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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. CANTOR).

DESIGNATION OF THE SPEAKER PRO TEMPORE

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

WASHINGTON, DC,
May 24, 2011.

I hereby appoint the Honorable ERIC CANTOR to act as Speaker pro tempore on this day.

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

PRAYER

Rabbi Jeremy Wiederhorn, The Conservative Synagogue, Westport, Connecticut, offered the following prayer:

Dear God, source of all strength, compassion, and peace:

We know that our time on this Earth is preciously short, so please:

Open our eyes to the beauty of the world around us.

Remind us that each person we encounter is created in Your image.

Provide us with the integrity, wisdom, and patience to listen to those with whom we do not agree and learn from those whom we might otherwise not hear.

Protect the courageous men and women who put their lives in danger each day so that our children can live safely and without fear.

Comfort us today as we mourn with the people of Missouri following the tragic loss of life brought upon by the devastating forces of nature.

And, finally, bless our leaders and advisers—including the dedicated men and women of this United States Congress, who assiduously seek to protect our sacred democratic values at home and abroad. And may You grant them the vision to look ahead to our future, without forgetting the lessons of our past.

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 gentlewoman from Florida (Ms. ROS-LEHTINEN) come forward and lead the House in the Pledge of Allegiance.

Ms. ROS-LEHTINEN 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.

WELCOMING RABBI JEREMY WIEDERHORN

The SPEAKER pro tempore. Without objection, the gentleman from Connecticut (Mr. HIMES) is recognized for 1 minute.

There was no objection.

Mr. HIMES. Thank you, Mr. Speaker.

It is a thrill and an honor this morning on this propitious day in which a joint session of the United States Congress will be addressed by Prime Minister Netanyahu of Israel to introduce and welcome our guest chaplain of the day, Rabbi Jeremy Wiederhorn. Rabbi Wiederhorn is a friend, he is the spiritual leader of The Conservative Synagogue of Westport, and has been so since 2008. Prior to doing that, he gave service in Henderson, Nevada, for 8 years. He is a leader in the community and in his synagogue. He is also true to the ministry dictated by his and so many of our faiths, including, over time, having led and mobilized his community to send an emergency mission to Israel in response to the missile strikes from Hamas in Gaza.

It is a real honor. I know Rabbi Wiederhorn has served as an important leader in Westport and throughout Fairfield County. He has served as a friend to me. I would say that in addition to his spiritual guidance, he introduced me to cholent, which for this Presbyterian was a new experience. I think I thank him for introducing me to that part of his history and culture, if not exactly for the culinary experience.

Welcome, Rabbi Wiederhorn.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. After consultation among the Speaker and the majority and minority leaders, and with their consent, the Chair announces that, when the two Houses meet in joint meeting to hear an address by His Excellency Binyamin Netanyahu, Prime Minister of Israel, only the doors immediately opposite the Speaker and those immediately to his left and right will be open.

No one will be allowed on the floor of the House who does not have the privilege of the floor of the House. Due to the large attendance that is anticipated, the rule regarding the privilege of the floor must be strictly enforced. Children of Members will not be permitted on the floor. The cooperation of all Members is requested.

The practice of reserving seats prior to the joint meeting by placard will not be allowed. Members may reserve their seats by physical presence only following the security sweep of the Chamber.

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RECESS

The SPEAKER pro tempore. Pursuant to the order of the House of Thursday, May 12, 2011, the House stands in recess subject to the call of the Chair.

Accordingly (at 10 o'clock and 5 minutes a.m.), the House stood in recess subject to the call of the Chair.

During the recess, beginning at 10:59 a.m., the following proceedings were had:

JOINT MEETING TO HEAR AN ADDRESS BY HIS EXCELLENCY BINYAMIN NETANYAHU, PRIME MINISTER OF ISRAEL

The Speaker of the House presided.

The Deputy Sergeant at Arms, Mrs. Kerri Hanley, announced the Vice President and Members of the U.S. Senate who entered the Hall of the House of Representatives, the Vice President taking the chair at the right of the Speaker, and the Members of the Senate the seats reserved for them.

The SPEAKER. The Chair appoints as members of the committee on the part of the House to escort His Excellency Binyamin Netanyahu, Prime Minister of Israel, into the Chamber:

The gentleman from Virginia (Mr. CANTOR);

The gentleman from California (Mr. MCCARTHY);

The gentleman from Texas (Mr. HENSARLING);

The gentleman from Texas (Mr. SESSIONS);

The gentleman from Georgia (Mr. PRICE);

The gentlewoman from Washington (Mrs. MCMORRIS RODGERS);

The gentleman from Texas (Mr. CARTER);

The gentlewoman from South Dakota (Mrs. NOEM);

The gentleman from South Carolina (Mr. SCOTT);

The gentleman from Oregon (Mr. WALDEN);

The gentleman from California (Mr. DREIER);

The gentleman from Illinois (Mr. ROSKAM);

The gentlewoman from Florida (Ms. ROS-LEHTINEN);

The gentleman from California (Mr. MCKEON);

The gentleman from Ohio (Mr. CHABOT);

The gentlewoman from California (Ms. PELOSI);

The gentleman from Maryland (Mr. HOYER);

The gentleman from South Carolina (Mr. CLYBURN);

The gentleman from New York (Mr. ISRAEL);

The gentleman from California (Mr. WAXMAN);

The gentleman from New York (Mr. ACKERMAN);

The gentleman from California (Mr. BERMAN);

The gentleman from Michigan (Mr. LEVIN);

The gentlewoman from New York (Mrs. LOWEY);

The gentlewoman from Nevada (Ms. BERKLEY);

The gentlewoman from Illinois (Ms. SCHAKOWSKY);

The gentleman from California (Mr. SCHIFF);

The gentlewoman from Pennsylvania (Ms. SCHWARTZ);

The gentlewoman from Florida (Ms. WASSERMAN SCHULTZ); and

The gentleman from Florida (Mr. DEUTCH).

The VICE PRESIDENT. The President of the Senate, at the direction of that body, appoints the following Senators as members of the committee on the part of the Senate to escort His Excellency Binyamin Netanyahu, Prime Minister of Israel, into the House Chamber:

The Senator from Nevada (Mr. REID);

The Senator from Illinois (Mr. DURBIN);

The Senator from Washington (Mrs. MURRAY);

The Senator from Michigan (Mr. LEVIN);

The Senator from Massachusetts (Mr. KERRY);

The Senator from Wisconsin (Mr. KOHL);

The Senator from Connecticut (Mr. LIEBERMAN);

The Senator from California (Mrs. FEINSTEIN);

The Senator from California (Mrs. BOXER);

The Senator from Kentucky (Mr. MCCONNELL);

The Senator from Arizona (Mr. KYL);

The Senator from Wyoming (Mr. BARRASSO);

The Senator from South Dakota (Mr. THUNE);

The Senator from Texas (Mr. CORNYN);

The Senator from Indiana (Mr. LUGAR); and

The Senator from Utah (Mr. HATCH).

The Deputy Sergeant at Arms announced the Acting Dean of the Diplomatic Corps, Her Excellency Faida Mitifu, Ambassador of the Democratic Republic of Congo.

The Acting Dean of the Diplomatic Corps entered the Hall of the House of Representatives and took the seat reserved for her.

The Deputy Sergeant at Arms announced the Cabinet of the President of the United States.

The Members of the Cabinet of the President of the United States entered the Hall of the House of Representatives and took the seats reserved for them in front of the Speaker's rostrum.

At 11 o'clock and 19 minutes a.m., the Deputy Sergeant at Arms announced His Excellency Binyamin Netanyahu, Prime Minister of Israel.

The Prime Minister of Israel, escorted by the committee of Senators and Representatives, entered the Hall of the House of Representatives and stood at the Clerk's desk.

(Applause, the Members rising.)

The SPEAKER. Members of Congress, I have the high privilege and the distinct honor of presenting to you His Excellency Binyamin Netanyahu, Prime Minister of Israel.

(Applause, the Members rising.)

Prime Minister NETANYAHU. Vice President BIDEN, Speaker BOEHNER, distinguished Senators, Members of the House, honored guests, I am deeply moved by this warm welcome, and I am deeply honored that you've given me the opportunity to address Congress a second time.

Mr. Vice President, do you remember the time that we were the new kids in town? And I do see a lot of old friends here, and I see a lot of new friends of Israel here as well, Democrats and Republicans alike.

Israel has no better friend than America, and America has no better friend than Israel. We stand together to defend democracy. We stand together to advance peace. We stand together to fight terrorism.

Congratulations, America. Congratulations, Mr. President. You got bin Laden. Good riddance.

In an unstable Middle East, Israel is the one anchor of stability. In a region of shifting alliances, Israel is America's unwavering ally. Israel has always been pro-American. Israel will always be pro-American.

My friends, you don't need to do nation-building in Israel; we're already built. You don't need to export democracy to Israel; we've already got it. And you don't need to send American troops to Israel; we defend ourselves. You've been very generous in giving us tools to do the job of defending Israel on our own.

Thank you all; and thank you, President Obama, for your steadfast commitment to Israel's security. I know economic times are tough. I deeply appreciate this.

Some of you have been telling me that your belief has been reaffirmed in recent months that support for Israel's security is a wise investment in our common future, for an epic battle is now underway in the Middle East between tyranny and freedom. A great convulsion is shaking the Earth from the Khyber Pass to the Straits of Gibraltar—the tremors of shattered states, their toppled governments—and we can all see that the ground is still shifting.

Now, this historic moment holds the promise of a new dawn of freedom and opportunity. There are millions of young people out there who are determined to change their future. We all look at them. They muster courage. They risk their lives. They demand dignity. They desire liberty. These extraordinary scenes in Tunis and Cairo evoke those of Berlin and Prague in 1989.

I take it as a badge of honor—and so should you—that in our free societies you can have protests. You can't have these protests in the farcical parliaments in Tehran or in Tripoli. This

is real democracy. So, as we share the hopes of these young people throughout the Middle East and Iran that they'll be able to do what that young woman just did—I think she was young. I couldn't see quite that far—we must also remember that those hopes could be snuffed out as they were in Tehran in 1979. You remember what happened then. The brief democratic spring in Tehran was cut short by a ferocious and unforgiving tyranny, and it is this same tyranny that smothered Lebanon's democratic Cedar Revolution and inflicted on that long-suffering country the medieval rule of Hezbollah.

So, today, the Middle East stands at a fateful crossroads; and like all of you, I pray that the peoples of the region choose the path less traveled—the path of liberty. No one knows what this path consists of better than you—nobody. This path of liberty is not paved by elections alone. It is paved when governments permit protests in town squares, when limits are placed on the powers of rulers, when judges are beholden to laws and not men, and when human rights can not be crushed by tribal loyalties or mob rule.

Israel has always embraced this path in a Middle East that has long rejected it. In a region where women are stoned, gays are hanged, Christians are persecuted, Israel stands out. It is different.

There was a great English writer in the 19th century, George Eliot. It's a ''she.'' It was a pseudonym in those days. George Eliot predicted over a century ago that, once established, the Jewish state will shine like a bright star of freedom amid the despotisms of the East.

Well, she was right.

We have a free press, independent courts, an open economy, rambunctious parliamentary debates. Now, don't laugh. Ah, you see, you think you're tough on one another here in Congress. Come spend a day in the Knesset. Be my guest.

Courageous Arab protesters are now struggling to secure these very same rights for their peoples, for their societies. We are proud in Israel that over 1 million Arab citizens of Israel have been enjoying these rights for decades. Of the 300 million Arabs in the Middle East and North Africa, only Israel's Arab citizens enjoy real democratic rights. Now, I want you to stop for a second and think about that. Of those 300 million Arabs, less than one-half of 1 percent are truly free, and they're all citizens of Israel.

The startling fact reveals a basic truth: Israel is not what is wrong about the Middle East. Israel is what is right about the Middle East. Israel fully supports the desire of Arab peoples in our region to live freely. We long for the day when Israel will be one of many real democracies in the Middle East.

Fifteen years ago, I stood at this very podium—by the way, it hasn't changed. I stood here, and I said that democracy must start to take root in the Arab world. Well, it has begun to take root, and this beginning holds the promise of a brilliant future of peace and prosperity because I believe that a Middle East that is genuinely democratic will be a Middle East truly of peace; but while we hope for the best and while we work for the best, we must also recognize that powerful forces oppose this future.

They oppose modernity.

They oppose democracy.

They oppose peace.

Foremost among these forces is Iran. The tyranny in Tehran brutalizes its own people. It supports attacks against American troops in Afghanistan and in Iraq. It subjugates Lebanon and Gaza. It sponsors terror worldwide.

When I last stood here, I spoke of the consequences of Iran's developing nuclear weapons. Now time is running out. The hinge of history may soon turn, for the greatest danger of all could soon be upon us—a militant Islamic regime armed with nuclear weapons.

Militant Islam threatens the world.

It threatens Islam.

Now, I have no doubt—I am absolutely convinced—that it will ultimately be defeated. I believe it will eventually succumb to the forces of freedom and progress. It depends on cloistering young minds for a given number of years, and the process of opening up information will ultimately defeat this movement; but like other fanaticisms that were doomed to fail, militant Islam could exact an horrific price from all of us before its eventual demise. A nuclear-armed Iran would ignite a nuclear arms race in the Middle East. It would give terrorists a nuclear umbrella. It would make the nightmare of nuclear terrorism a clear and present danger throughout the world.

You see, I want you to understand what this means because, if we don't stop it, it is coming. They could put a bomb anywhere. They could put it in a missile. They're working on missiles that could reach this city. They could put it on a ship, inside a container, that could reach every port. They could eventually put it in a suitcase or in a subway.

Now, the threat to my country cannot be overstated. Those who dismiss it are sticking their heads in the sand. In less than seven decades, after 6 million Jews were murdered, Iran's leaders deny the Holocaust of the Jewish people while calling for the annihilation of the Jewish state. Leaders who spew such venom should be banned from every respectable forum on the planet.

But there is something that makes the outrage even greater. Do you know what that is? It is the lack of outrage because, in much of the international community, the calls for our destruction are met with utter silence. It's even worse because there are many who rush to condemn Israel for defending itself against Iran's terror proxies.

Not you. Not America. You've acted differently. You've condemned the Iranian regime for its genocidal aims. You've passed tough sanctions against Iran. History will salute you, America.

President Obama has said that the United States is determined to prevent Iran from developing nuclear weapons. The President successfully led the Security Council at the U.N. to adopt sanctions against Iran. You in Congress passed even tougher sanctions. Now, those words and these are vitally important; yet the Ayatollah regime briefly suspended its nuclear weapons program only once, in 2003, when it feared the possibility of military action. In that same year, Muammar Qadhafi gave up his nuclear weapons program and for the same reason.

The more Iran believes that all options are on the table, the less the chance of confrontation; and this is why I ask you to continue to send an unequivocal message: that America will never permit Iran to develop nuclear weapons.

Now, as for Israel, if history has taught the Jewish people anything, it is that we must take calls for our destruction seriously. We are a nation that rose from the ashes of the Holocaust. When we say ''never again,'' we mean never again. Israel always reserves the right to defend itself.

My friends, while Israel will be ever vigilant in its defense, we will never give up our quest for peace. I guess we will give it up when we achieve it, because we want peace, because we need peace. Now, we've achieved historic peace agreements with Egypt and Jordan, and these have held up for decades.

I remember what it was like before we had peace. I was nearly killed in a firefight inside the Suez Canal. I mean that literally—inside the Suez Canal. I was going down to the bottom, with a 40-pound ammunition pack on my back, and somebody reached out to grab me, and they're still looking for the guy who did such a stupid thing. I was nearly killed there. I remember battling terrorists along both banks of the Jordan.

Too many Israelis have lost loved ones, and I know their grief. I lost my brother. So no one in Israel wants a return to those terrible days. The peace with Egypt and Jordan has long served as an anchor of stability and peace in the heart of the Middle East, and this peace should be bolstered by economic and political support to all those who remain committed to peace.

The peace agreements between Israel and Egypt and Israel and Jordan are vital, but they are not enough. We must also find a way to forge a lasting peace with the Palestinians.

Two years ago, I publicly committed to a solution of two states for two peoples—a Palestinian state alongside a Jewish state. I am willing to make painful compromises to achieve this historic peace. As the leader of Israel, it is my responsibility to lead my people to peace. Now, this is not easy for me. It's not easy because I recognize

that, in a genuine peace, we will be required to give up parts of the ancestral Jewish homeland. You have to understand this:

In Judea-Samaria, the Jewish people are not foreign occupiers. We're not the British in India. We're not the Belgians in the Congo. This is the land of our forefathers—the land of Israel—to which Abraham brought the idea of one God, where David set out to confront Goliath, and where Isaiah saw a vision of eternal peace. No distortion of history—and boy, am I reading a lot of distortions of history lately, old and new. No distortion of history can deny the 4,000-year-old bond between the Jewish people and the Jewish land.

But there is another truth.

The Palestinians share this small land with us. We seek a peace in which they will be neither Israel's subjects nor its citizens. They should enjoy a national life of dignity as a free, viable and independent people, living in their own state. They should enjoy a prosperous economy where their creativity and initiative can flourish. Now, we've already seen the beginnings of what is possible. In the last 2 years, the Palestinians have begun to build a better life for themselves.

By the way, Prime Minister Fayyad has led this effort on their part, and I wish him a speedy recovery from his recent operation.

On our side, we've helped the Palestinian economic growth by removing hundreds of barriers and roadblocks to the free flow of goods and people, and the results have been nothing short of remarkable. The Palestinian economy is booming—it is growing by more than 10 percent a year—and Palestinian cities, they look very different today than what they looked like just a few years ago. They have shopping malls, movie theaters, restaurants, banks. They even have e-businesses, but you can't see that when you visit them.

That's what they have—it's a great change—and all of this is happening without peace. So imagine what could happen with peace. Peace would herald a new day for both our peoples, and it could also make the dream of a broader Arab-Israeli peace a realistic possibility.

So now here is the question. You've got to ask it:

If the benefits of peace with the Palestinians are so clear, why has peace eluded us? All six Israeli Prime Ministers since the signing of the Oslo Accords agreed to establish a Palestinian state, myself included.

So why has peace not been achieved? Because so far the Palestinians have been unwilling to accept a Palestinian state if it means accepting a Jewish state alongside it. You see, our conflict has never been about the establishment of a Palestinian state. It has always been about the existence of the Jewish state. This is what this conflict is about.

In 1947, the U.N. voted to partition the land into a Jewish state and an Arab state. The Jews said yes. The Palestinians said no. In recent years, the Palestinians twice refused generous offers by Israeli Prime Ministers to establish a Palestinian state on virtually all the territory won by Israel in the Six-Day War. They were simply unwilling to end the conflict and—I regret to say this—they continue to educate their children to hate. They continue to name public squares after terrorists; and worst of all, they continue to perpetuate the fantasy that Israel will one day be flooded by the descendants of Palestinian refugees.

My friends, this must come to an end.

President Abbas must do what I have done—and I told you it wasn't easy for me. I stood before my people, and I said: I will accept a Palestinian state. It is time for President Abbas to stand before his people and say: I will accept a Jewish state.

Those six words will change history.

They will make it clear to the Palestinians that this conflict must come to an end, that they're not building a Palestinian state to continue the conflict with Israel but to end it, and those six words will convince the people of Israel that they have a true partner for peace.

With such a partner, the Israeli people will be prepared to make a far-reaching compromise. I will be prepared to make a far-reaching compromise. This compromise must reflect the dramatic demographic changes that have occurred since 1967. The vast majority of the 650,000 Israelis who live beyond the 1967 lines reside in neighborhoods and suburbs of Jerusalem and Greater Tel Aviv. Now, these areas are densely populated, but they are geographically quite small; and under any realistic peace agreement, these areas, as well as other places of critical strategic and national importance, will be incorporated into the final borders of Israel. The status of the settlements will be decided only in negotiations; but we must also be honest, so I am saying today something that should be said publicly by all those who are serious about peace:

In any real peace agreement, in any peace agreement that ends the conflict, some settlements will end up beyond Israel's borders. Now, the precise delineation of those borders must be negotiated. We will be generous about the size of the future Palestinian state; but as President Obama said, the border will be different than the one that existed on June 4, 1967. Israel will not return to the indefensible boundaries of 1967.

I want to be very clear on this point: Israel will be generous on the size of a Palestinian state, but we will be very firm on where we put the border with it. This is an important principle and shouldn't be lost.

We recognize that a Palestinian state must be big enough to be viable, to be independent, to be prosperous. All of you and the President, too, have referred to Israel as the homeland of the Jewish people just as you've been talking about a future Palestinian state as the homeland of the Palestinian people. Jews from around the world have a right to emigrate to the one and only Jewish state, and the Palestinians from around the world should have a right to emigrate, if they so choose, to a Palestinian state.

Here is what this means: it means that the Palestinian refugee problem will be resolved outside the borders of Israel. Everybody knows this. It is time to say it, and it is important.

And, as for Jerusalem, only a democratic Israel has protected the freedom of worship for all faiths in the city. Throughout the millennial history of the Jewish capital, the only time that Jews, Christians and Muslims could worship freely, could have unfettered access to their holy sites has been during Israel's sovereignty over Jerusalem. Jerusalem must never again be divided. Jerusalem must remain the united capital of Israel.

I know this is a difficult issue for Palestinians, but I believe that with creativity and with goodwill a solution can be found. So this is the peace I plan to forge with a Palestinian partner committed to peace; but you know very well that, in the Middle East, the only peace that will hold is the peace you can defend, so peace must be anchored in security.

In recent years, Israel withdrew from south Lebanon and from Gaza. We thought we'd get peace. That's not what we got. We got 12,000 rockets fired from those areas on our cities, on our children by Hezbollah and Hamas. The U.N. peacekeepers in Lebanon, they failed to prevent the smuggling of this weaponry. The European observers in Gaza, they evaporated overnight. So, if Israel simply walked out of the territories, the flow of weapons into a future Palestinian state would be unchecked, and missiles fired from it could reach virtually every home in Israel in less than a minute.

I want you to think about that, too. Imagine there's a siren going on now and that we have less than 60 seconds to find shelter from an incoming rocket. Would you live that way? Do you think anybody can live that way? Well, we are not going to live that way either. The truth is that Israel needs unique security arrangements because of its unique size. It's one of the smallest countries in the world.

Mr. Vice President, I'll grant you this, it's bigger than Delaware. It's even bigger than Rhode Island, but that's about it. Israel on the 1967 lines would be half the width of the Washington beltway. Now, here is a bit of nostalgia. I came to Washington 30 years ago as a young diplomat. It took me a while, but I finally figured it out. There is an America beyond the beltway, but Israel on the 1967 lines would be only 9 miles wide. So much for strategic depth.

So it is therefore vital—absolutely vital—that a Palestinian state be fully

demilitarized; and it is vital—absolutely vital—that Israel maintain a long-term military presence along the Jordan River. Solid security arrangements on the ground are necessary not only to protect the peace; they are necessary to protect Israel in case the peace unravels because, in our unstable region, no one can guarantee that our peace partners today will be there tomorrow.

And, my friends, when I say tomorrow, I don't mean some distant time in the future. I mean tomorrow.

Peace can only be achieved around a negotiating table. The Palestinian attempt to impose a settlement through the United Nations will not bring peace. It should be forcefully opposed by all those who want to see this conflict end. I appreciate the President's clear position on this issue. Peace can not be imposed. It must be negotiated; but peace can only be negotiated with partners committed to peace, and Hamas is not a partner for peace. Hamas remains committed to Israel's destruction and to terrorism. They have a charter. That charter not only calls for the obliteration of Israel. It says: kill the Jews everywhere you find them. Hamas' leader condemned the killing of Osama bin Laden and praised him as a holy warrior.

Now, again, I want to make this clear: Israel is prepared to sit down today and negotiate peace with the Palestinian Authority. I believe we can fashion a brilliant future for our children, but Israel will not negotiate with a Palestinian Government backed by the Palestinian version of al Qaeda.

That we will not do.

So I say to President Abbas: tear up your pact with Hamas. Sit down and negotiate. Make peace with the Jewish state. If you do, I promise you this: Israel will not be the last country to welcome a Palestinian state as a new member of the United Nations; it will be the first to do so.

My friends, the momentous trials of the last century and the unfolding events of this century attest to the decisive role of the United States in defending peace and advancing freedom. Providence entrusted the United States to be the guardian of liberty. All people who cherish freedom owe a profound debt of gratitude to your great Nation. Among the most grateful nations is my nation—the people of Israel—who fought for their liberty and survival against impossible odds in ancient and modern times alike.

I speak on behalf of the Jewish people and the Jewish state when I say to you, representatives of America: thank you. Thank you. Thank you for your unwavering support for Israel. Thank you for ensuring that the flame of freedom burns bright throughout the world.

May God bless all of you, and may God forever bless the United States of America.

[Applause, the Members rising.]

At 12 o'clock and 10 minutes p.m., His Excellency Binyamin Netanyahu, Prime Minister of Israel, accompanied by the committee of escort, retired from the Hall of the House of Representatives.

The Deputy Sergeant at Arms escorted the invited guests from the Chamber in the following order:

The Members of the President's Cabinet;

The Acting Dean of the Diplomatic Corps.

JOINT MEETING DISSOLVED

The SPEAKER. The purpose of the joint meeting having been completed, the Chair declares the joint meeting of the two Houses now dissolved.

Accordingly, at 12 o'clock and 16 minutes p.m., the joint meeting of the two Houses was dissolved.

The Members of the Senate retired to their Chamber.

The SPEAKER. The House will continue in recess until 12:45 p.m.

□ 1245

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. POE of Texas) at 12 o'clock and 45 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 15 requests for 1-minute speeches from each side of the aisle.

REMEMBERING THE HONORABLE PETER FRELINGHUYSEN

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

Mr. SMITH of New Jersey. Mr. Speaker, I rise with sadness to inform the House of the passing late yesterday afternoon of one of the longest living former Members of the House, Peter H.B. Frelinghuysen. Congressman Frelinghuysen served in this House with effectiveness and distinction and honor between 1953 and 1975.

Peter Hood Ballantine Frelinghuysen was born in New York City in 1916. After graduating from Princeton University and then Yale School of Law, he served in the Office of Naval Intelligence during World War II. He was elected as a Republican to the 83rd Congress.

When he first entered Congress, he served on the Education and Labor Committee, and after that as ranking member of the House Foreign Affairs Committee in the early 1970s. After being elected to 10 successive terms in Congress, he retired in 1975.

Of course, all of my colleagues know that Peter's son, RODNEY, our distinguished colleague here in the House, is now in mourning, as is the rest of the family. So on this sad day, I would invite all of my colleagues to join me in extending to RODNEY and his brothers, Frederick and Peter, and his sisters, Beatrice and Adaline, and their families, our deepest and most profound condolences.

Peter Hood Ballantine Frelinghuysen was proud of his work in the House. He was loved by the people of New Jersey, and we thank him for his extraordinary legacy of service.

PROTECT MEDICARE FOR AMERICA'S SENIORS

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

Mr. MCGOVERN. Mr. Speaker, health care is a right, not a privilege. We made a promise to our seniors that they will have health care when they retire, that they will not have to wither away as they age.

But Republicans have broken that promise. Republicans, by passing the Ryan budget, believe that seniors should fend for themselves, that America should not honor the bargain made with its seniors.

It's simple, Mr. Speaker. Republicans don't like Medicare. I am glad this new majority is showing its true colors. And it is no surprise that Americans don't like this position. They didn't like it when they tried to privatize Social Security, and they don't like the Republican plan to voucherize Medicare.

Republicans would rather break this promise for their partisan, ideological crusade. In contrast, Democrats stand with America's seniors. We believe America should keep its promise to America's seniors. We believe America's seniors deserve better.

Support Medicare.

REMEMBERING THE HONORABLE PETER FRELINGHUYSEN

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

Mr. BASS of New Hampshire. Mr. Speaker, yesterday America lost a great public servant, a great friend of the State of New Jersey, the father of one of my—if not my best friend in Congress, a friend of my family's, and just a wonderful guy.

Mr. Frelinghuysen—as I knew him, Peter Frelinghuysen—served in the Congress, as my friend from New Jersey just mentioned, from 1953 to 1975. He was the second or third oldest former Member of Congress. Now my father, who is 98, is the oldest former Member of Congress. Our families grew up together. We grew up in the spirit of public service, of good friendship, of bipartisanship, and of action.

I remember Mr. Frelinghuysen so well as a child, bringing us around here in the Chamber and around Capitol

Hill, and even out to amusement parks in the Washington, D.C., area. He was a great father to his five children. But most importantly, Mr. Speaker, he was a great American and a very fine, distinguished Member of Congress.

I will miss him. I know his family will miss him. I know the citizens of New Jersey will miss him. He was a great American.

□ 1250

MEDICARE

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

Mr. BACA. Mr. Speaker, these are tough times for the American people everywhere. In my home State of California, families face a 12 percent unemployment rate, and the gas prices are well over $4 a gallon.

But instead of working together to solve the problems, the Republican leadership has voted to end Medicare as we know it and extend the tax breaks to companies that ship jobs overseas.

This week the Senate will have its chance to vote on a reckless Republican budget. The consequences of this misguided plan are devastating for the senior citizens—again I state—devastating to the senior citizens and the middle class.

In California alone, the Republican budget would cost seniors—I state—cost seniors over $214 million in higher prescription drug costs next year; cut almost $54 billion in Medicaid funding for seniors and the disabled; and would cost us 186,000 private sector jobs that will be lost over the next 5 years.

We must scrap this plan. Let us work together on a reasonable budget to protect Medicare.

AMERICAN JOB CREATORS

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

Mr. BUCSHON. Mr. Speaker, I rise today to talk about jobs.

Over a month ago, I launched my participation in American Job Creators. All too often in Washington, regulations are created that end up stifling job creation across our Nation. That is why I chose to participate in American Job Creators. With unemployment at 9 percent, it was common sense to me to ask the job-creating experts what regulations are affecting their ability to grow and expand.

One job creator in my district, Jodie, is a home builder. She went to AmericanJobCreators.com and used the platform to communicate with me. Jodie identified the onerous banking regulations created by the Dodd-Frank Act, making it more difficult for contractors to borrow money from lending institutions. This, in turn, makes it more difficult to complete and start new projects. We know the housing crisis has made it difficult on the construction industry, but adding these regulations has further stifled the industry's ability to recover and to create jobs in America.

I would like to thank Jodie for her participation and encourage more people to go to AmericanJobCreators.com.

WE MUST PROTECT MEDICARE

(Ms. EDWARDS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS. Mr. Speaker, I rise today to join with the American people to protect Medicare.

It's pretty simple. The Republicans, if they had their way, it would mean a catastrophic end to the program and it would deep-six protections for seniors and improvements to Medicare that we made under the Affordable Care Act.

Medicare has long been a reliable source of coverage for seniors, ensuring they can afford the care they need. In Maryland, the GOP plan would force seniors to pay nearly $6,800 more in out-of-pocket expenses for health care in the first year alone. And at a time when seniors are economically vulnerable, this proposal would further threaten their quality of life.

While their budget, to date, hasn't produced a single jobs-creating bill, what they would do in these next several months is to cut more than 2 million private sector jobs across the country.

So right now the Republicans are heading for the hills, trying to distance themselves from what they're trying to do to Medicare, but it's clear that the American people want to protect Medicare.

So I urge my colleagues to join with us and oppose this controversial change that would end the decades-old promise to the American people.

It's a simple question: Whose side are you on? Well, I'm on the side, and Democrats are on the side of seniors and not the wealthy health insurance industry and Big Oil bandits.

THE UNITED STATES STANDS WITH ISRAEL

(Mrs. MILLER of Michigan asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MILLER of Michigan. Mr. Speaker, we just heard from a leader of a nation that is one of America's greatest friends and allies: Prime Minister Binyamin Netanyahu of the nation of Israel.

The Prime Minister was correct in saying that in the often shifting alliances in the Middle East, only Israel stands as our unwavering ally. And his message for peace and security should not be heard just in this Chamber but across the world.

Many in the world often like to scapegoat Israel as the cause of instability in the Middle East and the reason why a Palestinian state has not been created. And nothing can be further from the truth.

As the Prime Minister said, the conflict has never been about the establishment of a Palestinian state; it has always been about the existence of a Jewish state.

It is time for the Palestinian President, Abbas, to stand before his people and state that he is ready to accept peace and live side by side with the Jewish State of Israel. Only then can peace be achieved.

Until that time and on into the future, the people of the world should know that the United States of America will always stand strong with the nation of Israel.

□ 1300

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 the motion 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.

Any record vote on the postponed question will be taken later.

SMALL BUSINESS ADDITIONAL TEMPORARY EXTENSION ACT OF 2011

Mr. GRAVES of Missouri. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 990) to provide for an additional temporary extension of programs under the Small Business Act and the Small Business Investment Act of 1958, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the amendment is as follows:

Amendment:

Strike out all after the enacting clause and insert:

SECTION 1. ADDITIONAL TEMPORARY EXTENSION OF AUTHORIZATION OF PROGRAMS UNDER THE SMALL BUSINESS ACT AND THE SMALL BUSINESS INVESTMENT ACT OF 1958.

(a) IN GENERAL.—Section 1 of the Act entitled ''An Act to extend temporarily certain authorities of the Small Business Administration'', approved October 10, 2006 (Public Law 109–316; 120 Stat. 1742), as most recently amended by section 1 of Public Law 112–1 (125 Stat. 3), is amended by striking ''May 31, 2011'' each place it appears and inserting ''September 30, 2011''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on May 30, 2011.

SEC. 2. COMPETITIVE SELECTION PROCEDURES FOR SBIR AND STTR PROGRAMS.

Section 9 of the Small Business Act (15 U.S.C. 638) is amended by inserting after subsection (r) the following:

''(s) COMPETITIVE SELECTION PROCEDURES FOR SBIR AND STTR PROGRAMS.—All funds awarded, appropriated, or otherwise made available in accordance with subsection (f) or (n) must be awarded pursuant to competitive and merit-based selection procedures.''.

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

The Chair recognizes the gentlemen from Missouri.

GENERAL LEAVE

Mr. GRAVES of Missouri. Mr. Speaker, I ask unanimous consent that all Members shall have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, America's 27 million small businesses drive U.S. economic growth and innovation. Those small companies have created 64 percent of our net new jobs over the past 15 years. Strong and vibrant economies are built from the ground up, and as our Nation's entrepreneurs are making decisions to take risks and invest they need to know that their elected officials are looking out for them and providing them with the certainty they need to have confidence moving forward. That confidence will result in increased economic output, new jobs, and a better way of life for all Americans.

The legislation we have before us is a simple extension of programs overseen by the Small Business Administration through September 30, 2011. The current authorizing legislation expires at the end of this month, and we need additional time to continue our legislative work.

Chief among the programs we are extending today is the Small Business Innovative Research Act, the largest Federal Government small business research and development initiative. Earlier this month, the Small Business Committee held a markup of legislation that would fully authorize the SBIR program through 2014. This bipartisan legislation passed our committee by voice vote, and we are ready to bring this legislation to the floor to provide our small entrepreneurs with the certainty that they need to move forward. Unfortunately, the long term SBIR reauthorization introduced by our counterparts in the other body has been stalled and the prospect of them passing that legislation still remains unclear. We have reached out to the other body and are continuing a constructive dialogue on finding a solution to fully authorize the SBIR program as well as other important small business initiatives. It is my hope that we can continue to work in a bipartisan and bicameral way to pass this long-term reauthorization.

I urge my colleagues to vote ''yes'' on S. 990, as amended.

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

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

Mr. Speaker, the economy is showing signs of recovery on several fronts, adding 1 million jobs in the last 6 months. While this is very good news, we still have a long way to go, and this is why we need small firms more than ever.

Small businesses, which create two-thirds of new jobs, drive employment gains and economic expansion. Time and again, they have generated the ideas and know-how that spark job growth. However, entrepreneurs must have the resources and tools they need to start up or expand. The legislation we are considering today provides them and extends the authorization of several Small Business Administration programs. For many firms these initiatives are critical, enabling them to secure financing and more effectively compete for Federal contracts.

While we must keep these programs operational, it is unfortunate that we are doing so through another temporary extension. However, it is my hope that we can reach a lasting agreement on the agency's authorization so that we do not have to come back here again in a few months.

Small businesses across the Nation depend on a strong SBA. This is especially true now when many unemployed individuals are turning to entrepreneurship as a source of income. By ensuring that the agency's programs do not lapse, we are providing small businesses with a foundation for future growth, and in doing so, helping move the economy forward.

I urge a ''yes'' vote.

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

Mr. GRAVES of Missouri. Mr. Speaker, in closing, let me reiterate that small businesses can and will lead our economic recovery, and this is a very strong case for fully authorizing the SBIR and STTR programs. They have a proven track record of creating jobs, advancing innovative science in the marketplace, and solving Federal agency problems.

These programs provide a bridge between product conception and marketability—a step of vital importance for innovative ideas to become a reality. The new technologies and discoveries that come out of these programs go a long way towards keeping our competitive edge in the world marketplace, and the SBIR and the STTR programs are the kind of public-private partnership that is essential to the continued growth of our economy.

I look forward to working with Ranking Member VELÁZQUEZ, our colleagues on the Small Business Committee, and our colleagues in the other body on a long-term reauthorization in the coming months.

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 Missouri (Mr. GRAVES) that the House suspend the rules and pass the bill, S. 990, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

ELECTING A MEMBER TO A CERTAIN STANDING COMMITTEE OF THE HOUSE OF REPRESENTATIVES

Ms. FOXX. Mr. Speaker, by direction of the House Republican Conference, I send to the desk a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 274

Resolved, That the following named Member be and is hereby elected to the following standing committee of the House of Representatives:

(1) COMMITTEE ON EDUCATION AND THE WORKFORCE.—Mr. Goodlatte, to rank immediately after Ms. Foxx.

The resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1310

PRINTING OF PROCEEDINGS HAD DURING RECESS

Ms. FOXX. Mr. Speaker, I ask unanimous consent that the proceedings had during the recess be printed in the RECORD.

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

There was no objection.

PROVIDING FOR CONSIDERATION OF H.R. 1216, REPEALING MANDATORY FUNDING FOR GRADUATE MEDICAL EDUCATION; PROVIDING FOR CONSIDERATION OF H.R. 1540, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2012; AND WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Ms. FOXX. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 269 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 269

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1216) to amend the Public Health Service Act to convert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations. The first reading of the bill shall

be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. The bill shall be considered as read. All points of order against provisions in the bill are waived. No amendment to the bill shall be in order except those received for printing in the portion of the Congressional Record designated for that purpose in clause 8 of rule XVIII in a daily issue dated May 23, 2011, and except pro forma amendments for the purpose of debate. Each amendment so received may be offered only by the Member who caused it to be printed or a designee and shall be considered as read if printed. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 2. At any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1540) to authorize appropriations for fiscal year 2012 for military activities of the Department of Defense and for military construction, to prescribe military personnel strengths for fiscal year 2012, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Armed Services. After general debate, the Committee of the Whole shall rise without motion. No further consideration of the bill shall be in order except pursuant to a subsequent order of the House.

SEC. 3. The requirement of clause 6(a) of rule XIII for a two-thirds vote to consider a report from the Committee on Rules on the same day it is presented to the House is waived with respect to any resolution reported through the legislative day of May 27, 2011, providing for consideration or disposition of a measure addressing expiring provisions of the USA PATRIOT Improvement and Reauthorization Act of 2005.

The SPEAKER pro tempore. The gentlewoman from North Carolina is recognized for 1 hour.

Ms. FOXX. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Ms. FOXX. 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 gentlewoman from North Carolina?

There was no objection.

Ms. FOXX. House Resolution 269 provides for a modified open rule providing for consideration of H.R. 1216, which amends the Public Health Service Act to convert funding for graduate medical education in qualified teaching health centers from mandatory spending to an authorization of appropriations; H.R. 1540, the National Defense Authorization Act; and same-day consideration of a rule to consider extending certain provisions of the USA PATRIOT Act. Mr. Speaker, this is the seventh modified open rule that the House Republican majority has offered this Congress, compared to the liberal Democrats' one modified open rule during the entire 111th Congress.

The first underlying bill today, H.R. 1216, continues the fulfillment of the Republican Pledge to America and illustrates that once again Republicans are keeping our promises to the American people to cut Federal spending. The American people want transparency of Washington's spending of hard-earned taxpayer dollars. In an act of gross irresponsibility, the Federal Government is spending $1 out of $4 of gross domestic product.

We hear the term ''Federal money'' as though it is manna from heaven. Let me dispel that misconception, Mr. Speaker. The Federal Government has only the money it takes away from hardworking American families through taxes or the money it borrows. As a Nation, we are currently borrowing 43 cents for every dollar spent at the Federal level.

Some argue that to balance the Federal Government and pay down our debt, we should raise taxes. As a fiscal conservative, I have to disagree. Raising taxes on hardworking Americans and job creators is simply a way to pass the blame. We must rein in out-of-control Washington spending and put an end to it. The American people are sick and tired of reckless government spending and Washington's disregard for basic budgeting principles of living within its means. This is one of the many reasons I urge my colleagues to support this rule and the underlying bill before us today, Mr. Speaker.

H.R. 1216 restores congressional oversight to Federal spending by ending the autopilot spending for physician residency programs at teaching health centers and restoring it to the annual appropriations process. When a program is put on autopilot, Congress abdicates its authority to unelected bureaucrats and takes a hands-off approach. House Republicans are committed to ending that approach to Federal spending and ensuring that government programs are accountable for how they are spending money. No longer will we accept politically popular excuses. Each program must prove that it is a wise steward of taxpayer dollars. If Congress will not address out-of-control spending now, we are passing the buck to our children and grandchildren.

Therefore, I commend my Republican colleagues at the House Energy and Commerce Committee for seeking to end mandatory or autopilot funding for programs in the liberal Democrats' government takeover of health care. Because the liberal elites knew their government takeover of health care was unpopular and would likely have consequences at the ballot box, they included $105 billion in mandatory taxpayer spending in the law itself to protect their favorite programs.

Let me take a moment, Mr. Speaker, to explain the difference between discretionary and mandatory government spending. Discretionary spending is appropriated by Congress annually and, therefore, subject to congressional oversight and review. Discretionary spending allows Members of Congress the opportunity to be wise stewards of the taxpayers' money by not funding ineffective or duplicative programs. On the contrary, mandatory spending operates irrespective of congressional appropriations and must be spent whether we have the money or not. The most recognized mandatory spending programs are Medicare, Medicaid and Social Security which operate on autopilot and have not been subject to congressional oversight from year to year as funds automatically stream from the Treasury to anyone who qualifies for a particular benefit.

It cannot be emphasized enough that the liberal elites in Washington chose to hastily ram through their government takeover of health care with no regard for the staunch opposition of the American people. The audacity of an elected official or, worse, an unelected bureaucrat basically saying to a taxpayer that he or she knows how to spend the taxpayer's money better than the individual taxpayer is appalling. That is what the ruling liberal elites in Washington did when they chose to forgo the annual appropriations, also known as oversight, process by putting their favorite programs on autopilot under ObamaCare.

Mr. Speaker, it is my firm belief that Washington should not be in the business of picking winners and losers. During committee consideration of the underlying bill, my Republican colleagues rightly pointed out that the liberal Democrats in control last Congress put the funding for residencies at teaching health centers on autopilot but left residency programs at children's hospitals to fend for themselves in the annual appropriations process. In fact, President Obama's FY 2012 budget proposes eliminating funding for residency programs at children's hospitals.

Mr. Speaker, it is hard to understand why residencies at teaching health centers should receive special treatment. Why were these residency programs protected while others languished and were eventually proposed to be eliminated?

□ 1320

This is a classic example of Washington bureaucrats deciding which programs will win and which will lose. As I said earlier, every program should be properly scrutinized by Congress

through the appropriations process and be accountable for how it is spending taxpayer money. While this accountability should always be important, it's even more critical because we're facing the third straight year of trillion dollar deficits. This fiscal year our deficit will be $1.6 trillion.

Mr. Speaker, remember the figure I mentioned earlier about our Nation's borrowing habits? We're borrowing 43 cents of every dollar the Federal Government spends. This translates to a national debt that has now reached more than $14 trillion and has gotten the attention of the American people. If you're having a hard time visualizing $14 trillion, let me put it this way: If America was required to pay back its national debt right now, each citizen—man, woman, and child—would owe more than $46,000.

The simple truth is that we have a spending crisis in this town due in large part to mandatory spending that operates on autopilot. House Republicans are committed to bringing government spending under control, and we're continuing to build on our Pledge to America by restoring congressional oversight and accountability for government programs.

Again, Mr. Speaker, I urge my colleagues to vote for this rule and the underlying bills.

I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I want to thank the gentlelady from North Carolina and my friend, Dr. FOXX, for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

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

Mr. MCGOVERN. Mr. Speaker, this rule allows for the consideration of H.R. 1216, the Graduate Medical Education Direct Spending Repeal Act, and general debate for H.R. 1540, the National Defense Authorization Act for Fiscal Year 2012, and this rule also allows for a martial law consideration of the reauthorization of the Patriot Act sometime this week.

Frankly, Mr. Speaker, this is a disappointing rule. While I have no problem with a rule providing for general debate for the Defense authorization bill, it is disappointing that this rule also includes these two other provisions—especially the martial law rule.

Let me begin with H.R. 1216. This bill is simple—it's another chance for the Republicans to dismantle the Affordable Care Act. It's one more part of their repeal agenda.

The funny thing is, Mr. Speaker, Republicans continue to push their repeal agenda, but they haven't put any plan forward to replace these new health care provisions that we passed. The truth is that the Republicans are not only trying to repeal the Affordable Care Act, they are also trying to repeal Medicare. This is outrageous. The American people do not want the House Republicans to dismantle Medicare.

The Affordable Care Act, Mr. Speaker, provides dedicated funding for the training of family doctors through graduate medical education programs at teaching health centers. The Republicans, while they claim they support doctors and training programs, don't believe in this dedicated funding. This bill not only rescinds the direct funding for these programs, it reduces the authorization by nearly $50 million.

Now, everyone knows there is a shortage of primary care physicians in this country. Why, then, do Republicans want to undercut efforts to bring physicians into areas of desperate need?

Making these funds discretionary will jeopardize the 11 programs currently underway across the country—including one program in my home State of Massachusetts. Making these funds discretionary does nothing to help our constituents who are struggling to obtain primary care. Making this program discretionary will deter other entities from making business decisions necessary to expand residency training—decisions like securing commitments from key stakeholders to agree to train new or additional residents, applying for accreditation if not already eligible, and hiring new faculty with funding over the next few years.

Finally, claims that this bill saves hundreds of millions of dollars are just not true. Republicans may claim that this bill will cut nearly $200 million from the deficit, but that's only true if Congress provides no funding for this program. CBO—the nonpartisan budget arbiter that Republicans frequently ignore—estimates that $184 million will be appropriated over 5 years, meaning only $11 million will be saved by H.R. 1216. So claims of this incredible fiscal austerity are simply not true.

Now, a second part of this rule is the martial law portion for same-day consideration of the Patriot Act extension. The Senate is currently debating this reauthorization, and the Republicans feel it necessary to once again jam this bill through this House as soon as the Senate is done with it. This is no way to debate legislation dealing with our homeland security and basic civil rights and civil liberties. This is an important issue. Members need time to be able to understand all of the implications of the Patriot Act.

Lastly, Mr. Speaker, let me say just a few words about the fiscal year 2012 National Defense Authorization Act which we will begin general debate on later today.

All Members of this House are strongly committed to protecting our national security—regardless of party, region, or political point of view. It has been the tradition of the House Armed Services Committee, at the staff and Member level, to work in a bipartisan way to carefully craft the annual defense authorizations bill, and I recognize Chairman BUCK MCKEON and Ranking Member ADAM SMITH for continuing that collegiality.

But given such a tradition, it comes as a surprise to see so many provisions in H.R. 1540 that attempt to repudiate and attack several of the President's national security policies. From warehousing low-level detainees for an indeterminate amount of time, to delaying the implementation of the repeal of Don't Ask, Don't Tell, to hamstringing the implementation of the bipartisan-supported New START Treaty, to seeking a so-called updated authorization for the use of military force that no longer references the devastating 9/11 attacks against America, but instead gives broad authority to the executive branch to pursue military operations anywhere for any length of time—such changes have all the appearance of a partisan agenda.

This afternoon, the Rules Committee will be reviewing many of the amendments on these and other issues, and I hope that they will be made in order so that a broad range of issues and recommendations might be considered and voted upon by this body.

Now, a number of those amendments will deal with the future of our policy and military operations in Afghanistan.

