

commitment to keep our promise to our nation's more than 2 million military personnel and their families, reservists, and 23 million veterans.

I have said it before, but I am proud to note again that this committee has a strong history of working in a bipartisan way to produce a bill that recognizes and supports the needs of our active duty service members and our veterans.

The legislation includes a total of \$127.8 billion in both discretionary and mandatory funding for the Department of Veterans Affairs—an increase of \$8.7 billion over last year's level. In this bill, discretionary funding alone equals \$58.3 billion, which is \$1.85 billion above the FY 2011 enacted level. This bill also provides full funding of \$69.5 billion for mandatory VA programs.

Since January 2007, Congress has increased funding for veterans' health care and other services by \$30 billion (over 70%). While I would like to give more resources to Veterans Affairs, even in these tough economic times, I am pleased that we are building on the progress made by the Democratic Majority in the last two Congresses. Importantly, this bill also includes provisions to increase spending oversight at the VA—making sure that the VA uses their increase in funding responsibly and appropriately is critically important for our nation's veterans and their families.

The bill protects the health and well being of our veterans by preserving the advance appropriations for medical care already provided for fiscal year 2012 and providing the mandatory funding for disability, rehabilitation, education, and housing benefits. This bill also includes sufficient resources to fully implement VA homeless assistance programs, including the Homeless Providers Grant and Per Diem, the Domiciliary Care for Homeless Veterans, and the Department of Housing and Urban Development—Department of Veterans Affairs Supported Housing programs.

I commend the Chairman and Ranking Member for their hard work in ensuring that this bill is another significant step in fulfilling the promise our country made to leave no veteran behind.

I urge my colleagues to support final passage of H.R. 2055.

IN RECOGNITION OF PARMA
COMMUNITY GENERAL HOSPITAL

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 14, 2011

Mr. KUCINICH. Mr. Speaker, I rise today in recognition of Parma Community General Hospital. In June 2011, Parma Community General Hospital will be celebrating 50 years of service. Their mission has been to provide excellent, personalized care incorporating their core values of integrity, community partnership, commitment and stewardship, collaboration and teamwork and individual growth and development.

In August 1961 the hospital was founded. Within a few years it was fully accredited and joined the Cleveland Hospital Council. Parma Community General Hospital is a successful, not-for-profit, community hospital. It is a state-of-the-art facility in a close-to-home, friendly, community setting.

The hospital has grown extensively, adding floors and new Intensive Care and Coronary Care units in the 1970s and several medical office buildings in the 1980s and 1990s. In 1982 the hospital expanded health education programs by opening the Health Education Center. In the 1990s they added the ElderCenter Adult Day Care which was designed as an alternative to nursing homes and a Child Care Center for hospital employees and the public. It has an award-winning Home Health Care program, and an EMS Education Program that has endeavored to meet the region's safety needs for the past 25 years.

In the 1990s, Parma Hospital grew further, adding the Pain Center, expanding the inpatient Acute Rehabilitation Center, modernizing the Small Wonders Maternity Center and adding the Behavioral Center for Older Adults, a geriatric psychiatric unit. Parma Hospital won its first of numerous awards for excellence in orthopedics the year before the 1999 opening of The Heart Center, a cardiovascular intensive care unit that would garner its own award of awards, including the 100 Top Hospitals for Cardiovascular Care more than once and the fastest heart attack care in the region throughout the Code STEMI program.

The past decade brought the addition of outpatient oncology care in a community setting and the opening of Residential Seasons of Life Hospice on Pleasant Valley Lake. Parma Hospital also enlarged its Emergency Department, adding an innovative Doc at the Door program for efficient triage, and built a new Intensive Care Unit. Outpatient radiology services were brought to both Ridge Park Square in Brooklyn and WellPointe Pavilion, offering outpatient services. Other specialized patient care areas include: physical, occupational, speech and respiratory therapies, laboratory and radiology, the Bariatric Center, inpatient and outpatient care and surgery, inpatient care floors including oncology, medical and surgical, inpatient rehabilitation unit, diabetic counseling and sports medicine.

In 2010 Parma Community General Hospital President and CEO Terrence G. Deis was named to the list of top Hospital and Healthcare Industry Leaders to Know. Mr. Deis is proud that the hospital, with nearly 2,000 employees, has flourished as a community partner and credits the hard work and integrity of the employees, management and medical staff with the success of Parma Community General Hospital.

Mr. Speaker and colleagues, please join me in recognition of Parma Community General Hospital's 50th anniversary and in honor of those past and present whose unwavering dedicated service will be the legacy of Parma Community General Hospital.

COMMENTS ON H.R. 3, NO
TAXPAYER FUNDING ABORTION

HON. MAXINE WATERS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 14, 2011

Ms. WATERS. Mr. Speaker, I rise today in strong opposition to H.R. 3, the No Taxpayer Funding Abortion bill. This bill prevents women who have private insurance plans from receiving comprehensive sexual health coverage even in cases when their health is in danger.

It is extremely clear that Republicans are waging a war against women's rights by pushing a radical agenda that will primarily hurt poor and low-income women. An agenda like this only further proves that the Republicans are not interested in jobs and repairing our economy but instead more interested in divisive social issues that will not move this economy forward.

Women and families need affordable and accessible health care more than ever before. This blatant assault on women's health needs to stop. As elected officials, it is our duty to ensure that all rights, including women's rights, are not violated through policies that only further limit access. We have to stand up and fight for the preservation of the rights for all women by defeating this bill.

QUICK FACTS FROM ACLU

Who does H.R. 3 penalize? Bearing in mind the rationale underlying the tax code's treatment of medical expenses, as described above, a close examination of the Smith bill's tax provisions reveals that it serves to punish certain segments of the population.

Women: It should go without saying that the effects of the Smith bill will disproportionately fall on women, as women are the ones who are most likely to spend funds on abortion procedures. However, the Smith bill does not punish women exclusively. Many men purchase insurance policies that cover their spouses and dependents, and many use the funds considered in the Smith bill to pay expenses for abortion procedures for their spouses and dependents.

Low and middle-income people: The Smith bill would penalize low- and middle-income taxpayers. As described below, taxpayers who would be entitled to a subsidy for insurance purchased on an exchange would not be eligible for such a subsidy if the insurance plan offered on the exchange included coverage for abortion procedures. Thus, while wealthier taxpayers whose employers provide insurance premium subsidies would likely suffer no penalty to enroll in a plan that includes coverage for abortion procedures, taxpayers who must buy insurance on an exchange would lose a significant subsidy, and in all likelihood be effectively precluded from obtaining insurance with coverage for abortion procedures.

Small businesses: The Affordable Care Act provides for a tax credit for small businesses (businesses with 25 or fewer full-time employees) to encourage the provision of health insurance for their employees. The Smith bill's provisions would deny small businesses this tax credit if they were to offer insurance policies that covered abortion procedures. In all likelihood, this would have the effect of eliminating coverage for abortion for employees of small businesses.

Tax-Exempt Organizations: As described below, tax-exempt organizations are also eligible to receive the small business credit for the provision of health insurance (the credit is taken against employment tax payments). At a time when individuals are scaling back on charitable giving, small charities that would be eligible for the small business tax credit can use all the help they can get. The Smith bill would deny these organizations a crucial tax incentive, without which many of these charities would not likely be able to bear the cost of providing health insurance to their employees. Such a crucial incentive should not be dependent upon whether the organization provides insurance coverage that covers abortion procedures.

H.R. 3 rewrites long-standing tax laws and policies to impose a new penalty on millions of Americans (Section 303): H.R. 3 rewrites long-standing tax laws to penalize a single,