



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 112th CONGRESS, SECOND SESSION

Vol. 158

WASHINGTON, WEDNESDAY, MARCH 21, 2012

No. 47

House of Representatives

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

DESIGNATION OF SPEAKER PRO TEMPORE

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

WASHINGTON, DC,
March 21, 2012.

I hereby appoint the Honorable RENEE L. ELLMERS to act as Speaker pro tempore on this day.

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

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 17, 2012, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes each, but in no event shall debate continue beyond 11:50 a.m.

WORLD WATER DAY

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Madam Speaker, for many, tomorrow is just an ordinary Thursday, like any other day. But for hundreds of millions of people who lack access to clean water and billions who lack access to adequate sanitation, this ordinary Thursday is part of the daily struggle.

But this Thursday is World Water Day, where those of us fortunate enough to live in developed countries

are encouraged to reflect on just how fundamental freshwater is to our health, our children's well-being, and how much we take for granted. We've never had to try to work that hard to find drinking water. We don't have to choose between drinking dirty water and going thirsty. For many of us, freshwater is so safe, abundant, it's hard to even imagine life without it.

But on this World Water Day, we should reflect that every 20 seconds a child dies needlessly from waterborne disease. Today, and every day, women will spend 200 million hours collecting water. This week, 3 million students will miss school because they lack access to clean water or sanitation. Indeed, half the people who are sick around the world today are sick needlessly from waterborne disease.

There is a vision, there is a knowledge to do something about it, but, sadly, we don't have the resources, and we actually don't have the plan. The United States does not only have an obligation to do the right thing and save lives, but it's also in our self-interest to provide access to safe water.

United States security experts testified before this Congress that water problems will contribute to the instability in states important to United States national security interests.

With all the problems the world faces, Congress needs to prioritize programs that deliver the highest return on investment with substantial multiplier effects. And when it comes to foreign assistance, increasing access to clean water is perhaps the most effective use of taxpayer dollars. The World Health Organization estimates that up to \$34 is saved for every dollar invested, saved from health care costs and resulting in increased economic productivity.

Indeed, it affects other efforts of our aid. We're involved with trying to eradicate diseases like HIV/AIDS and tuberculosis, but taking the medicine

with dirty water compounds the problems in terms of diarrheal diseases that result from that dirty water.

Madam Speaker, since we've passed the Water for the World legislation 7 years ago, where Chairman of the Foreign Relations Committee Henry Hyde, Senator REID, and Senator Frist were my partners, we've increased our leadership globally. We owe a debt of gratitude to Secretary Clinton, who has made water a cornerstone of her work while at the helm of the State Department. But we do need to do more; and one simple step, an area where we find broad bipartisan support, is the Water for the World Act that is cosponsored with my friend and colleague from Texas (Mr. POE).

This legislation strengthens the capacity of USAID and the State Department, increases aid effectiveness, transparency, accountability for sanitation water and hygiene, and it has no net cost, according to the CBO.

I strongly urge my colleagues to cosponsor this legislation and hope that we can move it forward in this Congress, as there has been movement in the Senate. Millions of lives will be transformed.

JOSEPH KONY AND THE LORD'S RESISTANCE ARMY

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, I would like to begin my remarks by commending all the citizens and young students in my congressional district and, indeed, throughout the country who have worked so hard to raise awareness about Joseph Kony and his brutal crimes. As we can see in this poster, there's Kony, and these are just a few of the photos of so many innocents who have been mutilated by Kony and his thugs.

This symbol represents the time of day during the House proceedings, e.g., 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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Joseph Kony is a mass murderer, whose campaign of violence against innocent civilians spans decades. The predatory forces doing his bidding are known as the Lord's Resistance Army, or LRA, and they have perpetrated some of the worst human rights abuses of our time.

Under the direction of Kony, the LRA has murdered, raped, mutilated, and abducted tens of thousands of innocent people, many of whom are children. They target remote villages, butchering civilians, abducting women and children to serve as sex slaves and fighters. Kony's bloody reach now extends to the Democratic Republic of the Congo, the Central African Republic, and the newly formed Republic of South Sudan.

One measure that we could accomplish would be for the U.N. peacekeeping missions in the region to more effectively coordinate their actions and share information related to Kony and the LRA, because this is a threat that crosses many international borders.

I'd like to thank my colleague, Congressman ED ROYCE, for introducing a new bill, H.R. 4077, which I proudly support. H.R. 4077 would authorize the Secretary of State to use the State Department's Rewards Program to gain intelligence and strengthen the capacity of those who are actively engaged in fighting transnational organized crime and also apply it to the search for Kony and the LRA.

This program has served as a valuable incentive for those with crucial information to come forward and help round up foreign nationals wanted for a range of brutal crimes and activities that threaten regional and global security and stability and U.S. national security interests. It will be an important tool in helping bring Kony and his circle of thugs, the Lord's Resistance Army, to justice.

I'd also like to thank Congressman JIM MCGOVERN for introducing House Resolution 583, of which I am also a proud cosponsor. Mr. MCGOVERN's resolution echoes current law and puts the House on record in strong support of U.S. efforts to counter the Lord's Resistance Army. It urges the President to work closely with Congress to address critical gaps in U.S. strategy and to enhance U.S. support for the regional measures already there to fight the Lord's Resistance Army.

As we have seen over the past 25 years, Kony's assault on innocent lives has no limits. Now is the time to help bring Joseph Kony and his fellow criminals to justice. As a Nation, let us assure that we have done all that we can to end this ongoing tragedy and hold this evil man accountable for all of his crimes.

I thank all of the young people throughout my district who have communicated through Twitter and Facebook and different modes of social media to express their outrage over Kony's evil deeds; but now, let's take action. Let's pass these bills.

□ 1010

BRING PEOPLE TOGETHER

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. GUTIERREZ) for 5 minutes.

Mr. GUTIERREZ. Last Thursday, a different kind of March madness took place in the NCAA basketball tournament. In a game between Kansas State and Mississippi State, Angel Rodriguez, a Puerto Rican point guard for Kansas State, was met with taunts from Mississippi State students while he was getting ready to shoot a free throw. The taunt: "Where's your green card?"

That wasn't the only March madness. Earlier this month in San Antonio, Texas, a white high school in San Antonio chanted during the regional basketball championship trophy presentation. Their chant: "USA, USA, USA." Why did they chant USA? Because their team had defeated San Antonio's Thomas Edison High School, a team of mostly Latino players.

One U.S. citizen asked to produce his green card, one entire team of Americans taunted as if they were foreigners.

These young people, subjected to hatred and bigotry, handled it well.

Angel Rodriguez ignored the taunts and played a great game. If he hadn't been busy helping Kansas State win the game, he might have mentioned to everybody that he was from Miami or that all Puerto Ricans are citizens of the United States.

I'm impressed that the kids from Thomas Edison High School kept their cool. They deserve our praise not only for being good basketball players, but just for being great kids.

Mississippi State and Alamo Heights have apologized for the taunts. That's an important step in the right direction. That's not the issue. The issue is why people think it's okay to treat Latinos as if they are second-rate Americans, why so many people think being Latino means being a suspect in our own country, why they look at a young man named Rodriguez and think he doesn't belong in this country. It's because misguided kids taunting Latinos is not really the disease. It's the symptom.

The heart of the sickness is more troubling. The truth is, when it comes to Latinos and immigrants, far too many so-called leaders in our Nation are starting the taunts.

On the campaign trail and on talk radio and on TV, and even here in this Chamber, there are leaders that act like the biggest bullies in the schoolyard. If elected officials have no boundaries when it comes to scapegoating and demonizing immigrants and Latinos, then why should young people at a basketball game know any better? Why does an American, a Puerto Rican citizen basketball player, get taunted about a green card?

It's easier to understand when you hear the frontrunner for the Republican nomination of President pro-

moting a national immigration policy that makes all Latinos look like suspects and all immigrants look like criminals.

Mitt Romney has said that Arizona's anti-immigrant law—a law that essentially demands racial profiling of anyone who looks like they might be undocumented—is a model for our Nation. But that's not all Mitt Romney has said to American Latinos. He has said all 11 million immigrants, most of them Latinos, should self-deport, even if they've lived here since they were children and have American citizen families.

Mitt Romney has even gone as far to attack the first Latino Supreme Court justice. He believes that Justice Sotomayor is unqualified to serve on the Supreme Court. He's proud of the support of anti-immigrant extremists, including the author of Arizona's anti-immigrant law. He has attacked the DREAM Act, a perfectly reasonable bill. And Mitt Romney is hardly a lone voice. It is sad.

One Member of this House said he would be for any measure to stop illegal immigrants "short of shooting them." Even hanging them? Gassing them? One other colleague of ours here called undocumented immigration a slow-rolling, slow-motion terrorist attack on the United States.

Pat Buchanan wrote a book entitled "State of Emergency: The Third World Invasion and Conquest of America." Folks like Buchanan and Limbaugh regularly use words like "hordes" and "swarms" to describe immigrants.

Maybe Mitt Romney thinks he's just saying what he needs to say to get the Republican nomination, and maybe some elected officials think their extreme rhetoric doesn't really carry outside the Halls of Congress. But America knows better. So does a group of Kansas State basketball players and a group of good kids from San Antonio, Texas. They know that words matter very much.

Here's my advice to the Romneys and the Buchanans of the world and a few of my colleagues here in the House: Instead of bullies, why don't you be leaders? And why don't you try some words that bring people together instead of insults that tear our Nation apart.

A THREAT TO OUR HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Michigan (Mr. WALBERG) for 5 minutes.

Mr. WALBERG. Madam Speaker, this Friday, March 23, marks the second anniversary of President Obama's health care law after 2 years. It's clear the law has already left more victims in its path than people it was meant to help. And unfortunately, along with the 20 million employees who will probably lose employer-sponsored health care, it may be our seniors who take the hardest hit.

Millions of seniors and disabled Americans rely on Medicare, yet the

program is in danger. According to the Centers for Medicare and Medicaid Services, with the baby boomer generation about to retire, if nothing is done to the program, the program will be bankrupt in 10 years.

Instead of making Medicare stronger through transparent and responsible reform, the President has decided to cut more than \$500 billion from the program, money which will then be used to fund his new health care law.

If taking nearly half a trillion dollars from the already crippled program weren't bad enough, the President has handpicked a special panel to slash away at the program even more. He knows our country is facing a budget shortfall. Instead of implementing responsible and transparent reforms, the President wants to take away benefits from Medicare recipients to fund his agenda for new entitlements.

The panel, known as the Independent Payment Advisory Board, or IPAB, is a group of unelected and unaccountable bureaucrats who will essentially be given power to ration care and even deny seniors lifesaving treatments. Its members are not required to hold public hearings or disclose their meetings. Their salaries will be paid directly out of trust funds used to pay Medicare beneficiaries' health care claims.

Worse yet, doctors and patients can not challenge the IPAB's decision in court. Without a three-fifths majority in both Chambers, Congress has no power to change decisions. While this select group rakes in the perks, it will be the seniors left holding the short end of the stick.

The health care law—and IPAB in particular—will threaten their access to quality care. Medicare is already known for its low reimbursement rates. Physicians receive about 20 percent less from Medicare than private health plans, forcing many to stop accepting patients just to stay in business. Seniors will be left with fewer options, and they may even be told they can no longer see their own doctors.

That's why, when I talk to seniors in my district, they are scared of this law. They're worried about being left with fewer options; they are worried about not being able to see their own doctors; and they are worried about the government cutting even more from the program. It's not just in my district where this concern is prevalent. According to a recent nationwide poll, 60 percent of our Nation's seniors have an unfavorable view of the law.

Access to quality care for seniors should be a top priority and will remain so with me. I believe health care decisions should be made by patients, families, and their doctors, and not by bureaucrats in Washington, who are burdening seniors and future generations with less choice, fewer services, and more debt.

House Republicans remain committed to strengthening and reforming Medicare to protect today's seniors and to make sure the program is still there for the next generation.

MONICA PEARSON

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. DAVID SCOTT) for 5 minutes.

Mr. DAVID SCOTT of Georgia. Madam Speaker, ladies and gentlemen of the Congress, Monica Pearson, with WSB Television in Atlanta, Georgia, is indeed a true pioneer and a trailblazer in television news. She broke barriers as an African American and as a woman news anchor for WSB Television starting in 1975.

The year 1975 was an important turning point, especially in the South. So it is very important for us to understand the significance of Monica often appearing as a nightly anchor, as the first African American and first woman in the South at WSB Television in 1975. Now, 38 years later, Monica is retiring.

Monica Pearson brought a special talent, a sparkling personality, hard work, and a high nobility of purpose that appealed to everybody, to people of all races, and she became endeared to everybody from every walk of life. What a great American story is Monica Pearson.

She paved the way for other African Americans and women to become news anchors and to become television journalists throughout the South. So it is most fitting as she announces her retirement that we gather here today on the part of the United States Congress to give her this special commendation. We also give a special commendation to WSB Television and Cox Enterprises management for making that critical decision at that important time in the history of the United States. Because of her talent, because of her hard work, we in the Congress of the United States recognize with high distinction an outstanding American: Monica Pearson, an outstanding American.

Madam Speaker, Monica Pearson is a familiar face to metro Atlanta's residents, though most know her by her former name—Monica Kaufman. For the past 37 years, Monica has anchored WSB-TV's Channel 2 Action News. The character and amount of trust she has built as Channel 2's nightly newscaster is laudable, but perhaps more important are the barriers she broke as she developed that reputation. Born and brought up in the Civil Rights era, Monica became not only the first African-American, but also the first woman to anchor a daily evening newscast on WSB in 1975.

Throughout her long career, Monica has accumulated an even longer list of awards and achievements. All in all, she has won thirty Local and Southern Regional Emmy awards. When she saw injustice or a story that needed to be heard, she was there reporting on it—first at the 6 pm and 11 pm segments, and later at 4 pm. Her hard-hitting investigative journalism cuts at all different issues. In 1992 she spoke out on behalf of women and girls in Georgia when she found out that the Georgia High School Association's all-male executive committee did not have a state-wide competition for girls' soccer or cheerleading. She was awarded the Women's Sports Journalism Award for Local Television Reporting from the

Women's Sports Foundation and Miller Lite for her report.

Monica has been honored for bringing attention to a wide range of issues—from the "HOT FLASH! The Truth about Menopause" documentary that won local and national awards in 1994 to the "Prejudice and Hate: Georgians and the Holocaust" documentary that lead to win the Georgia Commission on the Holocaust's Humanitarian Award in 1977. Her sense of civic duty, compassion and curiosity has distinguished her from her peers, winning an Emmy Award for Best Feature Program—"Monica Kaufman Closeups", the National Foundation for Women Legislators' "Media Excellence Award" and the Georgia Commission of Women's "2004 Georgia Woman of the Year".

While devoting her life to journalism, she has also deeply involved herself in the community. She remains a passionate supporter of the Metropolitan United Way, the organization that helped her move beyond her poor background to become an award-winning newscaster. Since then, she has served as Chair of Atlanta's United Way board, the first African-American and only the second woman. Her dedication to the organization might be due in no small part to the fact that her daughter was adopted through a United Way agency. In her own words, "United Way literally unites people."

United Way is not the only organization that has touched Monica's heart. For many years, Monica ran in the Susan G. Komen's Race for the Cure. She continued to run in the race and volunteer for the organization until the year she herself was diagnosed with breast cancer. Her reaction to this cancer is a story that truly touched my heart. A very religious woman, Monica did not let fear cripple her—instead she left everything to God. She prayed, "Thy will be done, O Lord, not mine." "If you are really strong in your faith, then you don't worry about the outcome", she said. The outcome is obvious—Monica remains to this day a strong, dedicated woman. She is both an inspiration and a role model. Monica will be retiring in July, but I know her character, personality and spirit will not let her keep still. I wish her the very best in her future endeavors, and may we continue to hear of her excellent work for her community. God Bless.

□ 1020

IN RECOGNITION OF MONICA KAUFMAN PEARSON

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. GINGREY) for 5 minutes.

Mr. GINGREY of Georgia. Madam Speaker, you will notice that Members from Georgia on both sides of the aisle have taken the opportunity this morning during Special Orders time to recognize Monica Kaufman.

We just heard from our colleague, Representative DAVID SCOTT. I want to commend my friend DAVID SCOTT for organizing this tribute on behalf of one great lady.

I rise today, as well, to recognize Monica Kaufman for her historic and outstanding achievements in broadcast journalism. Atlanta is sad to see her resigning from WSB; but we are very, very proud of her.

For the past 37 years, she has brought Atlanta the news, from her coverage of the 1996 Olympics, to her famous "Monica Kaufman's Closeups" of world leaders and celebrities," to her award-winning work on issues such as the Holocaust and domestic abuse.

As the first woman and African American news anchor in Atlanta, Ms. Kaufman broke both race and gender barriers. She has won more than 30 Southern and local Southern Regional Emmy Awards for talent, reporting, and close-up interviews. Ms. Kaufman has already been named University of Georgia's Broadcaster of the Year in 2001 and the Georgia's Association of Broadcaster of the Year in 2001 and the Georgia Association of Broadcasters 1992 Citizens Broadcaster.

Madam Speaker, I will always remember, however, one evening in July 2002—it was actually November of 2002—when I was first running for Congress. That election night was a very, very close race. It went deep in the night; and finally, at about 11 o'clock, it was news time at WSB. Sure enough, I had to go downstairs and get ready to be interviewed by Monica Kaufman in regard to my race for Congress.

At this point, we were behind. All counties except one had reported, and I was behind. Monica was very sweet and kind to me. She could tell that I was a little nervous and worried and scared. She said, Have you picked up your phone yet to congratulate your opponent on your victory? I said, Monica, I won't do that until the last vote is counted. Shortly after that, I got a phone call telling me congratulations. Finally, those precincts came in, and Dr. GINGREY, from the 11th District in Georgia, was elected.

I always remember Monica Kaufman from that night. I ask Members to recognize the accomplishments of the great Monica Kaufman.

MONICA KAUFMAN PEARSON

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. BISHOP) for 5 minutes.

Mr. BISHOP of Georgia. I am honored to join my colleagues in the Georgia delegation in paying tribute to one of our Nation's most tenured and preeminent broadcast television news anchors, Monica Kaufman.

For more than 30 years she served as the Channel 2 "Action News Nightbeat" anchor at WSB-TV in Atlanta where she used her superior media talents to educate, inform, and enlighten millions of viewers about current events that impacted our lives and influenced activities all around the world. Prior to becoming one of Atlanta's most watched and influential television journalists, Monica worked as a reporter at the Louisville Times and at WHAS-TV in Kentucky.

Madam Speaker, Monica is an award-winning journalist who has been recognized on numerous occasions for her outstanding professional abilities and

remarkable occupational achievements. However, she is much more than just an accomplished journalist. She is a loving wife, mother, mentor, friend, and role model to me.

I would like to extend our personal congratulations to Monica Pearson and her family as they celebrate and reflect upon her outstanding career as one of our Nation's leading broadcast journalists and admired media personalities. Kentucky may have named her, but Georgia claimed her, and we are all better because she came our way.

Congratulations to you, Monica Kaufman Pearson.

CAPTAIN NICK WHITLOCK

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. WESTMORELAND) for 5 minutes.

Mr. WESTMORELAND. Madam Speaker, I come to the floor this morning with great sadness and also with great honor to honor the service of one of Georgia's own, Captain Nick Whitlock. On February 18, 2012, at Camp Lemonnier in Djibouti, Africa, he gave the ultimate sacrifice while returning from a mission in support of Operation Enduring Freedom.

Captain Whitlock was born to the proud parents of Jimmy and Clare Whitlock on December 10, 1982. Even at a young age, Nick showed his maturity and that he was full of integrity. In one of his high school assignments, Nick was asked to define a leader. He wrote:

A leader is a person that is in charge of a group, someone that everyone looks up to and wants to be like. A leader is also someone that is willing to complete their goals and give 100 percent no matter what. A leader is willing to stand up for what he believes in even if he is alone. I want to be a leader because I think that is what God has called me to be.

For the young people that might be watching, we're always looking for a hero, and I think that Nick decided in his life that he would be a hero.

Nick lived by his own words, and to say he was a leader was an understatement. He understood that success is achieved through hard work, faith, and dedication, and he lived every day as an opportunity to improve himself and the lives of others.

□ 1030

Nick graduated from Newnan High School in 2001 as an honor graduate and was recognized for his outstanding achievements in both football and baseball. Nick achieved his Eagle Scout rank and strove to use the skills he learned to influence every aspect of his life.

He attended Mercer University, and he caught for the Mercer Bears baseball team. Most notable of Nick's many campus activities were his leadership roles as Mercer ambassador; president of his fraternity, Sigma Alpha Epsilon; and senator-at-large for the student government association. In 2005, Nick

graduated with a bachelor of business administration degree; and in 2011, he went on to earn his master's degree in business administration from the University of Florida.

While studying at Mercer, Nick earned his private pilot's license and was accepted into the United States Air Force in 2006. Nick trained with the Euro-NATO Joint Jet Pilot Training program. In 2008, he received his wings and was assigned to the Air Force Special Operations. He became a member of the 34th Special Operations Squadron, which we have all heard about in the paper and on the news, and was promoted to captain in November of 2010, where he was assigned to the U-28A aircraft.

November proved to be one to celebrate, as Nick married the love of his life, Ashley, the same month as his promotion. Nick spread the happiness he found in both his marriage and life through his involvement with organizations such as Alaska's Healing Hearts, a nonprofit organization enabling disabled military veterans to participate in outdoor activities.

Nick was serving on his fifth deployment in Djibouti, Africa, when an accident occurred while his aircraft was returning from a mission, taking not only his life but three of his fellow comrades. Nick was laid to rest at Forest Lawn Cemetery in his hometown of Newnan, Georgia, following a heartfelt ceremony at First Baptist Church.

Friends of Nick's say he made them proud to be an American and to want to become a better man of God and a better father, better husband, a better son. His wife, Ashley, described Nick as loving, thoughtful, honest, considerate, and generous. He was a true gentleman and a steadfast man of God. They both prayed for God to shape their lives for His purpose so that their blessings would not stop with them but extend to everyone they met.

His parents' love and pride for Nick's unwavering faith, integrity, and intelligence is never ending. They talk often of how, although he was never the smartest, biggest, or fastest, he used every ounce of what he was given to his highest potential. He was physically strong, mentally awake, and morally straight. In the eyes of his wife, family, and friends, there was no finer man or leader than Nick Whitlock.

I am both honored and proud that a soldier from my district served with such courage and conviction. Nick embodied all the qualities of an ideal husband, son, brother, and friend. He was an extraordinary captain, and America has truly lost one of its finest. I am proud to stand here and thank him for sacrificing his life so that my family and I, and everyone else across this great Nation, can live free.

Joan and I extend our deepest sympathies to the family and friends of Nick Whitlock's, and we will never forget the service and sacrifice that he made for our great country.

Nick, we miss you. And until we meet again in the presence of our Lord, I want to use a nice Southern saying: Nick, you done good. Thank you, sir.

NATIONAL TRANSPORTATION POLICY

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. DEFAZIO) for 5 minutes.

Mr. DEFAZIO. This is a photograph from 1956, before we had a national transportation policy in the United States of America; and if the Republicans are successful with their budget and with their vision, this will be the future for the United States of America.

There are a substantial number of Republicans on that side who have drunk the Kool Aid of a guy named Grover Norquist, who says that he wants government so small, he can strangle it in the bathtub, and that we should devolve—devolve—this is interesting—not evolve—devolve transportation to the States. That's right. Our national transportation policy will be set by the 50 different States.

Well, this is 1956, before we had a national transportation policy. This is the brand spanning new Kansas Turnpike. Isn't that beautiful. Well, look where it ends—in a farmer's field in Oklahoma because Oklahoma chose not to build its section, which they had promised to build. That's the way things used to be, and that's the way they want things to be again.

We're now on the precipice of basically walking away from investing in our Nation's infrastructure. There are 150,000 bridges that need replacement or repair in the national system; 40 percent of the pavement needs total replacement, not just an overlay. We have a \$70 billion backlog in our 19th- and 20th-century transportation systems in our major urban areas, in our transit. And that's not even talking about building an efficient 21st-century transportation system to deliver people and goods more efficiently.

And what's their proposal? A 31 percent cut in an already inadequate budget or maybe no money at all. Actually, it's a bit odd. Mr. RYAN's budget, according to the Congressional Budget Office, would not be enough to fund the uncontrollable outlays, i.e., projects already under way by the States for which the Federal Government has contracted to reimburse at the end of the construction of these projects. His budget wouldn't even meet that number. And in terms of authorizing the bill, they decided for the first time in history to make this a partisan issue.

Dwight David Eisenhower, a Republican President, he came up with the idea of a national transportation network. Ronald Reagan put transit into the highway trust fund. They want to take out Ronald Reagan's step of putting transit in the highway trust fund as an interim step before they do away

with the program altogether. That's pretty extraordinary stuff. Their vision is that we will go back to this state of affairs in America. We cannot afford that.

Next week or the week after, the temporary highway funding expires. The Senate has passed a bipartisan bill by an overwhelming majority. The Republican leadership has threatened that their right-wing devolutionists will do away with Federal transportation by saying, We might make you vote on that Senate bill. That passes for a threat in the Republican Caucus. We might make you vote on a good bill that would continue the current system with some improvements for a couple of years—that's what passes for a threat—unless you vote for our crazy H.R. 7, which does away with transit funding and basically dismantles the program over a longer term, or the Ryan budget, which would immediately end the program next year.

But they won't let us vote on that because they know that a bunch of Democrats—just like in the Senate, where Democrats and Republicans came together with an overwhelming majority and passed a transportation bill, they know that would happen here. So they got 80 or so ultraright-wingers who wouldn't vote for it. Big deal. I could match that with 150 Democrats, and we could have a bipartisan bill next week, putting millions of Americans back to work, rebuilding the crumbling infrastructure in this country. But instead, they want to devolve us back to the future.

Smaller government. Smaller government. Yes, that's great, guys. A transportation policy for the United States of America, competing in a world economy, set by the 50 States without funding. What a great vision.

WORLD DOWN SYNDROME DAY

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Washington (Mrs. McMORRIS RODGERS) for 5 minutes.

Mrs. McMORRIS RODGERS. Madam Speaker, I rise today, on March 21, a very special day, to celebrate the many contributions of those with Down syndrome, also known as trisomy 21. Today, March 21, has been officially designated by the United Nations as World Down Syndrome Day. The date is significant in and of itself because the origins of Down syndrome and the underlying cause is a duplicate 21st chromosome. We are all born with 23 pairs, an X and a Y. Those with Down syndrome have an extra 21st—therefore, three and 21. And today is March 21. The reason it's called Down syndrome is because these characteristics were discovered by a doctor by the name of Dr. Langdon Down. He had a wonderful heart, a caring heart, for those with disabilities; and, therefore, we call it Down syndrome today.

Five years ago, my husband, Brian, and I gave birth to a beautiful little

baby boy whose name is Cole, and he was born with that extra 21st chromosome. Cole has given me a whole new perspective for being a mother and also for being a Member of Congress. Cole's birth has given me a whole new purpose for serving in Congress, and he reminds me every day of the significance, the tremendous positive impact that every single person has on this world. And the fact that he has Down syndrome today only makes me more curious as to the impact he's going to have both on our lives and this world. He is an inspiration, and he makes me a better person.

Through Cole, I've been introduced and welcomed by the disabilities community, a wonderful group of people in America who every day also celebrate the tremendous impact and the potential of every life in this world.

□ 1040

I find myself grateful to so many who have walked this path before me and have improved the opportunities that Cole, as well as anyone with disabilities, is going to have. Today, there's greater opportunities through early intervention, education, advanced education, and lots of opportunities for independent living. However, there's so much more that needs to be done, and so today is my turn to help carry the baton to help work to unleash the potential of all those living with disabilities.

I'm proud to cochair the Congressional Down Syndrome Caucus with Representative PETE SESSIONS, Representative CHRIS VAN HOLLEN, and Delegate ELEANOR HOLMES NORTON. We are committed to working on policies that are going to enhance the quality of life for those living with Down syndrome and other disabilities. It's within the walls of Congress that we will do just that. We're working to pass legislation, hold briefings, and promote policies that will help those with Down syndrome all across the country.

So today is World Down Syndrome Day. A few minutes from now at the United Nations headquarters there's going to be a poem read. It's called, "Welcome to Holland." The author is Emily Perl Kingsley. I thought I wanted to read it to all of you today.

WELCOME TO HOLLAND

I am often asked to describe the experience of raising a child with disability—to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this:

When you're going to have a baby, it's like planning a fabulous vacation trip—to Italy. You buy a bunch of guidebooks and make your wonderful plans: the Coliseum, the Michelangelo David, the gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess

comes in and says, "Welcome to Holland."

"Holland?" you say. "What do you mean, Holland? I signed up for Italy. I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine, and disease. It's just a different place.

So you must go out and buy new guidebooks, and you must learn a whole new language, and you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around, and you begin to notice that Holland has windmills and Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy, and they're all bragging about what a wonderful time they had there. And for the rest of your life you will say, "Yes, that's where I was supposed to go. That's what I had planned."

The pain of that will never, ever, ever go away because the loss of that dream is a very, very significant loss. But if you spend your life mourning the fact that you didn't get to go to Italy, you may never be free to enjoy the very special, the very lovely things about Holland.

SUDAN: STOP USING FOOD AS A WEAPON OF MASS STARVATION

The SPEAKER pro tempore. The Chair recognizes the gentleman from Massachusetts (Mr. MCGOVERN) for 5 minutes.

Mr. MCGOVERN. Madam Speaker, in about 6 weeks, the rainy season will begin in Sudan. Villagers will no longer be able to plant or harvest their crops. The roads will become impassible. It is the time of the year when people live off their harvests, their orchards, and the land. But there is no food in the states of South Kordofan and Blue Nile inside Sudan—not because of drought, not because locusts have destroyed the crops. No, Madam Speaker. This is a deliberate, man-made catastrophe created by Sudanese President Bashir.

For months, Khartoum has been launching rockets and dropping bombs on villages and fields throughout South Kordofan and Blue Nile. The people of the Nuba Mountains, primarily of black African descent, cannot work their fields for fear of being bombed. They hide in caves as bombers and helicopters fly overhead. Rockets bombard their villages. Sudanese soldiers march into their villages, killing, raping, setting fire to their homes, carrying out a "scorched earth" policy.

The people of South Kordofan and Blue Nile are already suffering from

malnutrition and a severe shortage of food. Thousands are fleeing south, crossing into the newly independent nation of South Sudan, setting up refugee camps along the northern borders. Mainly women and children, they arrive traumatized, exhausted, and malnourished.

President Bashir has denied humanitarian access to South Kordofan and Blue Nile for the delivery of desperately needed food aid. He wants no witnesses to his deliberate use of mass starvation as a weapon against his own people. And the clock is ticking, Madam Speaker, because the rainy season is coming soon, and then no one will be able to get food into these areas, but the bombs will continue to fall from the sky.

Take a look at these photographs. The first one is a remarkable satellite image of villages being bombed in South Sudan. You see the Antonov bomber flying north, back towards the Sudanese military airbase. You see the smoke plumes rising up from civilian villages. You see fields and orchards being bombed. These are not military targets, Madam Speaker. There's not even a truck or a pickup that might be used for military purposes. All you see are villages, huts, orchards, and fields. Antonovs don't do precision bombing, Madam Speaker; they just open up the back bay of the airplane and roll out barrels of explosives.

This is an image, Madam Speaker, of the indiscriminate bombing of civilians. This is a war crime. It took place on March 8. And here, Madam Speaker, are the targets of the bombs and rockets: children, Madam Speaker, hiding and starving in caves.

This photo was taken by John Prendergast, of the Enough Project, and George Clooney, who were in South Kordofan on March 8. They saw the planes and rockets striking villages. The satellite picture is from the Sentinel Project, set up by Mr. Clooney and DigitalGlobe, which has donated millions of dollars of imagery from its satellites in an effort to provide an early warning system for human security in this region of Sudan.

Last Friday, I stood on the steps of the Sudanese Embassy with George Clooney and my House colleagues, Congressman JOHN OLVER, JIM MORAN, and AL GREEN. We were all arrested protesting the humanitarian crisis in Sudan. We were joined by George's father and journalist, Nick Clooney; John Prendergast of the Enough Project; our former colleague Tom Andrews, now with United to End Genocide; Martin Luther King III; Ben Jealous, president of the NAACP; Nicole Lee, president of TransAfrica Forum; Faye Williams, chair of the National Congress of Black Women; Activist Dick Gregory; Rabbis David Saperstein and Steve Gutow; Fred Kramer, with the Jewish World Watch; and Ian Schwab, with American Jewish World Service.

We had a simple message: Let food and humanitarian aid reach the suffering people of South Kordofan and Blue Nile. Stop raping, killing, bombing, and starving innocent women, children, and men.

I commend the Obama administration for pressuring Khartoum to let food reach these desperate people, but more must be done. I urge the President to engage China at the very highest levels to also demand unfettered access for humanitarian aid.

