pay for it. Unfortunately, they're not paying for it. We were fiscally responsible. When we passed it, we were under PAYGO. They've repealed a lot of that so that they can go trillions of dollars in the ditch without paying for it. We paid for it. In fact, the CBO originally said that the first 10 years of the program would reduce the deficit by $140 billion. Now the estimate is $200-some billion in the next 10 years. So it is fiscally responsible.

There are things we can do better together than everybody out for their own. We need to oppose the repeal of this health care to make sure that people have the protections and the Patients' Bill of Rights that they have under this legislation.

Mr. GARAMENDI. Thank you very much.

You've raised about seven of the major issues that are involved in this repeal that the Republicans will bring to this floor next Wednesday without one hearing in any relevant policy committee, a repeal that will affect every single American—that will affect their well-being, their health, their ability to get health insurance, and their ability to stay healthy.

□ 1550

So we have an enormous issue before us and we want the American public to be aware of what's going on here. It is the repeal of the Patient's Bill of Rights.

Let me move on to one of our other colleagues from Tennessee. Mr. STEVEN COHEN, if you will join us, please.

Mr. COHEN. Thank you. I appreciate the opportunity to share with you, and I want to first start because this day has been a day that started with the reading of the Constitution which is a document that we all revere. I have a little pocket copy of it right here, and we revere it. We pledge when we take our oath of office to protect and defend and support the Constitution, but we all know that it's interpreted by our Supreme Court, and it's Supreme Court history would have been better today for people to understand.

And you mention that the foundation of the particular health care bill is in the preamble: We, the people of the United States, to form a more perfect union, establish justice, et cetera, promote the general welfare.

Also, in article I, which is the legislative article, section 8, it says that the Congress shall have the power to regulate commerce among the several States; and further, it says in article I that the Congress shall have the authority to make all laws which shall be necessary and proper for carrying into execution the foregoing powers and all other powers vested by this Constitution of the Government of the United States, in either Department or office thereof. So, in my opinion—I'm a lawyer, but there's lawyers on both sides—there's plenty of justification for this health care bill.

Do you know next week when the Republicans will try to repeal this opportunity for Americans to get health care and wipe out these pre-existing conditions clauses, et cetera, will they be coming under the idea that health care is not part of the general welfare? Will they be coming basically on a constitutional argument that they may make that this wasn't allowed to require a person to buy insurance even though we can, of course, require a person to sign up for the draft and lose their liberty for a while and serve in the Army—and we can do that, we can conscript soldiers, but we can't make them buy insurance. Is that what they're going to say, or are they going to come and talk about these things that Mr. SCOTT talked about and say that we don't think it's good policy for parents to have their children on their insurance until they're 26 or it's not good policy for women with breast cancer to get treatment at a certain amount? What are their tactics?

Mr. GARAMENDI. Well, I would assume that they will try to go into their interpretation of the Constitution and avoid the very difficult argument of forcing or eliminating the Patient's Bill of Rights and allowing the insurance companies to engage in gross discrimination based upon sex. Clearly, women are discriminated against by the health insurance companies unless the Patient's Bill of Rights is there to protect them. Similarly, the two examples that you gave, pre-existing conditions, I cannot imagine that they

would even attempt to successfully or even would be unsuccessful to argue that somehow these protections for the individual are not worth having.

I think they will go into some obscure interpretation of the Constitution. We'll see. There's going to be a debate on the floor. Unfortunately, there will be no hearings to precede that, and there will not be a discussion of the details.

Mr. COHEN. And they will control the amendments that will be permitted to be discussed on this floor. I know Speaker BOEHNER said we were going to be able to have amendments and be able to have good discourse.

Mr. GARAMENDI. As you know—I saw you in Rules Committee earlier today—it is my impression that the Rules Committee is going to prohibit any amendments on the floor. We'll see. I mean, that has yet to be decided by the Rules Committee. We don't know, but surely the one amendment I would propose is: don't do it, maintain the Patient's Bill of Rights, maintain these protections that we all need.

There's not a person in this Nation that is not subject to the possibility of an incident that would become a reason for rescission. That's my experience. Eight years hammering the insurance industry, you have got to honor your contract. Yet because of the laws, they were able to wiggle out of an expensive incident.

