



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 112th CONGRESS, SECOND SESSION

Vol. 158

WASHINGTON, MONDAY, MARCH 19, 2012

No. 45

House of Representatives

The House met at 4 p.m. and was called to order by the Speaker.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer: Almighty God of the universe, we give You thanks for giving us another day. We give You thanks for the beauty of this city as the blossoms of spring burst forth with the promise of hope.

May the minds and hearts of the Members of this people's House be similarly filled with beauty and hope as they return to the important work to be done. It is difficult and often contentious work. Bless them with peace, patience, and with good will.

Bless us this day and every day, and may all that is done within these hallowed Halls this day be for Your greater honor and glory.

Amen.

THE JOURNAL

The SPEAKER. 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. Will the gentleman from American Samoa (Mr. FALEOMAVAEGA) come forward and lead the House in the Pledge of Allegiance.

Mr. FALEOMAVAEGA 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.

VETERANS IN SOUTH LOUISIANA DESERVE BETTER

(Mr. BOUSTANY asked and was given permission to address the House

for 1 minute and to revise and extend his remarks.)

Mr. BOUSTANY. Mr. Speaker, last week, I was furious to learn veterans in south Louisiana must wait even longer to receive an upgrade to promised veterans' clinical services in Lafayette and Lake Charles due to bureaucratic incompetence—or something worse. After years of hard work, effort, and patience, the VA is pressing the reset button on these projects. This is unacceptable. I refuse to stand by and allow Washington to give false assurances of hope to those who fought so bravely for our country.

As the Lake Charles American Press stated:

It took the United States and its Allies only 45 months to defeat the Axis powers of Germany, Japan, and Italy in World War II. It's obscene that 46 months after the VA announced it would open a clinic in Lake Charles, veterans are still waiting for ground to be broken.

Making broken promises like these to our Nation's veterans is shameful. I will continue to lead the fight to protect our veterans against the broken promises of the VA in Washington. I look forward to bringing specific concerns to Veterans Affairs Secretary Eric Shinseki's attention regarding this absurd incompetence.

IT'S TIME TO ACCELERATE OUR WITHDRAWAL FROM AFGHANISTAN

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

Mr. MORAN. Madam Speaker, the time to accelerate our withdrawal from Afghanistan has arrived. Afghanistan has very little to do with the security of most Americans. Osama bin Laden is dead, and al Qaeda is decimated. In fact, there may be 50, at the most, al Qaeda between Afghanistan and Paki-

stan. There are more in other parts of the world. But the reality is that the Afghans don't want people from Saudi Arabia or Egypt or Yemen or wherever telling them what to do. But neither do they want Americans telling them how to live their lives.

But while our security is not threatened, we owe a responsibility to our brave young men and women in uniform because their security is threatened, largely through reasons that were wholly out of their control. They're waging a valiant fight to do what we have asked them to do, but we have a responsibility to make sure that no lives are lost in vain. It's time to accelerate our withdrawal from Afghanistan.

REPEAL OBAMACARE IN WHOLE OR IN PART

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

Ms. FOXX. Mr. Speaker, this Friday marks the second anniversary of ObamaCare.

Since that day 2 years ago, we've seen multiple reports and heard firsthand the disastrous effects of the law that allowed the Federal Government to take over our health care system. People in the Fifth District of North Carolina tell me they're worried about the cost of health care and about the 15-person board that will be making decisions about their health care.

The President and Democrats said, "If you like your health care plan, you can keep it." But now we know this is not the case. The Independent Payment Advisory Board will pick and choose what should be cut from Medicare medical services. And they will do so without any accountability to the American people, to Congress, or to even the President.

As we prepare to vote on another bill that would repeal another part of this

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disastrous law, we should remember that Americans should have the freedom to make their own health care decisions, Mr. Speaker, and ObamaCare takes that away.

It's time to repeal ObamaCare for good, either in whole or in part.

**PAYING TRIBUTE TO HIS MAJESTY
THE LATE KING GEORGE TUPOU
V OF TONGA**

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

Mr. FALEOMAVAEGA. Mr. Speaker, I rise today with sadness to pay tribute to His Majesty King George Tupou V of the Kingdom of Tonga, who passed away yesterday. I was privileged to have known His Majesty King George Tupou for many years, and I will remember him as a noble leader who was passionate about serving his people.

King George Tupou V assumed the throne in 2006, and after the death of his father, His Majesty King Taufa'ahau Tupou IV, he led the Pacific's only remaining monarchy into a more democratic form of government, introducing Tonga's first popularly elected Parliament and Prime Minister 2 years ago. He was known as a progressive leader who promoted the private sector, technological advances, and many more as an open economy.

As fellow Polynesians, the people of American Samoa share many historical and cultural ties with the people of Tonga, and we join together in giving our deepest condolences to Her Majesty Queen Mata'aho, the royal family, and the good people of Tonga.

**TWO YEARS LATER, AMERICA
WANTS A SECOND OPINION**

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

Mr. BURGESS. Madam Speaker, this week and next, there will be two opportunities for a thoughtful, forward course on health care here in the people's House, and across the street at the highest court of the land.

The Supreme Court next week hears out arguments on the limits to Federal control in health care. A ruling is expected later this summer. Perhaps our long national nightmare will be over. And guess what? Half of America, as reported in *The Hill* today in a poll, thinks the Supreme Court will do just that.

This week, Americans will witness the House embarking on a course of their treatment for the health care law. We are going to vote to repeal the unelected and unaccountable panel that's squeezing out patient access. We will insist on medical justice reform to drive down the costs of liability coverage for doctors who make sound treatment decisions.

Madam Speaker, the last Congress force-fed the American people a new

health care law. Americans are demanding a second opinion. After revelations of unrealistic assumptions and cost overruns, Americans want a change of course, and now this Congress will act.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 5 p.m. today.

Accordingly (at 4 o'clock and 11 minutes p.m.), the House stood in recess.

□ 1703

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. FOXX) at 5 o'clock and 3 minutes p.m.

**ANNOUNCEMENT BY THE SPEAKER
PRO TEMPORE**

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

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

**FOREIGN CULTURAL EXCHANGE
JURISDICTIONAL IMMUNITY
CLARIFICATION ACT**

Mr. SMITH of Texas. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4086) to amend chapter 97 of title 28, United States Code, to clarify the exception to foreign sovereign immunity set forth in section 1605(a)(3) of such title, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4086

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Foreign Cultural Exchange Jurisdictional Immunity Clarification Act".

SEC. 2. CLARIFICATION OF JURISDICTIONAL IMMUNITY OF FOREIGN STATES.

(a) IN GENERAL.—Section 1605 of title 28, United States Code, is amended by adding at the end the following:

"(h) JURISDICTIONAL IMMUNITY FOR CERTAIN ART EXHIBITION ACTIVITIES.—

"(1) IN GENERAL.—If—

"(A) a work is imported into the United States from any foreign country pursuant to an agreement that provides for the temporary exhibition or display of such work entered into between a foreign state that it is the owner or custodian of such work and the United States or one or more cultural or educational institutions within the United States,

"(B) the President, or the President's designee, has determined, in accordance with Public Law 89-259 (22 U.S.C. 2459), that such

work is of cultural significance and the temporary exhibition or display of such work is in the national interest; and

"(C) the notice thereof has been published in accordance with subsection (a) of Public Law 89-259,

any activity in the United States of such foreign state, or of any carrier, that is associated with the temporary exhibition or display of such work shall not be considered to be commercial activity by such foreign state for purposes of subsection (a)(3) of this section.

"(2) NAZI-ERA CLAIMS.—Paragraph (1) shall not apply in any case in which—

"(A) the action is based upon a claim that the work was taken in Europe in violation of international law by a covered government during the covered period;

"(B) the court determines that the activity associated with the exhibition or display is commercial activity, as that term is defined in section 1603(d) of this title; and

"(C) such determination is necessary for the court to exercise jurisdiction over the foreign state under subsection (a)(3) of this section.

"(3) DEFINITIONS.—For purposes of this subsection—

"(A) the term 'work' means a work of art or other object of cultural significance;

"(B) the term 'covered government' means—

"(i) the Nazi government of Germany;

"(ii) any government in any area occupied by the military forces of the Nazi government of Germany;

"(iii) any government established with the assistance or cooperation of the Nazi government of Germany; and

"(iv) any government that was an ally of the Nazi government of Germany during the covered period; and

"(C) the term 'covered period' means the period beginning on January 30, 1933, and ending on May 8, 1945."

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to any civil action commenced on or after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. SMITH) and the gentleman from California (Mr. BERMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. SMITH of Texas. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 4086 currently under consideration.

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

There was no objection.

Mr. SMITH of Texas. Madam Speaker, I yield myself such time as I may consume.

I want to thank the gentleman from Ohio (Mr. CHABOT), a leader on the Judiciary Committee, for introducing this legislation. I also want to thank Mr. CONYERS and Mr. COHEN for their support as well.

This bill preserves the ability of U.S. museums and educational institutions to continue to borrow foreign government-owned artwork and artifacts for temporary exhibition or display. The

United States has long recognized the importance of encouraging a cultural exchange of ideas through exhibitions of artwork loaned from abroad. Cultural exchanges produce substantial benefits to the educational and cultural development of all Americans. The future success of these exchanges depends on foreign lenders having confidence that loaning artwork to U.S. institutions will not open them up to lawsuits in U.S. courts.

For 40 years, the Immunity from Seizure Act provided foreign government lenders with this confidence. However, rulings in several recent Federal cases have caused that confidence to unravel. In these decisions, the courts have determined that the Immunity from Seizure Act does not preempt the Foreign Sovereign Immunities Act, which provides U.S. courts with jurisdiction in cases against foreign countries.

The effect has been to open foreign governments up to the jurisdiction of U.S. courts simply because they loaned artwork to an American museum or educational institution. This has seriously threatened the ability of U.S. institutions to borrow foreign government-owned artwork. It has also resulted in cultural exchanges being curtailed as foreign government lenders have become hesitant to permit their artwork to travel to the United States.

The bill addresses this situation. It provides that if artwork is granted immunity by the State Department under the Immunity from Seizure Act, then the loan of that artwork cannot subject a foreign government to the jurisdiction of U.S. courts under the Foreign Sovereign Immunities Act.

This is very narrow legislation. It only applies to one of the many grounds of jurisdiction under the Foreign Sovereign Immunities Act. It requires the State Department to grant the artwork immunity under the Immunity from Seizure Act before the provisions of the bill apply. And in order to preserve the claims of victims of the Nazi government and its allies during World War II, the bill has an exception for claims brought by these victims.

If we want to encourage foreign governments to continue to lend artwork to American museums and educational institutions, we must enact this legislation. Without the protections this bill provides, rather than lending artwork to U.S. institutions, foreign governments will simply deny American loan requests. So I urge my colleagues to support this bill.

Madam Speaker, at this time I yield 2 minutes to the gentleman from Ohio (Mr. CHABOT), who is the author of this legislation and an active member of the Judiciary Committee.

Mr. CHABOT. I would like to thank my colleague, the distinguished chairman of the Judiciary Committee (Mr. SMITH of Texas) for yielding the time. He explained it much better than I can, but I'll take a stab at it myself.

H.R. 4086 is really a straightforward bill which would better clarify the re-

lationship between the Immunity from Seizure Act and the Foreign Sovereign Immunities Act. Since 1965, the Immunity from Seizure Act has provided the executive branch with authority to grant foreign artwork and other objects of cultural significance immunity from seizure by U.S. courts. The purpose of this was to encourage loaning and sharing exhibitions between U.S. and foreign museums.

However, there is now a conflict between the Immunity from Seizure Act and the Foreign Sovereign Immunities Act that has interrupted this friendly exchange. Essentially, a provision of the Foreign Sovereign Immunities Act allows U.S. courts to have jurisdiction over foreign governments when their artwork is temporarily imported into the U.S., putting foreign artwork and artifacts at risk of seizure.

□ 1710

Unfortunately, this has led, in many instances, to foreign governments declining to import into our country artwork and cultural objects for temporary exhibitions. In order to maintain the exchange of government-owned artwork and artifacts, Congress should clarify the relationship between these two acts in question.

This bill would do just that, ensuring that American museums like the Cincinnati Museum Center and the Cincinnati Art Museum, two in my district, can continue to enjoy international artwork and cultural artifacts. Enacting this legislation will remove a major obstacle to foreign loans and exchanges to American museums.

I urge my colleagues to support H.R. 4086, and I would also thank the gentleman from California (Mr. BERMAN) and the gentleman from Michigan (Mr. CONYERS) for their leadership and their support in this effort.

Mr. SMITH of Texas. Madam Speaker, we have no other speakers on this side, and I yield back the balance of my time.

Mr. BERMAN. Madam Speaker, I rise in strong support of the bill, and I yield myself such time as I may consume.

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

Mr. BERMAN. Madam Speaker, this bill arises from a tension between a 1963 statute providing foreign art collectors immunity from seizure and the Foreign Sovereign Immunities Act. It specifically stems from a 2007 court decision that broadened the expropriation exemption under the FSIA and allowed for suits on artwork already immunized under the 1963 law. The Los Angeles County Museum of Art and other museums have made clear to me the chilling effect of that decision on artistic exchanges.

This bill resolves the inconsistency between the Foreign Sovereign Immunities Act and the 1963 statute and protects critical cultural exchanges. Specifically, the bill would clarify that foreign states are immune from law-

suits that seek damages for artwork that may already be immune from seizure pursuant to a Presidential determination.

I support this bill for several reasons:

First, cultural and artistic exchanges are a powerful form of democracy that foster mutual understanding, and this bill would remove obstacles to such exchanges;

Second, the bill is narrowly crafted. It provides sovereign immunity only in cases in which the President already immunized the artwork in question;

Third, H.R. 4086 includes an exception for Nazi-era claims. This carve-out is consistent with longstanding American policy to seek restitution when possible for victims of the Nazi government, its allied governments and its affiliated governments.

I urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. CONYERS. Madam Speaker, I strongly support H.R. 4086, the "Foreign Cultural Exchange Jurisdictional Immunity Clarification Act," as amended. This is a bipartisan bill that the Judiciary Committee ordered favorably reported by voice vote.

This bill contains a narrowly tailored fix to the expropriation exception of the Foreign Sovereign Immunities Act of 1976 that would clarify that the exception is not available in cases where:

artwork or a cultural object is imported into the United States for temporary exhibit or display pursuant to an agreement between a foreign state that owns or has custody of the work and a U.S. cultural or educational institution;

the work has been granted immunity from seizure by the President pursuant to the Immunity from Seizure Act because it is of cultural significance and its temporary exhibit or display is in the national interest; and

the President's determination has been published pursuant to IFSA.

The bill also clarifies that its provisions do not apply to Nazi-era claims regarding the ownership of art or cultural objects.

In short, this bill immunizes foreign states from lawsuits that seek damages for artwork that is already immune from seizure pursuant to a Presidential determination when the work is in the U.S. for temporary exhibition.

I am an original cosponsor of this bill for several reasons.

First, H.R. 4086 will make the FSIA consistent with the purpose underlying the Immunity from Seizure Act.

The IFSA was intended to encourage foreign states to lend their artwork and other cultural property to American museums and educational institutions for the cultural and educational benefit of the American people.

We enacted the IFSA in 1965 at the height of the Cold War to immunize certain artwork owned by the Soviet Union so that the Soviets would lend the artwork to the University of Richmond for a temporary exhibit.

We recognized then, and continue to recognize now, that as a general matter, the benefits of the cultural exchange fostered by temporary exhibits or displays of artwork outweigh the provision of a U.S. forum for disputes about the ownership of cultural property that is held by a foreign government.

The benefits of cultural exchange include an increased understanding of and appreciation for foreign cultures, a decrease in xenophobia and prejudice, and perhaps even some diplomatic benefit in fostering mutual respect between our Nation and other nations.

IFSA worked well for 40 years. Unfortunately, the court's decision in *Malewicz [Malevich] v. City of Amsterdam* broadened the scope of the FSIA's expropriation exception to the point where it undermined IFSA.

The court construed the term "commercial activity" as used in the FSIA to include the temporary exhibit of artwork in the United States. This triggered the expropriation exception to sovereign immunity even though the works at issue in *Malewicz* had been immunized from seizure by the President.

The *Malewicz* case has had a chilling effect on loans of cultural property from foreign states.

According to a letter urging my support for this bill that I received from Graham W.J. Beal, Director of the Detroit Institute of Arts, both the Russian and Czech governments are refusing to lend works of art to American museums in the wake of this court decision.

Additionally, the Metropolitan Museum of Art withdrew a loan request to a Middle Eastern museum out of fear that once the works were in the U.S., their presence would be used as grounds for a lawsuit.

H.R. 4086 resolves the inconsistency between the IFSA and the FSIA created by the *Malewicz* decision by ensuring that any work that the President has immunized from seizure pursuant to IFSA will also immunize the foreign government owner of that work from a suit for damages under FSIA.

Second, the sovereign immunity provided for under this bill is limited to a very specific set of circumstances.

H.R. 4086 does not cover every possible claim concerning the ownership of artwork owned by a foreign government. For instance, the expropriation exception could be available for any claim concerning works that have not received immunity from seizure under IFSA.

Similarly, the expropriation exception remains available for a work that is not in the United States on temporary exhibit or display pursuant to an agreement.

Additionally, H.R. 4086 leaves untouched the other exceptions to sovereign immunity provided for in the FSIA, including the general "commercial activity" exception.

Third, I can support H.R. 4086 because it makes an exception for Nazi-era claims.

This carve-out is consistent with longstanding American policy to seek restitution when possible for victims of the Nazi government, its allied governments, and its affiliated governments.

In light of the unique historical sensitivities surrounding the Nazi government's deliberate campaign to steal artwork from its victims, H.R. 4086 rightfully ensures that victims of the Nazis are not foreclosed from pursuing damages for stolen art, even at the cost of foreclosing cultural exchange.

H.R. 4086 is an exceedingly modest bill that will nonetheless foster tremendous benefits for the American people.

I applaud Representative STEVE CHABOT, the sponsor of this bill, as well as my fellow co-sponsors, Judiciary Chairman LAMAR SMITH and Representative STEVE COHEN, for their leadership on this issue.

I urge my colleagues to support this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 4086, 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.

ALLOWING ISRAELI ELIGIBILITY FOR CERTAIN VISAS

Mr. SMITH of Texas. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3992) to allow otherwise eligible Israeli nationals to receive E-2 nonimmigrant visas if similarly situated United States nationals are eligible for similar nonimmigrant status in Israel.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3992

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

SECTION 1. NONIMMIGRANT TRADERS AND INVESTORS FROM ISRAEL.

Israel shall be deemed to be a foreign state described in section 101(a)(15)(E) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(E)) for purposes of clauses (i) and (ii) of such section if the Government of Israel provides similar nonimmigrant status to nationals of the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. SMITH) and the gentleman from California (Mr. BERMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. SMITH of Texas. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 3992 currently under consideration.

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

There was no objection.

Mr. SMITH of Texas. Madam Speaker, I yield myself such time as I may consume.