Madam Speaker, the world must increase the pressure on President Bashir or watch another crime against humanity take place in Sudan. We must not be silent.

□ 1050

STOP MILITARY RAPE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. SPEIER) for 5 minutes.

Ms. SPEIER. Madam Speaker, I rise again today to highlight the epidemic of rape and sexual assault in the military. This is the 17th time that I've stood here on the House floor to tell the story of a brave member of our military who has been raped or sexually assaulted by a fellow servicemember.

Today I will tell you the story of Elle Helmer, who served at the prestigious Marine Barracks in Washington, D.C., at 8th and I from 2005 to 2006. The Marines who serve here in Washington are known throughout the military as the tip of the sword. They perform ceremonial roles and participate in the silent drill platoon. They are the *creme de la creme*.

You will notice that Elle's story follows the exact same pattern as the dozens of stories I've told before and probably the same pattern of the estimated 19,000 rapes and sexual assaults that occurred in the military in 2010. This is the pattern of the epidemic.

This is Elle's story: The harassment started as soon as she arrived in Washington. Lieutenant Helmer was told that she was selected to be the public affairs officer for the barracks based on her appearance. She was told that Command wanted a good-looking female officer to serve as a "poster child." In addition to her role in public affairs, Lieutenant Helmer was also notified by mail that she was made a sexual assault and response coordinator. No one told her what the role required, and the only thing she knew about the position was that she'd been appointed to do it.

In March of 2005, a captain continually commented on her appearance and began to harass her. He told Lieutenant Helmer that he picked her to be a Public Affairs Officer because she was the "prettiest." He made sexual advances and kept sending her social emails. She spurned his advances and complained to the Marine Barracks' equal opportunity officer, and provided

copies of the emails and details about the harassment. The Marine Corps did nothing.

The following year, the Marine Corps named Lieutenant Helmer to serve as the first female ceremonial parade flanking officer. Part of her responsibilities was to attend a pub crawl for St. Patrick's Day that had been endorsed by the colonel. When she objected to going, her superior, a major, told her it was a mandatory work event. The pub crawl involved a group of Marine officers identified in T-shirts going from bar to bar to bar on Capitol Hill, drinking excessive amounts of alcohol, all paid for by the Marine Corps. Lieutenant Helmer was required to drink shots at the same pace as the large male officers. On those occasions when she drank water to try to keep herself from becoming intoxicated, she was required by her boss to drink an extra shot as punishment.

As a result of the forced consumption of alcohol that night, Lieutenant Helmer became very intoxicated and left to find a cab to go home. Her superior, the major, followed her out and told her that she needed to come with him to his office to discuss a business matter.

When they reached his office, the major tried to kiss her. Lieutenant Helmer resisted, and the major grabbed her, knocking her over and hitting her head against the wall. She lost consciousness at that point.

When she awoke, she found herself lying on the floor in the major's office and was wearing his shorts. The major was found naked from the waist down, passed out on the floor nearby. After Lieutenant Helmer left the major's office, she reported it to her command that she had been raped. Her colonel discouraged her from asking for a rape kit examination, saying it would be "out of his hands." In spite of the colonel's objections, Lieutenant Helmer sought and obtained a rape kit and medical examination.

Despite the medical and circumstantial evidence of the rape, the Navy Criminal Investigative Services initially refused to investigate, claiming Lieutenant Helmer's inability to recall her rape precluded any investigation. After a delay that destroyed the crime scene, the NCIS eventually conducted a very brief investigation and concluded that nothing could be done in light of Lieutenant Helmer's lack of consciousness during the assault.

In addition, the Marine Corps "lost" Helmer's rape kit. Lieutenant Helmer complained to the major's superior. Although that Marine officer admitted the NCIS investigation was "woefully inadequate" and removed the major from his command position, he refused to press charges or take any further steps to punish the rapist. Instead, he told Lieutenant Helmer, "You're from Colorado. You're tough. You need to pick yourself up and dust yourself off." He then remarked, "I can't babysit you all the time."

Instead of the perpetrator being prosecuted, Lt. Helmer became the subject of investigation and prosecution. She was forced to leave the Marine Corps while her rapist remains a Marine in good standing. Elle, like so many victims I've heard from, report a culture of acceptance and a culture that blames victims. This must stop. We must pass H.R. 3435.

COMMENDING PRESIDENT BARACK OBAMA'S PROPOSALS REGARDING HIGHER EDUCATION

The SPEAKER pro tempore. The Chair recognizes the gentleman from American Samoa (Mr. FALEOMAVAEGA) for 5 minutes.

Mr. FALEOMAVAEGA. Madam Speaker and to my colleagues here in the great Chamber of the people's House, the House of Representatives, I know of no other place in the world, only in America, that a man whose father was a devout Muslim from Kenya, Africa, who was married to a white woman from the great State of Kansas—and with all due respect to our birther friends, this man was born in the great State of Hawaii; this man is none other than Barrack Hussein Obama—could become our President, Madam Speaker, our President of all of the United States of America and its territories.

I want to share with my colleagues one of the most critical issues as advocated seriously by President Obama, and that is in the field of education.

I commend President Obama for his commitment to providing every child in America access to a complete and competitive education all the way from cradle to career.

In recent years, the United States has drastically fallen behind other countries when it comes to education. In the most recent Programme for International Student Assessment Report published in 2009, researchers ranked the performance of 15-year-olds internationally and found that the United States ranked 17th in reading, 24th in science, and 30th in math. To make America competitive once again, Madam Speaker, President Obama has introduced several key initiatives that focus on early childhood education, that reform and invest in K-12 education and restore America's leadership in higher education.

In his first major action of his Presidency, President Obama signed the American Recovery and Reinvestment Act, which makes significant investments in education. The act included \$5 billion for early learning programs as well as programs for children with special needs. The President has also introduced accountability standards for Head Start to ensure that early childhood programs are continuing to deliver quality services. In addition, nine States have also received approximately \$500 million from the Race to the Top-Early Learning Challenge fund to create systems of high quality early learning and development programs.

The President has also set a goal for the United States to have the highest

proportion of college graduates in the world by the year 2020. To reach this goal, the President focused on K-12 teaching and learning. The American Recovery and Reinvestment Act provided \$77 billion to strengthen elementary and secondary education, including \$48.6 billion to stabilize State education budgets and to encourage States to ensure that all schools have highly qualified teachers, improve achievement in low-performing schools, and ensure college and career readiness.

The President also has invested to make sure that teachers are supported as professionals in the classroom, while also holding them more accountable. Effective teachers will be rewarded, and States will be encouraged to remove ineffective teachers from the classroom.

The President has also supported innovation in the classroom, such as the expansion of high quality charter schools, investments in the Race to the Top competition between States, and also providing flexibility for States who are looking for greater relief under the No Child Left Behind Act. The President also introduced the "Educate to Innovate" campaign, which is aimed to improve the participation and performance of America's students in science, technology, engineering, and mathematics.

President Obama has also introduced measures to make college more affordable. Under the President's leadership, the maximum Pell Grant amount has been raised to \$5,500. The new "Pay As You Earn" proposal will also give about 1.5 million students the ability to cap their loan payments at 10 percent of their monthly income and allow debt forgiveness balance after 20 years of payments. The President's plan will enable an estimated 6 million students and recent college graduates to consolidate their loans and reduce their interest rates. Colleges and universities will also be rewarded based on their ability to offer relatively lower tuition costs and provide value to especially low-income students.

Madam Speaker, if we prepare America's children with a high quality education, we enable them to succeed in today's global economy. Furthermore, our ability to educate America's children will determine the economic competitiveness of our great Nation. And as our President has recently stated, no issue will have a bigger impact on the future performance of our economy than education.

Once again, Madam Speaker, I commend President Obama for his commitment to helping our children succeed from cradle to career. I thank him for his bold leadership and vision for the future of our children and our great Nation.

□ 1100

HONORING MONICA PEARSON

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. LEWIS) for 5 minutes.

Mr. LEWIS of Georgia. Madam Speaker, for more than 30 years, Monica Pearson has been a voice of WSB-TV, the Atlanta ABC station. She is a sensitive, caring individual, and one of the most loved and admired television anchors in the Nation. You can always see her out in Metro Atlanta somewhere, serving and sharing, giving back to the community of people who have supported her for many, many years.

When Monica delivers the news, people believe it because they believe in her, and they know she believes in them. She didn't just read the news, but as a member of a community she tried to discover the truth, and we trusted what she said. Though she may be leaving the airwaves, she is not retiring from her involvement in our city, our State, and our Nation.

I wish Monica and her husband, John, the very best. We love her. She's been good for our city, for our State, and for our Nation.

A TRIBUTE TO MONICA KAUFMAN PEARSON

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. JOHNSON) for 5 minutes.

Mr. JOHNSON of Georgia. Madam Speaker, today I rise in tribute to retiring WSB-TV anchor Monica Kaufman Pearson, who brought Atlanta the evening news for almost four decades.

Before I go into that, something is compelling me to extol the virtues of a glass of cold iced tea in the middle of the day. After a hard morning at work outside and you come in for your meal, for your lunch, and you enjoy that lunch with a glass of iced tea, it's a Southern tradition, and I want to use that in talking about Monica Pearson.

Monica is the recipient of numerous awards, including more than 35 Emmys. She broke the color barrier and the gender barrier by becoming the first black female to serve as evening news anchor in the Atlanta broadcast market. She is known for her commitment to excellence, her commitment to professionalism, and also for her optimism and her compassion.

She is also known for sharing her talents by mentoring aspiring female news anchors across the Nation. It was Marian Pittman, news director of WSB-TV who worked with Monica for more than 15 years, who said, "Monica is to WSB what sweet tea is to Atlanta."

Yes, she was a quenching force when she arrived in Atlanta. It was at a time where Atlanta had recently elected a blunt-spoken man of action, Mayor Jackson, as the mayor of Atlanta. It was a time of transformation. At those kinds of periods you have a lot of turmoil going on among people—one group losing control, the other group taking control. They were difficult moments during that time politically, and people were polarized and divided. Then Monica arrived on the scene, a young, beautiful, personable, non-threatening,

cheerful person. WSB-TV did something that was revolutionary: they made her the first African American and the first female to have that evening news slot. And boy, I'll tell you, you're talking about a glass of iced tea in a hot time, that's what she was.

Monica was so enthusiastic—she still is—upbeat, and she just lit up the TV screens. I personally just couldn't keep my eyes off of her. She was so cheerful. Her laugh and her smile are still infectious. She continues to light up Atlanta. She created and hosted one of the most remarkable interview programs in the Nation—"Monica Pearson Closeups." She interviewed world leaders, elected officials, and celebrities. Many of the people that she interviewed were just astonished at the depth of her preparation for the interviews.

While we are all wishing her God-speed in her well-deserved retirement, we can take heart that she will continue to be a fixture on the Atlanta scene, always ready with a smile and an insightful word.

Monica Pearson is and will remain an Atlanta treasure and a glass of good, cold iced tea.

AFFORDABLE CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Maryland (Mr. SARBANES) for 5 minutes.

Mr. SARBANES. Madam Speaker, this week, we're marking the second anniversary of the passage of the Affordable Care Act. I wanted to take a few minutes to speak to a number of groups that have benefited from the health care reform, a reform which I strongly supported.

If you think back to the time of the debate 2 years ago, it was at the height of hearing stories about people across the country, millions of people, who were struggling to access the health care system. So let me speak to the struggles of two or three particular groups.

Many adults across the country had had the experience of trying to get health care coverage, health care insurance, and discovering that because they had a "preexisting condition," as it's so called, that they would be denied that coverage. If you look at some of the policies even today, you can see that the list of preexisting conditions is a long one. You don't have to have some kind of exotic disease or condition. Diabetes, hypertension, other things that plague millions of Americans across the country could be the basis for an insurance company denying coverage to you.

As difficult as that experience was for many adults to have when they went to try to purchase coverage because they had a preexisting condition, the most heart-wrenching stories we heard were of parents who had a child that suffered from a preexisting condi-

tion, and that child was unable to get health insurance coverage. It literally was tearing the hearts out of families across this country. One of the things that the Affordable Care Act put in place was a prohibition against denying coverage for children based on a preexisting condition. That is now law as a result of the Affordable Care Act.

Those who argue that we should repeal the Affordable Care Act, I cannot believe that they want to go back to a time when a family would have to look at their child who had a preexisting condition and know that they couldn't get coverage, couldn't provide health care for that child. I can't believe that we want to go back to that.

A second group that benefited are young people, many of whom after they graduated from college could no longer stay on the health insurance plan of their parents because it wasn't provided for. Under the Affordable Care Act, if you're a young person, you can now stay on your parents' health insurance plan until age 26.

□ 1110

This is making a huge difference for millions of Americans across the country. Already hundreds of thousands have taken advantage of the opportunity to stay on the insurance plan of their parents, which means that young people, many of whom think that they're invincible but then something happens to them and they need that health insurance coverage, now they'll have it. It's still in place because, under the Affordable Care Act, there's now a requirement that health insurance plans cover young people until age 26.

I cannot believe that those who want to repeal the Affordable Care Act want to go back to a situation where millions of young people can't access that health insurance coverage.

And let me talk about the third group, our seniors who, 2 years ago, were dealing with the situation of having to come out of pocket for prescription drugs because of the so-called doughnut hole under the prescription drug benefit program. Under the Affordable Care Act, we put in place the opportunity now to begin closing the doughnut hole and making sure that seniors who are in the doughnut hole have access to a 50 percent discount on prescription drugs, brand-name prescription drugs.

So now our seniors, many of whom before were having to make a choice between do I cover the cost of food, do I pay the rent, or do I cover the cost of my prescription drugs because they were having to come out of pocket, now, many of them don't have to make that terrible choice because of the assistance provided by the Affordable Care Act.

I cannot believe that those who are urging the repeal of health care reform want to take our seniors back to a place where they have to make that terrible choice between whether to

cover the rent, buy food, or pay for their prescription drugs.

Madam Speaker, there are so many good things already in place as a result of the health care reform, and I cannot believe that those who want to repeal it want to deny our children, want to deny our young people, want to deny our seniors the benefits that it provides.

JUSTICE FOR TRAYVON MARTIN

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. WILSON) for 5 minutes.

Ms. WILSON of Florida. Madam Speaker, Trayvon Martin was a 17-year-old young boy who lived in my district and attended school within walking distance of my home. I have known his family most of my life, and they are pleading, begging, crying for justice. The whole city of Miami is pleading for justice as they try to remain calm.

Every day, every day I will come to this floor and announce to America how long justice for Trayvon Martin has been delayed by using this charge.

Today marks the 25th day. Trayvon Martin was murdered 25 days ago, and still there has been no arrest. The evidence is overwhelming. Every single day new evidence emerges, and still there is no arrest.

To date, the FBI, the DOJ, the Florida Department of Law Enforcement, FDLE, and the State Attorney's Office are all involved in investigations surrounding his death. And still there has been no arrest.

What does it take? What more does it take?

The eyes of people pleading for justice in this Congress and everywhere I go are watching Sanford, Florida. The grand jury has been selected, and the grand jury is not reflective of Trayvon's family nor Trayvon. That must be corrected immediately.

I've heard from Trayvon's family. I've heard from his brother, his uncle, his classmates, his teachers, community leaders, the school superintendent. I even spoke to his mother again late last night. Everyone is calling for justice.

What happened to Trayvon was a classic example of racial profiling, quickly followed by murder of our dear, sweet Trayvon Martin.

Do you know that it took 3 days, 3 whole days, for the police to release Trayvon's body from the morgue to be shipped to Miami for burial and the funeral simply because the Police Department would not submit the necessary paperwork?

Sanford Police, do your duty. Arrest the murderer today. Twenty-five days is much too long.

We must stand up for justice. We must stand up for Trayvon. And we must stand up for our children.

JUSTICE FOR TRAYVON MARTIN

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. BROWN) for 5 minutes.

Ms. BROWN of Florida. Before I begin, let me just mention that today, visiting us in the Capitol, is the former mayor of Jacksonville, Mr. Peyton, and I want to welcome him to his Capitol.

I want to thank the gentlewoman from Miami for her comments and, really, all of our colleagues from both sides of the aisle.

This is a very tough time for us, being the Representative from Sanford, Florida.

I want to commend, first of all, the mayor, Mayor Triplett, and the county commissioner, Ms. Williams, and the city manager. We met Friday for over 5 hours, discussing what we could do to bring some kind of clarity to this situation.

This is a tragic situation. In having met with the family, met with the mother, it was very, very difficult to talk with the mother and father and know that I truly feel that justice has not taken place.

In the society that we live in, it's very important that we have to feel that the criminal justice system is fair and is fair to all parties. I cannot stand before you today and say that I feel that the system has operated fairly.

One of the first things I asked to happen is that there be an arrest. Well, we don't have an arrest. It's 25 days.

The second thing I asked is that we release the tapes, and we have released the 911 tapes. I've got to tell you, it has taken on a life of its own, because the things that were told to me in the meeting are not the things that were reflected in the tapes.

So you have the media looking into it, and I call them the fourth branch of the government. They can verify what's on the tapes. They can verify whether or not you would take someone's comment as to what they said happened when this young man is not there to tell his side of the story.

We have a person that everyone talks about was over the Neighborhood Watch. I want to point out, self-appointed over the Neighborhood Watch—self-appointed. That means, was not trained.

Clearly, if you listen to the tapes, the police dispatcher told him to stand down. Less than 5 minutes later, this young man was dead. He was just walking at the time. He was a black African American that on the tape said looked suspicious. It was raining, and you're looking suspicious in a neighborhood when just walking on the sidewalk.

He started following him, and the dispatcher said clearly, more than once: We need you not to follow this young man. We are on the way. We will handle it.

Less than 5 minutes later, this young man is dead.

This is not acceptable in this society. I have asked that the Justice Department—and I want to thank all of the

tri-caucuses for weighing in on the importance of having an independent investigation, and that's the Justice Department. They've committed that there will be no stones unturned and that they will look into what has happened as far as the violation of his civil rights, whether it's a hate crime. But, in addition, we want to make sure that we have an independent review of how the police force has handled this situation.

□ 1120

I have some grave concerns when I discuss some of the things that have happened. For example, he was drug tested. He was tested. He had alcohol in his system. Yet, the person that did the shooting was not tested in any manner—no drug tests, no alcohol tests, no lie detector tests. It is just his word that he felt threatened. So, therefore, he shot to kill. That's unacceptable.

We are a better society than that, and we are going to work to make sure that this will never happen again. To whom God has given much, much is expected.

RECESS

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

Accordingly (at 11 o'clock and 21 minutes a.m.), the House stood in recess.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. MILLER of Michigan) at noon.

PRAYER

Reverend Dr. Carl Hickerson, Springfield Baptist Church, Washington, D.C., offered the following prayer:

O God, we confess our hope for the future is challenged by present circumstances. As we read or watch the news, our faith often falters.

Thank you, God, for examples of steadfastness and belief in the future. We thank You for people who plant trees though they may not live to enjoy them. We thank You for public servants and grassroots folks who struggle to preserve our society so that our children and grandchildren may inherit an inhabitable world.

We know, O God, that all people who believe and hope for the future are not necessarily doing it in Your name; but we acknowledge them as Yours, and we pray that You help us, each of us, to join their ranks.

Restore our faith. Remind us that You are our hope. For the sake of Him who died young so that we all might have a future, we pray.

Amen.

THE JOURNAL

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

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

Mr. MILLER of North Carolina. Madam Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

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

Mr. MILLER of North Carolina. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from New York (Ms. SLAUGHTER) come forward and lead the House in the Pledge of Allegiance.

Ms. SLAUGHTER 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.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

CONGRATULATING MONICA KAUFMAN

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

Mr. PRICE of Georgia. Madam Speaker, great communities are made up of wonderful people, and Atlanta is a great community.

Monica Kaufman has been an integral champion in making Atlanta a great community. For nearly 40 years, she's been an anchor on WSB TV in Atlanta. Now, sadly, she's retiring.

From her warm smile, to her anxiously anticipated hair style, to her passion and her warmth for our beloved metro Atlanta, we all love Monica Kaufman. What a great champion of goodwill, southern charm, and spirit she has been.

And for all the wonderful work she's given to our region and our State and our Nation, Monica, we love you, and we wish you Godspeed in your future activities and your future happiness.

HAZING HEARING

(Ms. CHU asked and was given permission to address the House for 1 minute.)

Ms. CHU. A year ago, on April 3, on a Marine base in Afghanistan, Harry Lew was the victim of hazing. He was punched and kicked by his peers as they poured the contents of a sandbag over his face and mouth. This physical torture and hazing lasted a full 3 hours and 20 minutes. Twenty-two minutes after his abusers stopped, Harry killed himself. He was my nephew.

The perpetrators were let off with virtually no punishment. That is why, for months after his death, I have been calling for congressional hearings to look into the prevalence of hazing in the military. The military must implement a zero tolerance policy and must change the culture of hazing that is not only accepted but encouraged.

Tomorrow, almost on the anniversary of his needless and avoidable death, Congress will act. I urge all of you to watch online the Armed Services Committee hearing on hazing in the military.

We can and we must hold the military accountable so no one will ever again have to go through what Harry endured.

WHERE HAVE ALL THE C-130S GONE?

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

Mr. POE of Texas. Madam Speaker, the gulf coast is known for its whip-whirling tropical storms, devastating hurricanes, wildfires, and floods; and whenever such storms hit, C-130 aircraft sweep in from Fort Worth, Texas, at a moment's notice. They bring life-saving supplies and cargo to rescue civilians. The C-130s have carried out 423 gulf storm response missions, evacuated 300 storm victims, and transported over 900 tons of emergency supplies to the gulf region alone.

But, Madam Speaker, for some reason, the Air Force wants to remove the C-130s from Texas and send them to Montana. Madam Speaker, when is the last time you heard of a hurricane in Montana?

The expensive, unwise transfer of the C-130s would cost taxpayers \$100 million.

The C-130s have come to the rescue in Hurricanes Katrina, Rita, Ike, and Gustav. When I served in a C-130 unit at Houston's Ellington Field in the seventies, I came to know how efficient these aircraft are. That's why they are nicknamed the "Hercules."

Keep these lifesaving planes in the gulf where they are needed. Don't send them to Montana.

And that's just the way it is.

COMMEMORATING THE 51ST ANNIVERSARY OF THE PEACE CORPS

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

Mr. CICILLINE. Madam Speaker, I rise to commemorate the 51st anniversary of the United States Peace Corps.

Since its founding in 1961, the Peace Corps has sent 200,000 American men and women to serve in 139 countries. Among the 9,000 serving around the world today are residents of Rhode Island's First Congressional District: Sara Chace, Jenna de St. Jorre, Andrew Egan, Frank Hoder, Daniel Malin, Peter Pagonis, and Daniel Restivo.

Peace Corps volunteers create new opportunities, expand development, and encourage progress around the world. Year after year, these selfless men and women immerse themselves in the day-to-day life of a developing nation, connect with local residents, and work with them to share information. With the implementation of new policies this year for the Peace Corps Response program, even more volunteers will be eligible to help those most in need.

I applaud the Peace Corps for its accomplishments, and offer my thanks to the dedicated volunteers that make it so successful, and I thank them for the difference they're making in the world.

TRUE COSTS OF OBAMACARE ARE EXPOSED

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

Mr. WILSON of South Carolina. Madam Speaker, during the President's effort to lobby for the government takeover of health care, he promised the American people his proposal would cost \$940 billion and "won't add a dime to the deficit and is paid for upfront."

The Washington Examiner editorialized last week the President "knew the funny numbers his administration was putting out," but delivered a speech with blunders anyway.

Last week, the Congressional Budget Office released a report stating that ObamaCare will cost \$1.76 trillion, a figure almost double the initial price tag that he promised.

Based on these reports, it is clear that the false claims are being exposed. House Republicans have already voted to repeal the unconstitutional government takeover of health care, which the NFIB has said it will destroy 1.6 million jobs. The Senate now needs to vote.

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

WOMEN'S HEALTH WEDNESDAY:
AFFORDABLE CARE ACT'S BENEFITS FOR WOMEN

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute.)

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, for decades, women in this country have unfairly borne the burden of excessive health care costs. Fortunately, through the Affordable Care Act, millions of women no longer have to worry about going bankrupt if they get sick.

The Affordable Care Act ensures that being a woman will no longer be treated as a preexisting condition. The Affordable Care Act bans insurance companies from requiring women to obtain a referral for access to necessary OB/GYN care and bans insurance companies from dropping women when they get sick or pregnant.

Despite these accomplishments in women's health, the war on women continues in Texas. Governor Perry's political decision to forgo nearly \$40 million in Federal funding for the Texas Medicaid Women's Health Program will leave 130,000 women without access to preventative health services.

Despite these obstacles, I will continue to fight for the increased access to quality health care for women in Texas.

□ 1210

PROTECTING ACCESS TO
HEALTHCARE ACT

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

Mr. BASS of New Hampshire. Madam Speaker, today the Congress will take up H.R. 5, Protecting Access to Healthcare Act. Amongst other things, this bill will repeal the Independent Payment Advisory Board, one of the many ill-conceived provisions that was part of the so-called Affordable Care Act. This independent advisory board basically has charged 15 unelected individuals with making decisions about what's covered for both patients below the age of 65 and Medicare recipients. It is the Affordable Care Act's way of reducing costs, i.e., telling doctors and patients what they can do and what they can't do. Fifteen unelected bureaucrats in Washington, D.C., are going to tell you what you can do. They stand ahead of you and your doctor.

Now, this bill did not make it to the floor last year. It will make it to the floor this year with bipartisan support. It costs \$3.1 billion, which is made up with a tort law reform provision which has been added. But that shows that \$3.1 billion is what's saved by denying Americans access to health care that they've purchased or that they deserve. Join me in repealing the Independent Payment Advisory Board.

HEALTH CARE REFORM

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

Mr. HOYER. Madam Speaker, I thank the gentlewoman from New York for yielding time. I'm proud to stand with her and with other Democratic Members in support of women's access to comprehensive, affordable health care, access that was greatly expanded by the Affordable Care Act which passed 2 years ago this week and which my Republican colleagues want to repeal.

Thanks to health care reform, over 13 million previously uninsured women will gain access to health insurance. Thanks to health reform, insurance companies will no longer be allowed to discriminate against women by charging them higher premiums than men for the same exact policy or by denying them coverage altogether simply because they are women. Thanks to health care reform, millions of women with private insurance will no longer have to pay for preventive services like mammograms, cervical cancer screening, contraception, and a host of other services.

As a dad of three daughters, as a grandfather of two granddaughters, and as a great grandfather of one great granddaughter, I am glad we did that. And thanks to the Affordable Care Act, preventive services are already free for Medicare beneficiaries.

If I had the time, I'd say the other benefits of this bill that we ought to keep, and I will not join my friend from New Hampshire in trying to repeal a provision of this act.

PAYING TRIBUTE TO MONICA
PEARSON

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

Mr. BROUN of Georgia. I rise today to give a tribute to a friend, a television broadcast icon, the talented and eloquent Monica Kaufman Pearson.

In 1975, Monica became the first African American, in fact, the first female, to anchor a daily evening newscast in Atlantic. Years later, it was revealed that she beat out Jane Pauley and Oprah Winfrey for the coveted position. And just like these high-profile women, Monica has risen to achieve extraordinary success.

For her diligent reporting and superb storytelling, she has won 30 Emmy Awards and numerous honors. However, Monica does not simply report the evening news. I can confidently say that she is one of Georgia's finest. Throughout the years, she has lent her voice to efforts and charitable causes within her community, living out her motto: It's what you do with what you have that makes you what you are.

On behalf of the United States Congress, it is my privilege to honor Amer-

ica's and Atlanta's top news leader, Monica Kaufman Pearson, for her outstanding career and significant contributions to broadcast journalism.

We love you, Monica, and we'll miss you. God bless you.

THE AFFORDABLE CARE ACT

(Mr. MILLER of North Carolina asked and was given permission to address the House for 1 minute.)

Mr. MILLER of North Carolina. Madam Speaker, I rise today to support the provisions in the Affordable Care Act that close the gender gap in health care. Beginning in 2014, health insurers cannot charge women more just because of their gender. Health insurers cannot deny coverage because of preexisting conditions like having survived cancer or having been pregnant or having been a victim of domestic violence, a condition that is almost as disproportionately experienced by women as pregnancy. And health care will have to cover preventive services like mammograms, screening for cervical cancer and, yes, contraception.

Republicans in Congress are trying to block these and other reforms so that health insurers or employers or Members of Congress can make women's health and reproduction decisions rather than trust those decisions to women. Madam Speaker, women can make those decisions. They really don't need help from insurers or employers or politicians or radio talk-show hosts. Women want to make those important personal decisions for themselves, and they should.

PROTECTING ACCESS TO
HEALTHCARE ACT

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

Mr. OLSON. Madam Speaker, I rise to speak in strong support of H.R. 5, the PATH Act, which will fix two of the worst problems with ObamaCare. It repeals the Independent Payment Advisory Board, a group of 15 bureaucrats who will ration health care for seniors on Medicare.

H.R. 5 enacts medical liability reform. Each year, one-fourth of America's doctors are hit with lawsuits, and 90 percent of them are later found innocent. These frivolous lawsuits drive up costs and limit patients' time with their doctors. In 2003, my home State of Texas enacted liability reforms, bringing more than 14,000 new physicians to the Lone Star State. Many of these doctors moved to rural areas, filling a critical gap in care.

Madam Speaker, these reforms have lowered costs and increased access to care in Texas and will do the same for America. I urge my colleagues to listen to the American people and support H.R. 5.

WOMEN'S HEALTH AND THE
AFFORDABLE CARE ACT

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

Ms. DELAURO. Madam Speaker, among the many beneficial reforms for women in the Affordable Care Act passed 2 years ago this week is an end to the discriminatory practice of gender rating in which individual women are charged more than men for the same coverage. We know for a fact that these sorts of discriminatory policies are not something that insurers would just change on their own.

According to a report that the National Women's Law Center released earlier this week, over 90 percent of the best-selling plans in States that have not already banned gender rating still charge women more than men for the very same coverage. This costs women and their families approximately \$1 billion a year. Because we fought—and we fought hard 2 years ago—gender rating will be a thing of the past in 2014. At long last, a woman's health will be put on equal footing with that of her spouse, her son, or her brother.

This is just one of the many benefits for women in the Affordable Care Act. I could not be more proud to have helped pass this piece of legislation, which will transform women's health in this country.

CONGRATULATING MONICA
KAUFMAN PEARSON

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

Mr. WESTMORELAND. Madam Speaker, I would like to join with my other Georgia colleagues today in congratulating Monica Kaufman Pearson on a distinguished career.

Ms. Pearson, known to most of us that have been watching her for a long time as Monica Kaufman, is retiring after more than 30 years as a "Nightbeat" anchor for WSB-TV and Channel 2 News in Atlanta.

I, along with many Georgians, have welcomed Ms. Pearson into my home every night while watching the news. Although her retirement is well deserved, she will be missed by us all.

After graduating from the University of Louisville, Ms. Pearson began her career as a reporter for the Louisville Times. Later she took part in the Summer Program for Minority Groups at the Graduate School of Journalism, Columbia University of New York. Before coming to Atlanta, Ms. Pearson worked in the public relations field and as an anchor for WHAS-TV in Louisville.

Even with her retirement, I know she will continue to be a role model for the citizens of Georgia and continue using her helping hands to raise money for charity and local community organizations.

I wish Ms. Pearson the best in her future endeavors.

And, Monica, the nightly news will not be the same without you. Thank you very much.

□ 1220

AFFORDABLE CARE ACT AND
WOMEN

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

Ms. SLAUGHTER. Madam Speaker, 2 years ago, I was really honored to serve as the chair of the House Committee on Rules and bring this historic Affordable Care Act to the House floor. It was one of my proudest moments. I'm standing here today, equally proud to defend that law from the ongoing war on women.

When it comes to health care, women are classified as a preexisting condition. For decades, women have been routinely charged more for health insurance than a man who seeks the very same coverage.

Did you know that if a business employs more women than men, it can choose to raise everybody's premiums, regardless of gender, to cover the higher cost, which is, in their mind, of insuring women?

Women not only pay for standard insurance coverage, but they also pay a separate cost for maternity coverage. In Illinois, a 30-year-old woman must pay \$278 a month and an additional \$270 a month for maternity coverage in case she needs it.

Insurance companies claim that these added costs are because women are more likely to visit doctors, get checkups, take prescription drugs, and have illnesses. Everyone knows that preventative care—everyone but the insurance companies, apparently—saves us money in the long run. We women in the majority of the United States are tired of being second-class citizens.

IPAB

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

Mr. CASSIDY. Madam Speaker, I'm a doctor. And as a doctor who still treats patients, I understand how important it is to have health care for the millions of Americans who depend upon it, particularly Medicare. Therefore, I fully support the repeal of the Independent Payment Advisory Board, a new government bureaucracy of 15 unelected, unaccountable officials created by the President's health care law.

