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Senate

The Senate was not in session today. Its next meeting will be held on Tuesday, January 25, 2011, at 10 a.m.

House of Representatives

TUESDAY, JANUARY 18, 2011

The House met at 2 p.m. and was called to order by the Speaker pro tempore (Mr. CONAWAY).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The Speaker pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
January 18, 2011.

I hereby appoint the Honorable K. MICHAEL CONAWAY to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Gracious Lord, You forgive sinners and accept us as Your very own. As they seek to perform works of lasting justice for Your people, Members of Congress realize they are called to be leaders in understanding and reconciliation.

Dr. Martin Luther King, Jr., pleaded with this Nation to find ways to build bridges of mutual respect within the diversity of this body of people.

Lord, help this Congress to construct renewed trust and draw together in establishing Your beloved community here while calling upon Your Holy Name both now and forever. Amen.

THE JOURNAL

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

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

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Arkansas (Mr. WOMACK) come forward and lead the House in the Pledge of Allegiance.

Mr. WOMACK 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.

TRIBUTE TO SERGEANT ETHAN C. HARDIN

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

Mr. WOMACK. Mr. Speaker, I rise today with a heavy heart to remember the brave service of Sergeant Ethan C. Hardin, of Fayetteville, Arkansas, who died in service to this great Nation on January 7, 2011, in Logar Province, Afghanistan.

Sergeant Hardin served with B Company, 2nd Battalion, 30th Infantry Regiment, 10th Mountain Division, a battalion affectionately known as the Wild Boars, fitting for this proud Arkansan who hailed from razorback country. Nicknamed ''Easy'' for his easygoing personality, Sergeant Hardin was also a veteran of the conflict in Iraq.

Sergeant Hardin was the product of a loving Christian family and a 2004 graduate of Fayetteville Christian School. His dedication to God and country defined him as both man and soldier.

While we mourn with his parents, Tom and Ceil Hardin, we celebrate the life of this American patriot, knowing he has eternal life through the grace and glory of Almighty God.

END FOR-PROFIT HEALTH CARE

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

Mr. KUCINICH. Mr. Speaker, everyone knows that insurance companies make money not providing health care. After all, they are in the insurance business; they are not charities. But with as many as 29 million Americans suffering from preexisting conditions, insurance companies want Congress to repeal health care reform. The provisions which require covering people with preexisting conditions would eventually cut into insurance company profits. Repeal means Americans will continue to pay more for insurance but get less—that is, if they can afford health insurance in the first place. The very idea of health care reform, solely within the context of a for-profit system, has been more than problematic.

Today, 50 million Americans have no health insurance. What are we going to do for them? Rather than waste time debating how much reform insurance companies will permit, if any, it is time to change the debate. It is time to

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end the for-profit health care model. It is a time for not-for-profit-health care, single payer, universal Medicare for all, with an emphasis on wellness and personal responsibility. More about that tomorrow.

HISTORIC INAUGURATION IN SOUTH CAROLINA

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

Mr. WILSON of South Carolina. Mr. Speaker, South Carolinians are still celebrating Wednesday's inauguration of Governor Nikki Randhawa Haley of Lexington as the first female governor in the 341-year history of our State. She is the second Indian-American governor in American history, in the tradition of Louisiana Governor Bobby Jindal, recognizing the growing significance of Indian Americans in American society.

Our family is very grateful for the swearing in of my oldest son, Alan Wilson of Lexington, as America's youngest attorney general. His prosecution experience will serve the people of South Carolina well.

The inauguration was also historic for being the first all-Republican inauguration in over 130 years with Lieutenant Governor Ken Ard; Secretary of State Mark Hammond; Treasurer Curtis Loftis; Comptroller General Richard Eckstrom; Superintendent of Education Mick Zais; Adjutant General Bob Livingston, Jr., America's only popularly elected adjutant general; and Commissioner of Agriculture Hugh Weathers.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

NO REPEAL OF HEALTH CARE REFORM

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

Mr. BUTTERFIELD. Mr. Speaker, today we begin debate on the Republicans' unfortunate effort to repeal health care reform. I pray that this debate today is civil and that it is respectful.

As you know, Mr. Speaker, and many of our colleagues know, I served as a judge in my State for many years. I understand what it means to be objective and to have a fair debate. And I know there are usually two sides to every issue. But when it comes to repealing the reforms that Democrats have passed, I just can't figure it out.

Why would Republicans add $230 billion to the deficit when their mantra has been deficit reduction? Why would Republicans force small businesses to pay higher taxes after fighting for cuts? Why would Republicans take away a parent's right to cover their adult children? And why in the world would Republicans make seniors pay more for their prescription drugs? I just don't understand. It appears to me that this may be partisan politics.

ATTACK IN TUCSON

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

Mr. POE of Texas. Mr. Speaker, it is the shooter, not the gun. Not the bullets; not rejection by the Army; not the Internet; not radio talk shows; not the political climate; not people assembling to protest; not the press; and not bold speech that is to blame for the crimes by the terror from Tucson. Hold the assassin accountable. He and he alone should be judged. In this frenzied furor to make excuses and to find other causes for the crime, Congress itself would do well not to do violence against our Constitution.

Those elites, even those in Congress, who think that they and they alone are now authorized to regulate speech, press, assembly, and the right to bear arms should understand they cannot use this assault and murder as an excuse to steal away the rights of citizens, all under the false illusion of making us safe from killers.

The Constitution should not be imprisoned, for it is the terror of Tucson who should be locked in chains.

And that's just the way it is.

DO NOT REPEAL HEALTH CARE REFORM

(Mrs. CHRISTENSEN asked and was given permission to address the House for 1 minute.)

Mrs. CHRISTENSEN. Mr. Speaker, there will be no repeal of the health care reform law, so let's be clear. The agenda that the Republican leadership has set for this week's floor activity and the committee work that follows is nothing more than an opportunity to bad talk and fuel the misinformation about the Affordable Care Act which is a good law that will help over 30 million people be healthier, create millions of jobs, make our country more productive and stronger, and reduce the deficit.

So I am urging all of my colleagues, but especially those on the other side of the aisle, in the name of collegiality and honesty with the public we serve, to drop the charade and let us use the time the people of this country have hired us for to work together to create more jobs and make sure the health care law is implemented properly, to save the homes of families, and to create an educational system that will once again make our children the first in the world.

□ 1410

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken after 6:30 p.m. today.

AUTHORIZING USE OF CAPITOL ROTUNDA FOR 50TH ANNIVERSARY OF KENNEDY INAUGURAL ADDRESS

Mr. HARPER. Mr. Speaker, I move to suspend the rules and concur in the concurrent resolution (S. Con. Res. 2) authorizing the use of the rotunda of the Capitol for an event marking the 50th anniversary of the inaugural address of President John F. Kennedy.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

S. CON. RES. 2

Whereas John Fitzgerald Kennedy was elected to the United States House of Representatives and served from January 3, 1947, to January 3, 1953, until he was elected by the Commonwealth of Massachusetts to the Senate where he served from January 3, 1953, to December 22, 1960;

Whereas on November 8, 1960, John Fitzgerald Kennedy was elected as the 35th President of the United States; and

Whereas on January 20, 1961, President Kennedy was sworn in as President of the United States and delivered his inaugural address at 12:51pm, a speech that served as a clarion call to service for the Nation: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring),

SECTION 1. USE OF THE ROTUNDA OF THE CAPITOL FOR AN EVENT HONORING PRESIDENT KENNEDY.

The rotunda of the United States Capitol is authorized to be used on January 20, 2011, for a ceremony in honor of the 50th anniversary of the inaugural address of President John F. Kennedy. Physical preparations for the conduct of the ceremony shall be carried out in accordance with such conditions as may be prescribed by the Architect of the Capitol.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Mississippi (Mr. HARPER) and the gentlewoman from California (Mrs. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Mississippi.

GENERAL LEAVE

Mr. HARPER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. HARPER. I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of Senate Concurrent Resolution 2, authorizing the use of the rotunda of the Capitol for an event on January 20, marking the 50th anniversary of the inaugural address of President John F. Kennedy.

Mr. Speaker, Presidential inaugural addresses are always historic and are often some of the most memorable events during different eras of our country's history.

We can recall Abraham Lincoln's inaugural address in 1861, President Franklin Roosevelt's inaugural address in 1933, and, of course, President Ronald Reagan's inaugural address in 1981, among many others, as addresses that inspired this Nation at particular moments of importance to our country.

In 1961 President Kennedy's inaugural address rightly challenged us to ask what we can do for our country and not what our country can do for us. As people across this land did 50 years ago, so we must continue to do so now.

Mr. Speaker, I too believe we should look for inspiration to President Kennedy's eloquent address given 50 years ago. I support this resolution authorizing use of the rotunda and urge all my colleagues to support it.

I reserve the balance of my time.

Mrs. DAVIS of California. I yield myself such time as I may consume.

Mr. Speaker, I am pleased to support this concurrent resolution to allow for the use of the rotunda in recognition of the 50th anniversary of President Kennedy's inaugural address.

You may have read this morning's Washington Post front page story, declaring that 82 percent of Americans think the tone of our Nation's political discourse is negative. At a time when the majority of Americans holds our political discourse in such low regard, there couldn't be a more timely or necessary opportunity to revisit the inaugural address that inspired our country 50 years ago.

The speech called for unity, for respect of opposing views and for commitment to public service, all at a time of great change and challenge for the United States. It was a call for everyone to work together, to do their part in making America and the world a better place.

The words that were spoken on January 20, 1961, still ring true to this day.

In the words of President Kennedy: ''So let us begin anew, remembering on both sides that civility is not a sign of weakness, and sincerity is always subject to proof.

''Let us never negotiate out of fear, but let us never fear to negotiate.

''Let both sides explore what problems unite us instead of belaboring those problems which divide us.''

Mr. Speaker, 50 years ago, the President's inaugural address sought to challenge our country and its leaders, and it set standards that still must guide our political discourse and ourselves, particularly with its closing lines:

''Ask of us here the same high standards of strength and sacrifice which we ask of you.

''With a good conscience our only sure reward, with history the final judge of our deeds, let us go forth to lead the land we love.''

I hope all of my colleagues will continue to work together to answer President Kennedy's call, and I urge all Members to support this resolution.

Mr. LEWIS of Georgia. Mr. Speaker, I would like to thank Congressman BRADY and the Democratic leadership, and especially our new Speaker and his staff for their help with this bill and their support for holding this historic event in the rotunda.

Mr. Speaker, I rise in support of S. Con. Res. 2, authorizing the use of the rotunda for a ceremony to honor the 50th anniversary of the inauguration of President John Fitzgerald Kennedy.

President Kennedy came to us during difficult times. In 1961, America was a very different place. In the South, Jim Crow and racial segregation were a part of everyday life—a part of my life.

Around the world, the possibility of nuclear war and the spread of communism were clouds that hung over every country. Tensions were rising. The danger was real. The world, once again, looked to us.

For me, and for millions of Americans, the young man from Massachusetts looked like the future.

As a young activist, I know that I challenged him to ensure that the future included civil rights. But on inauguration day, just outside this very building, he challenged me. He called me to serve in a new way.

He reminded me that the principles upon which this country was founded must live within each of us; inspire and guide each of us; and be sacred to each of us.

President Kennedy came to us during difficult times. And he was taken from us during difficult times. He never saw the success in civil rights, the fall of the Berlin Wall or men on the moon. But on his first day—his very first day—he gave to us a new hymn. One that seemed to express what we had been struggling to put into words. His inaugural address gave us a hymn of hope, a hymn of optimism, a hymn of service.

Mr. Speaker, I am proud to support this resolution, and I think it is appropriate and fitting that Congress honor this important anniversary in the rotunda of the United States Capitol.

Mrs. DAVIS of California. I yield back the balance of my time.

Mr. HARPER. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Mississippi (Mr. HARPER) that the House suspend the rules and concur in the concurrent resolution, S. Con. Res. 2.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was concurred in.

A motion to reconsider was laid on the table.

STOP THE OVERPRINTING (STOP) ACT

Mr. HARPER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 292) to amend title 44, United States Code, to eliminate the mandatory printing of bills and resolutions by the Government Printing Office for the use of the House of Representatives and Senate, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 292

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

SECTION 1. ELIMINATION OF MANDATORY PRINTING OF BILLS AND RESOLUTIONS FOR USE OF OFFICES OF MEMBERS OF CONGRESS.

(a) ELIMINATION OF MANDATORY PRINTING.—

(1) IN GENERAL.—Chapter 7 of title 44, United States Code, is amended by inserting after section 706 the following new section:

''§ 706A. Prohibiting printing of bills and resolutions for use of offices of Members of Congress

''(a) NO PRINTING PERMITTED.—The Public Printer shall make bills and resolutions available for the use of offices of Members of Congress only in an electronic format which is accessible through the Internet.

''(b) MEMBER OF CONGRESS DEFINED.—In this section, a 'Member of Congress' means a Senator or a Representative in, or Delegate or Resident Commissioner to, the Congress.''.

(2) CONFORMING AMENDMENT.—Section 706 of such title is amended—

(A) by striking ''There shall be printed'' each place it appears and inserting ''Subject to section 706A, there shall be printed''; and

(B) by striking ''Of concurrent and simple resolutions'' and inserting ''Subject to section 706A, of concurrent and simple resolutions''.

(3) CLERICAL AMENDMENT.—The table of sections of chapter 7 of such title is amended by inserting after the item relating to section 706 the following new item:

''706A. Prohibiting printing of bills and resolutions for use of offices of Members of Congress''.

(b) EFFECTIVE DATE.—The amendments made by this Act shall take effect upon the expiration of the 3-month period which begins on the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Mississippi (Mr. HARPER) and the gentlewoman from California (Mrs. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Mississippi.

GENERAL LEAVE

Mr. HARPER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. HARPER. Mr. Speaker, I yield 3 minutes to the gentleman from New York (MR. LEE).

Mr. LEE of New York. I thank the gentleman for yielding and for his assistance in bringing this bill to the floor.

Mr. Speaker, our national debt just recently broke $14 trillion. It is well past time for Washington to get serious about cutting spending, and that effort starts right here in our own House.

With this in mind, Speaker BOEHNER proposed a measure to cut every Member's budget by 5 percent. In a 410–13

vote, the measure to save $35 million easily passed. It's called leading by example.

Another simple way to continue this process is by passing legislation that I brought up in the last Congress and which became part of the YouCut initiative, which gives all taxpayers the ability to vote on what Federal spending they want Congress to cut.

When a Member of Congress introduces or originally cosponsors a bill, we automatically receive multiple printed copies of the legislation, regardless if we have asked for them.

When the health care bill was introduced, the Government Printing Office printed and delivered over 100,000 pieces of paper to the original cosponsors alone. That is just one single piece of legislation we're talking about. At the start of Congress, the Small Business Paperwork Mandate Elimination Act, which repeals the onerous 1099 provision of the health care bill, won the support of 245 original cosponsors, all of whom will automatically receive multiple printed copies of the bill.

For each bill introduced, there are between 300 and 475 copies printed. This overprinting of bills is wasteful and inefficient at a time when we need to be tightening our budgetary belts and looking for greater efficiencies. In the 111th Congress, nearly 14,000 bills were introduced. That is a lot of unnecessary and costly printing.

That is why I introduced the Stop the OverPrinting Act—to save both time and money. This bill is a near mirror image of the legislation I introduced last year in H.R. 4640, keeping with the initial intent to strictly end the wasteful practice of printing copies of legislation for Members.

However, note that this bill will not hinder the daily operation of the House, the archiving process, or affect the transparency that this Congress has made a priority. This legislation will lead to significant savings each and every year—money that can be used, frankly, for better uses.

With technological advancements, we have become a paperless world. It is a waste of taxpayer dollars to automatically print and send multiple unsolicited copies of something that is readily available online. Should a Member's office truly need a printed copy, they will still be available in the document rooms and also in the committees.

□ 1420

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

Mr. HARPER. Mr. Speaker, I yield the gentleman an additional 4 minutes.

Mr. LEE of New York. Too many people in Washington don't seem to care about the dollar amount unless it has a ''B'' or a ''T'' after it, and that is the type of mentality that needs to change here in Washington and was mandated in the November elections. We need to be looking for cost savings and turning over every possible rock. With our current deficit, there should be no such thing as spending cuts just being a drop in the bucket. Every dollar and every cent counts in the real world, and it should here, too.

The money we spend here in Congress is not ours; it is the people's. House Republicans have been stressing this for some time, and together we proposed over $155 billion in savings for taxpayers throughout the 111th Congress with the YouCut initiative alone. Through this program, Americans asked Congress to support spending cuts on a wide variety of issues, including the End the Stimulus Advertising Act, which would have eliminated the unneeded highway signs notifying the public of stimulus-funded projects. With no real purpose, tens of millions of dollars could have been saved. Also considered were proposals requiring Federal employees to pay back taxes, stopping the cycle of bailouts, and putting Fannie Mae and Freddie Mac back on budget.

The American people have spoken loudly that we must get our fiscal house in order. While previous efforts to curb wasteful spending were not successful, I am hoping that under our new leadership we will have far better results.

I would like to thank the leadership for their support in working to implement laws that will reform flawed aspects of our government and save taxpayer dollars, be it a dollar, a million, or a billion. I am encouraged by the fact that the new majority is listening to the will of the people to eliminate inefficiency and waste. Passing the Stop the OverPrinting Act today is an important step in beginning this process.

I urge all my colleagues to support this commonsense bill.

Mrs. DAVIS of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I will support this bill in the form now before the House. It certainly bothers me to see multiple copies of bills in our office's recycling bins every day. Too many bill copies waste time, trees, and taxpayer dollars.

The gentleman is right to examine this matter and try to effect a reduction if appropriate. This amended bill represents a vast improvement from the original version. Concerns were raised about the original bill's possible adverse effect on the Clerk's staff and others who labor in support positions inside the House and Senate, so I commend the gentleman for listening to concerns and making sensible changes.

As we consider this bill, we must remember that our democracy doesn't work well without transparency in government. Nobody wants to disrupt the legislative process inadvertently or to make it harder for any Americans to read the bills.

Although we can't forget that while many Americans still do not have adequate access to the Internet, all congressional offices certainly have the ability to obtain their own bill copies when they need to. So this bill rightly maintains public access to important documents while saving the people's money.

Mr. Speaker, I urge an ''aye'' vote, and I yield back the balance of my time.

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

Mr. Speaker, I rise today in support of H.R. 292, the STOP Act, which ends the automatic overprinting of bills and resolutions by the Government Printing Office for distribution to Members of the House of Representatives and Senate.

I would also like to thank Ranking Member BRADY and Chairman LUNGREN for their support on this matter.

Mr. Speaker, let me emphasize that this bill is not a criticism of the GPO nor its hardworking employees. The GPO does—and does well—what Congress directs it to do. We are simply looking for ways and opportunities to reduce the cost of government.

Since its establishment in 1860, the GPO has been the printer of record for our CONGRESSIONAL RECORD, committee reports, the well-respected Constitution Annotated, the Federal Register, and many other historic and necessary documents that this institution and our government need to do our collective work. But, Mr. Speaker, in this 112th Congress, well into the 21st century, in an age of iPads, Kindles, BlackBerries, and iPhones, it is simply no longer necessary to require excess printing and the delivery to our offices of thousands and thousands of pages of bills and resolutions which simply end up in the trash.

Mr. Speaker, H.R. 292 is another initial step in this majority's continued commitment to reducing unnecessary government spending, addressing our deficit and debt, and finding greater efficiencies within our governmental offices and agencies. With over 8,000 bills and resolutions introduced in the 111th Congress and multiple copies of each distributed to Members, eliminating this unnecessary printing and wasteful spending is a small, but productive, first step, and we will continue to look at other House operations for ways in which we might further reduce the cost of government. Mr. Speaker, this bill is a commonsense measure which prudently adjusts our modern-day mechanisms of government to the times in which we live.

I might also add that there will be an environmental benefit as well. With reduced energy and paper needs, the GPO's demand for paper and our resources will be reduced by this act, helping us continue our commitment to be better stewards of our environment, our natural resources, and, of course, our House operations.

As we promised in the Pledge to America and as we have promised here on the floor during these initial days of the 112th Congress and as we have tangibly verified by our transparency-enhanced Rules Package, our bipartisan

vote to trim Congress' budget, and now through this bill, this Republican majority is committed to fiscal stewardship, to having a hawkish and relentless eye towards waste and inefficiency, and a continued commitment throughout this 112th Congress to reduce spending, create private sector jobs, and challenge ourselves not just in word and rhetoric but, more importantly, in action and meaningful legislation.

Mr. Speaker, this bill, introduced by my good colleague from New York, should garner overwhelming bipartisan support. I thank him for introducing it and for his commitment to a more responsible and efficient stewardship of taxpayer dollars. I urge all of my colleagues to support this matter.

Mr. FITZPATRICK. Mr. Speaker, I rise today in support of the STOP Act.

First we reduced congressional budgets and now I stand in support of another bill that seeks to do what my constituents have asked me to do: Find ways reducing the federal deficit and saving taxpayer money. The STOP Act accomplishes this by helping the government operate more efficiently, stop wasteful spending and all the while helping the environment.

I have often heard the lament from small business owners across my district we would all be better off if government were run more like a business. Today, for businesses in Quakertown, Bensalem, and in between, many transactions are now entirely paperless. With this bill, Congress is taking a step in that direction.

Going hand-in-hand with efficiency, the STOP Act will also help end wasteful spending in government. Mr. Speaker, without the STOP Act, Congress will spend seven million dollars this year alone on printing costs. In the last Congress, there were nearly 14,000 different bills introduced. Some of those bills, like last year's healthcare law, ran thousands of pages in length. In an era when constituents in Bucks County and across Pennsylvania's eighth congressional district are being forced to find every savings in their household budget, so should Congress. The STOP Act will trim 35 million dollars from the operational budget of Congress over the next 10 years.

The STOP Act will also end needless waste that harms our environment. All across America citizens are pitching in to do their part for the environment. Shoppers in Langhorne carry their own reusable bags to Geunardi's grocery store, families in Bristol install compact fluorescent light bulbs in their homes, and countless civic groups and businesses across our nation and across the eighth district of Pennsylvania adopt highways to keep our roads clean and our environment healthy. If citizens are asked and expected to do their part, Congress must do the same.

The STOP Act is an important demonstration to Americans that this Congress is serious about ending government waste, ending government inefficiencies and ending needless overuse of environmental resources.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Mississippi (Mr. HARPER) that the House suspend the rules and pass the bill, H.R. 292, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. HARPER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 2 o'clock and 30 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1500

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CONAWAY) at 3 p.m.

REPEALING THE JOB-KILLING HEALTH CARE LAW ACT

Mr. RYAN of Wisconsin. Mr. Speaker, pursuant to House Resolution 26, I call up the bill (H.R. 2) to repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act of 2010, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 26, the amendment printed in part A of House Report 112–2 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 2

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 ''Repealing the Job-Killing Health Care Law Act''.

SEC. 2. REPEAL OF THE JOB-KILLING HEALTH CARE LAW AND HEALTH CARE-RELATED PROVISIONS IN THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.

(a) JOB-KILLING HEALTH CARE LAW.—Effective as of the enactment of Public Law 111–148, such Act is repealed, and the provisions of law amended or repealed by such Act are restored or revived as if such Act had not been enacted.

(b) HEALTH CARE-RELATED PROVISIONS IN THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.—Effective as of the enactment of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152), title I and subtitle B of title II of such Act are repealed, and the provisions of law amended or repealed by such title or subtitle, respectively, are restored or revived as if such title and subtitle had not been enacted.

SEC. 3. BUDGETARY EFFECTS OF THIS ACT.

(a) The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled ''Budgetary Effects of PAYGO Legislation'' for this Act, submitted for printing in the Congressional Record by the Chairman of the Committee on the Budget of the House of Representatives, as long as such statement has been submitted prior to the vote on passage of this Act.

The SPEAKER pro tempore. The resolution shall be debatable for 7 hours, with 30 minutes equally divided and controlled by the majority leader and minority leader or their designees, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means, 40 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Budget, 40 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary, and 40 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Small Business.

The gentleman from Virginia (Mr. CANTOR) and the gentlewoman from California (Ms. PELOSI) each will control 15 minutes. The gentleman from Minnesota (Mr. KLINE), the gentleman from California (Mr. GEORGE MILLER), the gentleman from Michigan (Mr. UPTON), the gentleman from California (Mr. WAXMAN), the gentleman from Michigan (Mr. CAMP), and the gentleman from Michigan (Mr. LEVIN) each will control 45 minutes. The gentleman from Wisconsin (Mr. RYAN), the gentleman from Maryland (Mr. VAN HOLLEN), the gentleman from Texas (Mr. SMITH), the gentleman from Michigan (Mr. CONYERS), the gentleman from Missouri (Mr. GRAVES), and the gentlewoman from New York (Ms. Velázquez) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. RYAN).

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2.

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

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I am going to begin by saying why we're doing this, and I want to get into the accounting of all this at a later time in this debate. But let me just simply say why we are here.

We are here because we heard the American people in the last election. We are here because we believe it's really important to do in office what you said you would do. We said we would have a straight up-or-down vote to repeal this health care law, and that's precisely what we are doing here today.

Now, Mr. Speaker, why do we believe this? Because this health care law, if left in place, will accelerate our country's path toward bankruptcy. This health care law, if left in place, will do as the President's own chief actuary says it will do: It will increase health care costs. We are already seeing premiums go up across the board. We are already hearing from thousands of employers across the country who are talking about dropping their employer-sponsored health insurance, and we are already hearing about the lack of choices that consumers will get as this new law is put into place. This new law is a fiscal house of cards, and it is a health care house of cards. It does not make our health care system better. I would argue it makes it weaker.

There are two ways to attack this problem, and I want to say in the outset to my friends on the other side of the aisle we agree that health care needs fixing. We agree that there are so many serious, legitimate problems in the health care system that need fixing. Affordable insurance, the uninsured, people with high health care costs and high health care risks, those need to be addressed. But we can fix what's not working in health care without breaking what's working in health care.

With that, Mr. Speaker, I would simply say this: We believe we can get to the moment of having affordable health care for every American, regardless of preexisting conditions, without having the government take it over, without $1 trillion of a combination of Medicare benefit cuts and tax increases. We believe in this: Let's have health care reform put the patient in charge, not the government in charge.

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

Mr. RYAN of Wisconsin. I yield myself an additional 20 seconds to simply say we believe that health care ought to be individually based, and it ought to be patient centered.

There are two ways to go: Put the government in charge and have the government put in place rationing mechanisms to tighten the screws and ration health care; or put the consumer in charge and have providers compete for our business as patients, hospitals, doctors, and insurers. That's the system we want.

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

Mr. VAN HOLLEN. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, I hope the tenor and substance of the debate we have in this House over the next few days will be worthy of the American people and reflect well on this Congress.

Many of us believe we should focus our efforts here today on measures to help put people back to work, rather than on a bill that takes away important patient and consumer protections. And we don't think it makes a whole lot of sense to debate a bill that, thankfully, will go nowhere in the Senate and would certainly be vetoed by the President. However, the Republican majority is entitled to use its time here as it chooses. And while we believe we should be doing that focused on jobs, perhaps this debate will clear up many of the myths and misinformation about the health care law that was signed by President Obama.

I'm interested to hear my colleagues say that they can identify with all the problems in the health care system. Between the year 2000 and year 2006, premiums in this country doubled, health insurance company profits quadrupled, and this Congress did nothing. Why not put your plan on the table first so everybody can see it before you begin taking away the important patient protections in this bill taking effect just since last March? And within that 9-month period, that law has made an important and positive difference to millions of Americans.

In fact, we wish our Republican colleagues would take a few days, maybe even just a few hours, to have congressional hearings to listen to those individuals and families. The new Republican majority said it wanted to listen to the American people, but it has not invited a single American outside this Congress to a hearing to testify on the repeal bill we are debating today.

As a result, we on the other side of the aisle have had to schedule an unofficial hearing. It's going on right now, not 100 yards from where we debate, in the Capitol Visitor Center. And I encourage all of you to drop by, because if you do, you're going to hear some stories. You're going to hear the stories from moms and dads of young people who will tell you how they are relieved that their sons and daughters are no longer kicked off their insurance policies when they turn age 22 or graduate from college and cannot now stay on their parents' insurance plan until the age of 26. As a result, if their 20-year-old child gets sick or hit by an automobile or another terrible accident, they can get care without the family going bankrupt.

You will hear from moms and dads with kids who have cancer, asthma, diabetes or other preexisting conditions telling you they're relieved that finally insurance companies can't deny their children coverage because of preexisting conditions. And you will hear from senior citizens who are unable to pay for the huge prescription costs of their bills, and then as of January 1 of this year, they are getting a 50 percent discount and they can afford to pay for the medicines their doctors say they need.

You will hear from small businesses. The number of small businesses using the tax credit has exceeded everyone's expectation. You will hear from those small businesses saying they can now afford to purchase affordable coverage for their employees and, as a result, hire more people. You would hear all that and more.

That is why it is such a mistake, it's an historic mistake, to take away these patient protections and throw these individuals back over to the whims and the many abuses of the insurance industry. There's no doubt that the insurance industry will be popping champagne bottles if the health care law was ever to be repealed. Let's put the interests of our constituents, patients and consumers first in this debate.

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

Mr. VAN HOLLEN. I yield myself an additional 30 seconds.

And let's make sure that as we do this, we tackle the deficit and the debt. I listened to my colleague talk about the debt, but we all know that the independent, nonpartisan Congressional Budget Office in a letter to Speaker BOEHNER dated January 6, 2011, indicated that repealing this bill will increase the deficit by over $200 billion over the first 10 years and by another $1.2 trillion over the second 10 years.

□ 1510

Our colleagues have criticized those findings, but they're the same people who they applauded when the numbers came back their way.

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

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to a new member of the committee but a senior Member of Congress, the gentleman from California (Mr. CALVERT).

Mr. CALVERT. Mr. Speaker, I rise today in support of H.R. 2, a bill that would repeal the disastrous government takeover of health care.

The more we learn about the new health care law, the more we understand how devastating it will be to our economy. Already employers across the country have suffered increases in their health premiums as a result of the health care law, yet we were told that the law would bend the health cost curve downward.

We were told that the bill would reduce the deficit by $143 billion over 10 years. However, we now know that the figures given to the CBO did not accurately reflect the law's real costs. When you add back the $115 billion needed to implement the law and subtract the bill's double-counting of revenue and other budgetary gimmicks, the true cost is a staggering $700 billion over 10 years.

We were told the bill would protect the uninsured; yet all it does is roll them onto Medicaid—a low-performing program that has resulted in more people turning to the ER for their medical needs.

We were told this bill would help seniors; instead, it guts Medicare Advantage leaving 50 percent of beneficiaries on the verge of losing their current coverage. What happened to the promise that if you like your health care plan, you can keep your health care plan?

In addition to all the false promises, the health care bill will impose $52 billion in new taxes on businesses. Our economy relies on the ability of businesses to grow, hire, invest and succeed. The new taxes will devastate our economy and turn the American Dream into a nightmare.

The bottom line is that we cannot afford this new health care law, no matter how well intentioned. We must repeal ObamaCare and replace it with legislation that decreases health care costs, increases competition in the marketplace, maintains the sanctity of the doctor-patient relationship and truly helps those without insurance.

I urge my colleagues to vote in favor of H.R. 2.

Mr. VAN HOLLEN. Mr. Speaker, I yield 2½ minutes to the gentlelady from Pennsylvania (Ms. SCHWARTZ).

Ms. SCHWARTZ. I rise to speak very forcefully, I hope, about the importance of proceeding with the health care bill, the health care law that we had in place and the critical protections that it is providing to literally millions of Americans in each and every one of our districts; and each of us, I think, have heard from them.

The new health care law reduces the deficit. We're here talking about, from the Budget Committee, it is going to reduce the deficit while promoting more efficient and higher quality care. Reducing the deficit and slowing the growth of health care costs means real savings to American families, American businesses and to the Federal Government. And yet their first major act in the majority, congressional Republicans want to repeal this law.

Repealing the protections for Americans with preexisting conditions. We just heard this morning the Washington Post reported on a study that says that one-half of all Americans under the age of 65 have a preexisting condition. So this isn't just about a few of us. Really it's about almost all of us. We all know someone and we may all love someone who has a preexisting condition. If Republicans got their way—and they will probably in the House but fortunately not in the Senate—they would repeal the protections for Americans with preexisting conditions, or for children who can now already be covered. They will repeal the new law that says annual limits for coverage if you have cancer will be repealed. They will repeal the prescription drug benefits for our seniors, and will repeal tax credits for small businesses. And in doing so, they will add to the cost for American taxpayers.

Let's be clear on what this means. Repeal increases the deficit by $252 billion over 10 years and $1.4 trillion over 20 years. Repeal reverses progress in getting health care costs under control, causing families and businesses and, yes, the government—which really means the taxpayers—to face higher health care costs. It repeals benefits for millions of Americans, important consumer protections and insurance reform, such as making sure that the children with preexisting conditions have coverage.

And the repeal means starting over. We're going to hear it over and over again, I think, over the next 7 hours. What starting over means is no consumer protections and months and maybe years of just talk, possibly no action, while the costs go up for American businesses, go up for our families and go up for our Nation.

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

Mr. VAN HOLLEN. I yield the gentlelady an additional 30 seconds.

Ms. SCHWARTZ. Let's be clear that the new rules allow the Republicans to do this, but it's going to cost trillions of dollars to our budget and it's going to cause greater suffering for the American people. So it's a wrong course of action. Let's not repeal this bill. It will hurt Americans, it will hurt our economic competitiveness, and it will hurt the fiscal condition of this nation.

I encourage a ''no'' vote.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself 3 minutes to address some of the charges we've heard.

Number one, they're saying this is a jobs bill. Half a trillion dollars in tax increases creates jobs? That mandates the taxes, that creates jobs?

Others have been saying, well, this isn't going to pass the Senate and the President's not going to sign it, so why bother doing that. If that's the logic we take on every bill we bring to the floor, then we ought to just go home. We think it's important to define ourselves with our actions, and that's why we're acting. We think this law should be totally repealed, and that's why we're doing this.

Let me speak to the fiscal house of cards as represented by this law. The minority is saying, This reduces the deficit. Just look at the letter from CBO to Speaker BOEHNER. It reduces the deficit by $143 billion over 8 years; $230 billion over 10 years.

It does that if you manipulate the CBO. I've heard charges of Enron accounting. The only Enron accounting that's been employed here is the previous majority gave the CBO a bill full of smoke and mirrors and made them score that.

Well, here's what the CBO says, if you take away the smoke and mirrors. If you take away the fact that there's $70 billion in CLASS Act premiums that are being double-counted; $53 billion in Social Security taxes that are being double-counted; $115 billion in new appropriations required to hire the bureaucracy that wasn't counted; $398 billion in Medicare cuts that are being double-counted; and oh, let's not forget the fact that we're going to do the doctor fix, $208 billion, that we just discounted and ignored.

When you take away the smoke and the mirrors, this thing has a $701 billion deficit. If you don't believe me when I say it that way, how about this way: The CBO says this raises the debt.

Now, how is that different where they say on one hand the bill lowers the deficit but on the other hand it raises the debt? Because when the CBO looks at whether or not a measure raises the debt, they can look at everything. They look at the interplay of all fiscal policies to determine its effects on the debt. When they score a particular bill and its effects on the deficit, they look at what you put in front of them, all the smoke, all the mirrors, the double-counting, the noncounting, the discounting, and they give you that answer.

So if this bill actually lowers the deficit, how on Earth can it then increase the debt? You know why? Because you have to play a phony trick with all this double-counting to do that. What does this bill ultimately do when you really look at it all? This bill blows a hole through the deficit. When you look at the first 10 years, this bill is a $1.4 trillion increase. That's because you have 10 years of tax increases and Medicare cuts to pay for 6 years of spending. But when you actually look at the full 10 years of implementation of this law, $2.6 trillion in spending. $2.6 trillion.

Mr. Speaker, let me just say this as far as jobs and the effects of this health care bill. I had a very alarming conversation with a very large employer in Wisconsin not too long ago, a privately held company with thousands of employees. She takes good care of her employees.

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

Mr. RYAN of Wisconsin. I yield myself an additional 20 seconds to say this.

She said to me, I believe it's my obligation to offer health insurance to my employees, but my two competitors, my publicly traded competitors, have already said they're dumping their employees. Instead of paying $17,000 a year for employee health care, they're going to pay a $2,000 fine. That's a $15,000 difference that her competitor will have as a competitive advantage against you.

So what did she say? ''I have no choice. I'm dumping my employees into this exchange.'' And thousands of employers are making the same decision. This should be repealed.

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

□ 1520

Mr. VAN HOLLEN. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, it is interesting to hear this attack on the CBO numbers that came out when many of my colleagues on the other side of the aisle just 9

months ago, when the CBO was reporting deficit numbers and the cost of the bill, were singing CBO's high praises. Now let's look at some of the items that were just mentioned. Let's look at the doctor fix payment. Let us look at the SGR. We know that has been an issue that has been with this House for years and years. It has nothing to do with the health insurance reform bill that was signed by the President. We are going to have to deal with that issue whether we had health insurance reform or didn't have health insurance reform. And, Mr. Speaker, they know that.

We also heard that we front-loaded the revenue in this bill and disguised the out-year costs. If that were the case, how is it possible that CBO would say that it actually reduces the deficit by more in the second 10 years than in the first 10 years?

The fact of the matter is this bill will increase Social Security revenue as employers provide more of their compensation in the form of wages that are subject to payroll taxes. Double counting is not the issue. The fact is it reduces the deficit, and CBO says that.

Now, CBO is the independent referee that we use in this body. They are like the guy on the football field, the referee, who calls the plays, calls when there are penalties and no penalties. Sometimes we like the call and sometimes we don't. But it is an unprecedented step to say that we are going to totally ignore the decisions and judgment of the independent CBO and we are going to replace that with our judgment for the purposes of deficit reduction calculations in legislation that goes to reducing our debt. That is a recipe for budget anarchy. It is a recipe for fiscal chaos. We should not go down that road.

The CBO has been very clear that the fiscally responsible thing to do is to move forward with the law in its place. We obviously can fix things as they come up that need to be addressed, specific items. But to repeal this wholesale will—the folks that we rely on as the independent, nonpartisan judges here say that repealing this bill as our colleagues are proposing to do will add $1.4 trillion to the deficit over 20 years.

I reserve the balance of my time.

Mr. RYAN of Wisconsin. I yield myself 10 seconds simply to say that if the doc fix should be considered outside, then why did the Democrats have it in their bill in the beginning?

Secondly, either we are financing this entitlement or raiding the Social Security and Medicare funds—you can't do both. If you are going to fund the entitlement with these revenues, then you are consigning to raid Social Security and Medicare.

I yield 2 minutes to the gentleman from Michigan (Mr. AMASH), a new member of the committee.

Mr. AMASH. Mr. Speaker, the Founders were keenly aware of the threat a powerful and overbearing Federal Government poses to our liberty. With this concern in mind, they wrote a Constitution that created a Federal Government with limited powers. Later they proposed the 10th Amendment, which reserves to the States or the people powers not delegated to the Federal Government.

The debate we are having today goes beyond health care, although there is no doubt health care coverage is an important and difficult issue. What we are discussing today goes to the core of our Constitution's design. It asks Members of Congress whether we take constitutional limits on our power seriously.

We have all witnessed everyday Americans' renewed interest in the Constitution. As they have asked tough questions about the constitutionality of this law, the law's proponents have tried to dress up their answers in constitutional language.