As most of my colleagues know, I believe that we need to rethink our strategy in Afghanistan. It is bankrupting our Nation. The gentlelady from North Carolina talks about the deficit. I will remind her and others that we are borrowing to pay for the war in Afghanistan. We are borrowing approximately $8.2 billion a month. That's billion with a ''b.''

So if we're going to get serious about deficit reduction, we either need to end these wars—which I think we should do—or if you support them, you ought to pay for them.

This war has already demanded the lives of 1,573 of our service men and women and gravely wounded tens of thousands of our troops. And right now, there is no true end in sight.

The death of Osama bin Laden creates an opportunity for us to reexamine our policy in Afghanistan and ask the President exactly how and when he will bring the last troops home to their families and their communities.

The death of bin Laden provides us with a moment to commend our intelligence and uniformed men and women, and it also allows us to bring fresh eyes to what kind of defense budget and priorities best fit the needs of our Nation and our national security, especially in these difficult economic times.

I hope that the Rules Committee will embrace such a debate, allow a broad range of amendments to be made in order, and support a fresh and critical examination of the policies and priorities put forward in H.R. 1540.

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

Ms. FOXX. Mr. Speaker, I thank my colleague from Massachusetts for bringing up some issues that need to be responded to.

First of all, let me say he says that we plan to repeal Medicare. It was the

Democrats who, in voting for the health care act that took over health care in this country to the Federal Government, who cut $500 billion from Medicare—a half a trillion dollars. Republicans have made no recommendations to cut Medicare at all. Only the Democrats have voted to do that. Not Republicans.

Republicans want to save Medicare, Mr. Speaker. That is what we are doing. We're recommending that we save Medicare for the future. The Democrats are the only ones who want to repeal Medicare by cutting that money from it.

Let me mention a couple of other things that my colleague has spoken about in terms of underlying bills.

□ 1330

In terms of the Patriot Act, I believe it is the Attorney General, the Democrat Attorney General, Mr. Holder, who has recommended not only that the Patriot Act be renewed, but that all three of these provisions be made permanent. It is coming from that side of the aisle that they want the Patriot Act renewed. So their President is pushing for this.

In terms of borrowing for the war, Mr. Speaker, you know, it is the Federal Government and only the Federal Government that provides for the national defense of this country. That is why we have a Federal Government, Mr. Speaker. It's why we became the United States. No other branch of government can provide for our national security. Every other branch of government, however, can handle health care, can handle education, can handle many of the things that the Federal Government has gotten itself into that it has no business being involved in. So if we had to borrow money, we wouldn't be borrowing money if we weren't in these other things. We would have ample resources to provide for the national defense.

But I would also like to point out to my colleague from Massachusetts that it was a Democratic President who took us into a third war, with no authorization from the Congress. And it is not the Republicans who are creating this problem.

Mr. Speaker, the second bill made in order under this rule is H.R. 1540, the National Defense Authorization Act.

Mr. Speaker, this weekend we will all pause to observe Memorial Day, as we should. As we debate this very important bill, we need to keep in mind the men and women of the Armed Forces and their families. We also need to keep in mind those who have made the ultimate sacrifice in defense of all of our freedoms, including this process of freely debating our laws and the idea of the role of government. We could not be here today without the sacrifices of those who served in the military and kept us a free people. I hope that's what everyone keeps on their mind this weekend when they celebrate Memorial Day.

As James Madison wrote in the Federalist Papers, ''The operations of the Federal Government will be most extensive and important in times of war and danger.'' Our Founding Fathers had a clear view that the primary and central job of the Federal Government was to ''provide for the common defense.'' Providing for the common defense is the mandate of our Constitution. It's not an issue that should divide us in partisan rancor, but unite us as a country that supports our military and provides them with the tools to do their very important job.

One need not look too far back in history to find words that remind us of our responsibility to provide for the common defense. President Ronald Reagan, in his first inaugural address, promised to ''check and reverse the growth of government,'' but also to ''maintain sufficient strength to prevail if need be, knowing that if we do so we will have the best chance of never having to use that strength.'' That message, Mr. Speaker, still holds true today.

Not only does this bill ensure that our troops are properly equipped, but it also provides the men and women of the military and their families with the resources and support they need, deserve, and have earned. The fiscal year 2012 National Defense Authorization Act takes a detailed approach to ensuring that the investments in our national security are in line with our fiscal priorities and realities.

The bill has a clear mandate of fiscal responsibility, transparency, and accountability within the Department of Defense. It also provides incentives to have competition for every taxpayer dollar associated with funding of defense requirements. The bill addresses a wide range of recent policy changes at the Department of Defense, including the repeal of Don't Ask, Don't Tell; reaffirming the Defense of Marriage Act, which protects one man-one woman marriage; as well as ensuring that our military is properly equipped, trained, and staffed for any future threats to our national security.

Just as our men and women in uniform stand ready to defend our country, Congress must also tackle the fiscal crisis facing our Nation. Nothing, Mr. Speaker, is more dangerous to our national security than the crushing debt that our country is in. Many of my colleagues have come to the floor warning that the sky was going to fall and Armageddon would be upon us if we did not raise the debt ceiling. Well, last week we hit the debt ceiling, and guess what? The sky is still up there and we are paying our bills.

History shows that in 1985, 1995, and 2002, Congress delayed raising the debt ceiling for months without an Armageddon-like economic meltdown. Our intent on this side of the aisle is to pay down the debt with fiscally disciplined and responsible budgets that reduce deficit spending. With a system like that in place, there will be no need to continue to raise the debt ceiling and create further financial burdens that could cost each American over $40,000. Imagine a better American future. Imagine what Americans can achieve if we are freed from Washington's debt burden.

On March 16, 2006, a young Senator took the floor in the United States Senate and said, ''The fact that we are here today to debate raising America's debt limit is a sign of leadership failure. It is a sign that the U.S. Government can't pay its own bills. It's a sign we now depend on ongoing financial assistance from foreign countries to finance our government's reckless fiscal policy.'' Mr. Speaker, that Senator voted against raising the debt ceiling, and that Senator was Barack Obama, our current President. As far as that statement goes, I agree with the President that our dependency on foreign funds is reckless and a danger to our national security.

Just as dangerous is the failure to achieve energy security. Republicans strongly believe that energy security depends on domestic energy production. Our friends, the liberal Democrats and President Obama, have actively blocked and delayed American energy production, destroying jobs, raising energy prices, and making the U.S. more reliant on unstable foreign countries for energy. This is hurting American families and small businesses, who are vital to creating the new private sector jobs we so desperately need during this time of high unemployment.

The liberal proposals fail to create jobs in America but help create jobs overseas for the citizens of foreign nations. We need policies that allow us to take advantage of our natural resources and our innovative culture to develop new sources of energy and create jobs here at home.

To date, the Obama administration has pursued an anti-energy agenda, rife with policies that block domestic energy production and destroy jobs. The consequences of this agenda are dire. In the short term, it fuels a rise in gas prices and costs for consumers, and in the long term it limits innovation and stifles economic growth and job creation.

Mr. Speaker, we need to approve this rule which we are debating and the underlying bills so that we can stop the funding of abortions and so that we can fund our military. And we need to look at the other policies that are being promoted by our colleagues on the other side of the aisle and in the White House to see that we can become more secure as a Nation.

I reserve the balance of my time.

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

Mr. Speaker, I feel I need to clarify the record on a couple of things.

My friend from North Carolina said that the Republicans want to protect Medicare. I would suggest that she read the bill that she voted for and other Republicans voted for, the so-called

Ryan budget. The way they protect Medicare is by destroying it. They turn it into a voucher system. And it will mean seniors will pay more and they will get less protection. It is outrageous what they're proposing. And more and more Americans are reading the bill, and they are outraged by what they are seeing.

Democrats, and I hope some thoughtful Republicans, will stand firm and protect Medicare. It is the most important, successful program in our history, along with Social Security. And efforts to dismantle it and to put more burden on our senior citizens for their health care, and basically a major giveaway to the insurance companies, is not protecting Medicare.

□ 1340

The gentlelady talks about the reckless spending in Washington. I will remind all of my colleagues that when Bill Clinton left office, we didn't have a deficit; we were paying down our debt. There was a detailed article in The Washington Post not too long ago explaining how we went from no deficit to now a huge deficit. It includes tax giveaways to the wealthiest people in this country that were not paid for, you know.

I find it somewhat sad that one of the first things that was done in terms of addressing some of our economic concerns was to protect the tax cuts for people like Donald Trump but then to go in and cut emergency fuel assistance for poor people and to go after food and nutrition programs and Pell Grants. That's not the way we should be balancing the budget.

But The Washington Post talks about these tax cuts for the wealthy that were not paid for; on top of that, two wars that were not paid for. Now, I am against these wars; but if you are for them, you ought to pay for them. That's the way we have done it throughout our history. World War II, we paid for it. There was a war tax. We had war bonds. The Vietnam War was paid for in part by eroding Lyndon Johnson's Great Society. It was paid for. But now we have these wars that are not paid for, $8.2 billion a month in Afghanistan alone.

So I hope this is not a partisan agenda when we talk about the war in Afghanistan, and I am not here to put the blame on one party or another. I hope that we can have these amendments on the floor and have some thoughtful discussion about ways we could bring this war to an end. I think Democrats, and I know a lot of Republicans, feel that we should bring this war to an end.

In terms of energy policy, I think people are horrified that we continue to protect taxpayer subsidies to Big Oil companies while they are gouging us at the gas pump. It is unbelievable that we can't have a debate on this floor about taking away these taxpayer subsidies to Big Oil that are making record profits. So I hope that we will talk a little bit more about that at the end of this debate.

Mr. Speaker, I yield 2 minutes to a former member of the Rules Committee, the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. I thank the gentleman from Massachusetts for yielding me time.

Mr. Speaker, I rise today in opposition to the rule and the underlying legislation. H.R. 1216 would put the future primary care workforce into question.

The Affordable Care Act included critical funding for several grant programs designed to increase the size of the health care workforce and, specifically, to increase the number of general practice and primary care physicians. Primary care has long been neglected in our country and it has been well documented that our country faces a looming shortage of primary care providers.

The Affordable Care Act will help train and develop 16,000 new primary care providers. That means 16,000 more primary care doctors to help keep our children and families healthy, as studies strongly associate healthier outcomes with regular access to care.

Unfortunately, the bill before us would call all of this into question. If this bill were enacted, we would no longer have the pipeline of primary care providers to meet demand and we would continue the status quo, which for too many is either foregoing care or seeking care in the emergency room. This perpetuates the onset of chronic conditions such as heart disease, diabetes, and cancer. This is increasing costs and costing lives.

I urge my colleagues to reject this rule and to vote down this bill for the future of our physical and fiscal health of our constituents and our country.

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

Mr. MCGOVERN. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. KUCINICH).

Mr. KUCINICH. Thank you very much, Mr. MCGOVERN.

And to my friend on the other side of the aisle, I want to say that I will be offering an amendment to the defense authorization bill which would defund the war in Libya. The war is unconstitutional. The President did not come to this Congress. He went to the U.N. Security Council. He went to a number of international bodies. He didn't come to the United States Congress. Last week, the President did not observe the tolling of the War Powers Act; so he is in violation of the statute.

The action over in Libya has already exceeded the U.N. mandate. It's in violation of the U.N. mandate, and there have been violations of international law. What are we doing there? What does anyone think we can afford, and why aren't we trying to find a path to peace so we aren't called upon to spend more money there?

I mean, these are questions we have to be asking. That is why Congress should start by saying, look, you are not going to spend any more money over there. And there are people who are saying, Mr. Speaker, that, well, it's not the United States; it's NATO.

Now, think about this. The Guardian UK did this study where 93 percent of the cruise missiles are paid for by the US; 66 percent of the personnel involved in Libya, against Libya, from the U.S.; 50 percent of the aircraft, 50 percent of all ships. And they're saying this is a NATO operation?

Come on. I mean, we really have to recognize what's going on here, which is an expansion of the war power by the Executive, and it's time that we challenge that. And one thing we certainly shouldn't do is to support the amendment offered by my friend Mr. MCKEON that wants to hand over to the President Congress' constitutional authority to declare an authorized war, substantially altering the delicate balance of power which the Founding Fathers envisioned.

The annual reauthorization of the Department of Defense contains unprecedented and dangerous language, which gives the President virtually unchecked power to take this country to war and to keep us there.

The bill substantially undermines the Constitution, the institution that the Constitution set up, that is, Congress, and sets the United States on a path to permanent war.

Congress has to protect the American people from the overreach of any Chief Executive—Democrat, Republican—any Chief Executive who is enamored with unilateralism, preemption, first strike, and the power to prosecute war without constitutional authority or statutory prescriptions.

Permanent global war isn't the answer. It's not going to increase our national security. Far from ridding the world of terrorism, it will become a terrorist recruitment program. The war in Iraq, based on lies. The war in Afghanistan, based on a misreading of history. Yet in Iraq we will spend over $3 trillion. In Afghanistan we have already spent over a half trillion dollars.

We have people out of work here. We have people who are losing their homes, losing their health care, losing their retirement security, and all we hear from the White House is they want more war or they want authorization for more war. We have to stop that. And while we're stopping that, we have to stop this national security state and stop the extension of the Patriot Act, which is also in this bill.

Ms. FOXX. Mr. Speaker, I need to point out to my colleague from Massachusetts, as I do almost every time that we are on the floor together, and I do enjoy being on the floor with him, that he always brings up the fact that we had a surplus when President Clinton left office. Well, the reason we had a surplus, Mr. Speaker, when President Clinton left office had nothing to do with President Clinton. It had all to do with the fact that we had Republicans in charge of the Congress.

And just before the Democrats took over the Congress in 2007, as my colleague from Massachusetts so well knows, the CBO projected that there would be a surplus in the United States. However, the Democrats took over in January of 2007 and immediately we began running deficits because of their profligate spending.

I would also like to point out to my colleague from Massachusetts, as he so well knows, that the Democrats who are in control of the Senate held a vote last week on whether or not to change the Tax Code in order to disallow incentives that are given to the oil companies for securing oil for this country. And as he knows, again, it's controlled by the Democrats. It was turned down by the Senate.

So I would like to point out to him that Republicans are not responsible for the deficit and Republicans are not responsible for denying legal tax exemptions to oil companies. It is the Democrats who are responsible for that.

I will allow my colleague to make comments, but I won't allow him to rewrite history.

□ 1350

Mr. Speaker, we have great political unrest in the Middle East, and the growing demand from China threatens our ability to secure long-term reserves of oil from foreign entities. That's why we must pursue an alternative energy policy in this country, one that puts to use our domestic supplies and technologies.

Republicans are going to continue to pursue an all-of-the-above energy plan aimed at increasing our domestic production to bring down energy prices while creating jobs here at home and ending our dependence on foreign sources of oil.

What that means, Mr. Speaker, is we believe in conservation, we believe in alternatives, but we also believe in using the resources that the good Lord gave us here in this country which are being denied to the American people by our colleagues on the other side of the aisle. Mr. Speaker, American families cannot wait any longer for relief at the pump. American families cannot wait any longer for increased jobs.

As we head back to our districts for the Memorial Day holiday, it's fitting that we should all give thanks to those who have given their lives in defense of the freedom that we very much cherish. Every day, courageous young men and women from all over America volunteer to serve our country in the military. They do not join for the great pay, luxurious lifestyle and swanky accommodations. They join the military and serve with dignity and honor because they love this country and they love what we stand for. They serve a much higher purpose than themselves. What our troops provide for us can be summarized in one word: America.

We need now to all come together as supporters of the young men and women of the Armed Forces and their families as proud Americans and provide them with the tools and resources that these brave volunteers deserve, which is why my colleagues and I all need to vote for the underlying bill, the Defense authorization bill.

But we also need to vote for the rule, which is going to allow for almost an unlimited number of amendments to be offered, Mr. Speaker, unlike what our colleagues did when they were in charge in the 110th and 111th Congresses.

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

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

The late great Daniel Patrick Moynihan once said, you're entitled to your own opinions, but not your own facts. And the fact is, Mr. Speaker, when this record surplus was turned into a record deficit, I will remind the gentlelady that the Republicans controlled the House, they controlled the Senate, and they controlled the White House. And that is when we passed these tax cuts for the richest people in the world, and they were not paid for. And that is when we embarked on two wars that were not paid for.

It appears that the gentlelady wants to continue these wars. I want to end them. But if you're going to continue them, then pay for them, because it is not fair to the men and women who are sacrificing their lives and the men and women who are in harm's way and their families to just accumulate all this debt and pass it on to them, their children and their grandchildren. If we are going to go to war, we all ought to take some responsibility.

And, finally, on the issue of the taxpayer subsidies for oil companies, we have not had a debate on this House floor or a vote on this House floor on this. I don't care what the Senate did or did not do. I'm not a Member of the United States Senate. I'm a Member of the United States House of Representatives. And under this new and open process that we were promised, by the way, not a single open rule yet—not a single open rule—but under this new and open process, we can't bring an amendment to the floor to be able to debate this issue.

So I would respectfully suggest that maybe my colleague from North Carolina and the Rules Committee will once in a while vote for an open rule so we can bring some of these things to the floor.

At this time I would like to yield 3 minutes to the gentleman from Colorado (Mr. POLIS).

Mr. POLIS. Mr. Speaker, I rise in opposition to the rule and the underlying bill in its current form.

By delaying the repeal of Don't Ask, Don't Tell, this bill will weaken our Armed Forces and further confuse an issue that our country and our military have simply moved past. This bill in its current form says to gay and lesbian servicemembers, you're welcome to fight and die for our country as long as you live in secret.

Mr. Speaker, Don't Ask, Don't Tell requires brave men and women in our military to live in constant fear of being dismissed for an aspect of their personal lives that has no bearing on their job performance.

It's a law that serves no purpose. It's a law that hinders our military's effectiveness. It's a law that Congress has already voted to appeal. And it's a law, frankly, that's un-American. Yet here we are, again, considering a bill that would continue to codify discrimination. We should not go back to those dark days, and we will not go back.

In April, the service chiefs reported to the House Armed Services Committee that the process of certifying the end of Don't Ask, Don't Tell is moving forward, and the response from servicemembers has been overwhelmingly positive. Vice Admiral Gortney, staff director for the Joint Chiefs of Staff, reported the appeals process was moving ahead without incident. Clifford Stanley, under Secretary of Defense for personnel and readiness, told the committee that training programs to prepare for the repeal are going ''extremely well.''

So we know the military supports moving forward, as do the vast majority of the American people: 72 percent support the repeal of Don't Ask, Don't Tell.

Don't Ask, Don't Tell hurts military readiness and national security every day. To date, over 13,000 servicemembers who have been trained at taxpayer expense have been forced out of the military under this policy. It's hard to believe that dismissing mission-critical servicemembers or linguists fluent in Arabic, Korean and Farsi will somehow make us more effective or combat ready. The Commander in Chief, the Secretary of Defense, who I might add was originally appointed by President Bush, as well as the Joint Chiefs of Staff, support repeal.

Mr. Speaker, it's time for Don't Ask, Don't Tell to move from the law books to the dustbins of history. Its only value is as a lesson to future generations that our Nation is stronger when we welcome all members of the American family and weaker when we divide and discriminate.

Ms. FOXX. Mr. Speaker, I continue to reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I would like to yield 2 minutes to the gentleman from New York (Mr. BISHOP).

Mr. BISHOP of New York. Mr. Speaker, I rise in opposition to the rule and support the gentleman's motion to move the previous question. This motion demonstrates we are serious about creating jobs, growing the economy, and lowering gas prices.

My Republican colleagues are instead relitigating an issue that was debated exhaustively over the past year. As I traveled all across my district last week, not surprisingly, not a single one

of my constituents said the health reform should be altered to fund graduate medical education in qualified teaching health centers through direct appropriations. Rather, my constituents want to hear what Congress is doing now to lower the price of a gallon of gas. They want to know how we are responding to turmoil in the Middle East and speculation by Wall Street, which are causing this price spike.

In Montauk Point, the eastern most point of my district, regular unleaded gas cost $4.89 a gallon yesterday. Recreational and commercial fishermen, small businesses and the whole local economy are all being squeezed by gas prices.

My constituents want to know what Congress is doing in response and how we plan to create jobs and expand our economy. But since the new Republican majority took over this year, we haven't debated a single jobs initiative or any meaningful proposal to reduce the price of gas for consumers—not one. In the 140 days since the 112th Congress began, we have debated zero job bills and only a handful of bills related to energy, most of which focus on reducing the price of gas 10 years from now, maybe.

Mr. Speaker, I urge my colleagues to vote against the previous question so that we can focus on our priorities: Reducing gas prices, creating jobs and helping middle class American keep up in today's economy.

Mr. MCGOVERN. May I ask how much time I have remaining, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from Massachusetts has 10½ minutes remaining. The gentlewoman from North Carolina has 9 minutes remaining.

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

Mr. Speaker, I want to support the efforts of my colleague from New York (Mr. BISHOP). And let me just say the American people are sending a clear message to Republicans: Show us the jobs. After 140 days of the new GOP majority, they keep pursuing their agenda that destroys jobs and stalls our economic growth.

This week is no different. And today, Republicans are only making matters worse, voting to kill graduate medical education in qualified teaching health care centers.

The previous question, as Mr. BISHOP referred to it, is based on H.R. 964, the Federal Price Gouging Prevention Act. And it takes a stand for working families facing tough times and paying so much more at the pump. During an international oil crisis, as declared by the President, this legislation makes it illegal to sell gasoline at excessive prices and prevents Big Oil from taking advantage of consumers and engaging in price gouging.

□ 1400

The cost of a barrel of oil and a gallon of gas has reached their highest level in years, with no end in sight, and America's middle class is paying the price.

Republicans must join with Democrats to oppose price gouging and to ease the burden on our middle class. We must work together to create jobs, strengthen the middle class, and responsibly reduce the deficit.

To help consumers at the pump and provide some relief to small businesses and families struggling with high gas prices, this legislation expands the authority of the President to release oil from the Strategic Petroleum Reserve to combat market manipulation and bring down the price, and makes it a Federal crime to sell gasoline at excessive prices.

The legislation also protects taxpayers, holds Big Oil accountable, repeals the largest tax breaks for the Big Five Oil companies, and ensures that oil companies pay billions of dollars owed to taxpayers for drilling on public lands. This is part of our multifaceted effort to lower the price of gas now, bring relief to consumers and taxpayers, strengthen our energy security, reduce our dependence on foreign oil, and hold Big Oil accountable.

Republicans' ''drill-only, oil above all'' plan is really a boon for Big Oil and does nothing to reduce the pain at the pump for America's middle class families who are facing these prices each and every day. Republicans are simply returning to the Bush policies for Big Oil—continuing to purse ''drill-only'' policies with fewer safeguards and no accountability, that has us sending a billion dollars a day overseas for foreign oil.

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to provide that immediately after the House adopts this rule, it will bring up H.R. 964, the Federal Price Gouging Prevention Act introduced by Representative TIM BISHOP of New York.

Mr. Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD along with extraneous materials immediately prior to the vote on the previous question.

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

There was no objection.

Mr. MCGOVERN. Mr. Speaker, I urge my colleagues to vote ''no'' and defeat the previous question so we can debate and pass a bill that actually addresses the price of gas. I have tried, Mr. Speaker, on numerous times in the Rules Committee to bring responsible amendments to the floor that would get at this issue of taxpayer subsidies to Big Oil companies, and every single time my Republicans friends have voted ''no.'' Every time there has been an opportunity to try to address this issue, they have voted ''no.''

I urge my colleagues to vote ''no'' and defeat the previous question, and I urge a ''no'' vote on the rule.

I yield back the balance of my time.

Ms. FOXX. Mr. Speaker, I yield myself the balance of my time to close.

I want to bring our attention to the upcoming Memorial Day because we are going to be honoring the fallen and praise their service and sacrifice. We need to remember the families of the fallen and reassure them that their sacrifice and the life of that hero was not lost in vain. We are also very proud of our troops who are currently serving, and we want to make sure that they get that message from us in this body, Mr. Speaker.

I would also like to point out to my colleague from Massachusetts that the unemployment rate was 5 percent when they took over the Congress, or approximately 5 percent when they took over Congress in January 2007. Under their control and President Obama's, it reached 10 percent, and has stayed at around 9 percent while they were in control. So I want to again make it clear that we have worked hard to make the economy work again, and we are going to continue that.

Mr. Speaker, although I have said it also before, it bears repeating: Americans are sick and tired of reckless government spending, creating only government jobs which hurts our overall economy and creates high unemployment. Americans are deeply concerned about the outrageous level of Federal debt. Our constituents are concerned about the piece of our economy that is now owned by other countries like China. They are very concerned about the fact that so much of our tax dollars, the tax dollars they pay, go toward paying interest on the debt instead of using it for the country's immediate needs.

Mr. Speaker, that is why Americans are looking at the new House Republican majority for real answers to their concerns. After 4 years of a complete lack of leadership in Congress under the Democrats, we have rolled up our sleeves and are making the tough decisions to get our economy and fiscal house back in shape. The Federal Government must learn to live within its means and be accountable for how it spends taxpayer money.

House Republicans are continuing to fulfill our pledge to America and keep the promises we made to the American people before the election last November. I urge my colleagues to vote in favor of congressional oversight and against special interests by voting in favor of this rule and the underlying bills.

The material referred to previously by Mr. MCGOVERN is as follows:

AN AMENDMENT TO H. RES. 269 OFFERED BY MR. MCGOVERN

At the end of the resolution, add the following new sections:

SEC. 4. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 964) to protect consumers from price-gouging of gasoline and other fuels, and for other purposes. The first

reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 5. Clause 1(c) of rule XIX shall not apply to the consideration of the bill specified in section 4 of this resolution.

(The information contained herein was provided by the Republican Minority on multiple occasions throughout the 110th and 111th Congresses.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

Because the vote today may look bad for the Republican majority they will say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: ''Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.''

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: ''Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

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

The SPEAKER pro tempore. The question is on ordering the previous question.

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

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

The yeas and nays were ordered.

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

The vote was taken by electronic device, and there were—yeas 233, nays 179, not voting 19, as follows:

[Roll No. 333]

YEAS—233

Adams
Aderholt
Akin
Alexander
Altmire
Amash
Austria
Bachmann
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Bishop (UT)
Black
Blackburn
Bonner
Bono Mack
Boren
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Cravaack
Crawford
Crenshaw
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marino
McCarthy (CA)
McCaul
McClintock
McCotter
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paul
Paulsen
Pearce
Pence
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NAYS—179

Ackerman
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Brady (PA)
Brown (FL)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Frank (MA)
Fudge
Garamendi
Gonzalez
Green, Al
Green, Gene
Grijalva
Gutierrez
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kissell
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maloney
Markey
Matheson
Matsui
McCollum
McDermott
McGovern
McIntyre
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Payne
Pelosi
Peters
Peterson
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Sires
Slaughter
Smith (WA)

Speier
Stark
Sutton
Thompson (CA)
Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Weiner
Welch
Wilson (FL)
Woolsey
Yarmuth

NOT VOTING—19

Braley (IA)
Cantor
Clarke (NY)
Cummings
Filner
Frelinghuysen
Giffords
Guinta
Hanabusa
Hastings (WA)
King (IA)
Long
Marchant
McCarthy (NY)
McHenry
Pastor (AZ)
Perlmutter
Sullivan
Wu

□ 1432

Messrs. KEATING, TONKO, RUSH, SIRES, Ms. SEWELL, and Ms. MOORE changed their vote from ''yea'' to ''nay.''

Mr. ADERHOLT changed his vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated against:

Mr. FILNER. Mr. Speaker, on rollcall 333, I was away from the Capitol region attending the Civil Rights Freedom Riders' 50th Anniversary Celebration. Had I been present, I would have voted "nay."

The SPEAKER pro tempore. The question is on the resolution.

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

RECORDED VOTE

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

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 238, noes 181, not voting 12, as follows:

[Roll No. 334]

AYES—238

Adams
Aderholt
Akin
Alexander
Altmire
Amash
Austria
Bachmann
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Bishop (UT)
Black
Blackburn
Bonner
Bono Mack
Boren
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Cravaack
Crawford
Crenshaw
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hayworth
Heck
Herger
Herrera Beutler
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kissell
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marino
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Pence
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOES—181

Ackerman
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Brady (PA)
Brown (FL)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Frank (MA)
Fudge
Garamendi
Gonzalez
Green, Al
Green, Gene
Grijalva
Gutierrez
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maloney
Markey
Matsui
McCollum
McDermott
McGovern
McIntyre
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Paul
Payne
Pelosi
Perlmutter
Peters
Peterson
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Richmond
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Weiner
Welch
Wilson (FL)
Woolsey
Wu
Yarmuth

NOT VOTING—12

Braley (IA)
Cantor
Filner
Frelinghuysen
Giffords
Hanabusa
Hastings (WA)
Hensarling
Long
Marchant
McCarthy (NY)
Pastor (AZ)

□ 1440

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. FILNER. Mr. Speaker, on rollcall 334, I was away from the Capitol region attending the Civil Rights Freedom Riders' 50th Anniversary Celebration. Had I been present, I would have voted "no."

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the legislation and to insert extraneous material on H.R. 1216.

The SPEAKER pro tempore (Mr. BROUN of Georgia). Is there objection to the request of the gentleman from Kentucky?

There was no objection.

REPEALING MANDATORY FUNDING FOR GRADUATE MEDICAL EDUCATION

The SPEAKER pro tempore. Pursuant to House Resolution 269 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 1216.

□ 1442

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 1216) to amend the Public Health Service Act to convert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations, with Mr. POE of Texas in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Texas (Mr. GENE GREEN) each will control 30 minutes.

The Chair recognizes the gentleman from Kentucky.

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

Mr. Chairman, I rise today in support of H.R. 1216.

The health care bill that was signed into law last year spent over a trillion dollars and empowered Federal bureaucrats more than it did the American

people. As a member of the Energy and Commerce Committee, I have been working on legislation that takes steps to peel back a few of the many mandatory programs that were instituted in the health care law and limit the Federal Government's unprecedented power.

Section 5508 of the health care law authorizes the Health and Human Services Secretary to award teaching health centers development grants and appropriates $230 million from 2011 through 2015. H.R. 1216 amends the Public Health Service Act to convert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations.

This bill is not about the merits of graduate medical education or teaching health centers.

Everyone agrees that there is a strong need for more primary care physicians in our health care system, but picking and choosing one program over another to receive automatic funding is irresponsible. Making these programs mandatory spending is unfair to all of the other health care programs that have to compete every year to continue to receive funds.

For example, as HHS Secretary Kathleen Sebelius said during her testimony before the House Energy and Commerce Committee earlier this year, the President's fiscal year 2012 budget eliminates Graduate Medical Education for Children's Hospitals. While children's hospitals must go through the regular appropriations process to fight for funding, teaching health centers will receive automatic appropriations.

We are $14.3 trillion in debt, and our deficit for this year will approach $1.5 trillion. Congress is making difficult decisions about which programs to fund and which to reduce. We must prioritize, and I find it unfair that some programs are completely shielded and do not have to prove their merit to earn continued funding.

I urge my colleagues to vote ''yes.''

I reserve the balance of my time.

Mr. GENE GREEN of Texas. I yield myself such time as I may consume.

Mr. Chairman, I rise today in strong opposition to H.R. 1216, legislation to convert mandatory funding authorized under the Affordable Care Act for Teaching Health Centers to authorized funding.

The Affordable Care Act authorized and appropriated $230 million for a 5-year payment program to support accredited primary care residency training operated by community-based entities, including community-based health centers. This training takes place in community-based settings such as community health centers.

Research shows that CHC-trained physicians, for example, are more than twice as likely as their non-CHC-trained counterparts to work in underserved areas, ensuring that that kind of training takes place, which is what mandatory spending support for programs does. It will help strengthen the primary care workforce in underserved areas, particularly in areas that struggle to recruit and retain a sufficient workforce.

The Teaching Health Center program supports the training of individuals who will practice family medicine, internal medicine, pediatrics, internal medicine pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics—those disciplines where we're experiencing significant physician shortages.

It's hypocritical for my Republican colleagues to take away this funding. They continue to argue that there are not enough physicians to provide care to people who need them in primary care services. This program is designed to help address this very problem. But they keep trying to have it both ways in health reform debate, and this is just another example.

Today, the majority is going to say they have an obligation to ensure this program is subject to the appropriations process due to the need for transparency in our spending process and current budget process. Let me remind the majority that we're not the only party who's directed mandatory funding for programs. The majority must have certainly supported autopilot spending, as Representative FOXX described the Teaching Health Center program earlier this afternoon, when they passed the Medicare Modernization Act of 2003, which required mandatory funding for transitional programs. I suppose at that time, the majority certainly felt they knew better than the appropriators that the MMA was a worthy program and deserved mandatory funding, even though they passed it under the cover of night with a lot of arm-twisting.

I can't understand the opposition, particularly from my Republican colleagues. They repeatedly and inaccurately complain that we don't do enough to promote health workforce expansions, and now they're going to cut funding for the health workforce expansion.

Turning the Health Center program into a discretionary one will make it challenging for these 11 programs that have already made the decision to participate in consultation with key stakeholders, like teaching hospitals and their boards, and based on the expectation that continued funding will be available. Converting this program to discretionary funding will also deter other entities from making the business decision necessary to expand residency training, since funding over the next few years could be subject to the annual appropriations fight.

This is yet another political stunt by the majority to attempt to defund health reform—this, through their playing games with funds dedicated to ensure that we have physicians in our country.

Several weeks ago, they couldn't stop talking about how Medicaid will be greatly improved with the Ryan budget because it provides States with block grants to run their Medicaid programs. How great would it be to eliminate Medicare by giving seniors vouchers to purchase health insurance? And this week, we're busy taking away funds to ensure that we train enough physicians to ensure all Americans have access to affordable care. Once again, the majority has their own priorities.

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

Mr. GUTHRIE. Mr. Chairman, I yield 2 minutes to the gentleman from Pennsylvania (Mr. PITTS), the chairman of the subcommittee.

□ 1450

Mr. PITTS. I would like to thank the gentleman from Kentucky for his leadership on this issue.

Section 5508 of PPACA authorizes the Secretary to award grants to teaching health centers to establish newly accredited or expanded primary care residency training programs. The new health care law, PPACA, provides a mandatory appropriation of $230 million for this purpose for the period from FY 2011 through FY 2015.

You may recall that in the President's fiscal year 2012 budget, he eliminated funding for training at children's hospitals. Because of this, I and the ranking member of the Health Subcommittee, the gentleman from New Jersey (Mr. PALLONE) have introduced H.R. 1852, a bill to reauthorize the Children's Hospitals Graduate Medical Education program for an additional 5 years at the current funding levels.

While the administration couldn't find money in its budget for training at children's hospitals, PPACA somehow was able to provide a direct mandatory appropriation of $230 million for other teaching health centers, with no further action, input, or approval required by Congress. And PPACA did this with a number of funds, mandatory appropriations.

The bill before us today, H.R. 1216, simply converts PPACA's mandatory appropriations to an authorization, subject to the annual appropriations process, just like the Children's Hospital GME program, making it discretionary. Passage of the bill will also save $215 million over 5 years.

I urge support of the bill.

Mr. GENE GREEN of Texas. Mr. Chairman, I yield 2 minutes to my colleague from the Energy and Commerce Committee, the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Chairman, I rise in strong opposition to this reckless bill. I cannot count the number of times Members on both sides of this aisle have decried shortages in the primary care workforce of our communities, and working, often in a bipartisan manner, to develop ways to increase the primary

care ranks. Yet today, the next victim in the Republican obsession with repealing the Affordable Care Act is a program that does deal with these shortages. It increases our primary care physician ranks, and trains them with special expertise in serving the community.

The bill before us would defund this program, taking many qualified Americans out of the primary care workforce before they even have an opportunity to join it. Moreover, cutting these training programs would also affect already existing jobs at the 11 community-based entities that have already expanded their programs to train these new doctors. Taking away this funding will force possible layoffs and have a chilling effect on other sites developing this type of program.

Yes, it is paid for through mandatory funding. But that is not unheard of or even unusual. In fact, the federally funded Graduate Medical Education program, which has had measured success in strengthening our health care workforce, is a mandatory spending program. The program the Republicans are trying to cut today is simply a complement to this GME program, focused on community-based care and prevention.

The choice on H.R. 1216 is clear: if you believe that we do not have a jobs problem and that we have all the doctors we will ever need, then go ahead and vote for this bill. But if you believe that we need to create good jobs and the professionals to fill them, that we need more primary care providers, you must vote against H.R. 1216 and protect this very important program. We can't have it both ways.

I urge a ''no'' vote.

Mr. GUTHRIE. Mr. Chairman, I yield 4 minutes to my friend from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. I thank the gentleman from Kentucky for his leadership on this bill.

Mr. Chairman, it is so interesting to me. We had a 2,700-page health care bill that basically was a government takeover of health care. What we have heard from so many people in this country is gosh, you know, I wish somebody would have read that bill before they passed it. And the former Speaker said we need to pass the bill, and then we can read it and find out what is in it.

One of the things that many of the people did not like that was in that bill was many of these mandatory provisions that were put in place, programs that had been on the books for years that were discretionary programs that all of a sudden became mandatory. And the confusing thing, Mr. Chairman, is there didn't seem to be any consistency. As the subcommittee chairman who spoke before me had said, Mr. PITTS had said, you know, you don't tend to children's hospitals in the same way, you don't tend to nurses and technicians in the same way. But here was this conversion from discretionary to mandatory for teaching hospitals, a total of $230 million, over $40 million a year.

Now, it doesn't matter if you need the money or not. It doesn't matter if you know exactly where you are going to use it or not. The money is going to be appropriated. It's put on autopilot. Doesn't matter what we say is going to happen with the government, if we need to reduce it. They're going to get that money. That is why this bill is so important.

You will notice, Mr. Chairman, that 2,700-page bill, we are able to delete $230 million of that appropriation, mandatory appropriation with a bill that basically is about 2 pages long. What we do in this 2 pages is responsibly address what the American people want to see us address. They know that the Federal mandates are costing private sector jobs. They know that the Federal Government coming in and taking over health care is costing private sector health care jobs. Indeed, we have study after study that is saying we have already lost over a million jobs.

It seems like every time we turn around, whether it is our health care delivery systems, whether it is our hospitals, whether it is our physicians' offices, we are hearing about the loss of jobs to health care providers and in the health care sector because of the passage of PPACA, or ObamaCare, as many people in our country refer to the bill.

One of the reasons we have to go about repealing these slush funds, Mr. Chairman, is because we simply can't afford this. Every second of every day, every single second of every single day we are borrowing $40,000. We are borrowing 41 cents of every single dollar that we spend. This government is so overspent, we are spending money we don't have for programs that our constituents don't want. And instead of eliminating, what we are saying is, look, let's eliminate a mandatory program and turn it back to what it was for years, discretionary, so that Members of this body bring their discretion to bear on the issues of the day and bring the opinions of their constituents to bear on how this Chamber spends the taxpayers' money.

Mr. Chairman, it is not Federal money; it is the taxpayers' money. This government is overspent. We cannot afford all these Federal mandates. It is time to move these programs back to the discretion of this Chamber.

Mr. GENE GREEN of Texas. Mr. Chairman, I gladly yield 3 minutes to our ranking member of the full Energy and Commerce Committee, the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Chairman, there was so much misinformation just given out by the previous speaker that it's hard to know where to start. The Republicans have said they don't like the Affordable Care Act. But what do they have to replace it with? They said they're going to repeal it and replace it. What are they going to do about the uninsured in this country, about the high cost of health care, about the people who can't even buy insurance even if they have the money because they have preexisting medical conditions?

We have had no proposal from the Republicans, except in their budget they want to take Medicare away from future seniors by making it a block grant. And they want to cut the Medicaid program, which cuts a big hole in the safety net for the poor to get their health care needs, which means people in nursing homes would be dumped out of those nursing homes.

□ 1500

But the bill before us now is to stop the program that would train primary care physicians. Does anybody disagree with the notion that we need more primary care physicians? Evidently, the Republicans do because as we heard from the last speaker, she wants to make it an appropriated program, not a mandatory spending program.

Well, it's been in the mandatory program in spending in Medicare and Medicaid since 1965. Training physicians should be supported with assured funding that we could rely on. We can't train a doctor in just 1 year. Doctors need a number of years where they are going to be assured of their continuation in medical schools, and that's why we have had a short funding through Medicare and Medicaid. And in the The Affordable Care Act, the purpose was to train physicians for primary care in community settings.

That's what the Republicans want to repeal. And if they can afford it from one year to the next, they will put in funds; but if they can't and their mood is to give another tax break to the wealthy, we won't be able to afford it. With all the costs to go to medical school and all the loans that are required, we ought to ensure spending for primary care doctors.

I urge my colleagues to oppose this bill. It's incomprehensible to me why we even have it on the House floor. It's another one of those efforts that Republicans have been putting up to chip away at health care reform. They want to repeal it, they want to chip away at it, but we don't even know what they want to replace it with.

And the American people and our constituents are entitled to know, are they just going to leave people on their own without the ability to buy health insurance because of preexisting conditions? Are they going to tell the elderly they are on their own and see who they want to insure them?

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

Mr. GUTHRIE. Mr. Chairman, I yield myself such time as I may consume.

First there were a number of amendments, I think over 100 amendments, to the health care bill that were offered by the Republicans. An alternative was offered by the Republicans as voted on as we went forward.

Block grants, several Governors have come to Washington and talked about

block granting Medicaid to give them the opportunity to not just deal with Medicaid in their States but there was the other part of their budget.

But I can tell in Kentucky, because I used to be a member of the State legislature, as Medicaid has continued to consume more of the State budget, it becomes more difficult to adequately fund. Higher education tuition rates are going up directly because of the pie of Medicaid that's moving forward.

We passed medical liability reform, which saves the Federal Government $54 billion, as estimated by the Congressional Budget Office. We are going to have the bill tomorrow to purchase health insurance across State lines to make health insurance more affordable instead of more expensive on those who spend money out of their own pocket, as we have seen the estimates for the health care bill.

Now, the one thing about relying on funding for 1 year, we do appropriations for everything from defense to other things on an annual basis. And I will tell you there are not people turning down Federal money because you are only appropriating it for 1 year, we don't want to commit to a long-term program.

But if you buy that argument, you look at what's in the bill. All we are saying is we want the teaching health centers to be treated equally to other parts of the bill. So if the argument is if you don't do it automatically, you are not going to have anybody participating in the program, which I think is what I just heard, then it means training in general in pediatric and public health dentistry, section 5303, is an annual appropriation; geriatric education and training, mental and behavioral health education training; nurse retention, section 5309; section 5316, family nurse practitioner training; section 2821, epidemiology laboratory capacity grants; research and treatment for pain care management, 4305; section 775 investment in tomorrow's pediatric health care workforce.

I mean, obviously, the argument that was made was if we don't have the teaching health centers on a 5-year automatic appropriation, then people aren't going to participate in the program. That argument would have to apply to these directly. And I guarantee you, I would be willing to say, without fear of contradiction, that people will be applying for these programs as this moves forward.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Chairman, I yield 2 minutes to a classmate and also the vice chair of our Democratic Caucus, the gentleman from California (Mr. BECERRA).

Mr. BECERRA. I thank the gentleman from Texas for yielding me the time.

Mr. Chairman, to put everything in perspective, we are told by the American Academy of Family Physicians that today, today we can foresee a shortage of some 40,000 primary care physicians in this country in less than 10 years. Within another 5 years, that shortage will grow to about 42,000 to 46,000 primary care physicians.

Graduate medical education funds does something very simple. It says to some of these clinics, some of these health care providers, that if you guarantee that you will make graduate medical training available to our future doctors, then we will guarantee that there will be money behind that training so that there will be a consistency so that medical students can finish training.

Well, we just heard that this money that's available to these health care providers, these clinics, should no longer be guaranteed. And so the question you have to ask, if you want to become a physician and you are going to medical training, and certainly the question you have to ask if you are one of these clinics throughout the entire country where you want to train someone to be a family medical doctor, an internist, a pediatrician, an obstetrician/gynecologist, a psychiatrist, a dentist, a pediatric dentist, someone who specializes in gerontology, you have to ask yourself, if I am going to try to train someone, but I don't have the resources to fully provide the education, how do I guarantee that medical student that I could be there with the funds to pay them for education, to pay them for the work they are going to be doing? You can't. And that's why GME is so important.

But we were just told a second ago that this is a slush fund pot of money. Furthest thing from the truth. We are told the real truth, when we heard one of the speakers on the Republican side say we are going to delete this money—that's exactly what's going to happen, because if you don't guarantee it, it's gone.

So, Mr. Chairman, the truth is we have to make sure we can train the next generation of medical leaders; and, therefore, I urge my colleagues to vote against this legislation.

Mr. GUTHRIE. Mr. Chairman, I yield myself 1 minute.

The merits of having training in general in pediatric and public health dentistry, I agree that we have to have that training. The issue here is if you do it in a teaching health center, then you guarantee funding for 5 years. If you do it in a children's hospital, if you do it in a regular hospital, profit or nonprofit, then you are subject to the annual appropriations.

Someone came before our committee to testify, a State Senator from New Jersey, said we need this provision because we need more nurses.

I will agree with that. However, this provision doesn't cover nurses. If you are going through a nurse training program, it's authorized in the bill, and you go through an annual appropriations process.

All we are saying here is that we should treat graduate medical education at children's hospitals, hospitals and teaching health centers exactly the same and not give one an advantage over the other two.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Chairman, I yield myself 15 seconds.

I will be glad to cosponsor the bill to make it mandatory funding for children's hospitals. I think if health care is a priority, we ought to do that.

I reserve the balance of my time.

Mr. GUTHRIE. Mr. Chairman, I have no further requests for time, and I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Chairman, how much time remains on each side?

The CHAIR. The gentleman from Texas has 19¼ minutes remaining, and the gentleman from Kentucky has 18½ minutes remaining.

Mr. GENE GREEN of Texas. I yield myself such time as I may consume.

When Congress dealt with The Affordable Care Act last year and the year before, our subcommittee on Energy and Commerce spent exhaustive hearings, late-night hearings, we had markups overnight, and so we knew what we were doing. We knew we were going to make a priority in providing primary care for our country.

That's why it's mandatory spending. I would assume in 2003, when we passed the provision for the prescription drug act for Medicare, my Republican colleagues did the same thing at the time in the majority: they wanted to make sure that that was mandatory spending.

□ 1510

And here we are today trying to take away mandatory spending from primary care physicians in community-based settings. I have a great example of this in our own district, and I know the chairman knows this.

We have a community-based health center in Denver Harbor in east Harris County. They have had a partnership with the Baylor College of Medicine for a number of years, and what they have been able to do is provide those residencies to come out to a nonwealthy area of town so those doctors can learn that they can make a living serving folks that are not wealthy. That's what this is all about. We found out that the statistics showed that if they do their residency through a community-based health center, they will actually be more likely to come back and serve those communities. And that's why there needs to be mandatory spending, Mr. Chairman.

I reserve the balance of my time.

Mr. GUTHRIE. Mr. Chairman, I yield 2 minutes to the gentleman from California (Mr. BILBRAY).

Mr. BILBRAY. Mr. Chairman, I wasn't planning on addressing this item, but I heard so many of my colleagues, especially those on the other side, talk about the crisis of providing the doctors that are going to be essential for health care, and finally we are talking about health care, not health care insurance.

As somebody who spent 10 years supervising the safety net for a community of 3 million in San Diego County, I just wish my colleagues on the other side, when they're worried about pediatricians and primary health care people, would understand that if you really want to protect those providers, why don't we sit down and talk about true tort reform, especially for the pediatricians. This is a cost that is bearing down. And when you're asking young people to get an education to be a primary health care provider, especially a pediatrician, explain to them why somebody on public assistance, on welfare, has more right to sue their physician than those men and women who are serving in uniform.

The fact is there is no way that we should be sitting up here saying that we really want the next generation to get into health care unless we're willing to tell our friends who are the trial lawyers that we're going to take the physicians off the counter; we're not going to allow lawsuits to be part of the overhead that is driving people out of the health care business.

And I hope to say to both sides, if you really want to make sure there are future doctors, then let's have the bravery to stand up today and do something about the tort that those future doctors are looking at before they go into school.

Mr. GENE GREEN of Texas. Mr. Chairman, I yield myself as much time as I may consume.

My colleague from California must have this bill confused with medical malpractice. In fact, the State of California and the State of Texas already have medical malpractice reform. That's not what this bill is about. This bill is about training primary care physicians to be able to serve everyone. I want them to serve the military. I want them to serve our veterans.