Now, as it turns out, the IPAB can only save money by slashing payments to physicians, to Medicare Advantage plans and prescription drug plans—things that our seniors depend upon daily. I cannot imagine why my Demo-

crat colleagues support making it more difficult for a senior to obtain the care that she needs and deserves.

The faith that centralized planning of the IPAB will be successful in controlling costs brings to mind Samuel Johnson's quote regarding second marriages: "It is the triumph of hope over experience."

REMEMBERING THE REVEREND
MAURICE MOYER

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

Mr. CARNEY. Madam Speaker, I rise today to remember the Reverend Maurice Moyer, who died Tuesday, March 6, at age 93.

Rev. Moyer was one of Delaware's most respected and beloved citizens, and a prominent civil rights leader.

As president of the Wilmington Branch of the NAACP from 1960 to 1964, Rev. Moyer led the fight for open public accommodations and fair housing. He was part of the 1963 March on Washington, and participated in the voting rights march from Selma to Montgomery in 1965.

Rev. Moyer fought tirelessly for equal rights for all and was an inspiration to everyone who knew him. He did so much to make Delaware and our country a better place for all of us.

It was a privilege for me to know him personally and to join his family and friends for his 90th birthday party, where we celebrated his incredible life and legacy.

I will always remember Rev. Moyer's broad smile, his strong voice, and his kind heart. My thoughts and prayers go out to his family and friends.

IPAB

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

Mr. BILIRAKIS. Madam Speaker, I rise today to express my concern with the Independent Payment Advisory Board. This unelected bureaucracy is another example of the extreme flaws in the massive health care overhaul. The power that would be wielded by the IPAB is unprecedented. More troubling, it diminishes the oversight ability of Congress—a fundamental element of our Nation's system of checks and balances.

Many doctors and care providers in my home State of Florida are already unable to accommodate the new Medicare beneficiaries. The IPAB will create further uncertainty and could certainly harm seniors' ability to access care.

Madam Speaker, this health care bill is not working. We hear about major problems from every facet of the health care system, both patients and providers. Repealing the IPAB is an important step in rolling back this deeply flawed and unpopular health care bill.

RYAN BUDGET PLAN

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

Ms. BERKLEY. Madam Speaker, I feel as if it's *deja vu* all over again. Just 1 year ago, Washington Republicans proposed a plan to kill Medicare by turning it over to private insurance companies. It passed the House and luckily failed in the Senate.

Now, just 1 year later, Republicans are pushing yet another plan to kill Medicare and devastate Nevada seniors by forcing them to pay thousands more out of their own pockets for health care. Madam Speaker, it was a bad idea for Nevada seniors when it was first proposed, it's a bad idea for Nevada seniors now.

Unfortunately, these are the kinds of priorities we have come to expect from Washington Republicans. Instead of strengthening Medicare, Washington Republicans have spent this year trying to undermine it in order to pay for massive taxpayer giveaways to big oil companies making billions in profits and tax breaks for corporations who are shipping our jobs overseas. It's a matter of getting our priorities straight, and the Republicans in Washington just don't get it.

We need to put Nevada's seniors first, not Big Oil executives, not Wall Street billionaires. We must focus on creating jobs, not on killing Medicare by turning it over to greedy insurance companies.

MEDICAL MALPRACTICE REFORM

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

Mr. SCALISE. Madam Speaker, I rise in strong support of H.R. 5, the bill that we're bringing to the floor today to repeal the Independent Payment Advisory Board, this group of 15 unelected bureaucrats here in Washington, D.C., that, under the President's health care law, would be able to ration care for our Nation's seniors.

I think most hardworking American families out there would much rather the decisions on health care to be made between a patient and a doctor, not some unelected bureaucrats to be allowed to ration our grandmother's care. So that's why we're repealing this law. Hopefully, it's going to be sent over to the Senate, and we'll finally be able to get some good bipartisan support over there.

As part of this reform, we are also not just repealing, we're replacing with real commonsense medical liability reform. This is something that should have been in the President's law, but of course his law wasn't about reform; it was about a government takeover. We are actually putting in place legislation that would put commonsense medical liability reform in place.

According to the Harvard School of Public Health, 40 percent of medical

malpractice suits filed in the United States are "without merit." Well, what does that do? That dramatically increases the cost of health care because so many doctors out there will tell you that many of the tests they run on us are not because of our health, to look at health outcomes; it's to avoid frivolous lawsuits. We finally addressed that, lowering the costs and improving quality of care.

WAR ON WOMEN'S HEALTH

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

Mr. BUTTERFIELD. Madam Speaker, over the past several months, we have seen Republicans wage war on women's health. Nowhere can the Republican zeal for limiting women's access to affordable quality health care be seen more clearly than in their attempt to dismantle the Affordable Care Act.

Improving health care has long been a priority for women, reflecting their experiences as patients, mothers, and caregivers. For decades insurance companies have been able to deny coverage and charge higher rates for women simply because of their gender. Thanks to the Affordable Care Act—the greatest advancement for women's health in a generation—this will no longer be legal. This law moves us closer to the day when essential women's health services are covered, prevention is a priority, and care is coordinated.

On the eve of the 2-year anniversary of the Affordable Care Act, I join my colleagues in protecting health care reform for women, and I rebuke all attempts to continue discriminatory health insurance policies that result in women paying more than men.

□ 1230

THE HEALTH ACT OF 2011

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

Mr. LATTA. Madam Speaker, I rise in support of H.R. 5, the Help Efficient, Accessible, Low-cost, Timely Healthcare Act of 2012, which also contains H.R. 452, the Medicare Decisions Accountability Act of 2012. I'm a co-sponsor of both of these very important pieces of legislation.

The Independent Payment Advisory Board, IPAB, must be repealed, as this board will have extremely negative consequences on American families' health care. This board of unelected members will be making decisions for tens of thousands of Medicare patients. The power to control the purse strings will give enormous power to control what type of care a patient receives. I strongly believe that physicians and patients are in the best position to decide their own health care, and IPAB must be repealed.

In addition, the HEALTH Act is absolutely needed. I've been working on medical malpractice issues since my time in the Ohio General Assembly when we passed successful tort reform. The current system is broken and places a \$210 billion burden on our Nation's health system each year. H.R. 5 will bring savings for patients and doctors, and is an important step in helping to make sure our Medicare liability system works in this country.

I support both bills.

BENEFITS OF THE AFFORDABLE CARE ACT

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

Mrs. CAPPS. Madam Speaker, I rise to recognize the ways that young people in my congressional district and around the country are benefiting from the Affordable Care Act.

Before health reform, young adults were the age group most likely to be uninsured, losing their coverage right after they left home and entered the workforce; but thanks to the health reform law, 2½ million young people, including nearly 10,000 in my communities, now have health insurance. And some of them have reached out to tell us how the law is working for them and for their families.

Jamie from Santa Barbara wrote:

I got back on my parents' insurance and was finally able to visit the dentist and get a new prescription for eyeglasses that I desperately needed.

Maria from Oxnard says:

As a recent graduate, I felt completely vulnerable. With health care reform, I am now able to stay with my parents' health insurance, which has given me peace of mind while I search for employment.

Madam Speaker, health reform is working for young people on California's central coast. We must ensure the law stays strong to keep them and their families healthy, and I'll say the same for this entire Nation.

HONORING THE 40TH ANNIVERSARY OF TAN HOLDINGS CORPORATION

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

Mr. SABLAN. Madam Speaker, 40 years ago, Dr. Tan Siu Lin founded what is known as Tan Holdings, the largest private employer in the Northern Mariana Islands.

Over four decades, Dr. Tan, together with his wife and their children, nurtured their small, homegrown business into an international powerhouse. Tan Holdings has become one of the region's most important tourism businesses, with hotels, booking agencies, and, soon, an airline, Saipan Air. The company also provides personal and corporate insurance, distributes some

of the world's best known consumer goods in our islands, is active in real estate, and publishes a newspaper.

In addition to these business accomplishments, Tan Holdings has established the Tan Siu Lin Foundation, which has donated millions of dollars to deserving causes and activities in our islands, setting an example of social responsibility.

Please join me in congratulating Tan Holdings for its 40 years helping to build the economy of the Northern Mariana Islands and economies throughout Micronesia.

THE AFFORDABLE CARE ACT

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

Ms. PINGREE of Maine. Madam Speaker, in the 2 years since its enactment, the Affordable Care Act has truly improved health care for families in Maine:

It has given 190,000 seniors access to free preventative care and saved them over \$5 million in prescription drug costs; it has allowed 7,000 young adults to stay on their parents' insurance; and, in Maine, it has helped 1,300 small businesses provide their employees with health coverage.

More critical benefits are on the way, including banning insurance companies from charging women more simply because of their gender.

Yet here we are again, debating how to undo these successes, debating how to block women's access to contraceptives, and, this week, considering proposals to dismantle Medicare and shift the cost back to seniors.

This must stop. We can't afford to go back to the status quo—denying women equal access to care, or telling seniors they're on their own, or letting families go bankrupt just because someone got sick.

We must let the Affordable Care Act stand so more Americans have the chance to reap the benefits of true health care reform.

DO NOT TURN THE CLOCK BACK

(Ms. HANABUSA asked and was given permission to address the House for 1 minute.)

Ms. HANABUSA. Madam Speaker, it's been about 236 years since we declared independence, but it's only been 92 years since women could vote. We have fought for equality, fighting our way from being second-class citizens. One such battle is the discrimination in health care.

For so long, insurance companies have denied coverage for preexisting conditions like pregnancy, breast cancer, C-sections, and domestic abuse. Ninety percent of the best-selling plans charge women more. Some plans require women to even get a pre-authorization before they can seek OB-GYN services.

From 2014, that will not be the case because of the Affordable Care Act. But just a few months ago, efforts by Republicans were to block contraception. Now the attempts are to repeal the Affordable Care Act. This is the act that's been the great equalizer for women and children.

Don't let them turn the clock back. We should not have to do another hundred years of battle for equality.

THE CRISIS IN KORDOFAN AND BLUE NILE

(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, today, in Sudan, tens of thousands of men, women, and children are huddled in caves in the Nuba Mountains of South Kordofan and at Blue Nile state, where they're hiding from aerial bombardment and rocket attacks unleashed by the Sudanese Government in Khartoum.

They have nothing to eat because they've not been able to plant crops this year. And although the world stands ready to provide lifesaving assistance, that same government in Khartoum refuses to allow them access to it. When the rainy season descends on Sudan in the coming weeks, it will be too late to get food in and these people will face starvation.

Madam Speaker, for decades, this Congress and successive U.S. administrations have expressed the will of the American people that we will not allow so many innocent people to die in a struggle for land and power.

I ask my colleagues to condemn the Sudanese Government's assault on innocent people and denounce President Omar al-Bashir's decision to use food as a weapon of war.

We have little economic or political interest in this situation, but we do have a profound moral obligation to speak out. Khartoum must withdraw its armed forces, stop attacking civilians, and allow humanitarian access immediately.

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

Mr. NUGENT. Madam Speaker, I ask unanimous consent that the Committee on House Administration be discharged from further consideration of House Concurrent Resolution 108, and ask for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

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

There was no objection.

The text of the concurrent resolution is as follows:

H. CON. RES. 108

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

SECTION 1. USE OF ROTUNDA FOR HOLOCAUST DAYS OF REMEMBRANCE CEREMONY.

The rotunda of the Capitol is authorized to be used on April 19, 2012, for a ceremony as part of the commemoration of the days of remembrance of victims of the Holocaust. Physical preparations for the ceremony shall be carried out in accordance with such conditions as the Architect of the Capitol may prescribe.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

HOURLY MEETING ON TOMORROW

Mr. NUGENT. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 10 a.m. tomorrow.

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

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

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

□ 1240

UNITED STATES MARSHALS SERVICE 225TH ANNIVERSARY COMMEMORATIVE COIN ACT

Mr. STIVERS. Madam Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 886) to require the Secretary of the Treasury to mint coins in commemoration of the 225th anniversary of the establishment of the Nation's first Federal law enforcement agency, the United States Marshals Service.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

At the end, add the following:

SEC. 8. FINANCIAL ASSURANCES.

The Secretary shall take such actions as may be necessary to ensure that—

(1) minting and issuing coins under this Act will not result in any net cost to the United States Government;

(2) no funds, including applicable surcharges, shall be disbursed to any recipient designated in section 7 until the total cost of designing and issuing all of the coins authorized by this Act (including labor, materials, dies, use of machinery, overhead expenses, marketing, and shipping) is recovered by the United States Treasury, consistent with sections 5112(m) and 5134(f) of title 31, United States Code.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. STIVERS) and the gentleman from North Carolina (Mr. MILLER) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio.

GENERAL LEAVE

Mr. STIVERS. I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to add extraneous material to the bill.

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

There was no objection.

Mr. STIVERS. I yield myself as much time as I may consume.

I rise today to urge the House to concur in two minor amendments made by the Senate to H.R. 886, introduced by the gentleman from Arkansas (Mr. WOMACK) and passed by the House last December with more than 300 cosponsors.

The amendments, which are unobjectionable, merely certify that the coins produced under the program outlined in the bill will comply with existing law requiring that they be produced at no cost to the taxpayers.

Madam Speaker, 112 Congresses ago, during the first session of the first Congress, George Washington signed into law the Judiciary Act and appointed the first 13 men who formed the basis for the Nation's first Federal law enforcement agency. The Marshals Service will celebrate its 125th anniversary in 3 years. This legislation authorizes issuance of coins recognizing that anniversary.

Surcharges on the coin sales will generate funds for a number of law enforcement-related entities, primarily the U.S. Marshals Museum. I urge adoption of the bill as amended.

I reserve the balance of my time.

Mr. MILLER of North Carolina. Madam Speaker, I yield myself such time as I may consume.

The Offices of the U.S. Marshals and Deputy Marshal were created by the first Congress in the Judiciary Act of 1789, the same legislation that established the Federal judicial system. The marshals were given extensive authority to support the Federal courts within their judicial districts and to carry out all lawful orders issued by judges, by Congress, or by the President.

Their first duty was to support the Federal courts, and they served summons, subpoenas, writs, warrants, and other processes issued by the courts, made any arrests necessary, and handled the prisoners. They disbursed the money. The marshals paid the fees and expenses of the court clerks, the U.S. Attorneys, the jurors, the witnesses. They rented the courtrooms, the jail space, hired the bailiffs, the criers—what we probably would now call a bailiff—the janitors, and on and on. They ensured the courts functioned smoothly. They took care of the details so that the judges and the lawyers

could concentrate on the cases before them. They made sure that the water pitchers were filled, the prisoners were present, the jurors were available, and the witnesses were on time.

But that was really only part of what the marshals did.

When George Washington set up his first administration and Congress first convened, they both quickly discovered a gap in the constitutional design of our government. It had no provision for any administrative structure throughout the country. Both the Congress and the Executive were housed in the Nation's capital, and no agency was established or designed to represent the Federal Government anywhere else. The need for a national organization quickly became apparent.

Congress and the President solved that in part by creating specialized agencies, like customs and revenue collectors to levy taxes and tariffs, but there were still many other jobs in the Federal Government that needed to be done and no one to do them. The only officers available to do it were the marshals and their deputies.

So the marshals were pretty much the Federal Government throughout much of the country, and they pretty much did everything. They took the national census every 10 years until 1870; they distributed Presidential proclamations, collected a variety of statistical information on commerce and manufacturing; they supplied the names of government employees for the national register; and they performed other routine tasks that were really necessary for the central government, the Federal government, to function effectively.

Over the past 200 years, Congress and the President have called on the marshals to do all manner of things: to carry out unusual and extraordinary missions like registering enemy aliens in time of war, capturing fugitive slaves from that lamentable period of our history, sealing the American border against armed expeditions aimed at foreign countries, and swapping spies with the Soviet Union. They remained a law enforcement agency.

Within the last decade, the marshals retrieved North Carolina's, my State's, copy of the Bill of Rights in a sting operation. North Carolina's copy had been stolen by Sherman's men when Sherman's army came through Raleigh after they went through Atlanta and treated Raleigh with the same loving attention and care that they had shown Atlanta. We are proud now to have our copy back and thank the marshals for having done it.

Madam Speaker, I support this deserved honor for our Marshals service. I reserve the balance of my time.

Mr. STIVERS. Madam Speaker, I yield such time as he may consume to the gentleman from Arkansas (Mr. WOMACK).

Mr. WOMACK. Madam Speaker, I thank the gentleman for his time, and I thank the gentleman from North Carolina for his kind remarks, too.

I want to thank the Speaker of the House and Leader CANTOR and Chairman BACHUS for giving me the honor and privilege of helping shepherd this important piece of legislation through the House.

As was already mentioned in previous remarks, this bill, H.R. 886, passed overwhelmingly through this House with only a single dissenting vote late last year in the first year of the 112th Congress. It's gone over to the Senate, and it's come back with an amendment that simply reassures the American people that none of the production costs or other costs associated with the minting of this coin that commemorates the 225th anniversary of the Marshals service will be borne by the taxpayers.

So it just further assures the discerning public out here that the effort that we're doing today in honoring a great law enforcement agency in the U.S. Marshals Service at the same time does not cost the taxpayers any money. So I urge strong support for this bill, as amended.

Mr. MILLER of North Carolina. Madam Speaker, we have no further speakers.

I yield back the balance of my time. Mr. STIVERS. Madam Speaker, I have no further speakers. I urge adoption.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. STIVERS) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 886.

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. MILLER of North Carolina. 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.

PROVIDING FOR CONSIDERATION OF H.R. 5, PROTECTING ACCESS TO HEALTHCARE ACT

Mr. NUGENT. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 591 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 591

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and amendments specified in this resolution and shall

not exceed six hours equally divided among and controlled by the respective chairs and ranking minority members of the Committees on Energy and Commerce, the Judiciary, and Ways and Means. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendments recommended by the Committees on Energy and Commerce and the Judiciary now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 112-18 shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute rule and shall be considered as read. All points of order against provisions in the bill, as amended, are waived. No further amendment to the bill, as amended, shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such further amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such further amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendments as may have been adopted. The previous question shall be considered as ordered on the bill, as amended, and any further amendment thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Florida is recognized for 1 hour.

□ 1250

Mr. NUGENT. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Florida (Mr. HASTINGS), pending which I yield myself as much time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

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

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

There was no objection.

Mr. NUGENT. Madam Speaker, I rise today in support of this rule, House Resolution 591.

H. Res. 591 provides a structured rule so that the House may consider H.R. 5, the Help Efficient, Accessible, Low-cost, Timely Healthcare Act of 2012. The rule provides for 6 hours of debate on this vital issue.

In my opinion, the HEALTH Act is one of the most imperative pieces of legislation to come to the floor of the House in the 112th Congress thus far. The bill repeals a particularly egregious part of the government takeover

of health care: the Independent Payment Advisory Board, or IPAB.

In case you're not aware, IPAB is the 15-member panel created by ObamaCare to rein in Medicare costs. IPAB is made up of 15 unelected bureaucrats. The majority are not doctors, and their decisions will have the force of law and will go into effect automatically without the consent of Congress. We'll get back to IPAB in a moment.

H.R. 5 also implements long-needed medical malpractice tort reform. I hear all the time that we need to bring down the cost of health care. My colleagues on the other side of the aisle claim that the government takeover of health care would do just that, reduce the cost of health care.

In fact, President Obama claimed it would lower premiums by \$2,500 per family per year. We know that's just not the case. Since inauguration day in 2009, premiums have risen by \$2,213, almost the same amount the President promised he was going to save us. The annual Kaiser Foundation survey of employer-provided insurance found that average family premiums totaled \$12,860 in 2008 and are now \$15,073 in 2011. Moreover, the CBO, the Congressional Budget Office, projects the law's new benefit mandates will force premiums to rise on top of that \$15,000 by \$2,100 per year per family.

Malpractice reform, on the other hand, will most definitely reduce the cost of health care. We've seen what defensive medicine is: CAT scans ordered, antibiotics prescribed, blood tests conducted—not because the doctor thought they were necessary, but because he or she was scared that if they didn't order them they would be sued for not prescribing them.

A Department of Health and Human Services study said that defensive medicine costs between \$70 billion to \$126 billion a year. That's billions. The CBO estimate takes a little more moderate stance, putting that number around \$54 billion. Let me tell you, \$54 billion, \$70 billion, \$126 billion, that's a lot of money in anybody's terms.

I've heard from a lot of folks they are opposing the legislation because it defies States' rights. I have to say I'm particularly surprised to hear so many of my colleagues on the other side making this argument. I'm happy to see they've come to recognize the importance of States' rights and of State sovereignty. I hope that means that we can count on them for their support and efforts in moving forward to take Federal power away from Washington, D.C., and return that power back to the States, where it belongs and where our Founding Fathers envisioned it to be.

I want to take a moment to make it clear to my colleagues on both sides of the aisle why this bill, H.R. 5, does not trample on the rights of our States.

In the modern era, Congress has enacted many Federal tort reform statutes to supersede contrary State laws, including recent Federal tort reform

protecting the vital domestic firearms industry, and judicial precedents leave little doubt as to their constitutionality. Even President Reagan, who was an unabashed champion for the States, established a special task force to study the need for tort reform, which concluded that the Federal Government should address tort reform across the board.

I fear that the folks who are claiming the 10th Amendment and States' rights aren't looking at the entirety of H.R. 5. They aren't looking at all of the provisions that make it clear that the caps created in this bill only apply to States that don't already have their own caps.

These provisions—"flexi-cap" they are called—recognize that any State amount on caps takes precedence to this piece of legislation. That means if a State has a billion-dollar cap, good for them, let them keep it. It also means that if a State has a \$100,000 cap, they can keep it, too. If a State decides to pass a law and establish a cap on their own to change their existing cap, they should go ahead and do it because H.R. 5 isn't going to do anything to stop them from doing that.

H.R. 5 clearly ensures that it is a State's right to set its caps where it wants them. I understand that trial lawyers won't like the Federal limit. Luckily, I really worry about the American people as a whole, not just what trial lawyers have to say.

I know this may be speculation, but I think that special interest groups and, perhaps, some of the new converts to the 10th Amendment are hiding behind the States' rights argument because, in fact, they just don't want to see their own profits go down. But I fear that the States' rights discussion is a red herring that only gets us off the most important issue, the issue that I started off with, the Independent Payment Advisory Board. Plain and simple, IPAB is going to cut the health care that our Nation's seniors can receive.

This Medicare-rationing board, which is what this is, will decide the value of medical services and impose price controls that will slash senior access to doctors and other health care providers. We see this happening already.

The Centers for Medicare & Medicaid Services actuary has confirmed that large reductions in Medicare payment rates to physicians would likely have serious implications for beneficiary access to care, utilization, intensity, and the quality of that care. As Donald Berwick, President Obama's appointee as the Medicare administrator, said:

The decision is not whether or not we will ration care. The decision is whether we will ration with our eyes open.

H.R. 5 takes that choice away from Administrator Berwick, from IPAB, and from President Obama. H.R. 5 sets forth a new way forward, a way that says we don't need Washington bureaucrats, who haven't even practiced medicine, telling us what's best for us.

We need to sit down with our doctors and come up with individual treatment

plans, a way that actually does something about health care costs by removing frivolous lawsuits from the equation, a way forward that means States' rights are still protected while also protecting seniors' rights to the best health care options available.

□ 1300

Madam Speaker, I support this rule, and I support the underlying legislation, and I encourage all of my colleagues to do the same.

With that, I reserve the balance of my time.

Mr. HASTINGS of Florida. Madam Speaker, I yield myself such time as I may consume.

I rise in opposition to H.R. 5. Not only does this bill overlook the rights of injured patients, but it's also an attempt by the House Republican leadership to dismantle the Affordable Care Act.

I would remind my friend from Florida that there is no example that allows for any of us to have it both ways. This matter violates the Constitution and, clearly, not just for those who argue the 10th Amendment from a conservative or a liberal perspective. It is all of us that feel very strongly that this measure usurps the power of States.

I'm fond of saying what Randy Barnett, constitutional law professor at Georgetown, said, that people seem to be fair-weather federalists, and they abandon federalism whenever it is inconvenient to someone's policy preferences.

H.R. 5 combines two completely unrelated measures. The first one is the reform of our Nation's medical malpractice system. The second one is the repeal of the Independent Payment Advisory Board, which was established by the Affordable Care Act. Please don't get me wrong; I'm fully aware of the challenges inherent to our medical liability system. The excessive cost of medical malpractice insurance faced by physicians seriously impairs our Nation's health care system by encouraging the practice of defensive medicine. This contributes to higher health care costs for both doctors and patients as well as diminished access to care for consumers.

But while I agree that our medical liability system needs to be changed, I do not believe that it should be at the expense of the fundamental rights of patients, including their ability to seek compensation for wrongful injuries. Indeed, this bill imposes an arbitrary and unfair cap on noneconomic damages that injured patients can receive. Such limitations will extinguish our rights and have devastating consequences for individuals harmed by physicians and medical products.

In addition, this bill seriously encroaches on the 10th Amendment of the Constitution by preempting State laws. And I'm not buying the confusion offered in the Rules Committee yesterday nor by my good friend from Flor-

ida. I know preemption when I see it. I know the 10th Amendment, and I know that people have stood for the 10th Amendment. I need not remind my colleagues that countless Republicans have made statements regarding this particular matter not fitting within the framework of the 10th Amendment's commerce provision.

My Republican colleagues like to talk about frivolous lawsuits and unreasonably large jury awards. But I asked the question yesterday of the maker of this particular provision, what is his leg worth? It's easy for us here inside the beltway, and it's easy for us on the Republican or Democratic side, liberal or conservative, to be about the business of talking about somebody's harm. Then what happens is, all of the lawyers that are the bad people of the world, everybody wants the best lawyer when it is them and their problem that is a problem.

I asked the maker of the bill, how much is his leg worth? When you cut off the wrong leg, who can stand among us and say that \$250,000 is enough? So where did that cap come from? It came from a 1978 provision, \$250,000. This is 2011, moving fast with costs rising.

I ask anybody here or that is within the range of this particular measure at this time, please tell me, when did your health care insurance costs go down? I don't know of any example. I have been paying health care insurance for 49 years, and it's gone up repeatedly during that period of time. And I don't care whether there was a Republican President or a Democratic President, health care costs went up, and I don't think that this little measure here is going to bring it down.

What do you think about the family in Chicago whose perfectly healthy baby was born lifeless because the hospital team failed to provide him with proper oxygenation during labor and to perform an emergency cesarean section on the mother? The boy is now 5 years old, suffers from permanent neurological damage, and is totally dependent on the care of his parents for all his daily activities. You ask his parents if \$250,000 is enough for a lifetime of care. Oh, no.

Then you say, well, thrust it on the States. Let Medicaid take care of it. And then what you do under the Ryan budget, my good friend, is you say block-grant Medicaid. I saw that movie in Florida when they block-granted Medicaid, and it was used for everything else other than for poor people. Something is wrong with that movie.

What about the judge in Palm Beach County who had a surgical sponge left in his stomach after having abdominal surgery and had to wait 5 months to have it removed? By then, the pus and bile-stained mass measured more than a foot long and a foot wide, and the rotted part of his intestine had to be removed. Ask him if a lawsuit was frivolous.

Each case and each injury is different. It is not the role of Congress to

decide the fate of these individuals and families devastated by malpractice by establishing arbitrary limits on the financial compensation that they are entitled to.

As you all know, the medical malpractice portion of this bill is actually a pay-for, meant to offset the repeal of the Independent Payment Advisory Board, IPAB. IPAB is a board of 15 physicians and experts established by the Affordable Care Act to find ways to control health care costs associated with Medicare.

Under the act, IPAB will make recommendations to slow the growth rate in Medicare spending if spending exceeds a certain target rate. The Congressional Budget Office estimates that the repeal of IPAB would increase direct spending by \$3.1 billion over 10 years—\$3.1 billion. Now is not the time to repeal measures that can save our Nation money and reduce our deficit without offering any substitute, and that's the take-away from this.

My friends say don't do IPAB; and I say to my friends, well, what do you do? And you do nothing. That's what you do, and that's what you've been doing here in the Congress since we came here. We have given "do-nothing Congress" a new meaning. Rather than dealing with jobs, the things that people are completely interested in, rather than passing the infrastructure measure that the Senate has passed that will deal immediately with jobs in America, we are here passing a measure—and it will pass the floor of the House of Representatives—that will go to the Senate and go nowhere. So then what did we do? We did nothing.

The Congressional Budget Office also estimates that, thanks to the cost-saving mechanisms in place in the Affordable Care Act, IPAB will not likely be required to act for the next 10 years.

I heard my colleague, just a minute ago, say that health care costs have gone up since President Obama has been in office. My mom is fond of saying that if we're going to keep pointing back to the other President—if Obama says Bush did it, and Bush says that Clinton did it, and then Clinton said that Bush did it, and Bush said that Nixon did it, and Nixon said that Carter did it—then we could just point back to George Washington and say George Washington did it then and get it all over with rather than continuing this charade before the people, making them think that somehow or another we have the solution here.

□ 1310

Health care costs have gone up, and they're going to continue to go up until we as men and women in the House of Representatives and in the United States Senate and as the American people sit down and decide that this is a solvable problem which will allow us to address those things that are vital in this country.

The bill is a complete waste of time. It does nothing in addition to going nowhere. It does nothing to help the

American people. It contains nothing to improve the affordability and accessibility of health care. And repealing IPAB, if you want to talk about frivolous, that's what frivolous is. Let us give the American people what they really need right now—and that's jobs. How many times do we have to say that down here for people to finally get it?

Frankly, I'm appalled by the hypocrisy of my Republican colleagues who keep stating that Federal spending needs to be kept under control. But at the first opportunity they wind up rejecting one of the most serious tools in place to actually tackle Medicare spending and find ways to make care more affordable.

What are the Republicans offering to replace IPAB? Nothing. Since the beginning of the 112th Congress, the Republican majority has sought to repeal as many provisions of the Affordable Care Act as possible without providing any replacement and absolutely no long-term solution. If we do nothing, Medicare costs will continue to increase, thereby increasing the burden on millions of seniors, disabled individuals, and their families all across this country.

What is the Republican plan? What is the plan? It is to replace Medicare with the new Ryan budget introduced yesterday. It is to replace it with some kind of premium that is nothing but a voucher system that would certainly result in increased costs for seniors and reduced benefits.

The truth is that the Republicans have no plan to reduce Medicare, and I defy them to present it. If you look at the budget that was released yesterday, it's all filled with blank spaces—and I'll fill in the line—nothing, nothing, nothing. So, instead of just repealing IPAB, let us improve it, reform it or replace it. By doing nothing, it's surely not going to fix the problem.

I reserve the balance of my time.

Mr. NUGENT. Madam Speaker, I yield 3 minutes to my fellow member of the Rules Committee, a freshman, ROB WOODALL from Georgia.

Mr. WOODALL. Madam Speaker, I very much appreciate that. I thank my colleague on the Rules Committee for yielding.

I wanted to come down here and talk about the rule. My colleague from Florida has just made a very impassioned case for why he is likely going to be voting "no" on the underlying legislation. If I understood his comments correctly, I'm guessing that it's going to be a "no" vote after we have finished 6 hours of debate on this bill—6 hours of debate—which is the kind of debate that a bill of this nature demands. And I'm very proud that the Rules Committee set aside that kind of time. I was fortunate enough to have one of my amendments made in order by the Rules Committee, as was my friend from Florida, but a lot of Members were not.

I wanted to come down here, Madam Speaker, to speak to the authorizers,

the chairmen out there who are sending this legislation to the floor. Because what we have in this House is called the CutGo rule, which says if you bring a bill to the floor that's actually going to do some reducing of the Federal deficit, if you're going to be bold enough in this House to send a bill to the floor that's going to reduce the burden that we're placing on our children and grandchildren everyday, then nothing that happens on the floor of the House as we try to amend that bill will be allowed to reduce that savings.

So when a bill comes to the floor, as this bill has, H.R. 5, that has a very high CutGo number in it, we're in a box. It cannot be amended with different ideas because those ideas are either not germane—germaneness means that it has to be relevant to the underlying legislation—or they can't cut any additional funds. So what we had to do in the Rules Committee yesterday was reject amendment after amendment after amendment that our colleagues offered that we would ordinarily have made in order here on the House floor in what has been the single most open Congress that I have seen in my lifetime. I'm a freshman on the floor of this House, but I've been watching this institution. This is the single most open Congress I've seen in my lifetime, but we were not able to make more amendments in order because they were not germane or they violated CutGo. To the Rules Committee's credit, we did not waive CutGo. We complied with the rules of this House.

But I just say to my friends who are on those authorizing committees, if you want to take advantage of the Rules Committee in this Congress that is providing more opportunity for more debate and more amendment and more discussion than we have seen in decades, you need to be cognizant when you send those bills to the Rules Committee that we are not inclined to waive CutGo—and rightfully so—and we are not inclined to waive the germaneness rules—and rightfully so.