They say Congress's power to tax upholds this law. But when this law originally was being considered, those same proponents were the first to claim the bill included no new taxes. They try to find support in Congress's power to regulate interstate commerce. If forcing Americans to start commerce is the same as regulating existing commerce, it would have been news to the Founders.

Finally, grasping at clauses, they claim Congress can do anything that is in the general welfare of the country. If this law is constitutional, if Congress has such broad power, our limited Federal Government will become limitless, and all without changing our Constitution or the approval of the Americans whom it protects. It is not just for the courts; it is our duty as a Congress to pay attention to the Constitution and its limits on our power.

I urge we repeal this unconstitutional law.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY of Virginia. Mr. Speaker, I rise as a member of the Budget Committee to oppose this deficit-busting repeal, and I want to speak today on behalf of Suzanne from Vienna, Virginia.

Suzanne's daughter suffers from a debilitating neurological disease. Before health care reform, Suzanne and her husband could not get health insurance for their daughter because, through no fault of her own, she, like 129 million other Americans, had a preexisting condition.

While many of those Americans wait to see if their insurance company will deny them, Suzanne, unfortunately, already knew. She was willing to pay for health insurance to protect her daughter; the insurance companies said no and wouldn't insure her daughter at any price. Suzanne had no option until we created high-risk insurance pools under health care reform. Suzanne's words to me after health insurance reform passed were, Now at least we have hope for the future.

Voting for this repeal will take away that hope, throwing Suzanne's daughter off of insurance. I urge my colleagues to remember Suzanne's daughter and the other 129 million Americans like her and vote against this repeal. Do not take away their hope.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1 minute to the gentleman from South Carolina (Mr. MULVANEY), a new member of the Budget Committee.

Mr. MULVANEY. I rise in favor of this bill.

I can't tell you how excited I am to hear the language coming from the other side of the Chamber this evening. I am hearing discussions about the importance of cutting deficits and the importance of keeping spending in line. It makes me wonder, Mr. Speaker, what has been happening here for the last several years. At least when it comes to this side of the aisle, I think we have been consistent with that message over the course of this debate. I don't know where the other side was when we got the information that said this bill actually cost trillions of dollars. I don't know where this attitude about being fiscally responsible was when we got information from the chief actuary at Medicare and Medicaid who said this bill was unsustainable in its spending. I don't know where they were with this attitude when we heard from that same body that this bill actually raised the cost of health care versus not passing the bill.

But, Mr. Speaker, I am extraordinarily excited to hear this level of discussion because, as a member of the Budget Committee, I look forward to this level of debate continuing beyond this bill, beyond the health care discussion and into the upcoming discussion on the budget because my guess is if we have this level of discussion on health care, then the budget will be an easy, easy debate this year, and we will be able to make dramatic inroads to cutting our spending.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. CUELLAR).

Mr. CUELLAR. Mr. Speaker, in the long rich history of Congress, when a prior Congress passes a piece of legislation, the prudent step is to look at that legislation and agree on making the changes on what doesn't work. I think to come today and just say to repeal and not have a health plan in place is not a prudent plan to take. We have to see what works and what doesn't work, and I think that would be the prudent step to take today.

We have to focus on the deficit and focus on jobs. Deficit is important. I think we can come together and work in a bipartisan approach. Jobs, we certainly have to look at. But to just come in and say this is something that kills jobs is not the right step to take.

If you look at, for example, the FNIB Research Foundation, when they looked at this piece of legislation, they said that a number of health care profession jobs would be created by this

legislation. This is something that we need to look at. Again, the prudent step is to look at what works and what doesn't work. Mr. Speaker, that is what we need to look at.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 90 seconds to the gentleman from Oklahoma (Mr. COLE), a new member of the Budget Committee.

Mr. COLE. Mr. Speaker, I rise to support H.R. 2, the repeal of last year's so-called health bill. The American people, quite frankly, have never liked this bill, as they demonstrated last November. You can't find a poll where it cracked 50 percent in approval. And those wanting to repeal it have generally always been above that mark.

The bill itself may be unconstitutional. Over 20 States are now challenging it in Federal court. It is certainly likely to be unworkable. The creation of dozens of boards, agencies, and commissions with rulemaking authority, the fact that hundreds of companies have already asked for waivers under the legislation, suggest it is going to be a bureaucratic nightmare.

□ 1530

Finally and most importantly, the bill itself is fiscally irresponsible and unsustainable. The idea that we would take hundreds of billions of dollars out of Medicaid and Social Security and Medicare at a time when the baby boomer generation is beginning to retire is simply irresponsible. I am all for saving money in Medicare, but when we do, those savings are going to be needed to sustain Medicare.

So I urge this House to take the fiscally responsible course—repeal this bill and start over, and give the American people the health care bill they deserve and the health care bill they can afford.

Mr. VAN HOLLEN. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise to oppose the Republican majority's callous attempts to repeal the Affordable Care Act. Reform has already made a dramatically positive difference for millions of our constituents and small businesses while tackling our ballooning national debt.

We in Congress must continue doing all that we can to support American families and businesses as we emerge from this recession. Democrats have pledged to measure all legislation by a proposal's success at creating jobs, at strengthening the middle class, and at bringing down the deficit. Unfortunately, the Republican majority's attempts to repeal the Affordable Care Act fails on all such counts.

Repeal would hurt small businesses, canceling $40 billion worth of tax credits to help employees afford coverage. Repeal would stall middle class job growth, as one-third of small business owners told the small business majority they were more likely to hire new employees as a result of reform. And of course repeal would deepen our already exploding deficit, increasing it by $230 billion in the next 10 years and by more than $1 trillion in the following decade.

Many of my colleagues across the aisle have rebuffed this analysis from Congress' own budgetary referee, the Congressional Budget Office, because it doesn't fit the Republican narrative or campaign promise to tackle the deficit. However, while they may be entitled to their own opinions, they are not entitled to their own facts.

Health care repeal is the epitome of fiscal irresponsibility, and it counters our most basic American values: life, liberty, and the pursuit of happiness. We lose life when insurance companies can freely drop those who are sick from coverage. We lose liberty when our seniors have to choose between medications and groceries. And we lose the pursuit of happiness if we return to the days when only job security guaranteed health security.

Our fiscal decisions, Mr. Speaker, must be a reflection not only of our economic future but of the statement of our most central national values. By ensuring that Americans have vital coverage rather than cruelly denying it to them, we can live up to the dreams of liberty and justice for all.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1 minute to the gentleman from Kansas (Mr. HUELSKAMP), a member of the Budget Committee.

Mr. HUELSKAMP. Mr. Speaker, as a result of this law, employers across America have discovered that onerous reporting requirements will force them to file 1099 forms for every vendor with which they do $600 worth of business. This past weekend, I visited with an accountant in my district who indicated he would have to expand his staff by 25 percent to accommodate all the extra redtape and paperwork.

Mr. Speaker, this is not the type of job creation American envisioned.

Additionally, businesses and labor unions alike have realized that ObamaCare is a bad deal, and at least 222 have sought waivers from having to comply with the law. HHS Secretary Kathleen Sebelius has approved special privilege exemptions for dozens of labor unions and the half a million union members they cover. Even more troubling is that Secretary Sebelius has been tardy in responding to a FOIA inquiry regarding the secretive details of these waiver requests.

Fortunately, rather than selective waivers for the politically connected, we have a universal remedy—repeal the law.

I urge my colleagues to heed the calls voters made last year during the debate and at the ballot box.

Mr. VAN HOLLEN. Mr. Speaker, I would remind the gentleman that this body voted on a majority basis to repeal the 1099 provision.

I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, the choice here is whether to give more money to insurance monopolies or to leave just a little bit in the pockets of middle class Americans. But for House Republicans, always putting insurance companies first seems to be a preexisting condition.

This bill isn't repeal and replace; it is repeal and forget—forget the health care needs of millions of Americans, forget the hundreds of billions of dollars that with this repeal they add to our Federal debt.

Within a year, Allison, a 23-year-old from Bastrop, Texas, who is completing her college degree while caring for her mother as her mother faces another round of breast cancer, would lose her health insurance.

Emily, from Wimberley, who is battling cancer herself, would now face lifetime limits on what doctor-recommended care her insurer will pay for. Of course, if her husband loses or changes his job, she won't have any insurance at all.

Charlotte, an Austin senior, would have to pay more for prescriptions and preventative health care, while Republicans reduce the solvency of the Medicare Trust Fund by more than a decade.

Family budgets would be crushed by this bill as health care costs remain the leading cause of credit card debt and bankruptcy. This same devastating Republican bill would also hike the Federal debt. That's why Republicans have rejected pay-as-you-go budgeting and instead will borrow from the Chinese to pay for this legislation.

Yes, repeal is a priority for the insurance companies and their apologists, but neither our family budgets nor our Federal budget can afford it. I believe that every American is entitled to a family doctor, not to an appointment with a bankruptcy judge because of soaring health care costs.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 90 seconds to a member of the Budget Committee, the gentleman from Oklahoma (Mr. LANKFORD).

Mr. LANKFORD. Mr. Speaker, I rise today in support of H.R. 2.

A few months ago, I visited with a small business owner in Oklahoma who has five employees but whose health care costs for 2011 will go up by 50 percent. When he asked about that, the reason he was given was: the cost of implementing the new health care law. Another business owner told me he would not hire new employees until he could figure out what the cost of health care is going to be, so he will just stop hiring.

While some in this Chamber talk about universal coverage and cost controls, many people in my district are frustrated with this so-called ''solution.'' Every person should control his own health care option and opportunities. Every young student should have the motivation to go into medical research and the practice of medicine. As our population ages, every doctor should have greater incentives to take on Medicare patients.

We need to deal with the root causes of health care costs and not just move the costs to the States and put in price controls on doctors and hospitals. Shared pain is not what America was looking for. America was looking for solutions. The new health care law will create long-term budget issues in the days to come. From a budget perspective, you can cook the numbers all you want, but this bill will dramatically increase our Federal debt again.

We need answers, not bigger problems. This is the United States of America. I believe we can do better than this. It is time to repeal this law and start the hard work of solving the cost issues of health care delivery.

With that, sir, I urge my colleagues to support H.R. 2.

Mr. VAN HOLLEN. Mr. Speaker, if I could inquire as to how much time remains.

The SPEAKER pro tempore. The gentleman from Maryland has 3½ minutes remaining, and the gentleman from Wisconsin has 5½ minutes remaining.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. YARMUTH).

Mr. YARMUTH. Mr. Speaker, tomorrow we will vote on H.R. 2, the Republican health care bill. This bill is another example of actions speaking louder than words.

Now, many of my Republican colleagues have said they support certain health care reforms: a ban on preexisting condition discrimination, allowing young adults to stay on their parents' health policies until age 26, closing the prescription doughnut hole, and eliminating lifetime limits on coverage.

They could have crafted this bill any way they wanted. They could have guaranteed any or all of just those important provisions—those protections—they claim to support, but they didn't. They could have ensured that, by 2016, annual health care premiums for the average American wouldn't be $24,000 and that, over the next decade, small businesses wouldn't lose more than $52 billion in profits.

They could have crafted the bill that way, but they didn't. They can say whatever they want, but the truth is that the Republican plan is no care—no matter how desperate or how dire your diagnosis, no matter if the alternative saves money, saves jobs and saves lives.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT. Mr. Speaker, I rise today in support of repealing this simply job-destroying health care bill.

What we want to do is replace it with a piece of legislation that addresses three main tenets: one that will grow our economy, one that will bring down costs, and one that is basically constitutional.

In the area of jobs, you know, I remember when Minority Leader PELOSI, then Speaker PELOSI at the time, said this bill would create 4 million jobs and 400,000 of them immediately. All the same, the CBO was saying, ''It is likely to reduce employment.''

□ 1540

So instead of encouraging America's leading job creators, this takeover of health care hurts small businesses with more taxes, more mandates, and higher health care costs on those small businesses. We need to do this and work together in a bipartisan manner in a way that will help our small businesses.

In the area of cost, additionally, this health care bill is deficient in that it fails to address bringing down costs. As companies have begun to digest this health care bill, costs have only risen. CBO has found that this law will actually increase health care premiums by as much as 10 to 13 percent.

Now, one of the areas that I looked at—and I've heard from a lot of people in the medical community and I've asked them, What is one major thing you would have liked for us to put in this bill? And that is tort reform, but it's missing in this legislation. It is imperative that any serious reform of the health care system take a very hard look at the issue of medical liability reform. Unfortunately, this bill fails in that regard, too.

Finally, in the area of constitutionality, while the Constitution grants Congress the authority to regulate commerce among the several States and the Supreme Court has long allowed Congress the ability to regulate and prohibit all sorts of economic activity, this bill goes even further because, for the first time in the history of the U.S. Government, we are regulating inactivity. For the first time, Congress has mandated that individuals purchase a private good approved by the government as the price of citizenship.

On the first day of Congress, I introduced a bill, H.R. 21, the Reclaiming Individual Liberty Act, legislation which would take out that individual mandate, because, while I believe Congress has the ability to pass legislation which I believe is bad policy, I do believe it is wrong to pass unconstitutional legislation.

Mr. VAN HOLLEN. Mr. Speaker, I notice the gentleman mentioned CBO. What CBO said in that regard was that, because of the exchanges, there would be some people who would not seek their health care through employment. They would be liberated to be able to get it through the exchange. I'm glad the gentleman confirmed the importance of CBO numbers.

Mr. Speaker, I yield 1 minute to my colleague from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. Mr. Speaker, I was going out to dinner the other night, and as I was walking in, one of the young folks who was working there walked up to me and said, Sir, can you tell the new leaders in Congress about my story?

The story was that he is a 25-year-old kid who is working at a restaurant and has seizures and could not get any medication, could not get any health care coverage, but because of the law that was passed here last year, this young person now can get the medication, can stay on his parents' health care, and now is a productive member of society.

I know my friends on the other side have said things like, well, this employer said their insurance was going up 50 percent. That's been going on for decades now, especially in the last decade. This is going to fix that. I know my namesake from Wisconsin also said there are some employers who are going to have to let their people go into the exchange because their competition is going to let people go into the exchange. The bottom line is people were dumping workers for a decade and there wasn't an exchange. Now there is an exchange that these people will have some remedy and ability to get health care.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. MCCLINTOCK).

Mr. MCCLINTOCK. I thank the gentleman for yielding.

Mr. Speaker, the central promises of ObamaCare were that it would bend health costs down and wouldn't threaten existing plans. We now know that both of these claims were false.

The CBO warns us that the law will increase average private premiums by $2,100 within the next 5 years above what they would have been without ObamaCare. The administration's own actuary admits that the law bends the cost curve up—not down—by $311 billion over the next 10 years.

We now know that many existing plans are, indeed, jeopardized and that scores of companies that have been offering their employees basic plans have either dropped them or are continuing them only with waivers left to the whims of administration officials. But the most dangerous provision of this law is the Federal Government's assertion that it now has the power to force every American to purchase products that the government believes they should purchase whether or not they want them, need them, or can afford them. If this President prevails, the Federal Government will have usurped authority over every aspect of individual choice in the care of our families and can logically extend that power to every other commodity in the market.

The tragedy is that every day we continue down this road is a day we have lost to address the real problems in our health care system: the spiralling costs of malpractice litigation and defensive medicine, the loss of the freedom to shop across State lines, the loss of the freedom to tailor plans to the needs of individuals and families, and the absence of the tax advantages that families need to afford and choose their own health plans according to their own needs.

Churchill said all men make mistakes but wise men learn from them.

Mr. Speaker, the American people understand that ObamaCare was a huge mistake. Let us acknowledge that, learn from it, and move on to enact the reforms that will reduce health costs and increase health care choices for American families.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentlelady from California (Ms. LORETTA SANCHEZ).

Ms. LORETTA SANCHEZ of California. I thank my colleague from Maryland.

Mr. Speaker, this past year, around June, I was speaking to a woman who is a single mother. She has two young children. She is a real estate agent, and it has been tough in California. But through all of that, she managed to pay her premium to have health care for herself and for her two children.

In June, her daughter, for the first time, had an epileptic attack, and she didn't know what to do. She was scared to death. So she took her to the hospital and her daughter got better, but of course her daughter will have more of these. One month later, she found out that her daughter would not be covered any longer by that health care plan, and so she has been paying about $1,700 out of her pocket for her daughter and her medications and all.

She came to me and I said, well, this is what the reform is about. This is what health care reform is about. It's about taking care of our children and our families. And I told her that her daughter would now be covered. If this was your daughter, you would not repeal this health care reform.

Mr. VAN HOLLEN. May I inquire, Mr. Speaker, how much time remains?

The SPEAKER pro tempore. The gentleman from Maryland has 15 seconds remaining.

Mr. VAN HOLLEN. Mr. Speaker, all the charts in the world can't wish away the CBO letter of January 6 of this year which says that the premiums will go down in the employer market, that people, on average, will pay less in the individual market, and that this legislation will reduce the deficit and the debt over the next 20 years. Again, that is the call from the nonpartisan experts we have. We shouldn't be substituting our judgment for theirs.

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

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I think we have already fairly well established the fact that when you strip out all the budget gimmicks and all the double accounting, ObamaCare is a budget buster. But let's take a look at where we are as a country.

We have a debt crisis coming in America, Mr. Speaker, and the primary reason why we have this mountain of debt is because of our already existing health care entitlements which have a massive unfunded liability. So what did the previous majority do? They just put two new unfunded, open-ended entitlements on top.

Now, a lot of people on the other side of the aisle said health care is a right and we are giving it to the people. Well, if we declare such things as a right to be given to us by government, then it's government's right to ration these things; it's government's right to regulate these things; it's government's right to pick and choose winners and losers. Health care is too important for that. I want to be in control of my and my family's health care. I want individuals to be in control of their health care and their destiny.

We have to ask ourselves when we create these new programs how much of our children's future and our grandchildren's future are we willing to sacrifice to give them this mountain of debt that is getting worse by the passage and creation of this law. This, of all reasons, is why we should vote to repeal.

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

The SPEAKER pro tempore. The gentleman from Texas (Mr. SMITH) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

□ 1550

Mr. SMITH of Texas. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I support this legislation that repeals the Democrats' job-stifling, cost-increasing, freedom-limiting health care law.

This bill would repeal a requirement that every individual buy a certain kind of health insurance. The Congressional Research Service confirms that the Federal Government has never forced all Americans to buy any good or service—until now.

This mandate violates Congress' powers under the commerce clause if our Constitution of limited Federal powers means anything. It's a major reason to repeal the health care bill.

One particularly costly part of our health care system is the practice of so-called defensive medicine, which occurs when doctors must conduct tests and prescribe drugs that are not medically required because of the threat of lawsuits. Taxpayers pay for this wasteful defensive medicine, which adds to health care costs.

The Democrats' health care law goes exactly the wrong direction. Incredibly, it contains a provision that prohibits any new limits on litigation from being enforced because it allows lawyers to opt out of any system that limits their ability to sue. This is contrary to the best interests of all Americans—except trial lawyers. The health care bill can only be read as an invitation to trial lawyers to sue medical personnel. That's another reason to repeal this health care bill.

The Democrats' health care law will produce more litigation and more costly health care. Those are two good reasons we should repeal it.

I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself 3 minutes.

Ladies and gentlemen of the House, I am very pleased to defend what has been not intended as a compliment, but to defend the so-called ObamaCare bill. President Obama is going to go down in history for having taken 54 million people, according to the CBO, off the rolls of the uninsured and given them insurance.

I've been looking over my congressional district over the King holiday and talking to a lot of people about health care. I haven't found one parent in the 14th Congressional District that didn't like the idea of having their children remain on their health care policy until age 26. Have you found anybody that would like not to have their children extended until 26? Please see me after this debate, because we've got so much to be proud of.

And what are we talking about? Preexisting illnesses not being a basis for being denied insurance or a reason to kick one out of a health insurance policy. These are good things.

I am amazed by the fact that people say this bill is going to cost jobs. Well, the CBO says it's going to cost us $230 billion to repeal the bill. Please, could we be a little more fiscally conservative in this body as we rush to repeal this bill?

The question of constitutionality is a very interesting one for the Judiciary Committee, a matter we are going to go into further. But we've found a very good set of arguments about the ability of this bill to be totally within the framework of our Constitution. Come on. We already have Medicare. Who do you think runs that? We already have Medicaid. What about Social Security?

Mr. Speaker, the issues here are simple.

The health care bill that Republicans attack today ensures that millions of Americans have access to essential medical care.

It enables businesses to provide health care to their employees—which protects and creates the jobs we so desperately need.

It protects Americans from notorious insurance company practices like denying coverage to those with pre-existing conditions and children with birth defects.

It stops insurance companies from dropping your coverage when you get sick.

And it takes critical first steps towards getting health care costs under control, cutting hundreds of billions of dollars from the deficit. Everyone in America who gets health insurance through their work has seen premiums and co-pays skyrocket year after year. Those increases afflict our entire health care economy. Before we passed the Affordable Care Act, they threatened to engulf the entire federal budget. Those who would repeal this law are simply not serious about our debt.

COSTS OF REPEAL

Repealing this bill would undo all these profound public policy achievements. And towards what end?

Repeal would add 54 million people to the rolls of the uninsured. Is that what the new majority wants as their first legislative act?

Repeal would permit health insurers to resume discriminating against those with pre-existing conditions. Does the new majority want

to tell women who have survived breast cancer or children with birth defects that they are not allowed to buy health care?

Repeal would lead to millions of young people being dropped from their parents' insurance coverage. In this economy, with work and the health insurance that comes with it so hard to find, does the new majority really want to kick these children off the insurance rolls?

And finally, repeal would add more than $230 billion to the near term federal deficit. Is that what the new majority has in store for the American taxpayer?

The majority apparently feels that all these costs are acceptable, because they will ''replace'' the health care bill with something else. But that is simply not credible.

After all we went through to pass this bill, it obviously would be no simple thing to draft a replacement. So if the majority is serious about wanting to improve our health care system, at the least they should hold off on repealing the current law until their replacement actually exists. Voting now suggests the true motive here is the politics of health care, not the policy.

During the health care debate last year, we saw the Republican approach—and it simply does not improve our health care system. Indeed, in November of 2009, the Republicans put forward their own plan which the non-partisan Congressional Budget Office found would cover only 3 million people. That meant that for the 54 million people left without the ability to afford insurance, the Republicans' ''No Care'' plan provided exactly that—no care; no hope; no security.

CONCLUSION

There may be no issue that comes before the Congress that more clearly demonstrates the different priorities of the parties.

Based on today's proceedings, it is clear that the new Republican majority stands for protecting insurance companies, exploding the national debt, and playing to the extremes of their base.

The Democratic minority, on the other hand, stands for affordable health care for all, holding insurance companies accountable, and responsibly addressing our long term financial challenges.

I urge all Members to vote against repeal of the landmark health care reform law.

I reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER), who is the chairman of the Crime Subcommittee of the Judiciary Committee and also a former chairman of the Judiciary Committee itself.

Mr. SENSENBRENNER. I thank the gentleman from Texas.

Mr. Speaker, as each of us have traveled back to our districts over the past several months, we've heard from our constituents—from seniors to families to small businesses—speaking out convincingly. They demanded that this new Congress focus on legislation that encourages job growth, cuts spending, and shrinks the size of government. What better way to start than by repealing the President's trillion-dollar health care law, a massive new government intrusion into Americans' health care which promises to skyrocket costs even further. Our immediate action today demonstrates that we are listening.

This is not to say that reforms aren't necessary. We must improve our health care system. We must enact sensible reforms that address the core problem—the rising cost of health care—without increasing the size of government. We must enact real medical liability reform, allow Americans to purchase health coverage across State lines, empower small businesses with greater purchasing power, ensure access for those with preexisting conditions, and create new incentives to save for the future health needs. Republicans want health care reform; however, we must reform it the right way.

Today, we take a much-needed first step. America deserves legislation that addresses our health care problems and helps our economy prosper. This bill is the first step to do that, and I urge my colleagues to vote in favor of it.

Mr. CONYERS. Mr. Speaker, I am pleased to yield 1½ minutes to a senior member of the Judiciary Committee, Ms. SHEILA JACKSON LEE of Texas.

Ms. JACKSON LEE of Texas. There is nothing that one can do when you're debating this bill than to be civil and to respect the American people, who, many of them, are in the jaws of terrible disease, rehabilitation, or maybe some have already lost their lives. And the repeal of this health bill, just a couple of pages, would sentence people possibly to dying. H.R. 2 talks about jobs when we're talking about lives.

So I think it is important that we follow what the repeal of this patient protection and health care bill does—end consumer protection, patient protection. And I think it is important for us to be able to hold this Constitution and prove that the Affordable Care Act is constitutional.

Well, I could say that there are 1.1 million jobs already created, that the deficit will blow up $143 billion, a trillion over 20 years. But I really want to refer to the 14th Amendment that allows and guarantees you equal protection under the law.

If this bill is repealed, Ed Burke, a hemophiliac, will probably have serious health issues because he would have lifetime caps. Or Mr. Land, who was on my health care teleconference—where 18,000 people in Harris County were contacted—maybe he, who is from a family of schizophrenics and people who have children that have schizophrenia, maybe he would not be guaranteed the equal protection under the law.

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

Mr. CONYERS. I yield the gentlewoman 15 seconds.

Ms. JACKSON LEE of Texas. Thank you so very much.

Maybe they would not be able to withstand this onslaught on their rights because the Constitution guarantees them equal protection. And some who have insurance and some who do not would not be treated equally.

And finally, let me say that in Texas, the Department of Insurance has said that this bill helps Texans.

I hope my colleague from Texas will vote not to repeal this bill. I will vote ''no'' on the repeal.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all Members to not traffic the well when another is under recognition.

□ 1600

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Iowa (Mr. KING), who is a senior member of Judiciary Committee.

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman from Texas, the chairman of the Judiciary Committee.

It is a pleasure to serve on this committee and come here and speak in support of the repeal of ObamaCare. It's something that I have worked on every day since it passed last March. It's legislation that I introduced, actually asked for the draft the same day that it passed. People thought that we couldn't get to this point. We are.

But this is Judiciary Committee subject matter. And the bill didn't go through the Judiciary Committee. We didn't address the tort reform that's so essential if we're going to do something to put health care back on track here in this country. And when I look at this, and serving on the committee, I believe it was in 2005 we passed legislation in the House that addressed the lawsuit abuse that drives up the costs of our health care. It didn't get taken up in the Senate. And here we are with a huge ObamaCare bill, ready to vote to repeal it, and part of the discussion needs to be why didn't it have tort reform in it. We are prepared to take a look at this as we go forward.

When I look at the numbers that are produced in part by the health insurance underwriters, they and others will tell me that somewhere between 3.5 and 8.5 percent of the overall cost of our health care goes because of lawsuit abuse and the defensive medicine that's associated with it.

I have a friend who is an orthopedic surgeon who tells me that 95 percent of the MRIs that he orders, he knows exactly what he is going to see when he gets inside to do the surgery, but he has to order them anyway to protect himself from that 5 percent that might end up being in litigation. And he said that in his little practice that's an additional million dollars a year in unnecessary tests. That's just one small piece of the lawsuit abuse that drives up the costs of health care that we must address if we're going to have managed costs.

And then the other component that is a Judiciary Committee component of this ObamaCare legislation that is about to have a vote on repeal here that we are debating is the components that are unconstitutional. The individual mandate is the most egregious

component of ObamaCare that compels Americans to buy a policy produced or approved by the Federal Government.

Mr. CONYERS. Mr. Speaker, I am pleased to yield 1½ minutes to a former subcommittee chairman of Judiciary, the gentleman from Georgia, HANK JOHNSON, to defend the ObamaCare legislation.

Mr. JOHNSON of Georgia. Thank you, Mr. Ranking Member.

I rise in opposition to the repeal of health reform. Repeal of health care reform would strip 32 million Americans of health insurance, including 139,000 residents of my district. Repeal will allow insurers to discriminate against people with preexisting conditions and reopen the doughnut hole, which would devastate Joseph Williams, a former corrections officer in my district who relies on Medicare for his prescription drugs. I will be voting against repeal, and I urge my colleagues to do the same.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. COBLE), who is also the chairman of the Courts, Commercial and Administrative Law Subcommittee of the Judiciary Committee.

Mr. COBLE. I thank the gentleman from Texas (Mr. SMITH).

Mr. Speaker, when we debated health care reform during the 111th Congress, I made the statement that we need to fine-tune the engine, not overhaul it. I reiterate that theory today.

President Obama, in my opinion, elevated health care to the number one issue facing America, mistakenly so, in my opinion. I think the number one issue facing America then and now involves jobs, or more precisely lack of jobs, and reckless spending. There is agreement from both sides of the aisle that we need to improve our health care system. I believe these improvements must enhance the quality and accessibility of care in a fiscally responsible manner. The law implemented last year failed to meet these criteria, particularly in the onerous 1099 tax increase on small businesses. That is just one glaring example.

By repealing ObamaCare, we will have the opportunity to take the more prudent approach of fine-tuning our health care law to ensure that it encompasses sound principles.

Mr. Speaker, this will likely be an obvious partisan vote, but it also serves a purpose. It sends a message to the American people that we are serious about fixing our broken health care system. Physicians do this daily. They make a diagnosis and fix the problem. I support the passage of H.R. 2 because Congress should take the same approach: fix the problem. Much energy and attention was directed to this matter, when it probably should have been directed to jobs and reckless spending. Too late for that now. But we need to address it. And I look forward to the vote that I guess will be tomorrow.

Mr. CONYERS. Mr. Speaker, I yield 1 minute to Dr. JUDY CHU of California, a very valuable member of Judiciary Committee.

Ms. CHU. The health care repeal act will hurt many people, but especially seniors. It raises cost for prescriptions and preventive care. It weakens Medicare. And it takes away your freedom to make your own decisions, returning your health back to the hands of insurance companies. At the start of this year, seniors began receiving free preventive services such as mammograms and an annual exam, while, if repeal succeeds, good-bye free check-ups and free life-saving tests.

Today, seniors in the Medicare doughnut hole are getting half off many brand-name drugs; but if repeal passes, your prescription drugs are going to double. And those who get a $250 check to help cover high drug costs might even have to pay it back. The original health reform bill extended Medicare's life until 2029; but if we repeal it, the Medicare Trust Fund becomes insolvent in 6 short years. The Patients Rights Repeal Act hurts seniors. It's dangerous for America's health.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. POE), who is actually a member of three subcommittees of the Judiciary Committee.

Mr. POE of Texas. Mr. Speaker, never before in the history of our great country has a tax been levied on individual Americans by the Federal Government with the purpose of forcing citizens to do something the government wants them to do. And never before has the government self-righteously ordered Americans to buy a product or pay a punitive fine.

In my opinion, the Constitution does not give the Federal Government, even well-intentioned government, the authority to make citizens buy any product, whether it's a car, whether it's health insurance, or even whether it's a box of chocolates.

The individual mandate provision of the health care bill is unconstitutional. The author of the Constitution, James Madison, said: ''The powers delegated by the Constitution to the Federal Government are few and defined. Those that remain to State governments are numerous and indefinite.'' The health care bill is a theft of the individual freedom to control one's health to have it now controlled by omnipotent government.

Big government doesn't mean better solutions. In fact, as someone has said, ''If you think the problems government creates are bad, just wait until you see government solutions.'' Government is partially to blame for the health care crisis, and the nationalized health care bill's government solution is unworkable and unconstitutional.

And if you like the efficiency of the post office, the competence of FEMA, and the compassion of the IRS, we will love the nationalized health care bill. Certainly, what we do here in Congress should be constitutional. And we should repeal the health care bill and come up with constitutional solutions for health problems.

And that's just the way it is.

Mr. CONYERS. Mr. Speaker, I want to take this opportunity to congratulate LAMAR SMITH on becoming the chairman of the House Judiciary Committee during the 112th session of Congress.

I turn now to the former chairman of the Constitutional Subcommittee, JERRY NADLER of New York, and I yield him 2 minutes.

□ 1610

Mr. NADLER. I thank the gentleman for yielding.

Mr. Speaker, I rise in opposition to the Republican effort to deny 32 million Americans health care, to deny millions of middle class Americans the ability to get health care insurance if they have preexisting conditions and to drive up our national debt by an additional $1.4 trillion over the next 20 years.

The Affordable Care Act will stave off the 55 percent of personal bankruptcies caused by health care emergencies. By banning rescissions, banning the preexisting conditions insurance bar, banning annual and lifetime coverage caps and capping annual out-of-pocket expenses, this law ensures that nobody will go broke because they get sick.

The bill will save the lives of the approximately 45,000 Americans who now die every year because they lack health insurance. For America's seniors, the Affordable Care Act strengthens the Medicare program. Seniors will no longer pay out of pocket for preventive services; and the cruel doughnut hole, which forces seniors to choose between taking their drugs or going without, will be closed.

And owners of small businesses will get billions of dollars in tax credits to help them provide health coverage to their employees—unless, of course, the Republicans are successful in enacting a tax increase on small businesses by repealing the law.

We did all this and more while reducing the deficit by what CBO now estimates will be $230 billion in the first 10 years and $1.2 trillion in the next 10 years.

The Republicans say the bill is an unprecedented or unconstitutional expansion of constitutional power. They are wrong. There is nothing radical, dangerous, or unconstitutional about the act. We have the power to enact this comprehensive plan, including its minimum coverage requirement under the commerce, necessary and proper, and general welfare clauses of article 1, section 8 of the Constitution. Similar attacks were levied against the Social Security Act of 1935, saying it was unconstitutional for the same reasons. Those arguments were unsound and rejected then and will fare no better today.

Indeed, leading Republican lawmakers championed individual mandates as part of their Health Equity

and Access Reform Today Act of 1993 introduced by Senator Dole and Senator Chafee. The requirement of individual participation was valid then, and it is valid now.

For all of these reasons, I strongly encourage my colleagues to vote ''no'' on this misguided repeal bill.

Mr. Speaker, following is my statement in its entirety:

I rise in opposition to the Republican effort to deny 32 million Americans health care, to deny millions of middle-class Americans the ability to get health care insurance if they have pre-existing conditions, and to drive up our national debt by an additional $1.4 trillion over the next 20 years.

Last March, I had the distinct pleasure and honor of voting for the Affordable Care Act, which achieves many of the goals I have been fighting for my entire adult life.

The Affordable Care Act will stave off the 55 percent of personal bankruptcies caused by health care emergencies. By banning rescissions, banning the "pre-existing conditions" insurance bar, banning annual and lifetime coverage caps, and capping annual out-of-pocket expenses, this law ensures that nobody will go broke because they get sick.

When fully implemented more than 32 million additional Americans will have access to health care coverage. This translates into saving the lives of the 45,000 Americans, who now die every year because they lack health insurance.

In addition, the Affordable Care Act extends greater rights and benefits to women. No longer can insurance companies discriminate against women by charging women higher rates than men for the same coverage. No longer will women be denied coverage because insurance companies consider pregnancy, C-sections, and being the victim of domestic violence to be pre-existing conditions. No longer will women go without critical maternity care coverage, access to mammograms, and other key preventive care services—services that will be available without co-pays and deductibles. Ending these routine, disgraceful, and patently unfair practices are a tremendous victory for women and children.

For America's seniors, the Affordable Care Act strengthens the Medicare program. Seniors will no longer pay out of pocket for preventive services, and the cruel donut hole, which forces seniors to choose between taking their drugs or going without, will be closed. And by cracking down on fraud and waste, the Act ensures that those who seek to take advantage of our seniors and steal from the Medicare program will no longer have a free ride.

The Affordable Care Act also benefits America's young people. Often without the option of employer-based health insurance, young people now can stay on their parents' health plans until their 26th birthday.

And owners of small businesses will get billions of dollars in tax credits to help them provide health coverage to their employees—unless, of course, the Republicans are successful in enacting a massive tax increase on small businesses by repealing this law.

We did all this and more while reducing the deficit by what CBO now estimates will be $230 billion in the first ten years, and $1.2 trillion in the next ten years.

Mr. Speaker, when our predecessors passed similarly historic laws such as Social Security in 1935 and Medicare and Medicaid in 1965, they knew the measures would require further consideration. In the years since those crucially important programs were signed into law, Congress has made, and will continue to make, improvements to those programs. And that is the key—to make improvements to the law. Instead of spending our time looking for ways to build on and perfect the health care reform law, Republicans want to take a sledgehammer to it, to throw out everything, without any consideration at all. No matter that our economy still needs our attention. No matter that millions of Americans remain out of work.

The Republicans say the bill is an unprecedented or unconstitutional expansion of Congressional power. They are wrong. There is nothing radical, dangerous, or unconstitutional about the Act, through which Congress is regulating the vast interstate health and insurance markets in a number of ways that protect the American people. We have the power to enact this comprehensive plan, including its minimum coverage requirement, under the Commerce, Necessary and Proper, and General Welfare clauses of Article I, Section 8 of the Constitution. Similar attacks were levied against the Social Security Act of 1935. They were unsound and rejected then and will fare no better today.

We require citizens to participate in programs—like Medicare and Social Security—when necessary to accomplish an objective wholly within Congressional powers, and there simply is nothing so surprising or severe in requiring similar participation—by requiring that those who can obtain insurance do so or pay a tax penalty—in our comprehensive framework for health care reform. Indeed, leading Republican lawmakers championed individual mandates as part of their Health Equity and Access Reform Today Act of 1993. The requirement of individual participation was valid then, and it is valid now.

For all of these reasons, I strongly encourage my colleagues to vote NO on this misguided repeal bill, and instead, to say "yes" to guaranteeing health care for 32 million more Americans. To say yes to enabling millions of Americans with pre-existing conditions to obtain health insurance. To say yes to ending gender rating and rescissions. To say yes to allowing parents to cover their adult children on their health care plans. To say yes to strengthening Medicare for our seniors. To say yes to growing our economy by supporting small businesses. To say yes to reducing our deficit.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the chairman of the House Administration Committee, the gentleman from California (Mr. DANIEL E. LUNGREN).

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, in the scope of the American constitutional system of governance, the Congress is the body whose power is defined within the context of enumerated powers, and this is more than a matter of structural mechanics because it goes to the heart of the issue of governmental power, or if one prefers the flip side of the coin, personal freedom and responsibility.

If government has the power to require that you buy item A, it means that you are less able to buy item B, C, D or anything else.

Now, economists would call this the opportunity cost of foregone goods or services, but the fundamental question is the question of freedom to choose how we as individuals will spend the fruits of our labor.

Certainly the commerce clause lacks the elasticity that would accommodate a requirement that every American buy health insurance which conforms to the dictates of the Federal Government, as the Federal Government would change it on a yearly basis. Such an interpretation would render the notion articulated by James Madison and Federalist 45, that is, one of limited government, a nullity.

Now, I know we have smart people here. I know we have those in the administration who believe that this is totally constitutional; but, frankly, Mr. Speaker, my bet goes with James Madison.

He did say that the powers delegated by the proposed Constitution of the Federal Government are few and defined. He did say that the Federal Government will be exercising their responsibilities principally on external objects as war, peace, negotiations, and foreign commerce and the States would do much else.

Then, of course, we have the 10th Amendment, later adopted, which said, again, that this is a government of limited enumerated powers. Now, either the 10th Amendment means something, or it means nothing; and either James Madison knew what he was talking about, or he does not.

Mr. CONYERS. Mr. Speaker, I am pleased to yield 1 minute, and I congratulate the ranking member of Government Reform, to the gentleman from Maryland, ELIJAH CUMMINGS.