H.R. 3992 is legislation that was introduced by our colleague, HOWARD BERMAN, which I have cosponsored, and I appreciate his leadership on this issue. The Judiciary Committee approved this legislation by voice vote. The bill adds Israel to the list of countries eligible for E-2 visas.

E-2 visas are temporary visas available for foreign investors. A foreign national may be admitted initially for a period of 2 years under an E-2 visa and can apply for extensions in 2-year increments. The U.S. has entered into treaties of commerce that contain language similar to the E-2 visas since at least 1815, when we entered into a Con-

vention to Regulate Commerce with the United Kingdom.

Currently, the nationals of over 75 countries are eligible for E-2 status, from Albania to the Ukraine. In fiscal year 2010, over 25,000 aliens, including dependents, were granted E-2 visas.

In the past, countries became eligible for the E-2 program through treaties signed with the U.S. However, in 2003, the Judiciary Committee reached an understanding with the U.S. Trade Representative that, from now on, no immigration provisions were to be included in future trade agreements. As a result, specific legislation would be required to add countries to the E-2 program.

In order to qualify for an E-2 visa, an investor has to have a controlling interest in and demonstrate that they will develop and direct the enterprise. In addition, the investor has to invest and put at risk a substantial amount of capital. This is measured by a proportionality test: the higher the cost of the business, the lower the proportion of its total value the investment has to represent. In addition, the investment has to be large enough to ensure the investor's financial commitment to the enterprise and that the investor will successfully develop and direct it.

I urge my colleagues to support H.R. 3992, and I again thank my colleague, Congressman BERMAN of California, for introducing a commonsense bill that helps spur job creation and economic growth here at home and also invest in our relationship with one of our closest allies. The investments in business enterprises fostered by this bill benefit the economies of both the United States and Israel, and they also will create jobs and strengthen the already strong friendship between the United States and Israel.

Madam Speaker, I reserve the balance of my time.

Mr. BERMAN. Madam Speaker, I rise in support of H.R. 3992, a bill that places Israel on the list of countries eligible to receive E-2 treaty investor visas, and I yield myself as much time as I may consume.

I would like to begin by thanking Chairman SMITH for his strong support of this bipartisan legislation and for moving it quickly through the Judiciary Committee and to the floor. I also want to thank, along with Chairman SMITH, Chairman GALLEGLY and Ranking Member LOFGREN of the Immigration Subcommittee, as well as Chairman ROS-LEHTINEN of the Foreign Affairs Committee, for their support and authorship of this legislation.

This legislation will encourage further investment by Israeli business leaders in the United States and lead to the creation of more jobs for American workers. The scope of the legislation is narrow, but at a time when so many Americans are looking for work and families are struggling to make ends meet, every little bit helps.

Israel is one of our closest allies and a leading investor in the U.S. economy.

H.R. 3992 will further strengthen the bonds between our two countries while helping to create U.S. jobs.

There are many hundreds of Israeli companies present in the United States and hundreds of U.S. companies doing business in Israel. E-2 treaty investor visas will enable the business communities in both countries to expand their bilateral investment flow.

Currently, there are over 75 countries whose nationals are eligible for E-2 treaty investor visas. These nations range from Albania to Togo to the United Kingdom. This bill adds merely one country, which is already a significant business partner and contributor to our economic strength. We should be doing everything we can to bring additional Israeli innovations and technologies to the United States.

Israel is an incubator of entrepreneurship, already a global leader in security and defense technologies, medicine, agriculture, and clean energy. Our Nation will benefit greatly from bringing their innovations and scientific advancements to our shores; it would spur investment and introduce new products to the U.S. market.

Recently, a Tel-Aviv biotechnology company developed an advanced cell therapy product that has been used in Israel to achieve a drastic reduction of the mortality rate in patients with deep wound infections. The company invested in an FDA-approved facility in the United States that is engaged in the clinical production of cells.

□ 1720

This Israeli biotech company needs to temporarily transfer one of their executives to the United States to develop, direct, and to oversee local manufacturing to ensure a successful operation. An E-2 treaty investor visa would facilitate this process and allow other Israeli entrepreneurs to explore similar business opportunities with the confidence and assurance that they will be able to monitor their investments.

By passing this bill, Israeli investors are one step closer to expanding their business to our country and creating jobs for American workers. Israel is a trusted friend and a special ally, and this legislation expands business opportunities that will provide economic benefits for both countries. I urge my colleagues to support its passage.

Madam Speaker, I ask unanimous consent that the remarks of the ranking member of the Immigration Subcommittee, Ms. LOFGREN, be included in the RECORD.

The SPEAKER pro tempore. The gentleman's request will be covered by the earlier general leave order.

Mr. BERMAN. I yield such time as he may consume to the gentleman from Michigan (Mr. CONYERS), the ranking member of the Judiciary Committee.

Mr. CONYERS. I thank the gentleman for yielding.

I'm glad that we can make this change of bringing together these de-

serving countries. I hope the bipartisan efforts coming from the Committee on the Judiciary, from both Chairman SMITH and from senior member HOWARD BERMAN, will be a foundation on which to consider additional immigration reforms, reforms that are desperately needed to help families and businesses across this country.

I rise today in support of H.R. 3992, a bipartisan proposal that would make Israel eligible to participate in the E-2 "Treaty Investor" visa program, which is now available to 79 other countries.

Although larger reform of our immigration laws has remained elusive, there are small places where we can work across the aisle to pass commonsense legislation and achieve incremental, but important, results.

H.R. 3992—introduced by my friend, Representative HOWARD BERMAN, along with Judiciary Chairman LAMAR SMITH, Foreign Affairs Chairwoman ILEANA ROS-LEHTINEN, and Immigration Subcommittee Ranking Member ZOE LOFGREN—is just such a bill.

This bipartisan bill allows citizens of Israel to come to the United States on E-2 visas for "treaty investors" if those individuals make substantial investments in businesses in the United States. And, those visas would only be available if Israel provides similar visas to U.S. citizens seeking to invest in businesses in Israel.

As I just mentioned, the E-2 visa program is currently available to citizens of 79 other countries. This list includes our closest allies and trading partners, including the United Kingdom, Canada, Mexico, Japan, Jordan, and South Korea. And it also includes countries that are perhaps less obvious, such as Pakistan, Honduras, Liberia, and Iran.

With a population of less than 8 million people, Israel is the United States' 22nd largest export market. Yet Israel is not currently eligible for E-2 visas. By expanding eligibility to Israeli citizens, and by Israel's expansion of similar visas to U.S. investors, we should see an increase in trade and investment beneficial to both nations.

I am glad that we can make this change for Israel and I look forward to working with HOWARD BERMAN and Chairman SMITH to afford this same opportunity to perhaps additional, deserving countries.

I also hope today's bipartisan efforts will provide a foundation to consider additional immigration reforms—reforms that are desperately needed to help businesses and families in my district in Michigan and across the country.

I thank Mr. BERMAN for introducing this bill. And I thank Chairman SMITH and Chairwoman ILEANA ROS-LEHTINEN of the Foreign Affairs Committee for their support of this important piece of legislation.

I urge my colleagues to support this legislation.

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

PARLIAMENTARY INQUIRY

Mr. BERMAN. Madam Speaker, a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BERMAN. I would like to introduce the entire statement of Ranking Member CONYERS and subcommittee Ranking Member LOFGREN into the

RECORD. I am unclear whether I am able to do that at this time.

The SPEAKER pro tempore. Permission for all Members to revise and extend their remarks was previously obtained by unanimous consent.

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

Ms. ZOE LOFGREN of California. Madam Speaker, I rise in strong support of H.R. 3992. Introduced by my friend and colleague from California, HOWARD BERMAN, this bipartisan bill will allow Israeli nationals who want to make substantial investments and create jobs in the United States to obtain E-2 "treaty investor" visas, if the Government of Israel extends an equivalent status to U.S. citizens.

An E-2 visa is a temporary, nonimmigrant visa that permits foreign investors to temporarily live and work in the U.S. if they make a substantial investment in an enterprise in the United States. Nationals of 79 countries are now eligible for E-2 visa status, including almost all of the United States' allies and trading partners.

Yet Israel, one of our closest and dearest allies, is not on the list.

Since April 3, 1954, Israel has been eligible for E-1 visas through the E-1 "treaty trader" program, which makes temporary visas available to employees of firms engaged in substantial trade between our two countries. These visas helped increase trade between our two nations, which saw trade exceeding \$36 billion in 2009. In 2009, Israel was the company to invest cash and inventory into a medical equipment company based in Massachusetts.

The E-2 visa program would create an incentive for these investments, and many others. Those investments in the United States will benefit both countries economically, helping to spur economic growth and job creation. And all of this with one of our country's closest and most steadfast allies. This bill is essentially a no-brainer.

It is not easy these days to find common ground on immigration issues. Mr. BERMAN deserves a good deal of credit for finding an area where we can find such common ground and for working with our Republican colleagues to make this a bipartisan bill. I want to extend my thanks to him for identifying this deficiency in our current immigration law, crafting a smart solution and then marshaling broad support for its adoption. Our country will be more prosperous, as will Israel, as a result of his efforts.

I also thank Chairman SMITH and Chairwoman ILEANA ROS-LEHTINEN of the Foreign Affairs Committee for their support of this important piece of legislation.

I urge my colleagues to support the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 3992.

The question was taken.

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

Mr. SMITH of Texas. Madam Speaker, on that I demand the yeas and nays. The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

RECESS

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

Accordingly (at 5 o'clock and 23 minutes p.m.), the House stood in recess.

□ 1831

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. POE of Texas) at 6 o'clock and 31 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2087, REMOVING RESTRICTIONS FOR ACCOMACK COUNTY LAND PARCEL

Mr. BISHOP of Utah, from the Committee on Rules, submitted a privileged report (Rept. No. 112-415) on the resolution (H. Res. 587) providing for consideration of the bill (H.R. 2087) to remove restrictions from a parcel of land situated in the Atlantic District, Accomack County, Virginia, which was referred to the House Calendar and ordered to be printed.

ALLOWING ISRAELI ELIGIBILITY FOR CERTAIN VISAS

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on the motion to suspend the rules previously postponed.

The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 3992) to allow otherwise eligible Israeli nationals to receive E-2 nonimmigrant visas if similarly situated United States nationals are eligible for similar nonimmigrant status in Israel, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill.

The vote was taken by electronic device, and there were—yeas 371, nays 0, not voting 61, as follows:

[Roll No. 111]

YEAS—371

Ackerman	Benishek	Brooks
Adams	Berg	Brown (GA)
Aderholt	Berkley	Brown (FL)
Alexander	Berman	Buchanan
Altmire	Biggert	Bucshon
Amash	Bilbray	Buerkle
Amodei	Bilirakis	Burgess
Andrews	Bishop (NY)	Burton (IN)
Austria	Bishop (UT)	Butterfield
Baca	Black	Calvert
Bachmann	Blumburn	Camp
Baldwin	Blumenauer	Canseco
Barletta	Bonamici	Cantor
Barrow	Bonner	Capito
Bartlett	Boren	Capps
Barton (TX)	Boswell	Capuano
Bass (CA)	Boustany	Caroza
Bass (NH)	Brady (TX)	Carnahan
Becerra	Braley (IA)	Carney

Carson (IN)	Hensarling	Nunes
Carter	Herger	Nunnelee
Cassidy	Herrera Beutler	Olson
Castor (FL)	Higgins	Olver
Chabot	Himes	Owens
Chaffetz	Hinojosa	Palazzo
Chandler	Hirono	Pallone
Chu	Hochul	Pastor (AZ)
Cicilline	Holden	Paulsen
Clarke (MI)	Holt	Pearce
Clarke (NY)	Hoyer	Pelosi
Clay	Huelskamp	Pence
Cleaver	Huizenga (MI)	Perlmutter
Clyburn	Hultgren	Peters
Coble	Hunter	Peterson
Coffman (CO)	Hurt	Petri
Cohen	Inslee	Pingree (ME)
Cole	Israel	Pitts
Conaway	Issa	Platts
Connolly (VA)	Jackson Lee	Poe (TX)
Conyers	(TX)	Pompeo
Cooper	Jenkins	Posey
Costa	Johnson (GA)	Price (GA)
Costello	Johnson (OH)	Price (NC)
Courtney	Johnson, E. B.	Quayle
Cravaack	Johnson, Sam	Quigley
Crenshaw	Jones	Rahall
Critz	Jordan	Rehberg
Crowley	Kaptur	Reichert
Cuellar	Keating	Renacci
Culberson	Kelly	Reyes
Cummings	Kildee	Ribble
Davis (CA)	Kind	Richardson
Davis (KY)	King (IA)	Rigell
DeFazio	King (NY)	Rivera
DeGette	Kingston	Roby
DeLauro	Kissell	Roe (TN)
Denham	Kline	Rogers (AL)
Dent	Kucinich	Rogers (KY)
DesJarlais	Labrador	Rogers (MI)
Deutch	Lamborn	Rokita
Diaz-Balart	Lance	Rooney
Doyle	Landry	Ros-Lehtinen
Dreier	Langevin	Roskam
Duffy	Lankford	Ross (AR)
Duncan (SC)	Larsen (WA)	Ross (FL)
Duncan (TN)	Larson (CT)	Rothman (NJ)
Edwards	Latham	Roybal-Allard
Ellmers	LaTourrette	Royce
Emerson	Latta	Runyan
Engel	Levin	Ruppersberger
Eshoo	LoBiondo	Ryan (OH)
Farenthold	Loebsack	Ryan (WI)
Fattah	Long	Sánchez, Linda
Fincher	Lowe	T.
Fitzpatrick	Lucas	Sarbanes
Flake	Luetkemeyer	Scalise
Fleischmann	Luján	Schakowsky
Fleming	Lummis	Schiff
Flores	Lungren, Daniel	Schmidt
Forbes	E.	Schrader
Fortenberry	Lynch	Schwartz
Fox	Maloney	Schweikert
Frank (MA)	Matheson	Scott (SC)
Franks (AZ)	Matsui	Scott (VA)
Frelinghuysen	McCarthy (CA)	Scott, Austin
Fudge	McCarthy (NY)	Scott, David
Gallely	McCauley	Sensenbrenner
Garamendi	McClintock	Serrano
Gardner	McCollum	Sessions
Garrett	McCotter	Sewell
Gerlach	McDermott	Sherman
Gibbs	McGovern	Shimkus
Gibson	McHenry	Shuster
Gohmert	McIntyre	Simpson
Goodlatte	McKeon	Slaughter
Gosar	McKinley	Smith (NE)
Gowdy	McMorris	Smith (NJ)
Granger	Rodgers	Smith (TX)
Graves (GA)	McNerney	Smith (WA)
Graves (MO)	Meehan	Southerland
Green, Al	Meeke	Stark
Green, Gene	Mica	Stearns
Griffin (AR)	Michaud	Stivers
Griffith (VA)	Miller (FL)	Stutzman
Grimm	Miller (MI)	Sullivan
Guinta	Miller (NC)	Sutton
Guthrie	Miller, Gary	Thompson (CA)
Hahn	Miller, George	Thompson (MS)
Hall	Moore	Thompson (PA)
Hanabusa	Mulvaney	Thornberry
Hanna	Murphy (PA)	Tiberi
Harper	Myrick	Tierney
Harris	Nadler	Tipton
Hartzer	Napolitano	Tonko
Hastings (FL)	Hastings (WA)	Tsongas
Hastings (WA)	Hayworth	Turner (OH)
Heck	Heck	Upton
		Van Hollen

Visclosky	Waxman	Wolf
Walberg	Webster	Womack
Walden	Welch	Woodall
Walz (MN)	West	Yoder
Wasserman	Westmoreland	Young (AK)
Schultz	Whitfield	Young (IN)
Waters	Wilson (SC)	
Watt	Wittman	

NOT VOTING—61

Akin	Hinchey	Reed
Bachus	Honda	Richmond
Bishop (GA)	Jackson (IL)	Rohrabacher
Bono Mack	Johnson (IL)	Rush
Brady (PA)	Kinzinger (IL)	Sanchez, Loretta
Campbell	Lee (CA)	Schilling
Crawford	Lewis (CA)	Schock
Davis (IL)	Lewis (GA)	Shuler
Dicks	Lipinski	Sires
Dingell	Lofgren, Zoe	Speier
Doggett	Mack	Terry
Dold	Manzullo	Towns
Donnelly (IN)	Marchant	Turner (NY)
Ellison	Marino	Velázquez
Farr	Markey	Walsh (IL)
Filner	Moran	Wilson (FL)
Gingrey (GA)	Murphy (CT)	Woolsey
Gonzalez	Pascrell	Yarmuth
Grijalva	Paul	Young (FL)
Gutierrez	Polis	
Heinrich	Rangel	

□ 1855

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. JOHNSON of Illinois. Mr. Speaker, on Monday, March 19, 2012, I had a previously scheduled meeting with constituents in Champaign, Illinois. As a result, I am unable to attend votes this evening. Had I been present, I would have voted "yea" on H.R. 3992, to allow otherwise eligible Israeli nationals to receive E-2 nonimmigrant visas if similarly situated United States nationals are eligible for similar nonimmigrant status in Israel.

Mr. GUTIERREZ. Mr. Speaker, I was unavoidably absent for votes in the House chamber today. Had I been present, I would have voted "yea" on rollcall vote 111.

Mr. DOLD. Mr. Speaker, due to district business, I was unavoidably back in my Congressional District on March 19, 2012. Had I been present, I would have voted "yea" on H.R. 3992, to allow otherwise eligible Israeli nationals to receive E-2 nonimmigrant visas if similarly situated United States nationals are eligible for similar nonimmigrant status in Israel.

Mr. FILNER. Mr. Speaker, on rollcall 111, I was away from the Capitol due to prior commitments to my constituents. Had I been present, I would have voted "yea."

Mr. PASCARELL. Mr. Speaker, I want to state for the record that on March 19, 2012, I missed the one rollcall vote of the day.

Had I been present, I would have voted "yea" on rollcall vote No. 111, on the motion to suspend the rules and pass H.R. 3992—To allow otherwise eligible Israeli nationals to receive E-2 nonimmigrant visas if similarly situated United States nationals are eligible for similar nonimmigrant status in Israel.

Ms. WILSON of Florida. Mr. Speaker, on rollcall No. 111, had I been present, I would have voted "yea."

RESIGNATION FROM THE HOUSE
OF REPRESENTATIVES

The SPEAKER pro tempore laid before the House the following resignation from the House of Representatives:

HOUSE OF REPRESENTATIVES,
Washington, DC, March 19, 2012.

Hon. JOHN BOEHRNER,
Speaker of the House of Representatives, U.S.
Capitol, Washington, DC.

DEAR MR. SPEAKER: I write to let you know that I have submitted the attached letter to the Governor of Washington to tender my resignation from the United States House of Representatives effective at 12:01 a.m. Eastern Time on Tuesday, March 20, 2012.

It has been a high honor to serve in the people's House. I have fervent hopes that in the years to come the House will serve to continue America's effort to always bend the arc of the moral universe towards justice.

Very truly yours,

JAY INSLEE,
Member of Congress.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 19, 2012.