Mr. COHEN. When I was a child, I had polio when I was 5 years old in 1954. I was fortunate. My father was a doctor, and so sometimes professional courtesy, but I'm sure he had insurance that covered my hospitalization. But there were years later, I think it was 11 years later I had a tendon-lengthening operation that was immediately related to my polio and necessary on my Achilles tendon. That wouldn't have been permitted necessarily if they could use the pre-existing condition such as polio to have denied coverage; and whether or not how my father dealt with the expense and whether it's because he was a physician, I don't know; but I'd hate to see children in the same situation and parents in the same situation not be permitted to get that type of coverage later on.

Mr. GARAMENDI. I don't know if you were a Member of Congress at the time, but we all under this law would have the same policy that every American would have. We wouldn't have any different policy than the American public would have, and the question about rescission, and you're a prime candidate should you lose office, which you shouldn't, to be uninsurable if the Patient's Bill of Rights were repealed.

Under the Patient's Bill of Rights, if you were to leave Congress, you could get an insurance policy because the pre-existing condition that you have, polio, and an operation resulting from the polio would go into play as a pre-existing condition, and you would not be able to get an insurance policy.

Mr. COHEN. Let me, if I can, read something that I've had prepared for today that came from a constituent's story, John Hopkins; and I know John Hopkins. He's a very important and active member in my community and contemporary. He sent me an email, and Mr. Hopkins requests I share this story with the House as we consider repeal of the Affordable Care Act. I want to share it with everybody here on C–SPAN.

John was diagnosed with two unrelated cancers during his life. If you know anything about cancer, getting it twice for unrelated reasons is almost unheard of, but it happened to John Hopkins. Midway through his first bout with cancer, he was, of course, dropped from his health insurance plan. He was left with a medical bill that wiped out his and his wife's entire retirement savings, as well as the value of their house. They were never able to repay the debt in their lifetime. When he was diagnosed with a second bout of cancer 2 years later, he had no health insurance because there was no insurer anywhere in the market who would offer him a policy because of the pre-existing condition.

He got some coverage in Tennessee because of a plan called Access Tennessee for uninsurables, but it was limited to $250,000 a year. As we all know, annual limits are set to be phased out by 2014 because of this law, and lifetime limits are already a thing of the past. A quarter of a million dollars may seem like a lot of coverage; but when somebody needs something like a bone marrow transplant to cure their leukemia, that single treatment would exceed the annual cap.

My Republican colleagues have decided their first priority as the new majority will be repealing the Affordable Care Act; and when they vote to do this, they will be voting for the following: denying Mr. Hopkins the ability to enroll in a health insurance plan that doesn't discriminate against him for daring to be diagnosed with cancer again. They will deny John Hopkins the ability to enroll in a health plan that will actually continue to cover his treatment after he exhausts the current annual cap of $250,000, an amount that many cancer patients meet in a matter of weeks upon diagnosis, let alone those who are fighting two cancers over a number of years.

And it will send a message to John Hopkins and every other single American who has ever been diagnosed or will ever be diagnosed with a disease like cancer that they're on their own when it comes to coverage, that sure they're free to get treatments and meet with their doctors, undergo laborious and life-saving surgeries year after year, just so long as they can foot the bill or try to keep it under the annual cap, because when it comes to cancer, budgeting your treatment should surely take precedence over anything else. Right?

Mr. GARAMENDI, I am ashamed that we are considering repeal of this affordable health care bill; and when I see these numbers about $250,000 and I think of the fact that the Republicans were against any caps on taxes, they realize $250,000 annual income in many places is a middle-income salary, but for limitations on health care, they think the insurance company should determine that and that's enough; and if you have got cancer, it's not enough.

Another friend of mine Facebooked me, Jimmy Barrasso. Jimmy worked for a long time for a company in Memphis. He's always been successful. He lost his job with that corporation. Because he had high cholesterol, he had difficulties getting insurance, and it took him a long time to find private insurance because of that pre-existing condition. He just sent me this on Facebook. He was friending me and he mentioned it, and I wanted to relate it.

There are so many people in this country who are getting benefits and will get benefits and many of the benefits don't go into effect until 2014, and the idea that this Congress, the 112th, as its first act would do such harm to the general welfare of the American public is hard to fathom.

□ 1600

Mr. GARAMENDI. Mr. COHEN, thank you so very much. Your closing sentence needs to be repeated. That the very first piece of legislation taken up by the new Republican majority in the 112th Congress is to repeal the Patients Bill of Rights. It's unfathomable.