Mr. CUMMINGS. Mr. Speaker, I rise before you in fervent opposition to the bill we are considering today. I have heard from many of my constituents and small business owners who are grateful for the benefits of this law.

Children with preexisting conditions are no longer being denied access to private health insurance. Maryland small businesses offering health insurance to their employees are eligible for a 35 percent tax credit.

Further, as ranking member of the Committee on Oversight and Government Reform, I note that repealing this law would also eliminate the new private health plan currently providing coverage for many uninsured Americans with preexisting conditions.

I find it repugnant that Republicans want to strip Americans of this law's protections that will save the lives of our fellow citizens.

I urge a ''no'' vote on this bill.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GOHMERT).

Mr. GOHMERT. Mr. Speaker, lest we forget, this is the disaster that we are told would be repugnant to repeal.

It started out as an act to amend the Internal Revenue Code of 1986 to modify first-time homebuyers' credit in the

case of members of the Armed Forces. We took a bill that was designed to help veterans and the Senate stripped it all out and stuck in this disaster of a health care bill.

Just as we heard in the late 1990s that you can't pass welfare reform, you will leave women without anything, you heartless, mean people, it was because people here had hearts and wanted to see single women with children doing better that welfare reform had to be done. It was sent to the President; he wouldn't sign it. It was re-sent to the President; he wouldn't sign it. He finally signed it, and for the first time since the Great Society legislation came about, after 30 years of flat line, when adjusted for inflation single women with children, after welfare reform, began to have increases in income.

We heard all the naysayers then; we are hearing them now. It's because we want people to have the best health care. It's because we don't want what the President said when he told the Democratic Caucus, before it passed. Gee, you go to the doctor now and have five tests, after this bill you will go and get one test. My mother had to have six days of tests to find her tumor.

I don't want rationed care. I want health care to be legislated the way the President promised it would be. And once we get this disaster out of the way, no matter how many times we have to send it, it will be time to pass a bill that gets real health care reform.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentlewoman from Birmingham, Alabama, TERRI SEWELL.

Ms. SEWELL. Madam Speaker, I rise in opposition to this bill that seeks to repeal the Affordable Care Act, legislation that has helped so many constituents of mine and Americans all across this Nation.

Nearly 2 weeks ago, I was honored by being sworn in as a Representative for the Seventh Congressional District of Alabama. On day one I received numerous calls from my constituents urging me to oppose this repeal, and this weekend I heard from countless voices that the health care bill that's currently enacted has begun to help them.

Let me tell the story about Mr. and Mrs. Cheatem in Greene County from my district. Both are on Medicare. Mr. Cheatem suffered several heart attacks, and Mrs. Cheatem has a chronic back condition. Prescription medication alleviates her pain and keeps him alive.

Several provisions in the Affordable Care Act have helped Mr. and Mrs. Cheatem to get their prescriptions. Now they don't have to choose between putting food on the table, gas in their cars, or paying for their medication.

The Affordable Care Act is a first step towards strengthening our health care system and is already helping to save the lives of many in my district.

I urge my colleagues to vote ''no'' on this bill.

Mr. SMITH of Texas. Madam Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. GOODLATTE), who is also chairman of the Intellectual Property, Competition, and Internet Subcommittee of the Judiciary Committee.

Mr. GOODLATTE. I thank the chairman for yielding.

Madam Speaker, I rise in strong support of this legislation, which repeals the sweeping health care reform law rammed through Congress last year. This new law amounts to a Big Government takeover of our health care system, one that will lead to fewer choices, higher prices, and rationed care.

□ 1620

It creates more than 150 new government agencies and programs at a cost of well over $1.2 trillion. It includes over $560 billion in devastating new tax increases and cuts Medicare by over $500 billion.

Americans are frustrated by rising health care costs. We must repeal the new health care law that kills jobs, raises taxes, threatens seniors' access to care, will cause millions of people to lose the coverage they have and like, and increases the cost of health care coverage. Then we must replace it with commonsense reforms that lower health care costs and empower patients.

For those who argue that somehow this is going to save the taxpayers money, think of the mandates that are not covered by the Federal Government. Think of the fact that it is not credible that at a time when senior citizens, baby boomers, are going to retire in unprecedented numbers to take over $500 billion out of a Medicare program. And think of the jobs that are already being lost because the taxes on this are already being put into place, yet the benefits don't occur for 4 years. That legislation was smoke and mirrors. This legislation repeals it. We should support it and then start anew on commonsense reforms.

Mr. CONYERS. Madam Speaker, I'm pleased to yield 1 minute to the distinguished gentleman from Iowa (Mr. BRALEY).

Mr. BRALEY of Iowa. I thank the gentleman for yielding.

Madam Speaker, I want to show the face of the repeal of health care. This is Tucker Wright from Malcom, Iowa. He is 4 years old. And 2 years ago, before the Affordable Care Act was passed, Tucker was diagnosed with liver cancer and had two-thirds of his liver removed. He faces a long and uncertain medical future. But on January 2 of this year, because we passed the Affordable Care Act, Tucker's father, Brett, was able to change jobs because he no longer had to worry about the stigma of preexisting conditions.

Now, when you talk about repealing this bill, I'll tell you why it is not a good deal for Tucker Wright. Because even though our friends talk about wanting to fix some of the problems that they now think are important, the first thing that's going to happen to Tucker Wright and his family as soon as this bill is repealed is his family will get a rescision letter from their insurance company because they will no longer be required to provide insurance for this young boy because he has preexisting conditions. That's why this bill is a bad idea, and that's why I urge you to vote ''no'' and think about Tucker Wright.

Mr. SMITH of Texas. Madam Speaker, may I ask how much time remains on each side?

The SPEAKER pro tempore (Mrs. CAPITO). The gentleman from Texas has 5½ minutes remaining. The gentleman from Michigan has 8½ minutes remaining.

Mr. SMITH of Texas. I reserve the balance of my time.

Mr. CONYERS. I yield 1 minute to the gentleman from Minnesota (Mr. WALZ).

Mr. WALZ of Minnesota. I thank the gentleman for yielding.

Madam Speaker, I rise today to state my strong opposition to the repealing of the Affordable Care Act. Repealing this law will eliminate consumer protections, raise taxes on small business, explode the deficit, and put insurance company CEOs directly between Americans and their doctor.

I'm very proud to represent the Mayo Clinic in Rochester, Minnesota. They're a symbol of what we can achieve when we deliver the world's highest quality care at the most efficient and effective costs. When we passed this law last year, they said it was a good first step. And I agree.

Now is not the time to step backwards. Folks in my district are already seeing the benefits of this new law. Seniors have received help paying for their expensive prescription drugs and have better access to preventative care saving money. And just a few weeks ago, I received a letter from a dad in my district named Paul. Paul's son Joe is 21, works part-time and has diabetes. Joe couldn't get the insurance he needed to pay for the expensive equipment and treatment he needs to stay healthy and alive. Paul wrote to say thank you for passing the Affordable Care Act. Because of the new law, Joe got back on his parents' insurance, and a new insurance card came in the mail on January 3. A vote to repeal this legislation pulls that card away.

Mr. SMITH of Texas. Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. REED), former mayor of Corning and a new member of the Judiciary Committee.

Mr. REED. Madam Speaker, I rise today in support of the repeal of the job-killing ObamaCare legislation.

This bill is a whopping 2,500 pages, a monstrosity of new spending and government bureaucracy, rushed to approval after only 48 hours of arm-twisting and deal-making. Unfortunately,

just as Republicans predicted, this legislation did absolutely nothing to address the real problem of health care—its cost.

Republicans have long advocated for tort reform to be included in any legislation to lower the costs of health care. For just as long, those who have written this legislation have continually ignored the need for tort reform. As even as the nonpartisan Congressional Budget Office estimates, tort reform initiatives could save approximately $54 billion. I will say that the other side attempted to address tort reform by providing $50 million to States to consider the concept of tort reform. Here we go again. Another example of what's wrong with Washington, spending $50 million to figure out how to save money. The American people recognize Republicans have a better plan, one which reduces health care costs.

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

Mr. SMITH of Texas. Madam Speaker, I yield the gentleman an additional 30 seconds.

Mr. REED. The American people recognize Republicans have a better plan, one which reduces health care costs and gets lawyers and bureaucrats out of our doctors' and nurses' offices.

Let's repeal this bill, focus on bipartisan initiatives we all agree on like fixing the doughnut hole, and pass tort reform legislation once and for all without spending an additional $50 million. Until we do so, jobs will continue to be lost.

Mr. CONYERS. I yield 1 minute to the gentleman from Missouri, RUSS CARNAHAN.

Mr. CARNAHAN. Madam Speaker, I rise in strong opposition to this bill that would hurt small businesses in Missouri who are finally gaining access to affordable coverage for their employees. Since 2010, the health care coverage among small firms has increased by more than 12 percent. If this bill passes, those small business owners will lose the tax credits that are providing up to 50 percent of their health care costs. Many of them will have to drop the very health insurance they have just now been able to provide their employees and their families.

These are real people, people like Michelle Barron, who owns an independent book store in Rock Hill, Missouri. She used to be able to afford coverage for her employees, but over the years couldn't keep up. She had to drop her employees and finally drop her own coverage because of preexisting conditions. Last year when the health care bill was signed into law, new options opened up for Michelle and countless small business owners like her.

But if we repeal health care, it will turn back the clock for small business owners like Michelle. Insurers would be able to go back to denying coverage for preexisting medical conditions, and small business owners would lose the tax credits that are helping make health care coverage affordable. We cannot go back to the bad old days of insurance company control. This is not the time to step backwards.

Mr. SMITH of Texas. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. QUAYLE), who is a member of the Judiciary Committee.

Mr. QUAYLE. I thank the chairman for yielding.

Madam Speaker, I rise today in support of H.R. 2.

Last year, behind closed doors and against the will of the American people, the Democratic majority of the 111th Congress passed a bill that fundamentally changes the doctor-patient relationship. They passed a bill that will increase the cost of health care and explode our national debt. They passed a bill that expands the scope of government well beyond the parameters set forth in the Constitution.

The genius of our Constitution is that this document didn't set forth what the government must do for us, but rather what the government can't do to us. Requiring every individual to enter into a commercial contract certainly falls within the realm of what the government can't do to us.

The people in my district understand this, just as they understand that our health care system needs sensible, patient-centered reforms that will reduce costs and increase access. Unfortunately, the health care bill that was passed will increase costs and increase our national debt. Yes, those who drafted the bill tried to conceal the true costs from the American people. But if you look beyond the accounting gimmicks, that bill increases our debt by $701 billion over the next 10 years.

It is time to get our country back on the right track, and H.R. 2 is a necessary step to fulfilling that mission.

Mr. CONYERS. Madam Speaker, I yield 2 minutes to the distinguished gentlewoman from Florida, DEBBIE WASSERMAN SCHULTZ.

Ms. WASSERMAN SCHULTZ. Madam Speaker, I think it is important to address the notion of job killing versus job creating. We've heard a lot of talk about the title of this bill and the jobs that it supposedly kills. But let's look at the facts here though. Of the 1.1 million private-sector jobs—documented—that were created last year, fully 200,000 of those were in the health care sector, or one-fifth. We've actually had an average of 20,000 jobs per month created in the health care sector alone over the course of the last 2 years.

□ 1630

There have been no job losses in the health care sector. None. And I challenge our colleagues on the other side of the aisle, on the Republican side of the aisle, who are vociferously advocating the repeal of health care reform on the premise that it is a job killer to name one area of health care, one, where there have been job losses. I would suspect that we would hear crickets chirping, because there are none. There isn't a single area of health care that there have been job losses; not before health care reform passed and not since.

Also, I think it is important to address the comments from my colleague the gentleman from Texas (Mr. GOHMERT) who stated that President Obama told the Democratic Caucus that health care reform would supposedly allow us to shrink five tests performed on a patient to one. That is simply not true. That never happened. He never said that. And at the end of the day we need to make sure that we are entitled to our opinions but not to our own facts.

I suspect that our colleagues on the other side of the aisle are making up their own facts because their arguments don't stand on the strength of their ideas and aren't strong enough to stand on their own. I thought it was important to clear that up, Madam Speaker.

Mr. SMITH of Texas. Madam Speaker, I yield 1 minute to the gentleman from Arkansas (Mr. GRIFFIN), who is a member of the Judiciary Committee.

Mr. GRIFFIN of Arkansas. I thank the gentleman from Texas for his leadership on this issue and for yielding me this time.

Madam Speaker, I believe we need health care reform badly, but the law we got isn't what we need. That is why I rise today in support of H.R. 2 to repeal the current health care law. The health care law provides for an increased government role and will ultimately lead to decisions made by the government instead of doctors and patients.

It ignores the issue of cost. It was loaded with gimmicks to make it seem deficit neutral. But once those are accounted for, we find that it adds over $700 billion to the deficit in the next 10 years.

The health care law, and especially the unconstitutional mandate, handicaps our ability to grow jobs. Small businesses will be hit hardest because they operate on the tightest margins and will have the toughest time complying with the onerous regulations, many of which are still not written, creating uncertainty for employers.

We must repeal the law and replace it with one that lowers costs, preserves the doctor-patient relationship, lets Americans keep the coverage they have, allows the private sector to create jobs and follows the Constitution.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentleman from New Jersey, Mr. ROB ANDREWS.

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

Mr. ANDREWS. Madam Speaker, as we meet this afternoon, there are 15 million unemployed Americans. And no matter where you go in this country, you hear that the number one concern of our constituents is creating an environment where businesses and entrepreneurs can put people back to work.

So what is the House doing this week? Re-litigating, regurgitating, re-arguing a political debate about health care again. I believe the people of this country want us to work together to get jobs back in the American economy.

The Republicans offer us a slogan, a job killing health care bill. What kills jobs is paralysis in Congress. What kills jobs is ignoring the economic problems of this country. ''No'' is not simply the right vote on the merits, it's the right vote because this is the wrong bill at the wrong time.

Mr. SMITH of Texas. Madam Speaker, I only have one more speaker on this side and I am prepared to close.

Mr. CONYERS. How much time have we remaining, Madam Speaker?

The SPEAKER pro tempore. The gentleman from Michigan has 3½ minutes remaining, and the gentleman from Texas has 1¾ minutes remaining.

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

Because this is the Judiciary Committee and so little has been said about the constitutionality, I am pleased to quote from the dean of the law school of the University of California, Erwin Chemerinsky, who said that opposing health care reform and relying on an argument that it is unconstitutional is an inadequate way to proceed.

Somebody here must remember that there is Medicare, Medicaid, Social Security. Please, this is not new that the government would be intervening in this way. Maybe we need to revise and revisit the questions of constitutionality.

[From POLITICO, Oct. 23, 2009]

HEALTH CARE REFORM IS CONSTITUTIONAL

(By Erwin Chemerinsky)

Those opposing health care reform are increasingly relying on an argument that has no legal merit: that the health care reform legislation would be unconstitutional. There is, of course, much to debate about how to best reform America's health care system. But there is no doubt that bills passed by House and Senate committees are constitutional.

Some who object to the health care proposals claim that they are beyond the scope of congressional powers. Specifically, they argue that Congress lacks the authority to compel people to purchase health insurance or pay a tax or a fine.

Congress clearly could do this under its power pursuant to Article I, Section 8 of the Constitution to regulate commerce among the states. The Supreme Court has held that this includes authority to regulate activities that have a substantial effect on interstate commerce. In the area of economic activities, ''substantial effect'' can be found based on the cumulative impact of the activity across the country. For example, a few years ago, the Supreme Court held that Congress could use its commerce clause authority to prohibit individuals from cultivating and possessing small amounts of marijuana for personal medicinal use because marijuana is bought and sold in interstate commerce.

The relationship between health care coverage and the national economy is even stronger and more readily apparent. In 2007, health care expenditures amounted to $2.2 trillion, or $7,421 per person, and accounted for 16.2 percent of the gross domestic product.

Ken Klukowski, writing in POLITICO, argued that ''people who declined to purchase government-mandated insurance would not be engaging in commercial activity, so there's no interstate commerce.'' Klukowski's argument is flawed because the Supreme Court never has said that the commerce power is limited to regulating those who are engaged in commercial activity.

Quite the contrary: The court has said that Congress can use its commerce power to forbid hotels and restaurants from discriminating based on race, even though their conduct was refusing to engage in commercial activity. Likewise, the court has said that Congress can regulate the growing of marijuana for personal medicinal use, even if the person being punished never engaged in any commercial activity.

Under an unbroken line of precedents stretching back 70 years, Congress has the power to regulate activities that, taken cumulatively, have a substantial effect on interstate commerce. People not purchasing health insurance unquestionably has this effect.

There is a substantial likelihood that everyone will need medical care at some point. A person with a communicable disease will be treated whether or not he or she is insured. A person in an automobile accident will be rushed to the hospital for treatment, whether or not he or she is insured. Congress would simply be requiring everyone to be insured to cover their potential costs to the system.

Congress also could justify this as an exercise of its taxing and spending power. Congress can require the purchase of health insurance and then tax those who do not do so in order to pay their costs to the system. This is similar to Social Security taxes, which everyone pays to cover the costs of the Social Security system. Since the 1930s, the Supreme Court has accorded Congress broad powers to tax and spend for the general welfare and has left it to Congress to determine this.

Nor is there any basis for arguing that an insurance requirement violates individual liberties. No constitutionally protected freedom is infringed. There is no right to not have insurance. Most states now require automobile insurance as a condition for driving.

Since the 19th century, the Supreme Court has consistently held that a tax cannot be challenged as an impermissible take of private property for public use without just compensation. All taxes are a taking of private property for public use, but no tax has ever been invalidated on that basis.

Since the late 1930s, the Supreme Court has ruled that government economic regulations, including taxes, are to be upheld as long as they are reasonable. Virtually all economic regulations and taxes have been found to meet this standard for more than 70 years. There is thus no realistic chance that the mandate for health insurance would be invalidated for denying due process or equal protection.

Those who object to the health care proposals on constitutional grounds are making an argument that has no basis in the law. They are invoking the rhetorical power of the Constitution to support their opposition to health care reform, but the law is clear that Congress constitutionally has the power to do so. There is much to argue about in the debate over health care reform, but constitutionality is not among the hard questions to consider.

I yield the balance of my time to the gentlewoman from Texas, Ms. SHEILA JACKSON LEE, a senior member of the committee.

The SPEAKER pro tempore. The gentlewoman from Texas is recognized for 2½ minutes.

Ms. JACKSON LEE of Texas. Mr. Chairman, you are absolutely right. This is a constitutional question that has been raised, and as I came to the floor earlier, I mentioned my predecessor, Congresswoman Jordan, who believed in this Constitution without question. I mentioned the 14th Amendment. I now mention the Fifth Amendment.

First of all the commerce clause covers this bill, but the Fifth Amendment speaks specifically to denying someone their life and liberty without due process. That is what H.R. 2 does, and I rise in opposition to it. And I rise in opposition because it is important that we preserve lives and we recognize that 40 million plus are uninsured.

In my own county, Harris County, this bill will allow some 800,000 uninsured members of Harris County, citizens of Harris County, to be insured in Texas. In addition, the Texas Department of Insurance, as many other States, have already begun implementing this bill, the patient protection bill, gladly so, and saying it will help save lives and provide for the families of their States.

Can you tell me what is more unconstitutional than taking away from the people of America their Fifth Amendment rights, their 14th Amendment rights, and the right to equal protection under the law? I know that Mr. Land, who suffers from schizophrenia with his family; Ms. Betty, who had to go to the ER room in Texas because of no insurance; Mrs. Smith who was on dialysis; or Mrs. Fields whose mother couldn't get dental care, I know they would question why we're taking away their rights.

Today we stand before this body, we beg of them to ask themselves whether this is all about politics or about the American people. I am prepared to extend a hand of friendship, standing on the Constitution, to enable us to provide for all of the citizens of this country.

This bill has been vetted, this bill is constitutional, and it protects the constitutional rights of those who ask the question: Must I die, must my child die because I am now disallowed from getting insurance? To our seniors, there are no death panels. This is about your primary care doctor. This is about closing the doughnut hole that will allow you to be able to get discounts on your prescription drugs that some of you have avoided because you have to pay your rent and you have to buy your food.

Texas, a big State, has already said through a governmental agency, we need this bill. And we hope that those who come from our State and many other States will not vote against the protection of patients. Vote against H.R. 2 and provide yourself with the protection of the Constitution.

Madam Speaker, I stand in strong opposition to the Patient's Rights Repeal Act. As a Member of Congress I take seriously my responsibility and sworn oath to serve my constituents and improve the lives of all citizens of this country for the better.

The Fourteenth Amendment of the U.S. Constitution states that, ''No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.''

The last portion of this amendment, commonly called the Equal Protection Clause, is one of the most important portions of the Constitution, which was added after the Civil War and was the basis for most of the civil rights decisions that transformed this country. Furthermore, many of the legal arguments for demanding medical treatment have also rested on this clause, which the U.S. Supreme Court relied on in its Roe v. Wade decision. Repealing the healthcare reform we enacted last year would be a violation of the Equal Protection Clause of the 14th Amendment of the U.S. Constitution since it would be abridging the fundamental right of U.S. citizens to have health care and would be denying them the equal protection under the law guaranteed to them by the 14th Amendment.

Furthermore, even the Founding Fathers more than two centuries ago emphasized the fundamental importance of good health. Thomas Jefferson stated that, ''Without health there is no happiness. And attention to health, then, should take the place of every other object . . . The most uninformed mind, with a healthy body, is happier than the wisest valetudinarian.''

I urge President Obama that should any repeal of any beneficial portion of the Patient Protection and Affordable Care Act come to his desk, he should utilize his presidential prerogative to veto this legislation which would harm the fundamental rights of Americans.

As health care reform takes a particularly partisan tone, this Nation, as of January 2011, still has more than 20 million Americans according to the U.S. Census Bureau who live without health insurance.

To my colleagues across the aisle, have you truly considered what this repeal would mean and who this would affect? Sadly to say, in my district, the 18th Congressional District of Houston, Texas, the repeal would be devastating. To highlight a few major effects of the repeal for my district, please listen as I explain several devastating changes to health care coverage that a number of populations throughout the 18th Congressional District of Houston, Texas, will face.

The repeal would increase drug costs for seniors. There are 5,300 Medicare beneficiaries in my district who are expected to benefit from these provisions. Repeal would increase the average cost of prescription drugs for these Medicare beneficiaries by over $500 in 2011 and by over $3,000 in 2020.

The repeal would deny seniors new preventive and wellness care improving primary and coordinated care, and enhancing nursing home care.

The repeal would eliminate these benefits for 70,000 Medicare beneficiaries in the district and cause the Medicare trust fund to become insolvent in just six years.

The repeal would eliminate tax credits for small businesses. The health reform law provides tax credits to small businesses worth up to 35 percent of the cost of providing health insurance. There are up to 14,600 small businesses in my district, small businesses that are eligible for this tax credit. This repeal would force these small businesses to drop coverage or bear the full costs of coverage themselves.

The repeal would increase retiree health care costs for employers. The health reform law provides funding to encourage employers to continue to provide health insurance for their retirees. As many as 5,500 district residents who have retired but are not yet eligible for Medicare could ultimately benefit from this early retiree assistance.

The repeal would increase costs for employers and jeopardize the coverage their retirees are receiving. The repeal would increase the cost of uncompensated care born by hospitals. The Health Reform Law benefits hospitals by covering more Americans and thereby reducing the cost of providing care to the uninsured.

The repeal would undo this benefit, increasing the cost of uncompensated care by $27 million annually for hospitals in my district.

As evidenced in the recent elections, the public has indicated they want less spending and a balanced budget. The Congressional Budget Office estimates the budget will be negatively impacted to the tune of $230 billion dollars over a 10 year period if healthcare reform is repealed. Additionally, more than four million small businesses would lose health insurance tax credits as a result of repeal, and the cost of offering employer-based health insurance could increase by more than $3,000 annually, according to the U.S. Public Interest Research Group.

As a Congress we have continued to debate this issue for decades without resolve. The uninsured, the underserved, vulnerable and minority communities are particularly at risk. Lest we forget—in 1999 we asked the Institute of Medicine—the independent organization whose reports are considered the gold standard for health care policymakers—to investigate disparities in health and health care among racial and ethnic minorities. The results were damning: the ensuing study, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, found that minorities had poorer health and were consistently receiving lower-quality health care even when factors such as insurance status and income weren't involved.

As stated by Newsweek, minorities and the underserved were less likely to get lifesaving heart medications, bypass surgery, dialysis, or kidney transplants. They were more likely to get their feet and legs amputated as a treatment for late-stage diabetes.—Mary Carmichael, The Great Divide, Newsweek, February 15, 2010.

In our current system, most people do not choose to be uninsured but are priced out of insurance. These people cannot, as free market proponents often argue, ''pull themselves up by their bootstraps.'' Instead, they and their families are too often cyclically and systemically trapped in their economic situation. As a result, minority communities suffer grave health disparities that would otherwise be limited but for lack of access to affordable and quality care. What is the price for improving the life expectancy of millions of Americans of all ages?

In 2007, only 49 percent of African-Americans in comparison to 66 percent of non-Hispanic whites used employer-sponsored health insurance, according to the Department of Health and Human Services. During the same year, 19.5 percent of African-Americans in comparison to 10.4 percent of non-Hispanic whites were uninsured.

Hispanics have the highest uninsured rates of any racial or ethnic group within the United States. In 2004, the Centers for Disease Control and Prevention reported that private insurance coverage among Hispanic subgroups varied as follows: 39.1 percent of Mexicans, 47.3 percent of Puerto Ricans, 57.9 percent of Cubans, and 45.1 percent of other Hispanic and Latino groups.

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

Health care reform is a critical step in helping to reduce such health disparities. Are we now telling the American public we will not?

Lower costs for minority families and all Americans should forget about preventive care for better health.

Racial and ethnic minorities are often less likely to receive preventive care. Vietnamese women, for example, are half as likely to receive a pap smear, and twice as likely to die from cervical cancer as are whites. Obesity rates are also high among certain minority groups. By ensuring all Americans have access to preventive care and by investing in public health, health insurance reform will work to create a system that prevents illness and disease instead of just treating it when it's too late and costs more. Are we telling the citizens of this country that we will not?

Make health care accessible to everyone.

African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population. By providing health insurance choices to all Americans and providing premium assistance to make it affordable, health insurance reform significantly reduces disparities in accessing the best quality for health. We will you tell your constituents that you will not:

Control chronic disease and promote primary care.

Nearly half of African Americans suffer from a chronic disease, compared with 40 percent of the general population. Chronic illness is growing in other minority communities as well. Health insurance reform is slated to include a number of programs to prevent and control chronic disease, including incentives to provide medical homes and chronic disease management pilots in Medicare. By investing in the primary care workforce (including scholarships and grants to increase diversity in health professions), health reform will make sure that all Americans have access to a primary care doctor and strengthen the system of safety-net hospitals and community health centers to ensure accessible care.

The people of my home State of Texas, in particular, with 6 million uninsured persons, and 26 percent uninsured in my district, have been hit especially hard when it comes to lack of access to quality, affordable care. Many Americans continue to be forced from their health care plans due to decisions by insurance companies that consider profit over people.

So how do the million plus Houston residents without an insurance company get health care—the emergency room, ER! Emergency rooms have become the health care providers of last resort for well over 100 million Americans annually.

Will we allow this trend to continue? Over a 10 year period from 1994 to 2004, ER visits on a national level saw an 18 percent jump, according to the Centers for Disease Control and Prevention. Emergency rooms in Houston hospitals are routinely overcrowded as overused as throngs flock seeking care for ailments that may range from a heart attack or gunshot wound to an ear infection or toothache. ER overcrowding is so bad in the Houston area, that patients have called 911 from one ER to get to another, according to one report. When the President signed the health care bill into law, he ensured that Americans who have been flocking to emergency rooms for primary care will have another option—affordable and accessible health care.

Repealing the health act is not in the best interest of Americans. Health is not partisan and we should not treat it as such. Will we tell the citizens of this great Nation, we will not?

Bar insurance companies from discriminating based on pre-existing conditions, health status, and gender; create health insurance exchanges—competitive marketplaces where individuals and small business can buy affordable health care coverage in a manner similar to that of big businesses today; offer premium tax credits and cost-sharing assistance to low and middle income Americans, providing families and small businesses with the largest tax cut for health care in history; insure access to immediate relief for uninsured Americans with pre-existing conditions on the brink of medical bankruptcy; invest substantially in community health centers to expand access to health care in communities where it is needed most; empower the Department of Health and Human Services and State insurance commissioners to conduct annual reviews of new plans demanding unjustified, egregious premium increases; expand eligibility for Medicaid to include all non-elderly Americans with income below 133 percent of the federal poverty level (FPL); replace the so-called ''cornhusker'' deal with fair assistance for all States to help cover the costs of these new Medicaid populations; maintain current funding levels for the Children's Health Insurance Program (CHIP) for an additional two years, through fiscal year 2015; and increase payments to primary care doctors in Medicaid.

Increased costs for families and business in the current economy cannot be best for the Nation. Before we rush headlong toward repeal, we must consider the consequences and look for solutions that hold down costs, not increase them. In opposition to H.R. 2, I offered several amendments to protect the millions of Americans who are at risk of the legislation that is before the body of Congress today. Specifically, my amendments would amend the legislation to make no further reduction in Medicare and Medicaid fraud and would prevent the abuse of activities below the level that would be provided under Title VI and Subtitle F of Title X of the Patient Protection and Affordable Care Act and Sections 1106 and Subtitle D of Title I of the Health Care and Education Reconciliation Act of 2010, Public Law 111–152.

My amendment stated that this repeal shall not take effect unless and until the Director of Office of Management and Budget in collaboration with the Director of the Congressional Budget Office certifies to Congress that this repeal will not result in any decrease in Medicare and Medicaid fraud and abuse prevention activities below the level provided in the Patient Protection and Affordable Care Act.

Health care fraud and abuse has been a national problem, prevalent in Federal, State and private insurance programs, costing this Nation billions of dollars each year. Fraud can result in improper payments, but it is not the only cause of wasteful spending in Federal health care programs. Payments for unnecessary medical services, for claims with insufficient documentation, for ineligible patients and to ineligible providers, are examples of improper expenditures that waste taxpayer dollars and drive up health care costs. Fraud and abuse account for one-fifth, an estimated $125 to $175 billion of that waste. This is staggering.

Continuing to uncover fraud and abuse will assist in covering the costs of health reform, allowing us to keep the services so many Americans rely upon, while reducing the deficit. The Congressional Budget Office estimates that every $1 invested to fight fraud yields approximately $1.75 in savings. Through FY 2009, the Department of Justice's civil division and U.S. Attorneys' Offices have recovered nearly $16 billion in matters alleging fraud against government health care programs.

As we look to make non-partisan decisions that will benefit the American people and guarantee fair and equitable health care coverage, the Obama administration has taken steps to significantly improve oversight of the Medicare Part C and Part D programs. These steps have sought to tailor interventions towards the areas where fraud and abuse are the greatest. Efforts have been implemented to invest in critical data infrastructure, enhanced field operations at Centers for Medicaid and Medicare Services, the Office of Inspector General, and Department of Justice, and initiated new efforts to reduce improper payments.

On July 2010, U.S. Health and Human Services Secretary, Kathleen Sebelius and U.S. Attorney General, Eric Holder launched a series of regional health care fraud prevention summits. These summits brought together a range of Federal, State and local partners, beneficiaries, providers, and other interested parties to discuss innovative ways to eliminate fraud within our U.S. health care system. Tools contained in the Affordable Care Act serve to safeguard taxpayer dollars and ensure health care coverage for seniors, families and children are secure.

The Nation's health care system has been victimized by health care fraud perpetrators whose objective is to line their pockets at the expense of the American taxpayer, patients, and private insurers. This not only drives up costs for everyone in the health care system, it cripples the long term solvency of Medicare and Medicaid, two programs upon which millions of Americans depend.

This particular amendment was essential to hold State and local partners, beneficiaries, providers, and others accountable to their patients and communities and ensure these new policies are used in an effective manner to yield the best possible outcome.

Regarding community health centers, I offered an amendment that would prevent Section 2 of House Bill H.R. 2 from taking effect unless and until the Director of the Office of Management and Budget, in consultation with the Director of the Congressional Budget Office, certifies to Congress that the repeal of the Patient Protection and Affordable Care Act (Public Law 111–148) will not result in an elimination of any increased funding to community health centers provided under the Patient Protection and Affordable Care Act or the Health Care and Education Reconciliation Act of 2010 and will not result in any decrease in the number of community health centers, and will not otherwise disallow further expansions of community healthcare centers.

It is important to protect the historic healthcare legislation which we fought so hard to enact in order to provide the accessible, affordable and quality healthcare that all Americans deserve and so many Americans receive through community healthcare centers.

Community health centers are poised to play a vital role in the implementation of the Affordable Care Act and emphasize coordinated primary and preventive services. These centers also provide preventive services. Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Offer a medical home to the most vulnerable and medically underserved—low-income individuals, racial and ethnic minorities, rural communities and other underserved populations to address and reduce health disparities.

Community health centers continue to show their ability to manage patients with multiple health care needs, and implement key quality improvement practices, including health information technology.

For more than forty years, health centers have delivered quality, comprehensive preventive and primary care to patients regardless of their ability to pay. With a proven track record of success, and the advent of 350 new community health care centers being established in fiscal year 2011, a repeal of the Affordable Care Act will threaten the very fabric of this Nation's health care system. Currently, more than 1,100 community health centers operate 7,900 service delivery sites and provide care to nearly 19 million patients in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

The Affordable Healthcare Act included enhanced funding for operations and start-ups of federally qualified health centers in the Harris County Hospital district, which is in the 18th Congressional District of Texas, my home district, thereby increasing the availability of primary health care and preventive health care services. The Affordable Healthcare Act also provided funding for and policy direction to increase the number of primary care providers in the Harris County Hospital district and the state of Texas, inclusive of physicians and physician extenders (advanced nurse practitioners).

The Affordable Healthcare Act also directed states to increase provider payment rates to physicians in the Medicaid program. This is significant in that rates are so low in Texas many physicians are unwilling to take Medicaid patients.

According to the Texas Health and Human Services Commission Study, there are currently 1.1 million uninsured in Harris County, Texas. Full implementation of health care reform would reduce that number to a little over 390,000. That represents a 65 percent reduction in the number of uninsured residents. Diminished access to primary and preventive health care services that in turn will lead to a moreover use of acute care hospital inpatient services and emergency center encounters at much higher costs to county taxpayers and higher Medicaid per capita expenditures for the state and Federal government. Without reform, cuts to the Medicare and Medicaid program will put a greater strain on existing safety net providers and local tax payers. Without expanded care and insurance reforms, people will not have access to affordable, lower cost health care services.

Specifically, in my Congressional district, the South Central Houston Community Health Center has been serving the Houston community since 1994 and has locations in the Sunnyside and Third Wards areas of Houston. By being the oldest, Federally qualified health center in the city of Houston, the community health center has grown to receive over 1.2 million in annual Federal funds, which is instrumental in providing quality health care to the medically underserved, uninsured, and underinsured people of the greater Houston area. The South Central Houston Community Health Center has made tremendous progress towards eliminating healthcare disparities and increasing access to healthcare services to the Houston community.

The Legacy Community Health Center in my Congressional district has also benefitted greatly from the Affordable Healthcare Act. The Legacy Community Health Center is a full-service, community health center that provides comprehensive, primary healthcare services to all Houstonians in a culturally sensitive, judgment-free and confidential environment. Legacy has specialized in HIV/AIDS testing, education, treatment and social services since the early 1980's. They also provide care for other chronic health conditions like diabetes and high blood pressure disparately impacting minorities. Generous financial support from individuals, businesses and charitable foundations allows Legacy to provide no-cost or low-cost healthcare services to over 30,000 men, women and children each year.

The Good Neighbor Healthcare Center also in my Congressional district offers a wide array of services to families living in the greater Houston area. Services include primary health care, dental care, optometry, and behavioral health services. Good Neighbor Healthcare Center has a special mission to the community that goes right to the heart of providing quality, accessible primary health care and dental care to those in need. Good Neighbor Healthcare Center serves patients from virtually every zip code in Harris County, and the diverse staff is ready to assist patients with all of their health care needs. Good Neighbor Healthcare Center assists patients in Spanish or English as needed as well.

Community health centers are an integral part of our communities providing a source of local employment and economic growth in many underserved and low-income communities. In 2009, community health centers across the Nation provided more than $11 billion in operating expenditures directly into their local economies. Community health centers employ more than 9,100 physicians and more than 5,700 nurse practitioners, physician assistants, and certified nurse midwives to treat patients through culturally competent, quality and integrated care.

And lastly, I offered an amendment that would be essential to an unprecedented opportunity to serve more patients, retain existing and support new jobs, meet the significant increase in demand for primary health care services among the nation's uninsured and underserved populations and address essential construction, renovation, and equipment and health information technology systems needs in community health centers. I cannot turn my back and shut the door on the constituents I represent in securing accessible, affordable and quality healthcare services in my Congressional district.

If the Healthcare Repeal Bill were to pass, this amendment would ensure that insurance rates do not increase from those rates that would have applied if the law is left intact.

Health care reform is something that people have fought for fervently for years, and it would be a great disservice to the American people if the health care law were repealed as a result of politics. The Patient Protection and Affordable Care Act insure access to quality, affordable healthcare for all Americans. It also makes necessary changes that will make our system of health care more efficient. Children are allowed to stay on their parents' health insurance until the age of twenty-six. Patients cannot be refused health insurance coverage because of pre-existing conditions. Insurance premiums were lowered and mechanisms are in place to avoid them getting any higher. Repealing health care reform would reverse all of this good that has been done.

However, if the Patient Protection and Affordable Care Act is repealed, it is important that certain provisions of the law remain intact. For aforementioned reasons, I urge my colleagues to reason with the American people and provide an opportunity for every American in every state to receive affordable and quality healthcare. If the Healthcare Law is repealed without the inclusion of my amendment, that would ensure that insurance rates do not increase from those rates that would have applied if the law is left intact, we are left great potential for health insurance rates to rise, much like they did in the past, to levels which make coverage inaccessible and unaffordable for many Americans.

Before the Healthcare Reform Bill was signed into law, increasing healthcare costs were crushing the budgets of families and American businesses, making us less competitive in the ever growing global market, placing Medicare and Medicaid in serious danger, damaging our long-term fiscal stability, and worse of all, causing Americans to continue to go without basic health care coverage. This broken health care system was driving up health care costs and weakening our economy. Minorities in general were more in danger of being uninsured and falling victim to frequent emergency visits, increasing debt that leads to bankruptcy, and premature death.

Without healthcare reform, a devastating number of citizens would have had to continue to live without healthcare. No American citizen should have to face a decision of whether to buy food or pay healthcare premiums. Putting a face to healthcare is recognizing Iris Williams from Houston, Texas.

For many mothers, finding a good doctor for their children can be quite difficult, especially if they don't have health insurance. When the child has fears of going to the doctor, the difficulty only worsens.

Iris Williams first brought her son, Simon, to Legacy Community Health Services in 2007. As a resident in the surrounding area, Iris liked the convenience of Legacy's Community Health Center on Lyons Avenue in the heart of her neighborhood. When she found out Legacy offered school physicals, even to those without health insurance, she was thrilled.

"My son had a bad experience with a doctor when he was younger and did not like going to the doctor," Iris sighed. "But Legacy was able to schedule a physical for Simon within the week, and I was told it would only cost $45."