In fact, again, I have a VA hospital in Houston that has a cooperative arrangement with the Baylor College of Medicine for a residency program. That's great. I want them also to be able to do that in their clinics. But I also want it for community-based health centers. And our statistics show us that if we have that example and it's mandatory spending that they make these agreements, that those folks will come back. They may go back to a military clinic, they may come back to a community-based health center, or they may come back and open up their practice in an area that's not the wealthiest part of town. That's why this mandatory legislation is so important.

If you put a priority on making sure our constituents can go see a doctor, I can't imagine repealing this—voting for this bill.

I reserve the balance of my time.

Mr. GUTHRIE. Mr. Chairman, I yield an additional 2 minutes to the gentleman from California (Mr. BILBRAY).

Mr. BILBRAY. Mr. Chairman, I want the gentleman from Texas to understand that when a physician or a student is planning on getting into a field, they not only look at will the government guarantee that I'll be able to get the tuition, but they're looking at what field am I moving into. And let me just tell you, as a fact, in California, even with our tort reform, somebody who wants to volunteer as a Medicaid volunteer has to file an $80,000 or $90,000 insurance policy just for volunteering.

So when the gentleman talks about the educational side, that it's essential that we encourage people to get into the field, my point for being here is you cannot talk about the educational when you ignore the environment that you're asking them to go into. And the fact is: What parent would ask somebody to go into this field and be a physician with all the education and all the expenses when they can tell their kids to be a lawyer and sue those physicians for every cent they have ever been able to earn?

That's why we've got to talk about both of these together. But you can't stand up and say we want these essential services but not be willing to get the trial lawyers off the backs of these physicians so they can provide those essential services.

Mr. GENE GREEN of Texas. Will the gentleman yield?

Mr. BILBRAY. I will yield to the gentleman.

Mr. GENE GREEN of Texas. I thank the gentleman for yielding.

Again, this is not a medical malpractice bill, but I would be glad to offer you to be a cosponsor. We passed the bill out of this House twice and sent it to the Senate which would allow volunteers to go into community-based health centers and be covered under the Federal Tort Claims Act. Congressman MURPHY from Pennsylvania is a lead sponsor of this Congress. I've been the lead sponsor when Democrats have been in control because we need to do that. If I could do it under this bill, I would do it. But this came out of your conference that you want to repeal mandatory spending to try and train primary care doctors to serve in primary care clinics or whatever.

Mr. BILBRAY. Reclaiming my time, look, the fact is these physicians are being held with a liability that is inappropriate, way over the head, and it is not justifiable——

The Acting CHAIR (Mr. FORTENBERRY). The time of the gentleman has expired.

Mr. GUTHRIE. I yield the gentleman 1 additional minute.

Mr. BILBRAY. We're talking about the fact that those who want to stand up and say we'll spend Federal funds to create an environment to provide health care but then are not willing to say, not just the fact that we find special tort coverage—and I know that the gentleman from Texas knows because I was at a county level providing those services. We have Federal programs that protect those in the community clinic. But we're not just talking about the little bit of protection we get with our Federal protection. We're talking about the whole tort exposure needs to be considered.

And if you want to talk about access and stand up here and have the moral high ground on access, you've got to be willing to take on the big guy, the powerful trial lawyers, and say, look, physicians are going to be held harmless from your lawsuits. We're going to find a reason to encourage young people to go to school not just by providing Federal subsidies to their tuition, but also telling them, once you get your degree, you'll be able to go into a field where you'll be able to practice your art of medicine without having somebody who has never had to make a life-and-death decision drag you before a judge and a jury and attack you for your decisions.

Mr. GENE GREEN of Texas. Mr. Chairman, my colleague from California again is confused. We have H.R. 5 that the majority has to federalize medical malpractice insurance in our country. Some States have taken care of it. The State of Texas has done it by constitutional amendment. And that debate may come up if the majority brings up their H.R. 5.

With that, Mr. Chairman, I yield 2 minutes to my colleague from New York, Congressman TONKO.

Mr. TONKO. Mr. Chair, the underlying legislation guts funding for vital teaching health centers across the country. Teaching health centers are residency programs for primary care physicians. They provide community-based training for doctors who will go on to work in rural and our underserved areas.

Mr. Chair, my amendment is very simple. It requires that we find out exactly how many primary care physicians we will lose if Republicans succeed in cutting teaching health centers across the country. My amendment commissions the Government Accountability Office to report on these findings so that the American people can see how drastically these cuts will eliminate jobs and hurt the quality, access, and affordability of primary care health options.

I'm interested to know, Mr. Chair, if some of my Republican colleagues are aware that if H.R. 1216 is adopted, there will be fewer primary care doctors working in their communities. For example, this bill guts funding for 23 physicians at the teaching health center in the heart of Scranton, Pennsylvania. These 23 individuals are being trained to provide basic health care for constituents in the greater Scranton area. If my Republican colleague from the Scranton area joins the Republican leadership in eliminating this program, his community will lose training for 23 new primary care physicians. That's 23 jobs, jobs that they support, and 23 individuals who help serve constituents with their health care needs.

Again, Mr. Chair, my amendment is a matter of effective oversight. It asks that we find out from a nonpartisan source exactly how many primary care physicians we will lose if the Republican leadership moves forward to cut teaching health centers across the country.

Mr. GUTHRIE. Mr. Chair, I yield myself as much time as I may consume.

I want to point out, as we went through, what we're talking about doing is graduate medical education in teaching health centers will be identical to the graduate medical education in hospitals and children's hospitals.

And I remember, I was not on the Energy and Commerce Committee but in Education and Labor. We worked on the health care bill. And the description that we went in through the night and went through the bill line by line is absolutely true. I think we were 24 or 25 hours direct on that. And I wasn't on Energy and Commerce when you went, but they went through the night, as well, Mr. Chairman. And when this bill passed out of the House of Representatives, the teaching health centers were authorized subject to appropriation.

□ 1520

The change was made in the Senate. So working late into the night and going through the bill, we are just asking and what we are proposing is to treat teaching health centers as the House-passed version of the health care bill did, which is exactly the same as hospitals and children's hospitals and many of the other programs, nurse training and other things as well.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Chairman, I yield myself such time as I may consume.

I have no problem with including children's hospitals , and I think we could probably pass it on the suspension calendar if we had legislation that would expand that mandatory funding for teaching hospitals, and particularly children's hospitals, but that is not what this legislation does today. It takes away that help we are providing to train more primary care physicians in our country. That is what this bill does: It takes away the mandatory funding.

Now there have been examples all through history of mandatory funding. We realized during the Affordable Care Act that we need more primary care physicians. We need a lot more health care providers. We need more nurses. We need everything. In fact, it is a great job growth area. But we know we need primary health care providers because we know when somebody needs a doctor, they will see that primary care doctor. They may need a specialist, but they still need to go to that primary care doctor. That is why this mandatory funding is so important, and that is why this bill is the wrong way to deal with it. That is why it shouldn't be considered today. I would hope everybody would realize that if you support health care and primary care physicians, you would want that mandatory training so we can get those physicians out in the community where they are really needed.

Numbers show that if we have a program like this where primary care physicians will go into a community based health care center, they will go into that area as part of their residency program, they are more likely to come back to that community. That is why that was part of the Health Care Act. We have people who their primary care physicians now are the emergency rooms in hospitals in my district. I would much rather they be able to go see a doctor down the street for their sinus infection than showing up at midnight in an emergency room where we are going to end up having to pay for it, even at a public hospital, where the local taxpayers are paying for it. That is why this mandatory spending is so important. And that is why I think it is so the wrong way to go in health care, to take away mandatory spending for primary care physicians. That is something that is so important in our country, it should be mandatory.

I reserve the balance of my time.

Mr. GUTHRIE. Mr. Chairman, I want to point out again, the mandatory spending was not in the House version of the health care bill that was passed. Teaching health centers were treated exactly like general pediatric and primary care physicians are in hospital settings and in children's hospital settings—general hospitals and children's hospitals. We are saying we are going back to the way it was established in the Affordable Care Act as it was passed out of the House of Representatives.

We are talking about primary care physicians as well. I agree we need more primary care physicians. Their training at children's hospitals and hospitals is in geriatric, pediatric, internal medicine, all the primary care physician specialties that we know. We are just saying one shouldn't be treated differently than the other. They are important, and we should go through the annual appropriations process and present the validity of programs and let the appropriations process determine the level of funding.

Mr. Chairman, I yield 4 minutes to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY of Georgia. I thank the gentleman from Kentucky for yielding me this time.

As everyone knows, the financial health of this Nation is in a very precarious State. Unfortunately, it was made worse by the spending decisions and actions of this last Congress. Today, the Federal Government borrows 41 cents of every dollar it spends. We are facing a $1.6 trillion deficit for this fiscal year, the third straight year of trillion-dollar deficits, an all-time record in nominal terms and a new post-World War II record as a share of the economy.

The reckless spending of the last Congress has only exacerbated this problem. The so-called stimulus bill—that didn't stimulate much besides a lot of wasteful spending—and ObamaCare, the Patient Protection and I think un-Affordable Care Act, are two such examples of legislation that spent recklessly.

Mr. Chairman, among the 2,400 pages of ObamaCare, the last Congress created $105 billion in secret slush funds that can be used to advance the political goals of President Obama and his administration without our oversight, congressional oversight.

At a time when our country is facing financial ruin, my concern is how much damage to our national budget the White House can do with these funding streams. The time for blank checks is over. The time for leadership is now.

Section 5508 of ObamaCare provides a $230 million direct appropriation for teaching health centers residency programs. H.R. 1216 would simply convert the direct appropriations into an authorization of appropriations. The legislation allows for teaching health centers to receive funding through the normal appropriations process with proper Congressional oversight.

Mr. Chairman, many Members of this Congress have supported medical education—I certainly count myself among them—including graduate medical education for children's hospital programs. However, in her testimony before the House Energy and Commerce Health Subcommittee earlier this year, HHS Secretary Sebelius stated that the President's fiscal year 2012 budget eliminates children's hospital graduate medical education programs because they duplicate the teaching center funds in ObamaCare.

Mr. Chairman, is this the future of medical education that we want for our children? Teaching our medical professionals in clinics that might not be equipped to properly train them to handle emergency situations versus in hospitals regarded as centers of excellence like Children's Healthcare of Atlanta in my own home State of Georgia. This is why the appropriations process is so important—we need congressional oversight to help decide what the priorities of tomorrow should be.

This Congress, the 112th Congress—is focused on reining in spending and reducing our deficit. We cannot do the job of the American people and make the spending cuts necessary unless the legislative branch has oversight over Federal spending. If this is truly the people's House, give back what the last Congress gave away—control over the budget. If this body is sincere in its wishes to restore fiscal sanity in this country, I see no reason why this body should not be voting in a bipartisan manner to prevent this President—or any President, for that matter—from spending our Nation into insolvency.

So I urge all of my colleagues to support H.R. 1216. I thank the gentleman from Kentucky for his bill and for yielding me this time.

Mr. GENE GREEN of Texas. Mr. Chairman, I yield myself such time as I may consume.

Let me correct some of the statements that have been made. We have had mandatory hospital training residency programs since 1965. By taking away direct or mandatory spending for community-based residency programs, it is a direct attack on community-based programs. Let me list for you the teaching hospital programs that are under mandatory that was part of the Affordable Care Act. I joked on the floor one night to my colleague from Georgia, I wish they would name it the Green Act, GreenCare instead of ObamaCare, because I am so proud of that law.

The teaching hospital program supports the training of individuals who practice in family medicine, internal medicine, pediatrics, internal medicine pediatrics, obstetrics, gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics. These are disciplines where we are experiencing significant physician shortages. That is why we need the mandatory spending. It does cover children.

□ 1530

Now, we have had mandatory spending for hospital training, again, since 1965. All this bill would do would be to take it away from community-based health centers where we know there is a shortage. The statistics show, if you have doctors who do their residencies or residency programs through community-based centers, they are more likely to go back there and practice, whether they be pediatricians, whether they be in family practice, whether they be in internal medicine. That's where we need the growth and to have primary care physicians. This is a direct attack on health care in our own country.

Why wouldn't we want it mandatory for community-based facilities if it's already mandatory for hospital-trained physicians? We need physicians in the community, not just in the hospitals.

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

Mr. GUTHRIE. Again, Mr. Chairman, it is important that we have an adequate supply of primary care physicians, and it is important public policy for this country. It is important that we also have oversight and control over the budget in the way the money is spent, and we do that through the appropriations process.

I just want to point out, in the last Congress, there was great effort in putting together the health care bill. When we passed out of this Congress the House-passed version, this was an authorized ''subject to appropriations'' section of the bill. I know it has been described as being against health care throughout the country, but that was the way, through much debate, it passed out of this House of Representatives. It treats it similarly to hospital-based education in primary care and to children's hospital-based. It puts it on an equal footing with nurses' programs, nurse practitioner programs and other programs, which we all agree have shortages. We need more people in those fields.

I just want to reiterate that this does not eliminate the program. It authorizes it. It changes it from a direct appropriation to an authorized appropriation through the regular appropriations process.

Mr. DINGELL. Mr. Chair, I rise today in strong opposition to H.R. 1216. As a declining number of physicians in our Nation are entering into primary care fields, my colleagues on the other side of the aisle are working to pass legislation that will irresponsibly impede critical training of the next generation of primary care physicians.

A primary care physician shortage is a very real and alarming problem looming before us. The Association of American Medical College's Center for Workforce Studies anticipates a shortage of 45,000 primary care physicians and a shortage of 46,000 surgeons and medical specialists in the next decade.

Since 1965, the Medicare Graduate Medical Education program, which has been supported by mandatory funding, has trained the majority of resident trainees across the country in a hospital-based setting. The Teaching Health Center program is the first medical graduate program of its kind to allow future physicians in primary care fields to train in the actual setting they will be practicing in—community-based health centers.

My colleagues claim that converting the Teaching Health Center program from a mandatory appropriation to an authorization—subject to the annual appropriations process—will not endanger the program. We saw during the debate on the fiscal year 2011 budget that could not be further from the truth.

During that dreadful debate it became painstakingly clear that my colleagues know the cost of everything, but the value of nothing.

Subjecting this program to the annual appropriations process will not allow for a predictable and stable funding stream needed to assist community-based health centers and resident trainees in planning and preparing for this training.

We all recognize and agree with the need to reduce federal government spending, but making the Teaching Health Center program a pawn in the appropriations game is foolish at best.

Further, I find it ironic that during debate in the Energy and Commerce Committee my colleagues expounded on their desires for more investment in our health workforce, yet at the first opportunity they are placing the Teaching Health Center program in the vulnerable position of future funding reductions.

Mr. Chair, H.R. 1216 is another plan in the Republicans' repeal health reform platform. Passing this legislation will jeopardize funding for the Teaching Health Center program, further delaying the fundamental training needed for our primary care physicians.

I urge my colleagues to stand up for the training of our primary care physicians and vote no against this reckless piece of legislation.

Mrs. CHRISTENSEN. Mr. Chair, I rise today, fully disappointed that my colleagues on the other side of the aisle are trying to move forward with this bill. This bill has no merit; in fact, it is little more than a part of a larger, ill-conceived strategy to undermine the progress we have made and will likely continue to make as a result of the historic health care reform bill that was enacted last year.

While on its face it seems harmless, we all know the reality of what this bill will do. And, it is crucial that the very individuals who elected us to represent them—the large majority of whom will be directly and indirectly affected by this and in a very negative way—also know that this bill does nothing to ensure fiscal responsibility or improve the medical education system in health centers, and does even less to ensure that there are trained and qualified health care providers in their communities to serve their communities.

In fact, it jeopardizes ongoing and forthcoming efforts to ensure that there are highly-trained and qualified health care providers practicing in every community—especially those that suffer due to a shortage of health care providers—across the country.

If this bill were to pass and become law, then the already-planned primary care training programs that will be operated by community-based entities, like community health centers, will not likely continue beyond their first planned year because turning this program into a discretionary one offers no guarantee of future funding. Further, making this program discretionary will serve as a disincentive to other community-based entities that are considering launching similar graduate medical education programs for the same reasons.

The unfortunate element in all of this is this: These programs train individuals who will practice in family medicine, internal medicine, pediatrics, obstetrics and gynecology, general dentistry and geriatrics—the very areas of medical care where the provider shortages are the greatest.

Further, the individuals trained by these programs are very likely to serve most underserved communities—a disproportionate number of which are rural, low-income and/or racial and ethnic minority—across the Nation.

Why, I must ask, would we want to end these programs, when provider shortages are not issues that affect only our side of the aisle; it is a public health crisis that touches every district across the Nation. In fact, during the health care reform debates, my friends on the other side of the aisle continually argued that there are not enough physicians in the country to meet our current primary health care needs and to address our current primary health care challenges. So, it seems counterintuitive to, then, seek to compromise and put an end to the very programs that were designed and funded to address this very problem.

We have had and continue to have very serious health care challenges in this country, and our primary care workforce shortages fall into that category. All of these serious health care challenges warrant even more serious solutions—many of which are being implemented thanks to the Patient Protection and Affordable Care Act.

However, this bill—H.R. 1216—is not a serious solution and, if passed, will only become a serious part of a serious problem.

I, therefore, urge my colleagues to vote, ''no'' on this bill. And, in doing so, you will be voting yes for the improved and strengthened primary health care workforce across the Nation.

Mr. BLUMENAUER. Mr. Chair, I rise in opposition to H.R. 1216, which rescinds funding for graduate medical education in qualified teaching health centers. The Affordable Care Act provides funding for the training of medical residents in qualifying health centers, which will strengthen the health care workforce and support an increased number of primary care medical residents trained in community-based settings across the country. This bill undermines that key objective and in so doing, undermines public health efforts, limits access to doctors in communities around the country, and weakens our medical workforce.

Teaching health centers are community-based patient care centers that operate primary care residency programs, such as family medicine, internal medicine, pediatrics, and general and pediatric dentistry. Physicians trained in health centers are more than three times as likely to work in a health center and more than twice as likely to work in an underserved area than are those not trained at health centers.

Oregon's community health centers—29 clinics offer care at more than 150 delivery sites—provide high-quality, comprehensive health care to more than a quarter-million people across my state. Services range from medical and dental care to prescription medications to behavioral health care. Many centers also provide such support services as transportation and translation to ensure that everyone who needs healthcare can access it. This legislation, however, would undermine the ability of these centers to attract doctors and other health professionals so vital to providing community-based care.

The Institute of Medicine reports that already there is a need for more than 16,000 new physicians in currently underserved areas. Unless we invest in medical education that closes this shortfall, it will worsen in future years. The Association of American Medical Colleges estimates that, by 2024, we will need 46,000 additional primary care physicians. This legislation makes it more difficult to close this gap.

A recent study by Dartmouth investigators published in the Journal of the American Medical Association found that beneficiaries living in areas with better access to primary care physicians had lower mortality and fewer hospitalizations. By eliminating funding to train doctors in community-based settings, this legislation makes it less likely that patients in underserved areas will be able to see a doctor or to get the care that they need. This legislation will worsen health outcomes in underserved areas.

Rather than making refinements to improve the Affordable Care Act, H.R. 1216 merely eliminates funding. It fails to advance the key objectives of the law to improve healthcare while lowering costs and it fails to offer alternative solutions to meet these important objectives. I oppose this legislation.

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

The Acting CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered read for amendment under the 5-minute rule.

The text of the bill is as follows:

H.R. 1216

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

SECTION 1. CONVERTING FUNDING FOR GRADUATE MEDICAL EDUCATION IN QUALIFIED TEACHING HEALTH CENTERS FROM DIRECT APPROPRIATIONS TO AN AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—Section 340H of the Public Health Service Act (42 U.S.C. 256h), as added by section 5508(c) of the Patient Protection and Affordable Care Act (Public Law 111–148), is amended—

(1) in subsection (b)(2)(A), by striking ''under subsection (g)'' each place it appears and inserting ''pursuant to subsection (g)'';

(2) in subsection (d)(2)(B), by striking ''in subsection (g)'' and inserting ''pursuant to subsection (g)''; and

(3) by amending subsection (g) to read as follows:

''(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $46,000,000 for each of fiscal years 2012 through 2015.''.

(b) RESCISSION OF UNOBLIGATED FUNDS.—Of the amounts made available by such section 340H (42 U.S.C. 256h), the unobligated balance is rescinded.

(c) TECHNICAL CORRECTION.—The second subpart XI of part D of title III of the Public Health Service Act (42 U.S.C. 256i), as added by section 10333 of the Patient Protection and Affordable Care Act (Public Law 111–148), is amended—

(1) by redesignating subpart XI as subpart XII; and

(2) by redesignating section 340H of the Public Health Service Act (42 U.S.C. 256i) as section 340I.

The Acting CHAIR. No amendment to the bill shall be in order except those received for printing in the portion of the CONGRESSIONAL RECORD designated for that purpose in a daily issue dated May 23, 2011, and except pro forma amendments for the purpose of debate. Each amendment so received may be offered only by the Member who caused it to be printed or a designee and shall be considered read.

AMENDMENT NO. 2 OFFERED BY MR. TONKO

Mr. TONKO. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 12, add the following:

(d) GAO STUDY ON IMPACT ON NUMBER OF PRIMARY CARE PHYSICIANS TO BE TRAINED.—The Comptroller General of the United States shall conduct a study to determine—

(1) the impacts that expanding existing and establishing new approved graduate medical residency training programs under section 340H of the Public Health Service Act (42 U.S.C. 256h), using the funding appropriated by subsection (g) of such section, as in effect on the day before the date of the enactment of this Act, would have on the number of primary care physicians that would be trained if such funding were not repealed, rescinded, and made subject to the availability of subsequent appropriations by subsections (a) and (b) of this section; and

(2) the amount by which such number of primary care physicians that would be trained will decrease as a result of the enactment of subsections (a) and (b).

The Acting CHAIR. The gentleman from New York is recognized for 5 minutes.

Mr. TONKO. Mr. Chair, my friends on the other side of the aisle seem steadfast and determined in their attack on access to affordable, quality health care. Couple that with their plan to end Medicare, and our Nation's seniors are put in quite a bind. Meanwhile, they want to place our health in the hands of Wall Street and Big Insurance, not between doctors and their patients. The seniors in my district and across the country know that vouchers will not cover their health care needs. They see the tax breaks for millionaires and billionaires and handouts for Big Oil, and are vehemently opposed to this plan.

Today, we have yet another assault on affordable access to health care. My Republican colleagues have found their next boogeyman: family practice physicians. This is surprising as we have a dire shortage of primary care physicians in our country.

The American Association of Medical Colleges has estimated that an additional 45,000 primary care physicians are required by 2020 just to meet America's health care needs. A few short months ago, both sides of the aisle agreed on the need to build our Nation's primary care workforce. This is a proven way to bend the health care cost curve by decreasing health spending through prevention and early, simple treatment.

Unfortunately, Republicans have since changed their tune. They have declared that the problem is not that we have a shortage of these crucial doctors. Instead, they must believe we have too many primary care physicians, and so we face this call to eliminate training for those on the front lines of the fight for quality care.

The underlying legislation guts funding for vital teaching health centers across our country. Teaching health centers are residency programs for primary care physicians, providing community-based training for doctors who will go on to work in rural and in our underserved areas. From Medicare to high gas prices to tax rates, my friends on the other side have proposed time and time again policies that put middle class Americans on the line and let Wall Street, Big Oil and Big Insurance take over and earn big. The constituents in my home district, in the Capital Region of New York State, need a break. They are looking at the price of gas, at the price of food and at the price of prescription drugs, and are just wondering how they will make it through the month.

Do we need to balance the budget? Yes. Do we need to balance the budget on the backs of hardworking Americans who play by the rules? Absolutely not.

Mr. Chair, my amendment is very simple. It requires that we find out exactly how many primary care physicians we will lose if Republicans succeed in cutting teaching health centers

across the country. My amendment commissions the Government Accountability Office to report on these findings so that the American people can see how drastically these cuts will eliminate jobs and will hurt the quality, access and affordability of primary care health options.

I am interested to know, Mr. Chair, if some of my Republican colleagues are aware that, if H.R. 1216 is adopted, there will be fewer primary care doctors working in their communities. For example, this bill cuts funding for 23 physicians at the teaching health center in the heart of Scranton, Pennsylvania. These 23 individuals are being trained to provide basic health care for constituents in the greater Scranton area.

If my Republican colleague from the Scranton area joins the Republican leadership in eliminating this program, his community will lose training for 23 new primary care physicians. That's 23 jobs, the many jobs they support and 23 individuals who will serve constituents in need.

Mr. Chair, if my colleague from Pennsylvania would like to come to the floor to defend the rights of the teaching health center in Scranton against this shortsighted and unjust attack by the Republican leadership, I would gladly yield him time.

The same challenge is faced by my colleague from the Billings, Montana, area, whose district will lose funding to train seven primary care physicians specifically for the health care needs of rural Montanans. In Idaho, Illinois, Texas, and Washington, it's the same story. All of these communities are seeing good American jobs put at risk—and for what?—to fund handouts to insurance and oil companies? to pay for even more tax breaks to millionaires, billionaires and some of the wealthiest corporations on Earth?

I would gladly yield my Republican colleagues from these districts time to defend their constituents.

Again, Mr. Chair, my amendment is a matter of effective oversight. It asks that we find out from a nonpartisan source exactly how many primary care physicians we will lose if the Republican leadership moves forward to cut teaching health centers across our country.

When it comes to ensuring our constituents have access to basic primary health care, when it comes to protecting Medicare and Social Security for our seniors and to ensuring they have healthy and comfortable retirements, there should be no disagreement.

Please join me in supporting this amendment and in standing with middle class Americans across the country.

With that, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Chairman, I rise in opposition to the amendment.

The Acting CHAIR (Mr. CAMPBELL). The gentleman from Kentucky is recognized for 5 minutes.

Mr. GUTHRIE. Mr. Chairman, first, I want to point out the list that was read of teaching health centers.

The text of the bill is very clear: that we only rescind unobligated funding. If the funding has been obligated, then it continues to move forward. So, as to the list that was read, those will be funded.

The amendment before us directs the GAO to determine the number of physicians who will be trained by this program if funds are not kept mandatory. I oppose the general premise that a program must have mandatory funding in order to be effective. This type of thinking has led us to massive budget deficits as far as the eye can see.

During the debate on the continuing resolution, I can remember more than a few Members complaining that reductions in discretionary spending would have little impact on the deficit. There is some truth to the fact that discretionary spending which Congress has more control over comprises an increasingly smaller share of the Federal budget.

□ 1540

It seems to me that some people's solutions to reining in the discretionary ledger of our Federal budget is to simply shift programs from discretionary to mandatory and let the spending cruise on auto pilot. That is not responsible governing. In a time of $1.5 trillion annual deficits, we must make spending priorities. However, setting priorities involves tough choices. The people that oppose this bill do so because they are unwilling to make the tough choices on what programs the Federal Government should fund and what they should not.

So let's review what happened. Certain programs for training were made mandatory in the health care act and others were subject to future appropriations. Listening to the debate today, it is apparent that some believe any provision in the health care act that authorized a program subject to appropriations is essentially meaningless and did nothing at all. I have heard Members extol the virtues of dental education programs or training for nurse education contained in the health care act, but they are subject to further appropriations.

Where was the amendment to the health reform bill that asked GAO to look into how the lack of mandatory spending in section 5305 of the health care act would affect geriatric education? There wasn't one, and not a single Member of the other side brought the issue up. The reason the other side didn't bring it up is because the programs were constructed in a way to go through the normal authorization and appropriations process. The underlying bill simply puts teaching health centers on equal footing with a myriad of other programs.

I also oppose the amendment because it is a waste of Federal resources. We are asking the GAO to conduct a study that is almost impossible for it to complete. The GAO cannot determine the number of physicians that will be trained because so much of the program is under the discretion of the Secretary. In fact, the contours of the program have not yet even been set. The Health Resources and Services Administration does not even anticipate issuing a Notice of Proposed Rulemaking on the Teaching Health Center Graduate Medical Education Program until December.

Under my bill, supporters of the program will continue to be able to make the case on an annual basis that the program is not duplicative, it is effective, and warrants continued funding over other programs like children's hospitals which the President's budget zeroed out.

I urge my colleagues to vote ''no.''

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. TONKO).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Mr. TONKO. Mr. Chairman, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from New York will be postponed.

AMENDMENT NO. 9 OFFERED BY MR. CARDOZA

Mr. CARDOZA. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 12, add the following:

(d) GAO STUDY AND REPORT ON PHYSICIAN SHORTAGE.—The Comptroller General of the United States shall conduct a study to determine—

(1) the impact that expanding existing and establishing new approved graduate medical residency training programs under section 340H of the Public Health Service Act (42 U.S.C. 256h), using the funding appropriated by subsection (g) of such section, as in effect on the day before the date of the enactment of this Act, would have on the number of physicians that would be trained if such funding were not rescinded and made subject to the availability of subsequent appropriations by subsections (a) and (b) of this section; and

(2) the impact that the enactment of subsections (a) and (b) will have on the number of physicians who will be trained under approved graduate medical residency training programs pursuant to such section 340H.

The Acting CHAIR. The gentleman from California is recognized for 5 minutes.

Mr. CARDOZA. Mr. Chairman, I rise today to offer an amendment that would require the GAO to conduct a study that highlights the impact that elimination of funding would have on the number of physicians that would be trained if this program were allowed to continue as intended.

Countless studies have demonstrated a serious and growing shortage of health professionals facing the United States—most critically a shortage of primary care physicians and dentists. However, where I come from, there is a

shortage of specialties as well. With an existing shortage well established and an aging population increasing, our country desperately needs investments in the health care workforce, not rescissions.

In my home State of California alone there are 567 designated health professional shortage areas, which include a population of more than 3.8 million medically underserved individuals. In California's San Joaquin Valley, there are already fewer than 87 primary care physicians for 100,000 patients of population. The doctor/patient ratio in my region is not getting better; it is getting significantly worse. That is why I have consistently advocated for the need to improve access to care and address this vital shortage.

All eight counties in the San Joaquin Valley have been designated as medically underserved by the Department of Health and Human Services, including Merced, Stanislaus, San Joaquin, Madera, and Fresno Counties. At one point a few years ago, we were down to one pediatrician for the entire county of Merced. With the passage of the Affordable Care Act, we were able to include additional funding for these medical residency programs to help address the mounting health care profession shortage in already established underserved areas.

The new Teaching Health Centers Graduate Medical Education Program is intended to be an investment that helps struggling underserved communities deal with the reality of increasing demands on an already strained health care system. Studies have shown that the most effective way to attract and retain new doctors in underserved areas is to allow medical students to complete their medical residency programs in the communities that are in need. Graduating physicians most often practice in the communities where they have completed their residency training, which is why this program is uniquely important. My wife is a perfect case in point, a primary care physician who stayed in our community and practiced for 18 years after she finished the program.

Without these critical investments, the lack of care will most certainly have a costly price on the health and well-being of many rural underserved communities, including those I represent.

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

Mr. GUTHRIE. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from Kentucky is recognized for 5 minutes.

Mr. GUTHRIE. Mr. Chairman, this amendment is very similar to the previous amendment we discussed, so I will be brief.

One, as I said before, it is difficult for the Government Accountability Office—almost impossible for them—to perform this study moving forward because there is so much discretion that is given to the Health and Human Services Secretary. And as I said before, the Health Resources and Service Administration does not even anticipate issuing a Notice of Proposed Rulemaking on teaching health graduate centers until December.

And then again, as a lot of the comments today, I don't think that moving an authorized and mandatory spending program to an authorized and discretionary spending program renders that program meaningless. If it does do that, then all the other programs that I have listed earlier in the debate—training in general hospitals, training in children's hospitals, training in behavioral education and health, training in nurse retention, training in nurse practitioners—that means that those programs that were in the health care act would not have as much strength as well. And so the comment that by moving this from one part of the budget to the other makes it meaningless, to me, is just not accurate.

And, second, I also want to stress again that the language of the bill is clear: we do not rescind obligated funds; it is only unobligated funds. So again, it wasn't my friend from California, but someone earlier mentioned that there were programs that have already been in place that would be hurt by that. If the funds have been obligated, those programs move forward.

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

Mr. GENE GREEN of Texas. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. GENE GREEN of Texas. Mr. Chairman and Members, I know there has been talk only about obligated money. I would like to introduce into the RECORD a press release issued on January 25 of this year from Health and Human Services announcing the new Teaching Health Center Graduate Medical Education Program. And of those programs, it lists the ones; and that money is obligated, but there will be no future funding for them. So you get a few months of funding, but you don't get any more funding.

These centers—six of them are in Republican districts, five in Democratic districts—will get a very short 3 months' worth of funding if this bill becomes law. And it doesn't do any good. The graduate medical education pays for the training of that physician. These community centers will only receive a short term funding. So it may only be talking about that obligated money, but they won't get any more after this year if this bill becomes law. That's why it is so important that this bill be defeated or that we adopt an amendment similar to our colleague from California.

HHS ANNOUNCES NEW TEACHING HEALTH CENTERS GRADUATE MEDICAL EDUCATION PROGRAM

ELEVEN CENTERS WILL SUPPORT PRIMARY CARE RESIDENCY TRAINING IN COMMUNITY-BASED SETTINGS

HHS Secretary Kathleen Sebelius today announced the designation of 11 new Teaching Health Centers in the Teaching Health Center Graduate Medical Education program, a 5–year program that will support an increased number of primary care medical and dental residents trained in community-based settings across the country. These Teaching Health Centers will be supported by funds made available through the Affordable Care Act and will help address the need to train primary care physicians and dentists in our nation's communities.

With the funds, these Teaching Health Centers can seek additional primary care residents through the National Resident Matching program this month and will train 50 additional resident full-time equivalents beginning in July 2011. While 3 months of funding totaling $1,900,000 is being awarded this first program year, in future years the annual funding will increase to cover the full-year costs, as well as additional residents. These investments provide an important platform for expanding the primary care workforce and creating more opportunities to prepare physicians to practice primary care in community-based settings, while ensuring primary care services are available to our nation's most underserved communities.

''The Teaching Health Center program is an integral part of our mission to strengthen the nation's primary care workforce and ensure that all Americans have adequate access to care,'' said Secretary Sebelius.

The new Teaching Health Centers are distributed around the nation and will train residents in family medicine, internal medicine, and general dentistry. Teaching Health Centers will receive up to 5 years of ongoing support for the costs associated with training primary care physicians and dentists. HHS' Health Resources and Services Administration (HRSA) will administer the program.

''Participating in this program not only provides top-notch training to primary care medical and dental residents, but also motivates them to practice in underserved areas after graduation,'' said HRSA Administrator Mary Wakefield, Ph.D., R.N.

Eligible Teaching Health Centers are community-based ambulatory patient care centers that operate a primary care residency program, including federally-qualified health centers; community mental health centers; rural health clinics; health centers operated by the Indian Health Service, an Indian tribe or tribal organization; and entities receiving funds under Title X of the Public Health Service Act.

For additional information, visit Teaching Health Centers.

2011 TEACHING HEALTH CENTERS

Organization	City	State	Award
Valley Consortium for Medical Education	Modesto	Calif.	$625,000
Family Residency of Idaho	Boise	Idaho	37,500
Northwestern McGaw Erie Family Health Center	Chicago	Ill.	300,000

2011 TEACHING HEALTH CENTERS

Organization	City	State	Award
Penobscot Community Health Center	Bangor	Maine	150,000
Greater Lawrence Family Health Center	Lawrence	Mass.	112,500
Montana Family Medicine Residency	Billings	Mont.	37,500
Institute for Family Health	New York	N.Y.	150,000
Wright Center for Graduate Medical Education	Scranton	Pa.	225,000
Lone Star Community Health Center	Conroe	Texas	37,500
Community Health of Central Washington	Yakima	Wash.	75,000
Community Health Systems	Beckley	W. Va.	150,000
Total			1,900,000

Mr. ELLISON. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from Minnesota is recognized for 5 minutes.

Mr. ELLISON. Mr. Chairman, I rise in opposition to this underlying bill.

As the Senate votes this week on the Republican scheme to end Medicare, I am standing up to protect health care for our seniors. Our seniors, they blazed the trail for all of us. They fought the wars, they've earned the money, they've come and made America a great place; and we have inherited what they've done. We have inherited what our senior citizens have made for us. And now we see our Republican colleagues want to end Medicare for these same seniors. To spend nearly $1 trillion on handouts to millionaires not only harms American seniors, but threatens our economic future.

□ 1550

Medicare guarantees a healthy and secure retirement for Americans who pay into it their whole lives, Mr. Chairman. It represents the basic American values of fairness, decency and respect for our seniors that all Americans should cherish.

Last month, our Republican colleagues voted to end Medicare as we know it. According to the Congressional Budget Office—and, Mr. Chairman, that's the office that is bipartisan and calls it straight as they see it—this plan, this Republican plan, would raise seniors' health care costs by more than $6,000 a year—that's a lot of money, Mr. Chairman—more than doubling their costs. Instead of fulfilling a promise to our seniors, a promise that the people who gave everything for us would have something in their golden years, the plan would bring about a corporate takeover of our health care. Insurance company bureaucrats would be able to deny seniors care that they had paid into for their entire lives. The GOP plan no longer guarantees seniors the same level of benefits and choice of a doctor that they have today under Medicare.

Mr. Chairman, this debate is not about the deficit. Only if it were. This debate is about something else, and it is about whether we are going to meet the promises of our seniors, of our children, of our students, of our public employees, or not. It's a choice of whether we're going to put America to work or not. It's a basic choice about how we're going to live together.

Mr. Chairman, this debate is not about a deficit. And as my fellow colleagues pound on this idea that we're broke, we're not broke. What we are is unwilling to do the basics for people who have given America so much. This debate is not about a deficit, because we can reduce the deficit by putting America back to work. Two-thirds of American corporations don't pay any taxes, including General Electric, Bank of America, and others. If we ask people to just do their fair share, America's not broke.

By siding with insurance industry lobbyists to raise Medicare costs only increases the burden on our seniors while doing nothing to address the deficit. As I said, this is not about the deficit.

Raising taxes for 95 percent of Americans to pay for a trillion-dollar tax cut for CEOs who ship American jobs overseas sides with the rich at the expense of the middle class.

Spending billions on handouts for corporate special interests, including $40 billion on Big Oil, only drives up prices at the pump for families who are already hurting the most.

The Progressive Caucus, Mr. Chair, has a plan that puts people's priorities first. Our budget, which we call ''The People's Budget,'' strengthens Medicare and Social Security. It lets Medicare negotiate cheaper drug prices so insurance company bureaucrats can't deny you the medication you need. And it creates jobs by eliminating the deficit by 2021. That's right. The Progressive Caucus eliminates the deficit. That is the fiscally responsible budget. That's a budget that Americans can get behind. Not some budget that rewards the rich at the expense of everybody else and doesn't do anything to end the deficit.

I'll not stand for a vision of America that throws American seniors under the bus. We have a vision of honoring our seniors, honoring those people, the Greatest Generation, the generation that brought us civil rights, women's rights, human rights, the generation that brought us Medicare. We are in a generational fight, Mr. Chairman, and generations in the future will look back on us and ask us why did we let the Republican Caucus take away the basic promises of America, and we will be able to stand now and say, We didn't. We fought them back and we fought for America where everybody does better because everybody does better, including our seniors.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. CARDOZA).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Mr. CARDOZA. Mr. Chairman, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from California will be postponed.

AMENDMENT NO. 7 OFFERED BY MS. FOXX

Ms. FOXX. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 12, add the following:

(d) PROHIBITION AGAINST ABORTION.—Section 340H of the Public Health Service Act (42 U.S.C. 256h) is amended by adding at the end the following new subsection:

''(k) PROHIBITION AGAINST ABORTION.—

''(1) None of the funds made available pursuant to subsection (g) shall be used to provide any abortion or training in the provision of abortions.

''(2) Paragraph (1) shall not apply to an abortion—

''(A) if the pregnancy is the result of an act of rape or incest; or

''(B) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed including a life endangering physical condition caused by or arising from the pregnancy itself.

''(3) None of the funds made available pursuant to subsection (g) may be provided to a qualified teaching health center if such center subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

''(4) In this subsection, the term 'health care entity' includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.''.

The Acting CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX. Thank you, Mr. Chairman.

My amendment is designed to protect life and the livelihood of those who defend it.

Since 1973, approximately 50 million children have been aborted in the United States. This is a tragedy. According to a CNN poll last month, more than 60 percent of Americans oppose taxpayer funding for abortion. This number includes many of my constituents and is consistent with my strong

pro-life convictions. I am offering my amendment today to ensure that their hard-earned money will not be used to pay for elective abortions or given to organizations that discriminate against pro-life health care providers.

Earlier this month, the House passed H.R. 3, the No Taxpayer Funding for Abortion Act, which codifies many longstanding pro-life provisions and ensures that taxpayer money is not being used to perform elective abortions. H.R. 3 is now awaiting consideration in the Senate, but I will not cease to fight to protect the unborn children in America at every turn.

This amendment ensures that the grants being provided to teaching health centers are not being used to perform elective abortions and makes it crystal clear that taxpayer money is not being used to train health care providers to perform abortion procedures.

Mr. Chair, when the liberal Democrats rammed through their government takeover of health care, in an unprecedented fashion, they refused to include longstanding pro-life provisions. With this bill, House Republicans are seeking to restore a grant program for residency programs to the regular appropriations process, and my amendment explicitly and permanently ensures that should the appropriations committee fund this program, taxpayer money will not be used to pay for elective abortions or train abortion providers.

In addition to the need for a permanent prohibition of taxpayer funding for elective abortions, it is also important that scarce resources are allocated to the most worthy applicants. An applicant that demands that individuals and institutions provide or refer for abortions is simply not the kind of applicant that should be funded under this program. Numerous doctors, nurses and other health care providers refuse to perform or participate in abortions because they believe it is wrong to kill a child. Congress should ensure that these individuals are not discriminated against because of their beliefs. Any form of discrimination is abhorrent, and individuals should not be forced to act against their convictions. This amendment is similar to previous efforts to protect pro-life health care providers and is consistent with these efforts.

To be eligible for funding under this grant program, centers have to agree that they will not discriminate against pro-life health care providers.

My colleagues across the aisle may argue that we already have the Hyde amendment that prohibits taxpayer funding for elective abortion for programs that are included in the Labor, Health and Human Services and Education appropriations legislation. However, this amendment must be included every year. My amendment ends the uncertainty for this program by providing a permanent prohibition on taxpayer funded elective abortions and protects pro-life health care providers. Until we have a permanent prohibition on taxpayer funding of elective abortion and protections for health care providers who cherish life, I will continue to offer and support efforts to support taxpayers, families and children from the scourge of abortion.

The unborn are the most innocent and vulnerable members of our society and their right to life must be protected. Therefore, I urge my colleagues to vote in favor of this amendment.

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

Ms. DEGETTE. Mr. Chairman, I rise in opposition to the amendment.

The Acting CHAIR. The gentlewoman from Colorado is recognized for 5 minutes.

Ms. DEGETTE. Thank you, Mr. Chairman.

Well, here we are again, forced to stand up again to protecting women's health care against an extreme agenda. I disagree with the whole underlying bill, Mr. Chairman, but even so, even so, how one could tie restricting a woman's right to choose to graduate medical education is sort of beyond me.

□ 1600

Let me explain why this is just an extreme and direct attack on women's health.

What it would mean is that across the country residents would be barred from learning how to perform even a basic medical procedure required for women's health. This amendment would jeopardize both education and women's health care by obliterating funding for a necessary full range of medical training by health care professionals.

And here's the thing. The Hyde amendment is the law of the land right now. I don't like the Hyde amendment. I would repeal the Hyde amendment. But frankly, the Hyde amendment has been in place for over 30 years, and it's not going away. And what it says is no Federal funds shall be used for abortions except in the case of rape, incest, or the life of the mother.

Now, there is nothing in the Hyde amendment about restricting medical doctors' training to legal medical procedures. There's nothing about graduate medical education in the Hyde amendment whatsoever. And if we pass this amendment, we will not allow basic medical training that would even allow doctors to provide the procedures that are allowed under the Hyde amendment—life, rape, or incest.

And let me talk about why this is so incredibly dangerous for women's health.

Ensuring that doctors and nurses are fully trained in abortion procedures is essential to ensuring that they can be providing lifesaving care when abortion is a medically necessary procedure to save the life of a pregnant woman.

Now, most pregnancies, thank goodness, progress safely. But sometimes there's an emergency. And sometimes a medical abortion is necessary to protect a woman's health or life. For example, Mr. Chairman, in cases of preeclampsia, hemorrhage, and severe pulmonary hypertension, or bleeding placenta previa, which can be fatal if left untreated, an abortion is a life-saving procedure. In addition, in managing a miscarriage, sometimes an abortion procedure is essential to saving the woman's life.

Now, under this amendment, virtually any type of health care facility could face the loss of funding if they needed to provide abortion care in an emergency situation. And moreover, Mr. Chairman, residents need to be trained in how to handle these very complicated conditions that could necessitate an abortion.

I'm afraid to say these examples are tragically real. The case involving a woman experiencing severe hypertension that threatened her life at St. Joseph's Hospital made the news when a nun, Sister McBride, was excommunicated last year for allowing the woman's life to be saved through an abortion.

The Foxx amendment would also greatly expand the reasons why health care entities should give in to refusing care.

So, Mr. Chairman, here's the thing. Maybe we don't like abortions, and all of us wish abortions would be rare. But sadly, even in the case of a wanted child with a loving home and everything else, even in the case of an exception under the Hyde amendment, sometimes abortions are necessary. And if we say we are not going to train doctors how to provide a range of women's health care services, then we are basically allowing women to bleed to death in the emergency rooms of this country. And I don't think that's what this Congress is about. It is certainly not what the medical profession is about.

I would urge just for reasons of mercy for this House to reject this amendment. It's mean-spirited and it's far, far beyond current law.

With that, Mr. Chairman, I yield back the balance of my time.

Mr. GARAMENDI. Mr. Chair, I move to strike the last word.

The Acting CHAIR. The gentleman from California is recognized for 5 minutes.

Mr. GARAMENDI. Mr. Chairman, I find myself in opposition to the underlying bill and the amendment.

You just heard a very cogent argument. I don't understand why we ought to have ignorant doctors. It doesn't make any sense to me. Abortions are sometimes necessary for saving the life of a pregnant woman. And to have a medical system in which the doctors don't know about that procedure is really stupid. I won't say this amendment is that, but it's really not wise to have ignorant physicians. And it's really not wise not to have physicians at all.

What in the world are we thinking here? What's the purpose of this

amendment and this particular resolution? To deny American men, women, and children the opportunity to go to a doctor? We know all across this Nation that there is a shortage of primary care physicians. In most every community of California, there is a shortage of primary care physicians. Plenty of dermatologists, but not primary care physicians.

So what are we going to do here? Eliminate the funding to train primary care physicians.

Now, that in itself is bad enough. But this is just one piece of a much larger plan to dismantle health care in America. The repeal of the Affordable Health Care Act will increase the cost of medical services all across this Nation and particularly increase the cost to government. Not my projection. The independent Congressional Budget Office said clearly that the Affordable Health Care Act will reduce the cost of Medicare and Medicaid.

So repeal it. Increase the deficit. Huh? Is that what this is all about? I don't get it guys and women. Makes no sense to me.

And now in your budget, the Republicans go after Medicare and terminate Medicare for every American who is not yet over 55 years of age? Terminate it. And turn it over to the rapacious, greedy, profit-before-people health insurance industry, an industry that I know a great deal about. I was the insurance commissioner in California for 8 years, and I know those characters. It is about profit. It's not about caring for people.

And when you say the government shouldn't make decisions, the government does not make decisions in Medicare. The physicians make decisions. But if you turn Medicare over to the insurance companies, it will be the insurance companies that make decisions about medical services.

And by the way, you also voted to repeal those sections of the Affordable Health Care Act that protect all of us from the rapaciousness of the health insurance industry. Eliminating a law which eliminates such things as preexisting conditions, age, sex discrimination, and the rest. So you repeal that and give back to the insurance companies the opportunity to discriminate. And now you want to throw tomorrow's seniors into that same pool of sharks.

I don't get it. It makes no sense whatsoever. It perhaps is the worst idea I've heard in the 35 years I have been involved in public health and in public policy. It makes no sense whatsoever.

And this bill on top of it? Come on. We're not going to train primary care physicians? What in the world are you thinking? I don't get it. I don't get the whole strategy. It is a strategy that will put America's health at risk. It is a strategy that will deny benefits. It is a strategy that will provide us, with this latest amendment, doctors that are ignorant about basic women's health. And it is a strategy that will deny us the necessary primary care physicians.