Let me now call on FRANK PALLONE, our colleague from the great State of—yes, it is—New Jersey.

Mr. PALLONE. Well, first of all, let me thank you, my colleague from California, and each of the other speakers here for the contribution they have made tonight, and particularly when I listened to my colleague from Tennessee talk about those particular cases of individuals that were impacted, because that's really what this is all about.

Again, it is amazing to me that the first act of this new Republican majority is to try to repeal a bill, health care reform, that really is making a difference for people on a personal level, particularly with the patient protections.

You know, I thought to myself when I was coming down here: Who benefits from repeal? Who could possibly benefit from repeal? Because, as many of you talked about, all the people who are going to be harmed by it, who would benefit from it? And the only group I could think of that would benefit from the repeal are the big insurance companies because, if you think about it, what do they want to do? They want to keep increasing premiums. I read that in your State—I don't know, you may have already mentioned it—Blue Cross/Blue Shield, whatever, is talking about a 50-something percent increase. I cannot fathom these double-digit increases.

And, of course, as this health care reform kicks in, it's going to be more and

more difficult for the types of increases that we've seen in premiums that these big health insurance companies have put forward. And the reason the insurance companies want to get rid of the Patients' Bill of Rights and reinstitute all of these discriminatory practices, whether it be denying care because of preexisting conditions or reinstituting lifetime caps or, you know, the different protections that we've seen kick in, the reason they want to do that is also money-oriented. In other words, they have to pay out money. You talked about the cancer person.

I was up at the Rules Committee earlier, and Ms. SLAUGHTER was talking about someone who had cancer and was treated and ran into the lifetime cap, and then the cancer reoccurred and she didn't have any more coverage because she had hit the lifetime cap. And that's a perfect example. They want to have lifetime caps. They want to have annual caps. They don't want preexisting conditions. They don't want your kids on your policy because it saves them money. The way that they make profits and pay dividends to their shareholders is by raising premiums and having discriminatory practices that eliminate the people that cost money because they need health care. I mean, it's that simple.

And already, and just in the last few weeks, provisions have kicked in that go against that. The President announced—or the White House announced, I think around Christmastime, new regulations that say that any premium increase that's over 10 percent will be scrutinized. And under the provisions of this bill and the new regulations, these increases are not allowed to go above 10 percent. On January 1, the provisions kicked in that said that 80 percent of your premium costs had to be used for benefits, couldn't be used for insurance company profits, couldn't be used to pay back dividends to the shareholders. So all of these initiatives that are already kicking in, they basically make it more difficult for the insurance companies to make a big profit, and the consequence of that is that health insurance becomes more affordable.

I was up at the Rules Committee earlier. It was interesting because, I think you mentioned, my colleague from California, or one of you mentioned that we, under this bill, under the health care reform that's in place now that they want to repeal, we get the same health insurance, as Congressmen, as any other American.

You know, I still have people write to me and say, well, you know, You have your own policy, but you want to give me this lousy coverage that I'm going to get under the health care reform. And I have to write back and say, No, that's not true. You may hear that on some TV station or something, but it's simply not true.

We specifically wrote into the bill that we have to go into the exchanges just like everybody else. We are going to be different from other Federal employees, as Congressmen, because we go into the exchanges.

So, at the Rules Committee today, one of the Republican Members who is very supportive of repeal said that he specifically wasn't going to take health insurance as a Congressman, and he wanted me to know that because he was voting for repeal. And I said, Well, that's very nice and that's commendable for you, but I, frankly, think that every Member of Congress who votes for repeal should say, I don't want health insurance from the Federal Government, because if you are going to deny it to everyone else, you should deny it to yourself. Just the way we're saying that we are going to get the same coverage as everyone else, well, if you don't want anyone else to have the coverage, then you shouldn't get it yourself.

And I know that some Members have already taken issue. There was one Member from Maryland who came to the orientation, a Republican Member from Maryland who apparently was a big advocate for repeal. And he said that he was inquiring because his Federal health insurance didn't take effect, as a Congressman, until February 1. We were sworn in yesterday, but I guess it takes 30 days before the insurance actually kicks in. He was complaining about the fact that had he to wait until February 1 to get his health insurance, as a Congressman. Well, you know, again, if you're going to vote for repeal next week, you shouldn't be worried about when it's going to kick in. You shouldn't be taking it at all, in my opinion.

