

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 gentleman from New York (Ms. BUEKLE) is recognized for 5 minutes.

(Ms. BUEKLE 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.