What that means today is we're going to have the narrow discussion, that my friend from Florida has laid out, on the merits of this bill for over 6 hours today. I want to thank my friend on the Rules Committee for his leadership in bringing such an open rule to the floor, in bringing such an expansive rule to the floor and in genuinely providing the kind of opportunity for debate, even though I disagree with my friend from Florida on his underlying assertions, providing the opportunity for debate the likes of which America has not seen in decades.

Mr. HASTINGS of Florida. Madam Speaker, my friend from Georgia—and he is my friend—pointed out that his amendment was made in order yesterday. I might add, in keeping with the notion if you can't have it both ways, he would strike all the findings. And it seems to me that that's admitting justification for the authority to pass Federal tort reform. But it directly

contradicts the same constitutional arguments they will be making next week before the United States Supreme Court in their effort to repeal the Patient Protection and Affordable Care Act, a bill which many of the same conservative lawmakers argue that Congress did not have the constitutional authority to pass.

I am very pleased to yield 3 minutes to my very good friend from New Jersey, a member of the Budget Committee, the distinguished gentleman (Mr. ANDREWS).

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

Mr. ANDREWS. I thank my friend for yielding.

Whether you're a Republican or a Democrat, a liberal or conservative, no matter where you live, I think most people agree that the number one issue confronting our country is the lack of jobs for the American people. It is the central issue of our times, central problem of our times. The American people want us to look forward and work together and solve that problem rather than looking backward and relitigating political debates.

One hundred ninety-five days ago, the President of the United States came to this Chamber and set forth a series of specific ideas to put Americans back to work. One of those ideas was to put construction workers back to work in repairing and building our roads and bridges, building schools, wiring schools for the Internet, and in putting our construction industry and transportation industry back to work. We're going to spend 6 hours debating whether to repeal part of the health care bill—again. We're not going to spend 6 minutes debating a bill that would put our construction workers back to work fixing our roads and bridges.

The Republican leadership of the House is kind of isolated on this because Democrats in the other body voted for a bill to put our construction workers back to work; and Republicans in the other body voted for the same bill. Three-quarters of the Senate voted for a bill to put our construction workers back to work.

The Democrats are ready to vote for that bill. We introduced a version of that yesterday that says let's do that here, but the House Republican leadership won't put this bill on the floor. So instead what we're going to do is have what are recurring debates about whether to repeal the health care bill.

People feel very strongly about the health care bill, pro and con; but I think most people feel even more strongly it's the wrong thing for us to be talking about right now. If there's a bill that three-quarters of the Senate voted for to put Americans back to work, why don't we vote on that here today? Instead, what we're going to do is vote on repealing part of the bill that talks about a committee that might or might not take action 5 years

from now to do something about the way Medicare money is spent.

□ 1320

I think if you said to a Republican or a Democrat, a liberal or a conservative anywhere in this country, What would you like your House of Representatives to be voting on today: a bill that three-quarters of the Senate agreed to to put construction transportation workers back to work, or a bill that will decide whether a body will or won't act 5 years from now on the way Medicare is going to be run? I think we all know the answer to that.

The right thing to do is to oppose this rule and instead put on the floor the Senate transportation bill that three-quarters of the Senate voted for. Let's approve it, let's put it on the President's desk, and let's finally work together to put Americans back to work.

Mr. NUGENT. Madam Speaker, I love the hyperbole. I love my friend from Florida's passionate discourse earlier in this conversation. But he was right. You can't have it both ways.

Here's the problem. In their idea of having it both ways, they talk about medical malpractice as if, if we do nothing, things get better. If we ignore tort reform, things get better. If we ignore tort reform, costs of health care will stay the same. Well, in fact, it hasn't. It continues to rise.

We talk about higher health care costs, but when we talk about that and we talk about IPAB in particular, 15—15—unelected bureaucrats. The maximum number that can be on that panel is seven physicians—seven—so they're outvoted already. They're outvoted 8-7. No matter what they think is the proper care for a patient, they're going to be overridden by eight other bureaucrats that have nothing to do with providing health care to our seniors—not a thing.

It's all going to be about costs. And they're right: that's how you're going to contain costs, by removing the options for seniors to get the medical care that they deserve and that they need.

This independent panel is a rationing board. It's going to ration health care out because that's the only way that panel can save money for the Affordable Care Act. It was designed that way. It was designed to keep us—the American people that are going to use that service, that medical care—from getting it because physicians, when they get their payments cut, will no longer offer service. So where are we supposed to go? That is rationing. That's taking away service from people that need it the most, from those seniors that have paid into this system for their lifetimes and who are now depending on it to be there when they medically need it the most.

This is about the seniors that are in my district. I have 250,000 seniors, a quarter of a million, that rely upon Medicare. And if we're going to start

rationing care to them, I think it's immoral, it's unethical, and it's not the way we should be doing it. We should be doing it by the free market. We should be talking about tort reform. Everybody agrees we need tort reform. Even the gentleman from Florida talked about the high cost of medical malpractice insurance. Well, where does that come from? It doesn't just spring up out of the Earth. It comes up because of a reason: because of the increased cost to provide medical malpractice. And, particularly for doctors, where it drives up the cost of medical care is that defensive medical care. That's what's driving up the cost along with the premiums that they have to pay because of the lack of tort reform.

Madam Speaker, I reserve the balance of my time.

Mr. HASTINGS of Florida. I yield myself such time as I may consume, and I will be very brief before yielding to my friend from the Rules Committee.

My friend from Florida says that he appreciates the hyperbole. I hyperbole on occasion when I find that my friends who are taking positions that are going to hurt people require everything from hyperbole to passion to try to get the American people to readily understand. And to demonstrate what I'm talking about, my friend just stood and said that the IPAB board will be rationing. The statute, the provision giving rise to it, if it ever comes into existence in the future, specifically says that they cannot ration. I don't know whether my friend read that provision or not.

But I am pleased to yield 1 minute to my friend on the Rules Committee, the gentleman from Colorado (Mr. POLIS).

Mr. POLIS. I thank the gentleman from Florida.

We're in an unusual situation here where the same people on the other side of the aisle who decry the regulation of what insurance providers have to provide to those they insure across State borders and who want to interfere with our requirement that insurance companies not be allowed to discriminate based on preexisting conditions, on the other hand they say we need to replace the State tort systems, all 50 of them, with one overarching Federal approach with regard to malpractice.

So whereas there is no Federal role in protecting patients from being dropped by their insurers, from preventing insurance companies from excluding individuals because they had childhood asthma, because they're a breast cancer survivor, and in many cases even because they have a child, while there is no Federal role for that, somehow there is a Federal role in micromanaging the way in which somebody who was wrongfully injured by a botched procedure can seek recourse.

I ask my colleagues, not only where is the consistency, but how can we reconcile this with our values as Americans?

Mr. NUGENT. Madam Speaker, I have to agree with my good friend from Florida on one issue, and that's in regard to rationing. You're right, it's not in the act. But if it walks like a duck, quacks like a duck, then it's a duck, because this board, this unelected board, is going to make decisions that Congress can't even touch. This board is going to say, this is the amount of money we will pay for this procedure. It doesn't matter if that's what the procedure costs. It doesn't matter that this doesn't cover the cost of the physician. It doesn't matter that what's going to happen is our physicians are going to refuse to see those patients.

Madam Speaker, that is rationing. Call it what you want. That is rationing when you have an independent board that can make decisions in regard to the cost of services that you're going to make or decisions for you to have services by a particular doctor. We see it already today. In my physician's office it already says, "We do not take new Medicare patients."

It's going to get worse. And this board, while it may not call it "rationing"—I give them great credit for not putting that in the terminology of the Affordable Care Act—it is rationing no matter what you call it.

I reserve the balance of my time.

Mr. HASTINGS of Florida. I yield myself such time as I may consume.

I would be happy to yield to my friend just for a moment. So then what you're saying is, the IPAB board, which may bring down costs—and I might add you just said that Congress could not touch it, quoting you—that's not true. Congress could change it as long as it stays within the prescribed limits, and that is simply what the law, itself, says.

But what is the Republican plan? As I understand it from Mr. RYAN's budget as offered yesterday, it would be a premium system for Medicare. Now you've just said that rationing by any other name or that you know it when it's a duck, and all of that kind of stuff. Well, a voucher by any other name is still a voucher, and you're going to tell me that that's a good system?

I yield to my friend.

Mr. NUGENT. If you look at what the Ryan plan said, it also talks about what we currently have today and that, if you want to keep what you have today in the way of Medicare, you keep it. But if you want to go out and buy your own insurance through a select group, you can do it, just as you can today, in regards to Medicare Advantage, but that's a choice that I can make.

I thank you for giving me the time.

Mr. HASTINGS of Florida. I reclaim my time only to say that you had it right, "select." For example, our Governor in the State of Florida had one of those select provisions, and he's one of those people that wants us to turn everything over.

I happened to have had the good fortune yesterday of having the chairman

of Blue Cross Blue Shield visit me, who thinks that this particular measure is something that would be helpful in his industry, but that's something for another day.

Madam Speaker, if we defeat the previous question, I'm going to offer an amendment to the rule to provide that immediately after the House adopts this rule that it bring up H.R. 14, the House companion to the bipartisan Senate transportation bill.

□ 1330

I am pleased now to yield 3 minutes to my good friend, the distinguished gentleman from New York (Mr. BISHOP).

Mr. BISHOP of New York. I thank my friend from Florida for yielding.

Time and time again over the last several months, we have heard from Republican leadership. We've heard their talk about the highway bill, H.R. 7, and they've talked about it as their principle jobs bill for the 112th Congress. Well, here we are, March 21, 10 days before the expiration of the current extension of the surface transportation bill, and where are we with respect to this incredibly important jobs legislation? We're nowhere. We're absolutely nowhere.

As of today, House Republicans have yet to put forward a credible highway reauthorization that puts Americans back to work. Their only attempt, H.R. 7, the Boehner-Mica authorization, was passed on February 14 in the Transportation Committee—passed on a party-line vote with, in fact, a couple of Republicans voting against it. Then something happened on the way to the floor. On the way to the floor, the Republican leadership realized that they didn't have the votes on their side of the aisle to pass it.

And what about this bill? Well, Secretary Ray LaHood, a former distinguished Member of this body, Republican from Illinois, current Transportation Secretary, described it as the worst highway bill he's ever seen. He's been in public life for 35 years; he said it was the worst he's ever seen.

The bill was drafted in the dark of night without any Democratic input. Remarkably, it removed transit from the highway trust fund—removed the guaranteed Federal funding that's been in place on a bipartisan basis for 30 years, removed it. It couldn't attract, understandably, a single Democratic vote; but they found out on the way to the floor that they couldn't get enough Republican votes to pass it either.

Now, I'm proud to be offering the Senate bill, MAP-21. We're calling it H.R. 14 here in the House. This bipartisan legislation should refocus the discussion on jobs and economic opportunities rather than the Republican message this week of tearing down Medicare and protecting the 1 percent at the expense of middle class families.

MAP-21, or H.R. 14, represents a bipartisan path forward that makes meaningful reforms and provides cer-

tainty to States. MAP-21 passed overwhelmingly in the Senate with a bipartisan majority. As you heard Mr. ANDREWS say, three-quarters of the Senate voted for this bill. It's fully paid for—something that the House Republicans seem unable to come close to achieving—and the MAP-21, H.R. 14, pay-fors are less controversial than the pay-fors in the House Republican bill.

It's been estimated that this bill will save 1.8 million jobs and create up to 1 million more jobs. During a weak economic recovery looking for a jump-start, why aren't we passing this bill? Why aren't we even debating this bill? Why are we 10 days away from the expiration of the current extension and there is no plan in this House to move forward?

Is H.R. 14 the silver bullet to our surface transportation needs? No, it's not.

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

Mr. HASTINGS of Florida. I yield the gentleman 1 additional minute.

Mr. BISHOP of New York. I appreciate the gentleman for yielding.

There is no silver bullet when it comes to our infrastructure needs. I, and a great many others, would prefer a 5-year bill; but given the hyper-partisan fashion in which the House Republicans have advanced H.R. 7 and some of the deeply flawed proposals included in their bill, H.R. 14 is the only proposal out there that currently Democrats and Republicans can stand behind. Democrats will not wait around for House Republicans to pander to their base and chase ideological extremes. Americans want jobs and safe roads and safe bridges.

The Senate passed the biggest job-creating bill in this Congress by an overwhelming bipartisan margin. The House has done nothing. Let's get this country moving again by passing H.R. 14 so the President can sign it. Let's create jobs. Let's make it in America, and let's pass this bill.

Mr. NUGENT. Madam Speaker, may I inquire of my good friend from Florida how many more speakers he may have.

Mr. HASTINGS of Florida. I appreciate the gentleman for asking.

Madam Speaker, would you advise both of us how much time each has.

The SPEAKER pro tempore. The gentleman from Florida (Mr. HASTINGS) has 6 minutes remaining, and the gentleman from Florida (Mr. NUGENT) has 14 minutes.

Mr. HASTINGS of Florida. I have more speakers than I have time; but I know that during that period of time, I'm going to have at least two more speakers and possibly three.

Mr. NUGENT. I continue to reserve the balance of my time.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 2 minutes to my good friend, the distinguished gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Repeal and replace, that's what the Republicans said they will do. Well, what's the replacement?

Apparently, it's the Ryan voucher plan, which will stick it to seniors in the future—not too good of a replacement.

But the other thing they're repealing that they don't want to talk about is they're repealing restrictions on age discrimination by the insurance industry. They would be repealing the restrictions on preexisting conditions to discriminate against people—redline them, essentially, by the insurance industry—and they would be repealing the provision of reviewing excessive rate increases which has been already successful in California this year.

So the Republicans have come forward with this one part of the bill. They've already repealed all of ObamaCare, but now they're going to repeal it bit by bit because they don't want to do real things like deal with our transportation system and that.

But there is one particularly objectionable part of this. They're going to pretend that they're taking away the antitrust protection of the insurance industry. Remember, this is an industry that can and does get together and collude to drive up our premiums. And after the Republicans do away with age discrimination, preexisting conditions, and rate increases, the industry is going to have a field day.

So they're pretending that they're going to allow suits against the industry for antitrust violations. Unfortunately, not really. If someone wants to bring a suit, they can't do it as a class action. Well, more than 90 percent of antitrust suits are brought as class actions. Individuals do not have the resources to take on the insurance industry.

So they're going to take something that in the last Congress was bipartisan—a bill I had to take away, really take away, the antitrust immunity in the insurance industry and give a benefit to all consumers in this country, passed this House by 406-19—and now they're going to fake out, they think, the American people by pretending they're taking on the insurance industry while they're filling their pockets with contributions from them.

Good work, guys.

Mr. NUGENT. Madam Speaker, I'm a little confused because I thought we were talking about other issues than what the gentleman was just speaking to, particularly as relates to IPAB and about tort reform.

I'll be happy to reserve the balance of my time.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 1 minute to my good friend, the distinguished gentleman from California (Ms. RICHARDSON).

Ms. RICHARDSON. I thank the gentleman for yielding so that I might speak to the House companion bill to MAP-21, or H.R. 14, of which I'm a co-sponsor.

MAP-21, which we call H.R. 14 going forward, will generate jobs, repair roads and bridges, and invest in our infrastructure. This surface transportation authorization bill passed by the

Senate with a majority and with bipartisan support.

I come before you today to urge my colleagues to bring this bill forward, H.R. 14, so that we might establish some consistency, unlike what we saw with the FAA reauthorization, consistency for States, for companies, for workers, for projects that need to get done. This bill will maintain current funding levels for highways and public transportation; it will consolidate and streamline highway programs; and will establish a much-needed national freight program, which is something I've been advocating for my entire time in Congress.

This bill will authorize \$1 billion for projects of national significance, which many of us feel in our own particular districts.

H.R. 14 also improves safety, institutes performance measures, and improves accountability for transportation infrastructure investments.

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

Mr. HASTINGS of Florida. I yield the gentlelady an additional 30 seconds.

Ms. RICHARDSON. Now is the time for swift action by this House on a bipartisan Senate bill that will create and save at least 132,000 jobs in my area alone.

Transportation has always been bipartisan. Let's keep it that way in this House. I urge the support of H.R. 14.

Mr. NUGENT. Madam Speaker, I continue to reserve the balance of my time.

□ 1340

Mr. HASTINGS of Florida. Madam Speaker, would you tell me just how much time I do have.

The SPEAKER pro tempore. The gentleman from Florida has 2½ minutes remaining.

Mr. HASTINGS of Florida. Madam Speaker, I thank my friend for the debate and the time that he's allowed us. I thank all of our colleagues who came here.

This H.R. 5 is going to be devastating to medical malpractice victims. Patients shouldn't have to pay the price for excessive malpractice insurance.

If we want to reform the medical liability system, let us start with addressing insurance costs and physicians' premiums. Let us start with finding strategies to reduce and prevent mistakes and crack down on repeat offenders. Today, 5 percent of all doctors are responsible for 54 percent of malpractice claims paid.

Let's not start with penalizing patients for injuries due to no fault of their own. Let's not give the American people another reason to believe that Congress is out of touch. Thousands of people die each and every year due to medical malpractice. This is not frivolous.

We had 16 of our Members come forward yesterday to offer amendments. We're going to have 6 hours of debate on six, ostensibly, because we, in the

Rules Committee who have the power, refused to waive the power to allow those amendments to come in, some that included things such as not being able to allow a child 3 years old who may have a matter that doesn't manifest itself until he or she is 8 be barred because of time constraints, measures that deal with, like the pediatrician in Delaware who raped 100 or more children, babies, and that position would not be allowed for.

I know that one would argue that some lawsuits are frivolous, and they are. I am a lawyer. I am a trial lawyer, and so I clearly support the trial lawyers, so as how that's understood with my bona fides. But when people are dying, that's not frivolous; and, as I said, people want the best lawyer that they can find.

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

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

There was no objection.

Mr. HASTINGS of Florida. I urge my colleagues to vote "no" and to defeat the previous question. I urge a "no" vote on the rule, and I do so for the reason that this measure does nothing, is going nowhere, will go to the Senate and will not pass, and everybody in this House knows it.

We have to stop doing nothing and do something for the American people and jobs.

I yield back the balance of my time.

Mr. NUGENT. Madam Speaker, in closing, I appreciate my good friend's confession about being a trial lawyer. I'm not. I'm not an attorney. So what I'm worried about is not how attorneys enrich themselves; I'm worried about the people that I represent, the 250,000-plus that are on Medicare. I'm concerned about them.

You hear from the other side, well, don't worry about it. It could be 5, 10 years from now. Well, you know what? I'm concerned now because why would you have something put in place that's going to ration care to our seniors when they need it the most? That's when they need it the most. We should be advocating for them, not for trial lawyers. We should be here talking about tort reform to lower the cost. If you look at what California did, they're a model. They set up a model program. Their liability insurance for doctors is lower than the average across the board in the United States. This act, the HEALTH Act, is modeled after that.

In regards to the noneconomic damages, limits on contingency fees for lawyers, big one there; about fair share, about proportional, whoever's at fault. It's a proportion of that reference to how the claim gets paid out. And I heard this talked about before: But will the health care act work to re-

duce health care costs and lower the deficit? According to the CBO, it will. It will be an average of 25 to 30 percent below what it would be under current law, which is IPAB today, 25 to 30 percent less than what the current law, IPAB, calls for.

Is this important? I think the relationship between a patient and a doctor should be between a patient and a doctor and not have a middleman, called the United States Government, stepping in between you to say, "You know what? We don't think that that service deserves a certain level of payment," and by reducing that payment we know that that service is not going to be provided. I truly don't believe that that's where we should be as a government, and I certainly don't believe that we should be in between the patients and their physicians.

I also worry about—and I hear this from docs all the time back in my district—Rich, you know what's going to happen? We're just going to close our doors. Those that are entering the profession, there's less and less because they're concerned about how they're going to make a living, how they're going to pay back those student loans that they have, because they really want to pay it back. They want to do the right thing. But how are they going to do that if they can't open a practice and if they can't take Medicare patients because this board makes a decision to lower the cost of reimbursement?

We've seen it already. Every time we do a doc fix, we have more and more doctors that are in trouble because of the fact they don't know what tomorrow's going to bring, and I don't want our seniors to worry about what tomorrow is going to bring. I don't want to balance the budget on the back of our seniors. That's not where we need to be.

As we move along here, the reason I stand here today is that I support and I will defend our seniors, which is why I support H.R. 5, because it's common sense.

Like I said, I'm not an attorney. I'm not a lawyer, so I have but one constituency that I worry about at this point on this particular issue, and it is this issue. You put all kinds of other stuff out there about transportation and all these things, but this is the pressing issue today in front of us. The issue is about tort reform. The issue is about IPAB and repealing IPAB so our seniors can have a direct relationship with a physician of their choice, and that's the important part.

The material previously referred to by Mr. HASTINGS of Florida is as follows:

AN AMENDMENT TO H. RES. 591 OFFERED BY
MR. HASTINGS OF FLORIDA

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

SEC. 2. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole

House on the state of the Union for consideration of a bill consisting of the text of the bill (H.R. 14) to reauthorize Federal-aid highway and highway safety construction programs, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of , the Committee on Transportation and Infrastructure. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 3. Clause 1(c) of rule XIX shall not apply to the consideration of the bill specified in section 2 of this resolution.

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

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

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

Because the vote today may look bad for the Republican majority they will say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's

how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

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

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

Mr. NUGENT. Madam Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

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

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

Mr. HASTINGS of Florida. 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 subject to the call of the Chair.

Accordingly (at 1 o'clock and 48 minutes p.m.), the House stood in recess.

□ 1415

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HASTINGS of Washington) at 2 o'clock and 15 minutes p.m.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Ordering the previous question on H. Res. 591;

Adopting H. Res. 591, if ordered;

Suspending the rules and concurring in the Senate amendment to H.R. 886; and

Agreeing to the Speaker's approval of the Journal, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

PROVIDING FOR CONSIDERATION OF H.R. 5, PROTECTING ACCESS TO HEALTHCARE ACT

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on the resolution (H. Res. 591) providing for consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

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

The vote was taken by electronic device, and there were—yeas 231, nays 179, answered "present" 1, not voting 20, as follows:

[Roll No. 118]
YEAS—231

Adams	Diaz-Balart	Hultgren
Aderholt	Dold	Hunter
Akin	Dreier	Hurt
Alexander	Duffy	Issa
Amash	Duncan (SC)	Jenkins
Amodei	Duncan (TN)	Johnson (OH)
Austria	Ellmers	Johnson, Sam
Bachmann	Emerson	Jones
Barletta	Farenthold	Jordan
Bartlett	Fincher	Kelly
Barton (TX)	Fitzpatrick	King (IA)
Bass (NH)	Flake	King (NY)
Benishek	Fleischmann	Kingston
Berg	Fleming	Kline
Biggert	Flores	Labrador
Bilbray	Forbes	Lamborn
Billirakis	Fortenberry	Lance
Bishop (UT)	Fox	Landry
Black	Franks (AZ)	Lankford
Blackburn	Frelinghuysen	Latham
Bonner	Gallegly	LaTourette
Boren	Gardner	Latta
Boustany	Garrett	Lewis (CA)
Brady (TX)	Gerlach	LoBiondo
Brooks	Gibbs	Long
Broun (GA)	Gibson	Lucas
Buchanan	Gingrey (GA)	Luetkemeyer
Bucshon	Gohmert	Lummis
Buerkle	Goodlatte	Lungren, Daniel
Burgess	Gosar	E.
Burton (IN)	Gowdy	Mack
Calvert	Granger	Matheson
Camp	Graves (GA)	McCarthy (CA)
Campbell	Graves (MO)	McCaul
Canseco	Griffin (AR)	McClintock
Cantor	Griffith (VA)	McCotter
Capito	Grimm	McHenry
Carter	Guinta	McKeon
Cassidy	Guthrie	McKinley
Chabot	Hall	McMorris
Coble	Hanna	Rodgers
Coffman (CO)	Harper	Meehan
Cole	Harris	Mica
Conaway	Hartzler	Miller (FL)
Cravaack	Hastings (WA)	Miller (MI)
Crawford	Hayworth	Miller, Gary
Crenshaw	Heck	Mulvaney
Culberson	Hensarling	Murphy (PA)
Davis (KY)	Herger	Myrick
Denham	Herrera Beutler	Neugebauer
Dent	Huelskamp	Noem
DesJarlais	Huizenga (MI)	Nugent

Nunes
Nunnelee
Palazzo
Paulsen
Pearce
Pence
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher

Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers

Stutzman
Sullivan
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner (NY)
Turner (OH)
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

Marino
Olson
Paul
Rangel
Reed
Thompson (MS)
Olson
Palazzo
Paulsen
Pearce
Pence
Peterson
Petri
Pitts
Platts
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher

□ 1442

Messrs. CARSON of Indiana, TONKO, PASCRELL, COSTA, LEWIS of Georgia, LARSON of Connecticut, and Van HOLLEN changed their vote from “yea” to “nay.”

Mrs. HARTZLER, Messrs. COFFMAN of Colorado and PRICE of Georgia changed their vote from “nay” to “yea.”

So the previous question was ordered. The result of the vote was announced as above recorded.

Stated for:
Mr. REED. Mr. Speaker, on rollcall No. 118 I was unavoidably detained. Had I been present, I would have voted “yea.”

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

Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman

Sullivan
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner (NY)
Turner (OH)
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NAYS—179

Ackerman
Altmire
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Boswell
Brady (PA)
Bralley (IA)
Brown (FL)
Butterfield
Capps
Capuano
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cummings
Davis (CA)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Filner
Frank (MA)

Fudge
Green, Al
Green, Gene
Grijalva
Gutierrez
Hahn
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hochul
Holden
Holt
Honda
Hoyer
Israel
Jackson Lee
(TX)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kissell
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Levin
Lewis (GA)
Lipinski
Loeb sack
Lofgren, Zoe
Lowe y
Lujan
Lynch
Maloney
Markey
Matsui
McCarthy (NY)
McColum
McDermott
McGovern
McIntyre
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens

Pallone
Pascrell
Pastor (AZ)
Pelosi
Perlmutter
Peters
Peterson
Pingree (ME)
Polis
Price (NC)
Quigley
Rahall
Reyes
Richardson
Richmond
Ross (AR)
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schradler
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Shuler
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Terry
Thompson (CA)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Walz (MN)
Wasserman
Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Woolsey
Yarmuth

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

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

The yeas and nays were ordered.

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

The vote was taken by electronic device, and there were—ayes 233, noes 182, answered “present” 1, not voting 15, as follows:

[Roll No. 119]
AYES—233

Adams
Aderholt
Akin
Alexander
Amash
Amodei
Austria
Bachmann
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Biliray
Bilirakis
Bishop (UT)
Black
Blackburn
Bonner
Boren
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Carter
Cassidy
Chabot
Coble
Coffman (CO)
Cole
Conaway
Cravaack
Crawford
Crenshaw
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart

Dold
Dreier
Duffy
Duncan (SC)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxy
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa

Jenkins
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kissell
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel
E.
Mack
Marchant
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McKinley
McMorris
Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee

NOES—182

Ackerman
Altmire
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Boswell
Brady (PA)
Bralley (IA)
Brown (FL)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Davis (CA)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Duncan (TN)
Edwards
Ellison
Engel
Eshoo
Farr
Fattah

Filmer
Frank (MA)
Fudge
Garamendi
Gohmert
Green, Al
Green, Gene
Grijalva
Gutierrez
Hahn
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hochul
Holden
Holt
Honda
Hoyer
Israel
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Levin
Lewis (GA)
Lipinski
Loeb sack
Lofgren, Zoe
Lowe y
Lujan
Lynch
Maloney
Markey
Matsui
McCarthy (NY)
McColum
McDermott
McGovern
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens

Pallone
Pascrell
Pastor (AZ)
Pelosi
Perlmutter
Peters
Pingree (ME)
Poe (TX)
Polis
Price (NC)
Quigley
Rahall
Reyes
Richardson
Richmond
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schradler
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Shuler
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Terry
Thompson (CA)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Walz (MN)
Wasserman
Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Woolsey
Yarmuth

ANSWERED “PRESENT”—1

Johnson (IL)

ANSWERED “PRESENT”—1

Johnson (IL)

NOT VOTING—20

Bachus
Bono Mack
Cardoza
Chaffetz
Cuellar

Davis (IL)
Garamendi
Gonzalez
Jackson (IL)
Johnson (GA)

Kinzingler (IL)
Lee (CA)
Manzullo
Marchant

Bachus
Bono Mack
Chaffetz
Davis (IL)

Gonzalez
Jackson (IL)
Jackson Lee
(TX)

Kinzingler (IL)
Lee (CA)

Manzullo Paul Schweikert Engel
Marino Rangel Thompson (MS) Eshoo

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1451

So the resolution was agreed to.
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:
Ms. JACKSON LEE of Texas. Mr. Speaker, on rollcall No. 119 on H. Res. 591, the Rule on H.R. 5, I was unavoidably detained. Had I been present, I would have voted “no.”

UNITED STATES MARSHALS SERVICE 225TH ANNIVERSARY COMMEMORATIVE COIN ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and concur in the Senate amendment to the bill (H.R. 886) to require the Secretary of the Treasury to mint coins in commemoration of the 225th anniversary of the establishment of the Nation’s first Federal law enforcement agency, the United States Marshals Service, 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 Ohio (Mr. STIVERS) that the House suspend the rules and concur in the Senate amendment.

This is a 5-minute vote.
The vote was taken by electronic device, and there were—yeas 409, nays 2, answered “present” 2, not voting 18, as follows:

[Roll No. 120]
YEAS—409

Ackerman Brady (TX) Cole
Adams Braley (IA) Conaway
Aderholt Brooks Connolly (VA)
Akin Broun (GA) Conyers
Alexander Brown (FL) Cooper
Altmire Buchanan Costa
Amodi Bucshon Costello
Andrews Buerkle Courtney
Austria Burgess Cravaack
Baca Burton (IN) Crawford
Bachmann Butterfield Crenshaw
Baldwin Calvert Critz
Barletta Camp Crowley
Barrow Campbell Cuellar
Bartlett Canseco Culberson
Barton (TX) Cantor Cummings
Bass (CA) Capito Davis (CA)
Bass (NH) Capps Davis (KY)
Becerra Capuano DeFazio
Benishek Cardoza DeGette
Berg Carnahan DeLauro
Berkley Carney Denham
Berman Carson (IN) Dent
Biggart Carter DesJarlais
Bilbray Cassidy Deutch
Bilirakis Castor (FL) Diaz-Balart
Bishop (GA) Chabot Dicks
Bishop (NY) Chandler Dingell
Bishop (UT) Chu Doggett
Black Cicilline Donnelly (IN)
Blackburn Clarke (MI) Doyle
Blumenauer Clarke (NY) Dreier
Bonamici Clay Duffy
Bonner Cleaver Duncan (TN)
Boren Clyburn Edwards
Boswell Coble Ellison
Boustany Coffman (CO) Ellmers
Brady (PA) Cohen Emerson

Larsen (WA) Rivera
Larson (CT) Roby
Latham Roe (TN)
LaTourette Rogers (AL)
Latta Rogers (KY)
Levin Rogers (MI)
Lewis (CA) Rohrabacher
Lewis (GA) Rokita
Lipinski Rooney
LoBiondo Ros-Lehtinen
Loebsack Roskam
Lofgren, Zoe Ross (AR)
Long Ross (FL)
Lowey Rothman (NJ)
Lucas Roybal-Allard
Luetkemeyer Royce
Luján Runyan
Lummis Ruppertsberger
Lungren, Daniel E. Rush
Lynch Ryan (OH)
Mack Ryan (WI)
Maloney Sánchez, Linda
Marchant T.
Markey Sanchez, Loretta
Matheson Sarbanes
Matsui Scalise
McCarthy (CA) Schakowsky
McCarthy (NY) Schiff
McCaul Schilling
McClintock Schmidt
McCollum Schock
McCotter Schrader
McDermott Schwartz
McGovern Schweikert
McHenry Scott (SC)
McIntyre Scott (VA)
McKeon Scott, Austin
McKinley Scott, David
McMorris Sensenbrenner
Rodgers Serrano
McNerney Sessions
Meehan Sewell
Meeke Sherman
Mica Shimkus
Michaud Shuler
Miller (FL) Shuster
Miller (MI) Simpson
Miller (NC) Sires
Miller, Gary Slaughter
Miller, George Smith (NE)
Moore Smith (NJ)
Moran Smith (TX)
Murphy (CT) Smith (WA)
Murphy (PA) Southerland
Myrick Speier
Nadler Stark
Napolitano Stearns
Neal Stivers
Neugebauer Stutzman
Noem Sutton
Nugent Sullivan
Nunes Terry
Nunnelee Thompson (CA)
Olson Thompson (PA)
Olver Thornberry
Owens Tiberi
Palazzo Tierney
Pallone Tipton
Pascrell Tontko
Pastor (AZ) Towns
Paulsen Tsongas
Pearce Turner (NY)
Pelosi Turner (OH)
Pence Upton
Perlmutter Van Hollen
Peters Velázquez
Peterson Visclosky
Petri Walberg
Pigree (ME) Walden
Pitts Walsh (LL)
Platts Poe (TX) Walz (MN)
Poehmann Wasserman
Posey Schultz
Price (GA) Waters
Price (NC) Watt
Quayle Waxman
Quigley Webster
Rahall Welch
Reed Bishop (UT)
Rehberg Black
Reichert Westmoreland
Renacci Wilson (FL)
Reyes Wilson (SC)
Ribble Wittman
Richardson Wolf
Richmond Womack
Rigell Woodall

Woolsey Yoder Young (FL)
Yarmuth Young (AK) Young (IN)
NAYS—2
Amash Polis
ANSWERED “PRESENT”—2
Duncan (SC) Mulvaney
NOT VOTING—18
Bachus Gingrey (GA) Manzullo
Bono Mack Gonzalez Marino
Chaffetz Green, Gene Paul
Davis (IL) Jackson (IL) Rangel
Dold Kinzinger (IL) Thompson (MS)
Frelinghuysen Lee (CA) Whitfield

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1458

So the Senate amendment was agreed to.