So there is a lot of—I don't know what the phrase is—smoke and mirrors or whatever the word is that is going on around here on the other side of the aisle in how they are viewing this. And my point is, you know, there is a lot of protection here for people. Don't deny them that unless you're going to deny it to yourself. But more than that, think about who is helped by this repeal—only the big insurance companies. They are the only ones that are going to benefit.

I know you were the insurance commissioner, and so you know exactly what I'm talking about.

Mr. GARAMENDI. I do have some experience on that. I wanted to deal with that. It's called the medical loss ratio, and the insurance companies have cut a fat check for themselves over the years by taking a big premium and then paying a very small amount of it out for the medical coverages.

In this legislation, the Patients' Bill of Rights, and in the Affordable Health Care Act, they can't do that. They've got to pay, for the individual policies, 80 percent and, for the group policies, 85 percent for medical services.

So what was the very first thing they did after this bill was signed into law? We passed it last year, and the President signed it. The very first thing they did was to run down to the Health and Human Services Department and say, Oh, but our advertising ought to be included as a medical expense, and, Oh, these expenses for these kinds of employees, mostly statisticians and the like, that's a medical expense. Fortunately, the administration said, No, we think not.

So what we're trying to do with this legislation is make sure that when we pay a dollar, at least we get 80 cents back in medical services. Our friends on the other side would repeal that and allow the insurance companies to take that money—or at least a larger portion of that money—put it in their pockets, give it to their CEOs, whatever, but not use it for medical services. Medical loss ratio is really important.

And the other thing you mentioned needs to be understood also, and that is the ability of the governments to review, not to say ''no,'' but to shine that big, bright spotlight onto the insurance company premium increases. Is it justified? Yes? No? What are your costs and so forth? What ratios are you using in medical losses and the like? So that spotlight of information is required under the law. Many, many things in the law.

Mr. COHEN, I see you stood up, anxious to make a comment here, so please do. And then I notice behind you our colleague from Maryland has joined us. And eventually, I want to start talking about seniors. So please, Mr. COHEN, go forth.

Mr. COHEN. I wanted to ask you a question. Because I had said, and I was, I think, incorrect, when I suggested that the first thing the Republicans wanted to do was repeal the affordable health care bill. It's one of their first major priorities. But the first thing they did was today, and we joined with them. It was bipartisan. It was to cut 5 percent from our Members' representational allowances, a small amount of money in the big picture, of course. But the deficit was the issue that they were highlighting.

What would the repeal of the Affordable Health Care Act do to the deficit? That's the big issue, because that's one of our big issues.

Mr. GARAMENDI. Well, Mr. COHEN, it just happens that we prepared this little blue chart here. Actually, it probably ought to be in the red. The repeal of the Affordable Health Care Act obviously deals with the Patients' Bill of Rights, but it also deals with the deficit.

□ 1610

This week, the Congressional Budget Office, nonpartisan, not Democrat, not Republican, they answer to neither party. They answer to the general public. They said that the repeal of the Affordable Health Care Act will increase the deficit by $230 billion, $230 billion in the next 9 years, and in the out years, the next 10 years, well over 1 trillion, $200 billion increase in the deficit.

Mr. COHEN. And that's money we owe China; is that right? So it's okay to issue these securities and pay the Chinese the interest to be able to finance it, and our children and their grandchildren will be paying this if they don't have preexisting conditions where they can get insurance to cover the illnesses they may have to stay alive to pay these taxes.

Mr. GARAMENDI. Our children, grandchildren, and indeed those of us that are living for another 10 to 15, 20 years, we're going to pay twice. We're going to pay the insurance cost, the health care cost that's not covered by the insurance programs. The example you gave of the individual with two bouts of cancer going to pay the full cost of that because the limitation goes back into place, so you get to pay for your health care, and you're going to have to pay off the deficit also, makes no sense whatsoever. But, hey, that's what they want to do, without one hearing by any of the relevant committees.

Mr. COHEN. Consistency is the hobgoblin. Right? Thank you, sir.

Mr. GARAMENDI. I notice that our colleague from Maryland has joined us, Ms. EDWARDS, Ms. DONNA EDWARDS. I know you were interested in this. You were talking about it earlier today on the floor and in committee, so please.

Ms. EDWARDS. I'm so pleased to join you today and to talk about health care. And I feel very personally about health care, as somebody who went for a long time without any health care coverage and worried like Americans do all across this country. They did prior to our really investing in reform for the American people. And so I know that anxiety.