Hon. CHRISTINE GREGOIRE,
Governor of Washington,
Office of the Governor, Olympia, WA.

DEAR GOVERNOR GREGOIRE: I write to tender my resignation from the United States House of Representatives effective at 12:01 a.m. Eastern Time on Tuesday, March 20, 2012.

It has been a high honor to serve in the people's House. I have fervent hopes that in the years to come the House will serve to continue America's effort to always bend the arc of the moral universe towards justice.

Very truly yours,

JAY INSLEE,
Member of Congress.

REMOVAL OF NAME OF MEMBER
AS COSPONSOR OF H.R. 2920

Mrs. MILLER of Michigan. Mr. Speaker, I ask unanimous consent that my name be removed as a cosponsor on H.R. 2920.

The SPEAKER pro tempore (Mr. GIBSON). Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

REMOVAL OF NAME OF MEMBER
AS COSPONSOR OF H. RES. 229

Mr. KISSELL. Mr. Speaker, I ask unanimous consent that I be removed as a cosponsor from H. Res. 229.

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

There was no objection.

HONORING DR. CHARLES
GILCHRIST ADAMS

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

Mr. CONYERS. Mr. Speaker, even though he is very much alive, I rise this evening to celebrate the inspired life and contributions of the Reverend Dr. Charles Adams, who, on April 30 of this year, will be completing his teach-

ing at the Harvard Divinity School, where he has for years conducted these important courses that he has taught.

Earlier, he was the head of the largest NAACP chapter in the Nation, the Detroit chapter. He has inspired countless numbers of people on this planet to a greater faith and in the necessity to follow up with the work to produce the change, the compassion that in some ways, sometimes large and other times small, can dispense hope in a community, a State, a Nation, and sometimes even a world.

DR. CHARLES GILCHRIST ADAMS

PASTOR, HARTFORD MEMORIAL BAPTIST CHURCH
WILLIAM AND LUCILLE NICKERSON PROFESSOR
OF THE PRACTICE OF ETHICS AND MINISTRY,
HARVARD DIVINITY SCHOOL

Charles G. Adams, one of the most prominent ministers in the United States, an acclaimed preacher and leader on faith-based urban revitalization has been Pastor of Hartford Memorial Baptist Church since 1969. From 1962 to 1969 Dr. Adams served as Pastor of the historic Concord Baptist Church in Boston, Massachusetts. He has lectured on homiletics and Black Church Studies at Boston University, Andover Newton School of Theology, Central Baptist Seminary in Kansas City, and Iliff School of Theology in Denver, Colorado.

Charles Gilchrist Adams, was born December 13, 1936, in Detroit, Michigan. He was baptized by his granduncle, the late Gordon Blaine Hancock, of Richmond, Virginia. He attended Fisk University where he was President of the Sophomore Class and Vice President of the Student Council.

He graduated with honors from the University of Michigan and Harvard University and went on to become a doctoral fellow in Union Theological Seminary in New York City. He has been awarded twelve honorary doctorates from such institutions as Morehouse College, Marygrove College, Dillard University, Morris College, Kalamazoo College in Kalamazoo Michigan, and the University of Michigan.

From 1962 to 1969, Dr. Adams served as Pastor of the historic Concord Baptist Church in Boston, Massachusetts, followed by an appointment as the Pastor of Hartford Memorial Baptist Church in Detroit, Michigan, in 1969. He has lectured on homiletics and Black Church studies in Boston University, Andover Newton School of Theology, Central Baptist Seminary in Kansas City, and Iliff School of Theology in Denver, Colorado. He lectured seven times at Boston University School of Theology in a course on the Black Church taught by Professor Preston Noah Williams.

In April 1989, Dr. Adams was invited to speak before the United Nations on South African apartheid. In August 1990, he was a speaker for the World Congress of the Baptist World Alliance in Seoul, Korea. His theme was "Together In Christ We Love."

In 1991, Dr. Adams addressed the Seventh General Assembly of the World Council of Churches in Canberra, Australia, and spoke on the 157 theme, "Come Holy Spirit, Renew The Whole Creation. At this Assembly, he was elected to their organization's Central Committee. He recommended the World Council use its offices and resources to combat racism in the U.S. and around the world, and their response was to join forces with the National Council of the Churches of Christ in the USA. Together, the organizations converged on Los Angeles in 1992 to meet with churches, gang leaders, public officials and citizens in order to bring about a lasting peace after the riots following the verdict in the beating of Rodney King.

Dr. Adams was the 1993-94 Conference Preacher for Hampton University Ministers Conference held in Hampton, Virginia. He has been awarded twelve honorary doctorates from colleges and universities across the country, has spoken before the United Nations (on South African Apartheid), and has received the coveted "Rabbi Marvin Katzenstein Award" from the Harvard Divinity School. This is given to a Harvard graduate who exhibits "a passionate and helpful interest in the lives of other people, an informed and realistic faithfulness, and an embodiment of the idea that love is not so much a way of feeling as way of acting and has a reliable sense of humor."

Dr. Adams' board affiliations include the Baptist World Alliance, the World Council of Churches, the National Council of Churches, the Congress of National Black Churches, Morehouse College (Atlanta, GA) and Morris College (Sumpter, SC). He is married to Agnes Hadley Adams and is the father of Tara Adams Washington, M.D., and the Rev. Charles Christian Adams.

BOOST OUR ENERGY SUPPLY
BEFORE TAPPING SPR

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

Mr. POE of Texas. Mr. Speaker, it seems the administration may open up the emergency strategic petroleum reserves under the economic theory that more supply will lower the price of oil and gasoline.

If the President's theory of supply is correct, then why not allow more oil shale leasing in the West? Why not say yes to more oil and gas lease sales in the Gulf of Mexico? Why not say yes to the Keystone pipeline? Why not remove the slow permitting processes?

If it wasn't for more oil production on nongovernment lands, the situation of supply would be even worse.

The administration wants to save us from the high cost of gasoline by increasing supply. I agree. So I've introduced legislation that would require the administration to do all of the above before it can tap into the SPR.

Let's increase our energy supply and give Americans some relief at the pump. We don't need a temporary fix in supply. We need a long-term energy supply solution.

And that's just the way it is.

□ 1900

THE SUDAN SECURITY, PEACE,
AND ACCOUNTABILITY ACT

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

Mr. AL GREEN of Texas. Mr. Speaker, I would like to announce that I am going to cosponsor H.R. 4169, the Sudan Security, Peace, and Accountability Act.

I'm doing this, Mr. Speaker, because it has been called to our attention that there are atrocities still taking place in Sudan. People are suffering, people are dying, and there is a possibility of a humanitarian crisis developing. This bill will allow sanctions to be imposed.

I would also like to thank Mr. George Clooney and his father for calling these atrocities to our attention.

I hope to say more about this in the days to come.

A VOICE FOR THE CUBAN DISSIDENTS

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

Mr. RIVERA. Mr. Speaker, ahead of Pope Benedict XVI's visit to Cuba next week, Cuban authorities detained about 70 members of the dissident group Ladies in White over the weekend, including 36 on Sunday morning as they attempted to attend mass.

The Ladies in White demonstrate peacefully in solidarity with their loved ones who were jailed during the Black Spring government crackdown 9 years ago. In recent days, the non-violent efforts of the Ladies in White have been met with the beatings and detentions that have become synonymous with the Castro tyrants. Given that this is occurring on the eve of the Pope's visit, these events are disgraceful and should be universally condemned.

Hopefully, during his visit to Cuba next month, Pope Benedict will meet with dissent leaders like the Ladies in White and Dr. Oscar Elias Biscet, who has publicly called on the Pope to engage them. By doing so, Pope Benedict will give voice to those who long for freedom and speak out in the face of brutal repercussions, and he will give hope to those who risk their lives so that one day Cuba may be free.

OUTCRY FOR SYRIA

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Mr. Speaker, how much longer can we continue to watch the bloodshed and slaughter in Syria without demanding the United Nations' collaborative action providing those rebels, along with states out of the Arab League, the weapons that they need? We know that there is a hesitation to begin air attacks; but when you see the slaughter, the loss of life of women and children, it is outrageous.

We learned today that Russia joined the Red Cross in calling for a daily truce in Syria for humanitarian needs. That is not enough. Russia and China should stop their blocking of the United Nations and the Security Council of providing some aid to save the lives of innocent women and children.

This is a humanitarian crisis and it calls for a quick response. Yes, the Red Cross and humanitarian aid should be allowed in, but we should provide for those who are trying to defend them-

selves against oppression the kind of support on the ground that is necessary.

Where is the Arab League? Where is the collaborative effort of the United Nations? Where is the outcry for the bloodshed in Syria?

THE HIGH PRICE OF GAS

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

Mr. BURTON of Indiana. Mr. Speaker, I listened to my good friend Congressman POE from Texas a few minutes ago, and I was wondering if the President at 1600 Pennsylvania Avenue, if he is in town and not campaigning someplace, is paying any attention. If I had a chance—and I know I can't address the President from the well, but if I could address the President from the well, I would say:

Mr. President, the people of this country are hurting; inflation is taking off on all kinds of food products and anything else that is being transported by truck. It is because of the energy costs. Gasoline is at an almost all-time high, and you, Mr. President, should be paying attention to it. We ought to be drilling off the Continental Shelf and in the ANWR and in the Gulf of Mexico, and we ought to be fracking. We ought to be also using coal and oil shale. Mr. President, you're not doing any of those things, and the people are suffering. Stay home. Pay attention, Mr. President. It's your job.

□ 1610

THREAT FROM HUAWEI

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

Mr. WOLF. Mr. Speaker, I rise today to share troubling information that has come to my attention about Huawei, a Chinese telecom firm which is attempting to increase its market share in the U.S.

Yesterday, The Wall Street Journal reported that, "Huawei's network business has thrived at the expense of struggling Western network companies," and is "quietly building and investing in its own brand of high-end smart phones and tablets." But many Americans may not be aware that numerous government reports have linked Huawei's corporate leadership to the People's Liberation Army, raising serious concerns about its products being used for espionage by the Chinese Government.

Last week, respected national security reporter Bill Gertz wrote:

New information about Chinese civilian telecommunications companies' close support of the Chinese military and information warfare programs is raising fresh concerns.

That is why both the Bush administration and the Obama administration have repeatedly intervened to block Huawei's growth. Huawei is controlled by the same government that jails Catholic bishops and Protestant pastors, oppresses the Uyghur Muslims, has plundered Tibet, and that is providing the very rockets that Sudanese President Bashir is using to kill his own people.

Mr. Speaker, the American people have a right to know whether their government is doing everything it can to protect their cell phone and data networks from foreign espionage and cyberattacks. As Huawei increases its lobbying presence in Washington, the American people should be fully aware of the firm's intimate links to the PLA and the serious concerns of our defense and intelligence community.

I rise today to share troubling information that has come to my attention about Huawei, a Chinese telecom firm, which is attempting to increase its market share in the United States and around the world. Numerous government reports have linked Huawei's corporate leadership to the Chinese intelligence services and the People's Liberation Army (PLA), raising concerns about Huawei networks and devices being subject to espionage by the Chinese government.

These connections are particularly noteworthy given Huawei's rapid rise as a telecom giant. According to an article in yesterday's Wall Street Journal, "Huawei Technologies Co. has almost doubled its work force over the past five years as it strives to become a mobile technology heavyweight."

The article also noted that, "Huawei's network business has thrived at the expense of struggling Western network companies such as Alcatel-Lucent Co. and Nokia Siemens Networks. Initially, Huawei supplied low-cost phones to telecommunications operators in the West under their own brand, but over the past year, Huawei has also been quietly building and investing in its own brand of high-end smartphones and tablets."

Huawei executives make no secret of their goal to dominate the telecom market. In a March 6, 2012, interview with the technology news Web site, Engadget, Huawei device chief Richard Yu said, "In three years we want Huawei to be the industry's top brand."

However, Huawei's growth in the U.S. market should give all Americans serious pause. Last week, respected national security reporter Bill Gertz wrote in the Washington Free Beacon that, "New information about Chinese civilian telecommunications companies' close support of the Chinese military and information warfare programs is raising fresh concerns about the companies' access to U.S. markets," according to a report by the congressional US-China Economic and Security Review Commission. "One of the companies identified in the report as linked to the People's Liberation Army (PLA) is Huawei Technologies, a global network hardware manufacturer that has twice been blocked by the U.S. government since 2008 from trying to buy into U.S. telecommunications firms."

The congressional report noted that, “Huawei is a well established supplier of specialized telecommunications equipment, training and related technology to the PLA that has, along with others such as Zhongxing, and Datang, received direct funding for R&D on C4ISR [high-tech intelligence collection] systems capabilities.”

The report further added, “All of these [Chinese telecom] firms originated as state research institutes and continue to receive preferential funding and support from the PLA,” the report said.

Huawei’s efforts to sell telecom equipment to U.S. networks have long troubled the U.S. defense and intelligence community, which has been concerned that Huawei’s equipment could be easily compromised and used in Chinese cyberattacks against the U.S. or to intercept phone calls and e-mails from American telecom networks.

According to a 2005 report by the RAND Corporation, “both the [Chinese] government and the military tout Huawei as a national champion,” and “one does not need to dig too deeply to discover that [many Chinese information technology and telecommunications firms] are the public face for, sprang from, or are significantly engaged in joint research with state research institutes under the Ministry of Information Industry, defense-industrial corporations, or the military.”

In fact, in 2009, the Washington Post reported that the National Security Agency “called AT&T because of fears that China’s intelligence agencies could insert digital trapdoors into Huawei’s technology that would serve as secret listening posts in the U.S. communications network.”

Over the last several years, Huawei’s top executives’ deep connections to the People’s Liberation Army and Chinese intelligence have been well documented. As Gertz summarized in his article, “A U.S. intelligence report produced last fall stated that Huawei Technologies was linked to the Ministry of State Security, specifically through Huawei’s chairwoman, Sun Yafang, who worked for the Ministry of State Security (MSS) Communications Department before joining the company.”

That is why senior administration officials in the Bush and Obama administrations have repeatedly intervened to block Huawei’s access to U.S. networks. “In 2008, the Treasury Department-led Committee on Foreign Investment in the United States (CFIUS) blocked Huawei from purchasing the U.S. telecommunications firm 3Com due to the company’s links to the Chinese military,” Gertz reported. “Last year, under pressure from the U.S. government, Huawei abandoned their efforts to purchase the U.S. server technology company 3Leaf. In 2010, Congress opposed Huawei’s proposal to supply mobile telecommunications gear to Sprint over concerns that Sprint was a major supplier to the U.S. military and intelligence agencies.”

It’s not just Huawei’s longstanding and tight connections to Chinese intelligence that should trouble us. Huawei has also been a leading supplier of critical telecom services to some of the worst regimes around the world. Last year, the Wall Street Journal reported that Huawei “now dominates Iran’s government-controlled mobile-phone industry . . . it plays a role in enabling Iran’s state security network.”

Gertz reported that Huawei has also been “linked to sanctions-busting in Saddam Hussein’s Iraq during the 1990s, when the company helped network Iraqi air defenses at a time when U.S. and allied jets were flying patrols to enforce a no-fly zone. The company also worked with the Taliban during its short reign in Afghanistan to install a phone system in Kabul.”

Mr. Speaker, given all of this information, there should be no doubt Huawei poses a serious national and economic security threat to the U.S. It is no secret that the People’s Republic of China has developed the most aggressive espionage operation in modern history, especially given its focus on cyberattacks and cyberespionage.

Perhaps that is why Beijing has ensured that Huawei is able to continue its global market growth by “unsustainably low prices and [Chinese] government export assistance,” according to January 2011 congressional report on the national security implications of Chinese telecom companies. Due to China’s secrecy, the full extent of Huawei’s subsidies are not be fully known. But given its unrealistically low prices, it remains unknown whether Huawei is even making a profit as it seeks to dominate the telecom market. Why would the Chinese government be willing to generously subsidize such unprofitable products?

Earlier this year, The Economist magazine published a special report on Communist Party management of Chinese corporations. The Economist reported that, “The [Communist] party has cells in most big companies—in the private as well as state-owned sector—complete with their own offices and files on employees. It holds meetings that shadow formal board meetings and often trump their decisions”

The Chinese even have an expression for this strategy: “The state advances while the private sector retreats.”

Author Richard McGregor wrote that the executives at Chinese companies have a “red machine” with an encrypted line to Beijing next to their Bloomberg terminals and personal items on their desks.

Last year, the Financial Times reported that the PLA has even documented how it will use telecom firms for foreign espionage and cyberattacks. A paper published in the Chinese Academy of Military Sciences’ journal noted: “[These cyber militia] should preferably be set up in the telecom sector, in the elec-

tronics and internet industries and in institutions of scientific research,” and its tasks should include “stealing, changing and erasing data” on enemy networks and their intrusion with the goal of “deception, jamming, disruption, throttling and paralysis.”

The same article also documented the growing number PLA-led cyber militias housed in “private” Chinese telecom firms. The article reported on one example at the firm Nanhao: “many of its 500 employees in Hengshui, just south-west of Beijing, have a second job. Since 2005 Nanhao has been home to a cybermilitia unit organized by the People’s Liberation Army. The Nanhao operation is one of thousands set up by the Chinese military over the past decade in technology companies and universities around the country. These units form the backbone of the country’s internet warfare forces, increasingly seen as a serious threat at a time of escalating global cybertensions.

Senior U.S. military and intelligence officials have become increasingly vocal about their concerns about the scope of Chinese espionage and cyberattacks. According to recent testimony given before the Senate, Defense Intelligence Agency chief General Ron Burgess said, “China has used its intelligence services to gather information via a significant network of agents and contacts using a variety of methods . . . In recent years, multiple cases of economic espionage and theft of dual-use and military technology have uncovered pervasive Chinese collection efforts.”

Last year, the reticent Office of the National Counterintelligence Executive issued a warning that, “Chinese actors are the world’s most active and persistent perpetrators of economic espionage.” The counterintelligence office took this rare step of singling out the Chinese due to the severity of the threat to U.S. national and economic security.

And March 8, 2012 Washington Post article described how, “For a decade or more, Chinese military officials have talked about conducting warfare in cyberspace, but in recent years they have progressed to testing attack capabilities during exercises . . . The [PLA] probably would target transportation and logistics networks before an actual conflict to try to delay or disrupt the United States’ ability to fight, according to the report prepared by Northrop Grumman for the U.S.-China Economic and Security Review Commission.”

We are beginning to witness the consequences of this strategy. According to a March 13, 2012 New York Times article, “During the five-month period between October and February, there were 86 reported attacks on computer systems in the United States that control critical infrastructure, factories and databases, according to the Department of Homeland Security, compared with 11 over the same period a year ago.”

In an interview with the New York Times, Homeland Security Secretary Janet Napolitano said, "I think General Dempsey said it best when he said that prior to 9/11, there were all kinds of information out there that a catastrophic attack was looming. The information on a cyberattack is at the same frequency and intensity and is bubbling at the same level, and we should not wait for an attack in order to do something."