Now that Iris had an appointment for her son at an affordable cost, she only had to worry about whether Simon would like the doctor.

"I just love Dr. Levine, he is so kind and wonderful," Iris continued, "he not only made my son feel at ease but he also treated him like a young man. That made us both feel really good."

This past summer Simon hurt his finger at a summer program. Iris had to take him to the emergency room to get his fingernail removed. For his follow-up care Iris sought out Legacy to clean the wound and make sure it was healing properly.

"Again the staff at Legacy was great and the finger is healing nicely," Iris glowed. "I am so glad Legacy had a doctor to care for him after the visit to the ER."

When people in Iris's neighborhood ask her where to go for quality and affordable healthcare, Iris doesn't hesitate to refer them to Legacy. She knows they will get great care. Iris stated, "it gives me great satisfaction knowing that Legacy is here for all of us and will take care of our health care needs." Madam Speaker, what do you expect I say to constituents similar to Iris Williams?

Madam Speaker, before the Healthcare Reform Bill passed, the need for more efficient healthcare was dire, especially within my home State of Texas. One in four Texans, about 5.7 million people, or 24.5 percent of the State's population, had no health insurance coverage. An estimated 1,339,550 Texas children—20.2 percent of Texas children—were uninsured. According to the U.S. Census Bureau, Texas had the Nation's highest percentage of uninsured residents. This posed consequences for every person, business, and local government in the State who were forced to bear extra costs to pay for uncompensated care. If the Patient Protection and Affordable Care Act is repealed, Texas, like many other States, runs the risk of a reoccurrence of statistics such as these.

Over the years, I have had the opportunity to meet with health care providers who have been on the front lines of health care debates from day one. It is no surprise that they enthusiastically endorsed healthcare reform, and many are still holding out hope for progressive changes to the current healthcare laws as we move forward in this new Congress. These

health professionals have seen the pain and frustration of hardworking Americans who faced financial collapse, physical suffering, and sometimes the loss of their life simply because they did not have decent health care coverage. The repeal of healthcare reform could lead our Nation back down a similar path, and I am confident that no health care professionals, nor I, or any of my colleagues would want to see situations like that reoccur.

The late Congresswoman Barbara Jordan, who once held the seat that I so proudly and humbly hold today said, "What the people want is very simple. They want an America as good as its promise." These words resonate in our time and the American people only ask for simple things. Therefore, I and my fellow colleagues are striving to maintain something we fought for tirelessly for years and were finally able to secure in the last Congress—the ability to provide all Americans with affordable and accessible healthcare.

For these reasons, I urge my colleagues to allow their conscious to recognize the greater need to work across the aisles with one another and strengthen our healthcare system to one day provide universal healthcare for all Americans. Again, I am in opposition of H.R. 2.

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

Madam Speaker, the Democrats' health care bill squanders health care resources and taxpayer money by encouraging wasteful defensive medicine. It explicitly prevents States from making any effective legal reforms under its provisions, and expands opportunities for lawyers to sue doctors who did absolutely nothing wrong. And it limits the supply of doctors when patients need them most.

In fact, one particularly costly part of our health care system is the practice of so-called ''defensive medicine,'' which occurs when doctors are forced by the threat of lawsuits to conduct tests and prescribe drugs that are not medically required. A survey released last year found defensive medicine is practiced by virtually all physicians.

Lawsuit abuse does more than make medical care much more expensive. It drives doctors out of business. Doctors who specialize in inherently high-risk fields are leaving their practices and hospitals are shutting down because their high exposure to liability makes lawsuit insurance unaffordable.

□ 1640

It can have deadly consequences. Hundreds and even thousands of patients may die annually for lack of doctors.

Madam Speaker, the Democrats' health care law will produce more litigation and less effective health care. That is why it should be repealed.

I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from Missouri (Mr. GRAVES) and the gentlewoman from New York (Ms. VELÁZQUEZ) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

Mr. GRAVES of Missouri. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 2, legislation to repeal the job-destroying health care law that was rushed through Congress last year. The American people have repeatedly voiced their frustration over the way the health care law put the government between patients and their doctors. They have protested this law's outrageous Federal mandates and high taxes. They have demanded that reform of our Nation's health care system focus not on bigger government, not on more bureaucrats, but on targeted, commonsense changes that encourage competition and better choices.

But instead of listening to the people, Washington gave them a law that piles more than $500 billion in tax increases on families and small businesses. This law will force as much as 80 percent of all small businesses to give up their current coverage and could cost our economy 1.6 million jobs, 1 million of which could come from small businesses.

All of these new regulations and restrictions included in the law will make it more difficult for small businesses to hire new workers, expand their operations, and offer competitive wages. With unemployment still hovering above 9 percent, families and businesses simply cannot afford more regulations and red tape from Washington. It is going to make jobs more scarce and further slow our economic recovery.

My Republican colleagues and I repeatedly tried to reach across the aisle to craft a better bill when this was pushed through. I was disappointed that rather than listen to their counterparts, the American people, those in charge when this was pushed through chose to put a completely partisan, widely unpopular bill through the people's House.

We now have an opportunity to give the people what they want by repealing this law and replacing it with meaningful reforms that will cut costs and increase access without creating big problems for businesses or piling more unsustainable debt on future generations.

I urge my friends and Members to vote in favor of repeal of this legislation, and join me in implementing better solutions for improving our Nation's health care system.

I reserve the balance of my time.

Ms. VELÁZQUEZ. Madam Speaker, I yield myself such time as I may consume.

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

Ms. VELÁZQUEZ. Madam Speaker, I rise in opposition to the bill before us today.

As we begin the 112th Congress, it is unfortunate that one of the first bills before this body is more about politics than policy. This bill will not help a single small business secure a loan, open a new market for its products, or invest back in its operations. By their own admission, the other side acknowledges this legislation is going nowhere.

It is ironic this grandstanding occurs when health insurance continues to be a top challenge facing small businesses. Over the last decade, small employers have seen their premiums rise by over 114 percent with no sign of relief. It is hard to imagine how repeal will help small businesses. In fact, it could do significant harm. The bill before us today imposes a $40 billion tax increase by eliminating critical small business tax credits. These have already helped reduce costs and increased coverage rates by nearly 12 percent in the past year.

Repeal would also eliminate choices for entrepreneurs. Currently, in the majority of States, the two largest insurers had a combined market share of 70 percent or more. By doing away with reforms that establish new health insurance markets, it will limit small businesses' ability to secure coverage.

Small businesses already pay 20 percent more than their corporate counterparts, and the loss of new safeguards will compound this problem. Because of health reform, insurers are no longer able to raise rates arbitrarily without explaining why. They cannot deny coverage based on a preexisting condition or because an employee gets sick. Passage of this bill would also strip new protections that provide small businesses bargaining power.

We have heard how important reforms were excluded from the original legislation. They say that for this reason, the House will start from scratch and enact a new health care law. However, when Republicans were in control of both Chambers and held the Oval Office, they talked about these solutions for nearly a decade, and yet nothing happened. In the meantime, small businesses saw their employees' premiums rise by an average of $700 every single year. These small businesses now pay nearly $14,000 for a policy that cost $6,500 in 2000. Why should small businesses believe they can deliver on a promise this time?

While our economy has added nearly 400,000 jobs over the past 3 months, more must be done. We must continue to confront the problem of health coverage for small businesses, but voting for today's bill will not do that.

I urge Members to oppose the bill, and I urge the new leadership to focus on meaningful ways to address this Nation's economic challenges.

I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from South Carolina (Mr. MULVANEY).

Mr. MULVANEY. Madam Speaker, I rise in favor of H.R. 2.

It is hard to know where to begin when you are talking about how bad the current health care legislation is for small businesses. The current health care bill that this Congress passed last year has an incentive for businesses to go from 50 employees to

49. It has an incentive for businesses to go from 25 employees down to fewer, and it has a disincentive then for small businesses to grow. There is a financial incentive to pay your employees less because the tax credit that we talked so much about last year goes away as you pay your folks more.

In fact, it is almost as if the folks who wrote this piece of legislation last year either have no idea how small business works or they don't care how small business works. Either way, the current health care legislation is a complete disaster for small business, and the number one priority for small business this year should be repealing of the existing health care and passing of H.R. 2.

Ms. VELÁZQUEZ. Madam Speaker, in the State of South Carolina as a result of this repeal legislation, small businesses in the State of South Carolina will see a tax increase of $540 million.

I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. I thank the gentlelady for yielding.

Madam Speaker, I rise today in strong opposition to H.R. 2.

We know that if we repeal this law, we know the following things will happen: Children with preexisting conditions will be denied coverage; adult children under the age of 26 will be denied coverage under their parents' policy; seniors will pay more for their prescription drugs; and small businesses will once again go back to paying nearly 20 percent more than their corporate counterparts for providing the same health care coverage; small businesses would lose the incentive for providing coverage to their employees and an up to 50 percent tax credit which has already increased coverage at small firms by more than 10 percent. They would lose the ability to grow their businesses and create jobs by using that tax credit to hire additional employees.

This law establishes consumer protections, incentivizes wellness programs, and establishes cost controls and cost-cutting exchanges. For small businesses, that means driving down the cost of providing health insurance and providing assistance for small businesses that are struggling with skyrocketing premiums.

Currently, small businesses pay, on average, 18 percent more than large businesses for the same coverage, and health insurance premiums have gone up three times faster than wages in the past 10 years.

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

Ms. VELÁZQUEZ. I yield the gentleman an additional 15 seconds.

□ 1650

Mr. CICILLINE. Small business tax credits are critical to providing small businesses the opportunity to provide insurance to their employees. We made a promise to those small businesses to do everything we can to make it easier for them to thrive in this economy, and this is a good first step.

I urge my colleagues to vote against this repeal.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Tennessee (Mr. FLEISCHMANN).

Mr. FLEISCHMANN. Madam Speaker, tonight I rise in support of the repeal of ObamaCare.

This is my first speech on the floor as a Member of Congress, and I thought it only appropriate that it be on this topic—a topic I campaigned hard on and a topic I believe strongly in.

We must repeal this health care legislation. As a small business owner for the past 24 years, I know firsthand the kind of damage this legislation would do to American small business if it is allowed to be put in place.

The National Federation of Independent Research Foundation conducted a study that showed the employer mandate found in ObamaCare could lead to a loss of 1.6 million jobs throughout the country, and 66 percent of those lost jobs would come from the small business workforce. That same study showed ''small businesses would lose, roughly, $113 billion in real output and account for 56 percent of all real output lost.''

As a member of the Small Business Committee, I promise to use my personal experience to fight every day for small business owners everywhere. Starting tonight, we must repeal ObamaCare.

Ms. VELÁZQUEZ. Madam Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. MILLER).

Mr. MILLER of North Carolina. Madam Speaker, I rise today to speak against this bill.

Even before the recession, my State of North Carolina was losing one wave of jobs after another in our traditional industries, and we have needed the energy and the job creation that comes from small business—from people leaving jobs, whether they jump or are pushed, and starting their own businesses. Half the American economy, our gross domestic product, is generated by small business. Even more importantly, small businesses create 75 percent of new jobs.

By providing access to State high-risk pools and an insurance market for individuals, the health care reform bill passed last year will make it possible for American workers to start their own businesses without worrying they are going to lose health care for themselves or for their families.

I do know firsthand what it is like as a small business owner to buy health insurance for employees. It is one of the greatest frustrations—trying to find something affordable and trying to figure out what you really bought, and you're not going to know until one of your employees gets sick or gets hurt.

This bill, the bill passed last year—this legislation—will make it affordable. It will provide tax credits of 35 percent for small businesses to provide health insurance, and that is going to go up to 50 percent. That will increase health care coverage by more than 12 percent amongst small business owners. Even more importantly, they're going to know what they've got. It is going to be insurance that really covers what it ought to cover. It is not going to be filled with small-print exceptions of one kind of care after another, one condition after another. Employees are going to get the care they need.

Reform has freed people who want to start a business to do it without worrying about what kind of shape it's going to leave them in and their family members in.

I urge my colleagues to vote against this bill, which will put those small businesses back into uncertain land.

Mr. GRAVES of Missouri. Madam Speaker, at this time, I yield 1 minute to another member of the Small Business Committee, the gentlewoman from Washington (Ms. HERRERA BEUTLER).

Ms. HERRERA BEUTLER. Madam Speaker, I rise in support of this bill, and I hope this is only a first step in the pursuit of making quality, affordable health care available to all Americans.

This year we have the chance to correct mistakes made by both parties. The ObamaCare bill passed by the other party last year was the wrong approach. It increases the debt and the deficit for future generations while doing nothing to decrease the inflationary curve of health care. It was the wrong approach.

No party is perfect. The last time our party had the majority, while there were many on our side of the aisle who worked diligently to reform health care, the job was left undone. Getting this right is one of the reasons the people of southwest Washington sent me to Congress. Now, the good news is that solutions exist that can fix our health care system and bring costs down for middle-income families. Today, we hit ''reset'' on health care reform.

I invite my Democratic colleagues to join me in advancing solutions that help small businesses and middle-income families—solutions like small business health plans, ending junk lawsuits that drive up the cost of everyone's care, the expanded use of health savings accounts, and the ability to purchase health care across State lines.

These are patient-centered solutions that won't grow government, but are solutions that will make health care more affordable and more accessible to all Americans. I sincerely hope we vote today to seize this chance.

Ms. VELAZQUEZ. Madam Speaker, I would like to inquire as to how much time remains on both sides.

The SPEAKER pro tempore. The gentlewoman from New York has 12¼ minutes remaining. The gentleman from Missouri has 15 minutes remaining.

Ms. VELÁZQUEZ. Madam Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Colorado (Mr. TIPTON).

Mr. TIPTON. Madam Speaker, the question before us is: Will we accept what is, or are we willing to commit to build what could be?

America has always been a land of self-determination. Our constitutionally guaranteed rights as individuals, as a people, as a Nation have made us flourish. Innovation, creativity, and freedom are American hallmarks.

I rise in support of H.R. 2. It does not indite intent, but it does address outcome. In fact, the deeper we dig into the health care act, the more we discover that it is stopping job creation, building more government, and placing tax burdens on American families who are already struggling. We can and must do better.

Let us commit ourselves to addressing the basic concerns we hold in common concerning health care—affordability and accessibility. Let us strive to empower our people to make their own choices about the care they receive, empower private sector solutions that will lower costs and increase the quality of care, and eliminate governmental stumbling blocks and not build bigger government.

Ms. VELÁZQUEZ. Madam Speaker, I yield 2½ minutes to the gentlewoman from California (Ms. ROYBAL-ALLARD).

Ms. ROYBAL-ALLARD. Madam Speaker, today, millions of Americans have more freedom to choose and control their health care as a result of the Affordable Care Act.

In my congressional district, nearly 40 percent of my constituents were uninsured. Thousands more were underinsured and living on the brink of financial disaster when facing a serious illness or accident. With health care reform, positive change is taking place for them and for individuals, families, and small businesses throughout the country.

Young adults are grateful they can remain on their parents' insurance until age 26; seniors living in fear of not being able to afford their medications are thankful for discounts on brand-name drugs when reaching the doughnut hole; families with preexisting conditions are comforted by the new high-risk insurance pool; and those facing serious illness are relieved their insurers can no longer drop them when they need coverage the most.

Small businesses, which abound in my district and which are a mainstay in our Latino and minority communities, can take advantage of tax credits to offer health insurance to their employees.

A 2009 study by MIT economist Jonathan Gruber found that, without reform, over the next decade employers will pay trillions of dollars in employee health costs; will potentially cut 170,000 small business jobs; and will lose $51.2 billion in profits. That is why John Arensmeyer, founder and CEO of the Small Business Majority, supports health care reform.

Madam Speaker, H.R. 2 will hurt small business. It will repeal the freedoms and protections Americans now have, and it will return control of their health care to the insurance companies.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. LANDRY).

Mr. LANDRY. Madam Speaker, it is with great enthusiasm that I rise to encourage my colleagues to stand with the American people—the hardworking families and the small business owners across our country—and vote for repealing the job-killing health care law.

In March, Members of Congress passed a massive government-run health care law that will kill jobs, raise taxes, and increase the size of our Federal Government.

□ 1700

The bill called for tax increases on American families, wasteful spending of taxpayer dollars, and new mandates on small businesses. This is wrong. Voters made it clear in November that ''business as usual'' must end.

I submitted the necessary paperwork to decline the health care plan offered to Members of Congress. I rejected this benefit because Washington must work just like the American people must work. We are not above them. I hope my actions will energize the efforts to repeal the government-run health care law.

I encourage my colleagues to vote ''yes'' on this bill and to promote commonsense solutions of purchasing health insurance across State lines and pooling small businesses together to leverage purchasing power.

Ms. VELÁZQUEZ. Madam Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. WALSH).

Mr. WALSH of Illinois. Madam Speaker, I rise today in support of H.R. 2, Repealing the Job-Killing Health Care Act.

I commend the Republican leadership for simplifying this process by drafting a two-page, stand-alone bill for repeal. It will be very clear, Madam Speaker, to the American people where we stand on repeal.

During this past campaign, I, like a lot of candidates, spoke to small businesses every single day. There is a reason why 90 percent of small business men and women in this country support repeal. From the billions in taxes, to the needless paperwork, to the burdensome regulations, to the 1.6 million estimated job loss, small business men and women are adamant that we need to repeal.

Finally, Madam Speaker, our opposition last year said that if you like your plan, you can keep it. To date, there are 222 organizations, including some of ObamaCare's biggest union supporters, who have received waivers. Why? Why, Madam Speaker, if the law was so worthy, would there be a need for waivers?

Ms. VELÁZQUEZ. Madam Speaker, as a result of this repeal legislation, small businesses in the State of Illinois will see a tax increase of $1.7 billion.

Madam Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. MURPHY).

Mr. MURPHY of Connecticut. Madam Speaker, when I testified against this repeal before the Rules Committee, I told a story about a family in my district. The husband lost his job and, therefore, his insurance because of a debilitating injury. This family faced a choice: They either had to dip into their savings account, their high school son's college fund, or they had to sell their house. They chose to first spend down the college account so that they could keep a roof over their head.

When I told that story, one Republican on the committee basically said, Wait, I don't get it. They had money, they had a house, why should somebody else pay for their health care if they had assets?

Well, that Member was right about one thing: She didn't get it. And Republicans don't get it. Because in a nation as compassionate as this, no family should be forced out on the street just because one of their family members gets sick. There is a moral imperative behind making sure that we live up to our duty to be our brother's keeper.

But it's more than that. There is a fiscal imperative here. What she also didn't get was that once that family's savings is gone, once they're out on the street, we all pick up the cost. Small businesses pick up the cost. That's why small businesses are paying 18 percent more than big businesses. That's why about $1,100 of every single premium for a small business employee goes to cover the uninsured.

There are thousands of small businesses in Connecticut organized under the auspices of a group called Small Businesses for Health Care Reform that are crying out for this repeal to be defeated because they see the $260 billion price tag attached to this bill that is going to land on their head, as well as the continuation of discriminatory practices that ask small businesses to pay for the uninsured like that family that I talked about.

This bill isn't anything more than a political statement, but families in my district, small businesses in my district need more than politics. They need answers.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. I thank the chairman for yielding time.

I listened to this delivery ahead of me. I spent 28½ years in business. I met payroll for over 1,400 consecutive weeks. I never saw a regulation that

made my job easier or allowed me to make more money. This is 2,400 pages of legislation. It's thousands more pages of regulation. It's oppressive to small business. It should be called the ''Entrepreneurial Extinction Act,'' not this health care plan.

This is ObamaCare. It must be pulled out completely by the roots. The American people know this. That's why there are 87 freshman Republicans on this side and nine freshman Democrats on this side. The American people have spoken resoundingly. It is our obligation to go down this path. It's not symbolic. It's very important. Because without this vote on this floor, we can't move forward with the rest of the scenario to eliminate ObamaCare.

The language in the bill is pretty simple, and it concludes with this language, ''act is repealed, and the provisions of law amended or repealed by such act are restored or revived as if such act had never been enacted.''

Ms. VELÁZQUEZ. Madam Speaker, I yield 2 minutes to the gentleman from New Mexico (Mr. LUJÁN).

Mr. LUJÁN. Madam Speaker, during these difficult economic times that we're facing, it's critical that we make job creation a top priority. That is why I'm concerned about the impact H.R. 2 will have on small businesses.

The Republican plan will repeal a 35 percent tax credit for small businesses that offer health insurance to their employees. It would allow insurers to deny a business coverage if their employees had preexisting conditions.

As a result of health insurance reform, New Mexicans no longer face this discrimination. If this protection is repealed, having cancer or diabetes or even being a victim of domestic violence could lead to a denial of insurance. Discrimination for preexisting conditions will be alive and well. All of that would be dangerous for New Mexicans.

People like Yvonne from Santa Fe would once again have to worry about losing their health care. Yvonne lost her job when the company she worked for was shipped overseas. Yvonne was diabetic, and because of the high cost of COBRA, she was forced to ration her medicine. As a result, she became gravely ill and had to visit the emergency room. There, doctors noticed another problem that required further examination. Yet because Yvonne could not afford COBRA and because private insurance companies would not insure her because she had diabetes, the hospital released her. The only option Yvonne had left was to wait 2 months to be seen at the University of New Mexico Hospital. After that visit, she was diagnosed with a form of lung cancer that would have been caught earlier if she had not been kicked out. Yvonne passed away from complications resulting from the cancer, having resulted through a system that discriminated against her.

We simply cannot return to the days when people like Yvonne are forced to suffer because of insurance companies' bad practices. Please, let's not turn a blind eye on people like Yvonne.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentlelady from North Carolina, a nurse and the new chairwoman of the Subcommittee on Health Care and Technology, Mrs. ELLMERS.

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

Mrs. ELLMERS. Madam Speaker, when I ran for Congress, I vowed to repeal ObamaCare, and with one of my first votes in the 112th Congress, I will do so.

As a nurse for 20 years, co-owner of a wound care clinic, and in practice with my husband in his general surgery practice, we know the problems that exist for Americans in health care. Instead of being a remedy to these problems, ObamaCare has already done more harm than good to both the quality of health care in our country as well as our economy. As a nurse, I look for pathways to solutions; this is a problematic pathway undoubtably.

In the face of rising unemployment, unsustainable Federal deficits, and overwhelming public opposition, it took more than a year to cobble together an unpopular government takeover of health care so riddled with provisions that violate right-to-life principles and support government rationing of care that it cannot simply be patched.

ObamaCare is bad for workers. It's bad for employers and bad for America.

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

Mr. GRAVES of Missouri. Madam Speaker, I yield the gentlelady 30 additional seconds.

Mrs. ELLMERS. Repealing it allows us to start with a clean slate and look at market-based reforms that will actually lower health care costs, increase accessibility, let Americans keep the plans they have and like, and forestall impending drastic changes that have created uncertainty in the lives of so many Americans and businesses.

To this Congress, I will work with my colleagues on both sides of the aisle to repeal and replace the law's job-killing regulations and State-bankrupting mandates. The bill to repeal the so-called ''Affordable Care Act'' is very simple, and my vote will be to overturn this job-killing law.

□ 1710

To this Congress, I will work with my colleagues on both sides of the aisle to repeal and replace the law's job-killing regulations and State bankrupt mandates.

Ms. VELÁZQUEZ. Madam Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentlelady from New York (Ms. HAYWORTH).

Ms. HAYWORTH. I rise today in strong support of this legislation to repeal the Affordable Care Act.

As a physician with 16 years of practice experience, I can assure you that the Affordable Care Act will, paradoxically, deprive Americans of care. It enshrines a third-party payment system that adds to costs; then, in the name of controlling costs, transfers power from consumers to the government to make crucial decisions that belong in the hands of patients and their doctors. It neglects to deal effectively with reforms in medical liability that are desperately needed to reduce the unconscionable cost of defensive medicine.

Our vote to repeal is not merely symbolic. It represents the true will of the American public, and it will pave the way to reform our health care in a way that will allow our citizens to have the good, cost-effective health care and affordable, portable health insurance they need, while maintaining the quality, choice, and innovation that represents the best of American medicine.

Ms. VELÁZQUEZ. Madam Speaker, I continue to reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. GOSAR).

Mr. GOSAR. Madam Speaker, America is hurting, but the health care law passed last year did not fix any problems. It will only make things worse. Small businesses can barely make ends meet. And now the Federal Government is imposing more mandates, more taxes, and more red tape? Enough is enough.

As a health care provider, a small business owner, and a father, I know that the way to provide health care to more individuals and create more jobs is not through government bureaucracies, deficit spending, and higher taxes. Rather, we need to empower businesses—big and small—to band together to purchase health insurance. We need to open markets with free competition. We also need to implement real health care reform that will lower the cost of care and open up access.

Tort reform, red tape reform, preexisting conditions reform: these are reforms that will work—reforms the current law fails to adequately address or ignores altogether.

If we are serious about putting our Nation back to work, then we can start by repealing this onerous health care law and work hand-in-hand with the American people to implement true health care reform.

Ms. VELÁZQUEZ. Madam Speaker, I continue to reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. FITZPATRICK).

Mr. FITZPATRICK. I rise today in support of the repeal and replacement of the so-called Affordable Care Act of 2010 because the Affordable Care Act is in fact unaffordable for small businesses and individuals who purchase their health insurance.

Since the implementation of the act, businesses and individuals across my home county of Bucks County have seen double-digit premium increases. The act is unaffordable for States, already billions in the red, that will be required to shoulder untold millions more in Medicaid costs. The act is unaffordable for America's seniors who will see a half-trillion-dollar reduction in Medicare spending over the next 10 years. And, finally, the act is unaffordable for the American taxpayer who will see a $700 billion increase in the Federal deficit.

We must enact real health care reform, tort reform for doctors to stop the wasteful practice of defensive medicine, permitting individuals real competition of purchase across State lines, and enacting and enhancing health saving accounts.

These are the cornerstones of real health care reform and affordability and will make health care affordable and accessible for patients, for seniors, States, and for generations of taxpayers to come.

Ms. VELÁZQUEZ. Madam Speaker, I would like to inquire as to how much time each side has remaining.

The SPEAKER pro tempore. The gentlewoman from New York has 6 minutes remaining. The gentleman from Missouri has 6½ minutes remaining.

Ms. VELÁZQUEZ. At this time, I yield 2 minutes to the gentlelady from California (Ms. RICHARDSON).

Ms. RICHARDSON. Madam Speaker, I rise today in strong opposition to H.R. 2, the Patient Rights to Appeal of 2010, and I would urge my colleagues, let's keep true to the tone of civility. This isn't ObamaCare; it's actually called the Affordable Care Act.

So, Madam Speaker, at a time when Americans finally have a chance to see a regular doctor, to prevent sitting in hospital rooms in emergency waiting for desperate care, we finally have a chance.

What does this mean to small businesses? In California and in my own hometown, 15,100 small businesses have seen a 50 percent tax credit to provide health care for the first time for their employees. Over 16,000 additional small businesses will now be eligible for health care exchanges that will make insurance affordable. In my district, these are real people, like Betty Claire in my district.

Now you're talking about considering something that would prevent Medicare for 63,000 beneficiaries, extending coverage to 88,000 residents in my district. That's what we're talking about, and also when you look at guaranteeing 17,000 residents who previously had preexisting conditions.

My colleagues, I will vote ''no'' on H.R. 2. And I also urge my colleagues to consider not reversing. It's not time to go back. It's time to step forward.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Ohio (Mr. STIVERS).

Mr. STIVERS. I would like to thank the gentleman from Missouri for yielding time.

I rise in support of the health care repeal bill because doing otherwise would be supporting the job-killing status quo, and that's unacceptable. Whether we start over or we work to fix the current law, we must act.

Moving forward, I'm committed to working with my colleagues in a bipartisan manner to support reforms that we agree on, such as helping people with preexisting conditions get access and allowing young adults to stay on their parents' plan.

But I'm equally committed to eliminating the job-killing portions of the current law, such as the burdensome mandate and the 1099 requirement in the legislation.

A small business owner from my district, Cathy, called us the other day and wanted to talk to me about the burdens of the 1099 provision. She called it a nightmare. It will increase her burden by 12 times.

The bottom line is we need to work to lower health care costs for families and allow a more patient-centered approach while not placing unnecessary burdens on the backs of small business and job creators.

Ms. VELÁZQUEZ. I continue to reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Arkansas (Mr. WOMACK).

Mr. WOMACK. I thank the gentleman from Missouri for the time.

Throughout this debate there's been a lot of talk about jobs. And there should be. There is little doubt that this law impacts American workers. Take, for example, Baldor Electric in Fort Smith, Arkansas. Madam Speaker, this is a company that has 6,000 employees across America, and the impact of the health care law in the first year alone is $2.9 million. How does a company like Baldor absorb that cost? By further automating its processes and through attrition, allowing 50 jobs to disappear.

Eliminating 50 jobs in the first year of this law for a company like Baldor—not to mention thousands of companies across America similarly situated—is not my idea of restoring economic prosperity for America.

I urge my colleagues to support H.R. 2 and begin the process of crafting a meaningful, affordable, and workable solution. That's the way forward.

Ms. VELÁZQUEZ. Madam Speaker, I yield 1½ minutes to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I'm curious. Any of the Members who have spoken about the impact on small business, are any of them in favor of the tax incentive that is provided on small businesses to provide health care? Of course they are.

Now, they might not know it's in the bill because to listen to the rhetoric—and a lot of them can be forgiven; they just came off the campaign trail. They were used to saying glib things like ''government takeover,'' ''job killing.'' But I would urge you to read the bill. Small businesses get a 30 to 50 percent tax incentive to provide health care for their workers. Small businesses do.

□ 1720

And do you know what requirements they have to go along with that? None. No gaudy regulation, no government takeover. And just a word on this whole government takeover thing. I mean I love you guys, and I know you are caught up in the rhetoric of the campaign, this is tax breaks that are going to go to citizens to buy, wait for it, private insurance policies. Where is the government takeover in that?

Now, some of us believe that Medicare, which of course you refer to as a government takeover of health care, and I am sure you are opposed to that as well, some of us believe that, frankly, the insurance companies aren't providing a lot of value-added here. But they are the beneficiaries of this plan.

Small businesses today, if the Republicans are successful, will lose that tax incentive. Think that will create a lot of jobs, guys? It's not going to. And you think small businesses benefit when they don't provide health insurance and then people go to hospital emergency rooms to get their care? Who do you think pays that bill? The bill fairy? Your taxpayers. Your taxpayers in your States.

Now, what's your solution? Well, they don't have a solution. We know what they are against. They are against health reform. We don't know what they are for. Welcome to the Republican majority.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. GRAVES of Missouri. Madam Speaker, I yield 2 minutes to the gentleman from New York (Mr. GIBSON).

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

Mr. GIBSON. I thank the gentleman from Missouri for yielding.

I rise today to express the sentiments of my district in upstate New York. With health care costs continuing to rise at several times the rate of inflation year after year, clearly we need reform. Health care costs were 4.7 percent of the GDP in 1960. They are over 17 percent today. We must drive down costs. But the bill passed last year is not the answer. We're going to end up with higher costs, higher premiums, higher taxes, and more burdensome regulation, and more big government at a time we should be consolidating.

We need to start over again and arrive at a patient-centered bill, not the government-centered plan we got last year. I believe we can find solutions that drive down costs and expand access without hurting small businesses and without stepping on our freedoms.

This bill passed last year dramatically expands the government's involvement in the delivery of health care, which is already significantly increasing premiums in my district and

stifling job creation. I believe that both sides of the aisle believe that we should be focusing on job creation. This is not the way forward. Indeed, the new taxes and regulations will hurt our small businesses, including the medical device industry, a sector of the economy where our region leads the Nation.

Ultimately, the new law, if not repealed, will hurt families across my district and across America. Moreover, the changes to the Medicaid program will put additional burdens on States already facing very difficult challenges.

I plan to vote for repeal. And then later this week, I plan to vote for House Resolution 9, so that we can instruct committees to report a replacement bill that includes insurance reform for wider access to options and choices, and medical liability reform to rein in defensive medicine practices. I think we should engage in a civil, bipartisan discussion with our colleagues across the aisle. Our replacement bill should include coverage for preexisting conditions and ensure that coverage can't be dropped when you are sick.

Ultimately, I believe the fate of this repeal effort will hinge on the content and quality of the replacement bill. If we bring forward in this House a new plan that drives down costs, increases access, while protecting choices and the patient-doctor relationship, I believe the American people, evaluating the two respective plans side by side, will pressure the Senate and the President to repeal and replace, because we need reform, but the bill last year is not the answer. It's time to start over.

Ms. VELÁZQUEZ. Madam Speaker, may I inquire of the time remaining?

The SPEAKER pro tempore. The gentlewoman from New York has 3 minutes remaining. The gentleman from Missouri has 2½ minutes remaining.

Ms. VELÁZQUEZ. I would like to inquire through the Chair how many speakers the gentleman has remaining.

Mr. GRAVES of Missouri. I don't have any more speakers, and I am prepared to close.

Ms. VELÁZQUEZ. I yield 2 minutes to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. Madam Speaker, this is the most remarkable of all Chambers where discussions take place, because in this Chamber if you say something that is not true, often enough somebody will believe that it's actually true. What I have heard today on the floor I am just going, well, that's a marvelous thing, when in fact our colleagues on the Republican side want to enact reforms that are already in place. Already in place is the Patients' Bill of Rights. No rescisions. No preexisting conditions. Children being able to stay, or young adults being able to stay on their parents' policies until the age of 26. They say they want it—it's already the law of America. Wow. What are we going to repeal? You are going to repeal that?

You want small businesses to be well taken care of? Well, so do we. That's why, if you employ less than 50 people as a small business you don't have any requirements at all. But if you want to provide health insurance to your employees, wow, the government's going to give you a subsidy, 35 percent now, building to 50 percent in the years ahead. What's wrong with that? Where's the harm to small business? What in the world are our colleagues talking about here? I don't get it. It's in the law already.

Everything I have heard here in the last half hour is the law of America. So why are you repealing it? So you can have the insurance companies get another shot at taking over the care of patients, which is exactly what they do, and exactly what I know because I was the insurance commissioner for 8 years in California, and I know what the insurance companies do. They are the ones that make the decisions. We don't want that to happen. That's why the Patients' Bill of Rights is the law in America today. The Patients' Bill of Rights would be repealed by this H.R. 2. Not good for Americans. Not good. Some 30 million people would lose their opportunity for insurance.

Ms. VELÁZQUEZ. Madam Speaker, what will small businesses lose if health care reform is repealed? The small business tax credit of up to 50 percent will be lost. Insurers will be able to continue price gouging. Insurers will be able to deny small businesses coverage without any justification. New health insurance options for small businesses will be eliminated. Small businesses will be unable to pool resources to purchase coverage. Insurers will be able to delay small businesses' access to health insurance. New health options for the self-employed will be abolished.

I urge a ''no'' vote. And I hope that we spend the remainder of this Congress on measures that truly get small businesses hiring and creating jobs. What we need is to get this economy back on track. By repealing health care reform, we will not achieve that.

I yield back the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, some of my colleagues on the other side of the aisle continue to claim that the health care law is actually going to benefit small businesses despite the mountain of facts that are out there. Specifically, and what was argued earlier, is that the health care tax credit's going to make it easier for employers to offset the costs that are being required to provide health insurance. Unfortunately, this is far from the truth. Any potential assistance from this tax credit is far outweighed by the tax increases and paperwork burdens that this law is going to pile on small businesses.

Madam Speaker, the American people spoke loudly in November. And we need to make sure that we move away from the health care law that penalizes our Nation's entrepreneurs and place a renewed focus on enacting targeted, commonsense reforms that increase access and lowers costs.

Madam Speaker, with that I would urge my colleagues to vote for H.R. 2, and let's get back on track.

Ms. WATERS. Madam Speaker, I'm proud to join my Democratic colleagues on the floor this afternoon to state our unequivocal stance against health care reform repeal.

The landmark health reform law takes a stand against the health care disparities that exist for low-income Americans, people of color, and people with pre-existing conditions.

Twenty percent of African-Americans were uninsured in the United States, and 32 percent of the Hispanic population was uninsured.

Though African-American women are 10 percent less likely to get breast cancer than white women, we are 34 percent more likely to die from it. And Hispanic women are twice as likely to die from cervical cancer as White women.

Both African-American and Mexican-American men are 30 percent more likely to die from heart disease than White Americans.

Hispanic men were one-and-a-half times as likely to die from diabetes as White Americans, and African-Americans were 2.2 times as likely to die from diabetes as compared to White Americans.

Finally, though they comprise 15 percent of the U.S. population, Hispanics make up 17 percent of new HIV infections. And more shockingly, though we make up only 12 percent of the U.S. population, African Americans are 45 percent of new HIV infections.

Many Americans are suffering from a lack of access to health care because health insurance is simply unaffordable. This problem has existed for far too long in the most prosperous nation in the world. Meaningful health care must be available for all Americans regardless of race, level of income, gender, or the existence of a pre-existing condition. That's why the health care reform law specifically addresses these disparities and other pre-existing conditions and makes it illegal to be denied health care insurance because of them.

So I implore my Republican colleagues to work with us to strengthen the law, make it better, and provide health care and jobs to millions of Americans.

Mr. GRAVES of Missouri. I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of this bill is postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 29 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. CAPITO) at 6 o'clock and 30 minutes p.m.

ELECTING MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. HENSARLING. Madam Speaker, by direction of the Republican Conference, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 37

Resolved, That the following named Members be and are hereby elected to the following standing committees of the House of Representatives:

(1) COMMITTEE ON THE BUDGET.—Mr. Garrett, Mr. Simpson, Mr. Campbell, Mr. Calvert, Mr. Akin, Mr. Cole, Mr. Price of Georgia, Mr. McClintock, Mr. Stutzman, Mr. Lankford, Mrs. Black, Mr. Ribble, Mr. Flores, Mr. Mulvaney, Mr. Huelskamp, Mr. Young of Indiana, Mr. Amash, and Mr. Rokita.

(2) COMMITTEE ON EDUCATION AND THE WORKFORCE.—Mr. Petri, Mr. McKeon, Mrs. Biggert, Mr. Platts, Mr. Wilson of South Carolina, Ms. Foxx, Mr. Hunter, Mr. Roe of Tennessee, Mr. Thompson of Pennsylvania, Mr. Walberg, Mr. DesJarlais, Mr. Hanna, Mr. Rokita, Mr. Bucshon, Mr. Gowdy, Mr. Barletta, Mrs. Noem, Mrs. Roby, Mr. Heck, Mr. Ross of Florida, and Mr. Kelly.

(3) COMMITTEE ON FOREIGN AFFAIRS.—Mr. Smith of New Jersey, Mr. Burton of Indiana, Mr. Gallegly, Mr. Rohrabacher, Mr. Manzullo, Mr. Royce, Mr. Chabot, Mr. Paul, Mr. Pence, Mr. Wilson of South Carolina, Mr. Mack, Mr. Fortenberry, Mr. McCaul, Mr. Poe of Texas, Mr. Bilirakis, Mrs. Schmidt, Mr. Johnson of Ohio, Mr. Rivera, Mr. Kelly, Mr. Griffin of Arkansas, Mr. Marino, Mr. Duncan of South Carolina, Ms. Buerkle, and Mrs. Ellmers.

(4) COMMITTEE ON HOMELAND SECURITY.—Mr. Smith of Texas, Mr. Daniel E. Lungren of California, Mr. Rogers of Alabama, Mr. McCaul, Mr. Bilirakis, Mr. Broun of Georgia, Mrs. Miller of Michigan, Mr. Walberg, Mr. Cravaack, Mr. Walsh of Illinois, Mr. Meehan, Mr. Quayle, Mr. Rigell, Mr. Long, Mr. Duncan of South Carolina, and Mr. Marino.