And I was thinking about some of our constituents, constituents in Maryland's Fourth Congressional District, and around the country, who, today because of what we did in the Democratic-led Congress in passing landmark health care reform legislation, are better off today. And we haven't even fully implemented the benefits for the American people.

I think about a letter that I got from a gentleman who lives in my district in Olney, Maryland, a small town, Olney, Maryland. And he writes to me that his son, Mike, was 25 going on 26, and he could receive health care insurance coverage. When he wasn't able to get it, he needed it and he couldn't get it. And he got a letter from Blue Cross/Blue Shield saying to him that his son could continue to be covered until his 26 birthday. And what he did was he did what a lot of American families do, they're wiping the sweat from their brow because they know that they can now keep their young people on their health care plan until they're 26. I have a 22-year-old. I was feeling exactly the same way.

I got another letter from a woman who actually does health care policy, but she lives in my district; and what she said to me is that her daughter had a preexisting condition and she was very concerned, but she was an older young person, 20-some years old, 20 years old with a preexisting condition, really worried that she wouldn't be able to provide health care. And then she got the notice for COBRA coverage, which we've all said, you know, the backup is COBRA. It turned out that that was going to be an extra $400 to $500 a month for her to have COBRA coverage to make sure that she didn't lose her health care when she actually lost her job.

Well, now, this parent, actually, for the cost of about $70 or $80, as opposed to $400 or $500 a month, can keep their young person, their child, their young person on their health care coverage.

I think this is a great benefit for America's families, for families who work every day and actually have health care coverage.

I heard us earlier discussing premium increase hikes, and I want to tell you something. I know when we were working on health care reform, and many of us, very concerned about people who don't have insurance and need coverage. But most Americans all across the country actually do have some form of health care coverage. And you know what they're worried about? They're worried about those premiums going up at astronomical rates. And I've heard from my constituents, 20, 30 percent premium hikes.

Well, because of what we did in this health care package, insurance commissioners, like you were a commissioner, insurance commissioners all across the country now have the power vested in them to be able to actually say, you know what? We're going to put a check on these companies. And so in States like California, a big State like California and Connecticut and Maine and Colorado and Maryland, all across the country, that's what these insurance commissioners are doing. And they're not saying the Feds do it for them; it's the States.

And of course we heard here this morning, as we read the Constitution, a reminder that States are in a great position to look at what insurance companies are doing in their States, to regulate what's happening in their States, and to say to them, you have to stop taking money away from consumers, away from patients by raising your premiums excessively.

And so these are real accomplishments for the American people and for people who go to work every day. And so I'm glad to be here actually talking about these benefits with the American people.

Mr. GARAMENDI. Thank you so very, very much. Before I turn to our colleague from Virginia, you reminded me of two very quick stories. One, on Monday I was at the inaugural for the Governor of California. Jerry Brown is back again. And a lobbyist that I knew when I was insurance commissioner representing health insurance companies came up to me and he put his finger in my chest and he said, don't let them repeal the law. Now, I'm not going to give his name. He'd lose his job immediately.

And I said, I'll do everything I can, but why? You represent them. Why?

And he said, I have two children. Both are type 1 diabetics. They're approaching 23 years of age. They will be out of luck. They will never be able to get an insurance policy if this bill is repealed. The Patient's Bill of Rights gives that lobbyist for the health insurance industry an opportunity to see his children get health insurance.

Now, I have six children of my own. Patty and I do. All six of them have gone through that age of 23. It is the scariest time for a parent. You graduate, you get a diploma, and you also get an exit from the insurance that you've had perhaps for your entire life. This law provides another 3 years after you graduate, that period of time where it's almost impossible nowadays to find a job that provides insurance to give that insurance.

Mr. SCOTT, please join us once again.

Mr. SCOTT of Virginia. Thank you very much. And I appreciate your hard work and leadership on this. You've talked about the problems in health care with government. It's just not a government problem. If you ask any human resources executive about the major problems they have and benefits package, it's the ability to afford health care. Health care costs are going out of control. If you have an employee with a preexisting condition and he's in the group, then they do the actuarial study, you start getting bills that you can't pay. You ask any human resources what's happened to their insurance costs over the years. It's just going through the sky. And if you look at the employee portion of health care, it goes from zero participation to a little bit more copays, more deductibles, more cost for the family, on and on and on. Everyone has a great deal of insecurity about their ability to do health care.