A 2010 Pentagon report found ". . . In the case of key national security technologies, controlled equipment, and other materials not readily obtainable through commercial means or academia, the People's Republic of China resorts to more focused efforts, including the use of its intelligence services and other-than legal means, in violation of U.S. laws and export controls."

The report also highlighted China's cyber-espionage efforts. The U.S. intelligence community notes that China's attempts to penetrate U.S. agencies are the most aggressive of all foreign intelligence organizations.

Notably, Chinese espionage isn't limited to government agencies. In an October 4 Washington Post article, Rep. Mike Rogers, chairman of the House Intelligence Committee, remarked, "When you talk to these companies behind closed doors, they describe attacks that originate in China, and have a level of sophistication and are clearly supported by a level of resources that can only be a nation-state entity."

This prolific espionage is having a real and corrosive effect on job creation. Last year, the Washington Post reported that, "The head of the military's U.S. Cyber Command, Gen. Keith Alexander, said that one U.S. company recently lost \$1 billion worth of intellectual property over the course of a couple of days—'technology that they'd worked on for 20-plus years—stolen by one of the adversaries.'"

That is why, in February 2012 testimony before the Senate Select Committee on Intelligence FBI Director Robert Mueller said that while terrorism is the greatest threat today, "down the road, the cyber threat will be the number one threat to the country."

Mr. Speaker, I firmly believe that Huawei is one face of this emerging threat. And the American people have a right to know whether their government is doing everything it can to protect their cell phone and data networks.

As Huawei increases its lobbying presence in Washington, members should be fully aware of the firm's intimate links to the PLA and the serious concerns of our defense and intelligence community.

Verizon, Sprint, AT&T, T-Mobile and other U.S. network carriers should not be selling Huawei devices given these security concerns. But if they do, they have an obligation to inform their customers of these threats. This is especially important when carriers are selling Huawei phones and tablets to corporate customers.

They have a right to know that Beijing may be listening.

CBC HOUR: THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 5, 2011, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mrs. CHRISTENSEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and add extraneous material on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

Mrs. CHRISTENSEN. Mr. Speaker, tonight the Congressional Black Caucus again thanks the Democratic leader for allowing us to have this hour to talk about something very important.

As we approach the second anniversary of the Patient Protection and Affordable Care Act, a truly landmark law that's bringing about health reforms that are helping millions of Americans not only save money but have healthier lives, we want to review some of those facts this evening, not the myths, not the misrepresentations about this great law, the facts.

There's so much that's being spread that is just flat-out wrong, wrong about the facts and wrong to tell our fellow Americans things that are just not true about this law.

At this time, I would like to begin yielding to some of my colleagues. I will begin by yielding such time as she might consume to the gentlelady from Cleveland, Ohio, Congresswoman MARCIA FUDGE.

Ms. FUDGE. Thank you so much. And I want to thank Representative CHRISTENSEN for continuing to host this hour. Thank you very much for your leadership.

Mr. Speaker, for far too long, hard-working Americans have paid the price for policies that handed free reign to insurance companies and put barriers between patients and their doctors. We all want to be in charge of our own care, and it is not too much to ask. The Affordable Care Act forces insurance companies to be responsible, prohibiting them from dropping your coverage if you get sick or billing you into bankruptcy because of an annual or lifetime limit.

For the first time, under Federal law, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more. The law also bans insurance companies from imposing lifetime dollar limits on health benefits, freeing cancer patients and individuals suffering from other chronic diseases from worrying about going without treatment.

The law also ensures that everyone pays their fair share and gets affordable insurance because, when people without insurance get sick, the costs get passed down to the rest of us. De-

spite other claims, you can keep the coverage you have if you want it, or, if you like your plan, you don't have to keep it. You can pick an affordable insurance option so that you can take responsibility for your health and your family's health.

Having everyone take responsibility for their own care started as a Republican idea, but unfortunately they have abandoned it in an effort to dismantle the new health care law. We know that the American people strongly support what the new health care law does, even though Republican rhetoric has encouraged many not to support the law. When you ask about specific provisions, you get a much clearer picture.

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According to a poll done by the Kaiser Family Foundation, 85 percent of people support the discount seniors will get in prescription drugs, which began this year. Seventy-nine percent support subsidies to help low- and moderate-income people buy insurance, which is scheduled to start in 2014. Seventy-eight percent support tax credits to small businesses to offer coverage to workers. The credits are available starting this year. Seventy-one percent of people support prohibiting insurers from denying coverage to people with preexisting conditions, a provision that goes into effect in 2014. Sixty-six percent support making insurers meet a threshold of spending on actual medical care as opposed to administrative costs and profits. This provision goes into effect this year. Sixty-five percent support the law's provision making some preventive care services free to Medicare beneficiaries. It's now in effect. I won't keep going, but I could, Mr. Speaker.

Americans support the provisions of the Affordable Care Act because it gives them the reins. It gives them the ability to choose, not the insurance companies. Americans overwhelmingly agree that the health care system we had before was broken.

The Affordable Care Act is already helping millions of Americans as well as small businesses. 105 million Americans have had the lifetime limit on their coverage eliminated. Seventeen million children who have preexisting conditions can no longer be denied coverage by insurers. Two and a half million additional young adults now have health insurance through their parents. 360,000 small employers used the small business health care tax credit to help them afford health insurance for 2 million workers in 2011. \$2.1 billion is the amount that seniors in the doughnut hole have already saved on their prescription drugs. That's an Average of \$604 per senior.

Another fundamental element of the law is the support it provides to community health centers. The Affordable Care Act increases the funding available to 179 existing community health centers in Ohio alone. Health centers in Ohio have received over \$53 million to create new health center sites in medically underserved areas and enable health centers to increase the numbers of patients served. The funds can be used to expand preventive and primary health care services. And for so many Ohioans, including my constituents, community health centers are absolutely vital.

For many reasons, this law will improve care and make Americans more healthy. It helps us keep costs under control, encourages prevention, and lets American families focus on things other than whether they will be able to get the type of care they need or go bankrupt. This bill saves lives.

Mrs. CHRISTENSEN. Thank you, Congresswoman FUDGE. And thank you for reminding us that such a large percentage of Americans, once they really know what's in the bill and what is being provided, support the Patient Protection and Affordable Care Act.

At this time, I would like to yield such time as she might consume to the Congresswoman, the gentlelady from Texas who often joins Congresswoman FUDGE and myself on these Special Orders, Congresswoman SHELLA JACKSON LEE.

Ms. JACKSON LEE of Texas. I thank the gentlelady for her kindness.

As a member of the Congressional Black Caucus, the cochair and founder of the Congressional Children's Caucus, and a member of the Health Care Task Force, it is now time to commemorate—even to celebrate—2 years of the Affordable Care Act, particularly coming from an area that embraces the Texas Medical Center, where so much research has benefited from the passage of the Affordable Care Act and the added commitment to research for any number of diseases that we are still confronted with. So I am baffled by the opposition to this bill and the usage that it has seemingly come upon during the Republican Presidential debates. For, in actuality, if they would read the bill and look at its basic premises, they would take up the cause of saying that it is a very important element of making Americans more healthy.

And I thank the gentlelady from the Virgin Islands for her leadership on health care issues and, of course, for leading this Special Order and, as well, the chairman of the Congressional Black Caucus for making sure that we are focused on how this impacts our community.

Children, in particular, won't lose their coverage just because they were born with preexisting conditions like asthma. And American families are seeing how reform is saving lives and saving money. Medicare is now stronger for seniors, and women can now get

lifesaving mammograms at no extra cost. In eliminating racial and ethnic health disparities, which we worked on continuously and, as a caucus, submitted this language to the Affordable Care Act, we find that it would have reduced direct medical care expenditures by \$229.4 billion for the years 2003 to 2006. This bill was passed after that. And even though all the language that the CBC wanted to include in that bill was not included, large steps were made in terms of the elements of that bill.

This bill protects and provides for the fact that if you have an illness that is chronic, you do not have lifetime caps. Eighty-six million Americans receive free preventative care; that means they get lifesaving cancer screenings like mammograms and colonoscopies, and soon women can have their contraceptives covered without paying a copay or deductible. They are living healthier lives.

There is evidence, unfortunately, that over the years has shown that for infant mortality rates of mothers age 20-plus, race, ethnicity, and education makes a difference. For mothers with less than high school, it is high among all populations, including white women. High school, it is almost equally as high: 13.4 African Americans per 1,000 births; 9.2 American Indians per 1,000 births; 6.5 white/non-Hispanic; 5.6 Asian/Pacific Islander; and 5.3 Hispanic.

It is shameful that we lose our newborns because of lack of health care and education. The Affordable Care Act will change that because it will create greater opportunities for access to health care. 180 million are now protected against the worst insurance abuses, like denying health care to the sick, excessive premium increases, and lifetime caps. An additional 2.5 million young adults now have insurance. That's because the Affordable Care Act allows families, parents, to keep their children on insurance until age 26. I have personally spoken to families who have said, Thank you. And lives have been saved.

What is the Affordable Care Act? It is saving lives. Forty-seven million Americans now benefit from a stronger Medicare program. The solvency of the program has been extended by 8 years. New prescription drug discounts have saved 3.6 million seniors on Medicare an average of \$600, and seniors understand that in just a few years to come, the doughnut hole will be completely closed. The worst Medicare reform we ever saw—and it was not reformed. It was actually a blight on Medicare to have something called the prescription drug part D with a big fat doughnut hole, which most seniors fell in and almost drowned. Thank goodness we are ending that aspect of it.

But let me tell you why it's important to have the Affordable Care Act. Coming from the State that I do and having experienced this past week, over the last 10 days, as we've been

fighting this—and it is galvanizing—as Planned Parenthood has gone around the State of Texas, and as we watch various State laws infringe upon women's health care and access to health care—if you can imagine, a sonogram that forces a woman to look at a sonogram along with her physician. This should be a prayerful and private moment where laws do not intrude on a private decision. Or the law that says that you have to tell your employer what reason you are using contraception for. These are outrageous aspects. Or Planned Parenthood affiliates that have nothing to do with abortion in the State of Texas now are eliminated from receiving precious Medicaid dollars in the State of Texas, which has the highest number of uninsured, mostly among young women and single women with children.

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They are denying them access to health care because they are claiming that affiliates are performing abortions. They know that is not true. We're going to fight it, we're going to fight it, and we're going to fight it. One of the reasons is because the Affordable Care Act provides equal opportunity to access health care. It is shameful that the State of Texas is turning away some \$30 million to \$40 million to help women have access to health care. It is shameful that they've already cut \$76.9 million.

So I want to thank Representative Garnet Coleman, Representative Sylvester Turner, Representative Alma Allen, Representative Carol Alvarado, and a number of others who recognize that the State should take a different position and are working with me to turn the clock forward and not backwards in terms of health care for women in the State of Texas. We need all the help we can get. And the Affordable Care Act, a reasoned response to good health care, is providing that legitimate law to say that all Americans deserve access to good health care.

For my district, it improves employer-based coverage for 279,000 residents. That is the 18th Congressional District in the State of Texas. It provides credits to help pay for coverage for up to 186,000 households; improves Medicare for 70,000 beneficiaries—seniors—including closing the prescription drug doughnut hole for 5,300 seniors. It allows 16,600 small businesses to obtain affordable health care.

If we say we care about small businesses—I hear that all the time—then why are you condemning the Affordable Care Act that helps small business provide tax credits to help reduce health care insurance for up to 14,600 small businesses in the 18th Congressional District in Texas? Multiply that by 435 districts. There are millions of small businesses being helped.

It provides coverage for 187,000 uninsured residents. Remember, I said Texas is the State with the highest number of uninsured persons without

health care. It protects up to 500 families from bankruptcy due to unaffordable health care costs. And when we were dealing with bankruptcies in the Judiciary Committee, one of the single most difficult elements of bankruptcy was catastrophic illnesses. It provides better health care coverage for the insured. Approximately 41 percent of the district's population of 279,000 will receive coverage from their employer.

There are many other aspects of what this insurance reform, Affordable Care Act, good health care does for Americans. And so I am happy to celebrate the Affordable Care Act because I believe that lives have been saved. Children with diabetes or children with preexisting diseases that would not have access to health care, other than the emergency room, now can get good coverage and good care.

Finally, I would say something that we collectively supported that has been an asset in my congressional district is that a health clinic has received millions of dollars through the stimulus pursuant to our commitment to community health clinics and now has 20 patient rooms, increased jobs, and is providing good health care in that community. Community health clinics have become first-line responders to providing access to all people.

So I thank the gentlelady for allowing me to share these thoughts, but in particular I thank her for helping me acknowledge the fight we have in Texas, where women's access to health care foolishly has been denied. And incorrectly, I believe, labeling Planned Parenthood and its affiliates—in particular the affiliates, who have over the years through the Bush administration when President Bush was in office—this bill was passed in the State of Texas—but the affiliates were allowed to continue to give good health care, and no question was ever raised that they were mixing Federal dollars in their clinics that might have provided for abortions. It is against the law.

Why we are denying women in the State of Texas their health care, their lifeline, baffles all of us. But we're going to fight to the end, and look forward to working with Health and Human Services to ensure that we can fight for good health care for all Americans and the women of the State of Texas.

I rise today to celebrate the 2nd anniversary of the Affordable Health Care Act. After years of trying to ensure that all Americans will have access to health care, we passed a measure which is a step in the right direction to one day guaranteeing that every American will have access to affordable care. In March 2010, we passed and President Obama signed into law historic health care reform legislation, the Affordable Care Act (ACA).

As the founding Member of the Children's Caucus and Active Member of the Women's Caucus I am keenly aware that having access to affordable health care will result in healthier families. As a Representative from the State of

Texas I realize the importance of the ACA. Texas has the highest rate of uninsured individuals in the U.S. including the working uninsured or under insured.

Because of the ACA millions of Americans are already benefitting from this law: insurers are no longer allowed to discriminate against children and others who are sick; small businesses are receiving billions of dollars in tax credits to provide health care coverage for their employees; and seniors are saving money on prescription drugs and receiving free preventive care through Medicare.

In the 2 years since the President signed his health reforms into law, millions of Americans have already experienced firsthand its important benefits and the economic security it provides.

Medicare is now stronger for seniors, and women can now get life-saving mammograms at no extra cost.

Children won't lose their coverage just because they were born with pre-existing conditions like asthma—and American families are seeing how reform is saving lives and saving money.

Since we passed reform almost 2 years ago, Americans have seen its positive impact:

Eighty-six million Americans received free preventive care. That means they got life-saving cancer screenings like mammograms and colonoscopies, and soon women can have their contraception covered without paying a co-pay or deductible. They're living healthier lives while saving money at the same time.

One hundred eighty million are now protected against the worst insurance abuses, like denying health care to the sick, excessive premium increases and lifetime caps on the amount of care a patient can receive, and soon will be protected against gender discrimination.

An additional 2.5 million young adults now have insurance. That's because President Obama's health reform made sure they could stay on parents' plans as they enter the workforce, until they turn 26.

Forty-seven million Americans now benefit from a stronger Medicare program. The solvency of the program has been extended by 8 years, and new prescription drug discounts have saved 3.6 million people with Medicare an average of \$600.

That's just the beginning. As the law continues to phase in over the coming months, so will more of its benefits. New reforms will lower costs and raise the quality of care. Seniors will see their Medicare coverage continue to improve, and see the doughnut hole completely close.

And in 2 years, every single American, regardless of their circumstances—whether they want to change jobs, start a business or retire early, or even if they lose their job—will have access to affordable, quality health insurance. Presidents have been trying to make that happen for 70 years. President Obama got it done.

Since March 23, 2010, every family with insurance has gained important new protections, and by 2014 the law will make sure all Americans have access to affordable health insurance.

PREVENTATIVE CARE—RACIAL DISPARITIES

It is common knowledge that preventive care can save money and save lives, but too often people forego needed preventive services because of cost. Millions of African Amer-

icans have not gotten the preventive services they need.

Twenty percent of African American women are not up to date on their Pap smear.

Thirty-two percent of African American women are not up to date on their mammograms.

Forty-five percent of African Americans have never had a colon cancer screening.

The Affordable Care Act takes important steps to reverse this trend and make sure all Americans can afford the preventive care they need.

The law prohibits private insurance companies from charging a co-pay or deductible for recommended preventive services, like mammograms, colon cancer screenings, flu shots and other immunizations, regular well-baby and well-child visits with a pediatrician, and soon, contraception. In 2011, 5.5 million African-Americans with private insurance saw their coverage for prevention expanded because of the health care law.

The law also made preventive services available to Medicare beneficiaries with no co-pay or deductible. In 2011, Medicare provided 2.4 million African-Americans with a free preventive service. Altogether, more than 73 percent of those eligible received at least one free service.

INSURANCE COMPANIES

Before the Affordable Care Act, insurance companies could arbitrarily cap and cancel families' benefits, or refuse to cover kids just because they were born with a pre-existing condition.

Before the law, 105 million Americans had lifetime caps on their care, including 10.4 million African-Americans.

Up to 129 million Americans under the age of 65 have a health condition that could make it hard to find their own insurance.

Before the health care law, some insurance companies spent as much as 40 percent of premiums on administrative overhead like marketing and CEO bonuses.

Today, the health care law has put an end to some of the worst insurance industry abuses. The law is making sure that families' insurance is really there for them when they need it by keeping insurance companies from taking advantage of consumers.

Lifetime caps have been banned for good. Under the law, in 2014 insurance companies will be prohibited from denying coverage or charging more because of anyone's pre-existing condition.

Already because of the health care law, no insurance company can deny coverage to the up to 17 million children with pre-existing conditions like asthma and diabetes.

The health care law requires insurance companies to spend at least 80 percent of premiums on health care and quality improvement.

If an insurance company wants to raise rates by 10 percent or more, they have to justify their actions.

MEDICARE

I believe that Medicare is an essential program that must be kept strong for today's seniors and future generations. That's why the health care law filled gaps and improved coverage for every single person with Medicare, while removing wasteful subsidies for insurance companies.

Medicare provides coverage for more than 47 million Americans, including 4.9 million African-Americans.

The Affordable Care Act is closing the gap in prescription drug coverage. In 2011 alone, 3.6 million people who hit the Medicare donut hole saved an average of \$600 each on their prescription medications thanks to provisions of the Affordable Care Act.

By 2020, the donut hole will be closed for good.

Even as seniors gain these important new benefits, the health care law extended the life of the Medicare Trust Fund by eight years.

UNDER 25—CAN CONTINUE TO HAVE PARENTS

The health care law makes sure that young people who are working hard to begin their careers can stay on their family health insurance plan until they turn 26.

Before health reform was enacted, young adults were the age group most likely to be uninsured.

Today, 410,000 young African-Americans who would otherwise be uninsured have coverage because of this rule.

WOMEN'S HEALTH

Before the health care law, insurance companies were free to discriminate against women.

Women could be charged as much as 50 percent more than men for the same insurance coverage.

Women could be denied coverage because of a pre-existing condition such as cancer or even having been pregnant.

Because of the health care law, within 2 years, insurance companies will no longer be allowed to do this.