The result of the vote was announced as above recorded.

Stated for:
Mr. DOLD. Mr. Speaker, on rollcall No. 120, I was unavoidably detained. Had I been present, I would have voted “yea.”

Mr. GENE GREEN of Texas. Mr. Speaker, on rollcall No. 120, had I been present, I would have voted “yea.”

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker’s approval of the Journal, which the Chair will put de novo.

The question is on the Speaker’s approval of the Journal.

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

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

The yeas and nays were ordered.
The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 308, nays 101, answered “present” 3, not voting 19, as follows:

[Roll No. 121]
YEAS—308

Ackerman Braley (IA) Cohen
Aderholt Brooks Cole
Akin Broun (GA) Connolly (VA)
Alexander Brown (FL) Conyers
Altmire Buchanan Cooper
Austria Bucshon Crawford
Baca Buerkle Crenshaw
Bachmann Burton (IN) Crowley
Barletta Butterfield Culberson
Barrow Calvert Cummings
Bartlett Camp Davis (CA)
Barton (TX) Campbell Davis (KY)
Bass (NH) Cantor DeFazio
Becerra Capito DeGette
Berg Capps DeLauro
Berkley Cardoza Denham
Berman Carnahan Deutch
Biggart Carney Diaz-Balart
Bilirakis Carson (IN) Dicks
Bishop (GA) Carter Dingell
Bishop (UT) Cassidy Doggett
Black Chabot Dreier
Blackburn Chandler Duncan (SC)
Blumenauer Cicilline Duncan (TN)
Bonamici Clarke (MI) Edwards
Bonner Clarke (NY) Ellison
Boren Clay Ellmers
Boustany Cleaver Emerson
Brady (TX) Coble Engel

Eshoo LaTourette
 Farenthold Latta
 Farr Levin
 Fattah Lewis (CA)
 Fincher Lewis (GA)
 Flake Lipinski
 Fleischmann Loeb sack
 Fleming Lofgren, Zoe
 Flores Long
 Fortenberry Lowey
 Frank (MA) Lucas
 Franks (AZ) Luetkemeyer
 Frelinghuysen Luján
 Fudge Lummis
 Gallegly Lungren, Daniel
 Garrett E.
 Gibbs Mack
 Gingrey (GA) Maloney
 Goodlatte Matheson
 Gosar Matsui
 Gowdy McCarthy (CA)
 Granger McCarthy (NY)
 Graves (GA) McCaul
 Green, Al McClintock
 Griffith (VA) McCollum
 Grimm McHenry
 Guinta McIntyre
 Guthrie McKeon
 Gutierrez McKinley
 Hahn McMorris
 Hall Rodgers
 Hanabusa McNerney
 Harper Meeks
 Harris Mica
 Hartzler Michaud
 Hastings (WA) Miller (MI)
 Hayworth Miller (NC)
 Heinrich Miller, Gary
 Hensarling Moore
 Herger Moran
 Higgins Mulvaney
 Hinojosa Murphy (CT)
 Hirono Murphy (PA)
 Hochul Myrick
 Holden Nadler
 Hoyer Napolitano
 Huelskamp Noem
 Hultgren Nugent
 Hurt Nunes
 Issa Nunnelee
 Jenkins Olson
 Johnson (GA) Palazzo
 Johnson (IL) Pascrell
 Johnson, E. B. Paulsen
 Johnson, Sam Pearce
 Jones Pence
 Jordan Perlmutter
 Kaptur Walz (MN)
 Kelly Pingree (ME)
 Kildee Pitts
 Kind Platts
 King (IA) Polis
 King (NY) Pompeo
 Kingston Posey
 Kissell Price (GA)
 Kline Price (NC)
 Kucinich Quigley
 Labrador Rehberg
 Lamborn Reichert
 Lance Richardson
 Landry Richmond
 Langevin Rigell
 Lankford Rivera
 Larsen (WA) Roby
 Larson (CT) Rogers (AL)

NAYS—101

Adams Dent
 Amodei DesJarlais
 Andrews Dold
 Baldwin Donnelly (IN)
 Benishek Doyle
 Bilbray Duffy
 Bishop (NY) Filner
 Boswell Fitzpatrick
 Brady (PA) Forbes
 Burgess Foxx
 Capuano Garamendi
 Castor (FL) Gardner
 Chu Gerlach
 Clyburn Gibson
 Coffman (CO) Graves (MO)
 Conaway Green, Gene
 Costa Griffin (AR)
 Costello Grijalva
 Courtney Hanna
 Cravaack Hastings (FL)
 Critz Heck
 Cuellar Herrera Beutler

Rogers (KY) Neal
 Rohrabacher Oliver
 Roskam Pallone
 Ross (AR) Pastor (AZ)
 Ross (FL) Pelosi
 Roybal-Allard Peters
 Royce Peterson
 Runyan Poe (TX)
 Ruffersberger Quayle
 Rush Rahall
 Ryan (WI) Reed
 Sanchez, Loretta Renacci
 Scalise Reyes
 Schiff
 Schmidt
 Schock
 Schrader
 Schwartz
 Schweikert
 Scott (SC)
 Scott (VA)
 Scott, Austin
 Scott, David
 Sensenbrenner
 Sessions
 Sewell
 Sherman
 Shimkus
 Simpson
 Sires
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Smith (WA)
 Southerland
 Speier
 Stearns
 Stutzman
 Sullivan
 Sutton
 Terry
 Thompson (PA)
 Thornberry
 Tiberi
 Tierney
 Tonko
 Towns
 Tsongas
 Turner (NY)
 Turner (OH)
 Upton
 Van Hollen
 Velázquez
 Walberg
 Walden
 Walz (MN)
 Wasserman
 Schultz
 Watt
 Waxman
 Webster
 Welch
 West
 Westmoreland
 Whitfield
 Wilson (FL)
 Wilson (SC)
 Wittman
 Wolf
 Womack
 Woolsey
 Yarmuth
 Young (FL)

ANSWERED "PRESENT"—3

Amash Gohmert Owens

NOT VOTING—19

Bachus Jackson (IL)
 Bass (CA) Kinzinger (IL)
 Bono Mack Lee (CA)
 Canseco Manullo
 Chaffetz Marino
 Davis (IL) Neugebauer
 Gonzalez Paul

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1505

So the Journal was approved.

The result of the vote was announced as above recorded.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 3697

Mr. BUCSHON. Mr. Speaker, I ask unanimous consent that I be removed as a cosponsor on H.R. 3697.

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

There was no objection.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 3359

Mr. CLAY. Mr. Speaker, I ask unanimous consent to have my name removed as a cosponsor from H.R. 3359.

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

There was no objection.

PERSONAL EXPLANATION

Ms. JACKSON LEE of Texas. Mr. Speaker, on H. Res. 591, roll call vote 119, I was detained on official business, and I would like to indicate that I would have voted "no" on H. Res. 591, the rule to H.R. 5.

PROTECTING ACCESS TO HEALTHCARE ACT

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

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 591 and rule XVIII, the Chair declares the House in

the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 5.

□ 1505

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, with Mr. WESTMORELAND in the chair.

The Clerk read the title of the bill.

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

General debate shall be confined to the bill and amendments specified in House Resolution 591 and shall not exceed 6 hours equally divided among and controlled by the respective chairs and ranking minority members of the Committees on Energy and Commerce, the Judiciary, and Ways and Means.

The Chair recognizes the gentleman from Michigan (Mr. UPTON).

Mr. UPTON. Mr. Chairman, I yield myself such time as I might consume.

I rise today in support of the PATH Act, which addresses two of the most glaring deficiencies in the President's overhaul of the health care system.

By what it does and also by what it fails to do, the health care law threatens access to quality health care for literally millions of Americans.

Section 3403 of the Affordable Care Act established the Independent Payment Advisory Board, or IPAB. A panel of 15 unelected, unaccountable bureaucrats will be given the power to make major decisions regarding what goods and services are valuable. These decisions will then be fast-tracked, essentially bypassing the legislative process, with almost no opportunity for discussion or review. The PATH Act prevents this by repealing IPAB.

I suspect that most Americans still believe that patients and their doctors should have a voice and should be able to decide what health care services that they find valuable. I think that they still believe that major policy decisions affecting the Medicare program and the health care system in general need to go through the regular legislative process and be subject to the normal system of checks and balances according to the Constitution.

It is encouraging that the cosponsors of legislation to repeal IPAB include 20 Democrats and that the bill was favorably reported out of the Energy and Commerce Committee earlier this month without any recorded opposition—a voice vote.

I encourage my colleagues on both sides of the aisle to support repealing IPAB and not to block its passage at the expense of our seniors in a blind effort to defend the President's signature legislation.

The legislation today also includes reforms that will actually lower the

cost of health care, a glaring omission in the President's health care law. The health care law failed to provide any meaningful reform to the broken and costly medical liability system, which is currently one of the largest cost drivers of our health care system.

The current system is responsible for as much as \$200 billion a year in unnecessary spending on defensive medicine. It fails to compensate injured patients in a fair and timely matter, and it threatens access to quality health care by driving good doctors out of high-risk specialties such as obstetrics and neurosurgery.

□ 1510

According to the CBO, these commonsense reforms will reduce the Federal deficit by \$48.6 billion over the next 10 years.

How have opponents proposed to fix this present system? They want to spend more; \$50 million in grants for State demonstrations, as called for in the health care law, is not a solution. It's an abdication of responsibility. The President promised to look at Republican ideas for medical liability reform. Passing this legislation is the very first step towards allowing the President to make good on that promise.

Health care decisions should be made between a doctor and a patient. That relationship doesn't work when bureaucrats and trial lawyers come between them. So I urge my colleagues to vote in support of this legislation.

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

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

I rise in opposition to H.R. 5. It combines two very bad ideas into one terrible bill that is anti-senior, anti-consumer, and anti-health.

It's no accident that we're considering the legislation during the second anniversary of the Affordable Care Act, because this is a thinly veiled, partisan attempt to confuse the public and obscure the law's success in covering young people, reducing costs for seniors, and providing improved health benefits.

Title I of the bill before us, the medical malpractice provisions, have been around for over a decade. They have not been enacted under Democratic or Republican Congresses and Presidents because they are an extreme intrusion on the authority of the States to set their own liability rules and would shield bad actors from accountability when they cause injury and death.

Let's be clear: this bill is much broader than traditional medical malpractice legislation. It protects manufacturers, distributors, suppliers, marketers, even promoters of health care products. And it gives them protection even if they intentionally cause harm. Insurance companies and HMOs are protected as well. The bill shields drug and device manufacturers with complete immunity from punitive damages, no matter how reckless their con-

duct, so long as their products were at one time approved by the FDA.

This bill preempts State action in an area that has traditionally been left to the States. To the extent that we do have a medical malpractice problem in this country, it should be addressed at the State level. But this bill not only strips away State law; it puts in place a Federal scheme that will not reduce medical errors, will not award appropriate and adequate compensation when an injury occurs, and will not lower health care costs.

The second part of the bill would repeal the Independent Payment Advisory Board, which helps keep Medicare costs under control if they rise more than anticipated. IPAB's role is to recommend evidence-based policies to improve Medicare without harming patients.

Repealing IPAB is the height of hypocrisy. The main Republican attack on Medicare and the Affordable Care Act is that we cannot afford them. House Republicans are proposing changes that would destroy Medicare because they say taking care of our seniors just costs too much. Yet today they will vote for a bill that eliminates one of Medicare's cost-saving innovations and saddles Medicare with over \$3 billion in unnecessary costs. It's no wonder that the public holds Congress in so little regard.

The Republican master plan for Medicare is to end the guarantee coverage and shift more costs on to seniors and people with disabilities. They don't hold down the costs; they simply shift them on to seniors and disabled people. Under Medicare, they pay more for it out of their own pockets. This is part of the Republican assault on Medicare. It would repeal the backstop in Medicare that keeps Medicare affordable for seniors.

I want to be clear about what the IPAB is and what it isn't. The board is explicitly in statute prohibited from rationing. It also is prohibited from making recommendations that increase costs to seniors or cut benefits. IPAB also doesn't take away the role of Congress. IPAB makes recommendations, but Congress can and should act on those recommendations.

We hear a lot about these unelected bureaucrats. Let me tell you that, around this place, there are a lot of elected bureaucrats. Here is the fundamental difference between the Democratic approach to Medicare and the Republican approach: Democrats in Congress are committed to preserving Medicare and protecting seniors' benefits; Republicans have proposed ending Medicare's guarantee of coverage so they can pay for tax breaks for oil companies and millionaires. Let me underscore that. They want to take money out of Medicare so they can give more tax breaks to billionaires and oil companies.

Like some of my colleagues, I have concerns about some aspects of the IPAB. I don't agree with the premise

that we need IPAB to make Congress do its job. But no one should think that the hyperbole of IPAB's Republican critics—rationing, death panels, and faceless bureaucrats pulling the plug on sick patients—represents reality. That came from their propaganda word masters.

House Republicans are voting to repeal the Independent Payment Advisory Board because they simply want to eliminate Medicare. They want to provide vouchers instead of benefits. They want to shift costs to the beneficiaries. They want to put Medicare into a death spiral and leave insurance companies in charge of seniors' care. Then it would be the insurance companies that could then ration care, cut benefits and, according to the Congressional Budget Office, likely increase out-of-pocket costs by \$6,000.

Does anybody doubt insurance companies ration care? Try to get an insurance policy if you have a previous medical condition. They won't even cover you, or they will charge you so much you can't afford it. Is that what we want, to let the insurance companies make these decisions for our seniors and disabled people?

H.R. 5 is a partisan assault on Medicare and an assault on patients who are injured by careless doctors and drug companies and an assault on States' rights.

I urge my colleagues to vote "no" on H.R. 5.

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

Mr. UPTON. Mr. Chairman, I yield 2 minutes to the chairman emeritus of the Energy and Commerce Committee, Mr. BARTON, the gentleman from Texas.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. I thank the distinguished chairman.

We have just heard an argument from one of the authors, if not the chief author, of the new health care law. So it's understandable that former Chairman Waxman would rise in indignant defense of his product and opposed to this bill.

H.R. 5, the PATH bill, is in actuality a reasoned response to an irrational attempt to socialize health care in the United States of America. The Independent Payment Advisory Board, which this legislation repeals, is an independent 15-member panel appointed by the President, unless the President doesn't appoint it, in which case three of the President's chief advisers become the board. And if they don't decide to do it, then one person, the Secretary of Health and Human Services, has the authority when this kicks in in 2014 to make all kinds of decisions that directly impact health care in America.

I don't think, and a majority of my colleagues don't think, that that's the way it should be done. So this bill in one paragraph—I think on page 24—repeals that section. That is a good start.

It is not the end-all be-all, but it is a good start to regaining control of health care by individuals and the marketplace.

□ 1520

The other thing this bill does is it puts in a medical malpractice reform that has been long overdue. The President, in his State of the Union, said he was for medical malpractice reform, but I am told that he has said he is not for this medical malpractice reform, just like he is not against the Keystone pipeline, but he called Senators to oppose it when it came up in the other body.

We need medical malpractice reform. Independent observers have said that this bill, which Congressman GINGREY of Georgia is the original sponsor of, would save \$48 billion over, I think, a 10-year period if enacted—\$48 billion. That's real reform. It does not preempt States. It allows the States to continue their medical malpractice laws that they've already enacted.

So I ask that we vote for this piece of legislation.

And I thank the chairman and the subcommittee chairman and all of the Members who have made it possible.

Mr. WAXMAN. Mr. Chairman, I am pleased at this time to yield 3 minutes to the distinguished ranking member and soon-to-be chairman of the Health Subcommittee, the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. I thank the gentleman from California.

I have a great deal of respect for my former chairman and colleague from Texas, but as I listen to him, the problem is that it's always the same: It's my way or the highway. And it's just very unfortunate, because there have been many opportunities in the committee where we could have worked together to come up with legislation on things like malpractice reform and IPAB, but that's not what we get from the Republican side of the aisle. They just constantly want to do their own thing.

And as he said, the President may be for malpractice reform, but if he's not for this malpractice reform, then he's a bad guy. And that's the point: We need to get together. If we're ever going to accomplish anything, we need to work together; and I don't see that happening on the Republican side of the aisle today.

I am very disappointed in the process of considering H.R. 5. I am disappointed and frustrated that my Republican colleagues had an opportunity to bring to the floor a bill that I and some of my Democratic colleagues supported, but what they decided to do instead is to simply play political games, political games over and over again.

All sectors of the health care industry agree that the Independent Payment Advisory Board, IPAB, should be repealed. I am the first one to tell you how much I am opposed to IPAB. In fact, during the Energy and Commerce

Committee's Subcommittee on Health markup, I voted in favor of its repeal. But, unfortunately, my Republican colleagues have no interest in truly repealing IPAB. They only care about defacing the Affordable Care Act and continuing their political game of repealing the law piece by piece. How do I know that? Because they've decided to pay for the IPAB repeal with H.R. 5, one of the most controversial and historically partisan bills of the past decade.

We've been through this same debate. Every time, every year, H.R. 5, on the floor again. Each year the Republicans have been in charge, we're forced to consider identical legislation that contains the exact same areas over which we remain divided. In fact, the Republicans weren't even able to enact this bill into law when they had the majorities in the House and Senate and the Presidency, and the reason is because they have zero desire to solve the problems of this country. All they are interested in accomplishing is a political message to take home to their districts.

I have said again and again that I would work with my colleagues on truly addressing malpractice reform, but those calls have gone unanswered. Over the years, there has been little effort on the part of Republicans to reach across the aisle and to work with Democrats on a satisfactory solution to medical liability reform.

I do understand that medical malpractice and liability is a very real problem for doctors in my home State and in the country, but H.R. 5 is not the answer. Any true reform must take a balanced approach and include protections for the legal rights of patients and be limited to medical malpractice.

Today my vote on this package is a "no" vote on H.R. 5 alone. As I have stated, it's too controversial and extreme in its current form. Although it's described as a medical malpractice measure, H.R. 5 extends far beyond the field of malpractice liability.

I am just extremely disappointed. I am being honest in saying this. I am very disappointed that the Republican leadership has robbed many Democrats of their ability to vote cleanly on IPAB repeal and have, instead, yet again, politicized this body.

When will you learn?

Mr. UPTON. Mr. Chairman, I yield 2 minutes to the gentlelady from North Carolina, the vice chairwoman of the Energy and Commerce Committee, Mrs. MYRICK.

Mrs. MYRICK. I thank the chairman.

Mr. Chairman, this is Washington, so we have to have an acronym for everything up here. The IPAB isn't a new techie device but is an example of one of the many misguided parts of the budget-busting health care reform law.

What is this debate really about? We all know that Medicare is headed toward financial catastrophe, and the health reform law only succeeded in putting the program in a more precar-

ious position. There is no easy solution to this problem, but Republicans have put forward a plan that would actually set the program on a healthy fiscal path again, without hurting those who are already on the program.

Of course, because this is Washington, rather than having a hearty debate, this proposal continues to be demagogued and derided. Instead, the health reform bill gave us IPAB, an unaccountable board tasked with limiting procedures and treatments in order to control costs. It's a top-down, unconstitutional, ineffective, and inefficient way to solve Medicare's fiscal problems. And if you think that this board won't make recommendations to limit the use of expensive but life-sustaining treatments, you haven't been paying attention.

But here's something that gets lost in this debate: IPAB doesn't just apply to Medicare benefits for seniors who are on a government program.

First off, those of us who have been here for a while know that private insurers tend to follow Medicare. We see it all the time. Once Medicare changes coverage for a treatment, those decisions push private payers to also move in that direction, because so much of our health care system relies on Medicare's policies. The government already controls so much of our health care sphere that inefficiencies abound.

If that weren't enough, starting in 2015, the IPAB can make decisions about what private plans will cover. Yes, 15 people will be deciding what private companies will be covering. That's what is fundamentally wrong with the health care reform law, and we should repeal the whole thing. But in the meantime, let's repeal this ill-conceived board and address this country's medical malpractice problems while we're at it.

Mr. WAXMAN. Mr. Chairman, I am pleased to yield to an important member of our committee, the gentleman from Texas (Mr. GREEN) for 2 minutes.

Mr. GENE GREEN of Texas. I thank my colleague, the ranking member on our Energy and Commerce Committee.

I rise in opposition to this bill. I am not opposed to all of it; in fact, I am a strong supporter of the repeal of the IPAB provisions. However, we can't undermine Americans' rights in court through placing arbitrary limits on malpractice cases. That's what this bill before us does. We shouldn't solve a bad policy problem by implementing more bad policy. We should be passing good legislation, not trying to pass something that has no chance of becoming law, and that's what this bill does.

The Affordable Care Act, the underlying statute that this bill is amending, has had an enormous positive impact on the constituents I represent, and the law hasn't totally taken effect yet. But it's getting better. I was proud to support this landmark legislation as part of the Energy and Commerce Committee and on the Health Subcommittee.

Before the passage of the Affordable Care Act, my congressional district had the largest percentage of uninsured of any district in our country. We still have a lot of work to do, but things are getting better. For the last 2 years, 53,000 children in my district can't lose the security offered by health insurance due to preexisting conditions; 3,400 seniors have saved an average of \$540 on prescription drugs; 9,000 young people now have health insurance that they didn't have before the Affordable Care Act.

The Affordable Care Act is not perfect, but no bill is perfect. The bill before us today is far from perfect. I support the repeal of IPAB. I opposed IPAB in 2009 when it came up in our committee markup of the Affordable Care Act. I do not believe a panel of outsiders appointed by the President should take responsibility for what Congress needs to do in making decisions on Medicare payment rates. That's part of our job as Members of Congress. However, this bill has stepped too far; and I want to the opportunity to vote on a freestanding IPAB repeal, but I cannot support H.R. 5 because it's a bridge too far.

□ 1530

Mr. UPTON. Mr. Chairman, I yield 2 minutes to the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. I thank the distinguished chairman.

This bill, contrary to what the gentleman from Texas said, is an opportunity for him to vote to not let bureaucrats make the decision. He has a chance to do this. I'm a little surprised why he's saying he's against the bill. Of course, I think many of us are going to repeat the same arguments.

The fundamental point is that this bill will save almost \$50 billion over 10 years. How many people on this side don't want to save money? I think everybody on both sides of the aisle would like to save money. So this is stopping defensive medicine and untold amount of litigation by passing this bill. This could effectively create lower premiums for everybody and lower the cost of health care.

This bill would eliminate, as pointed out even by the gentleman from Texas, the Independent Payment Advisory Board, given the colloquial name of IPAB. Just this morning, as chairman of the Oversight and Investigation Committee, we held a hearing on the President's failed health care law. It's clear that countless pages of regulation, rules, and requirements for ObamaCare have been incredibly confusing. When we had this hearing, it was brought up clearly that this bill, over 2 years old, has given almost 1,700 waivers to entities who cannot comply with this health care bill.

So my constituents and individuals throughout this country view these massive new rules and regulations as increasing interference by the Federal Government into their lives. And, obvi-

ously, business communities are seeking waivers. Seventeen hundred entities are asking for waivers because they can't comply. It creates uncertainty in the marketplace.

So for all these reasons we must pass this bill. In fact, IPAB is SGR on steroids. Rather than fixing the SGR problem in the health care law, Democrats are happy to allow continued cuts to physician payments and then double down on further cuts through IPAB. This is a group of 15 unelected bureaucrats who would save Medicare by making draconian cuts to provider payments. Democrats wanted to control the future cost of Medicare by giving unelected, bureaucrats the power to cut payments to hospitals and to our doctors.

If Democrats were serious, they would support this bill. NANCY PELOSI, the former Speaker and minority leader said, "We have to pass this bill so you can find out what's in it." Remember that quote?

I am determined to make sure we don't have to fully implement the bill so we can see what it costs.

Mr. WAXMAN. Mr. Chairman, I'm always amused when I hear people talk about government interference in our lives. If people think Medicare is an unjust government interference in their lives, they can forgo their Medicare, but I don't know too many people who would like to do that. What the Republicans are proposing is to take that Medicare away from them and turn it over to private insurance. Put that to a vote. I don't think the American people would support that either.

I am pleased to yield 2 minutes to a very important member on our committee, especially the Health Committee, the Representative from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. I thank you for yielding.

Mr. Chair, I rise today during a time when we should all be celebrating the many great successes of the Affordable Care Act on its second-year anniversary. Democrats have rightly been applauding the health and economic benefits of affordable, reliable access to high-quality health care services brought about by that landmark law. Not so with our Republican colleagues, who choose to ignore or misrepresent the many benefits millions of people have been enjoying because of the Affordable Care Act.

Then comes this disastrous marriage between two bills—one that will repeal the Independent Payment Advisory Board—which some Democrats like myself support—and the other malpractice bill, which I strongly oppose because it will trample States' rights, providing extraordinary protections for drug and medical device and health insurance companies, making it nearly impossible for those harmed to seek and achieve justice.

I support the IPAB repeal because in its current form it will not achieve significant savings or ensure quality ac-

cess to health care under Medicare. Additionally, as a physician who practiced for more than two decades, I'm opposed to its broad authority to make recommendations that would detrimentally affect health care providers and eventually Medicare beneficiaries. However, attaching at the very last minute a medical malpractice bill that provides protection to every entity involved in medical malpractice and health care lawsuits except the victim is just plain wrong.

And, no pun intended, but adding insult to injury is the fact that their medical malpractice bill is completely outdated. The bill was designed more than two decades ago. Back then we did have challenges with malpractice insurance, but today those challenges have been addressed. Today, we do not have a malpractice insurance crisis in this country.

I strongly oppose H.R. 5, and encourage my friends on the other side of the aisle in the future, if it's more than just political rhetoric, to quit while they're ahead.

Mr. PITTS. Mr. Chair, at this time I yield 2 minutes to the distinguished vice chairman of the Health Subcommittee, the gentleman from Texas, Dr. BURGESS.

Mr. BURGESS. I thank the chairman for the recognition.

Mr. Chairman, I will focus my remarks on the Independent Payment Advisory Board because it encompasses all that is wrong with the Affordable Care Act. The health law itself contains policies that will disrupt the practice of medicine. Along with the many excesses and constrictions within the law, the Independent Payment Advisory Board represents the very worst of the worst of what will happen.

As a physician, as a Member of Congress, as a father, as a husband, as a patient in his sixties, I am offended by the Independent Payment Advisory Board. This board is not accountable to any constituency, and it exists only to cut provider payments to fit a mathematically created target. The board throws the government into the middle of what should be a sacred relationship between the doctor and the patient. The doctor and the patient should have the power to influence prices and guide care, not this board.

Beyond controlling Medicare, the Independent Payment Advisory Board's rationing edicts will serve as a benchmark for private insurance carriers' own payment changes. Although Mr. WAXMAN bemoaned the fact that private insurance would be part of Medicare, this thing will actually dictate the behavior of private insurances in this country.

The board will have far-reaching implications beyond Medicare for our Nation's doctors. Because of the limitations on what the control board can cut, the majority of spending reductions will come from cuts to part B, the doctors' fees. Doctors will become increasingly unable to provide the

services that the board has decided are not valuable.

Is the answer to squeeze out doctors? Sounds like rationing to me.

So which sounds like the better—Medicare bankruptcy and an unelected board deciding the care of Medicare beneficiaries or doctors and patients deciding and defending the right of the care that they receive?

The future of American health care should not be left up to this board, to this panel. It's an aloof arbiter of health care for seniors who depend on Medicare. I support the repeal of the Independent Payment Advisory Board.

I'll just leave you with a quote from the American Medical Association:

It puts our health policy and payment decisions in the hands of an independent body with no accountability. Major changes in the Medicare program should be decided by elected officials.

The American Medical Association.

Mr. WAXMAN. Mr. Chairman, I am pleased to yield 3 minutes to my colleague from California, one of the key people in the authorship of the Affordable Care Act, GEORGE MILLER.

Mr. GEORGE MILLER of California. I thank the gentleman for yielding.

Mr. Chair, I came to Congress in 1975. Since that time, I've been involved in the debate over national health reform proposals. Throughout these debates, lawmakers struggled with how to control costs without sacrificing quality care. Unfortunately, for decades, Congress chose to kick the can down the road while costs continue to climb and to soar. This trend ended with Affordable Care Act.

For the first time, Congress put in place specific and identifiable measures that will make our health care system more transparent and efficient. This includes the creation of the Independent Payment Advisory Board. This board will be a backstop to ensure that Federal health programs operate efficiently and effectively for both seniors and taxpayers. We need to give these innovations a chance to work. Because without these innovations, there's little hope to get health care costs under control.

Five hundred thirty-five Members of Congress cannot be nor should they be the doctors who think they know best of the practice of every medical field. Five hundred thirty-five Members of Congress are not immune to special interests that have a financial stake in the decisions that are made—not necessarily in the best interest of the seniors, the taxpayers, or the delivery of medicine in this country, but perhaps in the best interest of their companies. That's why the Affordable Act created an independent board of health experts to make the recommendations to improve the system. It does not usurp the role of Congress. It simply acts as a fail-safe in case government spending exceeds benchmarks. Under the law, doctors will retain full authority to recommend the treatments they think are best for patients. The law also pro-

hibits recommendations that would ration care, change premiums, or reduce Medicare benefits.

In short, this independent board is about strengthening Medicare with evidence-based decisionmaking. Without innovative reforms like the board, Medicare's future will be put in jeopardy. Kicking this can down the road any further will only bolster those who seek to kill Medicare. We must strengthen Medicare, not end the Medicare guarantee.

The Affordable Care Act strengthened Medicare. It extended the life of the trust fund and has already lowered costs for millions of seniors. However, without innovation, our current system will be unsustainable for our Nation's families, businesses, and taxpayers.

The Republican plan to end the Medicare guarantee is no alternative. Innovation is the alternative. I urge my colleagues to support the Independent Payment Advisory Board and reject this legislation.

□ 1540

Mr. PITTS. Mr. Chairman, I would much rather hear from some of our doctor friends who are speaking so eloquently. I have another doctor, a member of the Health Subcommittee, from Pennsylvania. I yield 2 minutes to the distinguished gentleman, Dr. TIM MURPHY.

Mr. MURPHY of Pennsylvania. I thank the gentleman.

Last decade, when I was a State senator of Pennsylvania, I took on HMOs and plans that made decisions by accountants and MBAs and not MDs. It was important to do that because we found that doctors could not make decisions even though they were supposedly empowered to do that. Instead, there were boards that would make decisions for them.

And now here we are with *deja vu* all over again. We're about to have 15 Presidential appointees—even under the advice of both Chambers of Congress—none of whom are involved with medicine, making decisions with regard to who makes decisions for you in terms of what gets paid and how much gets paid to doctors and hospitals. But as it goes through, what happens if there's a decision that says it's not going to be covered? Can you call the board, itself? No. Can your doctor call the board? No. Can your hospital call the board? No. Can your Member of Congress call the board? No. But, in fact, it would take an act of Congress passed by the House and Senate and signed by the President to override them.

So who is this panel, and what decisions can they make? By law, it's people who are involved with finance, economics, hospital administration, reimbursements, some physicians, health professionals, pharmacy benefit managers, employers, people involved with outcome research and medical health services and economics.

What's missing from that is any requirement that it might be people who have knowledge of such things as oncology, endocrinology, pediatrics, obstetrics, geriatric medicine, family medicine and surgery, and the list goes on and on. So, in other words, what's going to happen here is not only if you like your doctor you may not be able to keep him or her, but if your doctor doesn't like what's going to be covered, there is nothing he or she can do about that. This is not the practice of medicine; this is the practice of government overtaking medicine.

While Americans were begging for us to fix a broken system, what they got was half a trillion in new taxes, half a trillion in Medicare cuts, trillions in new costs, and massive mandates—1,978 new responsibilities of the Secretary of Health and 150 boards, panels, and commissions yet to be appointed. And we don't know what's going to happen. We need to return health care to where it really is going to be fixed.

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

We're talking about the Independent Payment Advisory Board—advisory board.

The appointed membership of the Board shall include physicians and other health professionals, experts in the area of pharmaco-economics or prescription drug benefit programs, employers, third-party payers, individuals skilled in the conduct and interpretation of biomedical, health services.