What in the world are my Republican colleagues doing here about the deficit? Come on now. What you're doing is going to increase the deficit. You're going to increase the deficit. If there are not primary care physicians, then you'll go to the emergency room. And everybody knows that the emergency room is more expensive than a doctor's office.

What are you doing? I don't get it, guys. I don't understand. You're worried about the deficit; yet you take action that increases the deficit? It makes no sense to me.

Madam Chair, I yield back the balance of my time.

Mr. GENE GREEN of Texas. Madam Chair, I move to strike the last word.

The Acting CHAIR (Mrs. CAPITO). The gentleman is recognized for 5 minutes.

Mr. GENE GREEN of Texas. First of all, I have utmost respect for Congresswoman FOXX of North Carolina. But her amendment is a solution in search of a problem. Graduate medical education does not do abortions.

□ 1610

The teaching hospital center program funds training for primary care residents. There is no payment for services in the law. It's about salaries, benefits, and paying faculty. Teaching health centers will pay for abortions no more than Medicare Graduate Medical Education has paid for abortions for the last 45 years.

The President signed the executive order to make all the provisions subject to the Hyde amendment, all the provisions of the Affordable Care Act subject to the Hyde amendment. The executive order establishes a set of policies for all provisions of the Affordable Care Act to ''ensure Federal funds are not used for abortion services'' consistent with the Hyde amendment. The Presidential order reinforces what we all agree on. No one is here claiming that we should use Federal funds for abortion, except in very limited circumstances, whether they are under this program or elsewhere.

There is another layer of protection codified in permanent law under section 245 of the Public Health Service Act. The Coats amendment clearly prohibits the Federal Government from discriminating against any physician, post-graduate physician training program, or participant in a program of training in the health care professions because the entity refuses to participate in abortion training. That's not an appropriations vehicle; it's not an executive order. It's the law of the land.

That's why I say this amendment is a solution in search of a problem. There is not a problem with Graduate Medical Education, whether they be teaching hospitals, whether they be community-based centers that this bill is subject to.

I yield back the balance of my time.

Mrs. CAPPS. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentlewoman from California is recognized for 5 minutes.

Mrs. CAPPS. I rise in strong opposition to this dangerous amendment.

Last month, the Republican majority brought us to the brink of government shutdown over its disapproval of Planned Parenthood. But here we are again, a new week, but the same obsession with reopening the culture wars. This time, instead of saying that Congress knows better than a woman and her family about her reproductive health care, this amendment takes one step further. It says that Congress knows better than our medical doctors and medical educators about what our medical training curricula should look like. This is an unprecedented restriction, one that goes against the Accreditation Council for Graduate Medical Education's guidance and against medical ethics themselves.

Medical education is supposed to prepare our future doctors for whatever they may come across in their practice. This includes women whose lives are in danger due to their pregnancy, for whom terminating a pregnancy is the only way that woman will stay alive. Keeping future providers from learning these procedures—and it is an option that they may choose only if they choose to learn it—puts these women at risk. Regardless of what one's views are on women's reproductive rights, I think we can all agree that our future medical providers should be trained and ready for any medical emergency that they might encounter. To play politics with their education and the lives of women is an embarrassment.

Madam Chair, it is time for this Congress to learn to trust the American people, to trust our doctors, to trust our families, and to trust women.

THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS,
Washington, DC, May 24, 2011.

ACOG OPPOSES THE FOXX AMENDMENT TO H.R. 1216

The American Congress of Obstetricians and Gynecologists (ACOG), representing 55,000 ob-gyns and partners in women's health, opposes the Foxx amendment to H.R. 1216, an amendment to the Public Health Service Act.

The Foxx amendment would disallow GME funding for abortion training, part of ob-gyn educational curricula in accredited medical residency programs, and unnecessarily duplicate already recognized protections for medical students and teaching hospitals who choose to not participate in abortion training.

Residency education standards are set by the universally recognized Accreditation Council for Graduate Medical Education (ACGME) whose Residency Review Committees (RRCs) accredit residency programs. These standards, supported by the American College of Obstetricians and Gynecologists, require that ''experience with induced abortion must be part of residency training.''

These standards already fully accommodate institutions, programs, and individuals

who choose not to participate in abortions or abortion training. Every ob-gyn residency program may opt out of providing in-house training, and is required only to offer their residents an opportunity for abortion training at an outside facility. Similarly, residents with religious or moral objections may opt out of receiving abortion training, and are required only to be trained in management of abortion complications—not the provision of abortion, but the care of potential consequent medical complications.

Training in abortion, for those institutions, programs, and individuals who choose to participate, is important to women's health. Federal funds may be used for abortions in cases of rape, incest, or when a woman's life is endangered. Girls and women who are victims of rape or incest, or whose lives are endangered by their pregnancies, must have continued access to this surgical procedure, and this care must be safely provided by trained medical specialists.

The Nation's women's health physicians urge a no-vote on the Foxx amendment. Should you have any questions, please contact Nevena Minor, ACOG Government Affairs Manager, at nminor@acog.org or 202–314–2322.

I yield back the balance of my time.

Mr. TONKO. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentleman from New York is recognized for 5 minutes.

Mr. TONKO. Madam Chair, I rise in opposition to H.R. 1216, the underlying bill. As a resident of upstate New York, where much attention has been given to today's special election for a congressional seat, people are saying loud and clear, Hands off my Medicare.

Republicans are determined again to put us on the road to ruin with their plans to end Medicare. Despite outcries from their constituents, they are pushing forward to end a program that 46 million seniors and disabled individuals depend on for their health care. This gross injustice is made immeasurably more egregious and offensive by the fact that this is being done not to balance the budget, but to expand and permanently guarantee even bigger tax cuts for millionaires and billionaires, and to give new tax breaks to some of the world's most profitable companies, including oil.

I have heard a lot of talk in the last few months about the need to make tough choices these days. The average senior on Medicare earns just over $19,000 a year. About one quarter of Medicare beneficiaries suffer from a cognitive or mental impairment, and most have at least one or more chronic medical conditions. So I ask my Republican colleagues, what exactly is it about stripping these Americans bare of their health and economic security that qualifies as tough? There is nothing tough about stealing from the poor or the weak to give to the rich.

Our seniors, on the other hand, know all about tough choices: Do I buy groceries, or do I buy prescriptions? Do I pay rent, or do I pay medical bills? It hurts, but how much will it cost? These are those tough choices. These are life and death choices. With the passage of Medicare in 1965, we entered into a covenant with each and every American citizen.

The Republican voucher plan ends Medicare. Instead, seniors will be on their own with a measly voucher and forced to buy insurance in the private market, where all decisions will be profit-driven. More profits for insurance companies on the backs of seniors. Sounds like a Republican plan to me. This new voucher program amounts to a ration card. The value of the voucher is not linked to increases in health care costs in the private market, yet the costs of private health insurance have risen over 5,000 percent since the creation of Medicare—5,000 percent.

The analysis of the nonpartisan Congressional Budget Office has estimated that in less than 20 years these vouchers would pay just 32 cents on every dollar that a senior would spend on health care premiums. Now, the Republican leadership has repeatedly stated that this budget gives seniors the same coverage as Members of Congress. Well, as a Member of Congress myself, I know that our health plans pay for about 72 cents on every dollar of health coverage, not 32 cents.

America knows that legislation in Congress carries a statement of priorities and values, not purely dollars and cents. And what sense does it make to cut funding for training primary care physicians who are on the front lines not only of keeping our constituents and communities healthy, but also of lowering health care costs with early, simple treatments?

I urge my colleagues to stand with our seniors and stand up for middle class priorities. Let's defend our middle class. Let's defend our working families. I urge my colleagues to oppose this bill.

Madam Chair, I yield back the balance of my time.

Ms. TSONGAS. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentlewoman from Massachusetts is recognized for 5 minutes.

Ms. TSONGAS. Madam Chair, I rise in opposition to the underlying bill, H.R. 1216, and to the ongoing efforts by my colleagues across the aisle to undermine our constituents' access to affordable health care.

I recently heard from my constituent from Haverhill, Massachusetts, named Phil Gelinas, who relies on Medicare for his health coverage. His wife's diabetes treatment and prescription drugs are also covered through Medicare, and they have both paid into Medicare all their lives through payroll deductions. He remarked to my office that there was no way that they could meet the cost of health care today without Medicare.

He and his wife are not alone. Each day, thousands of seniors like the Gelinases use Medicare to cover the costs of doctors' appointments, prescription drugs, as well as routine tests and treatments.

Under the budget that House Republicans passed in April and that the Senate is set to consider this week, the Medicare program that seniors have relied on for more than 50 years to meet their medical needs and expenses would be eliminated. In its place would be a voucher system that pays a small lump sum to private insurers to cover seniors. Any costs not covered by that payment would fall to seniors to pay or forego coverage.

My colleagues on the other side of the aisle argue that elimination of Medicare is needed to help reduce the deficit, and that the same benefits that seniors now enjoy under Medicare will be replicated in the private insurance market. Not so. In reality, their plan will result in a far lower standard of care for seniors, while trillions of dollars continue to be added to the national debt. Rather than taking steps to reduce the underlying increases in health care costs, which in turn drive up the cost of Medicare, their plan simply shifts those costs to seniors.

The value of the vouchers that would replace Medicare would not keep pace with rising health care costs, so seniors will be increasingly required to make up the difference. Just 8 years after the program starts, a voucher will cover less than one-third of the cost of a private health insurance package with the same benefits as Medicare currently provides, leaving seniors to cover the rest.

□ 1620

According to the nonpartisan Congressional Budget Office, the average senior will end up spending nearly twice as much of their income on health care than under the current Medicare system. That is why AARP released a statement warning that the budget ''would result in a large cost shift to future and current retirees. The Republican proposal, rather than tackling skyrocketing health care costs, would simply shift those costs onto the backs of people in Medicare.''

Instead of focusing on cost control measures that would bring down the cost of Medicare, the budget claims cost savings but only by passing those costs directly on to our seniors.

Furthermore, because costs have typically grown faster in the private market than in Medicare, the costs faced by seniors under the Republican plan will be much higher than the costs faced by the Federal Government now.

My colleagues have argued that seniors won't be affected by these costs for years to come, but this is simply not true. For example, the House budget immediately reopens the prescription drug doughnut hole for current seniors that was fixed with passage of last year's health reform law. It also significantly increases costs for seniors now residing in nursing homes and for their adult children who may not be able to afford their parents' care.

Despite being presented as a solution for our deficits, the budget proposal

would still add $8 trillion to the national debt over the next 10 years. These new debts are incurred in part because their budget proposal also slashes taxes for the wealthiest Americans while continuing to provide billions in tax breaks for oil companies and other preferred industries.

Real deficit reduction will require a blend of spending reductions, new revenue, and additional reforms to control rising health care costs. But simply shifting those costs onto seniors by eliminating Medicare will prove as unsustainable for our Nation's well-being as the current budget crisis we face.

Mr. DAVIS of Illinois. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. DAVIS of Illinois. Madam Chairman, I rise in opposition to the Foxx amendment and to the underlying bill, H.R. 1216, to amend the Public Health Service Act, to convert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations.

This bill would eliminate mandatory funding that establishes new or expanding programs for medical residents in teaching health centers and unobligated funds previously appropriated to the grant program.

Under policies currently being considered by some in the House majority, academic medical centers and teaching hospitals face as much as $60 billion in cuts over the next 10 years to Medicare funding for indirect medical education and direct graduate medical education. These cuts would reduce indirect medical education payments by 60 percent from the current level of 5.5 percent to 2.2 percent, capping direct graduate medical education payments at 120 percent of the national average salary paid to residents.

It would reduce Federal funding for medical residency training, as wrong public policy. Given our present situation with the shortage of primary care and family practice physicians, and the expected future growth of our population, it makes no sense for the Republicans to end the present structure of Medicare. In 2010, 47.5 million people were covered by Medicare. We have 39.6 million at the age of 65 and older and 7.9 million disabled.

The Republican budget plan is a voucher plan that would raise health care costs and would immediately create higher costs for prescription drugs for our seniors and disabled. This plan would end Medicare's entitlement of guaranteed benefits and promote rationing by private insurance companies, who would make decisions on approving or disapproving treatments for our seniors and the disabled.

The Medicare program is efficiently managed, devoting less than 2 percent of its funding to administrative expenses. Medicare has dramatically improved the quality of life for seniors and the disabled. It is the largest source of health coverage in the Nation. Democrats are committed to strengthening Medicare, not tearing it down.

Under the guise of reform, Republicans desire to end Medicare as we know it today.

Last year, the Republicans promised the American people that jobs would be their number one priority. Well, I ask, where are the jobs? But, instead, they want to make draconian cuts to programs to help seniors and the disabled, the middle class, the poor and the needy, and yet provide tax cuts of over $1 trillion to millionaires and billionaires.

And so we ask, where are the jobs and where are the opportunities? The estimated 1-year impact of anticipated graduate medical education cuts for Illinois is $144 million for indirect medical education and $39 million for graduate and medical education, which totals $183 million. If there are no doctors, there can be no medical care.

I urge that we vote against these measures.

Ms. WATERS. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentlewoman from California is recognized for 5 minutes.

Ms. WATERS. I rise in opposition to the underlying bill, H.R. 1216, which would undermine the teaching health centers program, which trains primary care physicians.

Madam Chairman and members, this is just one more trick by Republicans to dismantle health care reform. They are going after the training of primary doctors. We need more primary doctors, even if there was no health care reform. There are many communities throughout this country that have no primary health care physicians.

Our Nation is facing a serious shortage of primary care physicians. Primary care physicians are an essential part of a successful health care system. They are the first point of contact for people of all ages who need basic health care services, whether they are working people with the employer-provided health insurance, low-income children on Medicaid, or seniors on Medicare.

The Republicans have made it clear that they are not concerned about access to basic health care services. The Republican budget for fiscal year 2012 turns Medicare into a voucher program, slashes Medicaid by more than $700 billion over the next decade, and cancels the expansion of health insurance coverage, which was included in the The Affordable Care Act last year.

The Republican budget cuts to Medicare are especially detrimental to current and future Medicare recipients. Under the Republican budget, individuals who are 54 and younger will not get government-paid Medicare benefits like their parents and grandparents. Instead, they will receive a voucher-like payment to purchase health insurance from a private insurance company.

There will be no oversight to these private programs. We will not be able to contain the cost. We will not be able to mandate what the basic services should be. As a matter of fact, we know the stories about the HMOs and the fact that they had accountants who determined what care you could get, not physicians who had the knowledge and the ability to determine what you need.

When the first of these seniors retire in 2022, they will receive an average of $8,000 to buy a private insurance plan. That is much less than the amount of the subsidy Members of Congress receive for our health plans today.

The coverage gap in the Medicare prescription drug program will continue indefinitely. Under the Affordable Care Act, this so-called doughnut hole is scheduled to be phased out. The Republican budget will allow seniors to continue to pay exorbitant prices for their prescriptions when they reach the doughnut hole. The Republican budget also gradually increases the age of eligibility for Medicare from 65 to 67 years of age.

Madam Chairman, the Republican budget is also detrimental to Americans who depend again on Medicaid, including low-income children, disabled Americans, and seniors in nursing homes. The budget converts Medicaid into a block grant program and allows States to reduce benefits, cut payments to doctors, even freeze enrollment. Medicaid funding is slashed by more than $700 billion over the next decade.

□ 1630

That is over one-third of the program's funding.

Meanwhile, the Republican budget extends the Bush-era tax cuts beyond their expiration in 2012 and cuts the top individual tax rate down to 25 percent from 35 percent. According to the Center for Tax Justice, the Republican budget cuts taxes for the richest 1 percent of Americans by 15 percent while raising taxes for the lowest income 20 percent of Americans by 12 percent.

The national shortage of primary care doctors is not a problem for multimillionaires. They will always be able to find a doctor who will treat them and pay them whatever they ask for. But most American seniors need well-trained primary care physicians and Medicare benefits that they can rely on.

I urge my colleagues to oppose the underlying bill, oppose the drastic cuts to Medicaid, and oppose the Republican plan to dismantle Medicare. They're trying to dismantle health care reform piece by piece, inch by inch. Today it's an attack on training needed by primary care physicians. What is it tomorrow?

We know that they have a strategy that includes hundreds of bills that would dismantle, again, piece by piece Medicare reform. It's not fair, Madam Chair and Members. Health care reform

so that all Americans are covered is something that we should all support.

Ms. WOOLSEY. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentlewoman from California is recognized for 5 minutes.

Ms. WOOLSEY. Madam Chair, I rise in opposition to this amendment and the underlying bill, H.R. 1216.

This is just the last attempt, the latest and newest attempt, by the majority to stall health care reform and undermine the health security of the American people. We had barely taken our oaths in January when they voted to repeal the Affordable Care Act; now trying to eliminate title X funding that provides critical primary care for women, and last month they went after the funding for the health care exchanges, and they voted to cut grants for school-based health centers that served young children.

But worst of all is the Republican budget resolution that was passed last month. It rips the heart out of Medicare, eviscerates and disfigures a program that would no longer be recognized. It's one of the more radical proposals I've seen during 18 years in Congress. They want to strip guaranteed benefits and break the Medicare promise that has served our seniors so well for nearly half a century.

And what do they replace it with? A voucher. A voucher that won't be able to keep up with soaring health care costs, a voucher that will give seniors no leverage in the health care marketplace, a voucher that will put older Americans at the mercy of the insurance companies.

Madam Chairwoman, the CBO has concluded that the Republican proposal will double health care costs for seniors. So if you are 54 years old today, you will need to save an additional $182,000 to make up for the Medicare benefits you will lose under the Republican plan.

And they are not content to destroy Medicare. Medicaid comes in for brutal treatment as well. By converting it to a block grant, they would be throwing as many as 44 million Americans off the insurance rolls, eliminating coverage for the poorest people, most nursing home residents and people with disabilities.

My friends on the other side of the aisle who say we have to do this to balance the budget, they know they're wrong. I say they're dead wrong. We do not need to put seniors and low-income Americans on an austerity program in order to rein in the deficit. We do not need to shred the social safety net or to squeeze the middle class in order to get our fiscal house in order. In fact, we can save taxpayers $68 billion over 7 years and expand the menu of health care choices by instituting a public option. If you ask the American people, they would rather see some shared sacrifice than cutting spending. They would rather see us eliminate tax breaks for CEOs who have no idea what it's like to choose between taking their medication or eating their next meal.

Madam Chairwoman, I will vote ''no'' on H.R. 1216. It's just another example of Republican negligence and callousness on health care. They clearly prefer the broken system that leaves millions uninsured, imposing crippling costs that bankrupt families and bankrupt small businesses. The majority doesn't want to solve the health care crisis. They want to exacerbate it.

Ms. RICHARDSON. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentlewoman from California is recognized for 5 minutes.

Ms. RICHARDSON. I rise to speak in opposition to H.R. 1216.

Under the guise of deficit reduction, Republicans, through H.R. 1216, are attempting to attack our Nation's vital support system for our seniors. The Republican budget would deny seniors, and those who are coming forward after those that are currently taking advantage of these benefits, health care, long-term care, and the Social Security benefits that these seniors have earned.

Sunday evening, I just got back from my district where I had an opportunity to have our annual senior briefing, and there were over 900 seniors who were there and they were concerned. I spoke with several of my seniors in my district, and they're worried about how they and even some of their parents who are in their nineties today will be able to get by once RyanCare—which is what I'm going to call it, the attack on Medicare—destroys something we all need. By following RyanCare and turning Medicare into a voucher program, Republicans would gradually eliminate the peace of mind that many of our seniors have grown to be able to count on.

We don't want to go back to the old days of calling seniors ''poor'' and not having an opportunity to live in dignity in the last years. These fixed value vouchers, which are being suggested in RyanCare, would not only not keep up with the rising costs of health care, but it would cost seniors an additional $7,000 more per year by 2020.

In California alone, which is where I'm from, under the Republican budget, seniors would pay $214 million more on prescription drugs in 2012 alone. That's next year.

The Republican budget would return our country to a time when being old was something that people would be afraid of, not look forward to.

The Republican budget would also turn Medicaid into a block grant system. Haven't we seen what that's done with community development block grants? It wouldn't work. Under a block grant system, Medicaid would no longer be able to support the elderly. By converting the current Medicaid system into a block grant index to inflation and population growth, Congress would shift the burdens of rising health care costs and aging populations to the States. All you have to do is look at the Los Angeles Times to see what's happening to my State, and I don't think we'd be able to help the seniors.

The deficit must be addressed. In fact, I've supported many bills and amendments that have been brought forward on the other side. But it should be done in a fair way. We should not balance the budget on the backs of our Nation's seniors, not after Wall Street and our car manufacturers got a bailout.

I will, and Democrats will, continue to work to protect, strengthen, and save Social Security, Medicare, and Medicaid.

Ms. EDWARDS. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentlewoman from Maryland is recognized for 5 minutes.

Ms. EDWARDS. I rise in opposition to the underlying bill.

Madam Chair, Republicans have returned to the Hill after a hard week at work in our districts really trying to explain away the plan to dismantle Medicare to their constituents. But I want to tell it to you really straight, Madam Chair, and that is that the reason that it's hard to explain is because there really is no explanation. The plan that Republicans have under consideration would indeed end Medicare as we know it. It would end Medicare, and it's just that simple. The plan would turn Medicare into a voucher system that would leave seniors paying more and more out of their pockets for health care.

I was out at a town hall meeting at a senior center in my congressional district. It's one where people have gone—they come from every level of the private sector and business—to enjoy their retirement. And they receive Medicare benefits. And I asked them, who in this room, a room of about 100 or so seniors, how many of you would like to go into negotiations with an insurance company about how much you're going to pay for your health care? And no surprise, not a single one of those seniors stood up. But that's exactly what the Ryan plan, the Medicare dismantling plan, would do for seniors. It would say to seniors, we want you to go on your own and negotiate with the big insurance companies.

□ 1640

Well, we know that that can happen for those of us who are younger, but it certainly cannot happen for our seniors. It would shift the burden on to retirees to make the system much less efficient and increase administrative costs that are eventually passed on to all consumers.

According to the Congressional Budget Office, the Republican plan would raise the eligibility age for beneficiaries from 65 to 67. And it repeals provisions of the Affordable Care Act that are actually designed to make the system even more efficient. This just

doesn't make sense. I think seniors have caught on. In fact, I think all Americans have caught on.

The thing about Medicare is it is not just about our seniors, Madam Chair. It is also about the contract that each of us, one generation, makes to the next generation. It is the contract that I have made with my mother and my son makes with me, and it is to make sure that we are taken care of in our old age because we have paid into it and we have paid for it.

According to the Center for Economic and Policy Research, a 54-year-old worker would need to save an additional $182,000 to pay for the higher cost of private insurance with the government elimination of Medicare; $182,000, let's just absorb that for all of those 54 year olds. How long is it going to take you to get to age 65 and save $182,000 to pay for your health care costs? Well, we know that that would be an impossibility.

I want to tell you what is happening in Maryland because it will happen all across this country. It is that our seniors are recognizing that the GOP plan would require seniors to pay an additional $6,800 out of their own pockets for expenses for health care, and that is not including the fact that they will have to negotiate and probably pay even more than that.

So at a time when our seniors are vulnerable and they are struggling and they have seen a depletion in their savings, it is really not fair to threaten them and to threaten their quality of life by ensuring that they are going to have to pay these out-of-pocket costs.

So I would ask us, Madam Chair, to really examine what it is that we are asking the American people to absorb.

I was up with a group of seniors in New Hampshire, and throughout my congressional district; and our seniors are saying to us, It is not just about us, and don't count on us supporting this plan just because we happen to be over age 55. We support Medicare because we understand what it means for future generations.

So this is a link, a bond between the young people in this country who are working, our seniors and our retirees, to protect Medicare and to protect the benefits that come with it.

I would ask us on this underlying bill—I think some of my colleagues have spoken to this—we need more primary care. Already we are seeing what is happening in our system where 26 year olds, up to 26 year olds, can be covered on their parents' health insurance. Do you know what that is doing? It is actually bringing down the cost. It is making sure that we have more resources to absorb the care that people need as they get older.

And so let's not stomach a dismantling of the Medicare protection that we have known for 46 years in this country, this contract from one generation to the next generation, to ensure that our seniors who have worked so hard are able to enjoy their retirement without sacrificing everything that they have to pay the cost for additional benefits while health insurance companies walk away with record profits, and certainly while oil and gas companies walk away with theirs.

Mr. GUTHRIE. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentleman from Kentucky is recognized for 5 minutes.

Mr. GUTHRIE. I rise in support of the Foxx amendment. We have been debating the bill throughout the day, and I support the bill.

I just want to comment, I was also back home last week, and I went to a 100th birthday party for a group of people in northern Kentucky in the Louisville area and part of my district who were turning 100 years old. There was a lady there who was 103. She was born during Teddy Roosevelt's Presidency. I went there to thank them. I am one who is a big believer in what the Greatest Generation has done for us. I am a member of the baby boom generation. I was born in 1964. I am 47 years old. From 1946 to 1964, if you were born in 1946, you are in Medicare this year; you are 65 years old. I wanted to thank them and let them know that what we are doing is making a sustained and secure Medicare system for them.

We all know as of the end of last week that 2024 is the date put out that Medicare goes bankrupt. So what we have put together is a real proposal for 10 years to allow people the opportunity to adjust that are 54 and younger because there is not a member of the Greatest Generation—and if anybody says different they are wrong—there is not a member of the Greatest Generation that is affected. As a matter of fact, half the baby boomers are covered, are not affected by the changes that we have to make to make a secure and better future.

I am 47 years old. This means a lot to me because my daughter is 17. And you ask a lot of people my age: Do we have a better life-style than our parents had? Well, the Greatest Generation gave us a better life-style than they had because they wanted us to have a better life-style than they had. You ask a lot of people my age: Do we think our children will have a better life-style? It is amazing and it is disappointing to think how many people think that our children are not going to have the same quality of life that we had.

I didn't come to Washington, D.C. to be part of a government that doesn't address the fact that we want our children to have a better future than we had. In 30 years when my daughter is my age—she graduates from high school in 2 weeks—we can pay off the national debt.

So think about it. I am 47 years old. We have got a $14.3 trillion debt. You ask a lot of people my age: Do you think our children will have a better future? A lot of people say ''no'' because they say we keep piling on debt and deficits as far as the eye can see.

Madam Chair, if you ask me now if I thought my daughter at 47 years old is living in a country with zero national debt, do you think my children, grandchildren and her grandchildren will have a better future, they will. That is what we are talking about. We are talking about saving and securing Medicare for the Greatest Generation. We are talking about saving and securing it for people as they become older and more mature.

So anybody that says the Greatest Generation is affected by this is just not saying what was passed out of the House of Representatives. If anybody is saying that seniors are affected by this, they are not saying what was passed out of the House of Representatives. To say that we have to reform the program to make it stronger and better for them, that is accurate. And making it stronger and better for those who come forward, that is what we are talking about doing. That is what the facts are.

People deserve the facts. People are tired of hearing rhetoric. They want facts. And the facts are that we are sustaining and securing it for the Greatest Generation, and reforming it so it will be there as our children mature. And if we pass the budget, if the Senate would pass the budget that we passed out of the House, when my daughter is my age, we will have zero national debt, and we will have a better future. And then ask her if she thinks her children will have a better future than she did, and I guarantee you that she will say that.

Mr. MILLER of North Carolina. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentleman from North Carolina is recognized for 5 minutes.

Mr. MILLER of North Carolina. I rise to oppose the nonsensical pending amendment and the underlying bill, although the underlying bill doesn't really do all that, but most of all to disagree with the remarks of the gentleman from Kentucky just now, and from other remarks like that, that what the Republicans have done is not going to affect the people on Medicare now or the people who are older than 55, 55 and older.

What it does, in fact, is shift more and more of the cost of health care to people who cannot afford it so that the richest Americans will not have to pay taxes. They will cut taxes for the richest Americans by even more, and they will protect insurance company profits and the profits of everyone else in the health care field who are making vulgar profits that are causing American health care to be twice as expensive as health care anywhere else in the developed world.

The arguments and what the Republican Congress has done in these last few months have made very clear how cynically dishonest everything Republicans said about health care in the last 2 years really was, especially about Medicare.

When Democrats really did find a way to get control of costs without affecting the quality, the availability of care, the access to care, the quality of care, all Republicans would say, even when it was specifically and narrowly targeted at fraud, they said that we were cutting Medicare. Now we see what they really think about Medicare. Now we see how little they really do understand how important Medicare is to the financial security of older Americans, of Americans in retirement.

They say it will not affect you if you are over 55; if you are 55 or older. Well, I just turned 58. It is nice to know that Republicans care that much about me; but let me tell you, that is not the way it is going to work.

□ 1650

Well, when I turn 65, I'll qualify for Medicare. Presumably, I'll get Medicare. My 96-year-old mother, who I also did visit this weekend, will get Medicare. I feel pretty confident she'll get Medicare for the rest of her life and that, when I turn 65, I'll get Medicare. For the guy who is 53 now, which is just 5 years younger than I am, at 60 he'll be paying taxes for my Medicare, and he won't be getting it. He'll never get it. What he will get instead is a coupon, a voucher. He'll get an allowance to go buy private insurance, and private insurance is simply not going to pay for what Medicare pays for. It's going to be far more expensive.

The Congressional Budget Office estimates that in just 10 years those folks will have to pay 60 percent of their own health care costs if this plan goes through, what they call a ''path to prosperity,'' which should be called the ''path to insurance company profits.'' In 20 years, it will be two-thirds of their health care costs. They'll be paying for it. They'll also be paying taxes. Working Americans, people who are still in the workforce, will be paying taxes so that I get Medicare, and they know that's not the deal they're getting. The deal they'll be getting is that little voucher, that puny little voucher, that puts them at the mercy of insurance companies.

Now, Republicans thrive on resentment. All of Republican politics seems to be built around resentment. I don't want to have a Nation so filled with resentment between generations. Ms. EDWARDS spoke just a moment ago about the contract between generations, that just as our parents took care of us in our childhoods, we will take care of our parents and their generation when they retire. We'll take care of them with our Social Security taxes and our Medicare taxes. They will get those benefits. Yet under the Republican plan, the path to insurance company profits, they won't get Medicare. They'll get that little voucher.

How long is that going to go on before that resentment builds up? How long is that going to go on before the people who are paying the taxes for it and who know they'll never get it are going to say, No, no more of this. We have got to change this?

Madam Chair, what we want is for all Americans to get the same deal. We want the people who are 65 and the people who are 96 to get the same deal, the people who are 70 to get the same deal, the people who are 58 to get the same deal, the people who are 50 and 30 to get the same deal. If this Congress is willing to control costs, even though that means limiting the profits of some of the people who are getting really rich from our dysfunctional health care system, we can do that.

I yield back the balance of my time.

Mr. CICILLINE. I move to strike the last word.

The Acting CHAIR. The gentleman from Rhode Island is recognized for 5 minutes.

Mr. CICILLINE. I rise in opposition to the amendment and in defense of our Nation's seniors, who are really under attack.

Why is that? Because the current Republican budget proposal passed by this House and up for Senate consideration pulls the rug out from underneath our seniors. It ends Medicare by making huge cuts in benefits and by putting insurance companies in charge of our seniors' health care, letting insurers decide what treatment and what tests our seniors will receive.

Under the Republican plan, Medicare will end. It will not only impact our seniors; it will impact the family members of our seniors, who will now have those responsibilities. It will reopen the doughnut hole, making it more expensive for our seniors to get their prescriptions, the prescriptions they need to keep them healthy; and under their plan, they will slash support for seniors in nursing homes while continuing to give subsidies in the billions of dollars to big oil companies.

And what else? More than 170,000 Rhode Islanders, which is my home State, rely on Medicare; and they will literally be paying to give additional tax breaks to the wealthiest Americans in our country. To make matters worse, the nonpartisan Congressional Budget Office determined that this budget actually adds $8 trillion to the national debt over the next decade because its cuts in spending are outpaced by the gigantic tax cuts for the richest Americans.

Our seniors cannot afford this Republican budget. It would deny them health care, long-term care, and the benefits that they have earned. The Republicans' choice to end Medicare by cutting benefits and by turning power over to the insurance companies for the important health care decisions of our seniors will result in reduced coverage and an exposure to greater financial risk for Medicare recipients, costing seniors an estimated $6,000 more each year for their care.

The Congressional Budget Office determined that, under this Republican budget, seniors' out-of-pocket expenses for health care would more than double and could almost triple. They concluded: ''Most elderly people would pay more for their health care under the Republican plan than they would pay under the current Medicare system.''

To put that into context, the CBO found that, in 2030, seniors would pay 68 percent of premiums and out-of-pocket costs under the Republican plan compared to only 25 percent under current law; and it found that the Republican plan means seniors will pay more for their prescription drugs because it reopens the doughnut hole, costing each of the 4 million seniors who fall into that coverage gap up to $9,300 by 2020.

The conservative Wall Street Journal concluded that this plan ''would essentially end Medicare, which now pays for 48 million elderly and disabled Americans, as a program that directly pays those bills.''

Under the guise of deficit reduction, this Republican plan is recklessly attacking vital support systems for our seniors. We all agree that we have to address the deficit. The issue isn't whether we should reduce it but, rather, how we do it. Let's repeal subsidies to Big Oil. Let's eliminate fraud and waste. Let's end the wars that are costing us more than $2 billion a week. We should not be balancing the budget on the backs of our Nation's seniors.

The Federal budget is about more than just dollars and cents. It is a statement of our values and our priorities as a country. The Republican budget reflects the wrong priorities. It would rather cut benefits to our seniors than cut subsidies to Big Oil or corporations that ship our jobs overseas.

By ending Medicare, this Republican budget breaks the promise we made to our seniors to protect them in their golden years. We must do better for our seniors. Medicare has met the health care needs of seniors while providing them with financial stability for more than 40 years. Ending Medicare would pull the rug out from underneath the feet of our seniors during their golden years.

So I ask my colleagues, if we can't protect our Greatest Generation, what's next?

I yield back the balance of my time.

Mr. MCHENRY. I move to strike the last word.

The Acting CHAIR. The gentleman from North Carolina is recognized for 5 minutes.

Mr. MCHENRY. Madam Chair, I've heard my colleagues give volumes of words here today, but I've seen little action. In the 4 years they controlled the U.S. House, they proposed nothing in the way of meaningful entitlement reform: nothing to preserve Social Security, nothing to preserve Medicare, nothing to improve Medicaid and ensure that it's there.

Madam Chair, I ask, where is the plan of these House Democrats who are speaking today? Where is their plan for entitlement reform?

Mr. ANDREWS. Will the gentleman yield?

Mr. MCHENRY. I yield to the gentleman from New Jersey.

Madam Chair, I would ask my colleague, where is his plan on entitlement reform?

Mr. ANDREWS. Does the gentleman favor permitting Medicare to negotiate the price of prescription drugs, the way the VA does, and save $25 billion a year?

Mr. MCHENRY. In reclaiming my time, I would ask, does the gentleman favor the Medicare part D prescription drug benefit, which has a lower cost basis than what your colleagues proposed at the time of enactment?

Mr. ANDREWS. Will the gentleman yield?

Mr. MCHENRY. I'm going to finish up here, my friend.

Madam Chair, in this discussion, there are lots of questions but little substantive action—no policy proposals—to make sure that Medicare is there for the next generation, much less for the end of the Greatest Generation.

I would ask my colleagues to come forward with a substantive plan, not just to take up time here on the U.S. House floor, not to take away time from these important amendments that we have under this open rule here on the House floor. I would ask my colleagues to do something real and substantive rather than to push us to a debt crisis, which their policies and their spending are pushing us towards.

I yield back the balance of my time.

Mr. ANDREWS. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

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

Mr. ANDREWS. My friend who just spoke asked us where the plan is to reduce the debt and deficit. If he is here, I would be happy to yield to him, but I would ask him to consider these ideas.

□ 1700

One, Medicare pays more than twice as much for a Coumadin pill than the Veterans Administration does because we have a law that the majority supported that says that Medicare can't negotiate prescription drug prices. I favor repealing that law and saving at least $25 billion a year. I would ask my friend if he supports that, and I would yield if he would like to answer.

Mr. MCHENRY. Will the gentleman yield?

Mr. ANDREWS. Does the gentleman support that idea?

I yield to the gentleman from North Carolina.

Mr. MCHENRY. Why didn't the gentleman do it when he was in the majority? And I would be happy to yield back the balance of my time. Why is this not in ObamaCare? It's just everything else.

Mr. ANDREWS. Reclaiming my time, we did not do so because we couldn't get two Republican Senators to support it on the other side. We would have done it over here.

Second thing; does the gentleman support stopping the spending of $110 billion a year to occupy Iraq and Afghanistan and instead spend that money here in the United States? Does the gentleman support that? I would ask him if he would like to answer that question.

Mr. MCHENRY. I'm sorry, I didn't hear the question.

Mr. ANDREWS. I'll repeat it. We are spending about $110 billion a year to help finance the Government of Iraq and Afghanistan. I would rather see that $110 billion a year reduce our deficit. Would the gentleman support that?

Mr. MCHENRY. Does the gentleman support the President's war on Libya?

Mr. ANDREWS. I, frankly, do not. But reclaiming my time, I especially don't support paying the bills for Baghdad and Kabul that we could be using to reduce our deficit here at home.

Third, we're going to spend at least $60 billion over the next 10 years to give tax breaks to oil companies that made record profits—$44 billion last year alone—as our constituents are paying over $4 a gallon at the pump. I support repealing those giveaways to the oil industry and putting that money toward the deficit. I don't see the gentleman anymore, I'm not sure how he stands on it, but we support that.

Four, I support the idea that people who make more than $1 million a year might be asked to contribute just a little more in taxes to help reduce this deficit. Now I know the other side is going to say, well, this will hurt the job creators in America. There is an echo in this Chamber. In 1993, President Clinton proposed a modest increase on the highest earning Americans to help reduce the deficit. The former Speaker at the time, or Mr. Gingrich—he wasn't the Speaker at the time, he became the Speaker—said this would cause the worst recession in American history. He was wrong. The gentleman who became the majority leader, Mr. Armey, said that this was a recipe for economic collapse. He was wrong.

When we followed the supply-side trickle down the last 8 years under George W. Bush, the economy created 1 million net new jobs. But when we asked the wealthiest Americans to pay just a little more to reduce the deficit in the 1990s, the economy created 23 million new jobs.

So when they ask, where is the plan, here is the plan: Don't abolish Medicare the way they plan to; negotiate prescription drug prices; stop paying the bills for Iraq and Afghanistan; stop the giveaways to oil companies that make record profits; and ask the wealthiest in this country to pay just a bit more to reduce our deficit. Let's put that plan on the floor and reduce the deficit that way.

Madam Chair, I yield back the balance of my time.

Ms. LEE. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentlewoman from California is recognized for 5 minutes.

Ms. LEE. Madam Chair, I rise in strong opposition to the underlying, very reckless bill, H.R. 1216.

Republicans, and we've heard this over and over again, want to destroy and to deny seniors long-term affordable health care by eliminating programs that are training the future health workforce of our country.

This legislation is really part of an ongoing Republican attack on Medicare under the guise of deficit reduction and fiscal responsibility. It really is about privatizing Medicare, and of course that means that there will be some winners and there will be some losers. The Republican plan to end Medicare threatens the healthy and secure retirement that we promised American seniors. In fact, an end to Medicare is an end to a lifeline that millions of seniors rely on. Medicare gives peace of mind to millions of Americans who pay into it all their lives.

The Republicans want to give aging Americans a voucher, mind you, that will not come close to covering the cost of health care instead of maintaining and improving Medicare. Sure, waste, fraud and abuse must be addressed wherever we find it, including the Pentagon, but we disagree with the Republican agenda that the program must be killed. The Republicans want to end this program when millions of Medicare beneficiaries are struggling to make ends meet, and when we know that Medicare-eligible beneficiaries will double over the next 20 years.

Republicans have the wrong priorities—focused on letting the rich get richer on the backs of the middle class and the most vulnerable in our Nation. Under the guise of reform, Republicans would increase costs for seniors and cut benefits while giving tax cuts to millionaires, subsidies to oil companies, and sending desperately needed jobs overseas.

If the Republicans get their way, millions of seniors would immediately begin paying higher costs for prescription drugs. The impact of killing Medicare will be the most severe on vulnerable and underserved populations, including our seniors of color, while negatively impacting all seniors who rely on Medicare to protect their health and economic security. An end to Medicare is really an end to a lifeline that millions of seniors rely on.

If Republicans have their way, millionaires will continue to get big bonuses while millions of Americans fall deeper into poverty. Madam Chair, approximately 43.5 million Americans were living in poverty in 2009, but did you know that nearly 4 million of

those are seniors? Given our challenged economy, we can't expect these numbers to have improved since 2009.

Medicare is part of a promise made to hardworking Americans to ensure that they would not lack the security of having health care. And so rather than stand silently while Republicans destroy a program that protects vulnerable populations, we are here to speak up and stand up for our mothers and our fathers, our grandmothers and our grandfathers, our aunts and our uncles, and yes, our young people and our children, to be their voice in the House of Representatives. We are here to declare that Medicare should be protected and improved to protect our Nation's seniors and most vulnerable populations, and we are here to say that we want to secure it for future generations.

Ending Medicare really does end this promise and the security for millions of Americans today and in the future. So we are here today to defend Medicare and the support that it gives to our seniors. We must ensure that those who have worked hard their entire lives strengthening our Nation have the health security that they need and deserve in their later years.

Mr. SESSIONS. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentleman from Texas is recognized for 5 minutes.

Mr. SESSIONS. Madam Chairman, I have seen shameless acts on this floor before, and we are watching another one with the last few speakers that we have seen here today.

The facts of the case are—and people know this—we passed a budget resolution which is a construct to ask this House of Representatives to consider a plan so that we do not bankrupt Medicare—which is exactly what anyone who voted for the health care plan on March 21 or 22 1 year ago did. The plan which President Obama and Speaker PELOSI at that time supported took $500 billion out of Medicare to support a plan—which could not be sustained either—which cost $2 trillion for health care. So this year, Republicans have a plan to sustain Medicare that is a market-based plan. It's not a voucher program. Not one person who is presently on Medicare today nor anybody that is 55 years old or older today would be impacted by this plan. It is a plan that says we should challenge the Congress of the United States—including the administration also—to come up with a plan about how we can sustain Medicare, as we do see a doubling over the next 15 years of people who will be expected to participate in that plan.

So that we get this right for once, let me say this: It is not a voucher program. It does not impact anyone that is presently on Medicare. So the shameless things we've heard today about everyone's grandmother and everybody's grandfather and all these people that will be thrown off Medicare, they will be unaffected.

Here's what the plan calls for: It calls for the United States Congress to begin a process with hearings that would allow people who would be on Medicare, instead of a one-size-fits-all plan of Medicare, to have a plan that looks just like what government employees would have, a realistic opportunity for them to choose among several plans, whether they want a basic plan all the way up to a plan in which they could fully participate themselves.

□ 1710

Today, Medicare is a closed, one-size-fits-all process, just like we heard Mr. MILLER, ''We're going to treat everybody the same way.'' It does not work, because not everybody has the same needs as each other. We will have a plan which is market-based, which does not bankrupt this country nor the system, which will allow the individual an opportunity to come into a process and have their own health care just like somebody who works for the Federal Government. It would allow people who were in that program to take money out of their own pocket, to choose their own doctor if they chose to, and to be allowed to supplement those payments. We would probably set a mark, a bar, that said if you make above a certain amount of money, that's not determined yet, but if you had the ability to pay for yourself, you shouldn't rely upon the government. That is another way to make sure that we support the system, because if people have the ability to pay for their own health care, we should allow them to do that and encourage them to do that.

Then we look at how doctors are paid. Doctors today have not only been mistreated by both sides, but in particular as we see doctors not being compensated, they are not available, and it means seniors are being denied coverage because physicians are not being reimbursed properly. It allows us to have a great system, where doctors would want to serve seniors, a great and better system that is market-based whereby the ability that a person has to pay, if they do, then they would pay their own physician and their own way with the minimum support from the government.

The bottom line is, the gentleman from North Carolina asked a relevant question, and the answer that came back was, when he said, what is your plan, the answer that came back was, what about the war and what about oil companies? Well, the facts of the case are, we're talking about Medicare here today, a system that is draining this country from not only its ability to provide outstanding and excellent health care but also a system that takes away choices from seniors.

I yield back the balance of my time.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Members are reminded not to traffic the well when other Members are under recognition.

Mr. RYAN of Ohio. I move to strike the last word.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. RYAN of Ohio. Madam Chair, I rise in opposition to the underlying bill, and I think it's important for us to go back, as we hear about market-based solutions, to why Medicare was started in the first place. There is no market to provide health care for older people, because there's no money to be made. Insurance companies can't make money off of covering old people who get sick, really, really sick.

What this plan does, Madam Chair, and the analysis was, well, it's just going to be like the Federal employee plan, where Members of Congress and Federal employees get a premium support. Well, the premium support that Federal employees get is about 70 some percent of the health care costs, and that number goes up and down with inflation for health care. So no matter what the health care costs are, the Federal employee has 70 some percent of that covered.

The problem with the Republican plan is that the voucher, or the premium support, is hooked to the CPI, the Consumer Price Index, which is 2½ percent, maybe, so the voucher is going to go up at CPI, say, 2½ percent, while health care costs are usually a percent or two above GDP growth, so say we have 4 percent growth, then health care costs are going to go up at 5 percent, maybe 6 percent. So your premium support, or your voucher, is going to increase every year by 2½ percent, while health care costs are going up at 5½ percent. It doesn't take rocket science to figure out that over the course of several years, that voucher becomes worthless, and it will only probably cover 30 percent, maybe, of the cost of the health care that these seniors are going to get.

So let's not sit here and pretend like the senior citizens in the Medicare program are going to somehow be living large and getting some kind of great health care. This dismantles the Medicare program. Period. Done. At least have the courage to come out and say, we want to dismantle the Medicare program.

If you want to look at how far to the right that the Republican Party has gotten on this issue, I've never seen former Speaker Gingrich do a faster or more complete Potomac two-step in my entire life than when he even insinuated that this may not be good for seniors, because the goal now of the Republican Party, Madam Chair, is to dismantle the Medicare program.

They tried years ago to try to privatize Social Security. This is no surprise. And so my question is, Madam Chair, if you're a 55-year-old guy in Youngstown, Ohio, who statistically, over the last 30 years, your wages have been stagnant with no increase in real wages over the last 30 years, now you're saying to them that they've got to come up with another $182,000 to be able to pay for their health care.

You can nod your head ''no'' all you want, Madam Chair. These are the facts. The Congressional Budget Office

says, neutral third party, that the average person going into this Medicare proposal will pay $6,000 more a year. That's not the Democratic study committee or our policy wonk saying it, it's CBO. Six thousand more a year. While the guy's wages have been stagnant for the last 30 years?

And that's where the issue of the oil companies does come in, because we're giving huge breaks to oil companies. We'll take more arrows to protect, on the other side, to protect even thinking about possibly asking the wealthiest 1 percent to pay just a little bit more to help us address this issue. The sky is falling. The world's ending. It's so bad that we can't even muster up the courage to ask Bill Gates and Warren Buffett to just help us out a little bit while we have all these problems and three wars going on at the same time? I mean, come on, Madam Chair, this is not right. This is not right.

So, at the end of the day, the Democratic plan is for Medicare. We keep it to cover senior citizens and their health care when they get older, and if we've got to make adjustments, we make adjustments. But you don't dismantle the entire plan, and you don't at the same time give tax breaks to the oil companies.

The Acting CHAIR. The time of the gentleman has expired.

Mr. RYAN of Ohio. Don't dismantle Medicare, Madam Chair. Don't do it.

Mr. BURGESS. Madam Chairman, I move to strike the last year.

The Acting CHAIR. The gentleman from Texas is recognized for 5 minutes.

Mr. BURGESS. I thank the Chair for the recognition.

You know, if we're going to tell stories here, let's start out with ''once upon a time'' and maybe we can end with ''and they lived happily ever after.''

Whose budgetary plan puts Medicare at the most risk? Is it the responsible Republican plan that was debated on this floor for hours over a month ago? This was a plan that for the first time we had laid out for us a road map, a pathway, for how to save Medicare for people who are going to enter into the program in 20 years', 30 years' time.

Now what is the plan on the other side? Well, there was no plan from House Democrats. There is no plan from the Senate Democrats. There is a plan from the President. The President laid out his aspirational budget, just as the Republicans laid out their aspirational program which was their budget, and the President's aspirational document laid out a very clear path. The President believes in 15 people, not elected by anyone but appointed by him, and their ability to control costs in the Medicare system. It was written into a bill called the Patient Protection and Affordable Care Act. You may remember it.