Under the Affordable Care Act, insurance companies will no longer be able to deny coverage because of pre-existing conditions nor will they be able to charge higher rates based on an individual's gender.

In 2014, all Americans soon will have access to the security that health insurance provides.

Health care is a cornerstone of economic security, but too many African-American families have gone without insurance. In fact, an estimated 8.1 million African-Americans do not have health insurance.

18TH CONGRESSIONAL DISTRICT

As I have said before it is almost hard to believe that it has only been 2 years since the Affordable Care Act was signed into law, but millions of Americans are already seeing lower costs and better coverage, this includes hundreds of thousands of people living in the 18th Congressional District of the State of Texas.

Residents of my District—ranging from young adults to seniors to children with pre-existing conditions—are all already receiving critical benefits from this new health care law. As the new benefits of the health care law continue to be implemented, I will continue to fight my Republican colleagues' efforts to repeal this critical law. Their efforts to repeal reform will put the insurance companies back in charge and will lead to higher costs and reduced benefits for millions of Americans across the country.

ACA FACTS FOR THE 18TH DISTRICT

Improve employer-based coverage for 279,000 residents.

Provide credits to help pay for coverage for up to 186,000 households.

Improve Medicare for 70,000 beneficiaries, including closing the prescription drug donut hole for 5,300 seniors in my District.

Allow 16,600 small businesses to obtain affordable health care coverage and provide tax

credits to help reduce health insurance costs for up to 14,600 small businesses.

Provide coverage for 187,000 uninsured residents.

Protect up to 500 families from bankruptcy due to unaffordable health care costs.

Reduce the cost of uncompensated care for hospitals and health care providers by \$49 million.

Better health care coverage for the insured. Approximately 41 percent of the district's population, 279,000 residents, receives health care coverage from their employer. Under the legislation, individuals and families with employer-based coverage can keep the health insurance coverage they have now, and it will get better.

As a result of the insurance reforms in the bill, there will be no co-pays or deductibles for preventive care; no more rate increases or coverage denials for pre-existing conditions, gender, or occupation; and guaranteed oral, vision, and hearing benefits for children.

Affordable health care for the uninsured. Those who do not receive health care coverage through their employer will be able to purchase coverage at group rates through a health insurance exchange.

Individuals and families with an income of up to four times the federal poverty level—an income of up to \$88,000 for a family of four—will receive affordability credits to help cover the cost of coverage. Currently, there are 186,000 households in my district that could qualify for these affordability credits if they need to purchase their own coverage.

Coverage for individuals with pre-existing conditions. There are 27,600 individuals in the district that I represent who have pre-existing medical conditions that could prevent them from buying insurance. Under the ACA's insurance reforms, they will now be able to purchase affordable coverage.

Health care and financial security. There were 500 health care-related bankruptcies in my district in 2008, caused primarily by the health care costs not covered by insurance. The bill caps annual out-of-pocket costs at \$5,000 for singles and \$10,000 for families and eliminates lifetime limits on insurance coverage, ensuring that no citizen will have to face financial ruin because of high health care costs.

Security for Seniors Improving Medicare. There are 70,000 Medicare beneficiaries in my district. The health care reform legislation improves Medicare by providing free preventive and wellness care, improving primary and coordinated care, improving nursing home quality, and strengthening the Medicare Trust Fund.

Closing the Part D donut hole. Each year, 5,300 seniors in the district hit the donut hole and are forced to pay their full drug costs, despite having Part D drug coverage. The legislation will provide these seniors with immediate relief, covering the first \$500 of donut hole costs in 2010, cutting brand-name drug costs in the donut hole by 50 percent, and completely eliminating the donut hole by 2019.

SMALL BUSINESS

Helping small businesses obtain health insurance. Under the legislation, businesses with up to 100 employees will be able to join the health insurance exchange, benefitting from group rates and a greater choice of insurers. There are 16,600 small businesses in my district that will be able to join the health insurance exchange.

Tax credits for small businesses. Small businesses with 25 employees or less and average wages of less than \$40,000 will qualify for tax credits of up to 50 percent of the cost of providing health insurance. There are up to 14,600 small businesses in the district that could qualify for credits.

I yield back. I thank the gentlelady.

Mrs. CHRISTENSEN. Thank you, Congresswoman SHEILA JACKSON LEE. Certainly, we know that Planned Parenthood has always followed the law. And in this Women's History Month, thank you for raising the issue of the unfair treatment of women by some of the laws like the one in Texas, the one in Virginia, and also legislation that has been attempted to be passed in the Congress of the United States.

We're also joined this evening by a Congressman from Texas, Congressman AL GREEN, who often joins us here. We're representing all of the 43 members of the Congressional Black Caucus, who know how important this law is to our communities and, really, to communities across this country. So we thank you for joining us.

I yield such time as he may consume.

Mr. AL GREEN of Texas. Thank you, Dr. CHRISTENSEN. I especially thank you for chairing the Health Care Task Force and for the outstanding job that you've done through the years. You have shown a great deal of dedication to health care for all, and I believe that those who write history will be exceedingly kind to you when they record how you fought so that every person could have health care as a matter of right as opposed to as a matter of wealth. You have done your best to make sure health care doesn't become wealth care.

I would also like to thank my colleague, SHEILA JACKSON LEE, who spoke just ahead of me and you, for the hard work that she is doing across the length and breadth of this country to help us with these issues concerning health care for all as well.

The Affordable Care Act is called the Affordable Care Act for a reason. In 2009, when we were embarking upon this transformation in health care, we were spending about \$2.5 trillion per year on health care. And \$2.5 trillion is a huge number. It is very difficult to grasp \$2.5 trillion. That \$2.5 trillion is about \$79,000 per second. That's what we were spending in 2009. That was 17.6 percent of GDP—\$79,000-plus per second. And it was projected in 2009 that in 2018 we would be spending \$4.4 trillion per year. A big number, \$4.4 trillion. How much is it really? That's \$139,000 per second, which equates to about 20.3 percent of GDP. That's \$139,000 per second.

We needed the Affordable Care Act. In the State of Texas, we were spending huge amounts of money because we had 6 million people who were uninsured—1.1 million in my county, Harris County, uninsured. Twenty percent of the State's children were uninsured. In 2009, we needed the Affordable Care Act. There was a reason why it's called

the Affordable Care Act. Because upon passing it, it's projected still that it will—and this is per CBO—that it will save a trillion dollars-plus over a 20-year period.

This bill, this legislation, reduces the cost of care. It was something that had to be done. But equally as important as reducing the cost of care, it spreads health care, about 50 million people who, but for this bill, probably would not receive some health care. I do believe that it's important that we not have 45,000 people per year die because they don't have insurance. That's a lot of folks who lose their lives. We were losing about one person every 12 minutes, I believe.

This is an important piece of legislation to save lives. It saves money. But equally as important as saving money—in my world, more important—is the fact that it saves lives. It saves the lives of children. It will cause children to have the opportunity to stay on the insurance of their parents until they are 26 years of age.

□ 1930

It closes the doughnut hole for senior citizens with their pharmaceuticals. We had a system that allowed you to pay a copay and a premium up to a certain point, and then you had to pay all of the costs of your health care, and then at another point you would again receive some additional assistance. This bill closes that doughnut hole for those who are in the twilight of life when you need pharmaceuticals the most.

By the way, the insurance companies were not eager to take on persons in the twilight of life when there is much to be spent on health care. They don't go out looking for people to insure in the twilight of life. This bill covers people to make sure they get pharmaceuticals in the twilight of life.

But it does something special for women. It is the discrimination that exists against women who get the same coverage, the same insurance that men get, but pay more because of their gender. There really is a gender bias in the insurance industry, and women pay more for similar coverage. This bill ends it. Women ought not be required to pay more because they are women. This bill ends it.

It also helps us with persons in need of preventive care. And at some point in life, we all need preventive care, so theoretically I suppose it helps everyone. But preventive care is very important. Preventive care can hold down the cost of health care. If you can treat and prevent an illness, you don't pay that inordinate amount of money you have to pay once a person has an illness and has to receive medical attention.

One such area of preventive care has to do with contraception. This is an adult conversation, and I want adults to know that men can receive their contraceptives in their neighborhoods, bus stops and truck stops. They can re-

ceive contraceptives. It is easy for men to acquire contraceptives. If men can get them in their neighborhoods, women should be able to get them at Planned Parenthood. There is no reason why men should have easy access and women be denied access. These are matters for families to consider and individuals to make choices about, and I think that women ought to be able to make the same choices that men can make when it comes to contraception.

I would add, as I close, that this bill is going to make a difference in the lives of a lot of people. And what I regret is that many people really don't understand the positive impact that it will have on them. And it's very unfortunate because there are many people who will benefit from this bill but who do not understand how it will have a positive impact on their lives. It is unfortunate that we sometimes don't know as much about a thing as we should so that we can speak about it in terms of knowledge that we have as opposed to what we have heard.

Read the Affordable Care Act. Look at the summaries of it. No one denies—no one denies—that it allows you to keep your child on your health insurance until your child is 26 years of age. No one denies that it is closing the doughnut hole for senior citizens as it relates to their pharmaceuticals. No one denies that it will allow preventive care to take place such that people can receive treatment that will prevent them from having to go to the hospital, to give them an opportunity to remain healthy and not have to treat an unhealthy person. No one denies that it will help keep people out of the emergency rooms.

We were spending \$100 billion per year in emergency rooms in '09. People were going to emergency rooms for their pharmaceuticals and their treatments that they could receive at a general practitioner's office. This bill would end this.

This is a good piece of legislation that will help people in the dawn of life when they are born with preexisting conditions and in the twilight of life when they're in need of special attention and treatment that the wealthy can now afford.

I do believe that in this country, if we find you to be an enemy combatant and if we should mortally wound you in the process of taking you into custody, if we should wound you, perhaps not kill you but we wound you when we do capture you, if we don't mortally wound you, if we don't kill you, we will give you aid and comfort. We give aid and comfort to our enemy combatants, people who are trying to kill us. We will give them aid and comfort if we wound them in battle.

In this country, if you are a bank robber and if, on the way out of the bank we should harm you physically when we capture you, we will give you aid and comfort. In this country, we give aid and comfort to criminals.

In this country, if you are on death row and you are on your way to meet

your Maker next week, if you get sick this week, we will give you aid and comfort and send you to meet your Maker next week.

If we can give aid and comfort to the enemy combatant, if we can give aid and comfort to the criminal, if we can give aid and comfort to the person who's on death row who's going to die next week, surely we can give aid and comfort to hardworking American citizens who cannot afford health care but for the Affordable Care Act, which, by the way, mandates that every person who can afford health care acquire health care. It does not require people to buy health care who cannot afford health care.

This is the richest country in the world. One out of every 100 persons is a millionaire. In spite of all that you hear, we still are. And in this, the richest country in the world, we cannot allow health care to become wealth care.

I thank you for yielding to me, and I gladly yield back to you.

Mrs. CHRISTENSEN. Thank you, and thank you for making those points and for making them so passionately.

I know you said we'll save \$1 trillion over the next 20 years, but I am confident that the savings will be more than that when we look back on the good that this bill is going to be doing over those 20 years.

I just want to say a few words about the bill. Some of it will be repetitive.

For the first time, the Patient Protection and Affordable Care Act is finally making a significant investment in prevention. We're finally beginning to turn what is supposed to be a health care system into a real health care system and not a sick care system. The old adage, "an ounce of prevention is worth a pound of cure," is still true, and it's no more true than in health care.

In my family practice, I would see patients who had difficulty getting their preventive care, getting their mammograms, their colonoscopy and other preventive services. That will no longer be true. And so they would come in sicker. And some patients would come to me after being sick for a long, long time when they had far advanced disease. So I know that that is the same not only in my district and in my practice, but it's the same for many low- and middle-income people everywhere in this country, but especially for African Americans, other people of color, of course the poor, and people who live in rural America.

Let's talk about African Americans and preventive care. Twenty percent of African American women are not up-to-date on their Pap smears; 32 percent of African American women are not up-to-date on their mammograms; and 45 percent of African Americans have never had a colon cancer screening.

The Affordable Care Act, the Patient Protection and Affordable Care Act, takes important steps to reverse this

trend, and makes sure that all Americans can afford the preventive care that they need.

And this will reduce the premature deaths. It is said that in this country, every year, about 88 or more thousand people die in excess numbers that should not have died if they had received the preventive care and the kind of health maintenance that we want them to have and that this legislation will allow them to finally have.

Today the life expectancy for African American men is 7 years shorter, and for women it's 5 years shorter than our white counterparts.

There's an article I was reading on MedlinePlus. Overall, the national life expectancy was nearly 75 for men, for white men, 68 for black men; 80 for white women, and 74 for black women. Washington, D.C., the Nation's Capital, has the largest life expectancy disparities between blacks and whites: a 13.8-year disparity for men and 8.6 years for women. New Mexico had the smallest disparities.

Let me just mention some of the States with the largest disparities. More than 8 years for men: New Jersey, Nebraska, Wisconsin, Michigan, Pennsylvania, and Illinois.

□ 1940

The ones with the largest disparities for women—more than 6 years—Illinois, Rhode Island, Kansas, Michigan, New Jersey, Wisconsin, Minnesota, Iowa, Florida, and Nebraska.

Surely all Americans, but African Americans in particular, have a serious stake in the Patient Protection and Affordable Care Act. It's clear that our lives really depend on it, but not our lives alone.

It will also, as has been said, reduce health care costs. The Joint Center for Political and Economic Studies reported about 2 years ago that the direct and indirect costs of health disparities in this country over just a 4-year period was \$1.2 trillion. We could save that money just by reducing health disparities in this country.

Of course, now 26-year-olds can stay on their parents' health insurance for the very first time. I remember when my daughter turned 22 and I had to drop her from my insurance coverage, the insurance coverage I had right here in the House of Representatives. But now, 2.2 million young people—of which 400,000 are African Americans—are being covered on their parents' insurance.

Seventeen million children can no longer be denied because they have a preexisting disease, just because they're sick. Children with asthma, children with sickle cell disease, and the children who are increasingly having diabetes, they can no longer be denied health coverage; they have access to health care. In 2014, that will be extended to adults, who also will not be able to be denied health insurance because of preexisting diseases. There are up to 129 million Americans under the

age of 65 that have a health condition that could make it hard for them to find health insurance.

Going back to African Americans again, who suffer disproportionately from multiple chronic diseases, we need this benefit. Deaths from cardiovascular disease were 30 percent higher in African Americans. The prevalence of diabetes is 70 percent higher. It's also very high in the American Indian population. African Americans represented about 55 percent of all adult AIDS cases and 65 percent of pediatric cases. And our infant mortality is more than 2.3 times higher than our white counterparts.

As you heard from Congressman GREEN, being a woman will no longer be a preexisting disease. It's amazing, being a woman is almost like having a preexisting disease. They don't deny us the insurance, but they charge more. There's another article from The New York Times written by Robert Pear, and I'm reading from it now. It says:

For a popular Blue Cross Blue Shield plan in Chicago, a 30-year-old woman pays \$375 a month, which is 31 percent more than what a man of the same age pays for the same coverage.

In the States that have not banned gender rating—and I think there are about 28 or so that have, 26 or so that have—but in the States that have not banned gender rating, more than 90 percent of the best-selling health plans charge women more than men.

So many testimonies of people that we heard from while we were having the hearings in preparation for developing this bill, of people who lost their coverage because they had a serious illness. I remember one lady with breast cancer. They dropped her coverage. I remember a young girl who had had a liver ailment in her infancy. She could not get coverage. Her parents almost had to sell their home and become destitute to be able to provide coverage for her. That would not happen now under this Patient Protection and Affordable Care Act.

You can't have benefits cut because of lifetime limits anymore. Before the law, 105 million Americans had lifetime caps on their care, including 10.4 million African Americans. Who wants to go back to those days again? No one wants to go back to those days. We're not going back.

There can be no scrimping on our care to give bonuses to the CEOs, or for fancy ads. At least 80 percent of premiums must be used to provide health care services. Before the health care law, some insurance companies spent as much as 40 percent of premiums on administrative overhead, like marketing and CEO bonuses. Now that cannot be any more than 20 percent.

I have a pet peeve about Medicare because I keep hearing especially my Republican colleagues saying that Democrats have cut \$500 billion out of Medicare. That's not exactly what happened. I think the American people understand savings. We found savings,

\$500 billion worth of savings, and we used most of it to make Medicare stronger. I'll go to some of the facts here:

It reduces prescription drug costs for seniors. The health care law provides a 50 percent discount on brand-name drugs for seniors in the Medicare part D doughnut hole; 3.6 million seniors have already received that discount, saving a total of \$2.1 billion, each senior saving an average of \$604.

It provides free coverage of key preventive services; 32.5 million seniors—25.7 in traditional Medicare and 6.8 in Medicare Advantage—have already received one or more free preventive services.

It provides a free annual wellness visit. It strengthens Medicare. By providing those savings and putting them back into Medicare, we strengthen Medicare and extend its solvency by 8 years, from 2016 to 2024. We have more work to do, but we extended it by 8 years.

It helps seniors remain at home and stay out of nursing homes, and it provides nursing home residents with more protections from abuse.

The average premiums for Medicare Advantage enrollees are 7 percent lower in 2012 than they were last year. Since the health care law was enacted, those premiums have fallen by 16 percent. The Medicare part D deductible has fallen by \$22 in 2012, the first time in Medicare history the deductible has fallen.

So we didn't hurt Medicare. We did not take money out of Medicare. We found savings in Medicare, mostly from fraud and abuse, and also from leveling the reimbursement to providers so that the Medicare Advantage may have that much more reimbursement than other providers. And we made Medicare stronger. So today, 47 million Americans are benefiting from a stronger Medicare program.

We put Medicare on a stronger, more secure course; and we're not going back. We're not going to vouchers where the beneficiary will take on a lot more of the cost. We will not break our commitment to seniors and people with disabilities.

Small businesses also. We've heard that they've done well; 360,000 small businesses used tax credits and covered 2 million employees in 2011. I know those 2 million employees and the people that employ them don't want to lose that coverage. We don't want to go back. We will oppose any attempt to take us back to the days when we could not provide health care for our small businesses to provide insurance for their employees.

As was said earlier, health care is a right. President Obama led and we worked with him to ensure that that right is there for every American. We also worked very hard, the Tri-Caucus did—the Black, Hispanic and Asian Pacific American Caucus—to include

health equity as a part of this important law. In it, discrimination is expressly prohibited. There are core objectives within it to reduce health disparities and to create health equity. There is data collection. You don't know what you don't know you don't know.

There are health profession provisions to increase not only the overall health care workforce, but to make sure that that workforce looks like America, that there's diversity in that workforce, and to support institutions that train underrepresented minorities.

We created Offices of Minority Health in some agencies of the Health and Human Services that did not have them, such as SAMHSA, the Substance Abuse and Mental Health Services Administration. We know that mental health issues often go unnoticed, undiagnosed, or misdiagnosed in people of color or people of different racial and ethnic backgrounds. We need an Office of Minority Health there. We needed one at FDA to make sure that when medicines are approved, that they have been tested in minorities and people with disabilities and other comorbidities.