Dot, dot, dot. These are people who will give us some recommendations, but they can't give us recommendations to take away services. They can't give us a recommendation to impose more costs on the Medicare beneficiaries. And when they give us their recommendations, Congress can act on it. And if we don't like it, we can change them.

I think we have the Republicans trying to scare people. They come in and say "Medicare costs too much." Well, if it costs too much, that's why we need this backup, to be sure that we're holding down costs. They say, "it costs too much and therefore let's end it." That doesn't make any sense. I think Americans should not be fooled.

Mr. Chairman, I would like to now yield 3 minutes to my colleague from California, the ranking member of the Subcommittee on Health of the Ways and Means Committee, Mr. STARK.

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

Mr. STARK. I want to thank Mr. WAXMAN for yielding to me at this time.

I rise in opposition to H.R. 5, brought to the floor by my Republican colleagues. It does two things. It repeals IPAB as created in the Affordable Care Act, and it enacts a medical malpractice reform long sought by my Republican friends as a way to protect pharmaceutical companies, medical device companies, and health care providers from any liability or full liability when they cause harm or death.

The medical malpractice part of this bill is so bad that the California Medical Association rejects the bill and says to vote “no” unless they had a decent medical malpractice reform part in it. And when the doctors will reject medical malpractice reform issues, you know it’s got to be bad.

This extreme proposal is really not needed. I happen to agree with the part of the bill that repeals IPAB. We refused to include it in the House version of health reform. And Congress has always stepped in in its congressional manner to strengthen Medicare’s finances when needed, and I see no need for us to relinquish that duty. We only have to look at the health reform law. It has extended solvency; it has slowed spending growth; it has lowered beneficiary costs; it has improved benefits, modernized the delivery system, created new fraud-fighting tools. We’ve done a good job. In fact, the CBO projects that IPAB won’t even be triggered until the next 10 years, proving we’ve already done our job here in Congress of strengthening Medicare’s finances.

Today’s Republican support to repeal IPAB isn’t a sincere interest in providing Medicare for all. They still want to give us an unfunded or underfunded voucher, slash and burn funding. And despite my opposition to IPAB, it’s far less dangerous to Medicare than the Republican voucher plan put forth in the House Republican budget this week. IPAB doesn’t undermine Medicare’s guaranteed benefits and its ability to reduce Medicare spending. It has guardrails to prevent it. It doesn’t permit costs to come from reducing Medicare and increasing costs on beneficiaries. It prohibits rationing, and it has annual limits on the cuts. The Republican voucher plan has none of these protections.

The Republicans are continuing their march begun by Newt Gingrich to have Medicare “wither on the vine.” I urge my colleagues to vote “no” on yet another political stunt, which really, thankfully, is not destined to become law at this time.

Sacramento, CA, Mar. 15, 2012.

RE. H.R. 5 Protecting Access to Healthcare Act.

CMA Position. Oppose Unless Amended.

Hon. JOHN BOEHNER,
Speaker, House of Representatives,
Washington, DC

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER BOEHNER AND LEADER PELOSI: The California Medical Association has adopted a position of Oppose Unless Amended on H.R. 5 the “Protecting Access to Healthcare Act.” While we strongly support the repeal of the Medicare Independent Payment Advisory Board (IPAB) and appreciate the state preemption of medical liability laws that will preserve California’s successful MICRA law, we have serious concerns with two additional medical liability provisions that will expose California physicians to even greater liability despite the bill’s stated legislative intent to reduce health care costs and insurance premiums.

SUPPORT REPEAL OF THE MEDICARE INDEPENDENT PAYMENT ADVISORY BOARD (IPAB)

CMA strongly opposes the Medicare Independent Payment Advisory Board (IPAB) which thwarts Congress’ stewardship of the Medicare program and gives fifteen unaccountable individuals the power to make significant cuts to Medicare. We believe it is Congress’ responsibility to ensure the Medicare program meets the needs of their communities. The IPAB is mandated to make draconian cuts if Medicare spending exceeds unrealistic budget targets in 2014. While we appreciate the necessity to control the growth in health care spending, the IPAB mandate does not leave room to actually reform the program, particularly because hospitals and other providers are exempt from the cuts until 2020. It disproportionately harms physicians who are already challenged to provide care to Medicare patients with limited resources. As you know, physicians are facing large Medicare SGR payment cuts over the next decade as well.

These measures are already forcing more California physicians to limit the number of Medicare patients they can accept. If additional cuts take effect, physicians will be forced to leave the program—harming timely access to quality care for California’s seniors and military families.

The IPAB was not part of the House Health Care Reform bill because most of the leaders in the California delegation opposed it. Please continue to stand against an IPAB that takes important decisions out of your hands.

MEDICAL LIABILITY: OPPOSE UNLESS AMENDED

For the last several decades, California’s medical liability law—MICRA—has successfully protected patients and physicians. It has kept medical liability insurance affordable and thus, protected access to care for California patients while reducing health care costs. CMA appreciates the provisions in H.R. 5 that allow state preemption and the preservation of California’s important MICRA law. While we agree with the intent of H.R. 5—to provide MICRA-like protections for physicians in other states—we have serious concerns with two provisions that will increase physician liability costs not only in California but across the country. We believe these provisions are inconsistent with the stated intent of the legislation to reduce insurance premiums and overall health care costs.

1. Fair Share Rule

California has a joint and several liability law that governs economic damages and allows claimants to recover the full amount of economic damages from any defendant. The Fair Share Rule in H.R. 5 will preempt California’s law and put full recovery by injured patients at risk. As written, the Fair Share Rule will dramatically increase the potential for physicians to face enforcement proceedings against their personal assets. This will force physicians to purchase increased medical professional liability insurance coverage, which will significantly increase liability premiums in California for physicians.

Therefore, CMA requests the following amendment that would allow states with joint and several liability laws to maintain those important laws.

Page 23, line 4 Add: (b) Protection of States’ Rights and Other Laws.

(1) Any issue that is not governed by any provision of law established by or under this title (including State standards of negligence) shall be governed by otherwise applicable State or Federal law.

(2) This title shall not preempt or supersede any State or Federal law that imposes greater procedural or substantive protec-

tions for health care providers and health care organizations from liability, loss, or damages than those provide by this title or create a cause of action or any State law that governs the allocation or recovery of damages among joint tortfeasors.

2. No Punitive Damages for Medical Products and Devices that Comply with FDA Standards

The CMA has serious concerns with granting complete immunity from punitive damages to medical product and device manufacturers, distributors and suppliers. We believe this will force plaintiffs to look only to physicians and other providers to seek relief and will significantly increase physician exposure and liability costs. CMA believes that the United States Supreme Court decision on this issue in *Levine v Wyeth* was correct and should remain the law because the alleged benefits of providing immunity to pharmaceutical companies through preemption are far outweighed by the harm to patient care and physicians.

Therefore, CMA urges that subdivision (c) of Section 106 of Title I of the Protecting Access to Healthcare Act be stricken in its entirety.

At the very least, if Title I, Section 106(c) remains in the bill, the CMA requests the following amendments to protect physicians from punitive damages liability that would otherwise be that of the manufacturers and suppliers of medical products and devices.

Page 10, line 14: (c) No punitive damages for products that comply with FDA standards

(1) In General (A) No punitive damages may be awarded against the manufacturer, distributor, or prescriber of a medical product, or a supplier of any component or raw material of such medical products, based on a claim that such product caused the claimant’s harm where—

Page 16, Lines 24–25: “. . . or the manufacturer, distributor supplier, marketer, promoter, [or] seller, or prescriber of a medical product, . . .”

Page 17, Lines 15–16: “. . . or the manufacturer, distributor supplier, marketer, promoter, [or] seller, or prescriber of a medical product, . . .”

Page 17, Line 25: “. . . or the manufacturer, distributor supplier, marketer, promoter, [or] seller, or prescriber of a medical product, . . .”

The CMA urges you to accept these important amendments. We appreciate the efforts to repeal the IPAB, to protect California’s MICRA law with a state preemption, and to bring liability relief and lower health care costs to the rest of the nation.

Thank you for this important work.

Sincerely,

JAMES T. HAY, MD,
President.

Mr. PITTS. Mr. Chairman, I’d just like to take 30 seconds to respond to the distinguished ranking member before I yield to Mr. BASS.

He mentioned that this so-called expert panel could have physicians and health care professionals. I refer him to section 3403(g) of PPACA on page 423, specifically on the majority for the panel. There’s a specific prohibition that you can’t have a majority of health care providers or physicians on IPAB. And as far as these being recommendations, you can’t appeal; you can’t sue this board. Only with three-fifths vote in both Chambers with commensurate cuts can you overturn their recommendation.

I yield 1 minute to the gentleman from New Hampshire (Mr. BASS).

Mr. BASS of New Hampshire. I thank my friend from Pennsylvania for yielding to me.

Mr. Chairman, I rise in support of the bill consisting of two previous bills—tort law reform and a repeal of the Independent Payment Advisory Board.

I wasn't here when the Obama health care, the Affordable Care Act law, was passed. In listening to the debate over the last half hour, you would have thought that nobody supported this bill. Of all the speakers we've had, I think three have admitted they supported it then, and now you'd think that it never existed. Well, any agency that's scored by CBO to save \$3.1 billion is not going to do it by providing more services for seniors or innovation or preservation. It's going to do it by cutting payments to providers or by cutting services to beneficiaries. It's as simple as that.

This is the beginning of, perhaps, the core of what represents a Federal Government takeover of health care services in this country. Sure, there may be a process whereby recommendations could go to the Congress; but instead of the relationship being between a patient and a doctor, it is going to be governed more by a Federal bureaucracy that will make these decisions.

I urge support of the pending bill, H.R. 5.

□ 1550

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

We hear these things now, but we heard them in 1965 when Medicare was being proposed—socialized medicine, an unfair government intrusion into our lives.

Medicare is a popular, successful program. I support it. But the Republicans didn't support it then, and they don't support it now.

The Affordable Care Act is an excellent bill. I proudly voted for it because as a result of that legislation we're already seeing young people being able to get insurance up to 26 years of age on their parents' policies. We're already seeing seniors getting help to pay for their prescription drugs. We are seeing insurance companies prohibited from the abuses where they put lifetime limits, and they're going to be stopped from denying people health insurance because of preexisting medical conditions. This is good, and we're going to get even more benefits for over 30 million Americans when the bill is fully in place.

It's a good bill. The Republicans would like to repeal it. But let's not forget, they didn't want Medicare in the first place.

Mr. Chairman, now that I've used my minute, I would like to yield 3 minutes to a member of our committee from the State of Illinois (Ms. SCHAKOWSKY), who has been very involved in helping seniors on all of these programs, whether it's Social Security or Medicare or Medicaid. She is very knowledgeable and highly respected—a little

shorter than the podium, but I'm pleased to yield to her.

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

Ms. SCHAKOWSKY. I thank the gentleman very much for yielding to me.

I hope the American people understand what's going on here today. H.R. 5 represents another in a long line of partisan political attacks on the Affordable Care Act.

Since its passage 2 years ago, this historic law has been under attack. Today's bill would repeal the Independent Payment Advisory Board. The Affordable Care Act is replete with provisions to lower Medicare costs, from unprecedented tools to fight fraud to efficiency reforms. The IPAB is a backstop to those provisions.

What the Affordable Care Act does not do—and what the IPAB is prohibited from doing—is increase costs to seniors and people with disabilities or cut benefits. That may be why my Republican colleagues don't like it. If you look at their proposal to take away the Medicare guarantee and turn it into a voucher program, you can see why. Instead of lowering costs for everyone as the Affordable Care Act does, the Republican plan just shifts costs onto the backs of those who can least afford it—seniors, disabled people, and their families. These are the same people who are harmed by the tort-reform provisions of H.R. 5—Federal intrusion coupled with disregard for injured consumers.

Instead of working to improve health care quality, as the Affordable Care Act does, H.R. 5 simply restricts the rights of patients harmed by dangerous drug companies, nursing homes, medical device manufacturers, doctors, and hospitals.

I am especially opposed to arbitrary caps on noneconomic damages. Economic damages provide compensation for lost wages. Noneconomic damages provide compensation for injuries that are just as real and damaging, injuries liking excruciating pain, disfigurement, loss of a spouse or a grandparent, inability to bear children. These arbitrary caps are particularly discriminatory for seniors and children who don't have lost wages and are not worth much.

H.R. 5—higher costs to seniors and disabled people and fewer legal rights for injured consumers. It's a bad deal on both counts.

I hope the American people understand what is going on here today. H.R. 5 represents another in a long line of partisan political attacks on the Affordable Care Act.

Yesterday, my colleagues on the other side of the aisle released their FY 2013 budget proposal. Once again they propose to repeal the Affordable Care Act and once again they propose to end the Medicare guarantee.

I find it ironic that my colleagues on the other side of the aisle criticize the Medicare program because they claim cost growth is out of control and the program is going bankrupt.

The Medicare provisions of the Affordable Care Act are replete with provisions from cut-

ting fraud to improving the efficiency of health care delivery that will lower costs—without shifting costs to seniors and people with disabilities or cutting the Medicare guarantee. The Independent Payment Advisory Board is designed as a backstop to those provisions—which CBO tells us will be effective enough that we will not even need IPAB for the next decade.

And, here we are today set to consider legislation to repeal the Independent Payment Advisory Board not because my colleagues on the other side of the aisle have a better idea but because they want to get rid of the entire Affordable Care Act and eliminate Medicare.

If IPAB has to act, the Affordable Care Act explicitly states that it can only make recommendations regarding Medicare and cannot make recommendations that would ration care, raise premiums, increase cost-sharing, restrict benefits or modify eligibility. IPAB is also supposed to consider the effect of its recommendations on Medicare solvency, quality and access to care, the effect on changes in payments to providers, and the impact on those dually eligible for Medicare and Medicaid.

There are certainly ways to improve IPAB and the Affordable Care Act—but the bill before us doesn't make improvements—it just repeals. I wish my colleagues on the other side of the aisle would be honest with seniors, people with disabilities and the American public about their replacement plan.

What exactly is the Republican alternative? My colleagues on the other side of the aisle have talked a lot about Medicare costs and sustainability, but what is their plan? If the alternative is anything like the proposals included in the Republican budget—which shifts costs to seniors and empowers insurance companies—then I choose IPAB.

My colleagues on the other side of the aisle have strategically paired IPAB repeal with medical malpractice reform.

We do have a medical malpractice crisis in this country—but it is not that injured consumers are suing too much—in fact, the number of suits has declined. It is not that injured consumers are receiving exorbitant compensation—in fact, the size of settlements and awards have been stable—tracking the rate of medical inflation.

The crisis we are facing in America is that too many patients are the victims of medical errors and too many good doctors are being overcharged by private insurers. We cannot make this a fight between doctors and trial lawyers and lose sight of the fact that too many Americans will be affected by malpractice. Their lives and the lives of their families will never be the same. It is their interests that we must protect.

One in three patients admitted to a hospital experiences an “adverse event”—they get the wrong prescription, receive the wrong surgical procedure, acquire an infection. But this goes far beyond preventable medical injuries in hospitals. This legislation is so broadly drafted that it will apply to medical devices, pharmaceutical products, nursing homes and for-profit health insurers.

We haven't any assurance that this bill will reduce the incidence of medical malpractice—nor has anyone given us any assurance that it will lower medical liability premiums. But one thing is certain—it will trample on states' rights and take away long-standing civil justice

rights. Taking away patient rights does not improve the quality of our health care system—it just leaves injured consumers without recourse.

I especially oppose arbitrary caps on non-economic damages and other restrictions on the rights of medical malpractice victims to seek accountability and compensation for their injuries. We are going to hear from proponents of H.R. 5 that these caps are not harmful because economic costs—medical bills and lost wages—are left uncapped.

But what about injuries that are just as painful but less quantifiable—the inability to bear children, the loss of a spouse or child or grandparent, excruciating pain, permanent and severe disfigurement.

Non-economic damages compensate injured victims for very real injuries—and those who suffer those injuries deserve their full and fair day in court.

H.R. 5 is an attack on victims who, for the rest of their lives, will suffer as a result of negligence and malpractice. We should not add to their pain by denying them their legal rights.

I urge my colleagues to reject H.R. 50.

Mr. PITTS. Mr. Chairman, at this time I yield 1 minute to another distinguished member of the Health Subcommittee, the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. I thank the gentleman for yielding.

I rise today in support of H.R. 5, legislation to repeal the IPAB and make critical reforms to our medical liability system.

The IPAB was created in the health care law as a way to contain growing costs, but the reality is those savings will likely be found by removing health care decisions from patients and doctors and placing them in the hands of unelected and unaccountable bureaucrats.

H.R. 5 also addresses the critical issue of medical liability reform. Our current tort system is driving doctors out of the practice of medicine. Those who remain are forced to practice defensive medicine, further increasing health care costs.

The Congressional Budget Office has estimated that medical-liability reform will save hardworking taxpayers over \$40 billion. H.R. 5 makes two commonsense reforms to protect doctors and patients. I urge my colleagues to support the bill.

Mr. WAXMAN. Mr. Chairman, may I inquire how much time each side has.

The Acting CHAIR (Mr. HASTINGS of Washington). The gentleman from California has 36 minutes remaining, and the gentleman from Pennsylvania has 44 minutes remaining.

Mr. WAXMAN. Mr. Chairman, at this time I'd yield 5 of our 36 minutes to the gentleman from Iowa (Mr. BRALEY).

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

Mr. Chairman, here we go again. My conservative friends are once more trying to take away rights of American citizens that are as old as the Declaration of Independence and the Bill of Rights. They're doing it by talking about taking away the rights of pa-

tients without ever mentioning the words "patient safety."

This issue has been with us for a long time. In fact, about 10 years ago, the highly regarded Institutes of Medicine did three studies on the issue of patient safety and the alarming cost it adds to our overall health care delivery system.

The first of their studies was called "To Err is Human: Building a Safer Health System." On this cover it says: "First, Do No Harm." The study concluded that every year up to 98,000 people die in this country due to preventable medical errors. It also talked in this study about the cost of those medical errors. It estimated that the cost of failing to stop these preventable medical errors is between \$17 billion and \$29 billion a year. Now, if you multiply that over the 10 years of the Affordable Care Act, that means if we eliminated those errors, we would save \$170 to \$290 billion a year.

So do we focus on patient safety and preventing medical errors? No, we focus on taking away the rights of the most severely injured. Because it's what caps on damages do, they penalize those with the most egregious injuries and those who have no earning capacity. So who are those people? They're seniors, they're children, and they are stay-at-home mothers. They're the ones most severely penalized when you take away rights guaranteed in the Bill of Rights and the Declaration of Independence. So I oppose this bill in the name of the Tea Party, not just the current Tea Party, but the original Tea Party, which was founded in opposition to taxation without representation.

If you go to Thomas Jefferson's Declaration of Independence, you will see that grievance against King George listed. Right below it in the Declaration of Independence is this grievance, that he has taken away the right to trial by jury. That right was so important, ladies and gentlemen, that it was embedded in the Seventh Amendment to the Bill of Rights. It says very clearly that in suits at common law, which is what a medical negligence claim is, the jury gets to decide all questions of fact and no one else. Well, one of the most important questions of fact in a jury trial is the issue of damages. My friends are trying to take away that right from the jury—the very same people who elected us to Congress—because they apparently think that Congress knows more than the people who sent us here, those who go into jury boxes all over this country in your State and listen to the actual facts of the case before deciding what's fair, including the all-important issue of what are fair and reasonable damages.

So they're talking a lot today about defensive medicine. I want to tell you about the myth of defensive medicine. Every time a health care provider submits a fee-for-services, they represent that that medical procedure or that medical test was medically necessary. If they don't make that representation,

they don't get paid. Well, guess what, folks? If something is performed and billed as "medically necessary," that, by definition, is not defensive medicine, because defensive medicine is when you're doing something that's not medically necessary to protect yourself from litigation. So you can't have it both ways. You can't take the money and claim you are practicing defensive medicine.

□ 1600

We also heard about the myth of setting these caps 30 years ago and never adjusting them for inflation. They always want to talk about the California bill that was passed in the mid-seventies and impose the very same cap in this bill, \$250,000.

What they don't tell you is, if you adjust that cap based on the rate of medical inflation over that same period of time, the cap would now be worth almost \$2 million and that, if you reduce that \$250,000 cap to present value, those people in today's dollars are only getting the equivalent of \$64,000, no matter how serious their injury is.

That's why I oppose this legislation, and that's why people who believe in the Constitution and in the States' rights, under the 10th Amendment, to decide what their citizens will receive as justice should be outraged that this bill is on the floor today.

Mr. PITTS. Mr. Chairman, at this time I yield 2 minutes to the gentleman from New Jersey (Mr. LANCE), another valued member of the Health Subcommittee.

Mr. LANCE. Mr. Chairman, I rise today in support of H.R. 5 that combines the repeal of the Independent Payment Advisory Board with significant medical malpractice reforms that will help reduce health care costs and preserve patients' access to medical care.

Today marks the 2-year anniversary of the House passage of the President's health care law. During that debate 2 years ago, I joined Members from both sides of the aisle in calling on the President to address one of the drivers of the high cost of health care by reforming the current medical liability system. Unfortunately, the President's health care bill passed the House on March 21, 2010, absent any real or meaningful medical liability reform.

The new law did include the Independent Payment Advisory Board, or IPAB, and this cost-control board, made up of 15 unelected and, might I add, unconfirmed officials, has the power to make major cost-cutting decisions about Medicare, with little oversight or accountability.

The IPAB has been criticized by both Republicans and Democrats, and its repeal is supported by nearly 400 groups representing patients, doctors, and employers.

Today, on the 2-year anniversary of the House passage of the health care law, we have an opportunity to move to the future and enact real health care

reform that will help bring down health care costs that are escalating at unsustainable rates while, at the same time, protecting needed care for our senior citizens.

As a member of the House Energy and Commerce Committee, I am pleased to have the opportunity to work on this important legislation, and I urge all of my colleagues to support H.R. 5.

Mr. WAXMAN. Mr. Chairman, I continue to reserve the balance of my time.

Mr. PITTS. Mr. Chairman, at this time I yield 2 minutes to the gentleman from Georgia, Dr. GINGREY, another distinguished member of the Health Subcommittee.

Mr. GINGREY of Georgia. Mr. Chairman, I thank the gentleman for yielding. And, of course, I stand in strong support of H.R. 5, the PATH Act, having authored half of the legislation, that is, the HEALTH Act, the medical liability reform act.

But I'm also strongly in favor of repeal of IPAB, the Independent Payment Advisory Board created under ObamaCare. We know and our colleagues on the other side of the aisle, many of them, know that this is the most egregious part of this 2,700-page piece of legislation, which is now the law of the land. But what it is, Mr. Chairman, IPAB, is their way of saving Medicare.

I'll ask them time after time: What is your plan to save Medicare? They have no answers. All they want to do is continue to criticize our side of the aisle when we have meaningful, thoughtful plans to save and protect and strengthen, not just for these current recipients under the Medicare program, those who are seniors, those who are disabled, but also our children and our grandchildren.

What do we get from this side of the aisle, from the Democratic side? We get IPAB.

The language says no rationing, yet the provisions call for cutting reimbursements to providers; and eventually, without question, just as it has in Canada and the UK, Mr. Chairman, that leads to the denial of care. If that's not rationing, I don't know what it is.

Let me, in the remaining part of my time, speak a little bit in regard to H.R. 5, the HEALTH Act, the medical liability reform act.

The gentleman from Iowa, the trial attorney, was just up here trying to imply that we would take away a person's right to a redress of their grievances if they had been injured by a medical provider or a health care facility because of practice below the standard of care.

The Acting CHAIR. The time of the gentleman has expired.

Mr. PITTS. I yield the gentleman another 1 minute.

Mr. GINGREY of Georgia. And I thank the gentleman.

The gentleman from Iowa knows, in fact, that that is absolutely not true.

What we do in this HEALTH Act is limit the awards for so-called pain and suffering at \$250,000. And, Mr. Chairman, indeed, a number of States, after California enacted this law 35 years ago—Texas, Florida, my own State of Georgia—have enacted caps higher than that, and, no doubt, other States will do so in the future, because this bill specifically says—and it's called the flex caps—that if a State wants to enact a limit on noneconomics of \$1 million and have it applicable to multiple defendants, they can do that. They have the right to do that. And in regard to the injury to a patient, there are no caps whatsoever. There are still suits that are awarded to injured patients that are in the millions of dollars.

So the gentleman from Iowa was totally disingenuous in what he was trying to explain—a very smooth talking, very convincing lawyer. That's what we expect.

But we want to end frivolous lawsuits so that those who are truly injured get their day in court, and that's what this bill does.

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

I thank the gentleman, who is a physician, for his comments.

He said he wants to save Medicare. He said the Republicans want to save Medicare. They want to save Medicare, but their budget proposal would end Medicare.

Let's just understand, those who are on Medicare know they can go to the doctor or the hospital or other health care provider and Medicare will pay. Under the Republican proposal, they'd be given a voucher and told to go buy a private insurance policy, as much as they could afford by adding additional money. To save it, they want to end it.

And we hear the statement, so-called pain and suffering. For people who are living their lives with constant pain and suffering from a medical malpractice problem, it's not so-called to them. It's a real, terrible situation that they have to live with.

I think that, because one of our speakers happens to be a trial lawyer, I want to point out that the past speaker is a medical physician, as if that should make a difference. Let's base our arguments on the points that are made.

I, at this point, want to yield 3 minutes to the gentleman from Vermont (Mr. WELCH), an important Member whom we hope will come back to our committee in the very near future.

Mr. WELCH. I thank the gentleman. In Vermont, we faced the challenge that we face in this Nation: We want to have access to health care, and we want it to be affordable.

When we had legislation, the Democrats were pushing access. The Republican Governor was concerned about cost. We sat down and realized we're both right. If Democrats want to achieve the goal of access to health care for everybody, we have to control

cost. Our Republican Governor was right. We worked to do that. This Congress has failed to do that.

Health care costs are rising beyond our ability to pay. Whether it's the taxpayer, whether it's the business that's paying the premiums, whether it's an individual who is self-pay, you cannot have health care costs rising at 6.5 percent a year, as they have for the past 10 years, higher than the rate of inflation, profits, or the economic growth. It can't be sustained. IPAB is a tool to help us control health care costs. We have to do that for our taxpayers, for our employers and for our citizens.

□ 1610

It's advisory. These 15 people who have experience in economics and in medicine will look at data, will look at information. What's there to fear in their doing that? They'll make recommendations to Congress. Congress will retain the right to have the final say as to whether these recommendations will work or not or if we want to substitute something else. That makes sense.

The alternative is what has been put forward to essentially shift the burden of rising health care costs onto seniors and citizens by turning Medicare into a voucher. It would cap what the taxpayer would pay by exempting this Congress from making reforms in how we deliver care that could result in costs coming down and simply saying to seniors on Medicare that if costs go up 6.5 percent a year, another 6.5 percent—you know what, folks?—you are on your own. Figure out how to pay for it. Congress is AWOL on this.

So to the extent that we claim we want access but we won't control costs and take steps that are required to make health care spending sustainable, we're shirking our responsibility. IPAB is not the answer, but it's a good tool.

To reject it and instead replace it with a voucher system where the full burden of runaway health care costs are simply imposed on seniors is the wrong way to go in a continuation of Congress ducking its responsibility for the reforms in the health care system that our citizens need and deserve.

Mr. PITTS. Mr. Chairman, I am pleased at this time to yield 3 minutes to one of our leaders, the distinguished gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Chairman, regrettably the President's policies have failed and continue to harm our economy.

We were told if we would pass the stimulus plan, unemployment would never exceed 8 percent, and instead it's exceeded 8 percent for 37 straight months. We were told that the President would cut the deficit in half, and instead we have the worst debt in our Nation's history. We were told he would take steps to reduce the price of oil, and instead gas prices have doubled at the pump. One more of his policies

that has failed is clearly his health care plan.

We were told that it would create jobs, but instead every day I hear from job creators in the Fifth District of Texas who write me things like:

ObamaCare will put a tremendous burden on my company. I can't put a 5-year plan in place. I therefore have to withhold cash for expansion.

I also hear things like:

I could start two companies and hire multiple people, but based on this administration and the lack of facts with ObamaCare, I will continue to sit and wait.

We know now that the Congressional Budget Office says that the health care plan will cost us almost a million jobs from this economy.

We were also told that if we pass this that health care would be more affordable and lower premiums, but instead the Congressional Budget Office now tells us that the new benefit mandates will force premiums to rise in the individual market by \$2,100 per family.

Any way you look at it, the President's health care law is harming job growth; it's harming our economy. But perhaps even more ominously, it's the infamous Independent Payment Advisory Board, section 3403 of the act, that will harm our seniors.

The IPAB is going to be comprised of 15 unelected, unaccountable bureaucrats handpicked by the President. Their sole job is going to be to ration health care to our seniors and impose Federal price controls. This will undoubtedly slash senior access to doctors and to other providers. They literally will be making decisions about the health of our loved ones, our parents, and our grandparents.

The Centers for Medicare and Medicaid Services actuary has confirmed that large reductions in Medicare payment rates to physicians would likely have serious implications for beneficiary access to care utilization, intensity, and quality of services.

Mr. Chairman, when it comes to my parents, both of whom are on Medicare, no government acronym, no government bureaucrat, no government board can ever substitute for the good judgment of their chosen family doctor. That's why today I'm proud to stand with my colleagues here to vote to repeal the IPAB.

Once again, we need to repeal the President's health care plan and do it today.

Mr. WAXMAN. Mr. Chairman, I am pleased at this time to yield 4 minutes to the distinguished Democratic whip, Mr. HOYER, from the State of Maryland.

Mr. HOYER. I want to speak about this bill, but I also want to respond to the chairman of the Republican Conference, who apparently fails to realize that we've created 4 million jobs, 3.96 million to be exact, over the last 24 months. We've had 10 quarters of growth in America. As opposed to losing 786,000 jobs the last month of President Bush's term, we added 257,000 last month in the private sector.

So to say that the President's program is not working is simply inaccurate.

Now, ladies and gentlemen, this is a wolf in sheep's clothing. They don't like the health care bill. That's what the chairman of the conference just said. He wants to vote to repeal that. We understand that. They want to pick it apart piece by piece.

Let me talk about it. Two years ago, we passed a comprehensive health care reform package that is already lowering costs, expanding access, and contributing to deficit reduction. The Affordable Care Act was a significant moment when Congress once again took bold action to constrain the growth in health care spending and make insurance more accessible and affordable for all Americans. As the wealthiest country on the face of the Earth, we ought to make sure that people can get insurance and have affordable, accessible health care.

Insurance companies can no longer deny coverage to children with pre-existing conditions. I bet they think that's a benefit, a protection that will be extended to all Americans by 2014. I've had a lot of people talk to me about that provision. They like it.

Insurance companies can no longer drop Americans from their policies when they get sick or impose arbitrary and unfair caps on coverage. You buy insurance to make sure when you get sick you have coverage. If you get very sick and need more coverage, it says you can't cancel because you're really sick. I think Americans like that.

Since the Affordable Care Act was signed into law, over 32 million seniors on Medicare have access to free preventative services. The Medicare part D doughnut hole is on the path to close completely by 2020. Seniors who fall into this coverage gap are right now getting a 50 percent discount on their brand drugs. They like that.

Now 360,000 small businesses have already taken advantage of tax credits that are helping them provide more affordable coverage to over 2 million workers. Lifetime limits on over 105 million Americans with private insurance have been eliminated. Over 2,800 employers have already received financial assistance that helps them provide affordable insurance to 13 million retirees who are not yet eligible for Medicare.

The CBO continues to project that the Affordable Care Act will reduce the deficits by tens of billions of dollars by the end of this decade.

Despite all of these benefits, today Republicans will take yet another vote to repeal part of the Affordable Care Act. But what they want to do is repeal the act. That's what the chairman said of the conference. I take him at his word. I appreciate his honesty.

Today their focus is on the Independent Payment Advisory Board, or IPAB, which couldn't be a less timely issue. IPAB is a backstop mechanism to ensure that the Affordable Care

Act's savings and cost-containment provisions will be achieved. But CBO has already said they don't expect it to be triggered at all over the next decade. That's because the Affordable Care Act's cost-containment provisions are already having a significant impact on slowing the growth of health care and Medicare spending.

This proves that the Medicare spending can be constrained without turning Medicare into a voucher program as the chairman has said. That forces seniors to spend more and ends the Medicare guarantee. Americans don't want that.

The Republican plan does exactly that and tries to mask the end of Medicare as we know it by talking about choices and competition.

The Acting CHAIR. The time of the gentleman has expired.

Mr. WAXMAN. I yield the gentleman an additional minute.

Mr. HOYER. But both competition and choice already exist in the Medicare program.

□ 1620

Of beneficiaries, 99.7 percent have access to at least one Medicare Advantage plan, and in the majority of counties, they have an average of 26 private plans to choose from. In spite of all these choices, about 75 percent of all seniors still choose to remain in traditional Medicare.