And then you look at the idea, what happens if you lose a job? If you have a preexisting condition, you will not be able to get health care until this bill passed.

With all this insecurity, your ability to get health care, your ability to be able to afford it in the future, all of these problems, all of these problems in the future, what is the response from the other side about what to do about that kind of insecurity?

They say, well, just be strong and go without insurance like me. Well, that is not a particularly attractive solution for those that don't have an alternative, don't have a spouse where you can just jump, you know, you can say I'm not going to take government policy, I'm going to use my spouse's policy; we have an alternative. Or if they're so wealthy, they don't need the insurance.

□ 1620

Most Americans aren't in that situation. They need health insurance. And

this is what is provided. You have access to it, and it is affordable.

Everyone in America will be able to afford health insurance in 2014 because those that can't afford it will have subsidies to make sure that they can. So everybody will be able to get it.

If you make less than $88,000, you can get health care for less than 10 percent of your salary. That is not the case now. If you are in the $20,000, $40,000, $50,000 a year bracket, if you can get insurance, it's going to be a lot more than that.

So with this bill people have the security of health insurance that they don't have now. And the bizarre suggestion, just go without insurance, is not particularly nice when you have children that may have a little ear infection. Rather than have them lose their hearing, you can deal with it when it is a little infection, these problems don't grow out of control. We need that security. This bill provides it.

And in terms of seniors, seniors are particularly helped under this legislation. Those that can't afford the copays and deductibles can get their annual checkups without any copays and deductibles. We are helping fill in the doughnut hole. It will take a little time, but eventually there will be no doughnut hole where they fall in and have to pay all of the drug costs. We provide more community health centers so they will have better access. We are training more doctors and nurses so they will have more professionals. You have a chart that extends Medicare. Medicare is extended. We know that Medicare will go broke if we don't do anything. It extends the solvency of Medicare. It lowers prescription drug costs. All of these things that seniors have a particular interest in, all of that will be lost if this bill is repealed.

Mr. GARAMENDI. If I might interrupt you for just a moment, Mr. SCOTT. You are into an issue, an area that is profoundly important to the seniors of America.

The discussion last year as this bill was passing was that somehow this piece of legislation would harm seniors by taking away Medicare benefits. It was not true last year. It is not true this year. However, if our Republican colleagues are successful in repealing it, they, the seniors, will be seriously harmed.

I want to make this point very, very clear and ask my colleagues to join us perhaps from their own personal experience in their districts. You started going through this list here. This legislation actually extends the solvency of Medicare by reining in the costs and by giving seniors specific pre-illness care so that they will be able to get preventative care free, free annual checkups. They can't get it today, but under this legislation seniors can get free annual checkups, which reduces the cost, because you get to the illness quicker.

Mr. SCOTT of Virginia. You said that people were scared about what might happen. They also said things about small business, this would bankrupt small businesses.

First, small businesses are exempt from the requirements under the bill, so it can't possibly hurt them. But those small businesses that want to provide health care for their employees are given tax credits to help them do so. So it can't possibly be hurting small business. But for the senior citizens, they have all of the benefits that you have listed on the chart that will be lost if this bill is repealed.

Mr. GARAMENDI. You mentioned the doughnut hole, the prescription drug doughnut hole. Every senior that was in the prescription drug doughnut hole last year, 2010, received a $250 check to help them pay for their drugs. In going forward, the doughnut hole will be lessened and lessened, and eventually, 9 years from now, will disappear. There will be no doughnut hole.

You talked about the quality of care. Extremely important, quality of care. Thank you for bringing that up. More primary doctors, more geriatric care from nurses and doctors, an extraordinary important part of the legislation, not just only for seniors. You also mentioned the community-based and of course the preventative care. All of these things are there, and all of them will disappear if the Republicans are successful with their legislation next Wednesday that will be brought to this floor without one hearing to discuss any of these issues in a relevant policy committee.

Mr. COHEN, please join us.

Mr. COHEN. Let me ask a question. I was just thinking here, it's an honor to be in the House of Representatives and with a Constitution that's so beautiful that it says we are to promote the general welfare.

We are among other industrialized nations on this earth. What do the other industrialized nations on the earth do about health care for their citizens?

Mr. GARAMENDI. Well, I'm not sure I heard your question, so please say it again.