I've had bad experiences with CMS asking about the impact of changes of medication in end-stage renal disease, where we know that African Americans and some other subpopulations require more of a certain medication. After a few years, we asked, What was the impact on this population group? They said, well, we don't collect data that way. We can't know what we're doing wrong or where we might have to change things to improve people's health.

I represent a territory. Although the territories did not get State-like treatment under this bill, we will finally be able to cover close to 100 percent of the Federal poverty level in our territories under Medicaid—finally.

We will have an opportunity to have an exchange. In our case, we may only cover up to 200 percent of poverty, but we're making steps. This bill has allowed us to make steps that will allow us to begin to transform our health care system and open up access to care to our constituents that they've never had before.

□ 1950

This is in the United States Virgin Islands, in Guam, American Samoa, the Commonwealth of the Northern Marianas, and Puerto Rico. As I said, we have a lot more to do, but we made a good start with the Affordable Care Act, and we'll continue to work until all Americans, no matter where they live in this country, have equal access to health care.

And the rising costs of health care are already slowing. The best is really yet to come. In 2014 the exchanges will help to pay premiums for families that are at or below 400 percent of the Federal poverty level. Small businesses will get even more help in the form of

tax credits. There will be no denial for anyone because of preexisting disease. The doughnut hole will begin to be closed.

The research that this bill creates will improve the quality of health care and make us safer. And the skyrocketing health care cost increases will stop, will start going down.

I know that there are some in this country that feel that all of this that we talk about in this bill threatens the health care that they already have, but it doesn't. It does not. It makes the health care coverage that you already have more secure. It cannot be taken away just because you're sick. There will be no lifetime limits or annual caps. And the increases in premiums are already beginning to level off, so insurance is already becoming more affordable.

The American people ought to be thanking President Obama, and I know that many do. More than 80 percent support the provisions of this bill, thanking the President for this landmark law, as important as the one that created Medicare. We ought to feel good about the fact that this country is living up to the high ideals on which it was founded, and that we will no longer be shamefully lagging behind so many countries in the health of our population, not in the richest country in the world.

I'm certain that if the Supreme Court decides on law and the Constitution, without any political activism coming into play, as they should, this good law will prevail, and more importantly, the people in our Nation will prevail.

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

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, as we celebrate the anniversary of the Affordable Care Act this week, we should reflect on the progress made in this country. It has only been two years since the Affordable Care Act was signed into law, but millions of Americans are already seeing lower costs and better coverage. This includes tens of thousands of people in the 30th District of Texas.

Texans are saving more than \$1.3 million in health care costs, an average of \$639.36 per beneficiary, and 210,700 Texans are directly saving on their Medicare prescriptions. Residents of my district, ranging from young adults to seniors to children with pre-existing conditions, are all already receiving critical benefits. 9,100 young adults in my district now have health insurance, and 54,000 seniors have received Medicare preventative services without paying any co-pays, coinsurances, or deductibles.

Mr. Speaker, as the many benefits of the health care law continue to be implemented, I will continue to fight efforts to repeal this critical law. Republican efforts to repeal the Affordable Care Act will put the insurance companies back in charge and will lead to higher costs and reduced benefits for millions of Americans across the country.

THE ONGOING HEALTH CARE DEBATE

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

Mr. GRIFFIN of Arkansas. Mr. Speaker, I've come here to the floor tonight with my colleague from Wisconsin, Representative DUFFY, to talk about the crisis Medicare faces and to talk about the Independent Payment Advisory Board. Some call it the IPAB. It's a part of the President's health care law, and this House is going to address it this week.

But I want to start out by talking a little bit about the crisis that we're facing in this country over Medicare and what it means to our seniors. My mother is 71, and she's a Medicare recipient. She counts on Medicare. She paid into it and is now using it to take care of herself. And we've got to make sure that future generations are able to rely on, count on Medicare.

This first chart here, Mr. Speaker, shows what a significant portion of the Federal budget Medicare consumes. We have it here, \$555 billion, and that is per year. This is a yearly budget for the Federal Government.

It is widely agreed upon by Democrats and Republicans that Medicare is going bankrupt. Some estimate it's 7 years, 8 years, 10 years, but most everyone agrees, having looked at the numbers, that Medicare is going bankrupt.

I've got a quote here from Senator LIEBERMAN, who addresses a criticism that we hear a lot about the Republican reform plan on Medicare:

We can agree that Medicare is going bankrupt. We then have to ask ourselves, what are we going to do about it?

What are we doing about it? Well, the House has acted to reform Medicare. We acted last year, in 2011, as part of our budget to reform Medicare to save it. The only reason we proposed reforms to Medicare is because we want to save it. We want it to be there for the next generation.

I've heard a lot of criticism: You want to change Medicare as we know it. I say: No, Medicare, as we know it, goes bankrupt on its own. We have to act to save Medicare, Mr. Speaker.

And in this quote of Senator LIEBERMAN, he says:

The truth is that we cannot save Medicare as we know it. We can save Medicare only if we change it.

Now, like House Republicans, I think it's fair to say, Senator LIEBERMAN is talking about what we must do for the next generation. Like our proposal, I think a lot of us agree that we can make changes to Medicare for the next generation, and for those, for example, 55 and over, leave it as it is. Why? Because people have counted on a particular way the program works, and we won't have to change that to start saving. We can just change it for the next generation.

I have another quote here I want to share with you that shows that President Obama, at least in his words, understands that we have a problem with Medicare.

If you look at the numbers, Medicare, in particular, will run out of money, and we will not be able to sustain that program, no matter how much taxes go up.

This is the President.
He continues:

I mean, it's not an option for us to just sit by and do nothing.

Unfortunately, those are just words because that is precisely what the President has done, sit by and do nothing. It's what the Senate has done. The House has acted to reform to save Medicare.

Now, the President's health care law has a provision in it, the IPAB that I referred to earlier, that impacts Medicare, but it doesn't save Medicare. It rations Medicare.

How does that work? Well, this is an unelected board, it's an unelected board that will make decisions on where Medicare is cut. So the President has had an opportunity to propose reforms to the way Medicare works, so that we can innovate and change it to save it for future generations—reform it, upgrade it, do things better. But instead, the President's approach is simply to cut the levels of spending but leave the overall functioning of Medicare the same. So no innovation, no new approach, no reform, just cut when we run out of money.

Well, what does that result in? It results in seniors not getting the care they need, and not just because services are reduced but because a lot of doctors won't take Medicare patients. This is already a problem today. Today there are seniors looking for a doctor to help them with their particular problem, and doctor after doctor says, I'm sorry; we don't take Medicare. That problem is only going to get worse if the IPAB, the Independent Payment Advisory Board that's in the President's health care law, if it does what it is scheduled to do.

Now, what are we doing about it here in the House? Well, we certainly voted to repeal the President's health care law. That passed the House, did not pass the Senate. But we've tried a lot of other ways to get at the problem, and one that we're going to do this week is to repeal the IPAB, repeal the Independent Payment Advisory Board.

□ 2000

I yield to the gentleman from Wisconsin.

Mr. DUFFY. I appreciate the gentleman from Arkansas yielding.

I want to take a couple of steps back in this conversation and first talk about the national debt.

Many Americans are well aware that today we owe well over \$15 trillion in national debt. This year alone we're going to borrow \$1.3 trillion on top of a trillion dollars last year and the year before that. There are trillion-dollar deficits as far as the eye can see.

Last year, the House Republicans put forward a budget that showed a path to balance telling the American people how we balanced the American budget at some point in the future.

Now, last year and this year, the President put out a budget, neither of which were ever balanced, never telling the American people what his plan is to bring American spending to balance with its revenues.

So we look a couple years back when the President and this House passed the Affordable Care Act, or ObamaCare, which the CBO now states that over 10 years, the rosier of projections say it's going to cost the country nearly \$2 trillion more. Even when they put out that budget or that proposal for health care reform, they're still not willing to put out a budget that says how we're going to pay for it. That concerns me.

I'm a father of six. We're spending today and passing the bill off to the next generation. It's unconscionable.

Let's actually talk about what the President and this House have passed in ObamaCare: \$2 trillion over 10 years in additional spending. It's a bill that is going to empower bureaucrats in this town to make health care decisions for Americans in every part of the country instead of your family, your health care provider, or you making that decision.

Listen, I'm from Wisconsin, and I know the values that we have in central Wisconsin. They're probably a little bit different in Arkansas or Kansas or Kentucky, Minnesota, or Michigan. I think we should allow people to make their health care decisions instead of bureaucrats in Washington.

But what concerns me the most is how ObamaCare impacts Medicare.

Now, listen. ObamaCare takes a half a trillion dollars out of Medicare and uses it to fund ObamaCare. Now, we all know in America that we have some financial pressures on Medicare. We know that we have to come together as a country, as a community, both parties, to figure out how we're going to pay for Medicare, keep the promise to our seniors.

At a time when we're still having that debate, to think that this House would pass a bill and take a half a trillion dollars out of Medicare and use it for ObamaCare, I think that's wrong. Let's first figure out how we keep the promise to our seniors before you make a promise to anyone else with their money. That is unconscionable.

What concerns me the most is what the gentleman from Arkansas mentioned, which is the Independent Payment Advisory Board. It's the IPAB, and we haven't heard a lot about it, but I think you'll hear a lot more as the months go on. This is a board of 15 unelected bureaucrats. What they're going to do is look at reimbursement rates with Medicare, and they are going to be able to systematically reduce reimbursements to doctors, hospitals, and clinics for the care for our seniors.

Let's make no mistake. This is reimbursements for our current seniors, not for some future generation. The argument by the President goes like this: Mr. and Mrs. Senior, don't you worry about your quality of care or your access to care. We're just going to pay your doctor, your hospital, and your clinic less for your care. If you believe that, I've got oceanfront land for you in Arizona.

Of course it's going to affect our seniors' access and quality of care. When you pay less for it, you're going to get less of it. Our seniors, they worked a lifetime. They bargained. They retired based on this promise for Medicare. This proposal doesn't meet that obligation. It takes a half a trillion dollars from Medicare, but then is going to ration the care of our current seniors—seniors who can't go back into the workforce and get another job. They retired based on the promise from the Federal Government, and ObamaCare reduces that bargain that's been made with our seniors.

Mr. GRIFFIN of Arkansas. Will the gentleman yield for a quick point?

Mr. DUFFY. Sure.

Mr. GRIFFIN of Arkansas. What really scares me is that this restricted access to health care, to Medicare that you're talking about, it already exists. The IPAB, the Independent Payment Advisory Board, that's in ObamaCare that will cut the amount of reimbursement to doctors when it gets going, it's not even cutting yet and we already have a problem with seniors getting the doctor that they want because so many doctors have said, I'm just not going to take Medicare any more.

Before I yield back, I just wanted to mention an email that I got in my office this week.

There's a constituent of mine, John Pollett. He's the program administrator for the Arkansas Senior Medicare Patrol. He goes around and he talks with seniors about Medicare and how to recognize fraud in Medicare.

He was at the Sherwood Senior Center this past week, this week, in my district, and he was giving a presentation teaching Arkansas seniors about Medicare fraud. A lady, a senior, who's on Medicare, an angry senior, said to him—she wasn't angry at him—but she said with passion, I don't understand why I'm forced to pay my Medicare premium but can't find a doctor who will take me because I'm on Medicare.

So we already have a problem with access to Medicare because more and more doctors are saying, I'm not going to take Medicare. There are a host of reasons: the reimbursement rate, the administrative hassle, what have you.

But IPAB, I hear the gentleman from Wisconsin saying, the Independent Payment Advisory Board that's in ObamaCare is only going to make the problem worse because while some of us are interested in reforming the way Medicare works so that we get more service for our dollar, the President is only interested in saving money by

just reducing and cutting without reforming.

We all understand the need to reach solvency; but those of us who back Medicare reform want to do it through innovative, creative, cost-saving approaches that avoid rationing, whereas the President simply wants to cut through an unelected board.

I'm going to yield back now to the gentleman from Wisconsin. I just thought it would be helpful to give you a real-life example of a senior in my district who's been impacted by that.

Mr. DUFFY. I appreciate the gentleman for telling that compelling story. All of us have stories like that from people in our districts, from our own family members, our friends, our constituents; and this is a very important issue. That's why I think we have to have this conversation about what the Independent Payment Advisory Board will do.

I used to be a former prosecutor, and we're used to a system where if you don't like the decision of a court, oftentimes you're able to appeal that decision. This board is unappealable. The decisions that they make, the 15 members when they make a decision, that is going to be the law, that is going to be the rule, and you can't appeal it, and you can't have it overturned.

□ 2010

I just want to close my comments up on the Independent Payment Advisory Board. We on the Republican House side don't believe that we should go forward with a plan that is going to systematically reduce reimbursements for seniors, that's going to affect the quality and access to care for our seniors. Let's give them what they bargained for. We in the House on the Republican side, we said put back the half a trillion dollars, put that back into Medicare, do away with the IPAB board. If you're going to make changes to Medicare, make it for a future generation, a generation that isn't near their retirement, a generation that will have enough time to plan for the changes in Medicare; but don't pull the rug out from our seniors who have been given a promise and now aren't going to get it because their Medicare is going to be rationed.

We think it's fair to do it for a future generation. But let's make no mistake, when we hear that one party has transformed Medicare or changed Medicare as we know it, there is one party who has done that and that is the Democratic Party in ObamaCare. They have changed the way that Medicare is going to work. They're going to ration it. We believe we should save it, protect it, preserve it. I know my freshmen colleagues in this House are going to fight tooth and nail to make sure that every one of our seniors get exactly what they bargained for in Medicare. If there are changes, it's going to be for a generation that can plan for the change in Medicare in due time and in due course.

Mr. GRIFFIN of Arkansas. I thank the gentleman for joining us here on the floor tonight.

I see my friend Mr. QUAYLE from Arizona here with us on the floor, and I would like to yield to him at this time.

Mr. QUAYLE. I thank the gentleman for yielding, and I was listening to his comments about talking with his constituents back home and about how many doctors are not seeing Medicare patients, not seeing new Medicare patients, or are not seeing the patients that they currently provide services to.

I know, like the gentleman from Arkansas, he does a lot of teletown halls and town halls just like I do. The other week I was on a teletown hall with my constituents back home, and there were a number of people who raised the concerns that their doctors were not going to provide them the medical services that they had in the past because they were uncertain about the payments that the Medicare system would be giving them.

This is a constant refrain that we hear back home from our seniors, that they are consistently getting turned down by their physicians because of the lack of payment from Medicare. This is a system that we need to fix. This is a system that we need to make sure that we keep the promises to our seniors and reform it for future generations so that it will be there to protect them when they reach the retirement age.

If you look at ObamaCare, it is really filled with provisions that confer arbitrary power, that raise costs. It cuts benefits, it harms access, and it restricts choice. Against this really sorry backdrop, the Independent Payment Advisory Board, or IPAB, has the dubious distinction of being one of the absolute worst provisions in the entire health care bill. Indeed, this single provision causes all the problems that I just mentioned. This board of 15 unelected, unaccountable bureaucrats would have the power to impose price controls that will cut senior access to care. To make it worse, this board would not have to meet in public or listen to public input. Amazingly, ObamaCare even leaves the door wide open for IPAB members to receive gifts from lobbyists. In other words, the public has no right to talk to IPAB, but lobbyists willing to shower them with gifts do.

President Obama claims his rationing board will solve the real problem of Medicare's rising costs. It doesn't. The only mandate the board has to cut costs is by restricting payments to doctors that provide health care. It is already the case that 12 percent of doctors will not take Medicare patients due to the unreliability of government payouts. That is twice the number of doctors who refused to see Medicare patients in 2004, which is a frightening statistic on how quickly that is rising. Additionally, a recent survey showed that 60 percent of doctors have or will restrict their medical practices as a re-

sult of ObamaCare. Of those doctors, 87 percent said they would be forced to restrict the amount of care they offered to Medicare patients.

ObamaCare utterly ignores the laws of economics in this instance. You can't cut the cost of a service by cutting the number of people supplying it, and that's exactly what IPAB would do. By forcing doctors to turn away Medicare patients, the costs will go up as fewer and fewer doctors see to the needs of the growing number of seniors. Either that, or IPAB will directly ration care. It is astounding that the President would look at an important issue like caring for our seniors and decide that the best way to handle rising costs is by attacking senior access to health care and the doctors who provide it.

Medicare does need reform, as my friend from Arkansas knows, and has been on the floor numerous times talking about the reforms that are necessary. It needs real structural reform that protects access for our current seniors and fixes the system for future generations. As with so many other issues, the President punted on making these needed reforms. Instead, he chose to give us a rationing board that would make the problem worse.

Let's repeal IPAB and give our seniors the care they deserve.

Mr. GRIFFIN of Arkansas. I thank the gentleman from Arizona.

I wanted to just point out that 70 House Democrats opposed IPAB when it was being debated in the President's health care law. Before I ever got to Congress, there were 70. In fact, it wasn't in the House version. I'm hopeful that some of the Democrats who have come out against IPAB will join us in repealing it so we can move on to truly reforming Medicare to save it.

We're lucky and fortunate to have some physicians, many physicians, serving with us here in the House of Representatives; and they bring an expertise in this area that really helps us when we're working on solutions to the problems with Medicare and Medicaid. One of them has joined us here on the floor tonight. I would like to yield to my friend from Tennessee.

Mr. DESJARLAIS. I thank the gentleman, and I think it's great that we're taking time tonight to discuss such an important issue that is so near and dear to all of our seniors because this last year, quite frankly, has been a very confusing time as we try to reform and fix the problems that face Medicare today.

We have, without a doubt, a number of seniors who are having trouble finding access to care right now for all the reasons my colleagues have stated, that we have a flawed payment formula in the SGR, sustained growth rate formula, and we've made attempts to correct that this year. But, again, as they so often have done now for the past 13, 14 years, they've just pushed the problem down the road rather than deal with it. I don't think it hurts to review

for a minute what problems are facing Medicare.

We can't deny for a second, Mr. Speaker, that Medicare is going broke. You can talk to any number of agencies. Whether it is the CBO, AARP, we all know that Medicare is on an unsustainable course. Medicare is quite simply going to be broke in about 10 years. That's not a Republican problem. That's not a Democrat problem. That's a people problem. What we're here about tonight is to make sure that our seniors don't have to worry where their health care is going to come from.

We must get together and take steps to make sure that their access to care is preserved and protected. We did this earlier last year with the Paul Ryan budget. We put forth a sensible reform that would put Medicare on a path to sustainability. If you're 55 or older, you don't have to worry about any changes to your health care. That was grossly distorted in the press and the media. We were accused of—literally, there were TV ads made of pushing an elderly person off a cliff. This is just plain and simple wrong to create that kind of uncertainty for our seniors.

The bottom line is we have 10,000 new Medicare recipients entering the Medicare pool every day. We have a situation where when Medicare was first formed in 1965, the average life expectancy of a male was 68. Thanks to advances in medicine, men and women both are living at least 10 years longer. However, this was not managed in the budgeting for Medicare and hence we've gone deeper and deeper into debt. Now our average couple that pays about \$109,000 into the Medicare system over a lifetime extracts about \$340,000. That's about a dollar in for \$3 out. Again, there's no denying that we have a problem and this is going broke.