(5) COMMITTEE ON THE JUDICIARY.—Mr. Sensenbrenner, Mr. Coble, Mr. Gallegly, Mr. Goodlatte, Mr. Daniel E. Lungren of California, Mr. Chabot, Mr. Issa, Mr. Pence, Mr. Forbes, Mr. King of Iowa, Mr. Franks of Arizona, Mr. Gohmert, Mr. Jordan, Mr. Poe of Texas, Mr. Chaffetz, Mr. Reed, Mr. Griffin of Arkansas, Mr. Marino, Mr. Gowdy, Mr. Ross of Florida, Mrs. Adams, and Mr. Quayle.

(6) COMMITTEE ON NATURAL RESOURCES.—Mr. Young of Alaska, Mr. Duncan of Tennessee, Mr. Gohmert, Mr. Bishop of Utah, Mr. Lamborn, Mr. Wittman, Mr. Broun of Georgia, Mr. Fleming, Mr. Coffman of Colorado, Mr. McClintock, Mr. Thompson of Pennsylvania, Mr. Denham, Mr. Benishek, Mr. Rivera, Mr. Duncan of South Carolina, Mr. Tipton, Mr. Gosar, Mr. Labrador, Mrs. Noem, Mr. Southerland, Mr. Flores, Mr. Harris, Mr. Landry, Mr. Fleischmann, Mr. Runyan, and Mr. Johnson of Ohio.

(7) COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM.—Mr. Burton of Indiana, Mr. Mica, Mr. Platts, Mr. Turner, Mr. McHenry, Mr. Jordan, Mr. Chaffetz, Mr. Mack, Mr. Walberg, Mr. Lankford, Mr. Amash, Ms. Buerkle, Mr. Gosar, Mr. Labrador, Mr. Meehan, Mr. DesJarlais, Mr. Walsh of Illinois, Mr. Gowdy, Mr. Ross of Florida, Mr. Guinta, Mr. Farenthold, and Mr. Kelly.

(8) COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY.—Mr. Sensenbrenner, Mr. Smith of Texas, Mr. Rohrabacher, Mr. Bartlett, Mr. Lucas, Mrs. Biggert, Mr. Akin, Mr. Neugebauer, Mr. McCaul, Mr. Broun of Georgia, Mrs. Adams, Mr. Quayle, Mr. Fleischmann, Mr. Rigell, Mr. Palazzo, Mr. Brooks, and Mr. Harris.

(9) COMMITTEE ON SMALL BUSINESS.—Mr. Bartlett, Mr. Chabot, Mr. King of Iowa, Mr. Coffman of Colorado, Mr. Mulvaney, Mr. Tipton, Mr. Fleischmann, Ms. Herrera Beutler, Mr. West, Mrs. Ellmers, and Mr. Walsh of Illinois.

(10) COMMITTEE ON VETERANS' AFFAIRS.—Mr. Stearns, Mr. Lamborn, Mr. Bilirakis, Mr. Roe of Tennessee, Mr. Stutzman, Mr. Flores, Mr. Johnson of Ohio, Mr. Denham, Mr. Runyan, Mr. Benishek, Ms. Buerkle, and Mr. Huelskamp.

Mr. HENSARLING (during the reading). I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on the motion to suspend the rules previously postponed.

STOP THE OVERPRINTING (STOP) ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 292) to amend title 44, United States Code, to eliminate the mandatory printing of bills and resolutions by the Government Printing Office for the use of the House of Representatives and Senate, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Mississippi (Mr. HARPER) that the House suspend the rules and pass the bill, as amended.

The vote was taken by electronic device, and there were—yeas 399, nays 0, not voting 35, as follows:

[Roll No. 12]

YEAS—399

Ackerman
Adams
Aderholt
Akin
Alexander
Altmire
Amash
Andrews
Austria
Baca
Bachmann
Bachus
Baldwin
Barletta
Barrow
Bartlett
Barton (TX)
Bass (CA)
Bass (NH)
Becerra
Benishek
Berg
Berkley
Berman
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Black
Blackburn
Blumenauer
Bonner
Bono Mack
Boren
Boswell
Boustany
Brady (TX)
Braley (IA)
Brooks
Broun (GA)
Brown (FL)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Capps
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castor (FL)
Chabot
Chaffetz
Chandler
Chu
Cicilline
Clarke (MI)
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costello
Courtney
Cravaack
Crawford
Crenshaw
Critz
Crowley
Cuellar
Culberson
Cummings
Davis (CA)
Davis (KY)
DeFazio
DeGette
DeLauro
Denham
Dent
DesJarlais
Deutch
Diaz-Balart
Dicks
Doggett
Dold
Donnelly (IN)
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Edwards
Ellmers
Emerson
Eshoo
Farenthold
Farr
Fattah
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Gardner
Garrett
Gerlach
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Green, Al
Green, Gene
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanabusa
Hanna
Harman
Harper
Harris
Hartzler
Hastings (FL)
Hastings (WA)
Hayworth
Heck
Heinrich
Heller
Hensarling
Herger
Herrera Beutler
Higgins
Himes
Hinchey
Hinojosa
Hirono
Holt
Honda
Hoyer
Huelskamp
Huizenga (MI)
Hultgren
Hurt
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Kaptur
Keating
Kelly
Kildee
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kissell
Kline
Kucinich
Labrador
Lamborn
Lance
Landry
Langevin
Lankford
Larsen (WA)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Long
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maloney
Manzullo
Marchant
Marino
Markey
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCotter
McDermott
McGovern
McHenry
McKeon
McKinley
McMorris Rodgers
McNerney
Meehan
Meeks
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Moore
Moran
Mulvaney
Murphy (CT)
Murphy (PA)
Myrick
Nadler
Napolitano
Neal
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Olver
Owens
Palazzo
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pearce
Pelosi
Pence
Perlmutter
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis
Pompeo
Posey
Price (GA)
Price (NC)
Quayle
Quigley
Rangel
Reed
Rehberg
Reichert
Renacci
Reyes
Richmond
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Rothman (NJ)
Roybal-Allard
Royce
Runyan
Ruppersberger
Ryan (OH)
Ryan (WI)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schiff
Schilling
Schock
Schwartz
Schweikert
Scott (SC)
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Southerland
Stark
Stearns
Stivers
Stutzman
Sullivan
Sutton
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry

Tierney
Tipton
Tonko
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden
Walsh (IL)
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Webster
Weiner
Welch
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Woolsey
Wu
Yarmuth
Yoder
Young (AK)
Young (FL)
Young (IN)

NOT VOTING—35

Brady (PA)
Capuano
Clarke (NY)
Costa
Davis (IL)
Dingell
Doyle
Ellison
Engel
Filner
Gibbs
Giffords
Gonzalez
Grijalva
Gutierrez
Holden
Hunter
Johnson (IL)
Jordan
Kind
Larson (CT)
McCollum
McIntyre
Rahall
Ribble
Richardson
Rush
Schakowsky
Schmidt
Schrader
Speier
Tiberi
Towns
Tsongas
Wilson (FL)

□ 1852

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

The title was amended so as to read: ''A bill to amend title 44, United States Code, to eliminate the mandatory printing of bills and resolutions for the use of offices of Members of Congress.''.

A motion to reconsider was laid on the table.

Stated for:

Mr. FILNER. Madam Speaker, on rollcall 12, I was unable to vote because of airline delays. Had I been present, I would have voted "yea."

Ms. WILSON of Florida. Madam Speaker, on rollcall No. 12, had I been present, I would have voted "yea."

Mr. GUTIERREZ. Madam Speaker, I was unavoidably absent for votes in the House Chamber today. I would like the RECORD to show that had I been present, I would have voted "yea" on the rollcall vote No. 12.

HONORING WILLIAM FRANCIS WALSH, FORMER MEMBER OF CONGRESS

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

Ms. BUERKLE. Madam Speaker, I wish to inform the House of Representatives that on January 8, 2011, central New York lost a great friend, and this august body lost a former Member, William Francis Walsh.

William Walsh, World War II veteran, former mayor of Syracuse, and Member of this House of Representatives from 1973 to 1979, passed away at his home in Marcellus, New York, at the age of 98.

Mr. Walsh played a significant role in the shaping of the political landscape of central New York for more than 30 years. He returned home from World War II, during which he served as an Army captain, and completed graduate studies at the University of Buffalo in social work.

His training and experience as a social worker would provide him with a values reference point for his future political career. In 1959, voters elected him to the post of County Welfare Commissioner. Over the course of his political career, he consistently demonstrated his compassion for the less fortunate, and he was instrumental in developing welfare-to-work programs.

William Walsh was elected mayor of the City of Syracuse in 1961 and, during his tenure, supervised widespread major changes to the Syracuse downtown.

Syracusans remember Bill Walsh for his approachability and his emphasis on constituent service. That attention to the needs of the constituents served the district residents well when Mr. Walsh became a Member of Congress in 1973.

Bill Walsh loved Syracuse. The child of Irish immigrants, Michael and Mary Alice Walsh, Bill Walsh always remained connected to the community he grew up in. His strong sense of community colored his commitment to public service, and he passed that commitment on to his children. He and his wife, the late Mary Dorsey Walsh, raised seven children. Their son Jim Walsh served in Congress from 1989 to 2009. Two of their other children, Bill Walsh and Martha Walsh Hood, currently serve as Onondaga County judges.

Mr. Walsh enjoyed hunting, golf, and outdoors. Most importantly, though, he was a devoted father who spent time with his children teaching them about life, people, and public service. He will be greatly missed by his family, friends, and the Syracuse community.

□ 1900

REPEAL AND REPLACE OBAMACARE

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

Mr. BROUN of Georgia. Like the house built upon the rock, America was created upon the solid foundation of the Constitution. With the passage of ObamaCare, liberals have drilled holes in the rock and foundation of our Nation.

Madam Speaker, I rise today to introduce a bill, H.R. 299, that restores our economic freedom. It repeals the bureaucratic boondoggle of ObamaCare and replaces it with commonsense solutions. By allowing individuals to shop for health care across State lines, the cost of health care is reduced through basic, free market solutions. Instead of adding massive new debts to fund an equally massive bureaucracy, my plan allows people to deduct 100 percent of their health care expenses.

My bill also creates high-risk pools and allows health care associations to form, empowering Americans to get the coverage that they need at a much lower cost.

Madam Speaker, residents of the 10th District of Georgia overwhelmingly oppose ObamaCare. I'm proud to fulfill my commitment to repeal it and replace it with some commonsense solutions.

THE UNINSURED OF TEXAS

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Madam Speaker, I have listened for a couple of hours to the debate on health care and will have additional hours going forward tomorrow.

I think it is important that each Member look carefully at their own congressional area and as well their own State. I hope maybe I will be able to convince a few Members of the reality of the State of Texas. And by the way, I don't know how far this legislation will go. We expect a victory on the repeal tomorrow. I don't want Americans to be frightened who need this bill.

Mr. President, be prepared to use your veto pen.

But Texas is the number one State with uninsured. Health care premiums have grown five times faster than income, and 500,000 middle class workers have lost their private insurance. In Harris County, where many of us live, more than 800,000 will be put on the health care rolls if this bill continues to go forward, meaning the Patient Protection bill. But if the repeal goes, we'll throw 800,000 people to the wolves.

There is a reason to support this bill, particularly in Texas, which has an enormous number of uninsured.

FISHERS TIGERS 5A STATE CHAMPS

(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. Madam Speaker, an extraordinary event happened in my district. Fishers High School, after being in existence for only 5 years, won the State 5A high school football championship. And I just wanted to congratulate Coach Rick Wimmer and his Tigers for doing such an outstanding job. You know that many schools that have been in existence for a long time do great things, but to do it in only 5 years is really extraordinary. So congratulations to this great school.

HEALTH CARE REFORM

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

Mr. TONKO. Madam Speaker, I rise today in strong opposition to repealing health care reform. I am committed to working with my colleagues on the other side of the aisle to create jobs and improve our Nation's economy. We need to focus on jobs right now, not repealing health care reform.

In fact, last year the private sector created some 1.1 million jobs. That is more private-sector job growth created in 2010 alone than during all of the Bush administration. Fully 200,000 of those jobs, or one out of every five, were in the health care industry.

In the Capital Region alone, repeal would strip benefits from some 439,000 individuals with health insurance and 113,000 seniors on Medicare. My constituents would lose guaranteed coverage for their preexisting conditions, coverage for young adults, lower drug prices for seniors, and free preventive care for people with insurance coverage and Medicare.

Madam Speaker, repealing health care reform to return to the old status quo, where insurance companies run amok and put profits over people, is irresponsible and reckless for our Nation and our economy.

HONORING LANCE CORPORAL WILLIAM HARRY CROUSE, IV

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

Mr. STUTZMAN. On December 21, 2010, Lance Corporal William Henry Crouse, IV, age 22, died of wounds sustained while supporting combat operations in Helmand Province in Afghanistan. As a field artillery cannoneer assigned to 1st Battalion, 10th Marine Regiment, 2nd Marine Division, 2nd Marine Expeditionary Force, Lance Corporal Crouse was serving his first deployment to Afghanistan, in support of Operation Enduring Freedom, where he had been for 6 weeks.

Born June 13, 1988 in Angola, Indiana, Lance Corporal Crouse joined the Marine Corps in November 2007 and was promoted to lance corporal August 1, 2008.

Lance Corporal Crouse's awards and decorations include the Marine Corps Good Conduct Medal, National Defense Service Medal, Afghanistan Campaign Medal, and the Global War on Terrorism Service Medal.

Lance Corporal Crouse is survived by his mother, Nancy, and stepfather, Vinnie Siders, of Fort Wayne; his brothers, Nathan and Ryan; and his sisters, Jennifer Chaffee and Jennifer Hartman.

After quickly being promoted to lance corporal, Lance Corporal Crouse selflessly gave his life as a service to defend our country's freedom in support of Operation Enduring Freedom. My heart goes out to his family, and I want to express my deepest gratitude to them both for the sacrifice they have made for our Nation.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

AMANDA GAYLE'S KITCHEN

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. Madam Speaker, I want to tell you about a good work that's going on in Houston, Texas. It's a program that is not sponsored by the government. In fact, the government is not involved in this project at all. It all started 15 months ago when Amanda Gayle and her mother, Linda Gayle Lee, decided they would start going from Humble, Texas, my hometown, to downtown Houston, about 30 miles away, and start feeding the homeless. And so they fix hot meals for the homeless. They go out to downtown Houston in a remote area of that city, and they feed those people every night a hot meal. And they've done it for 15 months.

I call this Amanda Gayle's Kitchen. And they are feeding the homeless—not just the homeless, but I believe these are the rejected homeless. These are the homeless that can't get into shelters. They don't live in shelters. They have all kinds of physical, emotional, and mental issues, and they live on the streets of Houston, Texas. And every night for 15 months, they've fed about 100 of these homeless individuals with a hot meal.

□ 1910

A couple of months ago, the Houston Police Department came to where they were feeding and told them they needed to move to another location, the police department suggested the location, and they moved down the street; and every night they feed the homeless. In fact, now they bring them blankets and sleeping bags because of the winter.

Amanda Gayle is now married to a preacher, Trey Herring, and he has continued this network of feeding the homeless and clothing them every night. They have networks all over the Houston area, some in a different county, where this hot food is brought in, cooked in kitchens, and they feed the inner city. It's an organized effort, they enjoy doing it, and it's something that's important.

But on December 30, even winter for Houston, the health department came in of the City of Houston and said, you can't do this anymore, because you don't have a permit to distribute food. And, you also cooked this food in a kitchen that is not certified by the City of Houston. The health department said the poor is susceptible to disease, so we're going to shut you down.

Like Amanda Gayle said, the health department would rather they go hungry, eat out of dumpsters, than to get a hot cooked meal from somebody that doesn't have a certified kitchen and doesn't have a permit to distribute food. In fact, the City of Houston cleanup crews have gone through this area and taken the sleeping bags and the blankets away from these individuals. Of course Amanda Gayle and her kitchen folks continue to supply them with whatever they need.

Amanda Gayle and Trey Herring have both tried to contact the health department. They have received no answer about why they were shut down and how they can reopen. Because, see, they want to follow the law, they want to do the right thing, but they want to help these people that they feed every night a hot meal that they don't have access to from some government program.

This is a perfect example of the phrase that no good deed goes unpunished and they are punishing this good couple for what they're trying to do. I believe if the City of Houston had been around when the good Lord fed the 5,000, they would have tried to prohibit that good work since he had no permit to distribute food or hadn't cooked those two fish and five loaves from a certified kitchen. They would have closed him down, I'm sure.

Government is the problem here and government should help these people help people. All they want to do is feed the hungry every night. I'm not sure there's anybody in the House that would do this. But they do it because they want to help people that are in need. So I hope the City of Houston will figure out a way to let Trey and Amanda Gayle and those other people in Amanda Gayle's kitchen feed the hungry, clothe those that need to be clothed, and take care of those out there on the street that are there not by choice but because of circumstances. And the City of Houston needs to figure out a way that the government is not the problem but help this good couple do this good work and let them continue, together with the city, to make sure that certain people in our city, Houston, Texas, are taken care of every night.

And that's just the way it is.

HEALTH CARE LAW NOT A ''JOB KILLER''

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

Mr. MCDERMOTT. Mr. Speaker, I rise today to encourage my Republican colleagues to start having an honest debate about the health care law which they call a ''job-killing'' law because it polls well, but not because it's true. It seems pretty clear, especially from listening to the Republican attack ads during the last campaign, that the Republican pollsters have found the key to winning this debate and others is by saying ''job-killing'' as often as possible. If a Democrat said the sun rises in the east, the Republicans would say it's a job-killing sunrise.

Republicans entitled the current bill we are debating the ''Repealing the Job-Killing Health Care Law Act.'' The basis for their ''job-killing'' rhetoric is

a report that they released recently entitled ''ObamaCare: A Budget-Busting, Job-Killing Health Care Law.'' I have a copy of it here if anybody wants to get it. All you have to do is contact the Republicans.

Mr. Speaker, in the last Congress, we took up the challenge of reforming health care in this country because the system was broken and creating tremendous damage to the American economy. The fact is the health care law will help the economy. It will result in more efficiency, more stability of care, healthier Americans, and at fairer costs. That's what the law will do.

Republicans have repeatedly misused statistics from the CBO to support their argument that the law is primarily a ''jobs killer.'' We are truly in a situation of Republican conclusions desperately in search of honest facts.

Let's look at the typical example—the Republicans' twisting of the views of experts to support their view. On the very first page of the report House Republicans released on January 6 entitled ''ObamaCare,'' Republicans state that according to a nonpartisan CBO report from August 2010, the law will result in a loss of 650,000 jobs. Now you can get that from the CBO. It's available for people to read. But if you actually go to what they cite from the CBO report—it's on page 48—the report really says that the economy will use less labor because many people will choose to work less, or retire early, as a result of the benefits of the new law.

Let me read the exact quote from the Republican report. It says, ''the nonpartisan CBO has determined that the law will reduce the amount of labor used in the economy by roughly half a percent,'' an estimate that adds up to roughly 650,000 jobs. The Republican report, however, deliberately chops off the last part of the CBO sentence to substantiate their claim. Here is the entire sentence: ''The Congressional Budget Office estimates that the legislation, on net, will reduce the amount of labor used in the economy by a small amount—roughly half a percent—primarily by reducing the amount of labor that workers choose to supply.'' CBO explicitly makes clear that jobs will not be lost but instead that people will choose to work less in order to have a decent life. With the new health care law, the American people won't be drowning in health care costs and risks to their coverage.

Some evening, on Friday, fly home to Seattle with me and meet the flight attendants from United Airlines. We have the oldest base in the country. Most of those women are working so that they can have health care benefits for their family because their husband has a job and no health care benefits. They're not flying for the pension. They're not flying for the salary. They're flying to keep their health care benefits until they can get to Medicare.

The Republicans want to focus on their message—no matter what the facts are. Republicans say that health care reform is bad for American business. The National Business Group on Health, a collection of nearly 300 large employers including Wal-Mart, Lockheed Martin and others, disagrees and says repeal will be bad, bad for businesses.

I will close by quoting, in a somber splash of honesty, the economics editor of the Wall Street Journal. On January 6, just 2 weeks ago, he wrote:

Talking about repeal of the health care law—remember, this is the Wall Street Journal—talking about repeal of the health care law may be a winning political strategy for Republicans, a rare way to please both workers and business executives, and here is what they finally end with—as long as they don't actually succeed in doing it.

The health care law isn't a job killing bill. It's good for business, it's good for American taxpayers, it's good for consumers, it's good for everybody in the society, and I urge my colleagues to recognize that words really do matter and they should stop mischaracterizing the health care law and confusing the American people.

BETHESDA NAVAL HOSPITAL

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. Mr. Speaker, today I had the honor and privilege of visiting the wounded warriors at Bethesda Naval Hospital. Each one of the young men I saw, the oldest being 23, is very special, as are all of our men and women in uniform.

The medical staff at both Bethesda and Walter Reed is truly amazing. They have done a wonderful job repairing the broken bodies and spirits of our young servicemembers.

The number of wounded warriors returning from war has become more prevalent with the increased use of IEDs by the enemy. More and more of our young men and women are returning without their arms and legs. Tonight, Mr. Speaker, as a constant reminder of the pain of war, I show you this picture of a young triple amputee and his wife. This man gave his body for this country and will struggle for the rest of his life. How many more will have to return home in this condition?

This young man and his wife have just returned from the hospital. He is in a wheelchair. He lost an arm and two legs and he is looking at a beautiful American flag that was on the wall that had been drawn for him.

It is time we declare victory and get our troops out of Afghanistan. It is evident that President Karzai does not appreciate our commitment. If he did, he would not be so corrupt. If he did, he would not have made the comments that he now has three main enemies—the Taliban, the United States and the international community as stated in the Washington Post on December 13. He said that if he had to choose sides today, he would choose the Taliban. The Taliban are killing American service men and women.

Mr. Speaker, I have joined DENNIS KUCINICH as well as many other members of both parties in the hope that President Obama will keep his promise to start withdrawing our troops in July of this year.

□ 1920

In closing, I would like to urge the American people to get engaged in this cause and to let their Members of Congress know how they feel. They must encourage the Members of Congress to vote to bring our troops home. The pain must end, and we can easily declare a victory and bring our brave men and women home.

Mr. Speaker, as I do all the time on the floor of the House when I speak, I ask God to please bless our men and women in uniform, to bless the families of our men and women in uniform. I ask God in his loving arms to hold the families who have given a child dying for freedom in Afghanistan and Iraq. I ask God to please bless the House and Senate that we will do what is right for the American people. I ask God to give strength, wisdom, and courage to President Obama that he will do what is right for the American people. And three times I will ask God please, God please, God please continue to bless America.

SMART SECURITY

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

Ms. WOOLSEY. Mr. Speaker, our Nation is now in its 10th straight year of war. The military occupation of Afghanistan is longer than any war in our Nation's history. An entire generation of young people—including my three grandchildren who came with me to visit Washington for the swearing in—is growing up knowing nothing but a Nation at war.

This war is not just a moral abomination with devastating human costs, and it is not just fiscally irresponsible and unsustainable with a price tag of about $370 billion, though it most certainly is all of that. Perhaps the most tragic irony of this war is, for all of the sacrifice, it is not even doing what it was supposed to do: keeping us safe and defeating a terrorist threat.

If Iraq and Afghanistan have proven anything to us, Mr. Speaker, it is that we need an entirely new national security model; one that emphasizes brain over brawn; one that uses soft power instead of hard; one that protects America by relying on the most honorable American values—love of freedom, desire for peace, moral leadership, and compassion for the people of the world. With these values in mind, this week I

once again introduced a resolution calling for the adoption of a SMART Security platform. SMART Security would redirect our energy and resources away from warfare and it would focus instead on nonproliferation, conflict prevention, international diplomacy, and multilateralism. That means renewing our commitment to cooperation with other nations through the United Nations and other international institutions.

SMART Security would build on the new START treaty ratified last month and move us more aggressively toward a goal of eliminating all nuclear weapons. It would rearrange our budget priorities so we are no longer throwing billions of dollars at weapons systems designed for a different era and instead invest in human capital around the world. That means addressing root causes of instability and violent conflict by increasing development aid and debt relief to poor countries.

We would be supporting programs that promote sustainable development, that promote democracy building, human rights education, a strong civil society, gender equality, education for women and girls, and much, much more.

The Quadrennial Diplomacy and Development Review recently completed at the State Department reaffirms the principles underlying SMART Security, calling for civilian power to lead the way in resolving conflicts and reducing threats around the world, with diplomacy and development mutually reinforcing one other; also strongly recommending a renewed focus on the rights of women and girls.

The bottom line, Mr. Speaker, is that might doesn't make right. The conventional wisdom of peace through strength does not work, especially in an era with the greatest threats we face being from nonstate actors.

A national security based on occupation and conquest has been given a chance to work over the last decade, and it has failed miserably. What we need in Afghanistan is a civilian surge, not a military surge. For the security of the American and the Afghan people, we need to be humanitarian partners, not military occupiers. It is time, Mr. Speaker, to bring our troops home and implement SMART Security principles. It is time that we do it now.

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

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

DEFENDING OUR BORDER

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, in October, five Members of Congress wrote to the President—myself, TED POE of Texas, RALPH HALL of Texas, PETE OLSON of Texas, and ED ROYCE of California—and we asked the President to take more steps to deal with the problems on the Texas border because people have been killed and beaten up down there. Shots have been fired across the border. And 80 miles into the country, the United States of America, we have signs telling people, warning people not to go south of there because they might be in danger from Mexican drug cartels or people across the border who are spying for the drug cartels. So there is a real problem.

Well, we didn't get an answer back from the President. And so we wrote again in November, and again we didn't get a reply. And then around the end of December, we got a reply from Homeland Security, from a fellow in Legislative Affairs, and he went through the same song and dance that they have gone through for a long time, talking about how they are solving the problem on the border.

Just recently in the last few weeks, four road workers were out there in Texas and they were working on the roads trying to fill potholes with gravel and do some other things. It was a shovel-ready project, incidentally. And they were fired at from across the border, which was about half a mile away. The bullets didn't hit any of them, but it sure scared the dickens out of them. And Mike Doyle, the chief deputy of the Hudspeth County Sheriff's Office, said that a rancher spotted a white pickup truck fleeing the area on the Mexican side after the shots were fired, and they think that the drug cartel may have been firing those shots to divert attention away from what was going on there in order to get drugs smuggled across the border.

The reason I bring all of this up once again is because we sent 17,000 National Guard troops down to deal with the oil spill in the gulf, and it was something that we should have done. We should have dealt with that problem as quickly as possible to make sure that we stopped any environmental damage that might accrue from that, and to help the people from Louisiana who were suffering, and the other border States down there. But we haven't done anything but send about 1,400 National Guard troops down to the border, or close to the border, and many of them have been withdrawn.

We have to do something to protect that 1,980-mile border between us and Mexico. Americans can't go within 80 miles of the border of Arizona and Mexico because there is a threat for their safety and security. That is something we cannot tolerate as a Nation. We have a war going on on the Mexican-American border, and we have to do whatever is necessary to protect Americans and to stop the drug trafficking coming across that border.

We did it in Colombia with Plan Colombia, and that is not on our border. That is down south of the Panama Canal. So we really need to address this problem.

So if I were talking to the President tonight, Mr. Speaker, I would say:

Mr. President, come on, let's do what has to be done to protect our southern border. We are doing the job over in the Far East; we are doing the job over in the Middle East, and that's okay.

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Yet our border, our front yard, is threatened every single day by these drug cartels and by these terrorists coming across the border, and American ranchers and businesspeople cannot conduct their daily lives down there because there is no real security.

So, if I were talking to the President, I would say:

Mr. President, please review this issue. Don't ignore Members of Congress, five Members who wrote you, who are concerned about this issue. Don't ignore us. Do something about it, and please don't send us any more of these inane letters that really don't say anything about solving the problem. It's a real problem about the security of this country and about the people who live down there and traverse that area.

Mr. President, let's get on with it.

OCTOBER 26, 2010.

Hon. BARACK OBAMA,
President of the United States of America, the White House, Washington, DC.

DEAR MR. PRESIDENT: We are writing to you today to express our extreme concern regarding the deteriorating security situation along our Nation's southern border. It seems that every day brings a new report of some atrocity; the most recent being the apparent murder of a U.S. citizen at Falcon Lake, Texas; yet little if anything appears to be being done by our government or the Mexican government to stop the bloodshed and bring the perpetrators to justice.

Protecting our borders and our citizens is a paramount responsibility of the Federal government; enshrined in the preamble of the Constitution. It would be an unforgivable breach of our constitutional responsibilities if we do not take stronger measures not only to prevent the upward spiral of violence from further spilling over into the United States and threaten the safety of U.S. citizens on American soil but to reclaim those areas of our border already overrun by smugglers and criminals. We can no longer pretend that this is simply Mexico's problem. The time has come to recognize that the drug violence along the border is a direct threat to the United States and act accordingly.

First, it has become apparent that the Mexican government and law enforcement authorities are either unwilling or unable to address this problem unilaterally. Therefore, we believe it is imperative that you immediately begin serious dialogue with President Calderon on building a comprehensive framework, in the spirit of Plan Colombia, that will better coordinate a more aggressive and proactive strategy to turn the tide of this conflict.

Second, we must complete construction of the border fence. Any responsibility we have to minimize the impact of the fence on the physical landscape or native species in the region pales in comparison when measured against the value of human lives that will be lost if we do not seal the border.

Finally, we believe it is critical that we deploy additional National Guard troops to the

border. Media reports indicate that 17,000 National Guard troops were deployed to the Gulf region to respond to the recent oil spill. Yet, you have only pledged 1,200 National Guard troops to protect the border—and according to media reports only a small fraction of those troops have arrived to date. It is unrealistic, if not pure insanity, to believe that a mere 1,200 National Guard troops, even with the support of the Border Patrol, can effectively cover the nearly 2,000 mile long Southwestern border of the United States. We must put additional bodies on the ground and we must give them the weapons and specify rules of engagement that give them the authority to do whatever is necessary to secure the border. A National Guard trooper armed with only a pistol and given no authority to engage the enemy is useless against a criminal armed with military grade weapons and ammunition.

Mr. President, we implore you to view this situation for what it is, a war and to act accordingly.

Sincerely,

DAN BURTON,
TED POE,
RALPH HALL,
PETE OLSON,
ED ROYCE,
Members of Congress.

NOVEMBER 4, 2010.

Hon. BARACK OBAMA,
President of the United States of America, the White House, Washington, DC.

DEAR MR. PRESIDENT: On October 26th I and four of my colleagues, sent you a letter expressing our extreme concerns regarding the deteriorating security situation along our Nation's southern border. Since that time five more Americans have been killed along the border region. Protecting our borders and our citizens is a paramount responsibility of the Federal government; enshrined in the preamble of the Constitution. I strongly urge you to consider the proposals laid out in my letter from October 26th. Americans are dying; it is time to recognize that the drug violence along the border is a direct threat to the United States and act accordingly.

Thank you for giving your personal time and attention to this critically important issue.

[January 16, 2011]

DODGING BULLETS IN EL PASO

(By Jeannie DeAngelis)

In the ghost town of Fort Quitman, 80 miles southeast of El Paso, four U.S. road workers were up at dawn attending to ''shovel ready'' jobs by filling potholes with gravel. Unfortunately, ''at least one Mexican gunman,'' who probably just wanted a chance to do jobs Americans won't do, ''fired a high-powered rifle across the border,'' barely missing the workers.

''The bullets struck private land . . . about half a mile from the border fence.'' Thankfully, the quartet escaped unharmed. ''Mike Doyle, Chief Deputy of the Hudspseth County Sheriff's Office, said after the fact, a rancher spotted a white pickup fleeing the area on the Mexican side at 10:30 a.m.—the time the shots were fired.''

According to Doyle, ''Drug cartels use this busy smuggling corridor in between the Quitman Mountains and mountains in the northwestern part of Chihuahua State to traffic marijuana and sometimes cocaine.'' The chief deputy explained the incident by saying: ''The gunman might have shot at the road workers to distract them or get them to flee.''

So in other words, criminal interlopers tried to get American workers to disperse from territory where they had every right to work and exist in order to ''get them outside [the] area?''

Francisco ''Quico'' Canseco, R-Texas said: ''It is completely unacceptable that Americans at work, doing their job in America, come under gunfire from across the border in Mexico. Our border is not secure from violence that threatens American lives. Securing our border against the cartels and their violent threat must be a top priority.''

After the shooting, two Texas Rangers and Hudspeth County Sheriff Arvin West and Chief Deputy Doyle were at the scene looking for the bullets with a metal detector, which when weighed against the alternatives is preferable to a medical examiner digging bullets out of heads.

''The U.S. government built narrowly spaced steel poles north of the Rio Grande to fence the border in that West Texas area. The slots are not wide enough for people to cross, but small objects can fit between the 15-foot-tall poles.'' Thus, the lone gunman must have been dedicated to scattering the workers because nothing deterred his squeezing the gun barrel through or shooting off the bullets.

This particular shot across the border initiated Hudspeth County into an elite group. ''In El Paso, stray bullets from a drug-related gunfight hit City Hall in June. Another stray bullet struck a University of Texas at El Paso building in August.'' And to date, newlywed David Hartley's body has yet to be recovered after being shot by Mexican gunmen on Falcon Lake, a border area near Laredo, Texas.

After the bullets missed the U.S. four workers, the men were escorted away from the scene, which successfully accomplished the original intent of the shooter: Disperse the crowd and clear the area so as to drive unhindered right on through to Texas. Moreover, and much to the relief of the high-powered rifleman, Border Patrol spokesman Bill Brooks assured drug- and gun-runners, as well as marauding banditos with high-powered rifles, that Border Patrol does not plan to deploy additional agents to the area. Brooks vowed: ''There is no beefing up in any way.''

Governor Rick Perry's spokeswoman, Katherine Cesinger, said that ''If these reports are true, it is yet another incident of border violence and spillover. It goes back to the need for the federal government to provide more resources to the border, which is certainly feeling the effects of the escalating violence in Mexico.''

Nevertheless, not all is lost. Texas could follow Arizona, a state that recently chose to address violent behavior by distributing ''Together we Thrive'' tee shirts.

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.)

IN SUPPORT OF THE AFFORDABLE CARE ACT

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

Mr. BLUMENAUER. Mr. Speaker, we are having debates about health care because Americans are nervous about changing something so important to their families, and that, of course, makes politicians nervous about reform.

This skepticism is understandable. Attempting to adjust policies and programs that comprise now 17 percent of our economy, the biggest driver of the Federal deficit that literally touches every American family, poses daunting challenges. Yet, as people begin the analysis, the appropriate comparison is not some idealized, magical state but the comparison to the path we are on, which everybody agrees is unsustainable.

Medical costs, left unchecked, will literally bankrupt the country. The Department of Defense will spend more on health care this year than China uses to run its entire military operation for 7 months. Every objective, independent expert acknowledges and laments the fact that the United States is the world's health care underachiever. We pay more for health care than our major allies and competitors in Europe, Japan, and Canada, but our people get sick more often; they die sooner, and unlike any other country, people are bankrupted by medical costs—about 2,000 people per day. All the while, we have a record number of uninsured Americans—now over 50 million.

Sadly, we are getting exactly what we paid for: more procedures, multiple providers, an emphasis on specialty care rather than someone who can help us with our own efforts to negotiate this complex, fragmented health care system. America actually spends more administering our health insurance system and finding ways to deny care than any other country in the world spends on providing care.

Starting from scratch, we could give better care for less money, but we are not starting from scratch. We are starting with an economic and structural behemoth, encompassing, as I said, 17 percent of the economy. It is the largest employer in most communities, and it has evolved over two-thirds of a century of public and private investment and government legislation. Today, our hybrid system is largely administered through hundreds of agencies, programs, and large providers, with the Federal Government paying half the bill directly.

The good news is that we have proven that we can get better results for less than we are spending, and the health care reform legislation provides this framework. First, we don't need more money. In fact, if we implement the existing legislation, it can be a source of savings in the future.

The good news is we don't have to deal with unproven techniques or technologies. We know what to do. We don't even have to look at foreign models that are more successful than ours. We can look right here in the United States. My community of Portland, Oregon, delivers better health care for Medicare, for instance, to its recipients than other communities where costs are twice as high. It's not just Portland. This can be found in areas in the

West and the upper Midwest. There are also innovative health care practices in the Mayo Clinic, the Cleveland Clinic, and Gunderson Lutheran.

The government, itself, has proven how to be more efficient. The Veterans Administration has a practice model for older citizens with complex health problems that face our veterans. The VA has automated its medical records system. It pays its doctors for performance, not procedures, and they figured out a way to get better prescription drug costs for millions of our veterans.

Many of the techniques for reducing the number of unnecessary hospital admissions, for bundling services, for having accountable care organizations are known and actually supported by my Republican friends. They've been embraced by Republican Governors.

This is not foreign territory. We know it can work. The path forward is clear. It is important not to lose 2 important years in reforming our medical system, giving better health care, and starting to reduce these massive future deficits.

After having identified weak spots in the implementation, let's work to hold people accountable. Don't attack the CBO for scoring the bill as written, which is their job. Attack efforts to undermine the cost-saving elements of the bill. If States can more creatively provide health care envisioned in the exchanges, let them do it. Give them the waivers, and encourage them to experiment as long as they meet minimum national standards.

Absolutely allow people to purchase insurance across State lines to improve competition and choice, but only after everybody agrees to provide insurance according to the same quality standards of accountability. That prevents gaps in coverage. We don't want massive marketing budgets while denying the money for essential treatment. We need not to have long protracted battles over if we understand and agree upon the terms.

We've reached a critical point where we cannot continue on the path that we've been headed. We do have reform legislation that encourages much of what has bipartisan support. We are spending more money than we need to and there are huge opportunities to improve the quality of service. I would hope that this exercise would be the last of the political ritual on health care. Instead let's turn to working with the Administration to figure out how to achieve the objectives, so critical for our citizens.

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

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

SUPPORTING THE REPEAL OF THE AFFORDABLE CARE ACT

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

Mr. FRELINGHUYSEN. Mr. Speaker, I rise to support H.R. 2—legislation to repeal the so-called Affordable Care Act—a new effort to strengthen our health care system.

This will be the first step in ensuring that the American people will remain in control of their own health care through a system that is patient-centered and provides health care choices, not government-imposed mandates.

Many people question why we are doing this. They ask, Why repeal the new health care law if there are good provisions in it?

Well, there may be some aspects of the 3,000-page bill, which is now law, that were commendable 10 months ago. However, those few positive provisions do not outweigh the fact that the new law's most damaging aspect is that it turns over to the Federal Government individuals' rights to make their own health care choices for themselves and for their families. The new law has given Washington bureaucrats extraordinary power to control the health care decisions of all Americans:

Forcing us to buy health insurance that Washington deems to be acceptable; potentially fining us for refusing to do so, which I believe would be unconstitutional; determining our choices of doctors, hospitals and home care; deciding which medicines we can take and which medical procedures will be available to our families; putting one-sixth of our economy under government control.

Let me be clear. I support health care reform. However, I do not support this new health care law, which represents, to a very great extent, a Washington takeover of our health care system. This law is creating over 150 new boards, bureaus, committees, commissions, offices, pilot programs, working groups, and agencies which will issue onerous regulations that will change our health care system forever—and not for the better.