Mr. COHEN. What do the other industrialized nations in the world do for health care? Do they program policies like ours, where 32 million people don't have health insurance reform and they are not mandated to get insurance? What do they do?

Mr. GARAMENDI. Well, I think you are asking me a rhetorical question, because you know the answer and I think most Americans know the answer, that all the industrialized nations—we are not talking about China, but we are talking about Korea, Japan, the European countries, the European Union. All of those countries provide universal health insurance coverage. Universal.

Everyone, including tourists who happen to show up—and this I know from one of my daughters who fell off a stair at the Leaning Tower of Pisa. She fell, went into an emergency room, they took an MRI, bandaged her up, and said, ''Get out of here.'' And she said, ''Well, I haven't paid.'' ''Well, you are covered.'' That was in Italy.

Mr. COHEN. And does the United States not have one of the greatest discrepancies of wealth between the richest and the poorest in the industrialized world as well? So are we saying to our wealthy people, ''You can afford health insurance so you can get it,'' but for those people who are poor, ''Too bad''?

Mr. GARAMENDI. The other countries of the world don't look at it that way. They look at it as a right for their citizens to have access to health care, and they provide the health insurance. There are different ways of doing it. Germany, France, Britain, Canada all do it differently, but they all do it.

Incidentally, the health statistics in all of those countries are considerably better than America, and America is placed at the bottom of the industrialized countries in terms of our health care, how healthy we are, how long we live, how sick we get. We are at the bottom. In fact, we are often with developing countries in the statistics. We spend almost twice as much as any of those other countries.

So the Affordable Health Care Act goes after many, many things beyond the Patients Bill of Rights and the senior issues. Thank you so very much for raising that issue.

We have about maybe 10 more minutes. Mr. PALLONE.

Mr. PALLONE. Well, I just wanted to talk a little bit about prevention, and particularly in terms of seniors, which you mentioned, and what it means in terms of people's health and also the cost to the government, because some of the things that we've mentioned with regard to seniors have already taken place.

This summer under the bill, seniors who fell into the doughnut hole got a $250 rebate. Beginning January 1, they get a 50 percent discount on brand-name drugs if they fall into the doughnut hole in 2011.

You mentioned the copays for preventative care, whether it's your annual wellness treatment or other kinds of tests like mammograms or colonoscopies, for example. The reason that we are eliminating the 20 percent copay for these things, the reason we are trying to fill up the doughnut hole, it all goes back to prevention. Because if people get their drugs and they don't end up getting sick and going to the hospital, if they get these tests or they have the annual wellness checks, they stay healthy, they don't go to the hospital. And when they go to the hospital, if they are on Medicare, it just costs the government more money.

So this is the way we save money. We save money. And what does that mean? It means that the debt is decreased. It means that the solvency of Medicare you have on the chart is extended.

I don't know if we have talked much about that. One of my amendments in

the Rules Committee today is—a lot of seniors tell me, they come up to me and say they are worried about the fact that Medicare may become insolvent and there wouldn't be enough money in the trust fund to pay for it. The bottom line is that the health care reform bill extends the judgment day, if you will, when the solvency problem becomes an issue much further. And if you have the repeal, the solvency problem hits us 6 years from now, in 2017, from what I understand.

So another problem with repeal is not only does it increase the deficit, but it also is only 6 years from now that we would have to deal with this Medicare solvency problem. And what is that going to mean? That is going to mean probably cutbacks in benefits for senior citizens. Because if you don't have the money, you are going to have to cut back on the benefits. It is amazing to me how they can continue to talk about this repeal.

The other thing they keep saying on the other side of the aisle, the Republicans say, well, the reason we want the repeal is because this health care reform is killing jobs. Nothing could be further from the truth.

□ 1630

The fact of the matter is that under this health care reform because the cost of health care premiums for employers will be significantly reduced, they will be able to hire more people. Part of the problem that we have with competition with other countries, you mentioned all these other countries, all these other industrial countries that have free health care, universal health care. That means that the employers don't carry the burden of that. So when they hire someone if the government is paying for it, they don't have to worry about that for their employees necessarily. If the cost of premiums go down, then the costs of hiring somebody goes down in the United States.

In addition to that, there are all kinds of jobs created in the health care professions because, as everyone gets covered and everybody needs a primary care doctor, you're going to need more doctors, more nurses, more health aides because people will get that kind of preventative care. So there are jobs created with the preventative care in handling people, to make sure they stay healthy or they stay well.