□ 2020

Well, the Republicans did offer a solution, as my colleagues and I have said. However, right now, the IPAB is the only solution we've seen in President Obama's plan to cut costs, but it is going to gut \$500 billion from our seniors; and that's the fact they need to know about. They need to call their Representatives.

Mr. GRIFFIN of Arkansas. Will the gentleman yield?

Mr. DESJARLAIS. Yes, sir.

Mr. GRIFFIN of Arkansas. I just want to make sure I understand what the gentleman is saying. What you are saying—correct me if I am wrong, but what you are saying is the House has a plan to reform Medicare to save it. As far as I know, I haven't seen any other plan to save Medicare pass the Senate. I haven't seen the President propose a plan to save Medicare. There is only one. Now the President has a plan for Medicare, but it's not to save it, and it really doesn't reduce cost through innovation and what have you; it just cuts. And the cuts are decided upon by unelected bureaucrats who are on this

IPAB, the Independent Payment Advisory Board.

You mentioned the television ads. I had television ads run back in my district. They talked about how I and others want to change Medicare as we know it. Well, I quoted Senator LIEBERMAN earlier, who said we can't save Medicare as we know it because it's going bankrupt. So what I say to folks is we have to reform it. And I'm happy to have a discussion and debate and compare this reform with that reform. I'm happy to do that.

What is intellectually dishonest, though, is to compare reforms that I advocate or you advocate, to compare those to the way it is now. That's intellectually dishonest. It's actually deception.

Why is that deception?

Because the way things are now is not going to be that way in 7, 8, 9, 10 years. It's unsustainable, the path we're on with regard to Medicare. So if someone says your reform changes Medicare as we know it, if that is presented to demagogue, that, in and of itself, is intellectually dishonest, because Medicare as we know it goes bankrupt and changes itself.

So I am happy to have a conversation to compare this reform with that reform. I certainly do not have a monopoly on wisdom in this area. I think we ought to be having a free and open debate of reform ideas that save Medicare for seniors. But what we can't do, what we can't do, is mislead people, mislead seniors into believing that Medicare, as it currently functions, is sustainable. That's not true. That's not true.

Folks who continue to talk about Medicare as we know it need to point out that Medicare as we know it ends on its own by itself. The Congress of the United States could do nothing on this for 10, 20, 30 years, whatever, and Medicare would go bankrupt with no congressional action.

So our job, as I see it, is to take affirmative steps to save Medicare, to maintain the quality, to maintain the quality so that doctors still want to take Medicare patients, and reform it to save it for people, seniors like my mother. But we've got to start with the fundamental idea that we could debate reforms. But comparing reform to an unsustainable status quo is intellectually dishonest.

I yield back to the gentleman.

Mr. DESJARLAIS. My friend is absolutely correct. What we need to do here, if nothing else, is we need to agree on the facts; and the facts, as you just stated, are that Medicare is going broke. It is on an unsustainable course. So Medicare must be changed as we know it, as you said.

You mentioned your mother. My mother happens to be having her 73rd birthday today. It's a happy birthday for my mother today, but I hope that she has many more happy birthdays to come. We all have those stories. We all have parents, grandparents, people on Medicare who are counting on us. They

are looking at the arguments going on in this Chamber and they are confused. They don't know what to believe.

So I think if we can agree, as you said, to the facts and then sit down and have a meaningful discussion of how we can preserve and protect this program for future generations, then that's half the battle.

Mr. GRIFFIN of Arkansas. Even a bipartisan discussion, I welcome it. In fact, I was proud to see that a Democrat from the Senate joined with a Republican in the House on a Medicare reform plan. And I'm happy to debate all these different plans as long as they have the ability to save Medicare and guarantee quality care for seniors.

If we end up debating reforms on the one hand versus the status quo, the way things are now, Medicare as we know it on the other hand, we can't have that debate because the whole point is that Medicare as we know it, the status quo, Medicare as it is now, it's going bankrupt. So any discussion of the options has to be between the different options that save Medicare.

The problem is there is only one plan that saves Medicare that has passed the House or the Senate or that has been proposed by the President, and that is the House budget plan from last year. And we will, I am confident, have a plan this year that we will vote on shortly that will propose changes to save Medicare.

I want to thank the gentleman for joining us here tonight.

Do you have anything else you want to add?

Mr. DESJARLAIS. I agree with what you are saying; and I guarantee you, any of the seniors watching tonight, listening to this debate, they don't care whether the Republicans win this debate or whether the Democrats win this debate. That's irrelevant. What they want to know is that they are going to have access to care. And I think it's so essential that we repeal this IPAB.

The gentleman was with me earlier today at a press conference when they asked about all the rhetoric last year about these being called death panels. That may sound a little bit theatrical, but I can tell you, as a physician, that if I'm treating a patient who is 78 or 88 and they've got some form of cancer and this IPAB board decides in the government one-size-fits-all mentality to throw a blanket over seniors of a certain age who have a certain disease—and cancer is probably one to pick—that they don't necessarily need to spend that expensive money on chemotherapy or experimental drugs or perhaps they don't even want me to order the MRI to detect the cancer, now if you are 78 or 88—that may sound so old to some people, but I know a lot of people that age that are very active. They have got 15 or 20 grandchildren, and those grandchildren enjoy their company. So if they make a decision that these people shouldn't get that treatment, and that's very well what could

happen with this board, then you decide what kind of panel or what kind of name you want to put on it.

Mr. GRIFFIN of Arkansas. I think ultimately the IPAB seeks to save money by simply cutting blindly without regard to innovation, without regard to structural reform, simply having a board of unelected bureaucrats ration care by making decisions on what Medicare will cover, won't cover, and by how much.

Yes, we need to do what is fiscally right, but we need to keep our promise to our seniors; and the way that you do both is to reform Medicare structurally, not to blindly cut, leaving all the rules the same, just reducing what you are paying doctors.

□ 2030

That's not the path. That's not the path. That is, in effect, rationing, and that will continue to exacerbate the problem of Medicare recipients being unable to find doctors who will take them. The answer is to take Medicare that has been so good to so many seniors and reform it and innovate and make changes that won't just cut costs by reducing the money paid but will actually change the rules so that we are able to get more value and more services for our dollar. And that's the approach we have to take.

Mr. DESJARLAIS. I'll just add one more point. I can tell you that there's not a senior I've talked to that wants a bureaucrat in the exam room with us making their decisions. We build rela-

tionships with those patients. There's a trust between the patient and their doctor, and I'll guarantee you the patients don't want bureaucrats overseeing that exam room making those decisions for them. So when we move forward with these reforms, we certainly need to keep that in mind.

I would like to thank the gentleman for leading this hour on such an important topic.

Mr. GRIFFIN of Arkansas. I thank the gentleman from Tennessee for his service here in the Congress and as a physician. I thank him for joining me here tonight. And I just want to reiterate what you said. Whatever solution we come up with has got to be patient-centered and respect the doctor-patient relationship. Patient-Centered, not government bureaucracy-centered—patient-centered.

I thank the gentleman for joining me. I thank all of my colleagues for joining us here tonight.

I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DAVIS of Illinois (at the request of Ms. PELOSI) for today and March 20.

Mr. HEINRICH (at the request of Ms. PELOSI) for today.

Mr. HONDA (at the request of Ms. PELOSI) for today on account of official business.

Mr. BISHOP of Georgia (at the request of Ms. PELOSI) for today on account of official business.

Mr. JACKSON of Illinois (at the request of Ms. PELOSI) for today through March 21.

Mr. BACHUS (at the request of Mr. CANTOR) for today on account of minor throat surgery.

Mr. MARINO (at the request of Mr. CANTOR) for today on account of illness.

Mrs. BONO MACK (at the request of Mr. CANTOR) for today through March 21 on account of attending a funeral.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 473. An act to provide for the conveyance of approximately 140 acres of land in the Ouachita National Forest in Oklahoma to the Indian Nations Council, Inc., of the Boy Scouts of America, and for other purposes.

ADJOURNMENT

Mr. GRIFFIN of Arkansas. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 31 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, March 20, 2012, at 10 a.m. for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Official Foreign Travel during the first quarter of 2012 pursuant to Public Law 95-384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO BELGIUM FOR THE NATO PARLIAMENTARY ASSEMBLY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN FEB. 10 AND FEB. 14, 2012

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. Mike Turner	2/10	2/14	Belgium		1,611.75		(3)				1,611.75
Hon. Jeff Miller	2/10	2/14	Belgium		1,611.75		(3)				1,611.75
Hon. Mike Ross	2/10	2/14	Belgium		1,611.75		(3)				1,611.75
Hon. Jo Ann Emerson	2/10	2/14	Belgium		1,611.75		(3)				1,611.75
Hon. Carolyn McCarthy	2/10	2/14	Belgium		1,611.75		(3)				1,611.75
Tim Morrison	2/10	2/14	Belgium		1,611.75		(3)				1,611.75
Riley Moore	2/10	2/14	Belgium		1,611.75		(3)				1,611.75
Kelly Craven	2/10	2/14	Belgium		1,611.75		(3)				1,611.75
Committee total											12,894.00

¹ Per diem constitutes lodging and meals.
² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
³ Military air transportation.

HON. MICHAEL R. TURNER, Mar. 8, 2012.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO KENYA AND SOUTH SUDAN, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN FEB. 17 AND FEB. 22, 2012

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Daniel Scandling	2/18	2/21	United States				13,753.00				13,753.00
	2/19	2/21	Kenya		119.93						119.93
	2/21	2/21	South Sudan		3 540.00		1,269.25				1,809.25
	2/22	2/21	Kenya								
			United States								
Hon. Frank Wolf	2/18	2/17	United States				13,753.00				13,753.00
	2/19	2/21	Kenya		119.93						119.93
			South Sudan		3 540.00		1,269.25				1,809.25

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO KENYA AND SOUTH SUDAN, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN FEB. 17 AND FEB. 22, 2012—Continued

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
	2/21	2/21	Kenya								
	2/22		United States								
Committee total					1,319.86		30,044.50				31,364.36

¹ Per diem constitutes lodging and meals.

² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

³ Returning \$425.00 via money order to U.S. Treasury #19755623373.

HON. FRANK R. WOLF, Mar. 5, 2012.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

5283. A letter from the Under Secretary, Department of Defense, transmitting a report of a violation of the Antideficiency Act, Navy Case Number 11-05; to the Committee on Appropriations.

5284. A letter from the Under Secretary, Department of Defense, transmitting a report of a violation of the Antideficiency Act, Air Force Case Number 10-06, pursuant to 31 U.S.C. 1517(b); to the Committee on Appropriations.

5285. A letter from the Acting Assistant Secretary, Department of Defense, transmitting modernization priority assessments for the National Guard and Reserve equipment for Fiscal Year 2012; to the Committee on Armed Services.

5286. A letter from the Assistant Secretary, Department of Defense, transmitting a report entitled, "Combating Terrorism Activities FY 2013 Budget Estimates"; to the Committee on Armed Services.

5287. A letter from the Assistant Secretary, Department of Defense, transmitting the Department's fiscal year 2011 report on the Regional Defense Combating Terrorism Fellowship Program; to the Committee on Armed Services.

5288. A letter from the Chairman and President, Export-Import Bank, transmitting a report on transactions involving U.S. exports to Ireland pursuant to Section 2(b)(3) of the Export-Import Bank Act of 1945, as amended; to the Committee on Financial Services.

5289. A letter from the Secretary, Department of Health and Human Services, transmitting written notification of the determination that a public health emergency exists and has existed in the State of Missouri since May 22, 2011, pursuant to 42 U.S.C. 247d(a) Public Law 107-188, section 144(a); to the Committee on Energy and Commerce.

5290. A letter from the Secretary, Department of Health and Human Services, transmitting FY 2011 Performance Report to Congress for the Medical Device User Fee Amendments of 2007; to the Committee on Energy and Commerce.

5291. A letter from the Assistant General Council, General Law, Ethics, and Regulation, Department of the Treasury, transmitting two reports pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

5292. A letter from the Acting Director, Office of Human Resources, Environmental Protection Agency, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

5293. A letter from the Acting Director, Office of Human Resources, Environmental

Protection Agency, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

5294. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Technical Amendments [FAC 2005-56; Item VIII; Docket 2012-0079; Sequence 1] received January 31, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5295. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Requirements for Acquisitions Pursuant to Multiple-Award Contracts [FAC 2005-56; FAR Case 2007-012; Item III; Docket 2011-0081, Sequence 1] (RIN: 9000-AL93) received January 31, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5296. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Proper Use and Management of Cost-Reimbursement Contracts [FAC 2005-56; FAR Case 2008-030; Item II; Docket 2011-0082, Sequence 1] (RIN: 9000-AL78) received January 31, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5297. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Socio-economic Program Parity [FAC 2005-56; FAR Case 2011-004; Item IV; Docket 2011-0004, Sequence 1] (RIN: 9000-AL88) received January 31, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5298. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; New Designated Country (Armenia) and Other Trade Agreements Updates [FAC 2005-56; FAR Case 2011-030; Item VI; Docket 2011-0030, Sequence 1] (RIN: 9000-AM16) received January 31, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5299. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Government Property [FAC 2005-56; FAR Case 2010-009; Item VII; Docket 2010-0009, Sequence 1] (RIN: 9000-AL95) received January 31, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5300. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Model 767

Airplanes [Docket No.: FAA-2009-1221; Directorate Identifier 2008-NM-097-AD; Amendment 39-16881; AD 2011-25-05] (RIN: 2120-AA64) received March 16, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5301. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Continental Motors, Inc. (CMI) Reciprocating Engines [Docket No.: FAA-2011-1341; Directorate Identifier 2011-NE-41-AD; Amendment 39-16891; AD 2011-25-51] (RIN: 2120-AA64) received March 16, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5302. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Various Aircraft Equipped With Rotax Aircraft Engines 912 A Series Engine [Docket No.: FAA-2012-0001; Directorate Identifier 2011-CE-041-AD; Amendment 39-16912; AD 2012-01-01] (RIN: 2120-AA64) received March 16, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5303. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Hawker Beechcraft Corporation Models 1900, 1900C, and 1900D Airplanes [Docket No.: FAA-2012-0014; Directorate Identifier 2011-CE-044-AD; Amendment 39-16915; AD 2011-27-15] (RIN: 2120-AA64) received March 16, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5304. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Pratt & Whitney Corp. (PW) JT9D-7R4H1 Turbofan Engines [Docket No.: FAA-2011-0731; Directorate Identifier 2010-NE-39-AD; Amendment 39-16886; AD 2011-25-10] (RIN: 2120-AA64) received March 16, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5305. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Apical Industries, Inc., (Apical) Emergency Float Kits [Docket No.: FAA-2010-1190; Directorate Identifier 2010-SW-038-AD; Amendment 39-16877; AD 2011-25-01] (RIN: 2120-AA64) received March 16, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5306. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; PIAGGIO AERO INDUSTRIES S.p.A. Airplanes [Docket No.: FAA-2011-1040; Directorate Identifier 2011-CE-029-AD; Amendment 39-16889; AD 2011-26-01] (RIN: 2120-AA64) received March 16, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5307. A letter from the Secretary, Department of Transportation, transmitting the

2011 Annual Report to Congress and the National Transportation Safety Board Responding to Issues on the National Transportation Safety Board's Most Wanted List; to the Committee on Transportation and Infrastructure.

5308. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Trade Agreements Thresholds [FAC 2005-56; FAR Case 2012-002; Item V; Docket 2012-0002, Sequence 1] (RIN: 9000-AA17) received January 31, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5309. A letter from the acting chief, Border Security Regulations Branch, Department of Homeland Security, transmitting the Department's final rule — Establishment of Global Entry Program [USCBP-2008-0097] (RIN:1651-AA73) received January 31, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Homeland Security.

5310. A letter from the Secretary, Department of Health and Human Services, transmitting the Department's report entitled, "National Coverage Determinations for Fiscal Year 2010"; jointly to the Committees on Energy and Commerce and Ways and Means.

5311. A letter from the Secretary, Department of Health and Human Services, transmitting the Department's report entitled, "National Coverage Determinations for Fiscal Year 2009"; jointly to the Committees on Energy and Commerce and Ways and Means.

5312. A letter from the Director of National Intelligence, Attorney General, Office of the Director of National Intelligence Department of Justice, transmitting a letter requesting the Congress to reauthorize Title VII of the Foreign Intelligence Surveillance Act; jointly to the Committees on the Judiciary and Intelligence (Permanent Select).

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. SMITH of Texas: Committee on the Judiciary. H.R. 4086. A bill to amend chapter 97 of title 28, United States Code, to clarify the exception to foreign sovereign immunity set forth in section 1605(a)(3) of such title; with amendments (Rept. 112-413). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON. Committee on Energy and Commerce. H.R. 3309. A bill to amend the Communications Act of 1934 to provide for greater transparency and efficiency in the procedures followed by the Federal Communications Commission; with an amendment (Rept. 112-414). Referred to the Committee of the Whole House on the state of the Union.

Mr. BISHOP of Utah: Committee on Rules. House Resolution 587. Resolution providing for consideration of the bill (H.R. 2087) to remove restrictions from a parcel of land situated in the Atlantic District, Accomack County, Virginia (Rept. 112-415). 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. RANGEL (for himself, Mr. LEVIN, Mr. STARK, Mr. McDERMOTT, Mr. LEWIS of Georgia, Mr. NEAL, Mr.

BECCERRA, Mr. THOMPSON of California, Mr. LARSON of Connecticut, Mr. BLUMENAUER, Mr. KIND, Mr. PASCRELL, Ms. BERKLEY, and Mr. CROWLEY):

H.R. 4202. A bill to amend the Internal Revenue Code of 1986 to extend the exclusion from gross income of discharges of qualified principal residence indebtedness; to the Committee on Ways and Means.

By Ms. VELÁZQUEZ (for herself, Ms. CLARKE of New York, Ms. CHU, and Ms. HAHN):

H.R. 4203. A bill to amend the Small Business Act with respect to the procurement program for women-owned small business concerns, and for other purposes; to the Committee on Small Business.

By Mr. BACA (for himself and Mr. WOLF):

H.R. 4204. A bill to require certain warning labels to be placed on video games that are given certain ratings due to violent content; to the Committee on Energy and Commerce.

By Mr. CARSON of Indiana (for himself, Mr. RANGEL, Mr. REYES, Ms. WATERS, Mr. KUCINICH, Mr. WATT, Mr. MICHAUD, Ms. RICHARDSON, Ms. NORTON, and Ms. EDWARDS):

H.R. 4205. A bill to amend the Office of National Drug Control Policy Reauthorization Act of 1998 to increase public awareness about the dangers of synthetic drugs through the national youth anti-drug media campaign; to the Committee on Energy and Commerce.

By Mr. COFFMAN of Colorado (for himself and Mr. GRAVES of Missouri):

H.R. 4206. A bill to amend the Small Business Act to provide for increased penalties for contracting fraud, and for other purposes; to the Committee on Small Business, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FATTAH:

H.R. 4207. A bill to award grants in order to establish longitudinal personal college readiness and savings online platforms for low-income students; to the Committee on Education and the Workforce.