The Republican budget, released just yesterday, paints a clear picture of their priorities, showing once again they stand for ending the Medicare guarantee, shifting ever-increasing costs on to our seniors and repealing all of the Affordable Care Act's patient protections.

I stand behind the cost-containment provisions, the delivery-system reforms, the improvement to Medicare, and the new benefits and protections that were enacted under health reform. And I stand with my fellow Democrats and America's seniors in support of preserving the Medicare guarantee and ensuring that Medicare remains available and affordable for generations to come.

I appreciate the ranking member's leadership on this issue and all of those who were critically responsible in ensuring that Americans have access to affordable quality health care.

Mr. PITTS. Mr. Chairman, 2 years ago, they said PPACA would cost less than \$1 trillion. The CBO's new estimate says it's going to cost over \$1.7 trillion. Stay tuned.

I now yield 2 minutes to the author of the IPAB repeal, the gentleman from Tennessee, Dr. ROE.

Mr. ROE of Tennessee. I thank the chairman for yielding.

I guess, if the Affordable Care Act is so popular with the American people, that's why 60 percent want it overturned. I'll start by saying that. That's the latest that I've seen.

Let me just go over briefly what the IPAB is and why I'm so vehemently opposed to it.

As an over-30-year practicing physician, I've looked at this, and I've seen two examples already of why I know and what I know is going to happen here.

We have the model in the SGR, the sustainable growth rate, which is what we pay Medicare physicians today. As has been stated multiple times, we have a board with 15 appointed people to it. Over half of them cannot be health care providers or cannot be health care-related folks that are going to make decisions based on a formula for Medicare spending. We're going to set limits. If you exceed those limits, then cuts will come to providers. We've done that with SGR. And guess what the Congress has had the ability to do during that time? To override those cuts, because everybody in here, both Republicans and Democrats, understand if we cut our providers, we're going to decrease access for those patients.

What has happened with SGR? Just 2 weeks ago, we passed an SGR temporary fix to the end of this year to avoid a 27 percent cut in physician payments. Guess what would happen with IPAB? Mr. Chairman, there would be a 27 percent cut to Medicare providers and in 5 years—also, the hospitals are included. I can tell you our rural hospitals where I live will not survive those cuts. Those cuts will occur with minimal overlook from this U.S. Congress and no judicial review.

Let me read this right here: IPAB is the single biggest yielding of power to an independent entity since the creation of the Federal Reserve. This is not me. This is Peter Orszag, the former budget director for President Obama.

My concern as a practicing physician is that if we cut physician payments so far, our patients will not have access to us. Right now, Mr. Chairman, in the primary care group I'm in, that access is already being limited, and we see it around the country.

One final thing. I started practicing as an obstetrician in 1977. I've delivered almost 5,000 babies. I paid \$4,000 a year for malpractice coverage. When I left, the young physician who replaced me was paying \$74,000 a year. The patient has got no more value.

In 1975, when I got back home from the Army, every single malpractice carrier had left the State of Tennessee. Almost all 10,000 physicians in Tennessee get their insurance from a mutual company. Since 1975, over half the premium dollars that every doctor has paid into the State of Tennessee has gone to attorneys, not to the injured party. Less than 40 cents of every dollar has gone to the people who have actually been injured.

We have a terrible system of paying people who have been injured, compensating them. This will allow us to do that and will allow us to get some certainty so that those costs don't keep rising beyond anybody's ability to pay. What has happened in a lot of places,

Mr. Chairman, is access to OB doctors and high-risk doctors has been limited because of the liability.

I strongly support H.R. 5, and urge my colleagues to do the same.

Mr. WAXMAN. Mr. Chairman, nobody is going to deny that there is a problem with medical malpractice. The issue is whether the State of Tennessee can adopt a law to solve its own problem the way the State of California has done, the way the other States have acted. Let the States operate in this area which has been traditionally reserved for them. Washington does not have all the answers. Imposing one system on the whole country is not the way to go.

I would like to at this point yield 3 minutes to the gentleman from the State of Washington (Mr. McDERMOTT).

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

Mr. McDERMOTT. Mr. Chairman, you might ask why we're having this debate. Well, the Republicans have never wanted to solve the Americans' problem with health care access and cost; and the Congress passed, with the President's help, a bill that gave access to many millions of people and put in place some mechanisms to control costs.

The Republicans have tried to repeal it again and again, Mr. Chairman; and they know next Wednesday it's going to be in the Supreme Court. So today is press release time, and they have a formula for press releases in this House. The Members are going home to their districts, so they select a straw man and they put him up here. The straw man in this case is the IPAB. Then they scare seniors. They say: this IPAB is going to take away your health care. Then all the seniors are supposed to crawl under the chair or under the bed because the Republicans are out scaring people again. They do it by telling half truths.

This commission will make recommendations that the Congress can adopt, change, or if they don't want to do it, they can let them go into play. They have three choices, and the Congress can do either to change them or adopt them. We're not to giving away our power. That is a half truth to say that we are.

Secondly, as you heard from the whip, it's 10 years before this happens. Folks, if you're sitting at home watching this—Mr. Chairman, they are probably all scared and have quit eating their dinner because they're worried about what's going to happen. We're talking about something that's going to happen in 10 years. This is simply a scare tactic, and it is directly related to the attempt to derail the President's reelection. If they can take down this health care bill, they will have him. They will have shown he hasn't done anything. But the fact is he got it through here, and it's going to be implemented in 2013.

You can spend all the time you want passing bills in here that are abso-

lutely kabuki theater, because this bill is going to go over to the Senate. You all know it has to pass both the Senate and the House. The Senate put this in. Does anybody think that the United States Senate is going to take away seniors' rights to health care? I mean, does anyone think that? You're accusing the United States Senate of putting this in the bill, setting it up to take away health care benefits from seniors. That is nonsense. If you think the Senate is going to walk away from this provision, well, more kabuki theater. We will be back on another day.

The Acting CHAIR. The time of the gentleman has expired.

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

Will the gentleman yield?

Mr. McDERMOTT. I yield to the gentleman from California.

□ 1630

Mr. WAXMAN. We want to hold down the costs in health care for Medicare, itself. The cost of health care is going up for all health care coverage; but Medicare, if it goes up too much, it's a real problem. So in the Affordable Care Act, we try to put in place ways to hold down costs by reorganizing the delivery of care. We have some other strategies. We hope it will work. But for a backstop, if it doesn't work, there is this Independent Payment Advisory Board, and they will give us some idea as to how to hold down health care costs.

Now, it seems to me, the biggest objection is, once they give their recommendations, we can accept them, we can change them, or we can let them go into effect. I think the biggest problem is that if nothing happens, those health care costs go up; and that's what preserves the right of Congress, is to let nothing happen. And this is not how to hold down costs. This is to let the costs go up.

I thank the gentleman for yielding.

Mr. PITTS. Mr. Chairman, at this time, I yield 3 minutes to another doctor, Dr. HARRIS, from the State of Maryland.

Mr. HARRIS. Mr. Chairman, I think the gentleman from California just said what this is all about: The IPAB is about cutting expenditures for our seniors on Medicare when they need their health care.

The IPAB is no straw man. It's a health care policy bureaucrat's dream and a Medicare patient's nightmare. It's 15 bureaucrats—and the gentleman from California called it right—insurance company representatives, pharmacy company representatives, benefit managers, employers, all those people who really have the care of an individual patient in mind.

In fact, that rationing board limits the number of health care professionals who can serve to a minority, a minority of people, and then goes further and says, And, oh, by the way, they have to actually stop practicing health care for the 6 years they sit on the board. How

close are they going to be to knowing what's going on in the care of a patient?

The gentleman from Iowa talked about the myth of defensive medicine. I want to ask anyone who cares to go in a labor and delivery suite and look what's happened to obstetric care, to our women in America over the past 40 years because we don't have effective tort reform.

I'm an obstetric anesthesiologist. I spent 30 years in a labor and delivery suite. In 1970, the cesarean section rate in this country was 5 percent. One in 20 women going to a hospital to have a baby would have a cesarean section. Last year it was 33 percent. I will tell you, not much has changed about childbirth in that time, but now a woman going into the hospital to have a baby has a one in three chance of having a cesarean section. Not only that, but 40 years ago—those of you who want to, ask people you know who delivered 40 years ago. Most obstetrics was delivered by a one- or two-person group where a woman got to know the obstetrician who was going to deliver her baby.

Go ask the folks in your district now what happens. You go into a group of about 10 or 12 people because they can't afford the malpractice insurance. They have to go into a big group so someone else can pay it. It's impersonal service. Go and try to find an obstetrician who is in their fifties or sixties and practicing obstetrics. They gave it up long ago because they can't afford the premiums. The most experienced obstetricians are no longer delivering care to American women.

The C-section rate is one in three, and a woman can't even expect to see her obstetrician every time she goes to those prenatal visits because there are eight or 10 in the group, and they all have to have a chance to see that patient. That's what the lack of tort reform has done to the delivery of care to women in this country.

We need to pass this bill and pass it now.

Mr. WAXMAN. Mr. Chairman, may I inquire how much time each side has remaining in the general debate.

The Acting CHAIR. The gentleman from California has 17½ minutes remaining, and the gentleman from Pennsylvania has 29¾ minutes remaining.

Mr. WAXMAN. I will reserve the balance of my time.

Mr. PITTS. Mr. Chairman, at this time, I yield 2 minutes to another doctor, the gentleman from Indiana, Dr. BUCSHON.

Mr. BUCSHON. Mr. Chairman, I rise today in support of repealing the Independent Payment Advisory Board, or the so-called IPAB; and I urge President Obama and our colleagues in the U.S. Senate to join us, the House Republicans, in saving access to quality care for America's seniors.

I've been a practicing physician for over 15 years, and I don't think I have

seen anything potentially more detrimental to seniors' health care than the Independent Payment Advisory Board created under the Affordable Care Act. As has already been said, this group of 15 unelected Washington, DC, bureaucrats, appointed by the President, will be making decisions on the funding of Medicare with little oversight from your elected officials. This is not a partisan issue. Whether it's this President, the next President, or a President 20 years from now, no President should have the power to create a board with this much control over health care.

Doctors provide critical care to our Nation's seniors, but they also run a business. They have to receive proper reimbursement to keep their doors open or they will lose their ability to provide care for America's seniors.

The Affordable Care Act has already cut over \$500 billion from the Medicare program, and then the President doubled down by proposing over \$300 billion more in his budget. Medicare cannot sustain further cuts if we are to keep access for America's seniors.

Without any chance of judicial or congressional oversight, IPAB will become one of the most powerful agencies within our government.

I ask the American people: What part of the government operates this way? When people in Washington, DC, make decisions you don't agree with, you can vote them out of office, but when IPAB makes a decision, the American people most likely will have no recourse.

If the President and the U.S. Senate really are concerned about saving Medicare, which they claim to be, I urge them to get serious and work with us, because according to CBO, Medicare may be insolvent as early as 2016. We need to reform Medicare in order to strengthen and preserve it for future generations, and true reform is not continuing to cut funding of the program.

Again, I urge the President and the Senate to join us in eliminating IPAB.

Mr. WAXMAN. I continue to reserve the balance of my time.

Mr. PITTS. Mr. Chairman, at this time I yield 2 minutes to another doctor, the gentleman from Michigan, Dr. BENISHEK.

Mr. BENISHEK. I thank the chairman for yielding.

Mr. Chairman, as my good friend, the chairman, knows, before I came to this House, I served as a general surgeon for three decades. So 2 years ago this week, while President Obama was pitching his 2,000-page health care overhaul, I was back home in Michigan, taking care of patients and wondering how this law was going to change the relationship between a physician and his patients.

Now the President's broken promises have shown us: Instead of providing real solutions to strengthen the doctor-patient relationship or improving the way we deliver health care to patients, the President gave us the Independent Payment Advisory Board. IPAB is a 15-

member commission of unelected bureaucrats charged with cutting Medicare spending, specifically reimbursement for physicians. It's a very Washington-type solution to take something as personal as a doctor seeing a patient in his office and creating a panel of Washington bureaucrats to determine how that's going to be paid for.

As a physician, I can tell you that when you set up an unelected board and give them unprecedented power and little government oversight, the results will be clear. This will lead to arbitrary cuts to the Medicare program, less access to care, and rationing. Today we are voting to stop that from happening.

Mr. Chairman, we've already heard the other side of the aisle accusing the majority of pushing Grandma off a cliff. But instead of scare tactics and hyperbole, I ask Members on both sides of the aisle to support this effort to repeal the IPAB. Support this effort to eliminate what seniors are really concerned about: a group of unelected bureaucrats making health care decisions for them.

As a physician, I am proud to support the repeal of this ill-conceived rationing board on behalf of all my patients and constituents in northern Michigan.

□ 1640

Mr. WAXMAN. Mr. Chairman, I continue to reserve the balance of my time.

Mr. PITTS. Mr. Chairman, at this time I yield 2 minutes to another health care professional—a nurse—the gentlelady from North Carolina, RENEE ELLMERS.

Mrs. ELLMERS. I thank the chairman for this opportunity to speak with my colleagues as a nurse and a wife of a general surgeon.

Mr. Chairman, IPAB was created under ObamaCare to slash Medicare spending by restricting health care services for seniors in need. Repealing IPAB will restore the doctor-patient relationship.

Mr. Chairman, when someone goes to the doctor, they reveal the most personal experiences of their lives and engage in a relationship with a dedicated health care professional who puts his or her career on the line for the purpose of making that individual whole again. Left alone, President Obama's government-knows-best mentality will force our seniors to cede this relationship to a board of unelected and unaccountable bureaucrats who will have the power over the health and the lives of millions of other Americans. Each patient is unique, and their care rests on the doctor's ability to provide the best treatments available, regardless of the cost of their liability.

One of the greatest challenges facing our Nation's health care system, including Medicare, is the rapidly rising costs. This legislation recognizes that. This legislation repairs and repeals the IPAB with commonsense medical liability reform that will save billions of dollars.

I have sat and listened to the debate today, and I have listened intently over the 2 years since ObamaCare went into effect, and I still have one question to my Democrat colleagues across the aisle: What is your solution for Medicare? We know it is not sustainable as it is now. What is your solution?

Mr. Chairman, Federal bureaucrats should not dictate to doctors how to provide care, force them to provide medication regardless of their known complications, and make them liable with no limits or protections.

The Acting CHAIR. The time of the gentlewoman has expired.

Mr. PITTS. I yield the gentlelady an additional 30 seconds.

Mrs. ELLMERS. We have got to move forward on malpractice reform. Our colleagues ask the question, How can malpractice be put in place at the Federal level? And yet they have put Federal health care as an issue and put control as an issue.

We must provide patients and medical professionals with the security and the safety net.

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

Mr. Chairman, our idea for Medicare for the future is to make it better, not to eliminate it. In the Affordable Care Act, we provide help for seniors to pay for their prescription drugs, especially when they're in the doughnut hole. We provide money so they will be sure to have preventive services without having to pay for them so that we know we can prevent diseases that we otherwise have to pay to treat. We have extended the life of the Medicare trust fund. We're always looking for ways to hold down costs in a reasonable, rational way.

One of the reasons we have very high costs in Medicare is, when a doctor and a patient get together, the doctor decides on how many services are going to be paid for, especially when that doctor gets paid more money for more services. Therefore, we've got to look for alternatives to that. Now I have a feeling the doctors like the idea of deciding how many services are going to be paid for, but we just can't afford that.

So we have ways to hold down health care costs by trying to bring people together in affordable care organizations, ways for doctors to manage the care from physician to physician in a more efficient way, and we have a backup if these other things don't work—to have an advisory committee to give us their ideas; but their ideas cannot lead to rationing health care or making people have to pay more money for their insurance or to restrict benefits or modify eligibility. That's what we propose to do.

The Republicans propose to take away the assured guarantee of services under Medicare and require people to go find a private insurance plan, if they can afford it, over and above the voucher, which would never keep pace with the increase of health care costs.

At this time, I yield 2 minutes to my California colleague (Mr. THOMPSON).

Mr. THOMPSON of California. I thank the gentleman for yielding.

I rise today in opposition to this legislation. Whether or not you're a fan of the IPAB, I strongly urge you to oppose the bill. This bill is not about IPAB. This bill is nothing more than a political maneuver to attack the Affordable Care Act on the 2-year anniversary of its enactment.

I challenge anyone to talk to one of the over 7,000 young adults in my district who now have health care insurance coverage and ask them if the Affordable Care Act should be repealed. Or maybe the 6,000 seniors in my district who have saved over \$3 million on the cost of prescription drugs. Or the 30,000 children and 120,000 adults who now have health care insurance that actually covers preventive services without burdensome copayments. Or the thousands of children with pre-existing health conditions who will no longer be denied coverage by health insurers or told they've hit their lifetime cap for services because of a disease with which they were born. Ask them if they'd like to repeal the Affordable Health Care Act.

No one has ever suggested that this bill was the perfect solution to health care, but we should be working together to fix it, not trying to repeal it for cheap political points. And to add the medical malpractice provision that they added in this bill, that is so wrong-headed that the doctors in California have come out in opposition to this bill. Any doctor will tell you there's work that needs to be done in regard to medical malpractice, but the way this was done has even brought the doctors to the table in opposition.

So, on behalf of the millions of Americans who are already benefiting from the Affordable Care Act, I ask you to join with me and with the California doctors in opposition to this legislation that does no one any good at all.

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

Mr. Chairman, I find it interesting that the gentleman who just spoke signed a letter to former Speaker PELOSI on December 17, 2009, that says the IPAB provisions severely limit the congressional oversight of the Medicare program and eliminate the transparency of congressional hearings and debate. Moreover, the creation of a Medicare board would effectively eliminate State community input in the Medicare program, removing the ability to develop and implement policies expressly applicable to different patient populations. So IPAB or an equivalent commission, they said, could not only threaten the ability of Medicare beneficiaries but of all Americans to access the care they need.

I yield 2 minutes to the gentleman from New Mexico (Mr. PEARCE).

Mr. PEARCE. Mr. Chairman, I appreciate the opportunity to speak on this legislation, H.R. 5.

One of the most trusted sources of information in my Mom's life—she's in her eighties—is her physician. We just got a history lesson, a civics lesson, from our friends across the aisle just a moment ago expressing how the Democrat Congress passed, the Democrat Senate passed, and a Democrat President signed into law a bill that puts into place ways to control the costs. It took \$500 billion from Medicare in order to pay for the bill that they passed. Then in addition to the civics lesson, we were given a political reality that the Senate is not going to take the bill up—therefore, we should not be discussing it.

I think, for the peace of mind of people like my mom who are going to have the IPAB, this independent board, inserted between them and their doctors—Mom won't even get to talk to her doctor if this board decides she can't. The scheduler will simply say you have to come back next month or next year, and we're told we shouldn't bring that up because it might scare seniors. Seniors have a right to be scared. They have a right to wonder.

□ 1650

If some board does not even answer to Congress, it can change laws without coming to us, and it can write its own rules; and we're to be told that we should not be discussing this issue because it might frighten seniors. It just might, and they very well should be told.

The Obama health care legislation did not bring one new doctor into service, but it brought millions of new patients in. The real truth is that we have increasing demand for doctor services because of these new patients and no new supply. You're going to have to limit it somewhere. They wanted to hide this limitation under the IPAB. We're simply saying, let's restore the relationship between 86-year-old moms and the doctors. Let's get rid of the IPAB. This bill would do it.

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

Mr. Chairman, if you listen to the comments that were just made on the House floor, it would be better to leave over 30 million people without health insurance because they want to see doctors when they get sick.

The legislation, the Affordable Care Act, provides more training for doctors and higher reimbursement for primary care doctors, and it provides for the opportunity to get a medical education with a payback in underserved areas. We're going to get more doctors, but we shouldn't say that those who have health insurance should turn their backs as the Republicans, I feel, are doing to all of those who have no insurance whatsoever.

I want to yield, at this point, 5 minutes to the distinguished gentleman from the State of Virginia (Mr. SCOTT) so he can further speak on this legislation.

Mr. SCOTT of Virginia. Mr. Chairman, I rise today in opposition to H.R.

5. There are several troublesome provisions with the bill.

For example, it sets an arbitrary and discriminatory \$250,000 cap on non-economic damages; it reduces the amount of time an injured patient has to file a lawsuit; and it also repeals IPAB, the board created by the Affordable Care Act to control Medicare costs while preserving access to care.

Although there are many troublesome provisions in the bill, I'd like to speak at length about one provision, the so-called fair share provision.

The fair share provision would repeal the general rule of joint and several liability. Joint and several liability is a common law principle that enables an injured patient to seek compensation from any or all of the parties responsible for the patient's injuries. Joint and several liability provides that each of the guilty defendants are jointly responsible and individually responsible for the total damages, and, if they want, they can agree in advance on how to apportion fault among themselves; thus they can purchase and share the cost of insurance and charge their fees for services based on that agreement.

The general rule of joint and several liability does not burden the injured patient with the requirement of assigning proportional fault. This PATH Act creates a bizarre and impossible standard for the patient by eliminating joint and several liability. It requires that the plaintiff, who is the patient, demonstrate each negligent party's proportional responsibility. This is often impossible for the plaintiff because frequently all the patient knows is he woke up as the victim of malpractice. Why should he then be required to find out what each and everybody did? And how does he do that when everybody is denying any liability?

Unfortunately, this bill essentially requires the plaintiff to conduct a separate case against each defendant, each case requiring a finding of duty of care, a breach of that duty, a proximate cause, a finding of damages, and then a determination of what part of the damages are attributable to what malpractice.

Each of those cases requires an expensive expert witness, depositions, and the full expense of complicated litigation. It also complicates any settlement that might take place because a patient can't take a chance of settling with one defendant without knowing what, ultimately, the other defendants might have to pay.

What's most disturbing about this bill is it eliminates joint and several liability for all kinds of damages, including economic damages. In doing so, H.R. 5 is more extreme than most States' laws. Economic loss compensates injured parties for their out-of-pocket expenses, such as the hospital bills, the doctor bills, and lost wages. Even though the proponents of H.R. 5 claim to use California's Medical Injury Compensation Reform Act as a

model, not even California eliminates joint and several liability for economic damages.

Mr. Chairman, over centuries, each State has balanced judicial procedures between defendants and plaintiffs. Some provide longer and some shorter statutes of limitations. Some have large, some have small, and some have no caps at all on damages. Some deny recovery in cases of contributory negligence. Others allow recovery based on comparative negligence. Most have joint and several liability—a few do not—but the interests of plaintiffs and defendants have been balanced over the years in each State. We should not override centuries of the State-level balancing of these interests by preempting some parts of tort law with this Federal bill.

Mr. Chairman, we usually hear that tort reform is necessary to address three problems: defensive medicine, high malpractice premiums, and frivolous lawsuits.

This bill will not prevent, will not do anything to deal with defensive medicine, because the lawsuits are not eliminated. There will still be defensive medicine, and because it increases expenses for defendants, it may actually increase total malpractice premiums.

Finally, the bill does not target frivolous lawsuits. The Institute of Medicine estimates that approximately up to 100,000 patients die every year due to medical mistakes, and yet there are only about 15,000 medical malpractice payments each year, so there's a question of whether or not frivolous lawsuits are even a problem. But to the extent that it is a problem, this bill will not target frivolous lawsuits; it will increase the cost of litigation and may reduce all lawsuits, but it will not target frivolous lawsuits.

So, Mr. Chairman, I would hope that we will not pass a Federal law to abolish joint and several liability at the State level, and I would urge my colleagues to oppose this legislation.

Mr. PITTS. Mr. Chairman, at this time, I yield 2 minutes to the gentleman from Illinois (Mr. HULTGREN).

Mr. HULTGREN. Mr. Chairman, I rise today in support of this bill.

The unelected and unaccountable bureaucrats of the Independent Payment Advisory Board pose a threat to the ability of seniors in my district and around this country to get the health care they need.

Across my district, I hear from doctors who are deeply concerned about their ability to accept more Medicare recipients because reimbursement rates are already too low; but if the IPAB bureaucrats are allowed to ration care, rates will be driven even lower. Fewer doctors will be able to afford to treat Medicare patients. It's cruel to tell our seniors that they have Medicare but refuse to tell them that there will be no doctors who will be able to treat them.

IPAB will be the end of Medicare as we know it and the end of seniors' abil-

ity to get treatment from their preferred doctors. That's why we must act now to repeal IPAB—to protect seniors and to protect Medicare.

I hope my colleagues on both sides of the aisle will join me in supporting this bill.

Mr. PITTS. May I ask the gentleman how many speakers he has remaining?

Mr. WAXMAN. We have one.

Mr. PITTS. I'll yield to myself at this time, then, such time as I may consume.

Mr. Chairman, H.R. 5, the Protecting Access to Healthcare Act, the PATH Act, not only fixes our broken medical liability system; it also repeals the Independent Payment Advisory Board, one of the most ominous provisions in the President's sweeping overhaul of health care.

Medical liability reform will preserve access to quality health care in States like Pennsylvania by allowing doctors in high-risk specialties, such as obstetrics and neurosurgery, to practice without the fear of frivolous lawsuits and, according to the Congressional Budget Office, to reduce the Federal deficit by \$48.6 billion over the next 10 years.

According to the President's health care law, the purpose of IPAB is to reduce Medicare's per capita growth rate. The board is made up, as we've heard, of 15 unelected, unaccountable bureaucrats who will be paid \$165,300 a year to serve 6-year terms on the board. If Medicare growth goes over an arbitrary target, the board is required to submit a proposal to Congress that would reduce Medicare's growth rate.

□ 1700

These recommendations will automatically go into effect unless Congress passes legislation that would achieve the same amount of savings. In order to do so, Congress must meet an almost impossible deadline and clear an almost insurmountable legislative hurdle.

The board has the power to make binding decisions about Medicare policy with no requirement for public comment prior to issuing their recommendations. Individuals and providers will have no recourse against the board because its decisions cannot be appealed or reviewed. In other words, the board will make major health care legislation essentially outside the usual legislative process.

The board is also limited to how it can achieve the required savings. Therefore, IPAB's recommendations will be restricted to cutting provider reimbursements. In many cases, Medicare already reimburses below the cost of providing services, and we're already seeing doctors refusing to take new Medicare patients—or Medicare patients at all—because they cannot afford to absorb the losses.

Any additional provider cuts will lead to fewer Medicare providers. That means that beneficiary access will suffer. Seniors will be forced to wait in

longer and longer lines to be seen by an ever-shrinking pool of providers or will have to travel longer and longer distances to find a provider willing to see them. Clearly, Medicare growth is on an out-of-control trajectory that endangers the solvency and continued existence of the program. IPAB, however, is not the solution.

I urge my colleagues to support H.R. 5.

With that, I reserve the balance of my time.

Mr. WAXMAN. Mr. Chairman, I am pleased at this time to yield 2 minutes to the gentleman from New Jersey (Mr. HOLT).

Mr. HOLT. I thank my friend from California.

Mr. Chairman, I rise in opposition to H.R. 5, which would repeal the Independent Payment Advisory Board, which I think is one of the good features of the health reform law.

I have real concerns about H.R. 5. We're talking about undoing work instead of doing the work that this Congress should do—repealing IPAB in the pretext of protecting Medicare just one day after the Republican budget was released that would end Medicare and shift the costs of health care to our seniors while giving tax breaks to millionaires. There's just no logic to this.

The bill would also make significant changes to the Federal health care liability system, making it difficult for legitimately injured patients to hold health care providers accountable, including even limiting the ability of victims of sexual abuse from getting justice from the institutions and providers who had harmed them.

The health reform law, which the Republicans want to repeal, included malpractice reforms, like grant programs for States. While I support improvements to the medical malpractice process, it's important to note that malpractice is not the primary—not even really a significant reason—for the escalating health care costs. States that have passed stringent limits on medical malpractice claims like the ones in H.R. 5 have in fact some of the most expensive health care in the country.

This bill is irresponsible and unnecessary. Where is the transportation bill? Where are the jobs bills? Why are we on the floor talking about undoing good work instead of doing the work that this Congress should be doing? This bill is irresponsible and unnecessary. I urge my colleagues to vote “no” on this political theater.

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

Mr. WAXMAN. I'd like to yield 1 additional minute to the gentleman and ask him to yield to me.

Mr. HOLT. I am pleased to yield to my friend from California.

Mr. WAXMAN. The problem that we keep facing is rapidly rising health care costs. It's not just for Medicare; it's for private insurance. It's for anybody who has health coverage that costs of health care are going up rap-

idly. The approach of Medicare has always been to look for ways to hold down the cost.

There was a time when ophthalmologists would charge a fee for removing the cataract and then ask for another fee for inserting the lens. Well, that made sense when that surgery was brand new, but they didn't want to give up the two fees that they were receiving because it would be a reduction in their reimbursement. But Medicare said no, that really doesn't make sense. Medicare does a lot of things to hold down cost, and then private insurance picks them up because so often they make sense.

The Acting CHAIR. The time of the gentleman has expired.

Mr. WAXMAN. I yield the gentleman another 30 seconds.

Mr. HOLT. And I yield that to the gentleman.

Mr. WAXMAN. The way to hold down cost is to try to reform the way health care is delivered. Medicare tries to do that. If we don't do it that way, the Republicans would say that private insurance will be able to control it because that's all people are going to be able to get. No more Medicare. They will have to buy private insurance and let the insurance company tell the doctor and the patient what they will be able to do with their trying to hold down cost, without regard to the Medicare patient.

I thank the gentleman for yielding to me.

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

Mr. PITTS. Mr. Chairman, before I yield to the gentleman from Georgia, Dr. GINGREY, for our close, I just want to remind him of a statement by the chairman, Representative STARK of the Ways and Means Subcommittee on Health, during the debate and passage of PPACA, he called the establishment of the board “a dangerous provision that sets Medicare up for unsustainable cuts.” We should be reminded of that.

At this time, I yield the balance of my time to one of the authors of the legislation, a distinguished member of the Health Subcommittee and a doctor, the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Madam Chairman, as a physician Member and coauthor of the bill, I am truly honored that Chairman PITTS is allowing me to close the debate on H.R. 5, the PATH Act—appropriately named. For meaningful medical liability reform and the elimination of IPAB together will put Medicare in specific, and health care in general, back on the right path: a path to fiscal solvency for one-sixth of our economy; a path to compassionate, cost effective, efficient, and timely health care for all who call this great country home; a path to fairness in our court systems so that those injured by malpractice get their day before a jury of their peers and they are justly compensated, not crowded out by the growing problem of frivolous claims and

out-of-control legal fees; a path to a bipartisan and a bicameral solution to one of the most pressing issues that this Nation will ever again face, that is, to save Medicare for our current seniors and strengthen it for all future generations.

Let's get started right now. Our country cannot wait any longer. Vote “yes” on H.R. 5, the right PATH Act.

□ 1710

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

Today I come to the floor to speak in support of H.R. 5, the Protecting Access to Healthcare Act, which, among other things, will repeal yet another poorly designed provision from the Democrats' health care law.

Specifically, this legislation would repeal the Independent Payment Advisory Board. IPAB, as it's commonly known, is a dangerous new government agency made up of unelected bureaucrats who can meet in total secrecy to decide what seniors will pay and what health care services will be available to seniors. This unaccountable board has but one objective: to save money by restricting access to health care for Medicare beneficiaries.

Nearly 2 years since its passage, the Democrats' health care law remains deeply unpopular, with an Associated Press poll recently revealing that nearly half of the American people oppose the law. IPAB, which is a critical component of the law, illustrates why those concerns are still so strong.

A separate poll confirms that opposition far outweighs support with 73 percent expressing concern that Medicare cuts recommended by IPAB could go into effect without congressional approval. Even IPAB's recommendations overturn a law previously passed by Congress. Seventy-one percent expressed concern that changes made to Medicare based on IPAB's recommendations cannot be challenged in court, and 67 percent worry that IPAB could choose to limit which specific health services are covered by Medicare.

The American people have every reason to be worried. We should be protecting and empowering our seniors, not jeopardizing their access to health care. Yet IPAB removes seniors, physicians, and families from the decision-making process about how best to meet their health care needs. Instead of giving seniors more choices, these unelected bureaucrats will take away choices from patients, from doctors, and from families. This government-knows-best approach is why Americans across the country support repeal, and it's also why there's strong bipartisan support here in Congress to repeal IPAB.

When the Ways and Means Committee considered this legislation, we received numerous letters from groups across the Nation representing employers, patients, doctors, and health care professionals who voiced strong support for IPAB repeal. The groups span

across the political spectrum and include the Easter Seals, the Alliance of Specialty Medicine, the Veterans Health Council, FreedomWorks, and Americans for Tax Reform. In total, over 390 groups have signed letters asking that Congress repeal IPAB, and I will insert these letters into the RECORD.

America's seniors deserve better. Without reform, the Medicare trustees have said that Medicare will soon go broke and not be able to provide the benefits seniors rely on. With more and more Americans becoming eligible for Medicare each day, no time is more urgent than now to secure the future of beneficiaries' access to care. IPAB does just the opposite. It threatens seniors' access to health care, and that is why it must be repealed.