It is unbelievable to me when they talk about repeal. What the Republicans should be doing is spending the first few days of this session talking about how to improve the economy and create jobs, not repealing health care. I think the American people have moved on. They don't want to hear this. They want to know what this Congress is going to do to create jobs and improve the economy. We've already dealt with the health care issue and they want us to move on.

Mr. GARAMENDI. We have about, maybe 3 minutes, 4 minutes, and I am going to turn now to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. I just wanted to add one thing. Thank you.

The gentleman from New Jersey brought up an issue, and he said that it was not true that it was costing jobs. There is some respected group, I think it's called FactCheck. They were on national news giving the biggest lies told in politics in the last year. The number one biggest lie—this independent group—was the Republican mantra of government run or government mandated health care. It's just a fact. That's the biggest lie told the American public. And it came from the leaders on the other side, it came from these halls where they are immune from defamation suits. Because it's not government run health care. It's unheard of, unfathomable, that the other side would use the fact that they're immune from prosecution in any other jurisdiction or court for words that aren't true to do that and in politics to say it was government run health care, the biggest lie of 2010, and it comes to the floor next week.

Mr. GARAMENDI. We are going to wrap this one up. I see the gentleman from Kentucky is here and he will probably carry on with health insurance. Maybe a couple of us will be asked to join him.

We have really today focused on a broad range of issues: The patients' bill of rights; the way in which the repeal would harm individuals who have preexisting conditions; young children from infancy; the 23- to 26-year-old coverage.

We also discussed a little bit about how this affects business and, of course, we went into some detail about senior citizens. All of these are critically important issues. We will be discussing these in the days ahead. I do hope the American public will really pay attention, because this next week, particularly as we move towards Wednesday, is going to be absolutely critical to the American people. It's a question about will all of us in America be able to get health care coverage that is affordable and provides us with the opportunity to have the health care that we need.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. WEBSTER). Members are reminded that remarks in debate are properly addressed to the Chair rather than any perceived television viewing audience.

HEALTH CARE DEBATE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Iowa (Mr. KING) is recognized for 30 minutes.

Mr. KING of Iowa. Thank you, Mr. Speaker. I can tell you that I am pleased to address you, Mr. Speaker, here on the floor of the United States House of Representatives and welcome you to this great deliberative body which becomes instantly far more deliberative than it has been over the last 4 years. This is part of it.

As I deliberate and I listened to the gentleman from Tennessee, I have to make the point that when you challenge the mendacity of the leader, or another Member, there is an opportunity to rise to a point of order, there is an opportunity to make a motion to take the gentleman's words down. However, many of the Members are off in other endeavors. I would make the point that the leader and the Speaker have established their integrity and their mendacity for years in this Congress, and I don't believe it can be effectively challenged, and those who do so actually cast aspersions on themselves for making wild accusations.

I came to this floor, though, Mr. Speaker, to talk about the weather, and as I listened to the speeches that have gone on before in this previous half-hour or hour, it actually changed the subject for me. I think there are many things that need to be brought out and clarified, given this, that we have debated this health care bill. We debated this health care bill for, oh, close to a year. It was announced in Rules Committee earlier today that there were, I believe they said, 100 hours of markup in committee. Well, it wasn't the bill that passed. It was 100 hours of debate and markup on a different bill. They switched bills at the end. That's a matter of public record and fact, also.

But the American public understands what happened. They understand that the Speaker of the House said, We have to pass the bill—meaning ObamaCare, Mr. Speaker—in order to find out what's in it. When that bill was passed, to set the record also straight, I don't think there is another time in the history of this Congress that there was a bill of this magnitude—in fact I'm certain there is not—that passed the House of Representatives without the majority support of the House of Representatives for the bill that was before us.

It is a fact of record, it's a fact of judgment, it's a fact of history, that there had to be conditions that were attached in order to achieve the votes necessary to squeak that bill by and pass ObamaCare here in the House on that day last March. If people forget, Mr. Speaker, what I'm talking about, it's this: Remember, there was a switch on the bill. The bill that was marked up in committee is not the bill that came to the floor, not the bill that had hearings on it and had markup. But there were also conditions. We should remember there were the Stupak Dozen, the Stupak Dozen who said we insist that there be an amendment brought forward that will protect so that the language that's in the bill doesn't fund abortion through a Federal mandate. They held out on that to get that vote. Little did I know up