I have a great deal of sympathy with those on the other side who do not like the Independent Payment Advisory Board. In fact, one of their number wrote an editorial for USA Today yesterday decrying the nature of the Independent Payment Advisory Board, but the sad fact of the matter is, this is the Democratic alternative to the Republican plan to save Medicare into the next 50 years.

□ 1720

That plan, the Democrats' plan, the President's plan, with the Independent Payment Advisory Board, says 15 people are going to be picked, they will be paid well, they will then decide where are the cuts going to occur in Medicare.

Now, true enough, Congress gets an opportunity. This 15-member board will come back to the United States Congress and say, ''Here is the menu of cuts that we believe are necessary to have this year in order to keep Medicare solvent.'' By law, they have to come up with a certain dollar number of cuts. But as the President himself said in his speech to Georgetown here earlier this year, that's a floor, not a ceiling. If we need to save more money, we can go back to the Independent Payment Advisory Board and save more money.

Now, Congress looks at the cuts that are brought to them by this unelected independent board and says, We don't like those cuts. Some of those cuts are going to be very damaging to poor seniors on Medicare. Do we have a choice? Yes. We can vote it up or down. If we vote it down, we have to come up with our own menu of cuts to then deliver to the Secretary of Health and Human Services. What if Congress can't agree? I know. When has that ever happened before? But what if we can't agree amongst ourselves? Do we get to do something like the doc fix that we do every year? No, we do not. That's the whole purpose of the Independent Payment Advisory Board. We cannot intervene on behalf of America's patients because the President's board has spoken.

So Congress can't agree on what these cuts should be.

So what do we do? We continue to fight. But guess what happens? April 15 of the next year, the Secretary of Health and Human Services, whoever he or she may be at that time, gets to institute those cuts that were brought to you by the Independent Payment Advisory Board. Now, is that a good idea?

And I've heard discussion here on the floor today about $6,000. You know what? If you don't fix that sustainable growth rate formula, guess what's going to happen to every senior, rich and poor, who is on the Medicare program? Either they're not going to be able to find a doctor to care for them when they require care, or they're going to have to pay more money. How much money are they likely to pay? About $6,000 per senior.

But look. The Independent Payment Advisory Board, something like that has never happened in this country. In a free society, we've got now an unelected board who is going to tell us what kind of medical care we can get, when we can get it, where we can get it, and most importantly, when you have had enough. And when they say you've had enough, that's it. No more. Dialysis, insulin. It doesn't matter. You're full. You've had your share. That is the problem with the Independent Payment Advisory Board.

And Congress then becomes powerless because frequently we do disagree with each other, and if we can't come to a consensus, the Secretary makes that decision for us. And then the next year starts all over again.

I've got a great deal of sympathy with my friends on the other side of the aisle because they did not include this language in their bill. And we all remember a year ago the very bad process that brought us the Patient Protection Affordable Care Act. And what was that process? It was the Senate on Christmas Eve that passed a House-passed bill that then came back over to the United States House and will the House now agree to the Senate amendment to H.R. 3590? You all remember 3590. It was a housing bill when you passed it in the summer of 2009. It was a health care bill when it came back to the House.

You did not include the Independent Payment Advisory Board in H.R. 3200 for a very good reason. The reason is it's un-American, and you know it, but now you're left to defend it.

I yield back the balance of my time.

Mr. MARKEY. I move to strike the last word.

The Acting CHAIR. The gentleman from Massachusetts is recognized for 5 minutes.

Mr. MARKEY. You know, this is a crazy debate that we're having here right now because the Republicans, they keep saying to the Democrats, Well, what's the plan? So we say to the Republicans, Well, what's your plan? Your plan just seems to be saying to Grandma and Grandpa that they're taking too much. That they really—they're taking America for a ride, and we have to cut Medicare. Their health care is too good. And Grandma and Grandpa, they didn't do enough for America.

So the Democrats, we turn around and say, Hey, how about looking at it this way: How about before you go after Grandma and her Medicare card and how about you say to Warren Buffet, Hey, how about not taking those extra tax breaks?

And the Republicans say, We can't take away any tax breaks from Warren Buffet and all of the other multi-multi-millionaires and billionaires. Because they've contributed so much to America, we don't want to touch their money, even though that would give us hundreds of billions of dollars.

And then we say to them, Well, how about prescription drugs? How about we negotiate the price for prescription drugs, for Medicare, the way we do

with the VA? That would save about a quarter of a trillion dollars over a 10-year period. They say, That would be unfair to the drug companies. We can't touch them either.

Then we say to them, Well, you know, the war in Iraq, the war in Afghanistan, it's winding down now. Maybe we could look into the defense budget and save a few billion dollars there before we ask Grandma to sacrifice on the health care that she gets from Medicare? And the Republicans say, We can't do that either. We can't look at any cuts in the defense budget. That would be much too hard on those defense contractors.

So then we say to them, How about the oil industry? At least the oil industry, the $40 billion in tax breaks which they're going to get over the next 10 years? I mean, does anyone in America really believe that they need tax breaks in order to have an incentive to go out and drill for oil when people are paying $3, $3.50, $4 a gallon at the pump?

But the Republicans say, No. You can't touch the oil companies either. You've got to give big tax breaks to the oil industry as well, even as they're tipping Grandma and Grandpa upside down at the pump when they're coming in to put in their unleaded $4 a gallon gasoline—self-serve, by the way—at the pump.

So what do they do instead? What they do is they put an oil rig on top of the Medicare card so that the oil industry can drill into Grandma's Medicare and pull out the funding in order to provide the tax breaks for Big Oil, for Warren Buffet, for the prescription drug industry, for the wars in Iraq and Afghanistan. It's all off of Grandma. She's the one. We've targeted the person responsible for all of the wasteful spending in the United States. It's all Grandma's fault. Let's cut Medicare. She didn't do enough to build our country through the 1930s, the 1940s, the 1950s, and the 1960s. It's all on Grandma.

So this drill rig that they are building into the pocketbooks of Grandma in order to find that funding, that's what their plan is all about. It's an oil pipeline into the pocketbooks of the seniors. They want to cut checkups for Grandma while they cut checks for the oil companies. They want to cut health care to Grandma and give wealth care to big oil companies and to billionaires and to prescription drug companies.

Their plan is big tax breaks for Big Oil and tough breaks for Grandma and for the seniors in our country.

And the CEO of Chevron? He says it's un-American to think about increasing taxes on the oil industry. You know what I say to him? It's unbelievable that you could make that argument. But even more unbelievable that the Republican Party would accept that argument and cut Medicare for Grandma. To privatize it, to hand it over to the insurance industry, to increase the cost by $6,000 per year for their costs even as they say to Warren Buffet, the oil companies, the big drug companies, the arms contractors, Don't worry. We're going to protect your programs. It's just Grandma that's on the cutting block.

So, ladies and gentlemen, this is a debate of historical dimensions. And until the Republicans come forward with a plan—which they don't have in order to make Medicare solvent—by raising the revenues out of these other areas from millionaires, from the oil industry, and from others, do not expect us to say to Grandma it's her fault. It's not her fault. She built this country. She deserves this benefit. And we should not be cutting it.

This Republican plan to end Medicare is just something that wants to turn it over to the insurance industry. Vote ''no'' on the Republican plan.

Mr. COURTNEY. I move to strike the last word.

The Acting CHAIR. The gentleman from Connecticut is recognized for 5 minutes.

Mr. COURTNEY. I rise in opposition to the underlying bill, which, by the way, is a bill that would repeal a provision of the Affordable Care Act that was aimed at trying to strengthen the primary care infrastructure of this country, which is in fact a huge challenge for the Medicare program, but for some reason over the last couple of months or so, Medicare just seems to be the target.

I think it's important for people to remember that in 1965 when Medicare was passed and signed into law on Harry Truman's front porch, only half of America's seniors had health insurance.

□ 1730

Part of it was because of the cost, but part of it was because the insurance companies would not insure that demographic. It was just simply too high a risk to write insurance policies by individual companies for people who, again, because of nature carried the highest degree of risk in terms of illness and disease. Over time, the genius of Medicare, which was to pool risk, to create a guaranteed benefit, to fund it through payroll taxes, to fund it through Medicare part B premiums, demonstrated that we could raise the dignity and quality of life for people over age 65 and in fact extend life expectancy.

But the Republican Party has been targeting this program over and over again. In the 1990s, they came out with Medicare part C, Medicare Plus Choice, which was again giving insurance companies a set payment who promised to provide a more efficient, lower cost product for seniors. And what happened? Insurance companies enrolled millions of seniors in Medicare Plus Choice products. And realizing in a short space of time that they did not in fact have the funds to create a sustainable product, they canceled coverage for seniors all across the country.

I was at hearings in Norwich, Connecticut, in 1998, where seniors who had signed up for these programs suddenly got notification in mid-policy year that the insurance companies changed their minds, and they dropped them like a hot potato. In many instances, seniors who were in the middle of cancer treatments and chronic disease treatments were left high and dry without coverage. So that program failed.

Later, we had Medicare Advantage. Medicare Advantage was sold on, again, the premise that it would provide coverage for seniors cheaper than regular Medicare. And what in fact happened? The Department of Health and Human Services had to offer insurance companies 120 percent of the baseline costs for Medicare in order to entice insurance companies to participate in the Medicare Advantage program; a ridiculous overpayment, treating unfairly seniors who were in traditional Medicare and paying for Medicare supplemental insurance.

Last year we did something about that unfairness by equalizing the payments to seniors on traditional Medicare and Medicare Advantage. And today what we have is the Ryan Republican plan, which says you get an $8,000 voucher if you are under age 55, and good luck in terms of trying to find coverage, again, in a market that is going to be very, very careful about not extending actual coverage because of the risk that's attached to it.

Now, the rank unfairness of saying that we are going to create a two-tiered system for people over the age of 55 and people under the age of 55 is obvious even in my own family. I am 58 years old. My wife Audrey, who is a pediatric nurse practitioner, is 51. I get one version of Medicare; she gets stuck with the loser version of Medicare under this proposal. Again, the unfairness of it is so obvious to all families across America. And again, it is one that is why I think the public is turning so quickly against the Republican agenda.

And we are told and we are asked: What's your alternative? Well, look at the trustees' report that came out last week. Look at it. What it said was that the Affordable Care Act in fact extended solvency for the Medicare program by 8 years. We did suffer some reductions, but that was because of the economy. Read the trustees' language. The smart efficiencies which were introduced into the Medicare program through the Affordable Care Act in fact have made the Medicare program healthier.

And if you look at the Ryan Republican budget plan, they took every nickel of those savings from the Affordable Care Act. Even though that caucus demagogued all across the country, campaigning about so-called Medicare cuts in the Affordable Care Act, well, the Ryan Republican plan incorporated every single one of those changes in the Affordable Care Act.

But at the same time, it took away all the benefits of the Affordable Care Act in terms of helping seniors with prescription drug coverage, annual checkups, cancer screenings, smoking cessation, all of the smart changes which the Affordable Care Act made to provide a better, smarter, more efficient Medicare benefit for seniors.

The fact of the matter is that the Democrats do have an alternative. We have a program which we passed last year which, for the first time in decades, extended the solvency of the Medicare program.

Let's not abandon it. Let's preserve the guaranteed benefit for seniors. Let's reject the Ryan Republican Medicare plan.

Mr. MCDERMOTT. Madam Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from Washington is recognized for 5 minutes.

Mr. MCDERMOTT. Madam Chairman, I rise in opposition to this underlying bill.

It reminds me, as I listen to this debate, of debates around the Vietnam War. I remember a village that was napalmed by a military unit, and the officer who had them do it, he was asked why he did it. He said, well, I destroyed it to save it. Now that's the argument we are hearing today on Medicare. We have to destroy it to save it.

Now ask yourself—and there are a lot of people watching, Madam Chairman. If I were sitting at home trying to figure out what's this all about, well, why would Representative RYAN suggest that a voucher system is the way to save Medicare because of the rising costs? Everyone knows that the costs of Medicare and medication and health care in this country are totally out of control.

Now, President Obama came up with a plan which he brought out here. It wasn't like he created something that nobody had ever thought about before in the whole United States. He looked at the State of Massachusetts. It's been a place where a lot of great things have come from. And he saw what Governor Romney, a Republican, a Republican thought that we ought to have a universal plan for Massachusetts, and so they passed the law and they covered everybody in Massachusetts.

Now, then came the question: Once you have got access for everybody, how do you control the costs? Well, then the problems developed. And the problem was they found in Massachusetts they didn't have enough primary care physicians. Now, what does that have to do with it? That's what this bill is about. This bill is about the training of primary care physicians.

What everybody in this country needs is a physician that knows them and is a medical home. When they get sick, they go to that person. The doctor knows them. If they need some preventive care, the doctor takes care of it. The doctor does it in a very cost efficient way, before the catastrophes.

Now, for the many people in this country who don't have a primary care physician, they sit at home and say, well, I've got to wait until I am really, really sick, and then they go to the emergency room. Now, if you have your blood pressure monitored and you take medication, you can live a long life; but if you don't, you are very likely to wind up with a stroke.

Now, we spend millions of dollars in hospitals on stroke victims that could have been prevented by good primary care. And we say to ourselves, well, why don't we have more primary care physicians? Well, because the health care system is designed to take care of people after the big event. After they have got the cancer, we will spend millions of dollars on cancer treatment. We will spend millions of dollars on heart problems, on all these things where prevention could have prevented it all and cost less. That's what every industrialized country in the world has done.

It's why the Swiss are able to provide universal coverage to everybody in Switzerland for a little over one half of what we spend in the United States. Because they provide good preventive care in the form of general practice, general medicine. That's true in England, in Norway, in Canada, in every other country except the United States, where we are dominated by specialists.

Now, in this country, if you get sick or you have a pain, if you don't have a primary care physician, a doctor who knows you, you call up your friends and you say, I've got a pain in my leg. What should I do? And they say, well, I saw an orthopedic surgeon, and his name is such, and so you go to a specialist. And that specialist looks at your leg. He doesn't look at all the rest of you. He doesn't know what's going on with you. He doesn't know your whole history.

When I started in medical school, the maxim we were taught at the very beginning was: Listen to the patient. He is telling you what's the matter with him. And everybody knows that doctors are running on a conveyor belt today, one right after another, no time to listen because we have not invested in primary care physicians.

□ 1740

Now, the average kid going to medical school would like to take care of people; but when he comes out, or she comes out, they are $250,000 in debt. This bill is making that problem worse and, therefore, is bad for Grandma and everybody else.

Mr. GINGREY of Georgia. Madam Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. GINGREY of Georgia. Madam Chairman, sitting in my office and listening to this debate, and I can't help but feel that this is nothing but a bunch of demagoguery on the part of our colleagues on the Democratic side of the aisle.

I take this opportunity to oppose the amendment, but, more importantly, to ask my colleagues to stop this demagoguery in regard to throwing Grandma under the bus in reference to the Medicare program and what our side of the aisle has proposed in the Republican budget.

You know, the average age of this body is 58 years old. Almost all of us are Grandma and Grandpa, and you are running these ads all across the Nation, I guess, particularly in New York 26, showing a reasonable facsimile of our fantastic chairman of the Budget Committee pushing Grandma in a wheelchair off the cliff.

Look, New York 26 is over. You don't need any more votes. Stop all this demagoguery.

You have done nothing in regard to the Medicare program. What is there in the 2012 budget, in the Obama budget, that does anything toward trying to solve the Medicare program, which will be bankrupt in 2024 if nothing is done? That is the total irresponsibility and the hypocrisy of this side of the aisle, Madam Chairman.

And the responsible side of the aisle is the Republican side of the aisle which says, look, let's save this program for our children and our grandchildren, guarantee, protect and strengthen it for Grandma and Grandpa, our current seniors, and not only the current seniors who are 65 and those who are disabled and already on the Medicare program, but anybody who will come into the Medicare program within the next 10 years.

And, you know, Madam Chairman, at that point, in 2022, you will have about 65 million people on the Medicare program as we know it, traditional Medicare; and they will be on that program until their natural death and many of them, thank God, because of our great health care system in this country, will live to be 90 years old.

So this idea of killing Medicare is an absolute misinterpretation, and you know it. You are misleading the American people.

This program that we are proposing, and it's a proposal, it's something that we can work together on both sides of the aisle, we can negotiate, you know, it's not set in stone—but what we say, what Speaker BOEHNER says, what Chairman RYAN says is, look, let's try this program in 2022 where people who are coming into Medicare at age 65, many of whom are working and in excellent health, we will simply give them a premium support, but not a voucher in their hands, but to send to the insurance company of their choice. Let them get their medical care where Members of Congress get their medical care. Let them have the same options to choose from, Madam Chairman.

That's what's this is about. And the average, if it is $8,000, it will be adjusted every year for inflation and that average 8,000 will be higher for an individual who comes into the Medicare

program at age 65 that is already sick, that already has heart disease or diabetes or is on dialysis. It's somebody, as they get older, that premium support will increase.

This is the way we save the Medicare program; and, oh, yes, by the way, folks like us, like members of the subcommittee, our premium support will be significantly less because we are not Warren Buffett, but we can afford to pay more, and we should pay more. If that's $4,000 a year more, so be it. We save the program for those who need it the most, those who are middle- and low-income seniors, and that is the compassionate thing to do.

So, colleagues, stop this demagoguery. Let's get together, let's work together and solve this problem once and for all.

I yield back the balance of my time.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Members are reminded to address their comments to the Chair.

Ms. SCHAKOWSKY. I move to strike the last word.

The Acting CHAIR. The gentlewoman from Illinois is recognized for 5 minutes.

Ms. SCHAKOWSKY. I am getting a real kick out of this debate. I really am. You know, we hear one after another of my Republican colleagues coming up here and self-righteously talking about ending the demagoguery and we should end the TV ads.

And I just want to remind you that through the 2010 elections, the Republicans went on television and, yes, how about demagogued, the issue of Medicare, saying that Democrats wanted to cut $500 billion from Medicare.

Well, let's talk about the truth. We were challenged, just a little while ago: What is your plan? Well, here was our plan to save Medicare and that was to say in The Affordable Care Act, yes, we are going to cut subsidies to the insurance companies that meant that we were bilking the government and the taxpayers, and we were having to overpay them, and, yes, we are going to cut waste and fraud from the Medicare program.

And that's how we are going to save $500 billion. But not only would we not cut a single penny from benefits, but we were actually able to increase benefits while trimming Medicare.

We, you know—so you scared the heck out of seniors but never mentioned, of course, at the same time we reduced the cost of Medicare.

We improved Medicare by adding to its solvency; we closed the doughnut hole, making prescription drugs more affordable; and we provided a wellness exam every year at no cost; and we provided preventive services with no cost sharing. But nevertheless, on television, those ads warned against those Democrats who didn't cut one thing from Medicare and improve it. And now you are saying, well, we are not going to do anything to people 55 and under. To me that sounds like 55 and under, you better look out.

Now, the ads in New York are working because people love their Medicare. And what they don't want to see, you know, all but four Republicans voted to literally end Medicare.

You can call it something else, but you can't call it Medicare because those guaranteed benefits are gone. It makes huge cuts in Medicare benefits. Seniors that fall under the new plan would have to pay about $6,000 more a year. That's what the Congressional Budget Office says, $6,000 more a year out of pocket for their health care, and it would put insurance company bureaucrats in charge of seniors' health care, letting insurers decide what tests and what treatment that seniors get, throwing seniors back into the arms of the insurance companies who have shown no love to them.

And so let's look at what the American people think about Medicare. Well, if you are 65 years and older, 93 percent of Americans say the Medicare program as it is right now is very important or somewhat important to them, actually 83 percent very important.

If they are 55 to 64, 91 percent say Medicare is very important; and if you are 40 to 54, we have got 79 percent of Americans who say the Medicare program is very or somewhat important; and if you are 18 to 39, 75 percent.

□ 1750

People get it. Medicare works. Medicare is efficient. Medicare is good for our country, for people with disabilities and for the seniors. And if we are looking to save Medicare, we do have a plan. We know how to make that more efficient. We have done it in the Affordable Care Act. And we are willing to sit down and talk about how we make Medicare more efficient, but not by ruining, destroying and getting rid of Medicare to the point that you've got to find another name. It won't be Medicare anymore.

And so they've admitted, it seems to me, that people 55 and younger, you better look out. Because that program that will allow our seniors to live perhaps to 90 years old, people who are going to be eligible for Medicare as it is right now will no longer be in place. And we are not talking about rich people——

The Acting CHAIR. The time of the gentlewoman has expired.

Ms. SCHAKOWSKY. We're talking about poor seniors and middle class people.

Don't support this plan.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Members are reminded to refrain from trafficking the well while another Member is under recognition.

Mr. WOODALL. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentleman from Georgia is recognized for 5 minutes.

Mr. WOODALL. Madam Chair, like my colleague from Georgia, I too was sitting back in my office. I saw the debate break out on the floor of the House on the Medicare proposal, the proposal to rescue Medicare from certain bankruptcy. And I wondered, because I sit on the Rules Committee, and the Rules Committee has one of the great pleasures of deciding what comes to the floor, how it comes to the floor and what goes on, and I knew that this wasn't Medicare reform day. This was the amendment by my colleague from North Carolina (Ms. FOXX) to protect life. It was an amendment to a bill brought to the floor by my colleague, Mr. GUTHRIE, which restores congressional oversight and regular order through the appropriations process, those things that I ran for Congress to do. And I rise in strong support both of the Foxx amendment and of Mr. GUTHRIE's underlying bill.

But when I heard this talk about Medicare and all the games and what has happened in the past, I have to say, I have only been here—this is, what, month number 5 for me. I'm still brand new, and I'm still optimistic enough to believe that it doesn't have to all be about sound bites, that it really can be about solutions.

And I want to say to my colleagues on the Democratic side of the aisle, when you say that you came up with a proposal in the President's health care bill last year to deal with Medicare, I believe you. I take you at your word. I read through that, too. I saw that Medicare Advantage was removed as an option for seniors. That distressed me. I saw that new benefits, as Ms. CASTOR just referenced, had been added, Madam Chair, added to a program that's already going bankrupt. I saw that that is one direction that you can take the Medicare program.

Now I'm a proud member of the House Budget Committee, the House Budget Committee that worked hard and long to produce the Medicare reform proposal that we're talking about, oddly enough, here today. And it's a program that saves Medicare for everybody 55 years of age and under and provides them with choice.

I just want to tell a personal story. I don't consume a lot of health care. I've been very blessed in that regard. But I had to go in for a chest CT the other day. I have a medical savings account, so I'm responsible for the first couple of thousand dollars of my health care bill. So the first health care I consumed was my chest CT. I got on the Internet and started shopping around. It turns out that the difference between the cheapest chest CT and the most expensive chest CT in my part of Georgia is four times—four times. I got in the car. I drove across town and spent my $4 a gallon for gas to go get the cheap one. It turns out the really expensive one was right next door. I could have walked right next door.

Folks, when we talk about how we, we the United States Congress, we the U.S. House of Representatives voted to

save Medicare in the 2012 budget proposal, we talked about saving it by providing choice. Again, my colleagues are exactly right. We did that in 1997. That was the debate, can we save Medicare in 1997 by providing more choice? Well, we succeeded with adding Medicare Advantage, but we didn't get much further than that. This is that next step. This is that next step because we know that choice matters. We know that choice matters.

The gentleman who held my seat and has been retired used to tell the story of his mother in upstate Minnesota, and every Tuesday she would go to the doctor with a group of friends just to make sure everything was okay, just to get checked out. She was on Medicare. One day, there was a terrible snowstorm in Minnesota. The winds were blowing and the snow was piling up. They all got together on Tuesday, and Edna wasn't there, and they began to get worried. They called around and they asked around. It turned out Edna just wasn't feeling well. She couldn't be there that day.

You make different choices when you're not responsible for the bills. And we do that over and over and over again. This isn't just a Medicare issue. This is a philosophical difference between these two sides of the aisle about what kind of an America we are going to live in going forward. Are we going to live in one where folks take care of you but they tell you the manner they're going to do it? Or do we live in one where we help you along but you get to make those fundamental choices for you?

It's clear to me why my constituents sent me to Washington as a first-time elected official this year. It's clear to me where the 2012 budget proposal takes this House and takes this country.

I implore my colleagues, we can absolutely argue about your plan as it was introduced in the President's health care bill and our plan as it was introduced in the fiscal year 2012 budget proposal, but let's not, let's not make it anything other than what it is. It's a difference in two visions. Yours saves Medicare for 6 years. Ours saves Medicare for a lifetime. And, Madam Chair, I think we owe the voters no less.

Mr. PERLMUTTER. Madam Chair, I move to strike the last word.

The Acting CHAIR. The gentleman from Colorado is recognized for 5 minutes.

Mr. PERLMUTTER. I just say to my friend from Georgia, who really is my friend, that this isn't about demagoguery, sir. And what I would say, Madam Chair, the issue before us is: What got our country into a financial pickle? The Republicans want to pick on Medicare, but Americans know.

I had a Government in the Grocery this weekend, and an older gentleman came up to me. He said, Why is there such a focus on Medicare, something that has been working for 50 years? It's helping seniors have healthier, longer lives. What's the big deal? He said that 10 years ago this country was running a surplus, running a surplus, revenues exceeded expenses. Under Bill Clinton, revenues were exceeding expenses. But then there was a decision under the Bush administration to cut taxes. Okay. If revenues are exceeding expenses, then maybe that's okay. That cost us $1 trillion over the next 10 years. Then came the decision to prosecute two wars. He said to me that two wars cost us about $1 trillion, too, didn't it, Mr. Congressman? I said, Yeah. He said, Okay. Medicare 10 years ago was fine, revenues exceed expenses. Now we've got tax cuts for millionaires and billionaires, $1 trillion dollars; two wars, $1 trillion; and then there was this big crash on Wall Street where we lost revenues and we had bigger expenses. That was a couple trillion dollars, wasn't it, sir? I said, Yeah, that's about right. And he said, So why—that turned our budget upside down. So now why are we focusing on Medicare? Why blame Medicare for $4 trillion of losses to the United States? It wasn't Medicare that is harming the financial success of this country. So why all the blame when this program really has been working for seniors for so long?

So I would say to my friends on the Republican side of the aisle, this is a program that my friends haven't liked since its inception. This is a program that Republicans haven't liked from its inception.

So to turn the target into Medicare and not say to have tax cuts for millionaires and billionaires, that that should be part of the whole equation of balancing our budget, or taking away the incentives and all of the tax benefits for oil companies at $100 a barrel but say, no, we're going to focus on Medicare, in my opinion, that's just wrong.

Mr. GINGREY of Georgia. Will the gentleman yield?

Mr. PERLMUTTER. I yield to the gentleman from Georgia.

Mr. GINGREY of Georgia. I appreciate the gentleman from Colorado, my good friend, for yielding.

I would just rhetorically ask, and maybe he would like to definitively answer, how much of the windfall profit taxes, if you will, against Big Oil, Big Pharma, big anything, are you going to put back into the Medicare program? And, by the way, how much of the Medicare Advantage cuts that came from ObamaCare are actually going back into the Medicare program as we know it?

Mr. PERLMUTTER. Reclaiming my time, I would say to my friend from Georgia, do you know what? If those tax benefits are taken away at $100 a barrel, we can put them into Medicare. We can use them to balance the budget. But I heard my other friend from Georgia say, well, this is what's causing the bankruptcy.

□ 1800

That is just not true. This country was running a surplus, for goodness sake, and Americans understand that. They know what got us into trouble financially, and it wasn't Medicare. So now to take it out of Medicare and just take it out of our senior citizens where a program is actually working, the goal of that program is so Americans could live longer, healthier lives in their senior years. It's working. But no, let's go blame that instead of the tax cuts for millionaires and billionaires. Let's forget about those wars and the cost to the country, and let's forget about the fact that we had a crash on Wall Street.

My friends on the Republican side of the aisle say: Hey, this is a perfect time to go after Medicare. We didn't like it before, we still don't like it; let's get it.

With that, I yield back the balance of my time.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments——

POINT OF ORDER

Mr. WEINER. Madam Chair, I rise to a point of order.

The Acting CHAIR. The gentleman will state his point of order.

Mr. WEINER. Madam Chair, under the rule, Members are entitled to 5 minutes to speak to the matter at hand. Members are waiting; principally among them is myself waiting at the microphone to be recognized for that purpose. And now it sounds like you are proceeding to shut down debate. I say that it is in violation of the order of the House, as decided by the Rules Committee, to permit Members to speak for 5 minutes on this matter. It is early in the evening, and many Members are waiting to speak.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, the Chair may resume proceedings on a postponed question at any time, even while another amendment is pending.

PARLIAMENTARY INQUIRY

Mr. WEINER. Madam Chair, point of parliamentary inquiry.

The Acting CHAIR. The gentleman will state his parliamentary inquiry.

Mr. WEINER. So the Chair is deciding, notwithstanding the fact that a Member is standing here to speak about the plan to end Medicare, not to mention Members are here seeking to be recognized, I believe of both parties, the Chair is choosing at this moment that this is the propitious moment to cut off debate, early in the evening when we have plenty of work to do and Members seek to speak and offer amendments?

Is the Chair deciding arbitrarily, or was she given guidance to do this by the Republican leadership who don't want to hear any more critique of their plans to end Medicare?

The Acting CHAIR. The Chair is exercising her discretion to resume proceedings on a postponed question at any time.

Pursuant to clause 6——

Mr. WEINER. * * *

The Acting CHAIR. The gentleman is not recognized.

Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments printed in the CONGRESSIONAL RECORD on which further proceedings——

MOTION TO RISE

Mr. WEINER. Madam Chair, I move that the Committee do now rise.

The Acting CHAIR. The question is on the motion to rise.

The question was taken; and the Acting Chair announced that the noes appeared to have it.

RECORDED VOTE

Mr. WEINER. Madam Chair, I demand a recorded vote.

A recorded vote was ordered.

The Acting CHAIR. Following this 15-minute vote, proceedings will resume on those amendments printed in the CONGRESSIONAL RECORD on which further proceedings were postponed, in the following order:

Amendment No. 2 by Mr. TONKO of New York.

Amendment No. 9 by Mr. CARDOZA of California.

The Chair will reduce to 5 minutes the minimum time for any electronic vote after the first vote in this series.

The vote was taken by electronic device, and there were—ayes 14, noes 397, not voting 20, as follows:

[Roll No. 335]

AYES—14

Capuano
Cleaver
Conyers
Frank (MA)
Green, Gene
Johnson (IL)
Kucinich
Lee (CA)
Miller, George
Payne
Schakowsky
Watt
Waxman
Weiner

NOES—397

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 (PA)
Brady (TX)
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)
Clarke (NY)
Clay
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Cooper
Costa
Costello
Courtney
Cravaack
Crawford
Crenshaw
Critz
Crowley
Cuellar
Culberson
Cummings
Davis (CA)
Davis (IL)
Davis (KY)
DeFazio
DeGette
DeLauro
Denham
Dent
DesJarlais
Deutch
Diaz-Balart
Dicks
Dingell
Doggett
Dold
Donnelly (IN)
Doyle
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Edwards
Ellison
Ellmers
Emerson
Engel
Eshoo
Farenthold
Farr
Fattah
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Fudge
Gallegly
Garamendi
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Green, Al
Griffin (AR)
Griffith (VA)
Grijalva
Grimm
Guinta
Guthrie
Gutierrez
Hall
Hanna
Harper
Harris
Hartzler
Hastings (FL)
Hayworth
Heck
Heinrich
Hensarling
Herger
Herrera Beutler
Higgins
Himes
Hinchey
Hinojosa
Holden
Holt
Honda
Hoyer
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Inslee
Israel
Issa
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Kaptur
Keating
Kelly
Kildee
Kind
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kissell
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maloney
Manzullo
Marchant
Marino
Matheson
Matsui
McCarthy (CA)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McKinley
McNerney
Meehan
Meeks
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Moran
Mulvaney
Murphy (CT)
Murphy (PA)
Myrick
Nadler
Napolitano
Neal
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olver
Owens
Palazzo
Pallone
Pascrell
Paul
Paulsen
Pearce
Pelosi
Pence
Perlmutter
Peters
Peterson
Petri
Pitts
Platts
Poe (TX)
Polis
Pompeo
Posey
Price (GA)
Price (NC)
Quayle
Quigley
Rahall
Rangel
Reed
Rehberg
Reichert
Renacci
Reyes
Ribble
Richardson
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
Rush
Ryan (OH)
Ryan (WI)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schiff
Schilling
Schmidt
Schock
Schrader
Schwartz
Schweikert
Scott (SC)
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Southerland
Speier
Stark
Stearns
Stivers
Stutzman
Sullivan
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tierney
Tipton
Tonko
Towns
Tsongas
Turner
Upton
Velázquez
Visclosky
Walberg
Walden
Walsh (IL)
Walz (MN)
Wasserman Schultz
Waters
Webster
Welch
West
Westmoreland
Whitfield
Wilson (FL)
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Woolsey
Wu
Yarmuth
Yoder
Young (AK)
Young (FL)
Young (IN)

NOT VOTING—20

Braley (IA)
Filner
Frelinghuysen
Giffords
Hanabusa
Hastings (WA)
Hirono
Jackson (IL)
Langevin
Long
Markey
McCarthy (NY)
McMorris Rodgers
Moore
Olson
Pastor (AZ)
Pingree (ME)
Sewell
Sutton
Van Hollen

□ 1830

Messrs. PERLMUTTER, GOHMERT, ACKERMAN and LEWIS of Georgia, Mrs. HARTZLER, Ms. HERRERA BEUTLER, Ms. GRANGER and Ms. SLAUGHTER changed their vote from ''aye'' to ''no.''

So the motion to rise was rejected.

The result of the vote was announced as above recorded.

Stated against:

Mr. FILNER. Madam Chair, on rollcall 335, I was away from the Capitol region attendng the Civil Rights Freedom Riders' 50th Anniversary Celebration. Had I been present, I would have voted "no."

AMENDMENT NO. 2 OFFERED BY MR. TONKO

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from New York (Mr. TONKO) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 186, noes 231, not voting 14, as follows:

[Roll No. 336]

AYES—186

Ackerman
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Brady (PA)
Brown (FL)
Butterfield
Capps
Capuano
Cardoza
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Frank (MA)
Fudge
Garamendi
Gibson
Gonzalez
Green, Al
Green, Gene
Grijalva
Gutierrez
Hanna
Harris
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Jones
Kaptur
Keating
Kildee
Kind
Kissell
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maloney
Markey
Matheson
Matsui
McCollum
McDermott
McGovern
McIntyre
McNerney
Meeks
Michaud
Miller (MI)
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Payne
Pelosi
Perlmutter
Peters
Peterson
Polis
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson

Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Shuler
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Weiner
Welch
Wilson (FL)
Woolsey
Wu
Yarmuth

NOES—231

Adams
Aderholt
Akin
Alexander
Altmire
Amash
Austria
Bachmann
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Bishop (UT)
Black
Blackburn
Bonner
Bono Mack
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Cooper
Cravaack
Crawford
Crenshaw
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Harper
Hartzler
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Johnson, Sam
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marino
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paul
Paulsen
Pearce
Pence
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (NE)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Walberg
Walden
Walsh (IL)
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOT VOTING—14

Braley (IA)
Carnahan
Filner
Frelinghuysen
Giffords
Hanabusa
Hastings (WA)
Jackson (IL)
Long
McCarthy (NY)
Pastor (AZ)
Pingree (ME)
Smith (NJ)
Webster

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR (during the vote). There are 2 minutes remaining in this vote.

□ 1838

So the amendment was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. FILNER. Madam Chair, on rollcall 336, I was away from the Capitol region attending the Civil Rights Freedom Riders' 50th Anniversary Celebration. Had I been present, I would have voted "aye."

AMENDMENT NO. 9 OFFERED BY MR. CARDOZA

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from California (Mr. CARDOZA) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 182, noes 232, not voting 17, as follows:

[Roll No. 337]

AYES—182

Ackerman
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Brady (PA)
Brown (FL)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Connolly (VA)
Conyers
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
Denham
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Frank (MA)
Fudge
Garamendi
Gonzalez
Green, Al
Green, Gene
Grijalva
Gutierrez
Harris
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Holden
Holt
Honda
Hoyer
Inslee
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kissell
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maloney
Markey
Matheson
Matsui
McCollum
McDermott
McGovern
McIntyre
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Payne
Pelosi
Perlmutter
Peters
Peterson
Polis
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Shuler
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Weiner
Welch
Wilson (FL)
Woolsey
Wu
Yarmuth

NOES—232

Adams
Aderholt
Akin
Alexander
Altmire
Amash
Austria
Bachmann
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Bishop (UT)
Black
Blackburn
Bonner
Bono Mack
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman (CO)
Cohen
Cole
Conaway
Cooper
Cravaack
Crawford
Crenshaw
Culberson
Davis (KY)
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Hartzler
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marino
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paul
Paulsen
Pearce
Pence
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOT VOTING—17

Braley (IA)	Hastings (WA)	McCarthy (NY)
Duncan (TN)	Israel	Pastor (AZ)
Filner	Jackson (IL)	Pingree (ME)
Frelinghuysen	Johnson, Sam	Turner
Giffords	Jones	Whitfield
Hanabusa	Long	

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR (during the vote). There are 2 minutes remaining in this vote.

□ 1845

So the amendment was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. FILNER. Madam Chair, on rollcall 337, I was away from the Capitol region attending the Civil Rights Freedom Riders' 50th Anniversary Celebration. Had I been present, I would have voted "aye."

Stated against:

Mr. TURNER. Madam Chair, on rollcall No. 337, I was unavoidably detained and did not vote. Had I been present, I would have voted "no."

Mr. GUTHRIE. Madam Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. WOMACK) having assumed the chair, Mrs. CAPITO, Acting Chair of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 1216) to amend the Public Health Service Act to convert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations, had come to no resolution thereon.

GENERAL LEAVE

Mr. MCKEON. 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. 1540.

The SPEAKER pro tempore (Mr. COFFMAN of Colorado). Is there objection to the request of the gentleman from California?

There was no objection.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2012

The SPEAKER pro tempore. Pursuant to House Resolution 269 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1540.

□ 1849

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 1540) to authorize appropriations for fiscal year 2012 for military activities of the Department of Defense and for military construction, to prescribe military personnel strengths for fiscal year 2012, and for other purposes, with Mr. WOMACK in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentleman from California (Mr. MCKEON) and the gentleman from Washington (Mr. SMITH) each will control 30 minutes.

The Chair recognizes the gentleman from California.

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

Mr. Chairman, I rise in support of H.R. 1540, the National Defense Authorization Act for Fiscal Year 2012, which overwhelmingly passed the Committee on Armed Services on a vote of 60–1. In keeping with the committee's tradition of bipartisanship, Ranking Member SMITH and I worked collaboratively to produce the bill and solicited input from each of our Members.

The legislation will advance our national security aims, provide the proper care and logistical support for our fighting forces and help us meet the defense challenges of the 21st century. The bill authorizes $553 billion for the Department of Defense base budget, consistent with the President's budget request and the allocation provided by the House Budget Committee. It also authorizes $18 billion for the development of the Department of Energy's defense programs and $118.9 billion for overseas contingency operations.

The legislation we will consider today also makes good on my promise, when I was selected to lead the Armed Services Committee, that this committee would scrutinize the Department of Defense's budget and identify inefficiencies to invest those savings into higher national security priorities. We examined every aspect of the defense enterprise, not as a target for arbitrary funding reductions, as the current administration has proposed, but to find ways that we can accomplish the mission of providing for the common defense more effectively.

The National Defense Authorization Act for Fiscal Year 2012 achieves these goals by working to:

Ensure our troops deployed in Afghanistan, Iraq and around the world have the equipment, resources, authorities, training and time they need to successfully complete their missions and return home safely;

Provide our warfighters and their families with the resources and support they need, deserve and have earned;

Invest in the capabilities and force structure needed to protect the United States from current and future threats, mandate physical responsibility, transparency and accountability within the Department of Defense; and

Incentivize competition for every taxpayer dollar associated with funding Department of Defense requirements.

Mr. Chairman, I know there have been many questions raised by the ACLU and others relating to a provision in our bill dealing with the 2001 authorization for use of military force. I would like to address some of those concerns now.

Section 1034 of the NDAA affirms that the President is authorized to use all necessary and appropriate force against nations, organizations, and persons who are part of or are substantially supporting al Qaeda, the Taliban and associated forces.

It also explicitly affirms the President's authority to detain certain belligerents who qualify under this standard I just described, which Congress has never explicitly stated. It's important to note that the U.S. Supreme Court has accepted the President's authority to detain belligerents as within the powers granted by the AUMF.

Moreover, the language in section 1034 is very similar to the Obama administration's interpretation of the authorities provided pursuant to AUMF, in particular, a March 13, 2009, filing in the U.S. District Court for the District of Columbia. While U.S. courts have accepted the administration's interpretation of the AUMF, it is under constant attack in litigation relating to the petitions filed by Guantanamo detainees.

Because of these ongoing challenges, the administration's interpretation may receive less favorable treatment over time if Congress refuses to affirm it. Section 1034 is not intended to alter the President's existing authority pursuant to the AUMF in any way. It's intended only to reinforce it. I believe that our men and women in uniform deserve to be on solid legal footing as they risk their lives in defense of the United States.

Finally, some have suggested section 1034 was included in the dark of night. I note that this language was originally included in the Detainee Security Act of 2011 introduced on March 9 and was discussed during a committee hearing on March 17. We have sought input from the administration, as well as Ranking Member SMITH, his staff and numerous outside experts. Moreover, the process used to craft this legislation is historic in its transparency. In fact, a copy of my mark was distributed to committee members' offices 5 days before our markup. The legislation, including funding tables, was posted online nearly 48 hours in advance of our markup.

It's also noteworthy that there are no earmarks in the National Defense Authorization Act for Fiscal Year 2012. Every Member request to fund a defense capability was voted on and includes language requiring merit-based or competitive selection procedures. To those who are concerned that members may unduly influence the Department of Defense to direct funds to a particular entity, I can only recall the words of my good friend, the former chairman of the Armed Services Committee, Ike Skelton, who would say, Read the amendment. What does it say? If DOD chooses to violate the law and the text of a provision in the

NDAA requiring merit-based selection, the Armed Services Committee will take them to task.

Finally, I thank the chairman and the ranking member of the Rules Committee for working with us to bring this measure to the floor. I urge all of my colleagues to support passage of this bill. In partnership with you, we look forward to passing the 50th consecutive National Defense Authorization Act.

I reserve the balance of my time.

Mr. SMITH of Washington. Mr. Chairman, I yield myself such time as I may consume.

I too rise in support of this bill, the 2012 National Defense Authorization Act. I want to begin by thanking the chairman and our staffs for the outstanding work that they have done putting together this bill.

I think Mr. MCKEON has more than risen to the level of the bipartisan tradition of our committee. He has upheld the tradition held by our predecessors that this committee should work together, Republicans and Democrats, that it should be an open and transparent process.

I can say that I and my staff feel very, very good about the open process that we have had, although we have not agreed on everything—we do not agree on everything—that is in the bill; but where there were disagreements, we had an open and honest dialogue. We had votes in the committee, and now we will have votes on the floor.

And overall I think the chairman and the members of both parties and staffs have put together a very strong bill that will protect our national defense and meet the primary duty of this Congress, and that is provide for the national defense and the national security of our country. So I thank the chairman and his staff for that work, and I look forward to continuing to work with him throughout this process.

I also want to note one of our members, who was not able to be there during the course of our markup as she usually is, but nonetheless contributed greatly to the process. We all miss Congresswoman GABRIEL GIFFORDS' presence on the committee, but we work very closely with her staff on issues and priorities that have been important to her during her time on the committee, and she and her staff are still doing an outstanding job with the committee in contributing to this process. So I thank them, and we all look forward to GABBY coming back to this body and continuing her work.

In putting together this bill, there are five main areas of priorities that I think we should focus on. First and foremost, whenever we have troops out in the battlefield, as they are in Afghanistan and Iraq, and also spread out in a whole lot of other countries, priority number one has to be to make sure that we give them the support, the equipment and the means necessary to carry out the mission that we have given them.

I believe that this bill prioritizes that, both within the base bill and within the overseas contingency operations funding to make sure that our troops in Afghanistan and Iraq, elsewhere, have the equipment they need to carry out the mission that we have given them.

Second, I believe the counterterrorism in the fight against al Qaeda must continue to be a top priority of this committee, and I believe that we strongly support that once again. We all learned as a Nation and the world, with the killing of Osama bin Laden, how effective our Special Operations Command and other elements of our counterterrorism policy can be, but we also need to be mindful that the job is not done, and we continue to fund those priorities.

I do want to specifically commend the folks at the Special Operations Command. I had the great privilege of chairing the subcommittee that has had jurisdiction over the Special Operations Command for 3 years. They do a fantastic job for our Nation. Certainly, everybody saw that in the case of getting bin Laden; but they do it every day in many, many ways that many people do not know and do not recognize, so I thank them for their outstanding work.

We also have a huge challenge with the budget. As the chairman mentioned, finding efficiencies in the Defense budget is going to be critical. As we have heard on this floor over and over in many contexts, we have a massive deficit. We have a deficit that is over 33 percent of what we spend. The Defense budget is 20 percent of the overall budget. You cannot take 20 percent of the overall budget off the table and effectively deal with a deficit of that size.

□ 1900

We are going to have to look carefully at where we spend our money in defense, just like everywhere else, to make sure that we're getting the most for our dollar. I believe we have done that effectively in this bill, but I also believe that going forward that task is going to get harder, not easier. We must find ways to save money and spend it more efficiently within the Department of Defense. I also believe that our policy in Afghanistan is going to be critical.

As I mentioned, we certainly fund our troops in the effort that they are performing right now in Afghanistan, but going forward, we are going to really need to begin to bring those troops home to complete that mission. We will have some amendments that address that issue during the course of this bill. I look forward to that debate because I think that Congress needs to play a strong role in concluding our mission successfully in Afghanistan.

Lastly, the issue that the chairman mentioned that I think is very important in this bill is detainee policy and the AUMF. The chairman very early on identified this as a clear priority, and I think he is absolutely right that Congress' voice should be heard on these very, very important issues. We've worked closely on that. We have reached some agreement. We have some areas of disagreement. The biggest one we're going to have an amendment on this is the idea of whether or not article 3 courts should continue to be available for Guantanamo Bay detainees and those who would be captured in similar situations in the future. I believe that it should. We shouldn't always have them in article 3 courts. Military commissions have their place. Indefinite detention of enemy combatants has its place. But article 3 courts have effectively served this country for over 200 years. We have tried and convicted over 400 terrorists in article 3 Federal courts. Right now in the United States of America, we have over 300 of them safely locked up. We can do it. It's an option we should not take away from the President.

So, again, I want to thank the chairman for a very open process. Bipartisanship is the tradition of this committee. He has upheld that very well. I look forward to working with him as we go forward in this process.

I reserve the balance of my time.

Mr. MCKEON. Mr. Chairman, I yield 3 minutes to my friend and colleague, the chairman of the Subcommittee on Tactical Air and Land Forces, the gentleman from Maryland (Mr. BARTLETT).

Mr. BARTLETT. I rise in support of H.R. 1540, the National Defense Authorization Act of 2012. I have the privilege of serving as the chairman of the Armed Services Committee's Tactical Air and Land Forces Subcommittee. Our jurisdiction includes approximately $78 billion of selected programs within the Army, Navy, Marine Corps, Air Force, and Office of the Secretary of Defense procurement and research and development accounts.

I first want to thank the subcommittee's ranking member, SILVESTRE REYES from Texas, for his support this year in putting the bill together. Ours is a truly bipartisan effort, as it is for the full committee under the leadership of Chairman MCKEON and Ranking Member SMITH. The committee's focus is on supporting the men and women of the Armed Forces and their families, providing them the equipment they need and the support they deserve.

Our first priority, of course, is in providing the equipment to support our military personnel serving in Iraq and Afghanistan. The bill adds no additional funding for the Department of Defense programs within the subcommittee's jurisdiction. The bill, however, reallocates approximately $1.5 billion from canceled, delayed, or otherwise lower priority programs to higher priority requirements.

First, an additional $425 million is provided for modernization of Abrams tanks and Bradley fighting vehicles. The Army budget request would result

in a costly production break for these two programs in 2013, which could last anywhere from 1 to 3 years. These production lines cannot be turned on and off like a light switch. The unique skills of the workforce cannot be just put on the shelf to be retrieved several years down the road. For the Abrams tank production alone, there are almost 900 suppliers. Seventy-five percent of these suppliers are small businesses. Based on the information we have received to date, it is more efficient to keep these lines warm than it would be to shut them down and start them up again.