Remember, over 90 percent of Americans have health coverage for themselves and for their families. Why did the last Congress insist on a virtual takeover of the other 10 percent?

That is why I support the repeal, coupled with major changes to assist those who do not have coverage, without harming the plans of hundreds of millions of Americans who do.

My colleagues, why is this repeal necessary today?

Because the negative effects of this new law are already being felt and are threatening the practice of medicine as we know it. This new law has eroded your right to choose your health care and your doctors, and it is putting bureaucrats and politicians in charge.

Despite predictions from the White House, insurance premiums are not going down. To the contrary, premiums are rising across the Nation for people who have insurance as insurance companies struggle to pay for the costs of a raft of new mandates imposed by Washington.

Even as we speak, doctors are changing their practices because this new law discourages their ability to work as single practitioners or in group practice. In addition, doctors face more paperwork, more red tape, and more risk to their licenses to practice.

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Furthermore, the new law does nothing to solve or diminish the wave of junk medical lawsuits that force doctors, medical professions, and hospitals to practice expensive defensive medicine.

Also missing from the law is any program to promote and support medical education in America, the next generation of young people who we will count on for care. At the same time, doctors and hospitals will face reduced Medicare reimbursements and even more onerous Medicare rules and regulations, causing even more physicians to refuse to treat senior citizens.

And what about the promises we heard about the benefits of the new law? To protect Americans from being denied coverage due to preexisting or other conditions, 27 States have created their own high-risk insurance pools. Others have used an option in the law to let their residents buy coverage through a new Federal health plan. Last spring, Medicare's chief actuary predicted that 375,000 people would sign up for one of these special plans by the end of 2010. In fact, the Department of Health and Human Services reported last month that just over 8,000 people had enrolled. This difference of 367,000 enrollees raises real questions about the then-majority's demand for this provision.

And with claims to provide coverage for another 34 million Americans, we need to be reminded that 18 million of these newly insured people will gain coverage through the financially stressed Medicaid program, which is almost broke. My colleagues, current Medicaid enrollees are already having trouble finding doctors who will see them because of low reimbursement rates. This law proposes to add another 18 million patients to a struggling and absolutely necessary program.

In addition, our hospitals are already reeling. Passage of the new health care law has accelerated the layoff of hundreds of employees in hospitals in my congressional district. When further Medicare cuts take hold, how are these institutions going to maintain their quality of care? They aren't.

And what of the advertised benefits of the new health care law? Backers actually claimed the new law would reduce the Federal deficit. This claim is based on dubious economic assumptions, double counting, and other budget gimmickry. And it is astounding that this law counts 10 years of anticipated revenues to offset 6 years of new spending. Here's a simple fact: If ObamaCare is fully implemented, it will not cut the deficit. The law will actually add more than $700 billion to the deficit in its first 10 years.

And what about jobs? Our first priority should be creating private sector employment opportunities, especially in America's small businesses.

However, the evidence is clear: by raising taxes, imposing new health mandates and regulations, and increasing uncertainty for small business employers, investors and entrepreneurs, ObamaCare is already destroying jobs in our country.

With nearly 10 percent unemployment and massive public debt, the American people want us to focus on cutting spending and expanding our economy.

That's why I will urge my Colleagues to support this important repeal legislation and take the first steps towards replacing it with reforms that will bring down costs, expand health care accessibility and protect American jobs.

Mr. Speaker, this week we have the opportunity to ensure that our constituents remain in control of their own health care through a system that is patient-centered and provides health care choices, not Washington-imposed mandates.

I urge support of H.R. 2—the repeal of Obamacare.

50TH ANNIVERSARY OF PRESIDENT KENNEDY'S INAUGURAL ADDRESS

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

Mr. KEATING. Mr. Speaker, I rise today to honor the 50th anniversary of President John F. Kennedy's inaugural address and celebrate the many moments of altruism that have emerged from the simple words, ''Ask not what your country can do for you; ask what you can do for your country.'' It is this expression of love of country, this spirit that President Kennedy evoked in all of us that causes me to rise today for my maiden speech on the floor of the House of Representatives. Even 50 years later, we take from this speech the reminder that we still have work to do to improve our country, and that work is incumbent upon us to finish.

As a young child, I remember watching the ceremony on January 20, 1961. I remember the poet Robert Frost read a poem from the podium as his eyeglasses fogged up. I remember President Kennedy taking the stage, and I could have never imagined the impact he would have on my generation and the generations to come.

Here in Washington, President Kennedy is never far from my mind because I have the distinct honor of coming to work to the same office that President Kennedy had when he was a Member of Congress. Our space is a historic treasure. I am so fortunate to be entrusted with the safekeeping of this memorial and all that it represents to the people of Massachusetts and every American who has been inspired by President Kennedy.

My first days and weeks in Congress have been an incredible privilege, serving my community in Massachusetts and working to find solutions for the challenges that our country faces.

President Kennedy's words are timeless, and we can and should learn from them today. He called on our country to remember that ''civility is not a sign of weakness.'' His words should inform our national conversation as we hopefully renew our commitment to respect and graciousness, where politics means more than stark division and glaring partisanship.

Our country needs healing, and Kennedy would believe that it is up to all of us to participate in restoring this type of civility. Fifty years ago he said, ''Let both sides explore what problems unite us instead of belaboring those problems which divide us.'' I welcome this challenge, and I will spend my time in Congress living up to those words.

Good ideas are not restricted to one political party or the other, so I look forward to hearing from my constituents of all political stripes. If my neighbor in Weymouth has an idea to create jobs, I want to hear it. If a resident of Plymouth has a proposal on how we can move our country forward, I want to help. If a fellow citizen in Barnstable has a plan to make our country safer and stronger, I look forward to working together.

In closing, let us remember that President Kennedy had a long-term vision for this country. He understood that a change in direction takes time, and we understand that a return to the values that he kept will not be immediate. As he said, ''All of this will not be finished in the first 100 days, nor will it be finished in the first 1,000 days, nor in the life of this administration, nor even perhaps in our lifetime on this planet. But let us begin.''

So as we celebrate the 50th anniversary of President John F. Kennedy's inauguration, let us begin anew.

PATIENTS' RIGHTS REPEAL ACT WILL HAVE DISASTROUS CONSEQUENCES

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. Tomorrow, the House will vote on the Patients' Rights Repeal Act. While none of us thought that the landmark reform bill passed last year was perfect, repeal would only recreate many problems that last year's bill solved. Instead of identifying specific improvements, Republicans have proposed to repeal every single consumer protection, protections that benefit all of our constituents. We cannot allow this irresponsible bill to become law.

During the debate over health insurance reform in 2009, I received countless letters from individuals throughout my district who testified to the dire need to address high costs and inadequacy in service. For example, a constituent from White Plains told me about her 27-year-old son who was battling cancer and cannot afford some of the treatments. She wrote, ''From discrimination by insurance companies against the millions of us with 'preexisting conditions' to lack of affordable care, we've had enough.''

By ending denials of coverage based on preexisting conditions, 9,200 residents of my congressional district with preexisting conditions will now have access to health insurance. That is just one benefit of reform that's at stake.

If the repeal law were to become law, insurers could impose devastating annual and lifetime benefit caps. Young adults would lose coverage on their parents' plans. Pregnant women and breast cancer and prostate cancer survivors could be denied coverage when they most need it. Seniors would pay higher prescription drug costs. Consumer protections for 445,000 constituents who have private insurance would be rescinded, resulting in higher health care costs and reduced coverage. 22,100 businesses and 91,000 families in my district would not receive tax credits to access better and more affordable coverage. Large insurers would no longer be required to spend at least 85 percent of premiums on health benefits and justify large rate increases.

□ 1950

And reforms the Commonwealth Foundation estimates will lower the rate of premium increases by $2,000 on average by the end of the decade will be undone.

I am very happy to work with anyone who genuinely wants to improve health coverage and make it more affordable. I am deeply concerned that this vote tomorrow is about keeping campaign promises without serious examination of the impact of this repeal, especially on Americans like my 27-year-old constituent in White Plains who has cancer.

To my colleagues, if you want to help your constituents who have insurance and the millions of Americans who don't, I urge you to vote ''no'' on repealing every consumer protection that benefits them.

Thank you.

ARLENE BUSH

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

Mr. PAULSEN. Thank you, Mr. Speaker.

I rise to commemorate the service of my dear friend Arlene Bush, who is entering her 30th year as a member of the Bloomington School Board of Minnesota. Arlene, who turns 80 later on this year, first joined the school board in 1981. And while times have changed since then, Arlene's dedication to Bloomington students and the schools that they attend has not.

She started her own educational journey in a small two-room schoolhouse in the tiny town of Odin, Minnesota. Later, she moved to Minneapolis, where she graduated from

high school in 1948. Later, she got married and she settled in Bloomington, Minnesota, which at that time was a growing suburb of Minneapolis, where she raised six daughters before beginning her long career in public service.

Arlene's big heart and humble demeanor immediately endeared her to new friends. She makes a point to be a community leader not only through the duties of her position but by being present at sporting events, plays, pep fests, musicals, concerts, and ceremonies celebrating the young people of Bloomington. She not only advocates for Bloomington's students on the board, she encourages them personally every chance she gets.

She understands that children need not only financial and operational support in their education; she exemplifies a leader who invests in their interests, recognizes their achievements, and comforts them in times of adversity.

Arlene's milestone isn't one that can be measured in the number of hours logged in meetings or the number of terms that she's served but rather in the lives of the thousands, the literally thousands of students that have benefited from her commitment to education.

Over the years, the name ''Arlene Bush'' has become synonymous with education among the generations of Bloomington students whose lives have been enriched through her many years of service. She's a pillar of the community whose presence on the school board has absolutely provided a steady hand as times have changed.

As a father with four daughters in public schools myself, it is reassuring to know there are dedicated public servants like Arlene out there working to give our children the best education possible. And like Arlene, these unsung heroes don't do it for the glory or admiration. They do it simply because they share a common desire to better our community.

And these kind souls prove that you don't have to be a congressman or a senator to change the world or touch someone's life. Inside all of us is the ability to contribute to the public good and to make the world a better place for future generations.

When asked recently to look back on her many years of service on the school board, Arlene replied in very true Minnesota fashion. She wasn't boastful or proud but rather humbled. She said that she was thankful for the opportunity to serve.

Mr. Speaker, as I close, I just want to take the time to let Arlene know that we, too, are thankful—thankful for her desire to serve.

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

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

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

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

VACATING 5–MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the ordering of a 5-minute Special Order in favor of the gentleman from Illinois (Mr. DOLD) is vacated.

There was no objection.

SERVING NORTH CHICAGO

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

Mr. DOLD. Mr. Speaker, it is with tremendous honor, excitement, and humility that I rise to the floor of this great Chamber to represent the aspirations and hardworking values of Illinois' 10th Congressional District—Chicago's north and northwest suburbs.

Let me begin by expressing our thoughts and prayers remain with Congresswoman GIFFORDS as she undergoes her recovery. My heart goes out to her and her family, along with the other families whose lives have been changed by this tragedy in Tucson on January 8.

Tonight I am here to continue the tradition of this congressional seat by delivering a speech that lays out how I intend to legislate and explains the manner in which I will work with my colleagues to move this country forward.

Over the past 18 months, I have traveled all over our great district trying to ask people what keeps them up at night. Stretching from Wilmette to Waukegan, Libertyville to Glenview, Highland Park to Palatine, I am fortunate to represent a congressional district that encompasses a diverse community that asks its political leaders to tackle a wide-ranging ambitious agenda. And from all conversations I've had at train stations and town centers, at countless small businesses, in diners and in town hall meetings, there is one thing I know: the 112th Congress must focus on jobs and the economy, on reining in the out-of-control spending here in Washington, and to make sure that our country remains safe and free.

Beyond talking with members of my community, I also took the time to study the heritage of the congressional seat representing the people of northern Cook and eastern Lake Counties. Beginning with our first representative, John McLean, upon Illinois' founding, statehood in 1818, ours is an area that has always demanded a high standard of leadership, a commitment to local issues, and yet an eye towards American leadership in the world.

Our community is bound by deep-rooted characteristics—namely, a desire for pragmatic, effective leadership; vigorous independence; and the ability to work with the other side of the aisle in a civilized and bipartisan manner. These are the virtues that I pledge to continue in Congress as I begin my service to the people of the 10th Congressional District.

In looking at the work of my predecessors, I have come across a number of individuals who served our area in the highest tradition of public service with the commitment to the greater good. Tonight, I would like to take a moment to speak about a few of them.

The first woman to represent northeastern Illinois in Congress did so with remarkable distinction, skill, and effectiveness. Marguerite Stitt Church took to Congress in 1949, succeeding her late husband, Congressman Ralph Church. She served until 1962 promoting fiscal restraint, equal pay for women, and civil rights initiatives. She held a healthy disdain for extravagant Federal spending, which we can all certainly appreciate today. And foreshadowing the men who would follow her, Marguerite Church encouraged democratic reforms abroad from her position on the Committee on Foreign Affairs.

Mrs. Church retired in 1963 only to be succeeded in the 88th Congress by a man who also took to the causes of fiscal conservatism and American leadership in the world: Donald Rumsfeld. The people of northeastern Illinois elected Secretary Rumsfeld—a fellow New Trier High School graduate—to Congress at the young age of 30. From 1963 to 1969, he served our area with great distinction. He had a spot on the Joint Economic Committee, and during perhaps the most critical time in the development of our space program, he sat on the House Committee on Science and Aeronautics. As many know, his tenure in Congress was just the beginning of a long career in public service.

Ten years later saw the beginning of another incredible career devoted to public service. For 21 years, John Porter served the people of the 10th district. In that time, he made his great mark both at home and abroad. Serving on the Appropriations Committee and as the chairman of the Subcommittee on Labor, Health and Human Services, and Education, John Porter achieved a record of tremendous legislative success. Reflecting on the values of his district, he advocated for scientific funding and advancements in health care research, displayed a commitment to the environment, championed a strong respect for the taxpayer, and set a standard for high quality constituent service.

John Porter also recorded impressive accomplishments in the area of foreign policy. After a trip to the Soviet Union, he founded the Congressional Human Rights Caucus. This led him to help free refuseniks in Russia, fight for the rights of North Korean refugees,

and work for religious freedom in China. I am honored and fortunate to have Congressman Porter's support and valuable mentorship as I begin my career in this body.

□ 2000

For the past decade, and following in Congressman Porter's footsteps, the people of the 10th Congressional District have been tremendously fortunate to enjoy the representation of MARK KIRK. In Congress, MARK KIRK set the standard for thoughtful, independent leadership. And his centrist pragmatism mirrored the values of our district. His success is no secret to me or anyone who followed his career. MARK KIRK worked tirelessly in all areas of our district.

The Illinois 10th Congressional District is a unique area that demands sensible, independent leadership. Congressman KIRK knew the people, he knew their concerns; and perhaps most importantly, he knew how to translate that into action and legislative successes. To look at his record of accomplishments in the areas of foreign policy, defense, environmental protection, human rights, transportation, and on the economy is to see a Representative who knows what his constituents value most. His record as a fiscal conservative and a social moderate, his desire to reach across the aisle in search of the best ideas, these are the qualities that I hope to carry forward as I begin my career in public service to the people of the 10th District.

I am honored and fortunate to call now-Senator KIRK a close friend, a valued mentor. We are comforted by the fact that Senator KIRK continues to represent the State of Illinois, and all Americans, in the United States Senate. And the communities of northern Cook and eastern Lake Counties are privileged to share his talents with the rest of the State and the country.

Like Congressman Porter and Congressman KIRK, I too will represent our independent-minded congressional district by working in a bipartisan fashion, by listening to all people for the best ideas, and by governing in a pragmatic, sensible manner. The American people demand solutions, and I will always remember that all of us are here to improve the lives of all Americans.

While we can and should disagree at times, I am committed to the principles of open debate, the free exchange of ideas, and to charitably interpreting and considering other positions, all with a common objective: improving the lives of America. To that end, I will be the strong and independent fiscal conservative and social moderate that I believe matches our community's values, as so accurately and valuably represented before me by Congressman Porter and Congressman KIRK.

I ran for Congress because I wanted to get this Nation back to work. To me, that centers on three things: jobs and jump-starting the economy, reining in the out-of-control spending here in Washington, and making sure that our country remains safe and free. Our first priority in this Congress must be to help ensure that the best conditions exist to create good jobs, high-paying and secure jobs for all people across this country, and to preserve those that already exist. It's jobs, first and foremost.

As I have so often been reminded, the unemployment rate nationally is 9.4 percent. In Illinois, it's even higher. And in certain communities within the 10th District, the unemployment rate is higher than 20 percent. To me, this is simply unacceptable, which is why I will highlight, strengthen, and support those local institutions that provide critical job-skills training to the unemployed.

On a more fundamental level, however, we need laser-like focus on job creation. This means establishing certainty across America for employers, keeping taxes low, maintaining vigorous oversight on Federal regulations, and expanding opportunities so that businessmen and -women can do what they were meant to do: to innovate, to prosper, to grow, to invest, and to hire.

We need to ensure that the Federal Government is not making it more difficult and more costly for businesses to put the key in the door and open up their businesses each and every day. As a small business owner myself, I am here as part of a wave of people who know firsthand what it takes to run a company, to meet a payroll and to meet a budget, and to create jobs. This is not theory, but rather this is a commonsense, proven, practical approach which will guide my philosophies in this Congress. This is a great American priority, and we must get it right.

Next, we must tackle Federal spending and get it under control, to get our fiscal house in order. There can be no greater example as to the urgency of this matter than what happened in my home State of Illinois this last week. During the final hours of the State's legislative session last Wednesday, Illinois State lawmakers passed a massive State income tax increase to make up for the State's rampant, unchecked spending.

With a 66 percent increase in personal income tax rates, and corporate income tax rates also rising dramatically, families and businesses in Illinois are being punished because the politicians cannot control themselves and the spending. This acts as a huge additional burden, with no meaningful State commitment to cut spending. This is devastating for job creation in a State that so desperately needs it. We need to encourage job creation, and this will only increase the trend of employers not hiring, laying off, and potentially even leaving the State.

I will work hard to make sure that the 10th District, American families, and businesses are not put in a similar position, crippling themselves here at the Federal level. And that work begins immediately.

Tomorrow afternoon, this House will vote on health care reform, an area where I think last year we missed a golden opportunity. Last year's health care overhaul addressed access to insurance, but it failed to address cost or quality of health care. Earlier today, I held an event in my district in Vernon Hills to highlight yet one small, very small, section in this legislation, one that will have a devastating impact on businesses, the new 1099 rules. This provision will unfairly burden small businesses with mounds of paperwork and compliance fees and will certainly hinder the economy at the worst possible time.

Fortunately, I believe that most in this body see the wisdom in correcting this terrible legislative mistake. I am proud to be a cosponsor of this bill to repeal these unworkable and unnecessary and unproductive 1099 rules. I look forward to working with both Republicans and Democrats to keep this legislation simple, and to pass it as soon as possible.

Now, when we look at health care, there are certainly some good aspects of this law. The coverage of preexisting conditions, for one, should be strongly considered. Going forward, there is also keeping children on your insurance until they are 26. But there's a lot, plenty that needs to be corrected. And we need to put a better system in place. I firmly believe that affordable and accessible health care is a vital issue, and we need to make sure that it is available to all Americans; but we need to be talking about meaningful malpractice reform, interstate competition, consumer-driven care, and tax breaks for individuals to purchase insurance on their own, just like businesses have today.

The American people deserved better. They deserve health care reform that passes the House with broad bipartisan support. One of the reasons for the major flaws in this health care law is that broad bipartisan cooperation did not happen. Rather, the law grew out of a closed legislative process, where some of the best ideas to lower costs and to raise quality were ignored. We cannot afford another missed opportunity. As such, I invite all Members of this Congress, Republicans and Democrats, to reach across party lines so that we can produce the best bill with the best ideas for the American public.

In that spirit, it is my intent to introduce a practical and centrist alternative to the current health care law. This plan will reduce health care costs and expand insurance coverage without raising taxes and will guarantee that the government does not come between a decision you make with your doctor. It will address malpractice reform and allow any individual who finds a plan that better suits them anywhere in our Nation to be able to purchase it. It is critical that we move forward in this area of health care reform so that we can have the best system possible, one that works for all Americans.

□ 2010

This is a sentiment that I have consistently heard in communities all across the 10th District.

Another concern I hear all over our district, and a major priority of mine, is to keep our Nation safe and free. The 10th District is fortunate to have a tradition of congressional leadership on national defense and foreign affairs, and I look forward to stepping forward in this area.

I will always be focused on keeping our Nation strong and free, and it will be an honor to work to support the incredible men and women who wear our Nation's uniform and service.

On a more local level, I will be an advocate for our veterans as they return home and become acquainted with the beautiful Captain James A. Lovell Federal Health Care Center in north Chicago. This is the first fully integrated Federal health care center between the VA and the Department of Defense, and we owe a tremendous debt of gratitude to Senators KIRK and DURBIN, along with many others, for bringing it to our community. This facility shows our commitment to those who serve, but it is also a reminder of the sacrifice required to protect American freedoms.

Currently, I believe Iran's pursuit of a nuclear weapon to be the biggest threat to our national security and to our democratic allies abroad. The sanctions that Congress passed last year are clearly having an impact on the Iranian regime, but I believe that we cannot rest until the Iranian nuclear threat is affirmatively and effectively dismantled. I pledge to aggressively monitor developments in this area and search for ways in which I can help in Congress, because a nuclear-armed Iran is simply unacceptable.

In my mind, one of the best ways to combat this Iranian threat is a strong U.S.-Israel relationship. I traveled to Israel this past year in order to see firsthand the security challenges the United States and Israel currently face together in the Middle East. As such, I fully understand why a strong U.S.-Israel relationship is critical for the United States, and I look forward to using my voice here in Congress to continue to advocate for its strengthening.

Finally, I would like to turn to two areas that are particularly important to me and to the people of my district, education and the environment.

I believe that education is the building block for the prosperous America of tomorrow. We must encourage schools to prepare our students for success in the jobs our modern economy demands, and I am confident in the ability of our local school districts to prepare our students appropriately. I do believe a one-size-fits-all model stymies innovation in education. Accordingly, we must give more authority and control to local school districts.

However, we must not allow unfunded Federal mandates and programs to get in the way of our local school districts providing high-quality education.

As a scout, a Boy Scout and now a scout master, I was taught by my scout masters Lee Getchow, Charlie Barnes and Artie Bergman to love the outdoors and nature.

In northeastern Illinois we are fortunate to be stewards of one of the greatest natural resources in the world, Lake Michigan. With 26 miles of Lake Michigan shoreline, the 10th Congressional District enjoys tremendous benefits from its precious resource. We have an important obligation to preserve and protect this great natural resource that is vital to the 10th District and to the entire United States. From drinking water to recreational opportunities, I will work diligently to protect the lake to improve her water quality.

I will also work with local, State and Federal parties to clean up Waukegan Harbor and de-list this wonderful resource as an area of environmental concern once and for all.

Focusing on jobs and the economy, reining in Federal spending, and keeping our Nation safe and free and working to strengthen our Nation's health care system, our education system and our environment, these are major legislative goals for the 112th Congress. And in the tradition of those who have served the people of Chicago's north and northwest suburbs before me, I look to be a voice of pragmatic, centrist ideas, someone who listens to all people on both sides of the aisle and looks for ways that we can work together to best serve the American people.

As a fiscal conservative and a social moderate, I am a firm believer in smaller government. This will guide my service in this House. I have some very large shoes to fill; but it is my promise that I will represent this office with dignity, distinction, honor and, above all, integrity.

I thank the people of the 10th District of Illinois for the opportunity to serve them. I will never forget why I am here or who I am here to represent.

HONORING SARGENT SHRIVER AND HEALTH CARE

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. Mr. Speaker, thank you for this opportunity to discuss health care this evening.

But before I get to health care, I was notified early this afternoon that a unique, iconic American had died today; Sargent Shriver is no longer with us.

This individual has had an impact on America and the world around us that will last for centuries. He literally created the United States Peace Corps. The idea was developed by him and his brother-in-law, JFK, and put into effect in the first year of the Jack Kennedy administration.

Thousands, indeed over nearly 200,000 Americans, have joined the Peace Corps in the ensuing years. For my wife and I, it changed our life; it changed the path upon which we have traveled. We were the third iteration of the Peace Corps back in the 1960s. We were sent to Ethiopia. We served in a village out in the boondocks of southwestern Ethiopia, and it put in place in our lives the vision that we could and should continue to serve.

We are not alone. Thousands upon thousands of Americans, those that were in the Peace Corps and those that were affected by the Peace Corps here in this Nation, found that same mission of being a life of service.

In the 1990s, Sargent Shriver returned once again to assist the Peace Corps as the Clinton administration undertook the rebuilding and expansion of the Peace Corps. My wife was then working at the Peace Corps as the associate director, and together they and the other staff opened the Peace Corps to the former Soviet Union nations, Eastern Europe and beyond and also to South Africa. It was a period of growth, and once again it was a period in which the Shriver enthusiasm and the Shriver determination to reach out to everyone in this world so that they could have a better life created these opportunities.

We mourn his passage. Our prayers go out to his family and to remind all of us that we too in any way possible should be serving our fellow man.

Sergeant Shriver, we miss you and we know that America and millions of people around the world that were affected by your programs will miss you also.

Let me now turn to another issue that affects every American, their well being, their lives, their ability to get the care that they need when they have health care problems.

On this floor today we began the debate of the repeal of the Affordable Health Care Act, an extraordinary law that will affect each and every one of us in this Nation; and as it affects us, it will also affect people around the world because this law will help America finally join the other industrialized nations in the world and provide health care to all of our people, not just those who are fortunate enough to be employed by an employer who has found it useful, wise or even correct to provide health care for their employees, but for those individuals that are not so fortunate to be with an employer that does not provide health care, and for those who are unemployed.

This is an extremely important debate going on here on the floor of the House. It's a debate about all of our lives.

It was estimated before this law went into effect that some 30,000 to 40,000 Americans every year lost their lives because they did not have health care. It was too late for them to get their blood pressure under control. It was too late for them to deal with their diabetic situation or their cancer had

run its course so that it was not treatable, 30,000 to 40,000 Americans every year.

□ 2020

That is not the way America should be. We should be providing insurance to all Americans.

On the floor today, the debate commenced, and I was pleased and a bit curious to hear my colleagues on the Republican side talk about repeal and replace. And as they talked about what they would replace, I began to say, Excuse me. Wait a minute. What you're replacing is already the law in America. The health care bill that became law this year deals with every American from birth through their school years, through their years of building a family, in their employment and through their retirement. It deals with the entire cycle of life by providing the opportunity for health insurance, improved health insurance, at every stage of life.

Let me show you how that works. It's the Patient's Bill of Rights, which apparently our Republican colleagues want to repeal. The Patient's Bill of Rights is a fundamental reform of the insurance industry. I was insurance commissioner for 8 years in California, and I understand the insurance industry very, very well. And it's about profit. All too often, the health insurance industry puts profit before people. In doing so, they deny coverage. The Patient's Bill of Rights goes directly to this issue of insurance companies putting profit before people.

Let me show you where this works. Children. My very first speech here on the floor as the health care debate came up in 2009, in November of 2009, I spoke to an individual, a friend of ours who lives here in Washington, whose child was born with a very serious kidney problem. The mother was covered by insurance through the pregnancy and through the delivery. The moment it was discovered that that child had this preexisting kidney ailment, they dropped the coverage on the child. The family struggled and continues to struggle to provide care for that child, limping along trying to get the money together for the next procedure to provide the services that are necessary—the transplant.

All of those things should have been covered by insurance, but with the insurance company putting profit before people, they denied that child coverage. The Patient's Bill of Rights stops that and says that every child has a right to coverage, no longer the kind of discrimination that took place here with my friend's family.

Secondly, young adults. I happen to have had six young adults. All of them have passed through the age 23, and that period where their coverage stopped was the scary time for us in our family, and it is for every other family in America. At the age of 23, insurance companies were allowed to drop patients' coverage. And if you're a 23-year-old and you have any kind of a preexisting condition, you're out of luck. The Patient's Bill of Rights guarantees that that young woman or man will be able to get coverage until the age of 26. And if they have a preexisting condition, that can no longer be a reason to deny coverage. The Patient's Bill of Rights would be repealed by the piece of legislation that will be brought to this floor tomorrow.

If you are a woman, you have a preexisting condition. It is called being a female. And routinely—and I've seen this during my tenure as insurance commissioner. Routinely, the insurance companies would deny coverage because you are a woman and you might get pregnant or you might have any number of conditions. That will no longer be the case.

If you happen to have cancer, you cannot be denied coverage. The Patient's Bill of Rights protects every single American when it comes to getting insurance and keeping insurance.

Many other provisions are in this bill, and I find it astounding that our colleagues on the Republican side would repeal the Patient's Bill of Rights and literally open every single American up to the gross discrimination that the insurance companies have foisted upon Americans for decades putting profits before people.

There are many other parts of the Patient's Bill of Rights, but I want to just take a moment and invite to this conversation my colleague from the great State of New Jersey, FRANK PALLONE, who has been fighting this fight for decades both as a Member of Congress and as a concerned citizen.

Mr. PALLONE, if you will join with us, share with us your thoughts and your experiences, and we will continue on with this discussion. I yield.

Mr. PALLONE. Thank you. I want to thank you for all that you do on this issue. I have seen you come to the floor so many times over the last year or more talking about the importance of the health care reform and now, of course, pointing out how ridiculous it is to try to repeal it, which is what the Republicans are going to try to do tomorrow.

I just want to start out by saying that we were just home for the Martin Luther King weekend, and so there was an opportunity to talk to a lot of people at the various Martin Luther King events over the 3 or 4 days that we were home, and the issue is jobs. That's all people want to talk about. Everyone comes up to me and says, What are you going to do about the economy? What are you going to do about jobs? Nobody talks about repealing the health reform bill.

And what I get basically from my constituents is they know the health reform bill passed. They know that it's kicking in. A lot of the patients' protections that you mentioned have already kicked in, and they want to see how it goes. Even those who were not necessarily for it in the beginning think it is a complete waste of time for us to be rehashing the debate and talking about repeal because they want to see what is actually going to happen with the health care reform. And to the extent that they have seen certain things, protections, kick in, they're happy with it. And what they say to me is, Look, if over the next few years if certain aspects don't work out, then you can go back and revisit it and maybe make some changes. Nobody is suggesting we can't make changes on a bipartisan basis. But this idea of just repealing it outright when it just went into effect a few months ago, almost no one I talked to is in favor of that. They just don't think that makes sense.

The other thing that I wanted to say, and I keep stressing over and over again—I actually have this chart, and I know you pointed to it as well—is: Who is going to actually gain from the repeal? We know that insurance companies keep raising their prices. We know that historically they try to discriminate by eliminating people who have preexisting conditions or by having lifetime caps on insurance policies. The only ones that gain from this repeal are the insurance companies because essentially they can go back to the situation, to the status quo where they can have double-digit premium increases. You know, in your own State of California, it wasn't unusual to have a 30 percent increase. I think Blue Cross just announced a 50-something percent increase. And so they make money by constantly raising premiums and also by discrimination.

In other words, if you have a policy, a woman, for example, that has breast cancer and then she has a recurrence, well, if she reaches the cap on coverage for the year or the cap on coverage for a lifetime, then she has no insurance to cover her reoccurring cancer.

Or the other thing is that sometimes they even rescind a policy. If they can find some way to say that it didn't apply to you, they would simply rescind it altogether, and you'd get sick and wouldn't have insurance at all, even when you thought you had the greatest need for it.

So I just want to stress, this chart says GOP patients' rights repeal would put insurance companies back in charge where children with preexisting conditions are denied coverage, young people aged 26 can't stay on their parents' plan, pregnant women and breast and prostate cancer patients could be thrown off insurance rolls—that's the rescission—seniors pay more for their drugs.

The bill, as you know, has, for those in the doughnut hole, until this bill went into effect, if you reached the doughnut hole, then you had to pay 100 percent for your prescription drugs. You got a $250 rebate last year. As of January 1, you have a 50 percent reduction, and that's going to eventually become zero so you will have complete coverage under Medicare part D.

So, if you repeal it, seniors are going to pay more for their drugs. And that's

the other thing that is amazing. They talk about how this is going to, I guess they're not using the term ''killing jobs'' anymore. They got away from that.

Mr. GARAMENDI. Crush. Crush jobs.

Mr. PALLONE. What is it now? Crush jobs.

The fact of the matter is that the bill actually decreases the deficit by $230 billion, so you'd be increasing the deficit if you repealed the bill.

And with regard to jobs, I mean, look, if you think about what's in the bill, because everybody gets coverage, you're going to have to have a lot more health professionals, so that creates jobs, because premiums will stabilize, employers won't have the double-digit inflation that comes and makes it harder for them to hire people. So just the fact that your premiums stabilize makes it easier for employers to hire people.

□ 2030

And then we have all kinds of funding for research at labs and hospitals and institutions around the country; even the R&D creates jobs. It creates jobs is the bottom line.

But I would really like to go back to where I started from, and, that is, most people just say to me, ''Why are the Republicans doing this? Let this bill kick in. Let us get to the point where everyone's covered. Let's see how it works.''

We know the Senate's not going to pass the repeal. The President's not going to sign the repeal. So rather than spend our time trying to figure out ways of creating jobs, we'll just debate this for another week for no purpose, just as a waste of time.

Mr. GARAMENDI. Thank you very much, Mr. PALLONE.

If it's about jobs, then why are we doing all of this? It's interesting to note, and I heard this debate earlier on the floor here, that this is a job crusher, to be politically correct now, and that businesses are going to lose jobs, when in fact since the bill became law, over 932,000 private sector jobs have been created. So there's no evidence in the large job market that this legislation, the health care reform, has harmed jobs, crushed jobs. It hasn't happened. In fact nearly a million new jobs have been created; 932,000.

In addition to that, this is an extremely important bill for small businesses. This bill, as you said, actually subsidizes the cost of health care for small businesses. If you have less than 50 employees, you can get a subsidy, up to 35 percent, for buying health care for your employees. And if you don't want to buy health care, you don't have to if you have less than 50 employees.

I don't understand this debate about small businesses being harmed. In fact, the Kaiser Family Foundation has shown that in the last year, probably as a result of this bill—that's their conclusion—the number of small businesses providing health insurance has grown from 46 percent to 59 percent.

Mr. PALLONE. If the gentleman would yield, one of the things that I wanted to point out and I am going to certainly talk about it, I'll talk about it more a little tonight, is my committee, the Energy and Commerce Committee today, put out a report essentially that talks about the impact of repealing the health care reform law in each congressional district, district by district. I have the information on my congressional district, the Sixth in New Jersey, that talks about the tax credits for small businesses, and it says in this report that the health reform law provides tax credits to small businesses worth up to 35 percent of the cost of providing health insurance. There are up to 18,200 small businesses in my district alone that are eligible for the tax credit. And, of course, repeal would force these small businesses to drop coverage or bear the full cost of coverage themselves.

The bottom line, every small business owner I know wants to provide coverage. It's just a question of whether they can afford it. And what we do in the bill is make it affordable by giving them this major tax credit. Eighteen thousand two hundred small businesses in my district alone can benefit from it and would lose that if we repealed the bill.

Mr. GARAMENDI. That is similar in every district, Republican or Democrat, across the Nation. The number of small businesses may vary district to district, but the point is that every small business has an opportunity to reduce by more than one-third the cost of health care by simply providing health care. And that will grow to 50 percent in just 3 years. It climbs up 35 and then 50 percent in 2014. And in 2014, every State will have an exchange, an insurance marketplace, where small businesses, individuals, can buy health insurance on a marketplace that talks about the quality and the cost so there is competition.

Once again, why would you want to repeal that, where individuals can shop for health insurance in a competitive market? We talk about competition here. Well, let's let it happen. Right now it doesn't really occur because many insurance companies don't compete. There are many, many aspects of this.

I notice that our friend from the great State of Tennessee has joined us. Mr. COHEN, if you will, what is going on in Tennessee? Do they want to repeal this? Do they really want to do away with the patients' bill of rights? The preventative care that seniors are able to get under this bill? The closing of the doughnut hole? Is that what the Tennessee folks want?

Mr. COHEN. Thank you, sir.

I don't think so. And the tide has been turning. The national polls, which I think are reflective of Tennessee at least on a percentage basis, have shown that it's gone from 10 points up on people that want to repeal this bill to where it's even, as many people for it as against it in this country. There's been a 10-point switch in the last 2 weeks as people have looked at the possibilities of the repeal of the law and seen the benefit.

What I thought about, Mr. GARAMENDI, I was in New York, New York City, about 2 weeks ago, and I went in the Time Warner Building. They had an exhibit there of Salvador Dali; surreal, things looking out of space. Strange, strange pictures and thoughts. It's hard to think of this Congress and the Republican majority that's come in trying to repeal a bill that's going to become as popular, once it gets implemented, as Social Security and Medicaid and Medicare have over the years, that they are so out of touch with America today and its needs and the future. Because while this may seem to be important to the minority, the tail wagging the dog in that party, the tea party that's wagging the dog, saying repeal health care, the fact is down the line, people are going to embrace this bill like they embraced the Great Society's Medicaid and Medicare and the New Deal's Social Security. It's going to be a short-term possible victory but a long-term defeat. And the myopia of the other side, let alone the hypocrisy of some of its members, is hard to fathom. But you can only see it through the eyes of Salvador Dali, because obviously they are Salvador Dali, and they're saying things in a surreal way.

The nonpartisan, bipartisan Congressional Budget Office says it's going to save us $230 billion the first decade and $1.2 trillion thereafter, and they say, ''Well, they can have their opinion.'' Those are facts. Those are nonpartisan facts of people we hire to give us the truth. They don't like the truth so they summarily dismiss it.

They say it's a government takeover of health care, a big lie. Just like Goebbels; you say it enough, you repeat the lie, you repeat the lie, you repeat the lie, and eventually people believe it. Like blood libel. That's the same kind of thing. The Germans said enough about the Jews and the people believed it and you had the Holocaust. You tell a lie over and over again. And we've heard it on this floor; government takeover of health care.

PolitiFact, nonpartisan, Pulitzer prize-winning, 2009, St. Petersburg Times, said the biggest lie of 2010 was government takeover of health care, because there is no government takeover. It's insurance.

I look at my Facebook regularly and I've got some people I communicate with on different issues on Facebook. I respond to them whether they take my side or not, obviously. And one lady has been constantly talking negatively about health care. I responded. She keeps going on with the line that obviously she hears and she's taken as her mantra; and that is that this is a government takeover of health care. Well,

she's drunken the Kool-Aid, and that's just not true.

We heard in August 2009 that there were death panels and killing grandmother. Everybody agrees now, that was a big lie; just like government takeover of health care is a big lie. And it's amazing the lies: denying the effect on the deficit, claiming it's a government takeover, claiming there were death panels.

This lady on my Facebook page talked about the fact that it was going to take insurance companies out and there was a public option. Well, there is no public option. And the exchanges aren't a public option but the exchanges are private insurance where people can come together and get better rates that they couldn't get if they were dealing as individuals on the open market.