By Mr. FRANK of Massachusetts (for himself, Mr. GUINTA, Mr. MARKEY, Mr. TIERNEY, Ms. PINGREE of Maine, Mr. LYNCH, Mr. MICHAUD, Mr. COURTNEY, Mr. KEATING, and Mr. BISHOP of New York):

H.R. 4208. A bill to provide exclusive funding to support fisheries and the communities that rely upon them, to clear unnecessary regulatory burdens and streamline Federal fisheries management, and for other purposes; to the Committee on Natural Resources.

By Mr. MCKINLEY (for himself, Mrs. CAPPS, Mr. YOUNG of Florida, Mr. CUELLAR, and Mr. FRANK of Massachusetts):

H.R. 4209. A bill to amend title XXVII of the Public Health Service Act to limit copayment, coinsurance, or other cost-sharing requirements applicable to prescription drugs in a specialty drug tier to the dollar amount (or its equivalent) of such requirements applicable to prescription drugs in a non-preferred brand drug tier, and for other purposes; to the Committee on Energy and Commerce.

By Mr. LATOURETTE (for himself, Ms. FUDGE, Mr. KUCINICH, Mr. RYAN of Ohio, Mr. STIVERS, Mr. KILDEE, Mr. CONYERS, Ms. SUTTON, Mr. CLARKE of Michigan, Mr. TIBERI, and Mr. TURNER of Ohio):

H.R. 4210. A bill to provide \$4,000,000,000 in new funding through bonding to empower

States to undertake significant residential and commercial structure demolition projects in urban and other targeted areas, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Financial 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. POE of Texas (for himself and Mr. BURTON of Indiana):

H.R. 4211. A bill to prohibit the drawdown of petroleum from the Strategic Petroleum Reserve unless the President has taken certain actions; to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce, and Transportation and Infrastructure, 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. RIGELL (for himself, Mr. DEUTCH, Mr. POSEY, Ms. WASSERMAN SCHULTZ, Mr. WITTMAN, Mr. HASTINGS of Florida, Mr. DIAZ-BALART, Ms. BROWN of Florida, Mr. SCOTT of Virginia, Mr. FORBES, and Mr. BUCHANAN):

H.R. 4212. A bill to designate drywall manufactured in China a banned hazardous product, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. RUNYAN:

H.R. 4213. A bill to amend title 38, United States Code, to require judges of the United States Court of Appeals for Veterans Claims to reside within fifty miles of the District of Columbia, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. MEEHAN (for himself, Mr. GRIMM, Mr. WAXMAN, Ms. HAYWORTH, and Mr. ISRAEL):

H. Con. Res. 108. Concurrent resolution permitting the use of the rotunda of the Capitol for a ceremony as part of the commemoration of the days of remembrance of victims of the Holocaust; to the Committee on House Administration.

By Mr. REED (for himself, Ms. HOCHUL, Mr. HIGGINS, Mr. HANNA, and Ms. SLAUGHTER):

H. Res. 588. A resolution honoring the St. Bonaventure University men's and women's basketball teams for making it to the National Collegiate Athletic Association Tournament and for two great seasons; to the Committee on Education and the Workforce.

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. RANGEL:

H.R. 4202.

Congress has the power to enact this legislation pursuant to the following:

Article XVI of the Constitution—Congress shall have power to lay and collect taxes on incomes . . .

By Ms. VELÁZQUEZ:

H.R. 4203.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

The Congress shall have Power to . . . provide for the . . . general Welfare of the United States; . . .

Article I, Section 8, Clause 3

The Congress shall have Power . . . To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. BACA:

H.R. 4204.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18.

By Mr. CARSON of Indiana:

H.R. 4205.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8, clause 1 of the United States Constitution grants Congress the implied power to raise public awareness regarding the dangers of using synthetic drugs in order to provide for the general welfare of the United States.

By Mr. COFFMAN of Colorado:

H.R. 4206.

Congress has the power to enact this legislation pursuant to the following:

The Congress enacts this legislation pursuant to Clause 1 of Section 8 of Article I of the United States Constitution, which provides Congress with the ability to enact legislation necessary and proper to effectuate its purposes in taxing and spending.

By Mr. FATTAH:

H.R. 4207.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 1 of the United States Constitution, which states the Congress shall have power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States;

By Mr. FRANK of Massachusetts:

H.R. 4208.

Congress has the power to enact this legislation pursuant to the following:

Section 8 of article I of the Constitution.

By Mr. MCKINLEY:

H.R. 4209.

Congress has the power to enact this legislation pursuant to the following:

According to Article I, Section 8, Clause 3 of the Constitution: The Congress shall have power to enact this legislation to regulate commerce with foreign nations, and among the several states, and with the Indian tribes.

By Mr. LATOURETTE:

H.R. 4210.

Congress has the power to enact this legislation pursuant to the following:

Article I Section 8

By Mr. POE of Texas:

H.R. 4211.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18

By Mr. RIGELL:

H.R. 4212.

Congress has the power to enact this legislation pursuant to the following:

Clause 3 of Section 8 of Article 1 of the Constitution, authorizing Congress "To regulate Commerce with foreign Nations, and among, the several States and with the Indian Tribes."

By Mr. RUNYAN:

H.R. 4213.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 58: Mr. MANZULLO, Mr. POMPEO, and Mr. BARTLETT.

H.R. 100: Mr. BILIRAKIS.

H.R. 104: Ms. HAHN.

H.R. 140: Mr. BILIRAKIS.

H.R. 178: Mr. PERLMUTTER.

H.R. 181: Mr. PALAZZO.

H.R. 186: Ms. PINGREE of Maine.

H.R. 265: Mr. HASTINGS of Florida and Mrs. MALONEY.

H.R. 266: Mr. HASTINGS of Florida and Mrs. MALONEY.

H.R. 267: Mr. HASTINGS of Florida and Mrs. MALONEY.

H.R. 300: Mr. ISRAEL and Mr. DAVID SCOTT of Georgia.

H.R. 361: Mr. BARTLETT.

H.R. 459: Mr. MICA and Mr. GIBBS.

H.R. 575: Mr. CONAWAY.

H.R. 576: Mr. RANGEL.

H.R. 631: Mr. CLEAVER.

H.R. 679: Mr. LOEBSACK.

H.R. 692: Mr. BILIRAKIS.

H.R. 711: Mr. POLIS.

H.R. 721: Mr. HONDA.

H.R. 733: Mr. LARSON of Connecticut.

H.R. 787: Mr. MURPHY of Pennsylvania,

Mrs. BLACK, and Mr. SCHWEIKERT.

H.R. 891: Mr. BISHOP of New York.

H.R. 895: Ms. LEE of California.

H.R. 942: Mr. CLARKE of Michigan.

H.R. 998: Ms. BONAMICI.

H.R. 1041: Mrs. ELLMERS.

H.R. 1114: Mr. BLUMENAUER.

H.R. 1167: Mr. BARTLETT.

H.R. 1206: Mr. DANIEL E. LUNGREN of California and Mr. BARTON of Texas.

H.R. 1242: Mr. KEATING.

H.R. 1259: Mr. THORNBERRY and Mr. MURPHY of Pennsylvania.

H.R. 1260: Mr. CLAY.

H.R. 1265: Mr. HECK and Mr. KING of Iowa.

H.R. 1284: Mr. RANGEL.

H.R. 1340: Mrs. ELLMERS and Mr. ROE of Tennessee.

H.R. 1416: Mr. KING of New York.

H.R. 1474: Mrs. BLACK and Mr. HUIZENGA of Michigan.

H.R. 1546: Mr. HINOJOSA.

H.R. 1549: Mr. TURNER of New York.

H.R. 1588: Ms. HANABUSA and Mr. CALVERT.

H.R. 1612: Mr. CARTER, Mr. RENACCI, Mr. GUTIERREZ, and Mrs. BLACKBURN.

H.R. 1681: Mr. CLEAVER.

H.R. 1748: Ms. HAHN.

H.R. 1789: Mr. DENT and Ms. LORETTA SANCHEZ of California.

H.R. 1802: Mr. DENT.

H.R. 1847: Mr. ROTHMAN of New Jersey and Mr. LARSEN of Washington.

H.R. 1856: Mr. HARRIS and Mrs. BLACKBURN.

H.R. 2033: Mr. RANGEL, Ms. BONAMICI, and Mr. ALTMIRE.

H.R. 2040: Mr. AKIN.

H.R. 2139: Mr. BURGESS, Ms. ESHOO, Ms. ROYBAL-ALLARD, Mr. OLVER, and Mr. TURNER of New York.

H.R. 2159: Mr. GUTIERREZ.

H.R. 2206: Mr. BARLETTA.

H.R. 2288: Mrs. LOWEY.

H.R. 2313: Mr. HENSARLING.

H.R. 2342: Mr. RANGEL.

H.R. 2446: Mr. LEWIS of Georgia.

H.R. 2466: Mr. REED and Mr. ANDREWS.

H.R. 2514: Mr. BARTLETT and Mr. SCHOCK.

H.R. 2555: Ms. BONAMICI and Mr. RANGEL.

H.R. 2655: Ms. KAPTUR and Mr. ROTHMAN of New Jersey.

H.R. 2672: Mr. LATHAM.

H.R. 2679: Mr. DOGGETT.

H.R. 2696: Mr. TIBERI.

H.R. 2697: Mr. DUFFY and Mr. ROKITA.

H.R. 2738: Mrs. CHRISTENSEN.

H.R. 2770: Mr. COFFMAN of Colorado.

H.R. 2962: Mr. MCKINLEY.

H.R. 2969: Mr. TURNER of New York, Ms. CASTOR of Florida, Mr. COHEN, Mrs. CAPPS, and Mr. PRICE of North Carolina.

H.R. 2970: Mr. BLUMENAUER.

H.R. 2989: Mr. PASCRELL, Mr. STARK, Mr. SCHOCK, Mr. GERLACH, Mr. ROSKAM, and Mr. THOMPSON of California.

H.R. 3059: Mr. GERLACH, Mr. PASCRELL, and Mr. SCHOCK.

H.R. 3066: Mr. ROSS of Florida.

H.R. 3086: Mr. CRENSHAW and Mr. MANZULLO.

H.R. 3145: Mr. ROTHMAN of New Jersey, Mrs. CAPPS, Mr. DEFAZIO, Ms. BROWN of Florida, and Mr. RUSH.

H.R. 3200: Ms. BONAMICI.

H.R. 3210: Mr. MCCOTTER.

H.R. 3216: Mr. CAMP.

H.R. 3264: Mr. ROKITA.

H.R. 3306: Mr. SAM JOHNSON of Texas.

H.R. 3307: Mr. ROSS of Arkansas.

H.R. 3313: Mrs. NAPOLITANO.

H.R. 3315: Mr. GUTIERREZ.

H.R. 3341: Ms. HANABUSA and Mr. BLUMENAUER.

H.R. 3356: Mr. MCCLINTOCK.

H.R. 3364: Ms. SCHAKOWSKY.

H.R. 3395: Mr. AKIN.

H.R. 3481: Ms. FOXX.

H.R. 3506: Mr. LOEBSACK.

H.R. 3523: Mr. FRANKS of Arizona, Mr. LARSEN of Washington, Mr. SIRES, Mr. TOWNS, and Ms. BORDALLO.

H.R. 3528: Mr. RANGEL and Ms. ROSS-LEHTINEN.

H.R. 3586: Mr. CRENSHAW.

H.R. 3596: Mr. FATTAH, Ms. DELAURO, Mr. COHEN, Mr. FITZPATRICK, Mr. RUPPERSBERGER, Mr. MCGOVERN, Mr. YARMUTH, Mr. FRANK of Massachusetts, Mr. CARNAHAN, Mr. CHANDLER, and Mr. MURPHY of Connecticut.

H.R. 3612: Mr. MCGOVERN, Mr. PLATTS, Mr. MEEKS, Mr. GRIMM, and Mrs. MILLER of Michigan.

H.R. 3627: Ms. DEGETTE.

H.R. 3643: Mr. HURT.

H.R. 3645: Mr. PETERS.

H.R. 3648: Ms. SLAUGHTER.

H.R. 3667: Mr. REICHERT, Ms. BONAMICI, and Mr. STIVERS.

H.R. 3702: Ms. BASS of California.

H.R. 3703: Mr. SMITH of Washington.

H.R. 3767: Mr. ROGERS of Michigan.

H.R. 3769: Mr. PASCRELL.

H.R. 3808: Mr. JONES.

H.R. 3814: Mr. POMPEO.

H.R. 3816: Mr. HANNA.

H.R. 3831: Mr. KING of Iowa.

H.R. 3839: Mr. RYAN of Ohio.

H.R. 3849: Mr. BOREN and Mr. CHANDLER.

H.R. 3860: Mr. HINOJOSA and Ms. CLARKE of New York.

H.R. 3867: Mr. DAVID SCOTT of Georgia.

H.R. 3984: Mr. RANGEL, Ms. WATERS, and Mrs. LOWEY.

H.R. 4004: Ms. ZOE LOFGREN of California, Mr. COSTELLO, Ms. WASSERMAN SCHULTZ, Mr. CAPUANO, Mr. KUCINICH, Mr. PAUL, Mr. ROTHMAN of New Jersey, Mr. HOLDEN, Mr. RUSH, Mr. CARNAHAN, Mrs. MCMORRIS RODGERS, Ms. NORTON, Mr. CONNOLLY of Virginia, Mr. BLUMENAUER, Mr. POLIS, Mr. GOWDY, Mr. FLEMING, Mr. COLE, Mr. GOHMERT, Mr. FRANKS of Arizona, Mr. MANZULLO, Mr. FLORES, Mr. BURTON of Indiana, and Mr. WAXMAN.

H.R. 4010: Ms. SEWELL, Mr. HANABUSA, Mr. KEATING, and Mr. FALCOMAVALA.

H.R. 4026: Mrs. MCCARTHY of New York, Ms. PINGREE of Maine, Mr. ELLISON, Ms. TSONGAS, Mrs. MALONEY, Ms. SLAUGHTER, Ms. SCHAKOWSKY, Mr. LANGEVIN, Mr. CLARKE of Michigan, Mr. DINGELL, Mr. LEWIS of Georgia, Mr. GRIJALVA, Mr. ACKERMAN, and Mr. GENE GREEN of Texas.

H.R. 4077: Mr. TOWNS and Mr. JACKSON of Illinois.

H.R. 4089: Mr. QUAYLE, Mr. KISSELL, Mr. BROUN of Georgia, Mr. COFFMAN of Colorado, Mr. HANNA, Mr. PALAZZO, Mr. HUELSKAMP, and Mr. DUNCAN of Tennessee.

H.R. 4096: Ms. HIRONO.

H.R. 4104: Mr. RYAN of Ohio, Mr. BOUSTANY, Mr. ALTMIRE, Mr. KISSELL, Ms. FUDGE, Mr. AMODEI, Mr. HECK, Mr. KUCINICH, Mr. GRIMM, Mr. DESJARLAIS, Mr. YOUNG of Alaska, Mr. THOMPSON of Pennsylvania, Mr. BASS of New Hampshire, Mr. LOBIONDO, Mr. SCHOCK, Mr. UPTON, Mr. BILBRAY, Mr. BURGESS, Mr. OLSON, Mr. BROOKS, Mr. CRAVAACK, Mr. DAVIS of Kentucky, Mr. REED, Mr. WOMACK, Mr. STUTZMAN, Mr. CRAWFORD, Mr. ROONEY, Ms. BUERKLE, Mr. BUCHANAN, Mr. DENT, Mr. PALAZZO, Mr. FLEMING, Mr. RIVERA, Mr. MCCAUL, Mr. GARDNER, Mr. MANZULLO, Mr. RIGELL, Mr. PRICE of Georgia, Mr. MURPHY of Pennsylvania, Mr. TURNER of New York, Mr. DIAZ-BALART, Mr. GIBSON, and Mr. LATTA.

H.R. 4115: Mr. RANGEL, Mr. COURTNEY, Mr. HIGGINS, Mr. HULTGREN, Mr. JONES, Ms. NORTON, and Ms. WATERS.

H.R. 4132: Mr. PASCRELL.

H.R. 4154: Ms. MOORE.

H.R. 4168: Mr. JOHNSON of Georgia and Mr. HULTGREN.

H.R. 4169: Mr. FILNER, Mr. POLIS, Ms. DELAURO, and Mr. AL GREEN of Texas.

H.R. 4170: Ms. BASS of California.

H.R. 4188: Ms. FOXX.

H.J. Res. 13: Mr. SCHOCK.

H.J. Res. 78: Mr. ACKERMAN.

H.J. Res. 103: Mr. HERGER and Mr. SCHOCK.

H. Con. Res. 87: Mr. HULTGREN, Ms. CLARKE of New York, Mr. RANGEL, Mr. COSTELLO, Mr. CARTER, and Mr. LOEBSACK.

H. Res. 130: Mr. DOGGETT and Mr. BERMAN.

H. Res. 526: Mr. DREIER.

H. Res. 583: Mr. BERMAN, Ms. MOORE, and Mr. BURTON of Indiana.

H. Res. 584: Mr. LARSON of Connecticut.

DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H.R. 2920: Mrs. MILLER of Michigan.

H. Res. 229: Mr. KISSELL.

AMENDMENTS

Under clause 8 of rule XVIII, proposed amendments were submitted as follows:

H.R. 5

OFFERED BY: MS. BONAMICI

AMENDMENT No. 1: Page 23, line 22, strike "date of enactment" and insert "effective date".

Page 23, line 24, strike "date of enactment" and insert "effective date".

Page 24, line 2, insert after "the injury occurred" the following: "This title shall take effect only on the date the Secretary of Health and Human Services submits to Congress a report on the potential effect of this title on health care premium reductions."

H.R. 2087

OFFERED BY: MR. GRIJALVA

AMENDMENT No. 1:

At the end of the bill, add the following:

(d) CONSIDERATION.—Any instrument executed pursuant to subsection (a), shall provide that—

(1) in consideration for the land described in subsection (c), Accomack County, Virginia, shall pay the United States the fair market value of the land (on the date of the enactment of this Act) under terms approved by the Secretary of the Interior from revenues generated by the sale, rent, or lease of the land; and

(2) the land described in subsection (c) shall be appraised in accordance with nationally recognized appraisal standards (including the Uniform Appraisal Standards for Federal Land Acquisitions and the Uniform Standards of Professional Appraisal Practice) by an independent appraiser selected by the Secretary of the Interior and Accomack County, Virginia.

H.R. 2087

OFFERED BY: MR. HASTINGS OF FLORIDA

AMENDMENT No. 2: At the end of the bill add the following:

(d) VALUATION OF LAND.—Any instrument executed pursuant to subsection (a) shall provide that, before the restrictions referred to in this Act are removed from the deed referred to in this Act, an independent appraiser shall complete an approximate valuation of the land in each of the following years: 1776, 1865, 2013, 2017, 2032, and 2212.