Second, an additional $325 million is provided for the National Guard and Reserve Equipment Account for equipment shortfalls.

Thirdly, the bill increases funding at Army and Air Force test ranges by $209 million. The Pentagon has recently acknowledged its proposed large fiscal year 2012 reductions in Test and Evaluation in the Army and Air Force could lead to ''unintended consequences'' and acknowledged the need to readdress this issue, especially in regards to complying with the Acquisition Reform Act.

Finally, acquisition and sustainment of the engine for the F–35 aircraft over its lifetime is estimated to cost well over $100 billion. The Armed Services Committee has believed and continues to believe that the F–35 engine acquisition and sustainment should be done on a competitive basis. That is why, on a bipartisan basis, the committee has strongly supported the final development phase of the F–35 competitive engine program since it began nearly 6 years ago. Although the committee's bill provides no additional funding for the F–35 aircraft competitive engine program, the bill takes strong bipartisan action that was supported by a recent vote of 55–5 by the committee to enable the competitive engine contractor to continue development of the competitive engine at no expense to the government or the taxpayer.

I strongly urge all of our colleagues on both sides of the aisle to support this bill's innovative approach to continue the F–35 competitive engine development program.

Mr. Chairman, I want to thank a truly superlative staff, and again want to thank the chairman and ranking member for assistance on a really good bill.

Mr. SMITH of Washington. Mr. Chairman, I yield 3 minutes to the gentleman from Texas, the ranking member on the Air and Land Subcommittee, Mr. REYES.

Mr. REYES. I would like to thank the gentleman for yielding and compliment both the chairman and the ranking member for setting the tone to once again work in a bipartisan basis, as has been mentioned by all three of my colleagues that have spoken here this evening.

Mr. Chairman, each year the Tactical Air and Land Forces Subcommittee is charged with conducting oversight of hundreds of thousands of dollars in Department of Defense programs that total more than $135 billion. All of the members of this subcommittee take this task very seriously because the troops in the field depend on Congress to provide them with what they need.

Conducting this oversight is a challenge because the budget, as we get it from the Department of Defense, is often far from perfect. It is the subcommittee's responsibility, therefore, to identify any wasteful spending, very critical at a time when the budget is under stress, find unexecutable funding and also find redundant programs. In addition, the subcommittee must also consider pressing DOD needs that are not addressed in the budget. That's the role of Congress. Doing all of that while making sure that equipment continues to flow to the troops in the field therefore is sometimes no easy task.

Despite these challenges, I am pleased to report again this year, under the leadership of our chairman, Chairman BARTLETT, the subcommittee has put together a very well balanced product that cuts waste, reallocates funding for more critical priorities, and ensures that our troops will continue to have the very best equipment available.

I am also pleased with how the bill supports the Army and Marine Corps in particular. These two armed services have borne the heaviest burden over the past 10 years of war. And this mark does an excellent job, I believe, of helping them to rebuild combat power and prepare for the future.

H.R. 1540 fully supports and funds the Army's number one development program, the ground combat vehicle. This bill provides an increase of $425 million for additional M1 Abrams tanks and M2 Bradley fighting vehicles and keeps the production line open. The budget request assumed that a 3-year shutdown of both the Abrams and the Bradley production lines that would cost the taxpayer $1 billion, eliminate thousands of jobs, and diminish the United States defense industrial base was the way to go. We changed that. So rather than spending money to lose American jobs, this bill provides funding that will protect those American jobs while it also provides the Army with better and more modern equipment.

While this issue will not be fully dealt with in one budget year, I do believe that this bill lays down a better and smarter way that will maintain the Army's ground combat vehicle critical to the needs of both the Army and the Marine Corps. Finally, the bill fully funds the Marine Corps' $2.6 billion request for procurement of ground combat vehicle and support equipment.

For those reasons and many more, Mr. Chairman, I urge all Members to support H.R. 1540. It's the right balance and a great bipartisan product.

Mr. MCKEON. Mr. Chairman, I yield 3 minutes to my friend and colleague, the vice chairman of the Armed Services Committee and chairman of the Subcommittee on Emerging Threats and Capabilities, the gentleman from Texas (Mr. THORNBERRY).

Mr. THORNBERRY. I thank the chairman for yielding. And, Mr. Chairman, I first want to commend the chairman of the committee and Ranking Member SMITH for their leadership in shepherding a complex and important bill to this stage of the process. A 60–1 vote coming out of committee is a significant achievement and is a testament to the attitude of putting the national security interests of the whole country first, which has been the hallmark of this committee, and their leadership exemplifies the best of that in my opinion.

□ 1910

Mr. Chairman, the Emerging Threats and Capabilities Subcommittee is charged with looking ahead at those national security threats that are coming at us, and also helping to develop new capabilities to meet those threats. We oversee the Special Operations Command and counterterrorism efforts. Now, throughout the country, there is a greater appreciation, I think, for the capabilities within the Special Operations Command after the successful raid on Osama bin Laden, but I think it is important to emphasize that those folks in that command conduct that sort of raid just about every night somewhere with the same sort of precision and professionalism that the country now appreciates from the Osama bin Laden raid that got all of the attention. But they do much more.

They are also responsible for helping train and advise other militaries, building up the capacities of those governments to defend themselves, and they are doing very impressive work in all parts of the world, including Afghanistan where, among other things, they are helping to train the military and train local police to help provide security for individual villages. Our bill provides a modest funding increase for this command, as well as meeting some real unmet needs that they have.

Our part of the bill also deals with research that leads to future capabilities. In tight budgets, it is always tempting to cut research and development, science and technology programs, but it is a mistake to do so. In this budget, the funding for such programs at least holds steady with some added emphasis in some key areas that are important.

The largest dollar amount in this subcommittee's portion of the bill is with DOD IT and cyber. This area may actually be the preeminent area of emerging threats in warfare. This mark takes some important steps forward in dollars and policies. But, Mr. Chairman, I think we should all acknowledge that there is a lot more work for this Congress and for this country to do in the area of cybersecurity. Not all of it is military; most of it is not. But yet the military is affected, as are we all.

Mr. Chairman, a lot has changed since September 11, 2001. Al Qaeda is a changed organization; and with the death of Osama bin Laden, it will change further. But I think it is important to emphasize that this Congress must fulfill its responsibilities to affirm and update the authorization for the use of military force to deal with al Qaeda. There have been some wild exaggerations about the attempt to do so in that bill. I think if Members read the exact language and look at exactly what we are doing and why, that they will support it and agree that it is a fulfillment of our responsibility.

Mr. SMITH of Washington. Mr. Chairman, I yield 2½ minutes to the gentlewoman from California (Ms. LORETTA SANCHEZ), the ranking member on the Strategic Forces Subcommittee.

Ms. LORETTA SANCHEZ of California. I would like to thank my ranking member and Chairman MCKEON for really a great bipartisan bill. I am feeling pretty good about this one.

Actually, in my subcommittee with Chairman TURNER and all our subcommittee members, we were really able to come together and make a very good contribution. I thank Mr. TURNER for his leadership. It is pretty exciting to have a subcommittee like this in the new session of the Congress.

Overall, we agree on so many of the provisions, encouraging fiscal responsibility and protecting national security. We have come together on a lot of issues on this subcommittee, including: improving satellite acquisition; encouraging efficiencies; ensuring efficient development, testing, production and sustainment schedules for missile defense and for our nuclear enterprise; for conducting oversight of very large-scale construction sites that we have; building on good progress related to improving efficiencies at nuclear sites; and, of course, implementation of the New START nuclear reductions.

I also want to highlight the work that our subcommittee did with respect to nonproliferation programs and working on this. This is so incredibly important to our security. It is not just about how many weapons people have, but really about what old weapons, what weapons need to be turned in, where weapons are, and how we safeguard weapons around the world. So we really came together on that.

One of the areas where we disagree, and you will see some amendments along the way, is this whole area of our ground-based missile defense. Quite frankly, the Pentagon's and the President's budget we feel was enough money to continue our work of research and development and testing in that arena. Unfortunately, the Republican side of the committee wants to put more unnecessary funding into that. And of course I oppose the provisions which restrict the President's authority over nuclear weapons, including implementing reductions in the number of nuclear weapons and restricting U.S. nuclear employment strategy, which I personally believe undermine our efforts to reduce the danger of nuclear weapons. The statement of administration policy has noted a potential veto threat because of those provisions that we could not agree upon.

But again, I would like to reiterate my thank you to Chairman TURNER and to all of the members of our subcommittee. I look forward to this debate.

Mr. MCKEON. I yield 2 minutes to my friend and colleague, the gentleman from Missouri (Mr. AKIN), the chairman of the Subcommittee on Seapower and Projection Forces.

Mr. AKIN. Mr. Chairman, I rise in support of H.R. 1540, the National Defense Authorization Act for Fiscal Year 2012.

In review of the portions of the President's budget request relevant to Seapower and Projection Forces, the subcommittee this year held hearings on the Navy shipbuilding plan and on amphibious warfare, along with briefings on the replacement for the *Ohio* class ballistic missile submarine, the Expeditionary Fighting Vehicle, and the new long-range strike bomber.

Being a maritime nation, we must support our troops with supplies delivered by sea and by air, while maintaining the global reach to do so. Protection of the sea lanes of communication, projection of credible combat power, forward presence, and humanitarian assistance are all capabilities supplied by forces for which the subcommittee has oversight and where it must focus.

This bill provides for a multiyear procurement of *Arleigh Burke* class destroyers. It funds 10 ships which were in the President's budget request. It also has provisions which would inject some discipline in programs just starting, such as the amphibious vehicle which will replace the cancelled Expeditionary Fighting Vehicle and the Navy's unmanned carrier-launched airborne surveillance and strike system.

I urge my colleagues to support this bill.

I wish to thank the members of the subcommittee, particularly my ranking member, the gentleman from North Carolina (Mr. MCINTYRE).

Mr. SMITH of Washington. Mr. Chairman, I yield 2½ minutes to the gentleman from Rhode Island (Mr. LANGEVIN), ranking member on the Terrorism Subcommittee.

Mr. LANGEVIN. I thank the gentleman for yielding.

I first want to begin by thanking Chairman MCKEON and Ranking Member SMITH, as well as the chairman of my subcommittee, the Subcommittee on Emerging Threats and Capabilities, Chairman MAC THORNBERRY, for putting forward a bill that truly supports our men and women in combat, enhances our national security, and is in keeping with the true bipartisan history of the House Armed Services Committee.

While I don't agree with every provision in the bill, I am proud that both parties worked together to reach compromises on many measures that support our national defense. As the ranking member of the Emerging Threats and Capabilities Subcommittee, I am especially pleased to support our Armed Forces. You need global reach around the world and in cyberspace.

I have also been a long-time supporter of our Special Operations Forces, and the incredible raid on the Osama bin Laden compound several weeks ago is a true testament to their patriotism, their training, their strength and dedication, and I commend them for their incredible work. These brave men and women are a critically unique asset to our national security, and this bill affirms our commitment to supporting their efforts.

□ 1920

This mark also prioritizes the department's cybersecurity efforts, which have long been a chief focus of mine, by strengthening provisions to protect our Nation from insider threats, analyzing threats to military readiness, highlighting vulnerabilities in critical infrastructure, and increasing cooperation with international allies and domestic partners.

Regrettably, there are also several provisions included that deeply concern me—from attempts to derail the successful repeal of DOD's Don't Ask, Don't Tell policy to measures tying the President's hands over decisions about our nuclear arsenal and the closure of Guantanamo Bay. It is my hope that these issues will be further considered and improved upon by the conference committee.

However, overall, this bill reflects the recognition of the Congress of the incredible sacrifices that our brave men and women in uniform make for our country every day. I am certainly honored to be a part of this process, and I certainly look forward to supporting this bill as it moves through the legislative process and moves into law.

Again, I want to thank Chairman MCKEON and Ranking Member SMITH for their leadership, as well as the chairman of my subcommittee, MAC THORNBERRY. We work, truly, in a bipartisan fashion.

Mr. MCKEON. Mr. Chairman, I yield 3 minutes to my friend and colleague, the chairman of the Subcommittee on Readiness, the gentleman from Virginia (Mr. FORBES).

Mr. FORBES. I would like to first thank the gentleman for yielding and for his leadership in bringing this very bipartisan bill to the floor.

Mr. Chairman, over the last several months, the Armed Services Readiness Subcommittee has attempted to answer one question: Are we ready? I believe this bill makes several significant improvements to the readiness posture of our Armed Forces and remedies many of the shortfalls that we found.

The bill takes several steps to ensure that U.S. troops are properly trained

and their equipment is properly maintained so they can succeed in their missions and have the facilities and services they deserve when they return home.

It also makes needed adjustments to civilian personnel policies and service contracting, and promotes energy security, and ensures that projects offer the best return on investment to the taxpayer.

The bill fully supports the President's request for expanded training as dwell times increase, the continued reset of combat-damaged Army and Marine Corps equipment, and military construction and family housing.

The legislation also makes notable investments in Navy ship and aircraft depot maintenance, facility sustainment and modernization, Army base operations, Guard and Reserve flight training, and Air Force weapon systems sustainment.

To increase the readiness of our depots, the bill includes several of the recommendations included in the study on the future capability of the Department of Defense maintenance depots, directed by the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009.

Mr. Chairman, we have no greater responsibility than to ensure our men and women in uniform are fully trained, equipped and ready for the challenges they face every day. I believe this bill fulfills that commitment, and I thank the chairman and the ranking member for their work.

Mr. SMITH of Washington. Mr. Chairman, I yield 3 minutes to the gentleman from North Carolina (Mr. MCINTYRE), ranking member of the Seapower Subcommittee.0

Mr. MCINTYRE. I thank my friend, Ranking Member SMITH, as well as full committee Chairman MCKEON, and also thanks to the subcommittee chairman and my good friend, TODD AKIN, for all of their hard work in helping us not only on this full armed services bill but also, in particular, on the Seapower and Projection Forces portion of this bill, which passed with strong bipartisan support in our subcommittee and in the full subcommittee.

The work of the subcommittee continues the long tradition of providing strong support for our men and women in uniform. The projects authorized in this bill are critical to our country's ability to project power anywhere in the world at any time.

This bill includes $14.9 billion for shipbuilding that would authorize a total of 10 new ships, including two Virginia class submarines, one Arleigh Burke class destroyer, four Littoral Combat Ships, one San Antonio class amphibious ship, one Mobile Landing Platform Ship, and one Joint High Speed Vessel. This mark also authorizes $1.1 billion for the National Defense Sealift Fund.

There are a number of legislative provisions included in this bill which are aimed at providing a more efficient way to procure ships and weapons systems. In addition, this bill includes several provisions that require increased oversight over critical programs that will ensure they stay on schedule and on cost. In particular, this bill requires the Comptroller General to conduct an annual review and report on the progress of the KC–46 tanker program.

All of these provisions, plus others, represent the subcommittee's commitment to ensuring that all major programs receive the proper oversight to ensure that taxpayer dollars are spent wisely and effectively. This bill is a balanced authorization of programs under the jurisdiction of the subcommittee, and it meets the needs of our men and women in uniform.

Again, I want to thank Chairman AKIN for his hard work, and I strongly urge all of my colleagues to support this bill.

Mr. MCKEON. Mr. Chairman, I yield 2 minutes to my friend and colleague, the chairman of the Subcommittee on Military Personnel, the gentleman from South Carolina (Mr. WILSON).

Mr. WILSON of South Carolina. I thank the gentleman for yielding me time.

Congratulations, Mr. Chairman, on your leadership—achieving a 60–1 favorable vote on the bill that we are considering this evening.

As we begin, we are grateful for the professionalism of our military forces in killing the mass murderer Osama bin Laden. It was a proud day for all Americans, especially for our military, their families and veterans, that justice was achieved.

The military personnel provisions of the National Defense Authorization Act of 2012 are the product of an open, bipartisan process. Some of the more important personnel provisions are the following:

A 1.6 percent increase in military basic pay;

A revised policy for measuring and reporting unit operations tempo and personnel tempo, reflecting the committee's continuing concern about stresses on the force, especially at a time when we must continue our resolve for victory in the current mission requirements.

Another important initiative is the reform of the military recruiting system to include graduates of home schooling, charter schools and virtual schools. I see military service as opportunity and fulfilling, and these are extraordinary patriots.

The bill also clarifies the legal authority for the administration and oversight of Arlington National Cemetery. I believe the bill is strong in the multiple provisions dealing with sexual assault, child custody, mental health, traumatic brain injury, and posttraumatic stress disorder.

In conclusion, I want to thank Ranking Member SUSAN DAVIS and her staff for their contributions and support of this process. We have benefited from an active and informed and dedicated set of subcommittee members. Their recommendations and priorities are clearly reflected in the bill.

Additionally, I appreciate the dedicated Military Personnel Subcommittee staff: John Chapla, Jeanette James, Mike Higgins, Craig Greene, Debra Wada, and Jim Weiss. I also want to thank congressional Military Legislative Assistant Brian Eisele and Military Fellow Marine Captain Sam Cunningham.

Mr. SMITH of Washington. Mr. Chairman, I now yield 3 minutes to the gentlelady from Guam (Ms. BORDALLO), who is the ranking member on the Readiness Subcommittee.

Ms. BORDALLO. I rise today in support of H.R. 1540, the National Defense Authorization Act for Fiscal Year 2012.

This bill works to ensure our men and women in uniform are well trained and equipped. I am proud that the House Armed Services Committee, through this bill, continues to close the readiness gaps that have been created in our Armed Forces by a decade of continuous deployments.

This bill authorizes $23 billion for the training of all active duty and reserve forces to increase readiness as troops experience longer periods at home following the Iraq drawdown, including $1 billion to support the Army's planned return to full-spectrum training, also funding for the Navy ship and aircraft depot-level maintenance, and for the upkeep of the Department of Defense facilities. We fully fund the President's budget request for the reset of Army and Marine Corps equipment and for the sustainment of Air Force weapons systems. We provide additional funding to meet the full requirement for the upkeep of our military facilities, increased funding to operate Army bases, and authorize $14.7 billion in military construction.

I am pleased that this bill includes a number of initiatives that focus on reducing operational and installation energy consumption while improving military capabilities.

□ 1930

It also reflects the priorities in the area of energy conservation of our colleague, GABRIELLE GIFFORDS, who has been a champion of these issues through the Readiness Subcommittee.

The bill supports environmental leadership while putting defense capabilities and missions first. I also note we have included a provision that extends the SIKES Act coverage to state-owned National Guard facilities and enables development and implementation of integrated natural resources management plans for state-owned National Guard installations.

The bill continues our committee's tradition of providing stringent and comprehensive oversight of the military buildup on Guam. The committee remains committed to understanding the importance of the realignment of military forces in the Pacific demonstrated through a full authorization

of military construction funding. And further, this bill continues to demonstrate its keen understanding of the strategic importance of Guam in responding to the growth of traditional threats in the Pacific region and the freedom of movement Guam provides our military forces in responding to regional nontraditional threats.

Mr. Chairman, I'd like to take this opportunity to thank our chairman, Mr. MCKEON, and our ranking member, Mr. SMITH, of the Armed Services Committee, and also to the chairman of my subcommittee, Mr. RANDY FORBES, for conducting the meetings in a very bipartisan manner.

I ask my colleagues to support this very important measure.

Mr. MCKEON. Mr. Chairman, I yield 3 minutes to my friend and colleague, the chairman of the Subcommittee on Strategic Forces, the gentleman from Ohio (Mr. TURNER).

Mr. TURNER. I thank the gentleman from California, our chairman, Mr. MCKEON, for his leadership on this bill as it's moving through the House, and Ranking Member SMITH. I would also like to thank all of my colleagues on the Strategic Forces Subcommittee, and in particular my ranking member, LORETTA SANCHEZ, and the staff for their work on this year's Strategic Forces mark. And particularly I would like to thank our director, Kari Bingen.

This bill builds off a strong bipartisan and bicameral consensus and fully funds the NNSA, the National Nuclear Security Administration, and supports continued modernization of our nuclear forces and infrastructure. It also supports robust oversight of the administration's implementation of the New START Treaty and establishes prudent measures to slow down the rush towards nuclear disarmament.

The bill responds to the effects of prior cuts by this administration to missile defense, providing an increase of $110 million above the President's request. It adds these funds to fix the system that protects the United States homeland from long-range ballistic missile threats. It also provides an increase in funds to support the implementation of the administration's Phased Adaptive Approach and important cooperative efforts with Japan and Israel, while recommending reductions in future capabilities that are less viable.

Equally important, this bill advocates on behalf of servicemembers and their families. I want to thank Chairman WILSON and Ranking Member DAVIS for incorporating bipartisan language from the Tsongas-Turner Defense STRONG Act that seeks to enhance sexual assault protections as well as improved training requirements to better protect servicemembers.

I also want to thank Chairman WILSON for his support for this bill, which includes a provision that would protect the fundamental child custody rights of military parents and ensures that servicemembers do not lose custody of their children as a consequence of their service to the Nation. This provision corrects an unconscionable injustice and has the full endorsement of Secretary Gates and the Department of Defense. And I would like to thank Lieutenant Eva Slusher from Kentucky, who has been working diligently in this fight.

Lastly, I would like to note that earlier today the President issued a veto threat on several provisions contained in the NDAA related to nuclear modernization and objections to provisions relating to missile defense. This is curious because these provisions are consistent with the administration's own stated policies and that of our NATO allies. By this threat, is the President saying he does not intend to implement the nuclear modernization guarantees that were part of the New START Treaty? Does the President intend to unilaterally withdraw nuclear forces from Europe? Does the President want to share sensitive data of missile defense technology with Russia? And does the President intend to strike deals with Russia to limit our missile defense capabilities? If the answer to these questions is no, then the administration should have no objections to these provisions. If, on the other hand, the answer to these questions is yes, then it is all the more reason to make these provisions law.

I urge the passage of the National Defense Authorization Act for 2012.

Mr. SMITH of Washington. Mr. Chairman, I now yield 2½ minutes to the gentlewoman from California (Mrs. DAVIS), ranking member on the Personnel Subcommittee.

Mrs. DAVIS of California. Mr. Chairman, I join my colleagues on the House Armed Services Committee in support of H.R. 1540, the National Defense Authorization Act for Fiscal Year 2012.

As the ranking member of the Military Personnel Subcommittee, I want to recognize Chairman MCKEON and Ranking Member SMITH for their leadership, as well as subcommittee Chairman WILSON for his bipartisan work to enhance the quality of life for our servicemembers, retirees, survivors and their families.

As Americans, it is our responsibility and our privilege to support our men and women in uniform and their families given the enormous sacrifices they make to ensure the security of our Nation. These men and women have volunteered to give their lives to protect and defend what we hold dear, liberty and freedom. Nothing can substitute for their commitment and sacrifice.

I am proud to support a 1.6 percent pay raise in our bill. Our servicemembers have earned this pay raise and deserve no less. I am also pleased that this bill includes authority for the Secretary of Defense to establish apprenticeship programs to help servicemembers transition out of the military. Far too many of our brave men and women are returning home and finding it a challenge to become or remain employed. The number of homeless veterans in our younger generations continues to grow, and apprenticeship programs could provide these individuals the skills they need to succeed.

While this bill allows for a modest increase in TRICARE fees, it does protect military retirees and their dependents from future significant hikes by limiting increases to military retiree cost of living allowances.

And lastly, this bill continues the efforts by this subcommittee over the last several years to reduce sexual assaults and harassment within the services. This is an important issue that has a direct impact on military readiness, and I want to thank Congresswomen SLAUGHTER, SANCHEZ, and TSONGAS for their hard work.

Mr. Chairman, while there are many good provisions in this bill, I must raise my extreme disappointment with several sections that were included by the majority that seek to delay and prevent gays and lesbians from serving in uniform. One of the liberties that we as Americans hold dear is that we are all created equal. These individuals should be entitled to serve their Nation in uniform and should not be denied the opportunity.

The CHAIR. The time of the gentlewoman has expired.

Mr. SMITH of Washington. Mr. Chairman, I yield the gentlewoman an additional 30 seconds.

Mrs. DAVIS of California. A Nation that values democracy cannot discriminate against an individual because of their sexual orientation.

But I must say, Mr. Chairman, that ultimately I do support this bill, and I encourage my colleagues to do the same. I want to thank the many staff members who have worked very hard on this legislation, and we look forward to this being signed into law.

Mr. MCKEON. Mr. Chairman, I yield 2 minutes to my friend and colleague, the chairman of the Subcommittee on Oversight and Investigations, the gentleman from Virginia (Mr. WITTMAN).

Mr. WITTMAN. Mr. Chairman, I would like to thank Chairman MCKEON for his leadership on the National Defense Authorization Act, and also recognize Ranking Member SMITH for his efforts on what I believe is an extraordinarily good bill.

I am pleased today to support H.R. 1540. It recognizes the need for fiscal constraint while at the same time ensuring our Nation's security and fulfills our sacred obligations to our brave men and women in uniform. The bill also strengthens protections against ill-considered efforts to release detainees held at the Guantanamo Bay detention facility.

In December, the Director of National Intelligence reported that 25 percent of those formerly held at Gitmo were confirmed or suspected of returning to the fight against us and our allies. This rate is alarming and unacceptable. I am concerned that the government did not conduct significant

due diligence when identifying detainees for release and that this failure has potentially grave ramifications for our troops serving on the battlefield.

H.R. 1540 strengthens our protections in several important ways. First, it prohibits transfers to foreign countries where there are known cases of re-engagement; it requires careful consideration of established criteria before other transfers are accomplished; and it mandates that government agencies provide Congress the information we need to properly assess the threats our Nation and our troops face from detainees who have rejoined the fight and continue to commit terrorist acts.

H.R. 1540 also ensures continued oversight of Arlington National Cemetery. It directs the timely establishment of the Oversight Council and creates a date certain for record digitization.

Mr. Chairman, I urge my colleagues to support H.R. 1540. I would like to end with thanking the staff, including Michelle Pearce, for their great work on the Oversight and Investigations Subcommittee.

Mr. SMITH of Washington. Mr. Chairman, I am now pleased to yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

□ 1940

Mr. ANDREWS. Twenty-three nights ago, a focused and brave group of young Americans climbed into helicopters and focused on their mission. Over 3 weeks ago, a group of American leaders met in the Situation Room of the White House focused on their mission. And over a 10-year period, a group of intelligence analysts and signal intelligence specialists and brave Americans all over the world focused on their mission to eliminate the menace of Osama bin Laden from this Earth. They succeeded in eliminating that menace, they succeeded in capturing valuable intelligence that will help us track down his coconspirators and stop them, and they sent a powerful message to any other evil rich person that wants to target the United States of America that such targeting is an act of suicide.

We should salute those with that focus here tonight and reflect on the fact that our focus as Republicans and Democrats in passing this bill is to give other focused Americans in the military, our intelligence community, and those who support them the tools they need to do their job.

I'm proud of the work that Chairman MCKEON, Ranking Member SMITH, and all of the subcommittee chairs and ranking members did on this bill. There are controversial aspects of this bill, but this is a work that is focused on the defense of our country in the same tradition of those who so nobly served us 23 days ago.

We should all join in a ''yes'' vote for this bill because it continues that tradition of our national security in a bipartisan sense. I urge a ''yes'' vote.

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

Mr. CONAWAY. Mr. Chairman, I rise to engage the distinguished chairman of the Armed Services Committee in a colloquy to discuss an issue that I believe is imperative to financial accountability in the defense intelligence community.

I have been working with my colleagues in various congressional committees on language that would improve the ability of the defense intelligence elements to be appropriately audited. While we are not quite to the finish line on final language, I want my colleagues to be aware of this issue as we work on the NDAA this week.

Mr. MCKEON. I thank the gentleman from Texas for raising this important issue.

As the gentleman is well aware, oversight of DOD financial accountability issues is of high importance for our committee. We continue to work with the department to ensure they continue aggressive measures to get the department to a point where we have confidence in their financial statements.

Mr. CONAWAY is a CPA and brings great expertise to the Congress.

Mr. CONAWAY. Thank you, Mr. Chairman, for those kind words.

While I'm disappointed that we were not able to work out an agreement that would include this language in the NDAA, I do understand that there have been issues raised with the amendment, as currently written, that may not provide the focused solution that we need to track disbursements and provide better accounting in the intelligence community.

I look forward to continuing our work on this and other provisions to provide sufficient, yet directed authority that will improve the financial accountability in the Department of Defense.

It is our responsibility, Mr. Chairman, to the American taxpayer to ensure that the intelligence community has the proper management tools to manage our precious resources that we provide to them.

Mr. MCKEON. I applaud the gentleman from Texas on his continued efforts to shine light on financial responsibility at the Pentagon. The language he's working on is certainly needed by the intelligence community to meet the financial accounting standards we require of the rest of the Federal Government. If all committees can agree upon language, I would welcome the opportunity to support such an amendment.

Mr. CONAWAY. I want to thank the chairman for the colloquy and urge adoption of the underlying NDAA.

Mr. SMITH of Washington. I yield 1 minute to the gentleman from Rhode Island (Mr. LANGEVIN).

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

Mr. LANGEVIN. I thank the gentleman for yielding.

Mr. Chairman, while I support the underlying bill, I rise in opposition to language in the National Defense Authorization Act that exempts the Department of Defense from section 526 of the Energy Independence and Security Act, a critical energy security provision which also supports the development of domestic alternative fuels.

This exemption, Mr. Chairman, will derail the DOD's efforts to strengthen national security through reducing dangerous greenhouse gases. The current Chairman of the Joint Chiefs of Staff, Admiral Mike Mullen, recently warned that climate change will have a significant effect on increasing competition for water and food, potentially causing humanitarian crises that could lead to failed states.

Further, this concern is not new to DOD. In 2008, the Defense Science Board recommended to avoid investing in processes that exceed the carbon footprint of petroleum. This provision proposes to do exactly that.

I would hope that we would remove this language and allow the department to experiment and use alternatives that would not exceed the current limit on the current carbon footprint on greenhouse gases.

Mr. MCKEON. Mr. Chairman, I yield 1½ minutes to my friend and colleague, a distinguished member of the Armed Services Committee, the gentleman from New Jersey (Mr. RUNYAN).

Mr. RUNYAN. Thank you, Chairman MCKEON and Ranking Member SMITH, for your leadership on this important legislation for our men and women in uniform. It is an honor to serve with the both of you.

Mr. Chairman, as a result of the 2005 BRAC, Joint Base McGuire-Dix-Lakehurst in my home district was combined into one installation from three separate military installations, which caused a problem. One issue this bill addresses is pay parity.

Currently at Joint Base MDL, which used to be the separate Fort Dix and McGuire bases, wage grade system employees are paid at the Philadelphia locality pay rate, while at the Lakehurst side, the people doing the same jobs are paid at the New York locality rate.

While OPM has indicated they want to resolve this situation, no change has yet been made.

The language in the bill will work towards fixing this inequity by requiring OPM to work with the DOD to implement OPM's recommendation with respect to the Department of Defense Federal Wage System employees working at all joint military installations.

Additionally, I want to recognize my colleagues on the House Armed Services Committee, Congressman ROB ANDREWS and Congressman FRANK LOBIONDO, for their work on this issue, as well as Congressman CHRIS SMITH of New Jersey, who also has been active in assisting the employees at the joint base.

Again, I thank you, Chairman MCKEON and Ranking Member SMITH, for your support on this, and I want to express my strong support for H.R. 1540 and our Nation's war fighters.

Mr. SMITH of Washington. Mr. Chairman, I yield 30 seconds to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. I thank the gentleman for yielding.

I rise for the purpose of entering into a colloquy with my colleague from New Jersey, Congressman ANDREWS.

During the full committee markup of the defense authorization bill, you offered, and the committee supported, an amendment which would ''ensure that the Secretary, at no cost to the Federal Government, provide support and allows for the use of such property by the contractor under such contract to conduct research, development, testing, and evaluation of the F136 engine, if such activities are self-funded by the contractor.''

Mr. ANDREWS. If the gentleman will yield, that is correct.

Mr. COURTNEY. Thank you, Mr. ANDREWS.

I simply would like to reiterate that it is your intention and understanding that there is no government funding provided to the F136 contractors by your amendment in any section of this bill.

Mr. ANDREWS. If the gentleman will further yield, it is my understanding and intent that there be no FY12 government funding for the F136 contractor.

Mr. COURTNEY. I thank my colleague.

Mr. MCKEON. I yield 1 minute to my friend and colleague, a distinguished member of the Armed Services Committee, the gentleman from Indiana (Mr. YOUNG).

Mr. YOUNG of Indiana. Mr. Chairman, as a former U.S. Marine, I understand the importance of a strong national defense, especially during this time of war.

That's why I'm glad to rise in support of this National Defense Authorization Act of 2012. It provides our troops with the resources they need and enables them to carry out the missions we've asked of them.

Now, I'd like to especially thank our chairman, Chairman MCKEON, for his leadership in this process. In particular I can say as a freshman, he's taken great time and attention to the issue of reforming how we do our quadrennial defense review. He said that we need to take a further look at this in the future.

□ 1950

This, I believe, is the key to ensuring that we efficiently spend our defense dollars as we look to next year's bill. But this bill addresses the military issues we face today. It does so in a responsible manner. And it's being offered with an eye to improving the process in the future. So that's why I am supporting this National Defense Authorization Act.

I urge my colleagues to vote ''yes'' on this bill.

Mr. SMITH of Washington. I yield 1 minute to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. There is much in this bill to recommend, particularly the way in which it deals with the men and women that are in arms, the support that they need, the benefits that they require, and the care that they require following their missions.

However, there is in this bill a missed opportunity, and I must therefore oppose the bill, the opportunity to change the direction of the war in Afghanistan, a war that seems without end, and a war that seems to be perpetual. A successful raid and the successful taking of bin Laden is an opportunity to pivot, and we are missing that opportunity in this bill, and continuing to spend over $100 billion on that war in Afghanistan.

Also in this bill is section 1034, the continued authorization for the use of force. That too must be eliminated. For those reasons, I oppose this legislation.

Mr. MCKEON. Mr. Chairman, I yield 2 minutes to my friend and colleague, the gentleman from Texas (Mr. NEUGEBAUER).

Mr. NEUGEBAUER. Thank you, Chairman MCKEON, for allowing me to speak today.

Mr. Chairman, I rise today in support of the B–1 bomber. My district, the 19th Congressional District of Texas, is home to 5,000 military and 1,000 civilian personnel at Dyess Air Force Base, located in Abilene, Texas. The Dyess houses, among other missions, the 7th Bomb Wing, representing 36 of the 66 remaining B–1 Lancer bombers.

As I testified before the Armed Services Committee last month, I am concerned about the proposed cuts to the B–1 fleet. Let me tell you why. Since 2001, the B–1 has flown over 70 percent of the bomber combat missions, while representing only 40 percent of the bomber fleet. Before combat in Libya, the B–1 bomber was the only bomber to be used in combat since May of 2006, and was used heavily at that. In fact, the B–1 is in the air, supporting troops deployed to the Middle East, almost every day.

The B–1 has flown over 8,000 sorties for the past several years, and it has logged over 93,000 hours of operation over Iraq and Afghanistan in the last decade. Last year alone, it flew 1,253 missions and dropped 741 bombs. By any measure, the B–1 is the backbone of the bomber fleet.

I am very pleased that the committee has decided to change the recommendation of the administration. And I look forward to working with the chairman to make sure that America's bomber fleet is at the cutting edge in the future. We don't have a replacement for the B–1; and it's important until such time we get a replacement bomber that we make sure that we maintain the fleet that we have today, because particularly the B–1 is one of our most used weapons systems currently in Iraq and Afghanistan.

I look forward to working with the chairman and the committee as we make sure that America's security is never compromised.

Mr. SMITH of Washington. Mr. Chairman, I yield myself the balance of my time.

The CHAIR. The gentleman is recognized for 4½ minutes.

Mr. SMITH of Washington. Again, I just want to thank the chairman and the staff for putting together an outstanding bill. This is no small enterprise. It is $691 billion. It is critical policy to provide for the national security for our country, critical policy to make sure that our troops and their families are properly taken care of, they have the equipment and support that they need to do the job that we ask them to do. And I think Mr. MCKEON, the members of the committee, and the staff have done an outstanding job.

I do want to also recognize our past chairman, Mr. Skelton. As I mentioned in my opening remarks, there is a strong bipartisan tradition on this committee. Mr. Skelton upheld that very well, and Mr. MCKEON has done so as well. It was an honor to work with Mr. Skelton. I appreciate his leadership and guidance for all of us on the committee.

I do just want to mention one issue that I neglected to mention in my opening remarks, and that is to associate myself with the remarks of Mr. LANGEVIN with regard to the energy amendment that was contained in this bill. I think it's critical that we give the Department of Defense the ability to pursue alternative sources of energy that actually do improve our position in terms of greenhouse gases, and improve our position in terms of reducing our dependency—well, sorry, increasing our ability to use clean-burning sources of fuel.

The amendment that was attached to this would allow to be considered alternative the use of fuels that really aren't. They are not clean burning or renewable. So I think that it is imperative that we strike that provision from this bill. But overall I am very supportive of the bill. I appreciate the chairman's leadership. I look forward to working with him over the course of the next couple of days as we deal with the amendments that are coming our way, and as we go into conference with the Senate to hopefully get this bill done, to the President for signature. It is critical to our national security interests that we do that.

I thank the chairman again for his leadership.

With that, I yield back the balance of my time.

Mr. MCKEON. I yield myself such time as I have remaining.

Mr. Chairman, one of the great things on serving on this committee,

the experience that I have had, is getting to know Mr. SMITH during these last few months much better than previously and the members of the staff who have worked so hard and so diligently to get us to this point. Last week, or week before, when we marked this up in full committee, we went from 10 in the morning until 2:30 the next morning. And everybody was at work again the next day ready to go.

We get to meet with the troops, we get to see the young people, and some that are not so young, serving us around the world to preserve our freedoms and freedoms of other peoples. And our job is to do all we can to help make their job easier, to help make their job—to help, as I said earlier, give them the equipment, the training, the leadership, the time, all the resources that they need to return home safely to their families.

I think this bill does that. I feel very good about all of the members of the committee, the hard work that they have done to get us to this point. I look forward to the next few days working on the amendments and turning out a final finished product; and, hopefully, then we can encourage the other body to get their work done, and we can get this bill as our 50th bill to the President for his signature.

Mr. KUCINICH. Mr. Chair, to my friends on the other side of the aisle, I am offering an amendment to the Defense Authorization Bill which would defund the war in Libya.

The war is unconstitutional. The President did not come to this Congress, he went to the U.N. Security Council, he went to a number of international bodies, but he didn't come to the United States Congress. Last week, the President did not observe the tolling of the War Powers Act, so he's in violation of the statute.

The action over in Libya has already exceeded the U.N. mandate; it's in violation of the U.N. mandate and there have been violations of international law.

What are we doing there? Why does anyone think we can afford it? Why aren't we trying to find a path to peace so we aren't called upon to spend more money there? These are questions we have to be asking; that's why Congress needs to say we're not going to spend more money there.

People are saying it's not the United States, it's NATO. The Guardian in the U.K. did a study which showed that 90 percent of the cruise missiles are paid for by the U.S. Sixty-six percent of the personnel working against Libya are from the U.S., 50 percent of aircraft, 50 percent of all ships—and our government is saying this is a NATO operation? We have to recognize what's going on here, which is an expansion of the war power by the Executive and it's time we challenge that.

One thing we certainly shouldn't do is to support the amendment offered by my friend, Mr. MCKEON, which will hand over to the President Congress' constitutional authority to declare and authorize war, substantially altering the delicate balance of power the Founding Fathers envisioned.

The annual re-authorization contains unprecedented and dangerous language which gives the President virtually unchecked power to take this country to war and to keep us there. The bill substantially undermines the Constitution, the institution that the Constitution set up that is Congress and sets the United States on a path to permanent war. Congress has to protect the American people from the overreach of any Chief Executive—Democrat, Republican—any Chief Executive who's enamored with unilateralism, preemption, first strike and the power to prosecute war without constitutional authority or statutory prescriptions.

Permanent global war isn't the answer. It's not going to increase our national security. Far from ridding the world of terrorism, it will become a terrorist recruitment program. The war in Iraq is based on lies; the war in Afghanistan is based on a misreading of history.

Yet in Iraq we'll spend over $3 trillion. In Afghanistan we've spent over half a trillion dollars.

We have people out of work here. We have people losing their homes, losing their health care, losing their retirement security. All we hear from the White House is "we want more war or more authorization for more war." We have to stop that and while stopping that we have to stop this national security state and stop the extension of the Patriot Act which is also in this bill.

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

The CHAIR. All time for general debate has expired.

Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. THORNBERRY) having assumed the chair, Mr. WOMACK, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1540) to authorize appropriations for fiscal year 2012 for military activities of the Department of Defense and for military construction, to prescribe military personnel strengths for fiscal year 2012, and for other purposes, had come to no resolution thereon.

REPEALING MANDATORY FUNDING FOR GRADUATE MEDICAL EDUCATION

The SPEAKER pro tempore. Pursuant to House Resolution 269 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the further consideration of the bill, H.R. 1216.

□ 2001

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the further consideration of the bill (H.R. 1216) to amend the Public Health Service Act to convert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations, with Mr. WOMACK (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose earlier today, pending was amendment No. 7 printed in the CONGRESSIONAL RECORD, offered by the gentlewoman from North Carolina (Ms. FOXX).

Mr. WEINER. I move to strike the last word, Mr. Chairman.

The Acting CHAIR. The gentleman from New York is recognized for 5 minutes.

Mr. WEINER. Mr. Chairman, you may recall, I was standing here approximately 2 hours ago waiting to speak with several other Members on the efforts of my Republican friends to eliminate Medicare as we know it, and for reasons that are known only to the Chair, I was denied the ability to do that. Well, I am back.

And just to review the bidding, here is where it was before that order was made. We had the chairman of the Republican Congressional Campaign Committee, a good man, a guy I like, stand down in the well and say, oh, no—and this, by the way, is someone who was elected by the Republican Members to represent him in races all around the country, saying that the Ryan plan wasn't a plan. It was—and I am quoting here—a construct to develop a plan. And he said that the proposal was not a voucher program. And then he said it was a one-size-fits-all, that Medicare was draining our economy is what he said.

Well, ladies and gentlemen, that might be the rationale for our Republican friends wanting to eliminate Medicare, but none of those things are true. It is not a construct to develop a plan. It is the proposal of the Republican Party of the United States of America to eliminate Medicare as a guaranteed entitlement. If you don't believe me, go get the book that they wrote. Go get the budget that they wrote, go get the bill that they wrote.

And if you believe that it's not a voucher program, listen to their own Members talk about it. The Medicare program today is not, I say to my friends, one size fits all. My good friend from Georgia (Mr. GINGREY) was on the floor before talking about how it's one size fits all. How can it possibly be you can be a Member of the United States House of Representatives and not understand how Medicare works?

Each individual senior gets to go to the doctor of their choosing, gets to go to the clinic of their choosing, gets to decide for themselves where they go, and then the doctor and the patient make decisions.

The only question is: Are we going to say to citizens who are 65 and older, Here is a coupon. Go buy private insurance at 25 and 30 percent overhead rather than the Medicare program, which the actuaries say cost 1.05 percent in overhead?

We have also heard them say, You are demagogueing. We don't really want to get rid of it. You do.

Now, there is a saying here in Washington that a gaffe is when the Republicans actually say what they think. So there have been plenty of opportunities to see this gaffe in full play. Now, they

have been tying themselves in intellectual knots trying to get out from under the basic facts.

By the way, I hope your insurance plan, the Ryan plan, covers the twisted arms and limbs you get tying yourselves in knots explaining this.

It is a radical departure from where we are today. Mr. Gingrich was right, even the blind squirrel can find a nut once in a while. He was right. It's a radical departure, but it's yours. Own it. Show a little gumption. Show that you are prepared to own your own proposals. But now that you want to do it and the American people are seeing the difference between Democrats and Republicans, now you are trying to squirrel your way out of it, with no disrespect to squirrels.

You say we don't have a plan. Not only did we pass a health care plan a year ago that extended 10 years the life expectancy of Medicare, but I will go one better. I will give you a plan. How about Medicare not starting at 65? What about 55 or 45 or 35? What is it that health insurance companies do in this country?

Now, I know that my Republican friends are wholly owned subsidiaries of the insurance industry, but that should not mean that our seniors lose their Medicare because of it. So, my friends Mr. SESSIONS and Mr. GINGREY were trying desperately to try to figure out how to get out from under your own beliefs. We believe in Medicare. We created it. We believe in Social Security. We created it. We believe in the health care act. We created it.

As a matter of fact, every improvement to health care in this country, Democrats propose, Republicans oppose. And now they have a chance to get rid of it, and they are doing it. But at least if you are going to do it, at least if you are going to try to do it, don't try to silence people who point it out.

And I think the lesson here is it might be later. If you had me come back at midnight, I would have said it. If I came back at 2 a.m., I would have said it, because the American people are going to see what's going on here.

You have a proposal to eliminate Medicare, a proposal to privatize a portion of Social Security by investing in the stock market, a proposal to roll back the expansion of prescription drug coverage for seniors. You have a proposal to take away the benefits of those 25 and younger to be able to get health insurance. That is your proposal. Own it. Live with it. Embrace it, because we are not going to let you get out from under it.

And you may delay me, you may gavel me, you may tell me you have got to come back at 2 o'clock in the morning. It's not going to change the fundamentals of this debate, that if you believe fundamentally in Medicare, at this point you have got two choices: Tear up your Republican Party membership or give up control of Congress, and, frankly, some of you are going to have to do both.

Mr. PALLONE. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. I want to continue this debate on the Medicare issue because I do believe, from looking at the Republican budget, that they do intend to end Medicare, it's quite clear. And, you know, the irony of this is that, when the Democrats were in the majority, we were trying to expand health care options, provide everybody with health insurance. And now what we see is just the Republicans, when they take the majority, are trying to get rid of, really, the best health insurance program that the Nation has ever seen, and that's Medicare.

No one would argue that Medicare has not been successful. The fact of the matter is that before we had Medicare—which, as my colleague from New York mentioned, was a Democratic initiative—what would seniors do? Well, seniors couldn't get health insurance because, as you know, when you get to be over 65, or if you are disabled, people don't want to give you health insurance because it costs too much. You are in the hospital too much. You have too many health care needs. And so seniors basically couldn't find health insurance. They were really at the mercy, if you will, of whatever they could find, or if they got sick, they had to go to a hospital or they had to go to a doctor and pay out of pocket in many cases.

And so when the Democrats came along and Lyndon Johnson said, look, this is something that we need because seniors can't get health insurance, well, they initiated Medicare. And the fact of the matter is that almost every Republican voted against Medicare then, and they have never liked it because they know it's a government program. They don't like government programs.

So if anyone on the other side of the aisle is trying to tell me, I don't know that they are, but if they are trying to suggest that if somehow by voting for this budget that ends Medicare that they didn't really mean it, I would say look at their history, look at the history of opposing Medicare, of opposing Medicaid, of opposing even Social Security when Franklin Roosevelt and the Democratic Congress put it together.

□ 2010

Now, I want to point out what happens when seniors don't have Medicare anymore and they have to go buy insurance on the private market. Well, basically, what that does is it puts the insurance companies back in charge again. And that's no surprise. This is what the Republicans want. They always stand with the special interests—Big Oil, big banks, Wall Street and, of course, the insurance companies.

And the insurance companies don't like Medicare because they can't make any money. They want to be able to make money. They want to take, cherry-pick, if you will. If you're over 65 and they figure you're in good health, then maybe they'll give you insurance if you want to go and buy it because they figure you might be a good risk and they can charge you a lot of money and they can give you a barebones policy that doesn't cover anything.

Remember that Medicare not only provides a guaranteed insurance policy that you can buy, that you get, I should say, from the government when you are over 65 regardless of your health status or of your income, but you also get a pretty generous insurance plan that covers a lot of things. You put the insurance companies back in charge, and not only will they not offer insurance to a lot of seniors at a decent price, but for those who they do sell the insurance to, it's not going to be a package that covers what most seniors are going to need. So it's not only that Medicare is important because it guarantees you coverage, but it also guarantees you a pretty generous coverage which you need when you're 65 or when you're disabled.

Some of the Republicans I hear say, well, don't worry senior citizens, we may be ending Medicare, but it's only going to be ending for those who are now 55. If you're 65 years old, you can continue to have it. But if you're 55 or under, when you get to be 65, it's no longer going to be available. So if you're a senior citizen now, don't worry about it. Well, I don't know too many seniors who think that way, because I know they worry about everybody including not just themselves, but their children and their grandchildren.