People don't understand. If you read Paul Krugman today, or yesterday—today in Memphis, we get it a day late—but yesterday in the New York Times, he talked about the errors in arithmetic, basically the lies that are being put out about how it will affect the budget. And Krugman, who's only a Nobel prize winner, says it's just not true, and what it comes down to, the bottom line, is there is a group in America that don't feel like they have a responsibility, a social responsibility, a moral responsibility, to those 32 million Americans who can't afford health care and right now are seeing death panels, the death panels that say you won't have insurance and you won't have health care.

□ 2040

As we are just one day beyond Dr. Martin Luther King's holiday, America's holiday celebrating Dr. Martin Luther King, Dr. King was not only for social justice, which everybody embraces today and talks about kumbayah and integration, but it was also economic justice. And economic justice involves health care, and it involves giving everybody an opportunity to stay alive, to get educated, and to get a job.

The first priority I have always believed of government is to keep people alive, their health care. The second is to get them educated. And the third is to get them a job. This rhetoric on the other side of the aisle about whatever they want to call it is not only false—read Krugman, a Nobel Prize winner—but it is the third priority. The first thing is keeping people alive. And you want to tell those 32 million Americans we don't want you to have insurance, we don't care about you. That is wrong. Dr. King wouldn't approve of it. I don't approve of it. America won't approve of it.

And it is as I started with, surreal to think that the first thing that this Republican Congress is doing is trying to repeal what will be known down the years as one of the great acts ever passed by this United States Congress. It will be to the fortune of the Democrats because like Social Security and Medicare and Medicaid and voting rights and civil rights, they are Democratic initiatives that brought America forward, progressive initiatives that have been brought forth by this side of the aisle. And the myopia of the other side is politically welcomed, if not policy-wise sad.

Mr. GARAMENDI. Mr. COHEN, thank you very much. You pointed out the nature of the debate taking place on the floor. I listened to much of the debate this afternoon as it was going on, and tomorrow it is probably going to be the same. Like you, I was surprised and in many cases disappointed with the rhetoric that I heard. It simply wasn't based on fact.

They talked about the government takeover of health care. You used the word ''big lie.'' Well, in fact it is not going to happen. This is not the government takeover of health care. There are many who said we simply should take Medicare and expand it to all. Now that is a program that is government collection of the money, but the services are provided by individual doctors, hospitals, and other provider groups. It is not a government takeover; it is a government finance program.

You mentioned the uninsured. Actually, it is about 42 million uninsured in America. They get sick. Who pays for them when they go to the emergency room? They don't have an insurance policy. They are certainly not going to be able to afford the cost of an emergency room and any procedure. Those people who are uninsured do get sick. They do go to the emergency room, and they do get medical care. And who pays, the taxpayer.

Mr. COHEN. Property taxes.

Mr. GARAMENDI. In Tennessee, the property tax base. In California, the general tax base and the Federal Government. Here is the clincher: every health insurance policy in the Nation pays for the uninsured. So we have health care coverage. In fact, this law requires that the three of us and all 435 Members of Congress and 100 Members of the Senate will get the exact same kind of insurance that every American gets. We don't get a special deal. In fact, we get to pay for part of it ourselves. That is a fact.

So what about those people that are out there uninsured that get sick. We get to pay for it through our health insurance policies because that cost is shifted over to us, the taxpayer. There is no free lunch here. The question we have is should everybody participate in this insurance pool. I think it is only fair to say that we all participate.

I don't know what I said, Mr. PALLONE, that made you come to your feet, but please proceed.

Mr. PALLONE. Everything you said is absolutely true. I know in my State we estimate that every insurance policy, for those who have insurance and are paying their premiums, there is built into it something like $1,000 to $1,500 per year in your premium that pays for uncompensated care for others. And I actually have a statistic in that Energy and Commerce study that I mentioned that says in my district alone repeal would increase the cost of uncompensated care by $54 million annually for hospitals in my district.

But what I wanted to point out was you can actually eliminate a lot of the uncompensated care because what happens, people don't have health insurance and so they don't see a primary care doctor on a regular basis. And they get sicker, and their only recourse is to go to an emergency room. I tried to get the CBO to build into this the savings that would come about because of preventive care. In other words, the fact that all of these people who are uninsured go to the emergency room, don't see a doctor, and all of a sudden they see a doctor and they stay well because they take preventive care of themselves and they do wellness and then they don't end up getting sick and going to the hospital. But that was never built into the system. The CBO won't score prevention, so to speak.

But I would maintain there is huge savings. We talk about a $230 billion savings from the deficit, but in my opinion it is trillions of dollars because not built into this is the fact that all of these people who don't have primary care and end up in an emergency room now will have a doctor. They won't get sick, and you won't have to pay for all that care. So the system as a whole saves a tremendous amount of money, which is not really calculated here, in my opinion. That is what you made me think of.

Mr. GARAMENDI. You are quite correct. It is some very simple things which I think all Americans understand. Blood pressure, high blood pressure, the silent killer, people don't know that they have high blood pressure until they get the stroke. And then if they survive, they may very well be paralyzed or incapacitated the rest of their life and take an enormous expenditure every day, every month, every year caring for them in a nursing home or in an extended care situation. That is a very simple thing to understand.

And this piece of legislation provides free preventive care for seniors. Is that what they really want to repeal, that free preventive care for seniors where most high blood pressure cases are found and where most strokes are found? It is a preventive cost.

Mr. PALLONE. Exactly. As you know, on January 1 there were a whole new set of patient protections that went into effect and one was elimination of the 20 percent copay for seniors. They get a 1-year wellness exam for which they don't have a copay, mammogram, all kinds of tests for which they would have paid 20 percent copay. All of that is out now. The reason it was done is exactly what you said: a lot of seniors would not go and have those tests done because they

didn't want to put up the 20 percent. Now they get it free.

The Republicans say that costs money. It doesn't. It may cost money up front; but in the long run because the people get the wellness check and they have the mammogram, they don't get sicker. So we actually recoup the money because they don't get sick. I think it is a very important point that you are making.

Mr. GARAMENDI. Mr. COHEN.

Mr. COHEN. Sir, I appreciate your leading this. You have been an outstanding Member; and your first vote, I think, was for this bill. You have a lot of experience of this issue. You were commissioner of insurance, if I am correct, of the largest State in the country, California. So you have knowledge here.

Mr. PALLONE worked very hard on this bill, too, as I did; but Mr. PALLONE was in a senior position.

As I think back on the passage of this bill, I remember a lot of criticism; and the other side and the people who were critical said we didn't take enough time to pass the bill. We only took a year, a year and a half to pass the bill. And they are going to take 2 days to repeal it. Take enough time? Where are the people who think we should take enough time for the legislative process to work, to have hearings, to have thoughtful discussion, to have analysis of expert opinion today? Two days and it is going to be voted on, and that's it. And the old mantra which we heard from so many people, ''read the bill.'' And yet so many people think it is a government takeover of health care. I say to them: read the bill.

And people who think Congresspeople are going to get something special, we get the same as everybody else. Read the bill.

Mr. GARAMENDI. If you will yield for a moment, there is a place where the bill can be read, the Web site www.healthcare.gov. It gives the bill. It gives a detailed description of every item in the bill. We have only talked about maybe one-third of the bill here today, and maybe we will go into some of the other parts.

□ 2050

It also talks about the timeline in which the various elements of the bill will go into effect. For example, the senior population: The doughnut hole begins to close. Last year a $250 rebate check to those seniors who are in the doughnut hole, and then, in the next 8 years, that doughnut hole is squeezed shut. And, as Mr. PALLONE said earlier, seniors would then have all of their prescriptions covered. It also shrinks the cost of prescription drugs.

That wasn't talked about here earlier today. And if they want to read the bill, they can talk about the coverage options in every part of America—in California, Tennessee, New Jersey, wherever—and specific detail about seniors, about women, those kinds of pieces of information: www.healthcare.gov. You want to read the bill? You want to understand it? I would suggest that our colleagues on the other side, the Republicans, take a look at the bill, itself, and what it does.

Please continue, Mr. COHEN.

Mr. COHEN. Well, thank you.

Today, when I came on the floor, Ms. SLAUGHTER—one of the senior Members of this Congress, an outstanding Member and the former chairperson of the Rules Committee, now the ranking member—told me of a Member on the other side, a Member in her fourth term—I guess it was in the Rules Committee, but it might have been on the floor—who expressed for the first time astonishment, amazement, that the insurance provided for Members of Congress was subsidized by the Federal Government. She had no idea it was subsidized. She hasn't read the bill. She doesn't even know what her policy is and what her benefits are.

The fact is people should want for others what they want for themselves. I don't have Federal congressional insurance—I don't have it—but nearly everybody else in this Chamber does. Yet they don't want their constituents to have it. Now that's hypocrisy.

Mr. GARAMENDI. Last week, on this floor, many of us tried to put an amendment on this piece of legislation that would read: If the repeal occurs, then every Member of Congress would lose his health care, keeping in mind that 31 million Americans will not have health insurance if the repeal takes place.

So, 435 of us. If the bill is repealed, we should join the 31 million Americans who will not have health insurance if the bill is repealed. It seems to be the least we could do. If we want to harm 31 million Americans, if we want to take away the insurance from 31 million Americans, then, surely, 435 of us should be willing to go without insurance also. It turns out that not one Republican voted for that amendment. I wonder why. They want something that they are going to deny to 31 million Americans.

Mr. COHEN. What is good for the goose should be good for the gander. There but for the grace of God go I. You should care about your brother and your sister.

And this is going to be repealed in the same week as Dr. King's holiday?

I mean, I know it took a while for Dr. King's holiday to come about. It was JOHN CONYERS' steadfastness for 15 years to make it become law, and even then there were people in this House who voted against it, and there were people in the Senate who voted against it, but there is nobody who has given a better philosophy of life over 2,000 years than Dr. King.

Mr. GARAMENDI. Mr. PALLONE.

Mr. PALLONE. I was going to ask you to go over that chart about security and stability for America's seniors because, frankly, you know, as the gentleman from Tennessee was pointing out, there is a lot of misinformation that the Republicans give out in terms of Medicare and the benefits of this program.

I mean, the bottom line is that all that we have done with Medicare is extend benefits. A lot of seniors think that somehow, you know, Medicare is going to be negatively impacted, which is simply not true. So, if you could go through that, I'd appreciate it.

Mr. GARAMENDI. Well, I will do my best, and along the way, if my colleagues would join in on any one of these issues, I'd appreciate it.

Health care reform means security and stability for America's seniors.

First of all, despite all the rhetoric on the floor, this legislation actually improves the financial status of Medicare. It extends the solvency of Medicare, I think, by almost a decade.

Mr. PALLONE. You know, on the first point that you have there, I actually went before the Rules Committee—I guess it wasn't last week. It was 2 weeks ago now because last week we had the tragedy of our colleague from Arizona—and I had an amendment that actually said that the repeal would not go into effect if it actually negatively impacted solvency. It actually is 12 years. In other words, the bill, the health care reform, added 12 years of solvency to the Medicare trust fund. In other words, with the repeal, insolvency would begin in 2017. So this pushes that day of reckoning back, when there is not enough money to pay out, another 12 years.

Mr. GARAMENDI. So it pushes it back to 2023.

Mr. PALLONE. Yes. Exactly. So, I mean, that's an important point. Again, everything that we do shores up Medicare, provides more Medicare, provides more benefits under Medicare for seniors, expands their benefits.

Go ahead. I didn't mean to interrupt.

Mr. GARAMENDI. Let's just continue on here.

We talked about prescription drugs. It's not only the doughnut hole, but there are certain kinds of generic prescription drugs that would also benefit as a result of this legislation and, of course, the doughnut hole issue, which we've discussed here in some detail.

The doughnut hole is squeezed shut, and initially, this last year, $250. Now, I don't imagine the repeal would force the seniors to refund the $250 check they had. Nonetheless, that doughnut hole would remain wide open if the repeal were to take place. We've talked about the improvement of the quality of senior care, and both of my colleagues here have spoken to this, I think, very correctly.

Preventative care.

Now, we talked a moment ago about high blood pressure—clearly, the silent killer and a major problem for seniors. Okay. You're going to get, free of charge, an annual blood pressure test. You know, it's very simple, very cheap, and the drugs to treat high blood pressure are cheap also, but the cost of not treating it is extraordinary.

There is another one that affects not only seniors but others around this Nation, and that is diabetes. This is an enormous cost. It can be treated. It can be taken care of, but if you ignore it, you are in for a world of harm and a very, very great expense to all of the people, including, in this case, to the taxpayers.

This is an interesting one. Primary care doctors.

Nobody has really talked about this much on the floor, but in the legislation, there is a significant increase in medical education opportunities, not only for doctors but also for others in primary care—nurse practitioners, physician assistants, and nurses. There is an enormous increase.

This one happens to be really, really important to me. Our daughter graduated from medical school just 3 days ago, and we go, Yes.

She says, I want to do primary care.

I'm going, Terrific. How about geriatric care?—my wife and I are looking to the future here.

This is really important. She has an opportunity under this piece of legislation, as do all other primary care doctors who choose to serve in underserved areas—and she may very well decide to do that—to have their medical loans reduced as they provide service in underserved areas, and some of those underserved areas are in our urban communities.

Now, that brought Mr. COHEN to his feet and Mr. PALLONE, so please share, gentlemen.

Mr. PALLONE. I'll let my colleague from Tennessee go first.

Mr. COHEN. Well, there are so many problems.

I represent an urban district in Memphis, and we do have a lack of health care in the urban areas. We need more primary care doctors, and we also need more community health centers. That's something else the bill is going to provide for, more community health centers. There are large areas in my community where there are very few doctors who are available and where there are not community health centers. So that's another portion. It's not just the primary care doctors who are so important—and we've got some of the greatest in Memphis—but it's the difficulty in not having community health centers.

Mr. GARAMENDI. That has not been discussed.

In every part of America, people need to know about the enormous increase in the community clinics that will be available. That's in the legislation. It costs money, but it saves money because, once again, people will be able to get care early.

□ 2100

Mr. PALLONE. Could I ask the gentleman to yield?

Mr. GARAMENDI. Please.

Mr. PALLONE. This is true in the health reform, that there's a lot more money for community-based health care clinics, but we also have that in the stimulus, the Recovery Act.

Actually, I had two clinics that were funded under the Recovery Act that had not received Federal funds before. And just to give you an idea of what they did, one of them is in my hometown of Long Branch. They coordinated with the emergency room at Monmouth Medical Center so that every time someone comes to the emergency room who's eligible for the community health center—because they probably, many of them are uncompensated, have no insurance—now they go back and coordinate so that that person doesn't come back to the emergency room again—which, of course, is a tremendous expense—and instead goes to the community health center where they get primary care. So that is an example of where some Federal dollars that are going to community health centers are now being used to make it so that people don't have to go to the emergency room because they're getting the primary care in the clinic for probably maybe a hundredth of the cost of an emergency room.

Mr. GARAMENDI. You raised another point. And I recall a conversation with Mr. COHEN in the past where we talked about medical technology, which is also not only in the Affordable Health Care Act, the health care reform, but also in the stimulus bill. And part of what you talked about is the use of electronic medical technology to provide continuity of care; whether you are in this clinic or that hospital, you could be able to get that information across from one to another.

Mr. COHEN, do you want to carry on? You talked to me about this some time ago, and you had some pretty good notions of what would happen in Tennessee.

Mr. COHEN. Well, just the idea—and I will yield to Ms. JACKSON LEE in just a second—but the idea of having medical records on computers rather than having them on notes. My father was a doctor. I inherited his penmanship. I got a C in penmanship. The teacher was kind to me.

Doctors don't write real well. If you have to go from written records, it's difficult, and they don't get transposed well. But if you have them on computers, it's very easy to see what shots and inoculations the patient has had in the past, what treatments they've had. It makes it easier to render a diagnosis and not have to repeat tests that are unnecessary and costly. It is so important. And part of this bill is to see to it that the records are put on electronic devices so that they're available throughout the Worldwide Web and everywhere. That saves medical costs in the long run.

Mr. GARAMENDI. Some of this, if I might for a moment, sir, already exists.

I've been with Kaiser for three decades. They have put all of the records, all of my history, all of their patients, millions of patients, on the electronic information system. I could present myself at any Kaiser facility across this Nation in an emergency situation and they could take my number and immediately call up my entire history so that they don't have to start at the beginning with blood tests and all of the other procedures that are common in today's emergency room simply to know about the individual's health circumstances. All they need to do is enter that number, bingo, they've got my information. That's where the electronic medical records would be found. And it's interesting that our Republican colleagues want to repeal that? I don't think so.

Finally, at last we're going to hear from a woman. We need that perspective here. Please join us. Thank you so very much for coming in.

Ms. JACKSON LEE of Texas. I thank the gentleman from California, but more importantly I thank him for really turning the light bulb on. We worked so hard on this legislation that we probably have forgotten to articulate all of the nuances of this bill. It is unbelievable.

I hesitated to use the term ''frivolous'' today, but, frankly, I'm saddened by the fact that we had to engage in a frivolous debate. So I just wanted to say to the gentleman, some years ago under the Bush administration I took note of the fact that we did not have enough community health clinics, frankly, and I am so glad that our collective research caused us to put that legislation in the bill.

Last Monday, I convened my community health clinics. It was amazing the expanded work they do because some of them received stimulus dollars. One of my clinics was able to open up 21 legacy, and one of my community health clinics was able to open up 21 new patient rooms because of stimulus dollars.

But what I want to say on that point is three things:

Community health clinics help seniors and families. And to seniors, this gives you, in addition to the comfort of being nearby your home, but you get, in addition, a primary home or a medical home. You can use that clinic, that doctor to be part of your medical home. The community health clinics can then multiply themselves or improve themselves by having electronic records where, as a senior who has extended medical records, can you imagine in the future what happens with seniors when they can put all their data into electronic records to be able to track seniors and to assure their good health? So contrary to frightening seniors and talking about death panels, this bill provides community clinics, a medical home, electronic records, and the inevitable closing of the doughnut hole so that seniors do not have to choose between paying rent and buying food and getting their brand drugs that they need.

So I just wanted to say there's so much. And then as you mentioned your

daughter and the training. That's creating jobs. How do they talk about losing jobs—which I think, by the way, again, is frivolous because we created 1.1 million jobs.

And, frankly, I would just say to you that this is about saving lives. Jobs are very important. We've created jobs. But even the title of their legislation, H.R. 2, ''job-killing''? This is killing Americans if we take this bill away, if we repeal this bill.

So I would argue that maybe my good friends—who some of them are new and I appreciate their newness; I appreciate their desire to keep a commitment to constituents. But when you come to the Congress, you have to govern. You have to look at the whole of America. And therefore, looking at the whole of America, you need to look at the crux. The crux is saving lives.

So I thank the gentleman for bringing us to this point. I know that we will be getting another hour that I hope maybe I will have an opportunity to share some thoughts. But again, I will yield back my time and just say this is about saving lives.

Mr. GARAMENDI. I thank the gentlewoman for her insight into the way in which the bill affects her home and her community because that's what all this is about; it's really about the community.

Mr. PALLONE, if you would like to take a few moments and wrap, and then I will provide the final wrap here as we close down this 1-hour discussion.

Mr. PALLONE. I mentioned before how the money that was going to the community health center in Long Branch, in my home town, was being used to coordinate with Monmouth Medical Center so that people didn't have to go to the emergency room. When they came once, they were put into a computer, and it was exactly the electronic system that you talked about.

I went to Monmouth Medical Center one day because they had expanded their emergency room because they had so many people flooding the emergency room. Particularly in these tough economic times, a lot of people don't have health insurance, more and more people, so they had actually doubled, I think, the capacity of their emergency room. But they coordinated electronically with the community health center with this money that came in. So they showed me how a person would come in, and then they would be put into the system electronically with the community health center and they wouldn't come back to the emergency room.

One of the big issues now across the country—in fact, I just did an opinion piece about it in my local newspaper, the Asbury Park Press—is how emergency rooms are being flooded with more and more patients because more and more people don't have insurance. So we have to figure out a way to deal with that. Obviously, the health care reform does that, because once everybody gets insurance, sees a doctor and gets primary care, you won't have the need for as many people to go to the emergency room.

When you expand an emergency room and add on all this additional capacity, it's millions and millions of dollars. That money isn't necessary if people see a primary care doctor. An emergency room should just be for an emergency, when people are trauma or something else that happens. It shouldn't be a place where people have to go because they can't get a doctor.

I yield back to the gentleman.

Mr. GARAMENDI. Well, it has become just that.

I think I will wrap with where I started. The health care reform, the Affordable Health Care Act, really is about making life better for every American. From the moment they're born, that young baby, that newborn baby cannot be denied insurance, from the moment they're born, whatever their circumstance is. That's part of the Patient's Bill of Rights, and it starts right at birth. This is where a student, when you graduate from college, you are not only getting a diploma; you are also likely to be losing your health care benefit that you were covered by under your parents.

□ 2110

So it extends coverage to the age of 26. And into a marriage, into a family when you're building a family, you know that you'll be able to get insurance. Thirty-one million Americans are going to be able to get health care insurance as a result of this legislation.

And in the workplace, a lot of talk about this being a job crusher, when in fact it actually creates jobs. And for small businesses, this is an enormous benefit because they will get a subsidy reducing the cost if they choose to provide insurance. If they have 50 employees or less, they don't have to buy insurance. And then later, they'll be able to get insurance through an exchange in 2014. California is probably going to set one up next year.

And for seniors, I've never heard so many inaccurate statements as concerns Medicare and the way in which this bill actually works. It extends Medicare. As you said, Mr. PALLONE, for 12 years—the financial solvency's extended for 12 years. Otherwise, it would be just 7 years, and it would be in financial trouble. So this really helps. And for individual seniors, they'll be able to get preventive care; their drug costs are going to be reduced. It is a very, very important part.

So for the circle of life—and all of us would want to go through that circle of life—this health care reform provides a benefit at every stage.

And I'll point out this final thing—and this is an estimate that was made in the last year—some 30,000 to 40,000 Americans every year die because they don't have health insurance. What is that? A stain upon America. Every other industrialized country in the world would do it.

Our Republican friends talk about repeal and replace, but everything I've heard on this floor about replacement is already the law in America. It's already the law.

They talk about lifetime caps; they talk about putting in no rescissions; they talk about no preexisting conditions. That's the law, folks. Our Republican colleagues, read the bill. Go to healthcare.gov. Read the bill. That is already the law. Why in the world would you repeal what is already the law and put this whole thing back at risk?

Don't forget, Americans, the insurance industry, the health insurance industry has dominated American health care for decades. And you think for a moment they're going to let the Republican majority write a bill that is not in their interest; that will force them to provide care; that will force them to pay the bills; that will force the insurance companies to no longer be the death panel? In fact, that's where the death panel is—and this I know.

I was the insurance commissioner. I fought the insurance companies for 8 years of my life when they denied coverage; when they said, You have run out of benefits; when they said, Your policy is going to be rescinded. I fought them. And I know the result when they won that fight: people died.

We need the Patients' Bill of Rights. It should not be repealed.

Tomorrow, our Republican colleagues in H.R. 2—without one committee hearing, with only 2 days of debate on this floor and no committee hearings at all—put Americans at risk. Thirty-one million Americans will not get coverage. That's what this is about.

I look forward to tomorrow's debate, and we will see what happens.

TUCKER WRIGHT

The SPEAKER pro tempore (Mr. AMASH). Under the Speaker's announced policy of January 5, 2011, the gentleman from Iowa (Mr. BRALEY) is recognized for 23 minutes.

Mr. BRALEY of Iowa. Mr. Speaker, one of the things that we've heard a lot today is talk about policy, but I want to spend some time tonight talking about the face of the efforts to repeal the Affordable Care Act. And the face could not be any clearer than this young man to my right.

This is Tucker Wright, a 4-year-old boy who lives in Malcom, Iowa, and January 2 of this year was an important day for Tucker and his family because 2 years ago this young boy was diagnosed with liver cancer before he reached his second birthday. And some amazing doctors and nurses took care of him after they removed two-thirds of his liver, and, miraculously, he is alive today.

And his parents had done everything they were supposed to do. They both had full-time jobs. They had the best health care coverage you could get in the State of Iowa at that time. Yet in spite of that, they ended up with tens of thousands of dollars of uninsured medical expenses. And this young boy faces an uncertain future filled with CT scans, tests, medical procedures over his lifetime—and he is just getting started in his life.

Now, before January 1 of this year, his father and mother couldn't change their jobs because if they had, their coverage would have been denied because of a preexisting condition—his liver cancer. But because of the Affordable Care Act passed in this Congress and signed into law by President Obama last year, as of January 2 his parents no longer were bound to their jobs, because they had the freedom to get a different job and not worry about having his health care benefits excluded under a policy called preexisting conditions.

Now, what our friends on the other side of the aisle don't want you to know about Tucker is that if they get what they want and they repeal this health care bill, the very first thing that's going to happen is his insurance company is going to send his parents a notice of rescission—that his coverage is terminated because he has a preexisting condition that would then be subject to excluding his coverage.

Now, they could do that because we banned the practice of preexisting conditions, and we banned the practice of rescission in the Affordable Care Act after hearing days of testimony from witnesses who had experienced those practices firsthand and talked about the devastating impact it had on their lives.

So when we're on the floor tomorrow talking about repealing the Affordable Care Act, I want you to think about Tucker Wright and what that means to him and the millions of other American children who would be discriminated against by insurance companies because of a disease they have no control over.

And our friends on the other side of the aisle are telling us, Don't worry, we're going to repeal this bill and then we're going to come back and we're going to fix these problems. Really.

You know, I came here in 2006, Mr. Speaker; and I was proud to be part of that class of 2006. But when I got here, the Republicans had been in power for 6 years. They had George Bush in the White House, they had a majority in the House and a majority in the Senate. And what did they do during that period to ban the practice of preexisting conditions? What did they do to ban the practice of rescissions? Nothing. Not one thing. Despite multiple health care bills that were presented in that 6-year period, none of the concerns they're talking about being committed to fixing now were addressed by them.

You hear a lot of talk about this unfair, unconstitutional burden of an employer mandate. Well, folks, if you go back to 1993, you will see that Republicans—including my Republican Senator from Iowa, CHUCK GRASSLEY—offered legislation in Congress to have an individual mandate because they knew the only way we were going to get costs under control was by bringing more people into insured plans, spreading the risk, and making health care more affordable for all Americans.

□ 2120

So why do we find ourselves where we are now? Well, we find ourselves here because of an unwillingness to face the reality that Democrats in the House, and the Senate, and President Obama faced a problem that had been plaguing this Nation for decades: millions upon millions of Americans without access to quality, affordable health care. And that was a stain on our national reputation. And we decided to do something about it. And we didn't make any bones about the fact that this was going to be a priority.

Some of my colleagues and I ran on this issue in 2006 because of the problem of 47 million Americans without access to health care coverage. We hear complaints about the burdens on small businesses. I was a small business owner in Iowa for 20 years. And at the end of my career, every year we would fill out five to seven applications for every one of our employees, trying to find insurance coverage that was affordable that would take care of their medical needs. Small businesses were being priced out of the insurance market, and nothing was being done about it. That's why I'm proud of the fact that Democrats took this challenge head on.

We were serious about the problem. We listened to days and days of testimony from people all across the health care spectrum, all across the health care economic spectrum. We held days of bipartisan markups to give people on both sides of the aisle the opportunity to offer amendments and improve this bill. And contrary to what you're hearing, we accepted amendments from our Republican colleagues. They were included in the bill. They made it a better bill when we brought it to the floor and voted on it. And yet now it's like we want to go back and eliminate everything good that happened during that period of time.

It's like the movie ''Men in Black,'' where they had that little pen-like device that they would hold in front of your head, and once it flashed you would forget everything you had just heard. Well, we cannot afford to let that happen. Too many people's lives, like Tucker Wright's life, are depending on what we do here. And that's why when we talk about these important issues, remember the faces of the people whose lives are benefiting from this important legislation.

One of the things that we don't hear much talk about is the enormous positive impact this bill has on the lives of young people. One other thing that has changed dramatically from when I graduated from college many years ago is that now many young college graduates are required to perform an unpaid internship in order to get a job. It may be an entry-level requirement before they can take a certification test, or it may be the only way for them to get access to that employment market. Well, what does that mean practically? It means that once those students graduate from college, if they're older than 22 they get kicked off their parents' insurance policies.

Okay. Well, in the past, people would go out and find work, and usually that work had insurance coverage with it. Not any more. We have generations of young people out there looking for work with no health insurance. And when they get sick and need medical care, if they don't have insurance, they still get the care; but somebody pays for it. And that somebody is us, the U.S. taxpayers and people who buy private insurance, who have their premiums increased or their taxes increased to take care of people who don't have health insurance.

So this bill does amazing things for young people. It prohibits discrimination of people like Tucker Wright. And it allows seniors access to care so that they know they're getting the wellness and preventive check-ups they need to make sure that they are getting the best care that they can.

There's a lot of talk on the floor in support of repealing this bill, about the imposition that this bill has on health care providers and the barriers it erects between them and their patients. And nothing could be further from the truth. In fact, what this bill does is promotes an atmosphere between physicians, health care providers, and patients that strengthens that bond, that relationship, that dependency by giving patients more access to their doctor and their health care providers at the time they need it most, when they are making decisions about chronic care, which is one of the biggest cost-drivers in health care today, managing their diseases, and in lowering the cost of health care for all of us. And yet you won't hear one word about that as a critical benefit of this bill.

And that's why, as the American people, Mr. Speaker, listen to the debate tomorrow leading up to this important vote, they need to ask themselves what's this all about, and whose lives really are going to be impacted if we repeal health care. It's time to talk reality. It's time to talk about the Tucker Wrights of this world and what this will do to them, because rather than seeing this as a Patients' Bill of Rights that finally preserves protection between patients and their insurance companies, we are talking about going back to the bad old days when those protections didn't exist, when patients were playing against a stacked deck

and were often cut out of the decision-making process.

The risk is too great. We need to think of who is going to benefit from this bill and who will be harmed if it is repealed. And I call upon all of my colleagues to search in their hearts and their souls for the real impact that this bill is going to have if repealed.

And with that, I yield back the balance of my time.

CONGRESSIONAL BLACK CAUCUS AND THE AFFORDABLE CARE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 30 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, it's an honor for me to join my colleagues in the Congressional Black Caucus for this half hour or so to talk to the American people about the importance of the provisions of the Affordable Care Act. For African Americans and other people of color, as well as rural Americans, who make up more than half of the uninsured, we cannot allow the law and the consumer protections to be repealed. Not when we have just gotten one foot in the health care door, some of us for the very first time.

For African Americans, who have higher death rates from all causes than any other population group, the preventive services, the strengthening of the public health force, the diversifying of an expanded health workforce, the community health workers, the community health centers, the Offices of Minority Health, those equity provisions cannot be repealed. It's a matter of life and death for us.

I know that the Republicans and their leadership who are calling for repeal won't ever say that they want to take away those benefits of the law that make sure sick children can be ensured, that allow families to keep their children who can't get jobs right away on their insurance until they are 26, or make sure that your insurance will be there for you when you need it most, when you get sick. They won't tell you that they want to take those away, but that's exactly what would happen if they are allowed to unravel this very carefully put together law.

Moreover, it should cause concern to every freedom-loving and justice-seeking person in this country that two of the very first acts of this 112th Congress have been to take away rights, privileges, or benefits from United States citizens. They took away the vote in the Committee of the Whole from Representatives elected and sent here by over 5 million Americans.

And now the leadership is trying to take away services and benefits that in effect would take away the right that everyone should have to health care. Whatever the leadership tries to take away next, good people must stand and speak and act to prevent them from doing so, as we must not let them repeal the job-creating health care reform law now.

□ 2130

Rev. Dr. Martin Luther King, Jr., who we remembered yesterday, spoke about the appalling silence of good people.

So, my fellow Americans, what I am saying to you is we cannot be silent. I know it must be difficult for you, our constituents, you, our employers, to know what the Affordable Care Act does and what it doesn't do, because there is so much distortion of the facts. So to help explain what the bill, what the law does, and how devastating the repeal would be, I want to now yield to my colleagues.

I will begin by yielding to the gentleman Georgia (Mr. JOHNSON).

Mr. JOHNSON of Georgia. I thank my colleague for yielding to me.

I must admit that I feel somewhat, gosh, it seems like only yesterday that the Republicans were accusing us of not taking care of what was the business at hand, which was job creation and what they call reckless spending. They accused us of wasting our time in the 111th Congress where we should have been dealing with jobs and spending, and they are doing the same thing.

They are wasting their time. The first month of the 112th Congress, they are wasting their time trying to repeal health care for Americans, the Affordable Care Act. It's mind-boggling to me that after the Democrats' first month in office we dealt with the recovery package, jobs, and thereafter we went through a long process of putting in place a measure that will create 4 million new jobs in this economy that they ran into the ground.

We pulled the car out of the ditch, got the car running, ready to create 4 million new jobs, health care, 4 million new jobs to accommodate the 32 million more Americans who would have access to the health care system in this country as a result of our passage of that act. And the Republicans, the first thing they do is want to kill a job-creating act that will enable their constituents and mine to have affordable health care.

It boggles the mind that we would want to turn the clock back, that we would want to start walking in the opposite direction, taking away benefits that have already gone into effect under the health care act that we passed. They want to hurt small businesses which are able to receive a 35 percent tax credit when they spend money insuring their employees.

I saw a report earlier today indicating that hundreds of thousands of new policies have been issued by insurance companies based on these small businesses of less than 50 people that are choosing to offer health care insurance to their employees. That is significant.

The health insurance industry is making a profit by offering fair coverage to Americans. Preexisting conditions were something that young people, children, were denied insurance for under the old regime of insurance regulation. Under our act that the Democrats passed, no more can you ban children from getting insurance based on preexisting conditions, and that is something that's good.

My colleague from Iowa was just talking about a young child in his district who would be denied coverage for a preexisting condition if his parents had to go back into the market to purchase insurance due to loss of a job or whatever, move, whatever the case might be. So this is quite significant. We don't want to take that health care coverage away from the children who have received it even though they have preexisting conditions.

The $250 rebate for seniors who had reached the dreaded doughnut hole, seniors got a $250 check in the mail in 2010 to help them with that. In 2011, they will get a 50 percent discount on all brand name and generic drugs, 50 percent. That is going to help so many Americans with their drug bills. This is what they want to repeal. They want to cost you, as a consumer, more money for prescription drugs.

And I am happy to stand on the side of those who say ''no'' to a repeal of the health care legislation that we passed.

They want to be able to repeal provisions in the law that prevent and prohibit insurance companies from canceling your insurance when you get sick. That's a commonsense regulation to protect American consumers. My friends on the other side of the aisle would, at the behest of those in the insurance industry who spent about $100 million to defeat health care legislation—and that was unsuccessful, so they went out and spent hundreds of millions of dollars more to defeat the Democrats who voted for it. And so now we are at the point where they want to reciprocate to those who elected them at the expense of the very American people who voted for them. It doesn't make a whole lot of sense to me, Mr. Speaker, it really does not.

Lifetime caps on coverage already in effect, they would repeal that. They would allow the sale of insurance policies that would have a cap on them, a lifetime cap. So you would pay ever-increasing premiums with an ever-lessening amount of lifetime insurance coverage.

Well, we have taken that cap off. We have taken the unfairness out of that equation by mandating that those clauses in insurance contracts are void and unenforceable. So no more lifetime caps on insurance. These are some of the things that enabled the insurance companies and their corporate bosses, offices, shareholders and the like to obtain millions and millions and billions and billions of dollars of profits every year, going up every year.

Your premiums going up also, just reckless; no regulatory impact, no care about what that's doing to America.

It's actually costing the taxpayers a lot of money, Mr. Speaker, because if people don't have insurance, that does not immunize them from getting sick.

□ 2140

We're all going to get sick one day. We're all going to need medical care. We're all going to, at some point, need the care of a doctor or a nurse. And it costs money. And if we don't have insurance, it can't be paid for. So people without insurance don't get access to the health care system until they get so ill that they have to go to the emergency room. And at that point, taxpayers have to subsidize that cost. And so it stands to reason that with 17 percent of our gross domestic product being spent for medical care in this country, and the fact that that has an impact on our interstate commerce, it means that the Federal Government certainly has a role to play in regulating the health insurance industry. And that's exactly what we did.

I want to now recognize, or flip it, if you will, back to my good friend from the Virgin Islands.

Mrs. CHRISTENSEN. I want to thank you, Mr. JOHNSON, for helping to clarify some of the important areas that are provided for in the Affordable Care Act. Everyone is entitled to their own opinions, but not everyone is entitled to creating their own facts. And I think what we're hearing tonight are the facts.

I would like to yield now 5 minutes to the gentlewoman from Texas, Congresswoman SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. I thank the gentlelady. It is a pleasure to be able to join my colleagues on the floor, including Congressman GREGORY MEEKS of New York, who we'll have the opportunity to hear from, and I thank Dr. CHRISTENSEN for your continued leadership, and my colleague on Judiciary Committee, we had the opportunity to contribute to the debate today.

The Judiciary Committee has as its jurisdiction the Constitution, and our friends on the other side of the aisle keep talking about that this is unconstitutional. It baffles me and almost frustrates me because I'm trying to grab hold to what the argument is, particularly since we have had Medicare by the Federal Government since 1965, and it has withstood any constitutional challenge, and that was implemented under the Commerce Act.

But frankly, if we have an argument to make on the Constitution, I will share with you why this is clearly a constitutional bill, because we are actually denying people both due process and equal protection under the law under the present system because we have a nation that is divided between the haves and have-nots. Forty million-plus, 44 million, now I hear 32 million persons were uninsured. That's what grabbed our attention. Those people did not have access to health care.

Clearly, if you look at the Constitution that says that the 14th Amendment says equal protection under the law, all people treated equally, and the Fifth Amendment says can't deprive someone of life or liberty without due process. Well, I can tell you over the time that we debated this bill we saw the numbers of people who actually died because they could not get access to health care. We are reminded of our good colleague, Congressman CUMMINGS, who told the story over and over again of a young teenager, 12- or 13-year-old boy, African American boy, who had an abscess, a tooth abscess, and clearly could have been saved, his life was before him. But he died because his mother did not have insurance or really did not have access to go anywhere to have this particular health matter taken care of. It became a crisis, and he died.

So I want to say to my friends, these are the basic points that I want to raise today while I discuss this question of the 14th Amendment and the Fifth Amendment. First of all, you hear the question of how offended people are, I don't want to be told to buy insurance. Why should I have to be forced to buy insurance? Well, as everyone knows, there is a 10th Amendment that says what is not left to the Federal Government is given to the States. States require you to have auto insurance. If you do not have it, you are fined. You get a ticket. Because they have calculated that the burden of not having health insurance is too great to bear. And so when we think of people not having health insurance because they don't have access, we have determined that the burden is too great to bear, $143 billion if this bill is repealed right away, and $1 trillion over 20 years that we will lose, or the deficit will be built. And I would imagine it might be more if you determine the people that will be uninsured who will go on to the county system.

Does everybody know in these districts around the Nation who are complaining about this bill that your hospitals, your county hospitals that are burdening your local taxpayers will be actually compensated for uncompensated care? I don't know about anyone here, but I can tell you my hospitals are jumping for joy.