But besides that, I would also point out that this Republican budget eliminates two other things. First of all, we, as Democrats, when we were in charge of the House, we put in place a program to close the prescription drug doughnut hole. So that if you reach the doughnut hole now, as of January 1, 50 percent of your costs are covered, and eventually you are going to have no costs in the doughnut hole. It's going to be eliminated completely.

Well, the Republican budget repeals that. So it goes back to leaving this gaping hole; whereas, if your out-of-pocket drug costs in the course of a year are $2,500 or more, then you're not going to get your prescription drugs covered. So, also for current Medicare holders, senior citizens, it opens up that doughnut hole again so you are going to pay all this money out of pocket.

In addition to that, it repeals a Democratic provision that's now law that says that you don't have copays for preventative care. So if you're a senior or disabled and you need a mammogram, you need a certain kind of testing done, you don't pay a copay. The Republican budget also abolishes that. This is devastating for senior citizens, current and future.

Mr. THOMPSON of Pennsylvania. I move to strike the last word.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. THOMPSON of Pennsylvania. Mr. Chairman, I do support the Foxx amendment.

I've listened to all the discussion on the floor, much of it dealing, most recently, with not the Foxx amendment, but actually with Medicare, which always catches my attention. You see, Mr. Chairman, I actually have, before I came into this position in Congress just a little over 2 years ago, 3 years ago now, I actually worked in the health care field. I worked specifically serving individuals that utilize Medicare. I was a therapist, a licensed nursing home administrator and manager of rehabilitative services.

At the time of the Balanced Budget Act of 1997, I actually was recruited by the Medicare agency—it was the Health Care Financing Administration then. Now it is the Centers for Medicare and Medicaid Services—to serve on the technical expert panel. So that's why, when I hear this rhetoric on the other side that the Republicans are trying to end Medicare, I find that just not accurate. And that's based on 30 years of experience of working with Medicare and developing an expertise with the Medicare policy, to be invited to be a part of the technical expert panel on Medicare.

The fact is, when I came to Washington in January 2009, I thought all 435 Members of Congress understood that the looming crisis in Washington was Medicare, Medicare was one of them, and that Medicare, frankly, was going to go bankrupt. It was going to become insolvent, and if we didn't reform Medicare, it would go away. And how immoral is that, for all the Americans out there that contribute to Medicare, pay for their Medicare, invest in their Medicare, and that it would not be there when it came time for them to get Medicare?

And so I'm actually just a little shocked, Mr. Chairman, by the rhetoric.

And the fact is, if we want to save Medicare, we need to do exactly what the Republicans are proposing, and that is to reform it, to save it. Even the Medicare trustees just 2 weeks ago came out and they said that the Medicare program was going to be insolvent 5 years sooner than what they originally predicted.

Now, what does insolvent mean, Mr. Chairman? Insolvent means going bankrupt. Insolvent means going away. Insolvent means that for all the seniors that have paid into the system, it won't be there for them.

We have a duty and an obligation, a fiduciary responsibility to make sure that Medicare is there. This side of the aisle is the only one that is working on keeping Medicare for our seniors. What we're proposing, really, is premium support. It's not vouchers. It's not privatizing. It's premium support. And premium support is the best model that you can look at, for that is Medicare part D, the pharmaceutical program.

Medicare part D gives seniors the opportunity to pick from plans that work for them that are customized to their needs. Medicare part D, for those who don't know it, has to do with prescriptions for pharmaceuticals. And we provide premium support so that they can pick the plans that work for them, so they can make sure they get the prescriptions that they need to have.

Frankly, it is one of the few government plans that has ever come in under budget. Most government plans don't come in under budget. They come in way over budget. Medicare part D did.

It also speaks to me as Medicare part C, which is Medicare managed care. Medicare managed care, Medicare Advantage, which unfortunately the Patient Protection Affordable Care Act attacked and went after, that Medicare part C program provides for wellness and prevention. Medicare part C has been a program that has been allowed to emphasize prevention and wellness. And the statistics show that the people engaged in that program have been hospitalized fewer times and that those hospitalizations have been for fewer days. And do you know what? It keeps them well. It keeps them healthy. And that's what health care should be all about, keeping people healthy. And the other thing it does is it saves taxpayer dollars. That's a win-win, as far as I'm concerned.

So we're talking about premium supports that take concepts from Medicare part D and Medicare part C, and we're going to apply those premium supports to the Medicare program.

Mr. Chairman, I think it is important that people understand that if we do not reform Medicare, Medicare will go bankrupt, Medicare will be insolvent, and Medicare won't be there. If we don't do this, the fact is that Medicare will go bankrupt. Medicare will be insolvent. And in the end, that is just immoral.

We have a great opportunity here, and we need to address Medicare. I think premium supports are a great way to do that. And I appreciate the opportunity to be able to speak.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from North Carolina (Ms. FOXX).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Mr. PALLONE. Mr. Chairman, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from North Carolina will be postponed.

AMENDMENT NO. 1 OFFERED BY MR. WEINER

Mr. WEINER. I rise as the designee of the gentlelady from Florida (Ms. CASTOR) to offer an amendment that is satisfied by the preprinting requirement.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 12, add the following:

(d) EFFECTIVE DATE.—Subsections (a), (b), and (c) shall not take effect until the date that the Comptroller General of the United States determines there is no primary care physician shortage in the United States.

Mr. GUTHRIE. Mr. Chairman, I reserve a point of order against the amendment.

The Acting CHAIR. A point of order is reserved.

The gentleman from New York is recognized for 5 minutes.

Mr. WEINER. Mr. Chairman, I support this amendment and hope we all vote for it.

I just do want to take an opportunity to respond to the gentleman who was just at the microphone. It is one thing to say you're saving Medicare, but if you leave a different Medicare when you're done than today, if it is entirely different, how have you saved it?

□ 2020

I know ''premium support'' or ''price support'' is the term of art that is now trying to take hold as you desperately try to figure out how to explain what you are doing, but let me make it very clear, and if I say anything incorrect, the gentleman can rise and I will permit him to correct me.

Under the proposal of the gentleman from Wisconsin, under the proposal of the Republicans in Congress, that at a certain point in the future, Medicare as we have it today, as a guaranteed entitlement safety net program for seniors, will cease to exist. That is the Ryan plan. I will pause while anyone seeks to correct that.

That silence you hear, ladies and gentlemen of the United States of America, is because I just said something that is factually correct. The Ryan plan, which is now the Republican plan, which is now the plan that has passed the House, would end Medicare as we know it. Now, that has never been something that they have hidden from before. They even had a book, ''The Young Guns,'' or something. Does the gentleman from New Jersey remember what it was called? It was like ''The Young Guns.'' They were parading them all around the country with this book that explained it, this is the way Medicare is going to look.

You say it is price support. Okay. It is price support unless you can't be supported by the price of the voucher. If you are a senior citizen, I say to the previous speaker, if you are a senior citizen and you are given this thing, call it what you want, a coupon, a voucher, a price support document, and you go around and look for insurance in your neighborhood and you can't find it, under the law that you passed, you are out of luck. But you are not entirely out of luck. Your family can go pay out of their own pocket and may be able to buy insurance.

Now, you are a good, fit, healthy man, God bless you, and you should be

so for many years to come. But the fact is that many senior citizens cannot go into the private market and buy insurance with a price support document or voucher or coupon. They won't be able to get it, which is why Medicare was created in the first place, because the conventional way of saying, ''You know what; each and every person for themselves is the way we are going to get health care'' was leaving senior citizens out.

I want to explain to my Republican colleagues a little something about economics. When we join together as a society, as a large buying pool, we get better treatment as consumers. We get a lower price. Fewer people buying car insurance, prices go up. All of us in a pari-mutuel relationship, prices come down. That is basic economics, but it is being violated by the Ryan plan, which is the Republican plan, which is the plan you now own and have to defend.

But to say, you know, We don't really want to defend it because we are uncomfortable with it, it is yours now. And you say, We are trying to save Medicare. We are trying to save it. If you want to save it, then it has to be a Medicare program. It can't just be some kind of a coupon.

But I want to talk very briefly in my remaining time about this idea that we don't have plans. I have a plan that I want you all to consider. It is taking the efficient program of Medicare, which has managed to keep administrative costs far below any insurance plan in the country, any one of them. If any one of them can come even close to Medicare efficiency, then I would say let's go get that one, but they can't.

Why is it that we say that only people 65 and above should get that efficiency? Why don't we say to the roughly 30 percent profits and overhead insurance companies are taking, Who needs you guys? You are taking our money.

We are giving it to insurance companies. They are not doing any exams. They are not doing any checkups. They are not operating on any people. All they are doing is taking our money, taking 20 percent off the top and then passing some of it along to doctors and hospitals. What are they performing in the economy? Let's take them out of the formula.

Now, we didn't go this way in the ObamaCare plan, which I proudly call it. But I have to tell you, there is a competition going on in this country right now between the for-profit, employer-based model with a 30 percent overhead and Medicare with 1.05 percent overhead. I say Medicare for all Americans. It is an American Democratic plan that we should extend to more people. You want efficiency? Get more people into that buying pool. Let's take advantage of the large numbers of people that we have and cover them with insurance at a lower rate.

But we didn't go that way. We went a Republican way. In the Obama proposal, it was essentially a Republican proposal that said let's give them all health insurance. Now what you are saying is let's see if we can do that for senior citizens and still call it Medicare. You can't. You can't.

You say you are saving Medicare. You are destroying Medicare, and we Democrats and the people of this country are going to stop you.

POINT OF ORDER

Mr. GUTHRIE. Mr. Chairman, I insist on my point of order.

The Acting CHAIR. The gentleman from Kentucky may state his point of order.

Mr. GUTHRIE. The amendment violates clause 10 of rule XXI of the rules of the House because it has the net effect of increasing mandatory spending.

The Acting CHAIR. Does any other Member wish to be heard on the point of order?

Mr. WEINER. I ask to be heard on the point of order.

The Acting CHAIR. The gentleman from New York is recognized.

Mr. WEINER. It is arguable whether or not this does increase spending because all this does is change the effective date. But I can tell you this: This is the exact same argument we heard today from Mr. CANTOR, who said they would not authorize any spending to help the people who were the victims of that horrible tornado recently because that, too, would need to be paid for.

Sometimes you have things that are emergencies in this country. Sometimes you have things that, frankly, under the emergency powers of this Congress, we should be able to implement.

I believe that while it is arguable that the effective date changes the net expense of this bill, because all this really does, the fact of the matter is that we have a responsibility to seniors in this country. We have a responsibility to those on Medicare to try to save it, just the same way I would say we have a responsibility to the citizens of this country who were ravaged by storm. And to hear your leadership say we would not allocate any funds for that purpose without going through a budget debate is outrageous.

The Acting CHAIR. The Chair is prepared to rule.

The gentleman from Kentucky makes a point of order that the amendment offered by the gentleman from New York violates clause 10 of rule XXI by proposing an increase in mandatory spending over a relevant period of time.

Pursuant to clause 10 of rule XXI and clause 4 of rule XXIX, the Chair is authoritatively guided by estimates from the chair of the Committee on the Budget that the net effect of the provisions in the amendment would increase mandatory spending over a relevant period as compared to the bill.

Accordingly, the point of order is sustained and the amendment is not in order.

Mr. PALLONE. I move to strike the last word.

The Acting CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Chairman, I wanted to go back to the issue of Medicare, but I also wanted to respond to the gentleman from Pennsylvania because he also brought up the issue of Medicaid. I would point out that the Republican budget not only devastates and ends Medicare, but it essentially does the same thing to Medicaid because of the level of cuts that are put in place for Medicaid.

Now, senior citizens are very much aware of the fact, I think, that if Medicare ends, then they are thrown out in the private insurance market, and if they have to buy insurance on the private market at the whim of the insurance companies, that they will be in bad shape. They may not be able to get insurance. If they get it, it will be a very skeletal package. It won't cover and guarantee their benefits.

I think they also realize that the budget, if it repeals the health care reform, will go back to having this huge doughnut hole, which will cause them to pay a lot out of pocket and also will eliminate the lack of copays that now exist for preventive care, such as mammograms and other diagnostic tests that now are free without a copay. So they will pay a huge amount of money out of pocket if the Republicans get their way by ending Medicare.

But the gentleman from Pennsylvania also brought up Medicaid, and I would point out that many seniors are not aware of the fact that most of the money spent on Medicaid actually pays for nursing home care because Medicare doesn't cover nursing home care. Seniors, when they pay out of pocket for nursing home care, usually run out of their money very quickly and end up staying in the nursing home because of Medicaid.

Well, what this budget does is to basically cut Medicaid by almost $800 billion over the next decade and essentially in half by 2022. That is not sustainable. What that is going to mean is, as I said before, when we didn't have Medicare, seniors couldn't get insurance and they just basically got no health care unless they went to an emergency room. But if you cut Medicaid in half, what is going to happen is there isn't going to be money for the States to pay for nursing home care, and either seniors won't be able to find a nursing home or, if they get one, it is going to be a nursing home that, because it is not getting an adequate payment rate, it is going to be really awful.

In my home State of New Jersey, I remember in the 1970s, going back 30 years ago, when nursing homes were just awful. We had fires. We had people with horrible bedsores.

□ 2030

The bottom line is that, if you really devastate Medicaid, which pays for nursing home care, you're going to also

go back to the days when seniors couldn't find nursing homes.

Mr. WEINER. Will the gentleman yield?

Mr. PALLONE. I yield to the gentleman from New York.

Mr. WEINER. I just want to point out something else. Who is going to be left to pay for it?

Obviously, localities in New Jersey, Pennsylvania, and New York are not going to let people lie sick in the streets. It's just going to mean local taxes are going to get raised and that State taxes are going to get raised because, ultimately, it's not whether people get health care; it's just how it's paid for. Frankly, by cutting it off, it doesn't mean that. It just means that we're passing it along in an unfunded mandate to localities.

I thank the gentleman for yielding.

Mr. PALLONE. I agree.

I also would point out that, many times, the localities, because they have budget problems, may not even pay for it at all, and so we'll end up with awful nursing homes or we'll not even have nursing homes.

The other thing, too, is that Medicaid also has waivers that pay for a lot of senior citizens to stay home and that pay for their personal care when they stay home: for somebody to come in and dress them, to cook meals, to clean the house, that type of thing. That would also be gone or it would be cut in half when you cut Medicaid in half.

Again, as Mr. WEINER said, unless the States stepped in and paid for that, a lot of those senior citizens who don't have to go to nursing homes end up staying home and getting the personal care in their homes or apartments, and those programs are going to be eliminated as well.

So it is amazing what the Republicans are doing in this budget: ending Medicare and cutting Medicaid. What that means for senior citizens is just an awful thing. These cuts to Medicaid go into effect immediately, so they impact seniors immediately, and just get worse and worse over the next 10 years. It also applies to the disabled because these are programs that are paying for the disabled. Everything that I said about people over 65, whether it's regarding Medicare or Medicaid, also applies to people who have disabilities.

I just don't understand. Again, Medicare, Medicaid, Social Security, these are programs that the Republicans never liked, never voted for, never supported, and I'll mention one more. Because of the cuts in Medicaid and also because of the cuts in the SCHIP, which is the family care premium, the budget also makes it so a lot of children who now get health care coverage are not going to get health care coverage.

Again, the Republicans are walking away from the seniors, walking away from the disabled, and walking away from the children.

Mr. WEINER. I move to strike the requisite number of words.

The Acting CHAIR. The gentleman from New York is recognized for 5 minutes.

Mr. WEINER. I say to the Chair, when I was here at 6 o'clock and was cut off by the Chair and was taken off my feet and lost my ability to speak for reasons that are only known to the Chair, I was prepared to make my 5-minute remarks, and the other Members were prepared to do the same.

I want to say that, just as a matter of comity and as a matter of our all getting along, this is an important debate, and if the effort were to try to figure out a way to stymie the debate and to silence some of us, I just want to remind you that it's not going to work and that we're going to find a way to make this debate happen even if it's late into the evening. But I just want to continue on a point that the gentleman from New Jersey made, and I want us to understand a little bit about the basic tenets of how Medicare works.

Many Members on the other side of the aisle came to the floor today and talked about Medicare as being a one-size-fits-all plan. Medicare works because of its flexibility. My father is a member of an HMO. He chose that option. People can go to individual pay-per-service doctors.

Now, there is no disputing that health care—all health care—is on a rising arc that is unsustainable. That's why the Republican strategy of doing nothing and drilling its head into the sand for years was no longer sustainable, and that's why we Democrats, without a single Republican vote, had to do something about it. The arc of cost is strangling our economy. The arc of cost of not having people insured and of passing along the bills to all of us was an unsustainable model. That's why we made changes that made Medicare more efficient.

For example, one of the things that my friends want to eliminate is the idea that, under Medicare now, under the Affordable Care Act, under ObamaCare, preventative services for seniors are reimbursed 100 percent—no copayment. Why do we do that, and how does that save money? It's because of what our parents and grandparents have taught us time immemorial, that an ounce of prevention is worth a pound of cure, and that by providing coverage for that you actually save money in Medicare. How did we extend Medicare by 10 years? That's one of the ways that we did it.

What my colleagues fail to understand is that we acted just last year. You ask, Where is your plan? We acted just last year to extend the life of Medicare; to expand services provided under Medicare; to reduce the cost to the economy; to provide coverage for the uninsured; to reduce the burden on localities and cities that have to pay for the uninsured now. That's what we did.

What are you doing? You're saying let's take not only the Affordable Care Act and eliminate all of those protections, but let's go back 40-some-odd years, and let's eliminate the Medicare Act, and let's replace it with something that, oh, lo and behold, takes taxpayer dollars and gives it to insurance companies.

Now, anyone watching this movie from the beginning knows that that's your basic modus operandi, that that's what you always seek to do—to enrich insurance companies. But if you want to provide care for seniors—Democrat seniors, Republican seniors, seniors with no party affiliation—Medicare has turned out to be a very efficient way to do it. Does that mean there are not rising health care costs across the board? Yes, but I'm going to tell you something. Here's this for an interesting little fact:

Medicare's rising cost is actually less than that of the private insurance market. Well, how can that be? Because, as I said, Medicare doesn't take money for profits. Medicare doesn't take money for shareholders. Medicare doesn't take money for advertisements. Medicare doesn't take money for giant call centers, where you call them, and they put you on hold and then ultimately don't give you their service. They don't give giant bonuses to their CEOs. Medicare is an efficient program that's well run because that's how we roll, we Democrats. We do efficient programs that are well run.

What do you do? You want to eliminate them. You like that.

That's how they roll. They want to eliminate these programs. We're standing in the way, but we're not standing alone because seniors of all stripes and even people who are young people who want to someday become seniors understand a program that works when they see it. They also understand a party in retreat when they see it, I say to my good friend. We see how you guys are coming down here. Well, it's not a voucher; it's a coupon. It's not a coupon; it's a price support. Earlier in the day, someone said you're draining the Federal Government. One size fits all.

You guys, I have not seen so much defensive talk in years. But you ought to be a little bit defensive about this because we found out what you believe in. You campaigned on what you were against, and this is apparently it. But here it is. Now you've got to defend it. You should do a better job than simply saying, Oh, no, no, no, no. We love this Democratic program. We're not trying to hurt it.

The American people are much too smart for this. They know if you say we're taking away a guaranteed protection and we're replacing it with a price support document, or whatever euphemism you're going to work, that we Democrats are going to stand up and call you on it every day. You can huff and you can puff, but eventually, it's going to be us blowing your house down. Ultimately, it's going to be the citizens of this country saying, You

know what? I remember now why we put Democrats in charge when we wanted to take care of people, because they create programs like Medicare, and Republicans want to eliminate them.

The Acting CHAIR. The time of the gentleman has expired.

Mr. GUTHRIE. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. CANSECO) having assumed the chair, Mr. WOMACK, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1216) to amend the Public Health Service Act to convert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations, had come to no resolution thereon.

THE WINNERS OF THE NASA AERONAUTICS SCHOLARSHIP AWARD

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to recognize two individuals from my district who were recently selected to receive NASA's Aeronautics Scholarship Award—Khalil Ramadi and Robert Schroeder, both of whom are students of Penn State University.

The Aeronautics Scholarships Program, which is in its fourth year, aids students enrolled in fields related to aeronautics and aviation studies. These gentlemen are two of 25 undergraduates and graduate students selected from hundreds of applicants from across the country to receive aeronautics scholarships.

Robert and Khalil will have the opportunity to intern with NASA researchers and to directly work on projects such as managing air traffic more efficiently and improving safety. They will be part of a nationwide team of researchers that is pursuing an ambitious set of aeronautics technology development goals.

Their hard work has gotten them to this point, and through this award, they will now play an even bigger part in contributing to our Nation's pursuit of solutions for some of the most pressing challenges facing the air transportation systems today.

I want to thank Khalil and Robert for their hard work and dedication. Congratulations on receiving this honored distinction.

□ 2040

PEAK OIL

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

Mr. BARTLETT. Mr. Speaker, I would like to spend just a few moments putting the debate that we are having on Medicare in perspective.

This year, our budget deficit will be close to $1.6 trillion. That is a really big number. Well, what does it mean? Well, it means that about every 6 hours—as a matter of fact, a little less than that—we accumulate another $1 billion deficit that adds another $1 billion to our debt.

This $1.6 trillion is, as a matter of fact, about a half trillion dollars more than all the money that we come here to vote to spend. We spend the better part of 12 months debating a large number of authorizing bills and voting the appropriations bills to spend just a little over $1 trillion. Our deficit is $1.6 trillion. That means it's about a half trillion dollars more than all the money we vote to spend. What that means, Mr. Speaker, is that if we had no military—just don't fund it, send all the service people home—if we had no Department of Education, no Department of Commerce, if we emptied all of those large buildings full of government bureaucrats, we would still have about a half trillion dollar deficit. What that means of course is that there is no chance, no opportunity of balancing the budget by cutting spending in all of those programs that we spend the better part of a year debating here.

Well, if that wouldn't balance a budget, what then must we do? It's very clear that if the deficit is about a half trillion dollars more than all the money we vote to spend, that a lot of the spending that accumulates this deficit is in programs that we don't vote to spend money on. These are programs that pay the interest on the debt, that's kind of mandatory spending—if you don't do that you're in big trouble—and it's Medicare and Medicaid and Social Security.

And so in this debate on Medicare, it's not just the Medicare Trust Fund that we're talking about that will go bankrupt—it will because today and every day, with no time out for holidays or weekends, 10,000 of our baby boomers retire and they stop paying into these funds and they start drawing from these funds. And so as we debate this subject, we need to remember that it's bigger than Medicare, that even if you could agree that Medicare will somehow magically be solvent, it really won't matter if we have a country that's bankrupt, will it? Because you can't have a Medicare program in a country that has no government because it has gone bankrupt, and that's what is going to happen if we don't get a handle on this debt. And it's a huge problem.

Our leadership on our side of the aisle worked very hard to keep the promise that was made during the campaign of cutting $100 billion from spending this year. That's a lot of money to cut. But even if we had cut the $100 billion, that would have been one-sixteenth of the deficit. But it turned out to be an amazing disappearing $100 billion. It shrunk to $61 billion, then it shrunk to $38 billion, and then when CBO looked at the actual outlays this year of how much we would save, it shrunk to $352 million. That is, Mr. Speaker, about one-third of 1 percent of what we promised. And even if we had delivered what we promised, $100 billion, that would have been roughly 6 percent of the deficit, one-sixteenth of the deficit.

So when we talk about these individual programs, it's nice to keep in perspective the overall picture of where we are. If you are excited by challenges, you will be exhilarated by this challenge because this is a huge, huge challenge that our country faces.

We now are about a decade into a new century and a new millennium. And it's interesting to look back at the last century and ask ourselves what was probably the most important speech given in the last century. Now if you were to ask that question of 100 people, probably not one of them would cite the speech that I'm going to tell you tonight was the most important speech of the last century, but I think that if you were to ask that question 10 or 15 years from now, that almost all of those 100 people would tell you that this speech is probably the most important speech of the last century. It was given on the eighth day of March in 1956 by a man named Marion King Hubbert—generally known as M. King Hubbert—to a group of oil people in San Antonio, Texas.

At that time, the United States was king of oil. We were the first major industrialized nation in the world. We were pumping more oil, we were using more oil, we were exporting more oil than any other country in the world. And M. King Hubbert told this group of oil specialists that in just 14 years—by 1970—the United States would reach its maximum oil production, that no matter what they did after that, oil production in this country would fall off. That was audacious, it was unbelievable—as a matter of fact, it wasn't believed. M. King Hubbert was relegated to the lunatic fringe. How could it be that a country that had discovered this much oil, was king of oil, producing more oil, consuming more oil, exporting more oil than any other country in 14 years is going to reach its maximum production and then fall off?

You know, if you stop to think about it, oil one day will run out, won't it? I started asking myself that question a lot of years ago when I was teaching school, and I taught a class in biology, and all of the publishers would send me their textbook hoping that I would use it in my class and they could sell it to the members of the class.

□ 2050

And I remember I was asking myself the question, you know, oil can't be

forever. When will there be a problem? Next year? Ten years? A hundred years? Maybe it is a thousand years. I had no idea. I had no idea when this crisis would occur. But obviously there had to be a time in which oil would run out. And if there's such a time when oil will run out, there has to be a time when you've reached your maximum ability to produce oil.

Well, the chart that I have here shows what happened. He made that prediction here in 1956. We were here. He said in 1970—that's the peak up there—that we would reach our maximum oil production. This chart shows where that oil was coming from—from Texas, from the rest of the United States, from natural gas, liquids.

And then we made two big oil discoveries. He hadn't included Alaska and he hadn't included the Gulf of Mexico. You can see Alaska there, just a little blip in the slide down the other side of Hubbert's peak, and there you could see the fabled Gulf of Mexico in yellow there, the fabled Gulf of Mexico oil discoveries. It hardly made a difference, did it?

The United States now produces about half the oil that it produced in 1970, and that's in spite of the fact that finding oil that M. King Hubbert did not include in his prediction. He included the lower 48. He did not include Alaska. He did not include the Gulf of Mexico.

But in spite of finding a fair amount of oil there, today we still produce half the oil we did in 1970.

Now, by 1980 if you look on the charts—but in 1980 you could look back and you could say gee, M. King Hubbert was right, wasn't he? The United States did reach its maximum oil production 10 years ago. Wow.

What that means, of course, is that won't the world at some time reach its maximum oil production? How could you argue that the United States is not a microcosm of the world? If the United States reached its maximum oil production in 1970, when would the world reach its maximum oil production? As a matter of fact, M. King Hubbert predicted that the world would be reaching its maximum oil production just about now.

Well, if M. King Hubbert's speech was the most important speech of the last century, one might ask the question, ''What was the most insightful speech of the last century?''

Now, I don't know if these two men even knew each other. I don't know if Hyman Rickover, who I think gave the most insightful speech of the last century, don't know if he even knew that M. King Hubbert existed. He was going to talk about the same phenomenon from a very different perspective.

His speech was given the 15th day of May, just a little over a year later, in 1957. The audience was irrelevant, but the audience was a group of physicians in St. Paul, Minnesota. For many years his speech was lost. And just a few years ago it was found, and it's on the Internet now. And if you'll just Google for ''Rickover'' and ''energy speech,'' it will come up. And I'm sure that you will agree that it is probably the most prophetic speech that you have ever read.

I'm sure you will agree that it might very well be the most insightful speech of the last century. I have some quotes here from Hyman Rickover's speech. And you know, I'm sure that speech was still around in 1980 when you could look back and see, gee, in 1970, we really did peak in oil production in this country, didn't we?

And looking at what Hyman Rickover said there really should have been some pause, shouldn't there? There is nothing man can do to rebuild exhausted fossil fuel reserves. They were created by solar energy. Oh, it's really interesting. Almost all of the energy we use today came from or comes from the sun. It was the sun that made the plants and so forth grow that produced our gas and oil. It's the sun that, with differential heating, makes the winds blow. It's the sun that lifts the water and the clouds, then drops it on the mountains, it runs down to produce hydroelectric power. No wonder many of the ancients worshipped the sun. They kind of understood how important it was to their economy, didn't they?

They were thinking about solar energy 500 million years ago that took eons to grow to its present volume. In the face of the basic fact that fossil fuel reserves are finite, the exact length of time these reserves will last is important in only one respect. Wow, what a profound statement he makes here: ''The longer they last, the more time do we have to invent ways of living off renewable or substitute energy sources and to adjust our economy to the vast changes which we can expect from such a shift.''

Now, this speech was given in 1957. That's more than a half century ago.

This next quote, I love this next quote. ''Fossil fuels resemble capital in the bank. A prudent and responsible parent will use his capital sparingly in order to pass on to his children as much as possible of his inheritance. A selfish and irresponsible parent will squander it in riotous living and care not one whit how his offspring will fare.''

You know, I think of that statement when I notice how eager we are to ''drill, baby, drill.'' Drill more, pay less. I have 10 kids, 17 grandkids, and 2 great grandkids. When the Vice President came here to try to get me to vote to drill in ANWR, I told him I'd be happy to vote to drill in ANWR when he promised me they were going to use all the revenues we got from ANWR to invest in alternatives. Because more than a half century ago, Hyman Rickover said that's precisely what we should be doing. And we had not been doing any of it.

I noted to the Vice President that we were going to leave our kids a huge debt. I had no idea then how really huge it would be because that was several years ago. I said wouldn't it be nice to leave them a little oil so that they might have something to work with that huge debt?

The next chart is another quote from Hyman Rickover. ''Whether this golden age,'' as he referred to it—and wow, what a golden age it's been—''Whether this Golden Age will continue depends entirely upon our ability to keep energy supplies in balance with the needs of our growing population.'' Nearly 7 billion people in the world and energy from fossil fuels, particularly oil, is absolutely essential to their survival. ''Possession of surplus energy is, of course, a requisite for any kind of civilization, for if man possesses merely the energy of his own muscles, he must expend all his strength—mental and physical—to obtain the bare necessities of life.''

When I first got some statistics on oil and the energy density of oil, I could not believe them. One barrel of oil has the energy equivalent of 25,000 man hours of work. I saw that number and I said, That's incredible. That means it has as much energy in one barrel of oil, 42 gallons. That's 12 people working all year long.

I drive a Prius. And then I thought, you know, a gallon, not very big, a gallon of gasoline will take my Prius—the most recent mileage is 53 miles per gallon. Now, I could pull my Prius 53 miles, but it would take me a spell, wouldn't it? I would have to use come-alongs hooked to the guardrail or trees off to the side and pull the Prius, but it would take me quite a while to pull my Prius 50 miles, and that's just one of those 42 gallons in a barrel of oil. So I guess that 25,000 man hours of effort is really the energy equivalent of a barrel of oil.

And of course what that incredibly cheap energy has done has permitted us to develop a really great quality of life. And Hyman Rickover referred to that as this Golden Age.

The next chart, and he kind of missed it a little here as you will see, in the 8,000 years from the beginning of history to the year 2000, world population will have grown from 10 million to 4 billion with 90 percent. Well, we kind of passed that, didn't we? We're not quite double that, but we're past that. So growth exceeded what he thought it would be.

□ 2100

It took the first 3,000 years of recorded history to accomplish the first doubling of population, 100 years for the last doubling. The next doubling will require only 50 years. As a matter of fact, it required less than that. And the path we are on, you know, we're just going to have increasing numbers of people while we have decreasing supplies of energy to support them.

The next chart, another quote from Hyman Rickover. You know, reading this, after 1980, when you could look back and see that M. King Hubbert was

really right about the United States, shouldn't our leaders have sat down and said, gee, what are we going to do about that?

One final thought I should like to leave with you. ''High energy consumption has always been a prerequisite of political power. The tendency is for political power to be concentrated in an ever-smaller number of countries. Ultimately, the nation which controls the largest energy resources will become dominant. If we give thought to the problem of energy resources, if we act wisely and in time to conserve what we have and prepare well for necessary future changes, we shall ensure this dominant position for our own country.'' Have we done any of that? This is the father of our nuclear submarine, Hyman Rickover. Great advice.

The next chart gives a perspective that Hyman Rickover talked about, and this looks at the age of oil. It goes back to 1630. It could go back to the time of Christ and the chart wouldn't change because the amount of energy the world was using was so small that it wouldn't show above the baseline here. And then we entered the Industrial Age. The brown line there is wood. We started with steam engines and fueling them with wood. And then we found coal, and that's the black line there. And then we found gas and oil. Wow, look what happened when we found gas and oil.

Now, we are going to see this curve again. And we are going to see it again and again. A very steep rise. With this very long time in the abscissa, that rise is really very steep. We will see some other charts where we have stretched out the time and the rise is not so steep. But notice what happens at the very top up there. It fell off and then rose again. That's the recession of the seventies, the Arab oil embargo. You know, you need to thank them for doing that because we woke up. Look what would have happened if that hadn't happened and that exponential curve kept on rising. It would be off the top of the chart.

Our next chart shows that in a different perspective. This is called the oil chart. And if you had only one chart to look at to inform you, this would probably be the one that you would want to look at. The curve that we saw in the last one, that red curve, I said you would see it again and again, and here it is. This is the curve. Now, it was very steep there because they had compressed this time, and so it went up. This is that drop-off in the seventies. Notice what would happen if we hadn't become more efficient as a result of that. This curve would be off the chart by the year 2011.

The vertical bars here show the discovery of oil, and we started discovering it in the forties. And, boy, in the fifties, and sixties, and seventies, huge peak in the seventies. And then by 1980—the black line here represents the use of oil—by 1980 we were using as much oil as we were finding. And after 1980, we always have used more oil than we found that year. But no matter, because there is a huge reserve back here. So we are now filling this space between what we found and what we use by dipping into those reserves that we have.

How long will they last? This chart indicates the future discoveries will be on an ever-decreasing slope. It won't be smooth like that because this has been up and down. That will be up and down. I want you to make your own judgment as to how much of that we're going to find.

By the way, this chart was what, '04 was when this chart was created, and they were predicting that the world was going to reach its maximum oil production probably about what, '10 or so there. As a matter of fact, they were somewhat optimistic, as we'll see a bit later, the peak oil production. Oh, the next chart shows some of that. And we will look at the next chart.

There are two entities in the world that do a very good job of keeping track of how much oil we pump and use. Of course we use all we pump. There is no big reservoir of oil anywhere. And this is the EIA and the IEA. One of them is a creature of the OECD in Europe, and the other is a part of our own Department of Energy. And these are their records of how much oil we have produced.

And notice that for about the last 6 years now we have been plateaued in oil production at about 84 million barrels a day. We are stuck there for about the last 6 years at 84 million barrels a day.

When demand goes up—and the increasing economies in China and India and the developing world, the demand is really going up. When demand goes up and there is a constant supply, what happens to prices? You know, $50, $80, $100, $147 finally. And that high price of oil combined with a silly housing bubble that we produced in this country, and the world's economy is kind of near collapse. And then oil fell to a bit under $40 a barrel. But as soon as the economies picked up again, the price of oil increased, and now it's roughly $100 a barrel.

The next chart looks at the world's picture, and the dark blue on the bottom here is conventional oil. Notice that it increases. They have it at about 2006. There is now general recognition by experts all over the world, even the naysayers like ExxonMobil and CERA, Cambridge Energy Research Associates, now concede that oil peaked in about 2006. But we have had unconventional oil, and we have had natural gas liquids. We are finding more and more natural gas. And there is natural gas liquids. You won't probably put that in your fuel tank because it's propane and butane and that kind of energy source. This chart admits that we have reached the peak, and it's going to fall off. Doesn't this look very much like Hubbert's curve for our country, falling off?

Now, I am sorry I don't have the next chart that they created just 2 years after this, but let me tell you the differences. The chart they created 2 years after this has two main differences. One, it went out to 2035 instead of 2030. Notice that the total oil production, adding up all of these various sources of oil, came to 106 million barrels a day, they thought, by 2030. Now, just 2 years later—this was an '08 chart—by '10, they had produced a chart that said that the peak production 5 years later was going to be only 96 million barrels a day. They had lowered their expectations. They also had lowered their expectations of how much oil we are going to be getting from our current fields, because this line had dropped off considerably lower in their chart just 2 years later.

Now, they have our availability of oil ever going up and up, down to only 96 million barrels a day in 2035 in their next chart. But the contribution to that is very little of it comes from our conventional oil. Most of it is going to come from oil from fields that we have discovered and not developed. That's the light blue. And the red there is from fields yet to be discovered. And that disparity is even more acute in the chart that they developed just 2 years later.

I will tell you with considerable confidence that those two wedges are not going to occur in anything like that magnitude. The world inevitably will follow the same curve that the United States followed.

□ 2110

We reached the peak in 1970. We have been falling off ever since. In spite of finding oil in Alaska and the Gulf of Mexico, in spite of drilling more oil wells than all of the rest of the world put together, today we produce half the oil we did in 1970. This relates to the discussion that we are having about the budget and about Medicare.

PAUL RYAN had a bill which he called the ''roadmap,'' and it was a way to get at the problem of our debt and deficit, and it was pretty tough. It was so tough that only about 12 or 13 of us signed onto that roadmap.

Then we came to the budget debate, and all but four Republicans voted for that budget. I was almost the fifth one not to because I didn't think that it was going to solve our problem. It didn't cut enough. We weren't going to balance the budget.

PAUL says that his budget pays down the debt, but it doesn't balance for 25 years. And to make it balance in 25 years, he projects fairly robust growth. That robust growth will not occur because, as soon as the world's economy picks up and the demand for oil picks up, since we have done nothing that we were advised to do by Hyman Rickover more than 50 years ago in planning an orderly transition to other sources of energy, when the price of oil goes up again to $125, $150 a barrel, even if you believe that our economy is going to

pick up—and it won't—it still takes 25 years to balance the budget. So what we are talking about tonight in this energy thing really, really is important in our budget debate as well.

The next chart is an interesting one. This was from several years ago, before the peaking of oil. It shows the exports in the world and when they thought oil would peak. Here is the year they thought it would peak—and some of them a very long time from now. Well, Deffeyes said before 2009, and it certainly was before 2009, but it occurred earlier—well, 2006 and 2007. It occurred in 2006.

The next chart shows exactly these same things in a pictorial form so that you can see some of them. They weren't going to miss the bet, were they? They could occur any time during those many, many years there, but there is almost unanimous agreement now that oil did peak in 2006.

The next chart shows four studies. There are five reports, but there were only four studies because two reports came from the same study.

Your government paid for four different studies, two of them issued in 2005 and two of them issued in 2007. There was a second iteration of the DOE report here that occurred a little later, in '05 and '07. They all said essentially the same thing, that the peaking of oil was either present or imminent with potentially devastating consequences.

Now, why did your government pay for four reports? Because they didn't like what the first report said. Then they got the second one that said the same thing, and they didn't like that either. So they ordered a third one, and they didn't like what that report said either. The President finally ordered the National Petroleum Council report.

The next chart is one of the quotes from the first report, which is a big SAIC report. Dr. Robert Hirsch was the leading investigator, so it's frequently called the ''Hirsch report,'' and I have a couple of quotes from this.

The peaking of world oil production presents the U.S. and the world with an unprecedented risk management problem. As peaking is approached, liquid fuel prices and price volatility will increase dramatically, up to $149 a barrel; and without timely mitigation, the economic, social and political cost will be unprecedented.

On the next chart—and this was all out there since 2005—world production of conventional oil will reach a maximum and will decline thereafter.

They said that with quite some confidence because it happened in the United States, unquestionably, and the United States has to be a microcosm of the world. That maxim is called the ''peak.'' A number of confident forecasters projected peaking within a decade. Others contend it will occur later. Well, it occurred well within the decade.

The world has never faced a problem like this. It is unprecedented. Without massive mitigation more than a decade before the fact, the problem will be pervasive and will not be temporary. Previous energy transitions—wood to coal and coal to oil—were gradual and evolutionary. Oil peaking will be abrupt and revolutionary. This was in 2005. Your government didn't like what that report said, so they just ignored it.

In the same year was another report by the Army Corps of Engineers, and I have several quotes: The current price of oil is $45 to $57 a barrel and is expected to stay that way for several years.

Wow, even the experts get it wrong sometimes, don't they?

Oil prices may go significantly higher, and some have predicted prices ranging up to $180 a barrel in a few years.

Well, it reached $147, but it didn't reach $180 because the economy collapsed, and the demand for oil went down. With the demand down, the price went down.

The next chart is another quote from this same study. Petroleum experts Colin Campbell, Jean Laherrere, Brian Fleay, Roger Blanchard, Richard Duncan, Youngquist, Albert Bartlett—my namesake. I wish I had some of his genes. He has given a great speech on energy. Google for ''Albert Bartlett, an energy speech.'' He has probably given his speech about 2,000 times now. It is the best speech I have heard on energy—have estimated that a peak in conventional oil production will occur around 2005. It occurred in 2006. They didn't miss it very much.

The next statement isn't from the Corps of Engineers. It's a statement from Condoleezza Rice, which I thought was a very insightful statement:

We do have to do something about the energy problem. I can tell you that nothing has really taken me aback more as Secretary of State than the way that the politics of energy is—I will use the word—''warping'' diplomacy around the world. We have simply got to do something about the warping now, a diplomatic effort by the all-out rush for energy supply.

Good advice. What did we do? What did we do?

The next chart is another quote from the Corps of Engineers:

Oil is the most important form of energy in the world today. Historically, no energy source equals oil-intrinsic qualities of extractability, transportability, versatility, and cost. The qualities that enabled oil to take over from coal as the frontline energy source for the industrialized world in the middle of the 20th century are as relevant today as they were then.

All ignored by your government.

On the next chart, there is another quote from this same study by the Corps of Engineers. Well, they're quoting Jean Laherrere and our Energy Department. Just go back and look. Historically, you can Google and find him, I'm sure. They are projections of what energy was going to be available to us. This is his quote on that, Laherrere's quote:

The USGS estimate implies a fivefold increase in discovery rate—you have to have that much discovery rate to keep up with what we're using—for which no evidence is presented. Such an improvement in performance is, in fact, utterly implausible given the great technological achievements of the industry over the past 20 years, the worldwide surge and the deliberate efforts to find the largest remaining prospect.

We are finding more oil. One of the big finds in the Gulf of Mexico was under 7,000 feet of water and 30,000 feet of rock. A big discovery of oil is 10 billion barrels. We use 84 million barrels a day. That means, in 12 days, we use 1 billion barrels of oil.

□ 2120

That's a staggering number. What that means is if you found 10 billion barrels of oil and you could get it all out, that will last the world 120 days. Big deal.

The next chart is Shell Oil. By the year 2100, the world's energy system will be radically different from today's. The world's current predicament limits our maneuvering room. We are experiencing a step change in the growth rate of energy demand, and Shell estimates that after 2015, supplies of easy access to oil and gas will no longer keep up with demand. That didn't wait until 2015. It happened in 2006. But he was generally right. This was of an absolute certainty going to happen.

The next chart presents us with a dilemma that many people are concerned about. It's a national security issue. We have only 2 percent of the world's oil reserves. We use 25 percent of the world's oil. We are only a little less than 5 percent of the world's population. We import about two-thirds percent of what we need. Many people rightfully believe that having only 2 percent of the world's reserves and using 25 percent of the world's oil and importing two-thirds of what we use presents an undesirable national security risk. As a matter of fact, there were 30 prominent scientists and thought leaders who wrote a letter to President Bush saying exactly that.

Notice that, though we have only 2 percent of the world's oil, we are producing 8 percent of the world's oil. We field more oil wells than all the rest of the world put together. It's like several kids sharing a soda and they have half a dozen straws in one soda, you can suck it down pretty quick, can't you? And that's where we are with oil.

The next chart is an interesting one. And what this chart shows us is the energy density of these various types of fuel. Notice that oil aviation fuel, boy, that's refined, isn't it? It's got lots of energy. And so does natural gas, which is why natural gas is a great fuel for cars if you have the infrastructure to

support that. But notice all these other sources of energy, the energy density in oil is just incredible. There's nothing else, there is no readily available source of energy that comes even close to the energy density in oil as we look at alternatives.

The next chart, and some people will tell you, yes, I know, oil is short, but who cares? Because we are king of coal, we're the Saudi Arabia of coal, we have enough coal to last us for a long time. I've had Members tell me it will last us 500 years. A commonly quoted amount of coal is we have a 250-year supply of coal—at current use rates. Note when people tell you how much of something we have at current use rates, think about what increasing use will do to that. If we increase the use of coal only 2 percent—and we'll increase the use more than that as we run down on oil and we have learned to do what Hitler did and South Africa did to create oil and gas from coal—just a 2 percent growth doubles in 35 years. That's not enough growth to keep our stock market happy. It wants more than 2 percent. But 2 percent doubles in 35 years. It's four times bigger in 70 years. It's 8 times bigger in 105 years. It's 16 times bigger in 140 years. So that 250 years of coal shrinks to just 50 years of coal, by 85, if you use it as coal, but if you're going to use some of the energy to convert it to a gas or liquid, now it shrinks to 50 years. So your 250 years shrinks to 50 years if you have only 2 percent increase in its use and if you convert it to a gas or a liquid.

But the reality is that there is no way you can avoid sharing that coal or the gas or oil you would get from it with the world. Because if you use oil or gas that you've made from your coal, then somebody else buys the oil from Saudi Arabia or Hugo Chavez. So the reality is that you have no alternative but to share it with the world. We use one-fourth of the world's oil, so that means it will last the world 12½ years.

Now the National Academy of Sciences says we haven't looked at the coal reserves for a long while, since the 1970s, and they think we probably have about 100 years of coal at current use rates. But even if we had 250 years at current use rates, just 2 percent gross shrinks to 85, convert it to gas or a liquid and it drops to 50, and you have no alternative but to share it with the world. So it drops to 12½ years.

The next chart shows us something very interesting. What it shows us is that we don't have to look to a decreased quality of life if we are using less energy. This is the human development index. It's a per capita energy consumption. You notice that we share a lone position way out there at the end of the curve. But notice how flat that curve is on top. The people using roughly half the energy we do, the human development index, which is life expectancy, education level, relative income, is about the same as ours using only half the energy we use. As a matter of fact, that's where Europe is. They use half the energy we use.

The next chart looks at some of the same phenomena in a different way. This is how happy people are with their station in life. Now here we are, using the most energy, that's on the bottom, how much energy you are using, we use the most energy, and we're pretty happy about things, aren't we? But notice how many countries, I think there are 22 of them, that feel better about their quality of life than we feel using, some of them, only half as much energy as we use.

Now on both of these curves you have to get back down to about here, which is about one-third as much energy as we use before you start falling off quickly in these indices or in your perception of quality of life.

The next chart looks at our energy consumption. Where does our energy come from? We've been talking about oil. But we're getting energy from a lot of other sources too, from natural gas, most of it from oil, from petroleum, from coal, from nuclear about 8 percent, which is about 19 percent of our electricity. This is total energy production, not electricity, but 19 percent of our electricity comes from nuclear. If you don't like nuclear, drive down the road tonight and note that every fifth house and every fifth business would have no lights if we had no nuclear. So it is a little wedge in there, 6 percent, which is renewables—just 6 percent. And notice—well, hydroelectric is a big part of that; biomass, that's the paper industry and the wood industry burning by-products and so forth and waste-to-energy, instead of putting it in a landfill you burn it; geothermal, that's true geothermal, tapping into the molten core of the Earth; wind and solar, look how tiny they are. They have huge potential for growth. But at the moment they are pretty, pretty small.

The next chart shows us something interesting, and that's about efficiency. The bar on the left looks at incandescent lights. My wife got a few chickens recently, and she put a lightbulb over them to give them heat because about 90 percent of all the energy from the light bulb, more than 90 percent, goes to heat. But if you use a fluorescent—look at it—enormously more efficiency in the fluorescent. And if you do go to an LED, look at the ratios in a LED. I have an LED flashlight, and I forget when I put batteries in it. Notice most of the new cars in front of you have LED lights.

The next chart kind of puts this problem in a global perspective. This is the world according to oil. It's what the world would look like if the size of the country was relative to how much oil it had. Now we've got to modify this a little because WikiLeaks just exposed some papers from Saudi Arabia that said they've been fibbing about how much oil they have, that they really have 40 percent less oil than they said they have. That's true I think of all of the OPEC countries, because back when they could produce enough oil to drive the price of oil down, they could produce a certain percentage of their reserves.

□ 2130

But if they wanted to produce more oil, they just said they had more reserves. They didn't find any more oil, but some of their reserves magically grew on paper. It was kind of a contest amongst liars, and Saudi Arabia was exposed. So it would modify a little, but still most of the oil is in that part of the world.