And so I just want to point this out. Children with preexisting conditions are denied coverage, that is the sickle cell child, that is the individual with heart disease. We determined in our Democratic Policy and Steering Committee that children are the greatest that have the possibility of dying because of lack of coverage. And so all of these children, asthma, parents who have children with asthma, they are born, and there are babies with asthma. Do you realize they cannot or could not get insurance even on their parents' insurance? Asthma. How many children have died with asthma? Particularly in the minority community, where we have been subjected to poor quality living conditions. Maybe the air quality, because of where we live, industrial waste, or maybe it is because of the quality of the house that you are in, asbestos, other ailments that create conditions that cause respiratory illnesses in children, those are respiratory illnesses, young people age 26. A young man by the name of Andrew today said he's been working very hard, he graduated from college, but unfortunately the job that he had offered to him has been pushed back because of the economy. He is working to get more experience as an intern with no compensation. His family cannot afford to keep him on to pay for independent insurance at this point. But yet he is being constructive, and he can be constructive because he can be on his parents' insurance. Pregnant women and breast and prostate cancer patients, in particular, African American women and minority women have a devastating form of breast cancer. My father had prostate cancer, and at the age he was and the atmosphere that we were in and the medical access he had at that time, one, he didn't tell the family, two, we were uninformed about this thing called prostate cancer, and we didn't find out about it until it had metastasized. My father actually had lung cancer and brain cancer.

There is a statistic: An African American male over 65 that did not have the proper access to health care to be able to catch his prostate cancer. Now this bill will provide for preventive care so that members, no matter what economic station you are in or status you are in, you have the ability to access health care, meaning you can go to a community health clinic or the community health centers, excuse me, or you may be able to buy your own health insurance at the rate in the amount you can.

There is a complaint here, as I said, about lacking the ability or not wanting to buy health insurance. Well, I would argue to that person, the argument I made about the 10th Amendment and automobile insurance, but I also argue, would you rather have these individuals die or burden the massive public health system? Or would you rather have them have access to be healthy as opposed to being sick?

Then something has been said, job-killing bill. And one of the points that the Republicans make is 650,000 jobs lost. They are not telling the accurate story. The 650,000 jobs lost are people deciding not to work or to work less because they now have the ability to get their own insurance that is not tied to a job through the exchange. That is the accuracy of it. It's voluntary, voluntary separation from a job because I am independent now to be able to go into business, to be a sole entrepreneur, a sole proprietor, and still have my insurance. And so these people would immediately be thrown off because a pregnant woman would be considered a preexisting disease; breast cancer, obviously one of the more devastating diseases; prostate cancer. And

do you know what else? Heart disease which kills or has 43 million women today living with heart disease, some of whom do not know it because they do not have preventive care.

And then, our seniors have been frightened by death panels. Seniors, let me simply say to you, there will be living panels because you will get a 50 percent discount on your doughnut hole process and brand name prescription drugs. But more importantly, you'll be able to have a primary care doctor, you'll have community health clinics you can go to, you'll have what we call a medical home so you won't have to be worrying about, who is my doctor? You will have a consistent doctor, maybe even electronic records.

Particularly hard-hit are minority seniors or seniors in rural areas where hospitals are not even. But if they can go to a community health clinic that can diagnose them so they don't have to go to an emergency room or be helicoptered to a major city because they reached a crisis, seniors, this is a living bill for you.

□ 2150

And then, of course, this whole question of the deficit, I've already mentioned, but this idea of small businesses, let me tell you that small businesses are jumping for joy. Dr. Odetta Coin today said to us that she is glad that her pediatric practice will be able to get tax credits for her employees to provide health care and that she will be able to add another nurse practitioner just because this bill provides for small businesses.

So I can only say that this whole question of job loss is shaky, the whole question of the Constitution is shakier, and I conclude by saying this, and I will be on the floor again tomorrow: The Constitution has been misused in this debate. I beg of people to get the Constitution. It is quite the opposite. H.R. 2 is unconstitutional, because it creates an unequal system in America, a system of unequalness as relates to health care. We've lived that way but we have not been able to get those who have been most deprived to take this case up all the way to the Supreme Court. Why did I not have health insurance? Why does my neighbor have it and I don't have it? Well, we are now equalizing. With the Patient Protection and Affordable Care Act, we're giving you the protection of the Constitution to the 14th Amendment and the Fifth Amendment of due process and equal protection. I can't imagine a better way to value America than to say that all of us deserve the dignity of our flag and our Constitution.

I thank the gentlelady, Dr. CHRISTENSEN, for her leadership.

Mrs. CHRISTENSEN. Thank you, Congresswoman JACKSON LEE, and thank you for tying in to the constitutional issues, because we're going to be asked to provide constitutional references for every legislation that we introduce and the constitutional issue has been raised over and over again and I thank you for addressing that in your remarks.

I would now like to yield to the gentleman from New York, Congressman MEEKS.

Mr. MEEKS. I want to thank the gentlelady from the Virgin Islands. I also want to thank the gentlelady from Houston, Texas, SHEILA JACKSON LEE, for that excellent statement on the Constitution and the 14th and the Fifth Amendments.

I am so serious about this issue that on this night when I don't have much of a voice, it is important to talk about what is really going on here. When you think about the Constitution, the first thing that we were doing when we came back in the 112th was the reading of the Constitution. The Constitution was really put in place to help and protect Americans. It's one thing to read the Constitution. It's another thing to live the Constitution. I think the gentlelady put out the facts clearly down to the 14th and the Fifth Amendments, this is constitutional. I think it is also clearly what the Constitution, what the individuals who wrote in 1787, it was a committee of the Federal Convention, that it should remind us that the sacred text employs and empowers us to provide for and protect the American people.

What is the most precious thing that one has? Is it money? What is the most precious thing? It's called life. Without life, what do we have? And what is the most important thing in living a good life? It's health. So wouldn't it seem that what would be the most appropriate thing to do is that we provide health care for Americans? It is without question I think that we can agree, whether we're Democrat or Republican, we believe that we have the best country on the planet, in the history of the planet. But look at the blemish that history will record on our great Nation if we do not provide or give access to health care for all Americans. This is a struggle that we have had for debate after debate after debate, from President before President before President. And finally this Congress did come together in the 111th Congress and said, we're going to provide health care to 95 percent of all Americans. No, we're not perfect. The fact of the matter is I don't know any bill that has ever been passed in any legislative body that is perfect. We've got to work, and in fact we talk about our union, to make it a more better union. The health care reform bill clearly does that.

Now the logic to come and to repeal the whole bill confuses me. For even the Constitution of the United States of America was not a perfect document. Clearly for those of us who happen to be African Americans, when the Founding Fathers wrote it, they said we were only three-fifths of a human being. Clearly the Constitution didn't give women the right to vote. The document itself as it was initially written was flawed. But we as a Nation didn't say come and strike the entire Constitution; repeal the Constitution. That's not what was done. What we did was we said, Let's fix it. Let's look and see where we can agree upon to amend it. In fact, there was a small debate on the floor right here which Constitution would be read. Would it be the amended version? And that's what we talked about, the amended version of the Constitution. That's what was read here.

So where is the logic now where we clearly have the law of the land to come and say, get rid of it all? You've clearly heard from the gentleman from Georgia and the others that have spoken this evening about making sure that there is no individual who's denied health care because of a preexisting condition. This bill assures us of that. If you have a child under 26 years of age, not working, they can stay on their parents' health care. Seniors and the doughnut hole, we fixed that.

So if you've got a serious problem that you want to negotiate and talk about that's within this bill that's a problem, that's a flaw, that needs to be amended, then I think that as a body we can sit down and work together to get that done.

And so I say when I look at where we are, or ask my staff, for example, in my little district in New York, the Sixth Congressional District.

The SPEAKER pro tempore. The time of the gentlewoman from the Virgin Islands has expired.

Mr. MEEKS. Let me just end by saying this.

Let's make sure that health care is not a privilege for a few but a right for the many. Let us make sure that we do not destroy this great health care reform bill that's now law.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, let me thank our CBC Chair, Emanuel Cleaver and the gentlelady from the Virgin Islands, Congresswoman CHRISTENSEN for anchoring this Special Order in order to pursue a very important discussion on the leadership of the Congressional Black Caucus and the Health Care Reform.

We remain committed to our diligent work to be the conscience of the Congress, but also to provide dedicated and focused service to the citizens and Congressional Districts that have elected us. I hope that this discussion will highlight the impact of how the repeal of the Affordable Act would impact the American people; particularly, within the minority community.

We know that not all Americans have equal access to health care.

It is all too unfortunate that persons of low-income, or of diverse racial and ethnic backgrounds, and other underserved populations have higher rates of disease.

This same population frequently experience fewer treatment options, and reduced access to the care they need.

Worst of all, minority populations are also less likely to have health insurance than the population as a whole.

But now, because of the Affordable Care Act, minorities can benefit from:

Preventative Care that includes regular screenings, annual wellness check-ups, cancer screenings, and immunizations—all at no additional cost.

Care that is coordinated to help patients manage their chronic diseases such as diabetes, heart disease, high-blood pressure, cancer, and many other ailments that require multiple health teams.

Training to increase diversity within the health professions so that patients have more choice of providers who are racially and ethnically diverse. Also, health plans will be required to use language services and community outreach in underserved communities.

Expansion of the health care workforce with increased funding for community health centers, which provide comprehensive health care for everyone no matter how much they are able to pay.

Banning insurance companies from discriminating against those patients who have been sick. No longer will sick patients be excluded from coverage or charged higher premiums. Neither will women have to pay higher premiums simply because of their gender.

I am confident that if we repeal Affordable Care Act, we present a grave, unhealthy danger to the lives of our most vulnerable populations who need health care most by playing politics.

I urge my Republican colleagues to revisit the thought of repealing the Patient Protection and Affordable Care Act by working with eager Democrats to continue building a bridge to a healthier America—for all.

REMOVAL OF NAMES OF MEMBERS AS COSPONSORS OF H.R. 61

Mr. SCALISE. Mr. Speaker, I ask unanimous consent that the following Members be removed as cosponsors of H.R. 61: Mr. BILBRAY, Mr. COLE, Mr. JEFF DUNCAN, Mr. FRANKS, Mr. GIBBS, Mr. TOM GRAVES, Mr. KLINE, Mr. LAMBORN, Mrs. LUMMIS, and Mr. MCHENRY.

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

There was no objection.

GENERAL LEAVE

Mrs. CHRISTENSEN. Mr. Speaker, I ask unanimous consents that all Members may have 5 legislative days to revise and extend their remarks and add any extraneous material on the subject of my Special Order this evening.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. MCCOLLUM (at the request of Ms. PELOSI) for today on account of official business in the district.

Ms. CLARKE of New York (at the request of Ms. PELOSI) for today.

Mr. HUNTER (at the request of Mr. CANTOR) for today on account of travel delays.

Mr. AUSTRIA (at the request of Mr. CANTOR) for January 7 on account of attending the funeral, in the district, of a slain police officer.

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 Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Mr. MCDERMOTT, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. BLUMENAUER, for 5 minutes, today.

Mr. KEATING, for 5 minutes, today.

Mrs. LOWEY, 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, today and January 19, 20, and 24.

Mr. JONES, for 5 minutes, today and January 19, 20, and 24.

Mr. DOLD, for 5 minutes, today.

Mr. PAUL, for 5 minutes, January 19 and 20.

Mr. BURTON of Indiana, for 5 minutes, today and January 19 and 20.

Ms. BUERKLE, for 5 minutes, today.

Mr. FRELINGHUYSEN, for 5 minutes, today.

Mr. PAULSEN, for 5 minutes, today.

Ms. ROS-LEHTINEN, for 5 minutes, today and January 19.

Mr. FLEMING, for 5 minutes, today.

Mr. DREIER, for 5 minutes, January 19 and 20.

Ms. FOXX, for 5 minutes, January 19.

ADJOURNMENT

Mr. SCALISE. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 p.m.), the House adjourned until tomorrow, Wednesday, January 19, 2011, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

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

74. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Notice of Prevention of Significant Deterioration Final Determination for Russell City Energy Center [FRL-9245-9] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

75. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Texas; Emissions Banking and Trading of Allowances Program [EPA-R06-OAR-2005-TX-0012; FRL-9246-3] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

76. A letter from the Environmental Protection Agency, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Montana; Attainment Plan for Libby, MT PM2.5 Nonattainment Area and PM10 State Implementation Plan Revisions [EPA-R08-OAR-2006-0952; FRL-9246-4] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

77. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of state plans for Designated Facilities and Pollutants; State of Florida; Control of Large Municipal Waste Combustor (LMWC) Emissions From Existing Facilities [EPA-R04-OAR-2010-0392(a); FRL-9246-6] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

78. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Action to Ensure Authority to Issue Permits under the Prevention of Significant Deterioration Program to Sources of Greenhouse Gas Emissions: Federal Implementation Plan [EPA-HQ-OAR-2010-0107; FRL-9245-3] (RIN: 2060-AQ45) received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

79. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Mississippi: Prevention of Significant Deterioration; Greenhouse Gas Tailoring Rule Revision [EPA-R04-OAR-2010-0811-201070); FRL-9244-4] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

80. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Alabama: Prevention of Significant Deterioration; Greenhouse Gas Tailoring Rule Revision [EPA-R04-OAR-2010-0697-201072; FRL-9244-5] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

81. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Kentucky; Prevention of Significant Deterioration; Greenouse Gas Permitting Authority and Tailoring Rule Revision [EPA-R04-OAR-2010-0691-201069; FRL-9244-6] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

82. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Action to Ensure Authority to Issue Permits under the Prevention of Significant Deterioration Program to Sources of Greenhouse Gas Emissions: Finding of Failure to Submit State Implementation Plan Revisions Required for Greenhouse Gases [EPA-HQ-OAR-2010-0107; FRL-9244-7] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

83. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Action to Ensure Authority to

Implement Title V Permitting Programs under the Greenhouse Gas Tailoring Rule [EPA-HQ-OAR-2009-0517; FRL-9245-4] received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

84. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Limitation of Approval of Prevention of Significnat Deterioration Provisions Concerning Greenhouse Gas Emitting-Sources in State Implementation Plans; Final Rule [EPA-HQ-OAR-2009-0517; FRL-9244-9] (RIN: 2060-AQ62) received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

85. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Determinations Concerning Need for Error Correction, Partial Approval and Partial Disapproval, and Federal Implementation Plan Regarding Texas Prevention of Significant Deterioration Program [EPA-HQ-OAR-2010-1033; FRL-9245-2] (RIN: 2060-AQ67) received December 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

86. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Transmittal No. DDTC 10-127, pursuant to the reporting requirements of Section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.

87. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-611, ''Wayne Place Senior Living Limited Partnership Real Property Tax Exemption Act of 2010''; to the Committee on Oversight and Government Reform.

88. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-623, ''Residential Parking Protection Pilot Temporary Act of 2010''; to the Committee on Oversight and Government Reform.

89. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-621, ''Mayor and Chairman of the Council Transition Temporary Act of 2010''; to the Committee on Oversight and Government Reform.

90. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-620, ''Streetscape Utility Line Report Temporary Act of 2010''; to the Committee on Oversight and Government Reform.

91. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-619, ''Second Prevention of Child Abuse and Neglect Temporary Amendment Act of 2010''; to the Committee on Oversight and Government Reform.

92. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-618, ''Asbestos Statute of Limitations Clarification Temporary Act of 2010''; to the Committee on Oversight and Government Reform.

93. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-617, ''African American Civil War Memorial Freedom Foundation, Inc., African-American Civil War Museum Approval Temporary Act of 2010''; to the Committee on Oversight and Government Reform.

94. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-616, ''Cooperative Housing Association Economic Interest Recordation Tax Temporary Amendment Act of 2010''; to the Committee on Oversight and Government Reform.

95. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-615, ''Randall School Disposition Restatement Act of 2010''; to the Committee on Oversight and Government Reform.

96. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-614, ''800 Kenilworth Avenue Northeast Redevelopment Project Real Property Limited Tax Abatement Assistance Act of 2010''; to the Committee on Oversight and Government Reform.

97. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-613, ''Thirteenth Church of Christ Real Property Tax Relief and Exemption Act of 2010''; to the Committee on Oversight and Government Reform.

98. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-612, ''2323 Pennsylvania Avenue Southeast Redevelopment Project Real Property Limited Tax Abatement Assistance Act of 2010''; to the Committee on Oversight and Government Reform.

99. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-609, ''Allen Chapel A.M.E. Senior Residential Project Rental Property Tax Exemption and Equitable Real Property Tax Relief Act of 2010''; to the Committee on Oversight and Government Reform.

100. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-610, ''Wildlife Protection Act of 2010''; to the Committee on Oversight and Government Reform.

101. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-568, ''Budget Support Act Clarification and Technical Amendment Temporary Amendment Act of 2010''; to the Committee on Oversight and Government Reform.

102. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-567, ''University of the District of Columbia Board of Trustees Quorum and Contracting Reform Temporary Amendment Act of 2010''; to the Committee on Oversight and Government Reform.

103. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-566, ''Automated Traffic Enforcement Fund Temporary Amendment Act of 2010''; to the Committee on Oversight and Government Reform.

104. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-565, ''Office of Cable Television Property Acquisition and Special Purpose Revenue Reprogramming Temporary Act of 2010''; to the Committee on Oversight and Government Reform.

105. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-622, ''Special Election Reform Charter Temporary Amendment Act of 2010''; to the Committee on Oversight and Government Reform.

106. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-564, ''Randall School Disposition Restatement Temporary Act of 2010''; to the Committee on Oversight and Government Reform.

107. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-594, ''Expanding Access to Juvenile Records Amendment Act of 2010''; to the Committee on Oversight and Government Reform.

108. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-595, ''Pre-k Acceleration and Clarification Amendment Act of 2010''; to the Committee on Oversight and Government Reform.

109. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-608, ''Blood Donation Expansion Act of 2010''; to the Committee on Oversight and Government Reform.

110. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-596, ''University of the District of Columbia Board of Trustees Quorum and Contracting Reform Amendment Act of 2010''; to the Committee on Oversight and Government Reform.

111. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries Off West Coast States; Pacific Coast Groundfish Fishery Management Plan; Amendments 20 and 21; Trawl Rationalization Program [Docket No.: 100212086-0532-05] (RIN: 0648-AY68) received January 6, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

112. A letter from the Chief, Trade & Commercial Regulations Branch, Department of Homeland Security, transmitting the Department's final rule — United States — Oman Free Trade Agreement (RIN: 1515-AD68) received January 10, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

113. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Revenue Procedure: Update of CC: INTL No-Rule Revenue Procedure, Rev. Proc. 2010-7 (Rev. Proc. 2011-7) received January 10, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

114. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Deferral of Income from Sale of Gift Cards (Rev. Proc. 2011-18) received January 10, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

115. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Method of Accounting for Gift Cards Issued in Exchange for Merchandise Returns (Rec. Proc. 2011-17) received January 10, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

116. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Modifications of Debt Instruments [TD 9513] (RIN: 1545-BJ30) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

117. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — REIT Distressed Debt (Rev. Proc. 2011-16) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

118. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Medicare Program; Amendment to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011 [CMS-1503-F2] (RIN: 0938-AP79) received January 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); jointly to the Committees on Ways and Means and Energy and Commerce.

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. CAMP:

H.R. 297. A bill to require amounts remaining in Members' representational allowances at the end of a fiscal year to be used for deficit reduction or to reduce the Federal debt, and for other purposes; to the Committee on House Administration.

By Mr. CARTER:

H.R. 298. A bill to designate the facility of the United States Postal Service located at 500 East Whitestone Boulevard in Cedar Park, Texas, as the ''Army Specialist Matthew Troy Morris Post Office Building''; to the Committee on Oversight and Government Reform.

By Mr. BROUN of Georgia:

H.R. 299. A bill to repeal the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, repeal the 7.5 percent threshold on the deduction for medical expenses, provide for increased funding for high-risk pools, allow acquiring health insurance across State lines, and allow for the creation of association health plans; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, Appropriations, the Judiciary, Natural Resources, House Administration, and Rules, 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. CARSON of Indiana:

H.R. 300. A bill to establish a grant program in the Department of the Treasury to fund the establishment of centers of excellence to support research, development and planning, implementation, and evaluation of effective programs in financial literacy education for young adults and families ages 15-24 years old, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on Education and the Workforce, 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. FORBES:

H.R. 301. A bill to ensure the energy independence of the United States by promoting research, development, demonstration, and commercial application of technologies through a system of grants and prizes on the scale of the original Manhattan Project; to the Committee on Science, Space, and Technology.

By Ms. FOXX (for herself, Mrs. MCMORRIS RODGERS, Mr. HERGER, Mr. GARRETT, Mr. FRANKS of Arizona, Mr. ROHRABACHER, Mr. BROUN of Georgia, Mr. POE of Texas, and Mr. PEARCE):

H.R. 302. A bill to provide for State approval of national monuments, and for other purposes; to the Committee on Natural Resources.

By Mr. BILIRAKIS:

H.R. 303. A bill to amend title 10, United States Code, to permit additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation and to eliminate the phase-in period under current law with respect to such concurrent receipt; to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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. GALLEGLY:

H.R. 304. A bill to amend the limitation on liability for certain passenger rail accidents or incidents under section 28103 of title 49, United States Code, and for other purposes; to the Committee on Transportation and Infrastructure, 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 Ms. EDDIE BERNICE JOHNSON of Texas (for herself, Mr. BISHOP of Georgia, Mr. FILNER, and Mrs. CHRISTENSEN):

H.R. 305. A bill to waive the time limitations specified by law for the award of certain military decorations in order to allow the posthumous award of the Medal of Honor to Doris Miller for actions while a member of the Navy during World War II; to the Committee on Armed Services.

By Mr. JONES (for himself, Mr. COBLE, Mr. CONNOLLY of Virginia, and Mr. PRICE of North Carolina):

H.R. 306. A bill to direct the Secretary of the Interior to enter into an agreement to provide for management of the free-roaming wild horses in and around the Currituck National Wildlife Refuge; to the Committee on Natural Resources.

By Ms. KAPTUR:

H.R. 307. A bill to require persons who seek to retain seed harvested from the planting of patented seeds to register with the Secretary of Agriculture and pay fees set by the Secretary for retaining such seed, and for other purposes; to the Committee on Agriculture, and in addition to the Committee on Ways and Means, 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 Mrs. MCCARTHY of New York (for herself, Mr. CLAY, Ms. NORTON, Mr. WEINER, Ms. ESHOO, Mr. ISRAEL, Mrs. MALONEY, Mr. ACKERMAN, Mr. MORAN, Ms. MCCOLLUM, Mr. BRADY of Pennsylvania, Mr. SERRANO, Ms. PINGREE of Maine, Mr. GEORGE MILLER of California, Mr. MCGOVERN, Ms. HARMAN, Mr. PASCRELL, Ms. HIRONO, Mr. VAN HOLLEN, Mrs. LOWEY, Mr. NADLER, Ms. EDWARDS, Mr. HASTINGS of Florida, Ms. MATSUI, Ms. WATERS, Mr. CICILLINE, Ms. CHU, Mr. SHERMAN, Mr. HOLT, Mr. CONNOLLY of Virginia, Ms. SLAUGHTER, Mr. ELLISON, Mr. QUIGLEY, Mr. MEEKS, Mr. HIMES, Mr. HONDA, Mr. LANGEVIN, Ms. SPEIER, Mr. COHEN, Mr. WAXMAN, Mr. CONYERS, Mr. FARR, Mr. YARMUTH, Ms. JACKSON LEE of Texas, Ms. WOOLSEY, Mr. BLUMENAUER, Mr. BISHOP of New York, and Ms. DEGETTE):

H.R. 308. A bill to prohibit the transfer or possession of large capacity ammunition feeding devices, and for other purposes; to the Committee on the Judiciary.

By Mr. MICA:

H.R. 309. A bill to provide compensation for certain World War II veterans who survived the Bataan Death March and were held as prisoners of war by the Japanese; to the Committee on Armed Services.

By Mrs. MYRICK:

H.R. 310. A bill to deny certain Federal funds to any institution of higher education that admits as students aliens who are unlawfully present in the United States; to the Committee on Education and the Workforce.

By Mrs. MYRICK:

H.R. 311. A bill to amend title II of the Social Security Act to require that the Commissioner of Social Security notify individuals of improper use of their Social Security account numbers; to the Committee on Ways and Means.

By Mrs. MYRICK:

H.R. 312. A bill to establish procedures for the issuance by the Commissioner of Social Security of ''no match'' letters to employers, and for the notification of the Secretary of Homeland Security regarding such letters; to the Committee on Ways and Means.

By Mr. SMITH of Texas (for himself and Mr. SCHIFF):

H.R. 313. A bill to amend the Controlled Substances Act to clarify that persons who enter into a conspiracy within the United States to possess or traffic illegal controlled substances outside the United States, or engage in conduct within the United States to aid or abet drug trafficking outside the United States, may be criminally prosecuted in the United States, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. THORNBERRY:

H.R. 314. A bill to provide grants to States for health care tribunals, and for other purposes; to the Committee on the Judiciary.

By Mr. THORNBERRY:

H.R. 315. A bill to reduce the amount of paperwork and improve payment policies for health care services, to prevent fraud and abuse through health care provider education, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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. PLATTS:

H.J. Res. 20. A joint resolution proposing an amendment to the Constitution of the United States to limit the number of consecutive terms that a Member of Congress may serve; to the Committee on the Judiciary.

By Mr. HENSARLING:

H. Res. 37. A resolution electing Members to certain standing committees of the House of Representatives; considered and agreed to.

By Mr. DREIER:

H. Res. 38. A resolution to reduce spending through a transition to non-security spending at fiscal year 2008 levels; to the Committee on Rules.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII,

Mr. MARKEY introduced a bill (H.R. 316) for the relief of Esther Karinge; which was referred to the Committee on the Judiciary.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

[Correction to the Record of January 5, 2011]

By Mr. CONYERS:

H.R. 108.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 4, Clause 1 of the United States Constitution. This provision permits

Congress make or alter the regulations pertaining to Federal elections.

By Mr. CONYERS:

H.R. 109.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses 14 and 18, among others.

[Omitted from the Record of January 12, 2011]

By Mr. AL GREEN of Texas:

H.R. 283.

Congress has the power to enact this legislation pursuant to the following:

The Constitutional authority to enact this legislation can be found in: Commerce Clause (Art. 1 Sec. 8 Cl. 3), Necessary and Proper Clause (Art. 1 Sec. 8 Cl. 18).

Constitutional analysis is a rigorous discipline which goes far beyond the text of the Constitution, and requires knowledge of case law, history, and the tools of constitutional interpretation. While the scope of Congress' powers is an appropriate matter for House debate, the listing of specific textual authorities for routine Congressional legislation about which there is no legitimate constitutional concern is a diminishment of the majesty of our Founding Fathers' vision for our national legislature.

By Mr. AL GREEN of Texas.

H.R. 284.

Congress has the power to enact this legislation pursuant to the following:

The Constitutional authority to enact this legislation can be found in: General Welfare Clause (Art. 1 Sec. 8 Cl. 1), Commerce Clause (Art. 1 Sec. 8 Cl. 3), Necessary and Proper Clause (Art. 1 Sec. 8 Cl. 18).

Constitutional analysis is a rigorous discipline which goes far beyond the text of the Constitution, and requires knowledge of case law, history, and the tools of constitutional interpretation. While the scope of Congress' powers is an appropriate matter for House debate, the listing of specific textual authorities for routine Congressional legislation about which there is no legitimate constitutional concern is a diminishment of the majesty of our Founding Fathers' vision for our national legislature.

By Mr. AL GREEN of Texas.

H.R. 285.

Congress has the power to enact this legislation pursuant to the following:

The Constitutional authority to enact this legislation can be found in: Naturalization Clause (Art 1 Sec. 8 Cl. 4).

Constitutional analysis is a rigorous discipline which goes far beyond the text of the Constitution, and requires knowledge of case law, history, and the tools of constitutional interpretation. While the scope of Congress' powers is an appropriate matter for House debate, the listing of specific textual authorities for routine Congressional legislation about which there is no legitimate constitutional concern is a diminishment of the majesty of our Founding Fathers' vision for our national legislature.

By Mr. AL GREEN of Texas:

H.R. 286.

Congress has the power to enact this legislation pursuant to the following:

The Constitutional authority to enact this legislation can be found in: General Welfare Clause (Art. 1 Sec. 8 Cl. 1), Commerce Clause (Art. 1 Sec. 8 Cl. 3), Necessary and Proper Clause (Art. 1 Sec. 8 Cl. 18), Property Clause (Art. IV Sec. 3 Cl. 2).

Constitutional analysis is a rigorous discipline which goes far beyond the text of the Constitution, and requires knowledge of case law, history, and the tools of constitutional interpretation. While the scope of Congress' powers is an appropriate matter for House debate, the listing of specific textual authorities for routine Congressional legislation about which there is no legitimate constitutional concern is a diminishment of the majesty of our Founding Fathers' vision for our national legislature.

By Mr. AL GREEN of Texas:

H.R. 287.

Congress has the power to enact this legislation pursuant to the following:

The Constitutional authority to enact this legislation can be found in: General Welfare Clause (Art. 1 Sec. 8 Cl. 1), Commerce Clause (Art. 1 Sec. 8 Cl. 3), Necessary and Proper Clause (Art. 1 Sec. 8 Cl. 18).

Constitutional analysis is a rigorous discipline which goes far beyond the text of the Constitution, and requires knowledge of case law, history, and the tools of constitutional interpretation. While the scope of Congress' powers is an appropriate matter for House debate, the listing of specific textual authorities for routine Congressional legislation about which there is no legitimate constitutional concern is a diminishment of the majesty of our Founding Fathers' vision for our national legislature.

[Submitted on January 18, 2011]

By Mr. CAMP:

H.R. 297.

Congress has the power to enact this legislation pursuant to the following:

Clause 7 of section 9 of Article 1 of the Constitution.

By Mr. CARTER:

H.R. 298.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is the power of Congress to establish Post Offices and post roads, as enumerated in Article I, Section 8, Clause 7 of the United States Constitution.

By Mr. BROUN of Georgia:

H.R. 299.

Congress has the power to enact this legislation pursuant to the following:

Article VI, Clause 3 of the U.S. Constitution declares that Members of Congress are bound by oath or affirmation to support the U.S. Constitution. This Article places an obligation on Members of Congress to observe the limits of their authority and repeal unconstitutional acts of Congress.

The taxing and spending power found in Article I, Section 8, Clause 1 of the U.S. Constitution gives Congress the 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.'' Repealing the deduction threshold for medical expenses and strengthening high risks pools are permissible under this enumerated power.

The interstate Commerce power found in Article I, Section 8, Clause 3 of the U.S. Constitution explains that Congress shall have power to regulate commerce among the several states. Eliminating state barriers to interstate purchase of health insurance and allowing association health plans to exist are permissible under this enumerated power.

By Mr. CARSON of Indiana:

H.R. 300.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. FORBES:

H.R. 301.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses I, III.

By Ms. FOXX:

H.R. 302.

Congress has the power to enact this legislation pursuant to the following:

Article IV, Section 3 of the Constitution of the United States grants Congress the authority to enact this bill.

By Mr. BILIRAKIS:

H.R. 303.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 12, 13, 14, and 16), which grants Congress the power to raise and support an Army; to provide and maintain a Navy; to make rules for the government and regulation of the land and naval forces; and to provide for organizing, arming, and disciplining the militia.

By Mr. GALLEGLY:

H.R. 304.

Congress has the power to enact this legislation pursuant to the following:

Clause 4, Section 8, Article I and Clause 18, Section 8, Article I of the Constitution.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H.R. 305.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution (Clauses 12, 13, 14, 16, and 18), which grants Congress the power to raise and support an Army; to provide and maintain a Navy; to make rules for the government and regulation of the land and naval forces; to provide for organizing, arming, and disciplining the militia; and to make all laws necessary and proper for carrying out the foregoing powers.

By Mr. JONES:

H.R. 306.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, and Article IV, Section 3, of the Constitution of the United States.

By Ms. KAPTUR:

H.R. 307.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 1 and Clause 3 of the United States Constitution.

By Mrs. McCARTHY of New York:

H.R. 308.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the powers granted to the Congress by Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. MICA:

H.R. 309.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1. The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.

By Mrs. MYRICK:

H.R. 310.

Congress has the power to enact this legislation pursuant to the following:

Clause 4 of Section 8 of Article I of the Constitution.

By Mrs. MYRICK:

H.R. 311.

Congress has the power to enact this legislation pursuant to the following:

Clause 18 of Section 8 of Article I of the Constitution.

By Mrs. MYRICK:

H.R. 312.

Congress has the power to enact this legislation pursuant to the following:

Clause 18 of Section 8 of Article I of the Constitution.

By Mr. SMITH of Texas:

H.R. 313.

Congress has the power to enact this legislation pursuant to the following:

The authority to enact this bill is derived from, but may not be limited to, Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. THORNBERRY:

H.R. 314.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8 of the United States Constitution.

By Mr. THORNBERRY:

H.R. 315.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8 of the United States Constitution.

By Mr. MARKEY:

H.R. 316.

Congress has the power to enact this legislation pursuant to the following:

Clause 3 of Section 8 of Article 1 of the Constitution and Clause 4 of Article 1 of Section 8 of the Constitution.

By Mr. PLATTS:

H.J. Res. 20.

Congress has the power to enact this legislation pursuant to the following:

''Article V: The Congress, whenever two thirds of both Houses shall deem it necessary, shall propose Amendments to this Constitution, or, on the Application of the Legislatures of two thirds of the several States, shall call a Convention for proposing Amendments, which in either Case, shall be valid to all Intents and Purposes, as Part of this Constitution, when ratified by the Legislatures of three fourths of the several States or by Conventions in three fourths thereof, as the one or the other Mode of Ratification may be proposed by the Congress; Provided that no Amendment which may be made prior to the Year One thousand eight hundred and eight shall in any Manner affect the first and fourth Clauses in the Ninth Section of the first Article; and that no State, without its Consent, shall be deprived of its equal Suffrage in the Senate.''

ADDITIONAL SPONSORS

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

H.R. 2: Mr. DUNCAN of South Carolina and Mr. SOUTHERLAND.

H.R. 4: Mr. SHULER.

H.R. 21: Mr. FARENTHOLD, Mr. GARDNER, and Mr. FLEMING.

H.R. 38: Mr. ROSS of Florida, Mr. LONG, Mr. WALBERG, Mr. JONES, Mr. LANKFORD, Mr. FARENTHOLD, and Mr. DUNCAN of South Carolina.

H.R. 44: Ms. BERKLEY and Mr. HASTINGS of Florida.

H.R. 68: Mr. ROSS of Arkansas, Mr. GOODLATTE, Mr. HUELSKAMP, and Mr. MCCLINTOCK.

H.R. 69: Mr. ROSS of Arkansas, Mr. HUELSKAMP, and Mr. MCCLINTOCK.

H.R. 86: Mr. MCCLINTOCK and Mr. CARTER.

H.R. 87: Mr. DUNCAN of Tennessee, Mr. KING of Iowa, and Mr. ROSS of Florida.

H.R. 96: Mr. MACK, Mr. GALLEGLY, Mr. MCCOTTER, and Mr. SCHOCK.

H.R. 97: Mr. MCCOTTER, Mr. GARDNER, Mrs. EMERSON, Mr. COLE, Mr. CAMP, Mr. MILLER of Florida, Mr. ADERHOLT, Mr. CAMPBELL, Mr. WILSON of South Carolina, Mr. MCCAUL, Mr. LEWIS of California, Mr. ROGERS of Alabama, Mr. ROSS of Florida, Mr. POSEY, Ms. JENKINS, Mr. FLEMING, and Mr. THOMPSON of Pennsylvania.

H.R. 104: Mr. LATOURETTE and Mr. CULBERSON.

H.R. 116: Mr. COHEN.

H.R. 121: Mr. PLATTS, Mr. RENACCI, Mr. RUNYAN, Ms. JENKINS, Mr. SHUSTER, Mr. ROHRABACHER, Mr. WILSON of South Carolina, Mr. PAUL, and Mr. BACHUS.

H.R. 122: Mr. DUNCAN of South Carolina.

H.R. 126: Mr. ALEXANDER.

H.R. 140: Ms. FOXX, Mrs. MYRICK, Mr. LANDRY, and Mr. BURGESS.

H.R. 155: Mr. HUELSKAMP and Mr. SAM JOHNSON of Texas.

H.R. 177: Mr. COFFMAN of Colorado, Mr. SENSENBRENNER, Mr. BURTON of Indiana, Mr. POMPEO, and Mr. ADERHOLT.

H.R. 192: Mr. MCINTYRE.

H.R. 198: Mr. CONNOLLY of Virginia, Mr. WU, Mr. KISSELL, Mr. KUCINICH, Mrs. BLACKBURN, Mr. CRITZ, Mr. MCDERMOTT, and Mr. HANNA.

H.R. 217: Mr. BARLETTA, Mr. WHITFIELD, Mr. FORTENBERRY, Mr. HURT, Mr. WITTMAN, Mr. DESJARLAIS, and Mr. KINGSTON.

H.R. 245: Mr. MCCLINTOCK.

H.R. 280: Mrs. MYRICK.

H.R. 282: Mrs. MYRICK.

H.R. 291: Ms. FUDGE.

H.R. 292: Mr. PAUL, Mr. BRADY of Texas, Mr. CALVERT, Mr. SCHOCK, Mr. POSEY, Mr. HANNA, Mr. BROUN of Georgia, Mr. PAULSEN, Mr. BURTON of Indiana, Mr. SESSIONS, Mr. GRIMM, Mr. MURPHY of Pennsylvania, Mr. FITZPATRICK, Mr. REED, and Mr. GARDNER.

H.J. Res. 9: Mr. DUNCAN of South Carolina, Mr. POMPEO, Mr. GIBBS, Mr. FARENTHOLD, Mr. BACHUS, Mr. DUNCAN of Tennessee, Mr. LEWIS of California, Mrs. EMERSON, Mr. REHBERG, Mr. NEUGEBAUER, and Mr. ROSS of Arkansas.

H.J. Res. 19: Mr. COFFMAN of Colorado.

H. Con. Res. 3: Mr. HELLER and Mr. PAUL.

H. Res. 11: Mr. CAPUANO, Mr. PASCRELL, Mr. GONZALEZ, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. BERMAN, Mr. LOEBSACK, Mr. STARK, Mr. NADLER, Mr. RYAN of Ohio, and Mr. OLVER.

H. Res. 15: Mr. KLINE.

H. Res. 19: Mr. GRIJALVA, Mr. OLVER, Mr. FILNER, Mr. PRICE of North Carolina, Mr. MARKEY, Ms. SCHAKOWSKY, and Mr. STARK.

H. Res. 20: Mr. FILNER, Mr. KUCINICH, Ms. SCHAKOWSKY, and Mr. NADLER.

H. Res. 21: Ms. LEE of California, Ms. SCHAKOWSKY, and Mr. KUCINICH.

H. Res. 23: Mr. POSEY and Mr. HUNTER.

H. Res. 25: Mr. POSEY, Mr. BISHOP of Georgia, and Mr. BILBRAY.

H. Res. 36: Ms. BASS of California, Ms. EDWARDS, Mr. CLARKE of Michigan, Mr. WATT, Mr. SCOTT of Virginia, Mr. DAVID SCOTT of Georgia, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. MCCOLLUM, Mr. SMITH of Washington, and Mr. MARKEY.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

OFFERED BY MR. DANIEL E. LUNGREN OF CALIFORNIA

The provisions that warranted a referral to the Committee on House Administration in H.R. 292 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

DELETION OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

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

H.R. 61: Mrs. LUMMIS, Mr. DUNCAN of South Carolina, Mr. GRAVES of Georgia, Mr. BILBRAY, Mr. MCHENRY, Mr. COLE, Mr. KLINE, Mr. GIBBS, Mr. LAMBORN, and Mr. FRANKS of Arizona.