Here is the United States, 2 percent of the oil. We use 25 percent of the oil. Our biggest supplier of oil is Canada. Our third biggest supplier is Mexico. Both of them have less oil than we, but Canada has few people, so they can export. Mexico has a lot of people, but they are too poor to buy the oil, so they can export. Just a few months ago, Mexico slipped to number three supplier and Saudi Arabia now is our number two supplier of oil.

I want you to look at China and India over there. They are tiny. Last year the Chinese bought 13 million cars. We struggle to sell 12 million cars. They have 1.3 billion people, and they are entering the industrial age.

Mr. Speaker, the next chart looks at this same global picture in a somewhat different way. The left bar is the top 10 oil and gas companies on the basis of oil production. Now, we think ExxonMobil and Royal Dutch Shell and BP are pretty big players, don't we? They have only, collectively, 22 percent of all of the oil production in the world.

The right-hand bar looks at another part of this, and that is who has the oil. Notice that our big three or four don't even show up over there. These are the top 10. Almost all of the top 10 are Arab countries where it is not a company that owns the oil; it is a country that owns the oil. LUPE Oil, which is kind of private up there, they show it white, in Russia, is only 2 percent of the total amount of oil held by the top 10 countries in reserves.

Anyway, China is buying up reserves all over the world. And I asked the State Department why would they do that since in today's world it doesn't make any difference who owns the oil. The person who comes to the global oil auction with enough dollars—and let's hope it stays dollars and doesn't go to Euros or we are in really big trouble—you buy the oil you want. We have only 2 percent of the oil, we use 25 percent of the oil, and we aren't buying oil reserves anywhere. What is the difference? The State Department's answer, and I don't think that is the correct answer, they told me that China didn't understand the marketplace. Come on now. A country that during this recession dropped from 14 percent growth to 8 percent growth, and they don't understand the marketplace?

China is doing something else simultaneously, by the way. They are aggressively buying a blue water navy.

Do you think the time might come when China says, hey, we have 1.3 billion people, and these 900 million people who are in rural areas through the miracle of communications know the value of an industrialized society and they say, gee, how about us? I think China sees their empire unraveling the way the Soviet empire saw their empire unravel if they can't meet the needs of these people. China is buying oil reserves and building a big blue water Navy because the day will come they will tell us, gee, I'm sorry, but it is our oil. We have 1.3 billion people, and we can't share the oil.

I led a codel to China a little over 4 years ago, and I was stunned. This wasn't just the people concerned about energy in China; it was everybody we met. They talked about post-oil. There will, of course, be a post-oil world. It will be a long while from now. Hyman Rickover had no idea how long this age of oil would last. He was 100 years into what we call this golden age. We now know pretty much how long the age of oil will last. We are about halfway through it. We are 150 years in it. And he was right, in the 8,000-year recorded history of man, Hyman Rickover said the age of oil would be but a blip. It will be about 300 years long. We are about 150 years in it. From now on, the next 150 years, there will be less and less. It will be harder and harder to get, more and more expensive.

This is the five-point plan. Conservation. My wife says that she thinks that conservatives ought to be interested in conservation—they don't seem to be—because they come from a common root. Conservatives aren't interested in conservation. That is the only thing we can do to buy some time, to free up some energy so we can invest in developing alternatives.

The second and third are domestic sources of energy and diversify as much as you can.

The fourth one may surprise you: environmental impact. Be kind to the environment. They know that they are not. But as I mentioned, they have these 900 million people that are clamoring for the benefits of an industrialized society, so they are building a coal-fired power plant every week, and they are starting the construction of 100 nuclear power plants.

And the fifth bullet here: international cooperation. They know that there is no way that any one nation can face this problem alone, that we need international cooperation. But while they plead for international cooperation, they are planning for the eventuality that we won't have international cooperation because they are buying up oil reserves all over the world. And they are not just oil reserves; they are buying goodwill. What do you need, a soccer stadium? roads? a hospital? Wherever they buy oil reserves, they are buying goodwill. And remember, they are simultaneously building this huge blue water navy.

What now? Our next and last chart for this evening, What America Needs. We are the most creative, innovative society in the world. If we understand the problem, there is nothing that we can't do. Our people just need to understand the problem. We need to have leadership that understands the problem. I tell audiences that the innocence and ignorance on matters of energy in our general population is astounding; and, sadly, we have truly representative government.

Well, what do we do? We need the total commitment of World War II. I lived through that war. I was born in 1926. I know the total commitment we had during that war. There has been nothing like it since. We need the technology and intensity and focus of the Apollo program to land a man on the moon. That cost $275 billion in 2006 dollars, which is when oil peaked. And we need to have the urgency of the Manhattan Project. Minus that, we are going to face the kind of disruptions that were forecasted by the Hirsch Commission, the big SAIC report.

The world has never faced a problem like this. I like challenges. They excite me. And this is a huge challenge. It is an exhilarating challenge, but I know with proper information, with proper knowledge, with proper leadership, the United States is up to the task.

By the way, developing this green technology will again make us an exporting country. People brag about we have this nice, clean, service-based economy. If you think about that, no matter how much you charge for cutting each other's hair and taking in each other's laundry, that is not going to be a viable economy. Only three things produce wealth, and manufacturing is a major one of those. That is now all moving offshore.

We can again become a major manufacturing country by focusing on this green technology and by developing the alternatives that we must develop if we're going to continue to maintain our quality of life.

I look forward to a very challenging future.

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

REPORT ON RESOLUTION PROVIDING FOR FURTHER CONSIDERATION OF H.R. 1540, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2012

Ms. FOXX (during the Special Order of Mr. BARTLETT) from the Committee on Rules, submitted a privileged report (Rept. No. 112–88) on the resolution (H. Res. 276) providing for further consideration of the bill (H.R. 1540) to authorize appropriations for fiscal year 2012 for military activities of the Department of Defense and for military construction, to prescribe military personnel strengths for fiscal year 2012, and for other purposes, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. FRELINGHUYSEN (at the request of Mr. CANTOR) for today on account of a death in the family.

Ms. HANABUSA (at the request of Ms. PELOSI) for today.

ADJOURNMENT

Mr. BARTLETT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 40 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, May 25, 2011, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

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

1635. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Metiram; Pesticide Tolerances [EPA-HQ-OPP-2005-0308; FRL-8869-1] received April 26, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1636. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Mefenpyr-diethyl; Pesticide Tolerances [EPA-HQ-OPP-2010-0267; FRL-8870-9] received April 26, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1637. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Pyrasulfotole; Pesticide Tolerances [EPA-HQ-OPP-2010-0266; FRL-8869-5] received April 26, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1638. A letter from the Assistant Secretary, Department of Defense, transmitting a report to Congress specifying each Reserve component the additional items that would have been requested if the President's Budget had equaled the average of the two previous years, pursuant to 10 U.S.C. 10543(c); to the Committee on Armed Services.

1639. A letter from the Under Secretary, Department of Defense, transmitting Authorization of Brigader General Larry D. Wyche, United States Army, to wear the authorized insignia of the grade of major general; to the Committee on Armed Services.

1640. A letter from the Secretary, Department of Defense, transmitting a letter on the approved retirement of Lieutenant General Robert L. Van Antwerp Jr., United States Army, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

1641. A letter from the Deputy Assistant Administrator, Office of Diversion Control, Department of Justice, transmitting the Department's final rule — Control of Ergocristine, a Chemical Precursor Used in the Illicit Manufacture of Lysergic Acid Diethylamide, as a List I Chemical [Docket No.: DEA-320F] (RIN: 1117-AB24) received May 2, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1642. A letter from the Program Analyst, Department of Transportation, transmitting

the Department's final rule — Federal Motor Vehicle Theft Prevention Standard; Final Listing of 2012 Light Duty Truck Lines Subject to the Requirements of This Standard and Exempted Vehicle Lines for Model Year 2012 [Docket No.: NHTSA-2011-0026] (RIN: 2127-AK91) received April 21, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1643. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Prevention of Significant Deterioration (PSD) and Nonattainment New Source Review (NSR): Reconsideration of Inclusion of Fugitive Emissions; Interim Rules; Stay and Revisions [EPA-HQ-OAR-2004-0014; FRL-9299-3] (RIN: 2060-AQ73) received April 26, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1644. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Indiana; Removal of Vehicle Inspection and Maintenance Programs for Clark and Floyd Counties [EPA-R05-OAR-2009-0729; FRL-9299-7] received April 26, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1645. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Clarifications to Indian Tribes' Clean Air Act Regulatory Requirements; Direct Final Amendments [EPA-HQ-OPPT-2010-0293; FRL-9300-2] (RIN: 2060-AQ56) received April 26, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1646. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Delaware; Update to Materials Incorporated by Reference [DE104-1102; FRL-9298-3] received April 26, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1647. 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 Dissaproval, and Federal Implementation Plan Regarding Texas' Prevention of Significant Deterioration Program [EPA-HQ-OAR-2010-1033; FRL-9299-9] (RIN: 2060-AQ68) received April 26, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1648. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule — Interim Enforcement Policy for Minimum Days Off Requirements [NRC-2011-0084] received May 2, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1649. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule — NRC Regulatory Issue Summary 2005-02, Revision 1 Clarifying the Process for Making Emergency Plan Changes May 2, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1650. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule — Information Relevant to Ensuring That Radiation Exposures at Medical Institutions Will Be As Low As Is Reasonably Achievable, Regulatory Guide 8.18 received May 2, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1651. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule — Standard Format and Content for Emergency Plans for Fuel Cycle and Materials Facilities Regulatory Guide 3.67 received May 2, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1652. A letter from the Auditor, Office of the District of Columbia Auditor, transmitting a copy of the report entitled, ''Review of the Office of Risk Management Fiscal Year 2009 Performance Accountability Report'', pursuant to D.C. Code section 47-117(d); to the Committee on Oversight and Government Reform.

1653. A letter from the Auditor, Office of the District of Columbia Auditor, transmitting a copy of the report entitled, ''Sufficiency Review of the District of Columbia Water and Sewer Authority's (DC Water) Fiscal Year 2011 Revenue Estimate in Support of the Issuance of $300,000,000 in Public Utility Subordinate Lien Revenue Bonds (Series 2010A and Series 2010B)'', pursuant to D.C. Code section 47-117(d); to the Committee on Oversight and Government Reform.

1654. A letter from the Assistant Secretary for Civil Rights, Department of Agriculture, transmitting the Department's fiscal year 2010 annual report prepared in accordance with Section 203 of the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (No FEAR Act), Public Law 107-174; to the Committee on Oversight and Government Reform.

1655. A letter from the Secretary, Department of Education, transmitting the Department's fiscal year 2010 annual report prepared in accordance with Section 203 of the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (No FEAR Act), Public Law 107-174; to the Committee on Oversight and Government Reform.

1656. A letter from the Acting Associate General Counsel for General Law, Department of Homeland Security, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

1657. A letter from the Assistant Attorney General, Department of Justice, transmitting the Department's fiscal year 2010 annual report prepared in accordance with Section 203(a) of the Notification and Federal Employee Anti-discrimination and Retaliation Act of 2002 (No FEAR Act), Public Law 107-174; to the Committee on Oversight and Government Reform.

1658. A letter from the Chairman, Federal Energy Regulatory Commission, transmitting a copy of the annual report in compliance with the Government in the Sunshine Act during the calendar year 2010; to the Committee on Oversight and Government Reform.

1659. A letter from the Diversity and Inclusion Director, Federal Reserve System, transmitting the seventh annual report pursuant to Section 203(a) of the No Fear Act, Pub. L. 107-174, for fiscal year 2010; to the Committee on Oversight and Government Reform.

1660. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendment to the Federal Rules of Bankruptcy Procedure that have been adopted by the Supreme Court, pursuant to 28 U.S.C. 2075; (H. Doc. No. 112–29); to the Committee on the Judiciary and ordered to be printed.

1661. A letter from the Director, Administrative Office of the United States Courts, transmitting a report on compliance within the time limitations established for deciding habeas corpus death penalty petitions under Title I of the Antiterrorism and Effective Death Penalty Act of 1996; to the Committee on the Judiciary.

1662. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Evidence that have been adopted by the Supreme Court, pursuant to 28 U.S.C. 2072; (H. Doc. No. 112–28); to the Committee on the Judiciary and ordered to be printed.

1663. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Appellate Procedure that have been adopted by the Supreme Court, pursuant to 28 U.S.C. 2072; (H. Doc. No. 112–30); to the Committee on the Judiciary and ordered to be printed.

1664. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Criminal Procedure that have been adopted by the Supreme Court, pursuant to 28 U.S.C. 2072; (H. Doc. No. 112–31); to the Committee on the Judiciary and ordered to be printed.

1665. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce plc (RR) RB211-Trent 900 Series Turbofan Engines [Docket No.: FAA-2011-0176; Directorate Identifier 2011-NE-05-AD; Amendment 39-16636; AD 2011-06-11] (RIN: 2120-AA64) received April 21, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1666. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Model 747 Airplanes [Docket No.: FAA-2008-0090; Directorate Identifier 2007-NM-312-AD; Amendment 39-16627; AD 2011-06-03] (RIN: 2120-AA64) received April 21, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1667. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; B-N Group Ltd. Model BN-2, BN-2A, BN-2A-2, BN-2A-3, BN-2A-6, BN-2A-8, BN-2A-9, BN-2A-20, BN-2A-21, BN-2A-26, BN-2A-27, BN-2B-20, BN-2B-21, BN-2B-26, BN-2B-27, BN-2T, and BN-2T-4R Airplanes [Docket No.: FAA-2010-1255; Directorate Identifier 2010-CE-059-AD; Amendment 39-16618; AD 2011-05-09] (RIN: 2120-AA64) received April 21, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1668. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Model 737-600, -700, 700C, -800, -900, and -900ER Series Airplanes [Docket No.: FAA-2009-1253; Directorate Identifier 2009-NM-080-AD; Amendment 39-16629; AD 2011-06-05] (RIN: 2120-AA64) received April 21, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1669. A letter from the Senior Program Analyst, Department of Transportation, transmitting the Department's final rule — Amendment of VOR Federal Airways V-1, V-7, V-11 and V-20; Kona, Hawaii [Docket No.: FAA-2011-0009; Airspace Docket No. 10-AWP-20] received May 5, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1670. A letter from the Senior Program Analyst, Department of Transportation, transmitting the Department's final rule — Revocation of class E Airspace; Kutztown, PA [Docket No.: FAA-2010-0869; Airspace Docket No. 10-AEA-21] received May 5, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1671. A letter from the Administrator, Department of Homeland Security, transmitting the Administration's certification that

the level of screening services and protection provided at Kansas City International Airport will be equal to or greater than the level that would be provided at the airport by TSA Transportation Security Officers; to the Committee on Homeland Security.

1672. A letter from the Special Inspector General for Iraq Reconstruction, transmitting the Special Inspector General for Iraq Reconstruction (SIGIR) April 2011 Quarterly Report, pursuant to Public Law 108-106, section 3001; jointly to the Committees on Foreign Affairs and Appropriations.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. BISHOP of Utah: Committee on Rules. House Resolution 276. Resolution providing for further consideration of the bill (H.R. 1540) to authorize appropriations for fiscal year 2012 for military activities of the Department of Defense and for military construction, to prescribe military personnel strengths for fiscal year 2012, and for other purposes (Rept. 112–88). Referred to the House Calendar.

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. RAHALL (for himself, Mr. COLE, and Ms. NORTON):

H.R. 1953. A bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to include procedures for requests from Indian tribes for a major disaster or emergency declaration, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. CAMP:

H.R. 1954. A bill to implement the President's request to increase the statutory limit on the public debt; to the Committee on Ways and Means.

By Mr. TIBERI (for himself, Mrs. MCCARTHY of New York, Ms. SCHAKOWSKY, Ms. LEE of California, and Mrs. MALONEY):

H.R. 1955. A bill to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require that group and individual health insurance coverage and group health plans provide coverage for treatment of a minor child's congenital or developmental deformity or disorder due to trauma, burns, infection, tumor, or disease; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and 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. SAM JOHNSON of Texas:

H.R. 1956. A bill to amend the Internal Revenue Code of 1986 to require individuals to provide their Social Security number in order to claim the refundable portion of the child tax credit; to the Committee on Ways and Means.

By Mr. SAM JOHNSON of Texas (for himself and Ms. BERKLEY):

H.R. 1957. A bill to amend the Internal Revenue Code of 1986 to expand the tip tax credit to employers of cosmetologists and to promote tax compliance in the cosmetology sector; to the Committee on Ways and Means.

By Ms. BERKLEY (for herself, Mr. THOMPSON of Pennsylvania, Mr. RUPPERSBERGER, Mr. GUTHRIE, and Mr. NEAL):

H.R. 1958. A bill to amend title XVIII of the Social Security Act to modify the designation of accreditation organizations for orthotics and prosthetics, to apply accreditation and licensure requirements to suppliers of such devices and items for purposes of payment under the Medicare program, and to modify the payment rules for such devices and items under such program to account for practitioner qualifications and complexity of care; 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. TONKO:

H.R. 1959. A bill to deny certain tax benefits to oil and gas companies and to invest the savings in clean energy programs; to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce, Science, Space, and Technology, and 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. WITTMAN (for himself and Mr. DINGELL):

H.R. 1960. A bill to extend the authorization of appropriations for allocation to carry out approved wetlands conservation projects under the North American Wetlands Conservation Act through fiscal year 2017; to the Committee on Natural Resources.

By Mr. BOREN:

H.R. 1961. A bill to amend the Internal Revenue Code of 1986 to eliminate the taxable income limit on percentage depletion for oil and natural gas produced from marginal properties; to the Committee on Ways and Means.

By Mr. SENSENBRENNER (for himself, Mr. SMITH of Texas, Mr. ROGERS of Michigan, and Mr. DANIEL E. LUNGREN of California):

H.R. 1962. A bill to extend expiring provisions of the USA PATRIOT Improvement and Reauthorization Act of 2005 and the Intelligence Reform and Terrorism Prevention Act of 2004 until June 1, 2015, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Intelligence (Permanent Select), 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. SENSENBRENNER (for himself and Mr. SMITH of Texas):

H.R. 1963. A bill to temporarily extend expiring provisions of the USA PATRIOT Improvement and Reauthorization Act of 2005 and the Intelligence Reform and Terrorism Prevention Act of 2004, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Intelligence (Permanent Select), 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. GERLACH (for himself, Mr. THOMPSON of California, Mr. ALEXANDER, Mr. ALTMIRE, Mr. ANDREWS, Mr. AUSTRIA, Mr. BACA, Mr. BACHUS, Ms. BALDWIN, Mr. BARROW, Mr. BARTLETT, Ms. BASS of California, Mr. BECERRA, Mr. BENISHEK, Ms. BERKLEY, Mr. BERMAN, Mr. BISHOP of Georgia, Mr. BISHOP of New York, Mr. BLUMENAUER, Mr. BONNER, Mr. BOREN, Mr. BOSWELL, Mr. BRADY of Texas, Mr. BRADY of Pennsylvania, Mr. BRALEY of Iowa, Ms. BROWN of Florida, Mr. BUCHANAN, Mr. BURTON of Indiana, Mr. CALVERT, Mr. CAMP, Mrs. CAPPS, Mr. CAPUANO, Mr. CARDOZA, Mr. CARNAHAN, Mr. CARTER, Ms. CASTOR of Florida, Mr. CHANDLER, Ms. CHU, Mr. CICILLINE, Mr. CLARKE of Michigan, Ms. CLARKE of New York, Mr. CLAY, Mr. CLEAVER, Mr. CLYBURN, Mr. COBLE, Mr. COHEN, Mr. CONAWAY, Mr. CONNOLLY of Virginia, Mr. CONYERS, Mr. COSTA, Mr. COSTELLO, Mr. COURTNEY, Mr. CRAWFORD, Mr. CRITZ, Mr. CROWLEY, Mr. CUELLAR, Mr. CUMMINGS, Mr. DAVIS of Illinois, Mr. DAVIS of Kentucky, Mrs. DAVIS of California, Mr. DEFAZIO, Ms. DEGETTE, Ms. DELAURO, Mr. DENT, Mr. DIAZ-BALART, Mr. DINGELL, Mr. DOGGETT, Mr. DONNELLY of Indiana, Mr. DOYLE, Mr. DUNCAN of Tennessee, Mr. ELLISON, Mr. ENGEL, Ms. ESHOO, Mr. FARR, Mr. FILNER, Mr. FITZPATRICK, Mr. FRANK of Massachusetts, Mr. FRELINGHUYSEN, Mr. GARAMENDI, Mr. GARDNER, Mr. GONZALEZ, Mr. GOODLATTE, Mr. GENE GREEN of Texas, Mr. GRIJALVA, Mr. GRIMM, Mr. GUTHRIE, Mr. GUTIERREZ, Ms. HANABUSA, Mr. HASTINGS of Florida, Ms. HAYWORTH, Mr. HEINRICH, Mr. HIGGINS, Mr. HIMES, Mr. HINCHEY, Mr. HINOJOSA, Ms. HIRONO, Mr. HOLDEN, Mr. HOLT, Mr. HONDA, Mr. HULTGREN, Mr. INSLEE, Mr. ISRAEL, Mr. JACKSON of Illinois, Ms. JACKSON LEE of Texas, Ms. JENKINS, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. SAM JOHNSON of Texas, Mr. JOHNSON of Illinois, Mr. JONES, Ms. KAPTUR, Mr. KILDEE, Mr. KIND, Mr. KING of New York, Mr. KING of Iowa, Mr. KISSELL, Mr. LANCE, Mr. LANGEVIN, Mr. LARSEN of Washington, Mr. LARSON of Connecticut, Mr. LATHAM, Mr. LATOURETTE, Mr. LATTA, Ms. LEE of California, Mr. LEVIN, Mr. LEWIS of Georgia, Mr. LIPINSKI, Mr. LOBIONDO, Mr. LOEBSACK, Ms. ZOE LOFGREN of California, Mrs. LOWEY, Mr. LUJÁN, Mrs. LUMMIS, Mr. DANIEL E. LUNGREN of California, Mr. LYNCH, Mrs. MALONEY, Mr. MANZULLO, Mr. MARKEY, Mr. MATHESON, Ms. MATSUI, Mrs. MCCARTHY of New York, Ms. MCCOLLUM, Mr. MCCOTTER, Mr. MCDERMOTT, Mr. MCGOVERN, Mr. MCHENRY, Mr. MCINTYRE, Mrs. MCMORRIS RODGERS, Mr. MCNERNEY, Mr. MEEHAN, Mr. MICHAUD, Mr. MILLER of North Carolina, Mrs. MILLER of Michigan, Mr. GEORGE MILLER of California, Ms. MOORE, Mr. MORAN, Mr. MURPHY of Connecticut, Mrs. MYRICK, Mrs. NAPOLITANO, Mr. NEAL, Mr. NUNES, Mr. NUNNELEE, Mr. OLVER, Mr. OWENS, Mr. PALLONE, Mr. PASCRELL, Mr. PASTOR of Arizona, Mr. PAUL, Mr. PAULSEN, Mr. PAYNE, Mr. PERLMUTTER, Mr. PETERS, Mr. PETERSON, Ms. PINGREE of Maine, Mr. PITTS, Mr. POLIS, Mr. PRICE of North Carolina, Mr. RAHALL, Mr. RANGEL, Mr. REHBERG, Mr. RENACCI, Mr. REYES, Mr. RIVERA, Mr. ROE of Tennessee, Mr. ROGERS of Michigan, Ms. ROS-LEHTINEN, Mr. ROSS of Florida, Mr. ROSS of Arkansas, Mr. ROTHMAN of New Jersey, Ms. ROYBAL-ALLARD, Mr. RUPPERSBERGER, Mr. RUSH, Mr. RYAN of Ohio, Ms. LINDA T. SÁNCHEZ of California, Ms. LORETTA SANCHEZ of California, Mr. SARBANES, Ms. SCHAKOWSKY, Mr. SCHIFF, Mr.

SCHRADER, Ms. SCHWARTZ, Mr. DAVID SCOTT of Georgia, Mr. SCOTT of Virginia, Mr. SERRANO, Mr. SESSIONS, Mr. SHERMAN, Mr. SHULER, Mr. SHUSTER, Mr. SIMPSON, Mr. SIRES, Ms. SLAUGHTER, Mr. SMITH of Washington, Mr. SMITH of Nebraska, Mr. SMITH of New Jersey, Mr. SMITH of Texas, Ms. SPEIER, Mr. STARK, Ms. SUTTON, Mr. TERRY, Mr. THOMPSON of Mississippi, Mr. THOMPSON of Pennsylvania, Mr. THORNBERRY, Mr. TIBERI, Mr. TIPTON, Mr. TONKO, Mr. TOWNS, Ms. TSONGAS, Mr. TURNER, Mr. UPTON, Mr. VAN HOLLEN, Ms. VELÁZQUEZ, Mr. VISCLOSKY, Mr. WALZ of Minnesota, Ms. WASSERMAN SCHULTZ, Ms. WATERS, Mr. WATT, Mr. WAXMAN, Mr. WEINER, Mr. WELCH, Mr. WILSON of South Carolina, Ms. WOOLSEY, Mr. WU, Mr. YARMUTH, Mr. YOUNG of Alaska, Mr. GIBSON, Mr. GARRETT, Mr. BOUSTANY, Mr. BASS of New Hampshire, Mr. WOLF, Mr. MILLER of Florida, Mr. PLATTS, Ms. SEWELL, and Mr. REICHERT):

H.R. 1964. A bill to amend the Internal Revenue Code of 1986 to make permanent the special rule for contributions of qualified conservation contributions; to the Committee on Ways and Means.

By Mr. HIMES (for himself and Mr. WOMACK):

H.R. 1965. A bill to amend the securities laws to establish certain thresholds for shareholder registration, and for other purposes; to the Committee on Financial Services.

By Mr. HOLT (for himself, Mr. WU, Mr. PIERLUISI, Mr. GRIJALVA, Mr. POLIS, Mr. VAN HOLLEN, and Mr. REYES):

H.R. 1966. A bill to amend the Elementary and Secondary Education Act of 1965 to establish a partnership program in foreign languages; to the Committee on Education and the Workforce.

By Mr. HOLT (for himself, Mr. GEORGE MILLER of California, Mr. HINCHEY, Mrs. CAPPS, Mr. OLVER, Mrs. CHRISTENSEN, Mr. MCNERNEY, and Mr. PIERLUISI):

H.R. 1967. A bill to encourage water efficiency; to the Committee on Energy and Commerce, and in addition to the Committees on Oversight and Government Reform, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ISRAEL:

H.R. 1968. A bill to amend title 10, United States Code, to provide for the award of a military service medal to members of the Armed Forces who served honorably during the Cold War, and for other purposes; to the Committee on Armed Services.

By Ms. JENKINS (for herself, Mr. CLEAVER, and Mr. YODER):

H.R. 1969. A bill to provide for private-sector solutions to certain pension funding challenges, and for other purposes; to the Committee on Education and the Workforce, 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 Ms. LEE of California (for herself and Mr. BISHOP of Utah):

H.R. 1970. A bill to amend the Public Health Service Act to create a National Childhood Brain Tumor Prevention Network to provide grants and coordinate research with respect to the causes of and risk factors associated with childhood brain tumors, and for other purposes; to the Committee on Energy and Commerce.

By Mrs. MCMORRIS RODGERS (for herself and Mr. WEINER):

H.R. 1971. A bill to amend the Public Health Service Act to ensure transparency and proper operation of pharmacy benefit managers; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and 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 Ms. NORTON:

H.R. 1972. A bill to amend title 40, United States Code, to authorize the National Capital Planning Commission to designate and modify the boundaries of the National Mall area in the District of Columbia reserved for the location of commemorative works of preeminent historical and lasting significance to the United States and other activities, to require the Secretary of the Interior and the Administrator of General Services to make recommendations for the termination of the authority of a person to establish a commemorative work in the District of Columbia and its environs, and for other purposes; to the Committee on Natural Resources.

By Mr. QUIGLEY (for himself and Ms. CHU):

H.R. 1973. A bill to amend title 18, United States Code, to prohibit public officials from engaging in undisclosed self-dealing; to the Committee on the Judiciary.

By Mr. QUIGLEY (for himself, Mr. CLAY, Mr. CUMMINGS, Mr. TOWNS, Ms. NORTON, Mr. COOPER, and Mr. LYNCH):

H.R. 1974. A bill to require the Public Printer to establish and maintain a website accessible to the public that allows the public to obtain electronic copies of all congressionally mandated reports in one place, and for other purposes; to the Committee on Oversight and Government Reform, and in addition to the Committee on House Administration, 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. SCHIFF (for himself, Mrs. NAPOLITANO, Ms. SPEIER, Ms. RICHARDSON, Ms. WOOLSEY, Mr. HONDA, Ms. LEE of California, Mr. COSTA, Mr. HUNTER, Mr. FILNER, Mr. GEORGE MILLER of California, Mr. STARK, Mr. MCNERNEY, Mr. GALLEGLY, Mr. SHERMAN, Mr. MCCLINTOCK, Ms. MATSUI, Mr. CALVERT, Mr. GARAMENDI, Mr. FARR, Mrs. CAPPS, Ms. PELOSI, Ms. ZOE LOFGREN of California, Mr. CARDOZA, Mr. BERMAN, Mr. WAXMAN, Ms. ROYBAL-ALLARD, Mrs. BONO MACK, Mrs. DAVIS of California, Ms. LORETTA SANCHEZ of California, Mr. ROHRABACHER, Ms. ESHOO, Ms. CHU, Mr. BILBRAY, and Mr. NUNES):

H.R. 1975. A bill to designate the facility of the United States Postal Service located at 281 East Colorado Boulevard in Pasadena, California, as the ''First Lieutenant Oliver Goodall Post Office Building''; to the Committee on Oversight and Government Reform.

By Mr. SCOTT of South Carolina (for himself, Mr. WILSON of South Carolina, Mr. GOWDY, Mr. DUNCAN of South Carolina, and Mr. MULVANEY):

H.R. 1976. A bill to amend the National Labor Relations Act to clarify the applicability of such Act with respect to States that have right to work laws in effect; to the Committee on Education and the Workforce.

By Ms. WATERS (for herself, Mr. FRANK of Massachusetts, and Mr. GUTIERREZ):

H.R. 1977. A bill to improve the financial safety and soundness of the FHA mortgage insurance program; to the Committee on Financial Services.

By Mr. BOREN:

H.J. Res. 65. A joint resolution proposing an amendment to the Constitution of the United States to prohibit candidates for election to Congress from accepting contributions from individuals who do not reside in the State or Congressional district the candidate seeks to represent; to the Committee on the Judiciary.

By Mr. KING of New York (for himself, Mr. JACKSON of Illinois, and Mr. CLAY):

H. Con. Res. 52. Concurrent resolution expressing the sense of Congress that John Arthur ''Jack'' Johnson should receive a posthumous pardon for the racially motivated conviction in 1913 that diminished the athletic, cultural, and historic significance of Jack Johnson and unduly tarnished his reputation; to the Committee on the Judiciary.

By Mr. GARRETT:

H. Con. Res. 53. Concurrent resolution declaring that the President has exceeded his authority under the War Powers Resolution as it pertains to the ongoing military engagement in Libya; to the Committee on Foreign Affairs.

By Mr. PAYNE (for himself and Mr. BILIRAKIS):

H. Con. Res. 54. Concurrent resolution expressing the sense of the Congress that the Parthenon Marbles should be returned to Greece; to the Committee on Foreign Affairs.

By Ms. FOXX:

H. Res. 274. A resolution electing a Member to a certain standing committee of the House of Representatives; considered and agreed to.

By Ms. RICHARDSON (for herself, Ms. BORDALLO, Mr. FALEOMAVAEGA, Ms. HANABUSA, Mr. AL GREEN of Texas, Ms. JACKSON LEE of Texas, Mr. AUSTRIA, Ms. SPEIER, Mr. FILNER, and Mr. FARR):

H. Res. 275. A resolution honoring the 113th anniversary of the independence of the Philippines; to the Committee on Foreign Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CARSON of Indiana (for himself, Mr. DONNELLY of Indiana, Ms. KAPTUR, Mr. BUCSHON, Mr. PENCE, Mr. ROKITA, Mr. VISCLOSKY, Mr. BURTON of Indiana, and Mr. YOUNG of Indiana):

H. Res. 277. A resolution recognizing the 100th anniversary of the inaugural Indianapolis 500 held at Indianapolis Motor Speedway in 1911; to the Committee on Oversight and Government Reform.

MEMORIALS

Under clause 4 of rule XXII, memorials were presented and referred as follows:

19. The SPEAKER presented a memorial of the House of Representatives of the State of Illinois, relative to House Resolution 45 urging the Congress to pass legislation that would compel any lending institution, before foreclosing on a residential property, to provide the mortgagor with modifications to the home loan that are reasonable; to the Committee on Financial Services.

20. Also, a memorial of the House of Representatives of the State of Michigan, relative to House Resolution No. 48 urging the Congress to remove grey wolves in Michigan from the federal endangered species list; to the Committee on Natural Resources.

21. Also, a memorial of the House of Representatives of the State of Washington, relative to House Joint Memorial No. 4004 urging the Congress to enact a bill that is the same as or similar to HR 1034 from the 111th Congress; to the Committee on the Judiciary.

22. Also, a memorial of the Senate of the State of Ohio, relative to Senate Concurrent Resolution No. 5 requesting that the NASA Administrator transfer a space shuttle orbiter to the Air Force's National Historical Collection; jointly to the Committees on Armed Services and Science, Space, and Technology.

23. Also, a memorial of the Senate of the State of Michigan, relative to Senate Resolution No. 24 urging the Congress and the United States Drug Enforcement Agency to make it illegal to possess, use, or sell the drugs MDPV and mephedrone; jointly to the Committees on the Judiciary and Energy and Commerce.

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.

By Mr. RAHALL:

H.R. 1953.

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 3 of the United States Constitution.

By Mr. CAMP:

H.R. 1954.

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 Defense and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.

By Mr. TIBERI:

H.R. 1955.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. SAM JOHNSON of Texas:

H R. 1956.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Mr. SAM JOHNSON of Texas:

H R. 1957.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Ms. BERKLEY:

H.R. 1958.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3; and including, but not solely limited to Article I, Section 8, Clause 14.

By Mr. TONKO:

H.R. 1959.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 1,

All legislative Powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives.

By Mr. WITTMAN:

H.R. 1960.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the Constitution of the United States grants Congress the authority to enact this bill.

By Mr. BOREN:

H.R. 1961.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the Constitution

By Mr. SENSENBRENNER:

H.R. 1962.

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 I of the United States Constitution.

By Mr. SENSENBRENNER:

H.R. 1963.

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, Clauses 1 and 3 of the United States Constitution.

By Mr. GERLACH:

H.R. 1964.

Congress has the power to enact this legislation pursuant to the following:

The Congress enacts this bill pursuant to Clause 1 of Section 8 of Article I of the United States Constitution.

By Mr. HIMES:

H.R. 1965.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8

By Mr. HOLT:

H.R. 1966.

Congress has the power to enact this legislation pursuant to the following:

Article I of the Constitution of the United States.

By Mr. HOLT:

H.R. 1967.

Congress has the power to enact this legislation pursuant to the following:

Article I of the Constitution of the United States.

By Mr. ISRAEL:

H.R. 1968.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 14 on Military Regulation.

By Ms. JENKINS:

H.R. 1969.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8:

The Congress shall have the 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.

By Ms. LEE of California:

H.R. 1970.

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 of the United States Constitution and its subsequent amendments, and further clarified and interpreted by the Supreme Court of the United States.

By Mrs. MCMORRIS RODGERS:

H.R. 1971.

Congress has the power to enact this legislation pursuant to the following:

The bill is enacted pursuant to the power granted to Congress under Article I, Section 8, clause 3 to regulate Commerce among the several States.

By Ms. NORTON:

H.R. 1972.

Congress has the power to enact this legislation pursuant to the following:

Clauses 14 and 18 of section 8 of article I of the Constitution.

By Mr. QUIGLEY:

H.R. 1973.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8.

By Mr. QUIGLEY:

H.R. 1974.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8.

By Mr. SCHIFF:

H.R. 1975.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 7 and Article I, Section 8, Clause 18, the Necessary and Proper Clause. Legislation to name a Post Office after an individual is constitutional under Article I, Section 8, Clause 7, which gives Congress the power to establish Post Offices and post roads. The bill is also constitutionally authorized under the Necessary and Proper Clause, which supports the expansion of congressional authority beyond the explicit authorities that are directly discernible from the text.

By Mr. SCOTT of South Carolina:

H.R. 1976.

Congress has the power to enact this legislation pursuant to the following:

Congress has the power to enact this legislation pursuant to the authority enumerated in Clause 3 of Section 8 of Article I of the United States Constitution.

By Ms. WATERS:

H.R. 1977.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause III.

By Mr. BOREN:

H.J. Res. 65.

Congress has the power to enact this legislation pursuant to the following:

Article One, Section Eight

ADDITIONAL SPONSORS

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

H.R. 21: Mr. AUSTRIA.

H.R. 58: Mr. BOUSTANY and Mr. BISHOP of Georgia.

H.R. 104: Mr. LANKFORD and Mr. GRIMM.

H.R. 140: Mr. MCKEON.

H.R. 365: Mr. DOGGETT.

H.R. 376: Ms. BALDWIN.

H.R. 412: Mr. ALTMIRE.

H.R. 436: Mr. RUNYAN.

H.R. 451: Mr. HECK, Mr. FORTENBERRY, Mr. BUCSHON, Mr. YOUNG of Florida, Mr. SCHWEIKERT, Mr. ROGERS of Michigan, Mr. FARR, and Mr. CRITZ.

H.R. 452: Mr. REICHERT and Mr. SAM JOHNSON of Texas.

H.R. 456: Mr. SARBANES.

H.R. 466: Mr. RIVERA, Mr. RUNYAN, and Mr. TIPTON.

H.R. 494: Ms. WOOLSEY.

H.R. 508: Mr. PITTS.

H.R. 527: Mr. TURNER, Mr. DAVIS of Kentucky, and Mr. DUNCAN of Tennessee.

H.R. 531: Mr. TIERNEY.

H.R. 539: Mr. SARBANES.

H.R. 546: Mr. REICHERT, Mr. ROONEY, and Mr. SCHWEIKERT.

H.R. 559: Mr. CASSIDY.

H.R. 574: Mr. JONES.

H.R. 601: Ms. ZOE LOFGREN of California.

H.R. 605: Mr. ROGERS of Alabama, Mr. BENISHEK, Mr. HULTGREN, and Mr. STIVERS.

H.R. 645: Mr. MCHENRY and Mr. WALBERG.

H.R. 674: Mr. JORDAN, Mr. PALAZZO, Mr. BOUSTANY, Mr. SMITH of Washington, Mr.

RIBBLE, Mr. LEWIS of Georgia, Mr. LOEBSACK, Mr. MULVANEY, Mr. LANDRY, Mr. ROSKAM, Mr. HIMES, and Mr. ALTMIRE.

H.R. 706: Mr. TONKO.

H.R. 740: Mr. NADLER.

H.R. 743: Mr. PALAZZO and Mrs. ELLMERS.

H.R. 748: Mr. PLATTS.

H.R. 822: Ms. HERRERA BEUTLER and Mr. DUFFY.

H.R. 860: Mr. CONNOLLY of Virginia, Mr. BISHOP of Utah, Mrs. MALONEY, Mr. GIBSON, Mr. WESTMORELAND, Mr. COOPER, and Mr. JOHNSON of Illinois.

H.R. 891: Mr. BOSWELL and Mr. PAYNE.

H.R. 894: Mr. HOLT.

H.R. 904: Ms. HERRERA BEUTLER.

H.R. 905: Mr. KISSELL.

H.R. 912: Mr. PAYNE.

H.R. 941: Mr. KILDEE and Mr. GRIJALVA.

H.R. 972: Mr. SIMPSON, Mr. SMITH of Nebraska, Mr. GIBBS, and Mr. COFFMAN of Colorado.

H.R. 991: Mr. MARINO and Mr. LATTA.

H.R. 998: Mr. HINOJOSA.

H.R. 1006: Mr. PALLONE, Mr. GERLACH, Mr. ISRAEL, Mr. GOHMERT, Mr. BRADY of Pennsylvania, and Mr. MCINTYRE.

H.R. 1044: Mr. MULVANEY.

H.R. 1075: Mr. LARSEN of Washington.

H.R. 1105: Mr. AL GREEN of Texas.

H.R. 1113: Mr. SIRES.

H.R. 1126: Mr. RIBBLE.

H.R. 1138: Mr. LANGEVIN.

H.R. 1161: Mr. SCALISE, Mr. HONDA, Mr. CAPUANO, and Mr. RUNYAN.

H.R. 1173: Mr. LATTA.

H.R. 1179: Mr. PAUL and Mr. CANSECO.

H.R. 1181: Mr. CANSECO.

H.R. 1195: Mr. CRITZ and Mr. PAYNE.

H.R. 1206: Mr. SHIMKUS, Mr. POSEY, and Mr. SAM JOHNSON of Texas.

H.R. 1208: Mr. PAYNE and Mr. HOLT.

H.R. 1218: Mr. ROGERS of Kentucky, Mr. MARINO, Mr. MCKINLEY, and Mr. BARTLETT.

H.R. 1236: Mr. TIPTON, Mr. DOGGETT, Mr. SCHRADER, Mr. BENISHEK, and Mr. MEEHAN.

H.R. 1259: Mr. BERG, Mr. SCHOCK, and Mr. HARRIS.

H.R. 1265: Mr. CANSECO.

H.R. 1283: Mr. BARROW, Mr. CONNOLLY of Virginia, and Mr. KING of New York.

H.R. 1309: Mr. AL GREEN of Texas.

H.R. 1311: Mr. BOSWELL and Mrs. LOWEY.

H.R. 1322: Mr. ACKERMAN.

H.R. 1327: Mr. LUETKEMEYER, Ms. NORTON, and Mr. ROE of Tennessee.

H.R. 1351: Ms. LINDA T. SÁNCHEZ of California, Mr. LANGEVIN, Mr. MCINTYRE, Mr. BUTTERFIELD, and Mr. HOLT.

H.R. 1358: Mr. MILLER of Florida, Mr. CONAWAY, Mr. NEUGEBAUER, Mr. COFFMAN of Colorado, Mr. CASSIDY, Mr. POE of Texas, Mr. ALEXANDER, Mr. ROGERS of Alabama, Mr. BONNER, Mr. HENSARLING, Mr. BUCHANAN, Mr. SESSIONS, Mr. ISSA, Mr. TERRY, Mr. WALDEN, and Mr. KLINE.

H.R. 1380: Mr. CHABOT, Ms. NORTON, and Ms. GRANGER.

H.R. 1381: Mr. TONKO.

H.R. 1394: Mr. JOHNSON of Georgia and Mr. ACKERMAN.

H.R. 1397: Ms. HANABUSA.

H.R. 1401: Mr. DEFAZIO.

H.R. 1402: Mr. MARKEY and Mr. BLUMENAUER.

H.R. 1404: Mr. KIND and Mr. MORAN.

H.R. 1416: Mr. WALZ of Minnesota and Mr. SCHRADER.

H.R. 1441: Mr. WITTMAN.

H.R. 1465: Mr. OWENS.

H.R. 1474: Mr. PALAZZO.

H.R. 1477: Mr. SARBANES, Mr. LANGEVIN, and Mr. FRANK of Massachusetts.

H.R. 1479: Mr. ALTMIRE and Mr. PAULSEN.

H.R. 1506: Mrs. LOWEY and Mr. ISRAEL.

H.R. 1526: Mr. PAUL.

H.R. 1529: Mr. BLUMENAUER.

H.R. 1533: Mr. KILDEE and Mr. BISHOP of New York.

H.R. 1549: Mr. PAUL.

H.R. 1558: Mr. OWENS.

H.R. 1573: Mr. GOODLATTE.

H.R. 1588: Mr. GRIFFIN of Arkansas and Mr. KLINE.

H.R. 1592: Mr. BRADY of Pennsylvania.

H.R. 1596: Mr. HINCHEY and Mr. HOLT.

H.R. 1609: Mr. JOHNSON of Ohio.

H.R. 1610: Mr. GOODLATTE.

H.R. 1635: Mr. WELCH, Mr. CROWLEY, and Mr. MILLER of North Carolina.

H.R. 1637: Mr. REICHERT.

H.R. 1639: Mr. WALBERG and Mr. POMPEO.

H.R. 1666: Ms. CASTOR of Florida, Mr. PAYNE, Mrs. EMERSON, and Mr. KISSELL.

H.R. 1672: Mr. ISRAEL, Mr. NADLER, Mr. ENGEL, Mr. OWENS, Mrs. MALONEY, Mr. ACKERMAN, Mr. CONYERS, and Mrs. LOWEY.

H.R. 1681: Mrs. CAPPS and Mr. BERMAN.

H.R. 1686: Mr. ROSKAM and Mr. GUTIERREZ.

H.R. 1700: Mr. ROSS of Florida.

H.R. 1723: Mr. CARTER.

H.R. 1734: Mr. GIBBS.

H.R. 1735: Mr. SARBANES and Mr. PAYNE.

H.R. 1741: Mr. BARLETTA and Mrs. MYRICK.

H.R. 1744: Mr. BUCSHON and Mr. ROSKAM.

H.R. 1747: Mr. JONES and Mr. SCHOCK.

H.R. 1756: Mr. SIRES, Mr. ROTHMAN of New Jersey, Mrs. MCCARTHY of New York, Mrs. LOWEY, and Mr. TOWNS.

H.R. 1775: Mrs. ADAMS and Mr. GIBBS.

H.R. 1802: Ms. SCHWARTZ and Mr. LEWIS of Georgia.

H.R. 1803: Mr. ISRAEL, Mr. NADLER, Mrs. MALONEY, and Mr. MICHAUD.

H.R. 1809: Ms. NORTON.

H.R. 1852: Mr. MURPHY of Pennsylvania, Mr. ALTMIRE, and Mr. WAXMAN.

H.R. 1856: Mr. ROHRABACHER.

H.R. 1860: Mr. ROSS of Florida.

H.R. 1864: Mr. FRANKS of Arizona and Mr. ROSS of Florida.

H.R. 1865: Mrs. ELLMERS, Mr. JOHNSON of Ohio, Mr. MCCOTTER, Mr. JOHNSON of Illinois, Mr. BURTON of Indiana, Mr. KLINE, and Mr. LANKFORD.

H.R. 1872: Mr. MCCOTTER.

H.R. 1876: Mr. MICHAUD, Ms. WILSON of Florida, Mr. JOHNSON of Georgia, Mr. QUIGLEY, Mr. RUSH, and Mr. COHEN.

H.R. 1879: Mr. TONKO.

H.R. 1891: Mr. ROE of Tennessee, Mr. BUCSHON, Mr. KELLY, Mr. ROKITA, and Mr. DESJARLAIS.

H.R. 1937: Mr. GUTIERREZ.

H.R. 1941: Mr. BARTLETT, Mr. RYAN of Ohio, Ms. HIRONO, Ms. JACKSON-LEE of Texas, Mr. ISRAEL, and Ms. NORTON.

H.R. 1946: Mr. COBLE.

H.R. 1951: Ms. EDDIE BERNICE JOHNSON of Texas.

H.J. Res. 13: Mrs. LUMMIS.

H.J. Res. 47: Mr. PERLMUTTER and Mr. KUCINICH.

H. Con. Res. 25: Mr. SCALISE, Mr. WEBSTER, and Mr. COBLE.

H. Con. Res. 39: Mr. MCCAUL.

H. Res. 13: Mr. VAN HOLLEN.

H. Res. 19: Mr. CONYERS and Mr. HOLT.

H. Res. 20: Mr. BISHOP of New York, Mr. GENE GREEN of Texas, and Mr. SCOTT of Virginia.

H. Res. 137: Mr. LATOURETTE, Mr. GENE GREEN of Texas, Mr. GRIJALVA, Mrs. SCHMIDT, Mr. BUTTERFIELD, Mr. TOWNS, and Mr. LARSEN of Washington.

H. Res. 177: Mr. LYNCH and Mr. HIGGINS.

H. Res. 184: Mr. GRIMM and Mr. DONNELLY of Indiana.

H. Res. 211: Mr. LANKFORD.

H. Res. 239: Mr. HULTGREN and Mr. ROSS of Arkansas.

H. Res. 256: Mrs. LOWEY, Mr. GIBBS, and Mr. GERLACH.

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:

The amendment to be offered by Representative WITTMAN, or a designee, to H.R. 1540, the National Defense Authorization Act for Fiscal Year 2012 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. RYAN OF WISCONSIN

The provisions that warranted a referral to the Committee on the Budget in H.R. 1745, the JOBS Act of 2011, do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.