Madam Chairman, the Democrats got it right when they named the IPAB. It truly is the Independent Payment Advisory Board. It's independent from seniors, independent from people with disabilities, independent from the voters, independent from legal challenges and appeals, and independent from any accountability.

It's time to give that independence back to doctors, to patients, and to Congress by voting to repeal this Washington power grab. I urge my colleagues to join me in supporting repeal of the Independent Payment Advisory Board and to vote "yes" on this legislation.

MARCH 7, 2012.

DEAR MEMBER OF CONGRESS: The organizations listed below represent a breadth of entities including all sectors of the healthcare industry, employers of different sizes and geographic locations, as well as purchasers of care, consumers and patients. We all share the conviction that the Independent Payment Advisory Board (IPAB) will not only severely limit Medicare beneficiaries' access to care but also increase healthcare costs that are shifted onto the private sector. While we all recognize the need for more sustainable healthcare costs, we do not believe the IPAB is the way to, or will, accomplish this goal.

As you know, the Patient Protection and Affordable Care Act (PPACA [P.L. 111-148]) created the IPAB, a board appointed by the President and empowered to make recommendations to cut spending in Medicare if its spending growth reaches certain measures. The IPAB will have unprecedented power with little oversight, even though it has the power to literally change laws previously enacted by Congress. Further, the law specifically prohibits administrative or judicial review of the Secretary's implementation of a recommendation contained in an IPAB proposal.

We are deeply concerned about the impact the IPAB will have on patient access to quality healthcare. The bulk of any recommended spending reductions will almost certainly come in the form of payment cuts to Medicare providers. This will affect patient access to care and innovative therapies. In the past five years for which data is available, the number of physicians unable to accept new Medicare patients because of low reimbursement rates has more than doubled. According to an American Medical Association survey, current reimbursement rates have already led 17 percent of all doctors, including 31 percent of primary care

physicians, to restrict the number of Medicare patients in their practices. In all likelihood, the IPAB will only exacerbate this problem.

While we are all supportive of improving the quality of care in this country, we are concerned that the IPAB will not be able to focus on improving healthcare and delivery system reforms, as some of its proponents have suggested. Requiring the IPAB to achieve scoreable savings in a one-year time period is not conducive to generating savings through long-term delivery system reforms. According to a recent Kaiser Family Foundation issue brief, "[w]hile the requirement to achieve Medicare savings for the implementation year provides a clear direction and target for the Board, it may discourage the type of longer-term policy change that could be most important for Medicare and the underlying growth in health care costs, including delivery system reforms that MedPAC and others have recommended which are included in the ACA—and which generally require several years to achieve savings. If these delivery system reforms are not 'scoreable' for the first year of implementation, the IPAB may be more likely to consider more predictable, short-term scoreable savings, such as reductions in payment updates for certain providers." The Congressional Budget Office (CBO) has in fact stated that the Board is likely to focus its recommendations on changes to payment rates or methodologies for services in the fee-for-service sector by non-exempt providers. Again, this will have a severe, negative impact on Medicare beneficiaries.

Last, we believe that the IPAB sets a dangerous precedent for overriding the normal legislative process. Congress is a representative body that has a duty to legislate on issues of public policy. Abdicating this responsibility to an unelected and unaccountable board removes our elected officials from the decision-making process for a program that millions of our nation's seniors and disabled individuals rely upon, endangering the important dialogue that takes place between elected officials and their constituents.

We do not believe the IPAB is the right way to achieve savings in Medicare and strongly urge Congress to eliminate this provision.

Sincerely,

Abigail Alliance, Action CF AdvaMed, Advocates for Responsible Care, AIDS Delaware, AIDS Drug Assistance Programs Advocacy Association, AIDS Housing Association of Tacoma, AIDS Institute, Alabama Orthopaedic Society, Alabama Podiatric Medical Association, Alaska State Chamber of Commerce, Alaska State Grange, Alder Health Services, Inc., Alliance for Aging Research, Alliance of Specialty Medicine, ALung Technologies, Inc., Alzheimer's & Dementia Resource Center, Alzheimer's Arkansas, American Academy of Facial Plastic & Reconstructive Surgery, American Academy of Neurology.

American Academy of Otolaryngology—Head and Neck Surgery, American Academy of Physical Medicine and Rehabilitation, American Association for the Study of Liver Diseases, American Association of Clinical Endocrinologists, American Association of Clinical Urologists, American Association for Homecare, American Association for Marriage and Family Therapy, American Association of Neurological Surgeons, American Association of Orthopaedic Executives, American Association of Orthopaedic Surgeons, American Autoimmune Related Diseases Association, American College of Emergency Physicians, American College of Emergency Physicians—Indiana Chapter, American College of Mohs Surgery, American College of Osteopathic Surgeons, Amer-

ican College of Radiology, American College of Surgeons—Missouri Chapter, American Congress of Obstetricians and Gynecologists, American Gastroenterological Association, American Liver Foundation—Allegheny Division.

American Osteopathic Academy of Orthopedics, American Physical Therapy Association, American Podiatric Medical Association, American Society of Anesthesiologists, American Society of Breast Surgeons, American Society of Cataract and Refractive Surgery, American Society of General Surgeons, American Society of Plastic Surgeons, American Society of Radiation Oncology, American Urological Association, Americans for Prosperity, Amigos por la Salud, Arizona BioIndustry Association, Arizona Medical Association, Arizona Podiatric Medical Association, Arizona Urological Society, Arkansas Medical Society, Arkansas Orthopaedic Society, Arkansas Podiatric Medical Association, Associated Industries of Florida.

Association for Behavioral Healthcare, Association of Nurses in AIDS Care, Asthma & Allergy Foundation of America—California Chapter, Asthma & Allergy Foundation of America—New England Chapter, Bay Bio, BEACON (Biomedical Engineering Alliance & Consortium), Connecticut, BIOCUM, BioNJ, BioOhio, Biotechnology Industry Organization (BIO), Bismarck-Mandan Chamber of Commerce, California Healthcare Institute, California Hispanic Chambers of Commerce, California Medical Association, California Orthopaedic Association, California Podiatric Medical Association, California Rheumatology Alliance, California Urological Association, Capital Region Action Against Breast Cancer!, Center of the American Experiment.

Children's Rare Disease Network, Coalition for Affordable Health Coverage, Coalition of State Rheumatology, Council of University Chairs of Obstetrics & Gynecology Organizations, Colorado Academy of Family Physicians, Colorado BioScience Association, Colorado Cross-Disability Association, Colorado Gerontological Society, Colorado Podiatric Medical Association, Colorado Retail Council, Colorado Springs Health Partners, Community Health Charities of Florida, Community Health Charities of Nebraska, Congress of Neurological Surgeons, Community Oncology Alliance, Connecticut Orthopaedic Society, Connecticut Podiatric Medical Association, Connecticut State Urology Society, Delaware Academy of Medicine, Delaware Ecumenical Council on Children and Families.

Delaware HIV Consortium, Delaware Podiatric Medical Association, Delaware State Orthopaedic Society, Docs 4 Patient Care, Easter Seals, Easter Seals Crossroads, Easter Seals Iowa, Easter Seals of Arkansas, Easter Seals of Maine, Easter Seals of Massachusetts, Easter Seals of New Jersey, Easter Seals of Southeastern PA, Easter Seals of South Florida, Easter Seals UCP North Carolina, Elder Care Advocacy of Florida, Florida Chamber of Commerce, Florida Medical Association, Florida Podiatric Medical Association, Florida Society of Neurology, Florida Society of Rheumatology.

Florida Society of Thoracic & Cardiovascular Surgeons, Florida State Hispanic Chamber of Commerce, Florida Transplant Survivor's Coalition, Florida Urological Society, Georgia Association for Home Health Agencies, Georgia Bio, Georgia Orthopaedic Society, Georgia Podiatric Medical Association, Global Genes, Global Healthy Living Foundation, Grand Rapids Area Chamber of Commerce, HEALS of the South, Healthcare Institute of New Jersey, Healthcare Leadership Council, HealthHIV, Hemophilia Foundation of Maryland, Heart Rhythm Society,

Hoosier Owners and Providers for the Elderly, Idaho Medical Association, Idaho Podiatric Medical Association.

Illinois Association of Orthopaedic Surgeons, Illinois Biotechnology Industry, Organization—IBIO®, Illinois Chamber of Commerce, Indiana Association of Cities and Towns, Indiana Health Care Association, Indiana Health Industry Forum, Indiana Medical Device Manufacturers Council, Inc., Indiana Neurological Society, Indiana Podiatric Medical Association, Indiana State Medical Association, InterAmerican College of Physicians & Surgeons, International Franchise Association, International Institute for Human Empowerment, International Society for the Advancement of Spine Surgery, Iowa Orthopaedic Society, Iowa Podiatric Medical Association, Kansas Medical Society, Kansas Podiatric Medical Association, Kansas Urological Association.

Kentucky BioAlliance, Kentucky Medical Association, Kentucky Podiatric Medical Association, Kidney Cancer Association of Illinois, Large Urology Group Practice Association, Latino Diabetes Association, Licensed Professional Counselors Association of Georgia, Louisiana State Medical Society, Lupus Alliance of America—Hudson Valley Affiliate, Lupus Alliance of America—Queens and Long Island Affiliate, Lupus Alliance of America—Southern Tier Affiliate, Lupus Alliance of America—Upstate New York Affiliate, Lupus Foundation of Arkansas, Lupus Foundation of America, DC/MD/VA Chapter, Lupus Foundation of Florida, Lupus Foundation of Mid and Northern New York, Lupus Foundation of the Genesee Valley, Lupus Foundation of Pennsylvania, Mabel Wadsworth Women's Health Center, Maine Health Care Association.

Maine Osteopathic Association, Maine Podiatric Medical Association, Maine State Council of Vietnam Veterans of America, Maryland Orthopaedic Association, Maryland State Medical Society, Massachusetts Association for Behavioral Health Systems, Massachusetts Association for Mental Health, Massachusetts Biomedical Initiatives, Massachusetts Medical Device Industry Council, Massachusetts Orthopaedic Association, Massachusetts Podiatric Medical Society, Medical Association of Georgia, Medical Association of the State of Alabama, Medical Society of Delaware, Medical Society of the District of Columbia, Medical Society of the State of New York, Medical Society of New Jersey, Men's Health Network, Mental Health America of Indiana, Mental Health America of Greater Houston.

MichBio, Michigan Chamber of Commerce, Michigan College of Emergency Physicians, Michigan Podiatric Medical Association, Michigan Orthopaedic Society, Michigan Society of Anesthesiologists, Minnesota Podiatric Medical Association, Minnesota State Grange, Mississippi Arthritis and Rheumatism Society, Mississippi Orthopaedic Society, Mississippi Podiatric Medical Association, Missouri State Medical Association, Missouri Urological Association, Montana Orthopaedic Society, National Alliance on Mental Illness, National Alliance on Mental Illness Colorado, National Alliance on Mental Illness Florida, National Alliance on Mental Illness Georgia, National Alliance on Mental Illness Indiana, National Alliance on Mental Illness Maine.

National Alliance on Mental Illness Michigan, National Alliance on Mental Illness NC, National Alliance on Mental Illness Texas, National Association for Home Care & Hospice, National Association for Home Care & Hospice—Indiana Chapter, National Association for Home Care & Hospice—Ohio Chapter, National Association for Uniformed Services, National Association of Manufacturers, National Association of Nutrition and Aging

Services Programs, National Association of People with AIDS, National Association of Social Workers NC, National Association of Spine Specialists, National Council of Negro Women, National Council of Negro Women—Los Angeles View Park Section, National Council for Community Behavioral Healthcare, National Health Foundation, National Hemophilia Foundation—Delaware Valley Chapter, National Kidney Foundation—Ohio Chapter, National Medical Association, National Minority Quality Forum.

National Retail Federation, NCBIO, Nebraska Academy of Physician Assistants, Nebraska Medical Association, Nebraska Orthopaedic Society, Nebraska Urological Association, Neurofibromatosis Mid-Atlantic, Nevada Orthopaedic Society, Nevada Podiatric Medical Association, Nevada State Medical Association, New Hampshire State Grange, New Horizons Home Health Services, New Jersey Academy of Ophthalmology, New Jersey Mayors Committee of Life Science, New Jersey Podiatric Medical Society, New Mexico Podiatric Medical Association, New York Podiatric Medical Association, New York State Rheumatologists Society, New York State Urological Society, North Carolina Association on Aging.

North Carolina Psychological Association, North Carolina Rheumatology Association, North Carolina Urological Association, North Dakota Chamber of Commerce, North Dakota Medical Association, North Dakota Policy Council, Northwest Urological Society, Ohio Association of Ambulatory Surgery Centers, Ohio Association of County Behavioral Health Authorities, Ohio Association of Medical Equipment Services, Ohio Hospital Association, Ohio Orthopaedic Society, Ohio State Grange, Ohio State Medical Association, Ohio Urological Society, Ohio Veterans United, Oklahoma Podiatric Medical Association, Oklahoma State Medical Association, Oklahoma State Orthopaedic Society, Oklahoma State Urologic Association.

Old North State Medical Society, Oregon Medical Association, Oregon Podiatric Medical Association, Partners in Care Foundation, Partnership for Drug Free North Carolina, Pennsylvania BIO, Pennsylvania Chamber of Business & Industry, Pennsylvania Medical Society, Pennsylvania Orthopaedic Society, Personal Coaching & Psychotherapy for Women, PhRMA, Premier healthcare alliance, RARE Project, RetireSafe, Rhode Island Medical Society, Rio Grande Foundation, New Mexico, Rocky Mountain Stroke Center, Rural Health IT, Sanfilippo Foundation for Children, Society for Cardiovascular Angiography and Interventions.

Society for Vascular Surgery, Society of Gynecologic Oncology, Society of Urologic Oncology, South Carolina BIO, South Carolina HIV/AIDS Care Crisis Task Force, South Carolina Medical Association, South Carolina Orthopaedic Association, South Carolina Podiatric Medical Association, South Carolina Urological Association, South Dakota Podiatric Medical Association, South Dakota State Orthopaedic Society, South Jersey Geriatric Care PC, South Jersey Senior Networking Group, Southeastern Medical Device Association (SEMDA), Southwest Michigan Pharmacist Association, Stockton Center on Successful Aging, Syndicus Scientific Services, Team Sanfilippo Foundation, Tennessee Medical Association, Tennessee Orthopaedic Society.

Tennessee Podiatric Medical Association, Texas Healthcare & Bioscience Institute, Texas Podiatric Medical Association, Texas Urological Society, The Center for Health Care Services, The G.R.E.E.N. Foundation, The National Grange, U.S. Chamber of Commerce, U.S. Pain Foundation, Urology Society of New Jersey, Utah Medical Associa-

tion, Utah Podiatric Medical Association, Utah State Orthopaedic Society, Vascular Society of New Jersey, Vermont Medical Society, Vermont Podiatric Medical Association, Veterans Health Council, VHA Inc., Vietnam Veterans of America, Virginia Biotechnology Association.

Virginia Podiatric Medical Association, Visiting Nurse Association of Ohio, Washington Biotechnology & Biomedical Association, Washington Free Clinic Association, Washington Osteopathic Medical Association, Washington State Podiatric Medical Association, Washington Rheumatology Association, Washington State Medical Association, Washington State Urology Society, WERAK Foundation, West Virginia Academy of Otolaryngology, West Virginia Chapter of the American College of Cardiology, West Virginia Manufacturer's Association, West Virginia Orthopaedic Society, West Virginia State Medical Association, William "Hicks" Anderson Community Center, Wisconsin Hospital Association, Wisconsin Urological Society, Wyoming State Grange, Women Against Prostate Cancer.

HEALTH CARE FREEDOM COALITION,

March 19, 2012.

DEAR MEMBER OF CONGRESS: On behalf of the 26 undersigned members of the Health Care Freedom Coalition and our ally organizations, representing industry, policy, taxpayer, and medical professional groups, and their millions of patients and members, we are writing to express our concerns regarding the Independent Payment Advisory Board provision of the Patient Protection and Affordable Care Act and the disastrous impact of its implementation on both patient care as well as Congressional authority.

Section 3403 of the Patient Protection and Affordable Care Act (PPACA) established the Independent Payment Advisory Board (IPAB) to reduce Medicare spending. But ultimately this panel of 15 independent, unelected bureaucrats with unilateral authority and whose decisions are freed from judicial and administrative review will most certainly cut payments to physicians under Medicare, will limit patient access to, and quality of, medical care.

INDEPENDENT, UNELECTED, POLITICALLY-APPOINTED BUREAUCRATS

Of the 15 members, twelve will be appointed by the President, and the law actually prevents practicing medical professionals—like doctors—from membership. The rules almost guarantee that the members will be academics. The highly-paid bureaucrats will likely be paid more than any of the doctors they are second-guessing. These six-year terms come with an anticipated paycheck of \$165,300—more than the average family practice physician earns in many cities in Ohio, Pennsylvania and Florida.

UNDEMOCRATIC, UNILATERAL AUTHORITY AND LACK OF REDRESS OR REVIEW

The decisions cannot be challenged in the courts and are freed from the normal administrative rules process—require no public notice, public comment or public review. IPAB "recommendations" carry the full force of the law, unless 2/3 of the House and Senate vote to override. In essence, Congress has given this Board the authority to legislate.

DECISIONS WILL IMPACT PHYSICIANS & PATIENTS

The board is specifically forbidden from "any recommendations to ration health care", but PPACA fails to define the word "ration." Instead, it allows IPAB to pay doctors reimbursement rates below costs, which in essence would constrict a physician's ability to treat patients. Longitudinal studies already show that about one-fourth of doctors already refuse new Medicare patients,

and as many as 50% restrict the services they are willing to perform for their current patients. And this is expected to worsen, as even more doctors will be unable to afford to take Medicare patients.

ABSOLVES CONGRESS FROM OVERSIGHT &
DECISION-MAKING

IPAB is intended to take tough decisions about Medicare spending out of the purview of Congress, in effect, delegating away its legislative responsibilities under the Constitution to either a 15-member Board, or by default, the Secretary of Health and Human Services. IPAB was simply created to absolve Congress of having to make decisions that directly impact the quality and access of care for Seniors, and also insulate them from having to make tough decisions.

The ill-advised quest for "cost effectiveness" is doomed to failure. As we have seen in Great Britain, any de facto price controls are likely to do nothing to control the growth of spending. Further, this one-size-fits-all approach to dictating medical care in a country of more than 300 million is ill-advised.

If Congress believes that these decisions handed over to IPAB are too much of a hot political potato for it to decide, then perhaps it is a clear indication that this is the wrong course of action.

Sincerely,

Kathryn Serkes, CEO & Chairman Doctor Patient Medical Association; Grover Norquist, President Americans for Tax Reform; Dean Clancy Legislative Counsel & VP, Health Care Policy Freedom Works; Jim Martin, Chairman 60 Plus Association; Heather Higgins, President & CEO Independent Women's Voice; Colin A. Hanna, President Let Freedom Ring; Ken Hoagland, Chairman Restore America's Voice Foundation; Christopher M. Jaarda, President American Healthcare Education Coalition; HSA Coalition; Tim Phillips, President Americans For Prosperity; Amy Ridenour, Chairman The National Center for Public Policy Research; Mario H. Lopez, President Hispanic Leadership Fund; David Williams, President Taxpayers Protection Alliance; Andrew Langer, President Institute for Liberty; Jane Orient, MD, Executive Director Association of American Physicians & Surgeons; Eric Novak, MD US Health Freedom Coalition; Andrew F. Quinlan, President Center for Freedom and Prosperity; Grace-Marie Turner, President Galen Institute; Hal C. Scherz, MD, FACS, FAAP President & CEO Docs 4 Patient Care; Amy Kremer, Chairman Tea Party Express; Penny Nance, CEO and President Concerned Women for America; Dr. Joseph L. Bridges, President & CEO The Seniors Coalition; Pete Sepp, Executive Vice President National Taxpayers Union; Judson Phillips Tea Party Nation; Stephani Scruggs, President Unite In Action, Inc; Ana Puig, Co-Founder Kitchen Table Patriots.

I reserve the balance of my time.

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

I hope everybody's been listening to this. What has become clear is this: the Republicans have a 3-act play. First, repeal IPAB; next, repeal the rest of health care reform; and, finally, repeal Medicare.

It is so hypocritical to come forth and say that the efforts of Republicans is to protect Medicare when the purpose of it is to destroy it. That's what

would happen if they had prevailed before. That's what would happen if they prevail today with their voucher plan.

So the third act really came forth before the first act. They rolled out, yesterday, their budget plan that essentially would repeal Medicare, would destroy it. There would be a voucher and, over time, the end of Medicare.

It's an essential commitment to the seniors of this country, and we Democrats are determined to thwart every effort to destroy it.

Now, as to the first act, repeal IPAB. You know, it's interesting that Medicare is a major instrumentality for ensuring that over time the costs of Medicare are brought under control, protecting the health care opportunities of seniors. Indeed, there have been efforts already under the Affordable Care Act to bring under control the costs of Medicare, to make sure it survives.

So being an essential part of controlling health care costs over the long term, the Republican proposal, essentially, would go in the opposite direction. And that's why the CBO, last year projected—and I want everybody to listen to this—that health care costs would jump by 39 percent under the Republican plan to end the Medicare guarantee. That's why 300 economists have said that health reform puts into place, essentially, every cost-containment provision policy that analysts have considered. It's because of those policies that CBO has given this estimate that IPAB isn't going to be triggered until some time after 2022.

So what happens is, the Republicans come forth with the repeal of IPAB as a first step towards repealing Medicare when they have never presented an alternative in terms of the Affordable Care Act. So, today, we hear all the scare tactics about a board whose operation effectively won't be triggered for a decade. That's a scare tactic that is not worthy of this floor, so I urge very much that we oppose.

It's interesting that the Republican budget has a cap that is more severe, if you want to put it that way, more strenuous than the provision that relates to IPAB. And so they come forth, and they say that IPAB, which won't be triggered until 2022, is something that they should oppose, while they want to put in place a budget this year that would have a more severe cap than is in IPAB. Let me also say the notion that there is some agency here that could act without any role for Congress is simply untrue. It's not true. You shouldn't say it.

We have an opportunity, once IPAB goes into operation, to review any recommendation that comes forth, and to replace it, as long as the various targets are met. So I urge very much that we reject this proposal in part because the repeal, in and of itself, I think, is a mistake but mainly because of what the aim is here, and that has been so clear from the debate, because people who come here on the Republican side,

some of them talk about IPAB; some don't even discuss IPAB. They talk about the Affordable Care Act.

□ 1720

The polling data we have is essentially relating to the Affordable Care Act as well as to IPAB. I think the more people understand what has been going on, the more they see the benefits of health care reform, the more they will be supportive of it. We're going to take that case to the American people.

Let me just give you a few numbers that everyone should know about ACA.

It's been only 2 years since it was signed into law, but Americans are already receiving the benefits of lower costs and better coverage.

Let me give you a few facts:

86 million Americans have received one or more free preventative services such as checkups and cancer screenings;

105 million Americans no longer have a lifetime limit on their coverage;

Up to 17 million children with pre-existing conditions can no longer be denied coverage by insurers. Up to 17 million kids. You repeal this Act, you put them into total jeopardy;

2½ million additional young adults up to 26 now have health insurance through their parents' plan. If you had succeeded in past efforts of repealing health care reform, those 2½ million people would have been out in the cold;

Also, 5.1 million seniors in the doughnut hole have saved \$3.2 billion on their prescription drugs, an average of \$635 per senior. If you had succeeded with repeal, over 5 million seniors would have been essentially with increased costs;

Over 2 million seniors have had a free annual wellness visit under Medicare;

Already under the small business health care tax credit, over 350,000 small employers have used it to help provide health insurance for 2 million workers.

Republicans come here using scare tactics about IPAB, 10 years away from being triggered according to CBO. You essentially say repeal health care reform though you've never had a comprehensive plan to replace it. That's been the bankruptcy of your position.

I finish, reminding everybody that we're the only industrial nation on the globe which has tens of millions of people who go to bed every day without a stitch of health insurance coverage.

The administration's brief before the Supreme Court has illustrated what the result is in terms of the added costs of the uninsured who go to emergency rooms. Billions and billions of dollars that are essentially shifted to people who have insurance and shifted to taxpayers who have to cover the costs of emergency coverage.

So we come here with a passion. We worked hard to support and to pass this act. We worked hard to put it together. A major piece of legislation like that always needs continued work, but not

its repeal. That would be a grave, grave, grave mistake.

So I think it's time to pull down the curtain on this three-act play of the House Republicans trying first to repeal IPAB, then to repeal the rest of the health care reform, and then to repeal Medicare. Fortunately, if we're mistaken and the majority passes it here, it will deserve a death in the Senate of the United States.

I reserve the balance of my time.

Mr. CAMP. Madam Chairman, I yield myself 15 seconds just to say that our Republican alternative, our Republican health care bill, prevented unlawful rescissions, had no lifetime caps on coverage, did not deny coverage to those with preexisting conditions, and was the only bill that was scored by CBO as lowering premiums. Also, we did it without spending \$2 trillion and 2,400 pages and did not create a board of 15 unelected bureaucrats.

With that, I yield 2 minutes to the distinguished chairman of the Health Subcommittee, the gentleman from California (Mr. HERGER).

Mr. HERGER. Madam Chairman, I rise in strong support of H.R. 5.

Today's debate goes to the heart of the question of what kind of health care system we want to have. House Republicans believe the solution to making health care more affordable and strengthening the Medicare program is more freedom, empowering innovation and competition to reduce costs and improve quality, giving seniors the opportunity to choose the health care that's best for them.

The Independent Payment Advisory Board, IPAB, represents a very different approach to controlling health care costs, a one-size-fits-all plan in which unelected and unaccountable bureaucrats decide what kind of health care you should get. Physicians, patient advocates, and respected scholars, Democrats and Republicans alike, have warned that the IPAB threatens access to care for seniors and people with disabilities. The board has the authority to meet and make decisions in secret without considering the perspective of patients and their doctors and without judicial review. Madam Chairman, this is the wrong approach. IPAB must be repealed.

H.R. 5 also includes important reforms to reduce the cost of frivolous medical lawsuits. The President's health care overhaul has not fulfilled his promise to reduce health insurance premiums by \$2,500, but commonsense medical liability reforms will truly bring down health costs both for American families and the Medicare program.

I urge the passage of this legislation.

Mr. LEVIN. I now yield 3 minutes to the distinguished member of our committee, Mr. BLUMENAUER, from the proud State of Oregon.

Mr. BLUMENAUER. Madam Chairman, I come to the floor coming from the Budget Committee, where my Republican colleagues are busy at work

breaking the commitment that we all made to one another establishing a path forward on deficit reduction. It wasn't just a commitment that was made amongst legislative leaders; we wrote it into law. Now they're breaking that commitment.

They are involved with the budgets that are going to actually reduce health care in this country, and yet they would come to the floor and ask us to get exorcised about something that may happen 10 years from now.

I find the language curious. You could just as easily say, instead of the Supreme Court, you could talk about nine unelected judicial hacks meeting in secret that have no judicial review. They're a power unto themselves.

Get a grip, people.

IPAB comes into play only if we are unable to deal with controlling costs. Remember, our Republican friends—I voted against it—set up the SGR so that we have to have a doc fix every year, putting cost control on automatic pilot, because they didn't have the gumption year after year to deal with the policy changes to make a difference.

We have MedPAC for Medicare that gives us recommendations, but Congress blinks.

□ 1730

What's going to happen maybe 10 years from now, if costs are not under control, then there will be 15 people who are experts, who are recommended by congressional leaders, nominated by the President, confirmed by the Senate, who will make recommendations if Congress doesn't do its job. Then Congress will be able to take those recommendations and put in place alternatives. Nothing is going to happen here without Congress having the ability to match and do better.

But because Congress historically hasn't had a backbone and has failed miserably in areas of cost control and reform, we put into the health care reform act a fail-safe, not unlike what we've had to do to take base closing out of the hands of the logrolling in Congress and have a streamlined procedure. This is a fail-safe. This makes sense. It's not going to happen unless Congress fails in its task.

I strongly suggest that what we ought to do—rather than trying to unravel health care reform on this floor and in the Budget Committee—is accelerate it.

The Acting CHAIR (Ms. HERRERA BEUTLER). The time of the gentleman has expired.

Mr. LEVIN. I yield the gentleman an additional 2 minutes.

Mr. BLUMENAUER. Remember, the elements in the health care reform, when you unwind them, virtually without exception, have their roots in a bipartisan consensus of what needs to happen to make our health care system more efficient.

Many of these pilot projects, these demonstrations have actually already

been at work in States across the country, including some that have Republican Governors. We're doing some of it in the State of Oregon. It has the dreaded mandate, which was a Republican think tank option that was an alternative to HillaryCare 20 years ago, and, in fact, was put in place by Governor Romney, who is going to be, by all accounts, the Republican standard bearer for President.

This is an example of Congress at its worst, making up a problem, attacking something that would help us do our job better. They are trying to demonize it in a way that you could do with virtually any other board or commission, ignoring the safeguards, ignoring the fact that the statute says specifically that it shall not ration. Instead, they are willing to allow insurance companies to ration and ignore the need for reform.

I strongly urge rejection of this misguided proposal. Let's get back to work. Let's do our job. It will never come into play if Congress does its job, and Congress will always have the last say.

Mr. CAMP. Madam Chairman, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentlewoman from Kansas (Ms. JENKINS).

Ms. JENKINS. I thank the chairman for yielding.

The President's health care law is chock full of pitfalls, tax increases, government overreaches, and newly created bureaucracies. But perhaps the most outrageous and dangerous manifestation is the Independent Payment Advisory Board.

This board of 15 arbitrarily appointed bureaucrats is charged with slashing Medicare reimbursement rates, which will drastically impact the medicine and procedures available to our seniors.

The IPAB has no mandate to improve patient care. Its mandate is to meet a budget, and it may ultimately lead to the rationing of care for our senior citizens. The IPAB gives these bureaucrats unprecedented power with no accountability, no judicial review, and no requirement for transparency. The simple fact is that the American people don't want and certainly don't need bureaucrats coming between us and our doctors.

Today we ask for the repeal of the IPAB, but we will also make up for any amount of lost savings this absurd board would have been able to find by strengthening our health care system with honest and straightforward medical liability reform.

Frivolous lawsuits have caused malpractice insurance rates to skyrocket. As a result, the price of health care for patients has followed the same trajectory, and we've seen dramatic health care access issues for our rural communities.

If we repeal the IPAB and enact these commonsense medical liability reforms, this legislation will reduce the

deficit by over \$45 billion, according to the CBO. These are commonsense, bipartisan, fiscally responsible reforms that strengthen the doctor-patient relationship and put the American people back in charge of their health care decisions.

I urge all of my colleagues to support this.

Mr. LEVIN. I yield 4 minutes to a member of our Ways and Means Committee, the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. I thank the gentleman from Michigan for yielding me this time.

Madam Chair, I rise in opposition to H.R. 5.

Two years ago, the Affordable Care Act was passed, and I was a proud supporter of that legislation. Not because I thought it was the perfect bill, but because I thought it gave us the tools and the potential to reform a health care system that was in desperate need of reform, of putting things in place that could deliver better quality of care that is given for a better price, and also increasing access to health insurance throughout the country, and to finally address the 52 million uninsured Americans that we have living in our own communities.

Yet the ultimate verdict on whether health care reform works or fails for everyone in this country is whether we can figure out creative ways of bringing down those costs in health care.

One thing I do know under the health care reform bill that has been enacted is that in my congressional district in western Wisconsin, this year alone 4,200 young adults are able to stay on their parents' health care plan; whereas, before they couldn't. What a relief that has been to those families, making sure that those kids, many of whom are in school, can stay on the family plan.

Of the 5,800 seniors this year who have fallen into the doughnut hole, they are seeing a cost savings of roughly \$610 apiece because of the 50 percent price discount they now get under this legislation. That's not peanuts in western Wisconsin. There are 86,000 seniors now that are able to go and get preventive care services without copays, without deductibles, without out-of-pocket expenses. We want them to go in and get those tests so something worse doesn't happen to them, which will inevitably drive up the cost for everyone in the Medicare system.

There are 15,000 small businesses in western Wisconsin that now qualify for tax credits for providing health care to their employees to make it more economically feasible for them to do what they want to do, and that is provide health care coverage for their workers. That 35 percent tax credit goes up to 50 percent in 2014, when we're able to move forward on the creation of the health insurance exchanges. And 39,000 children in western Wisconsin who have a preexisting condition can no longer be denied healthcare coverage in their lives.

This is the right thing to do, and yet we have to figure out some cost-containment measures to make sure that it's sustainable and affordable in the future.

The Independent Payment Advisory Board is a backstop in that effort. It's not the first thing we go to in order to find cost savings, but if costs do exceed target growth rates, the Independent Payment Advisory Board is able to come forward—with Congress—with recommended cost savings that will be implemented only if Congress refuses to act ourselves. And that has been the problem around here for too long. We get recommendations from MedPAC and other entities on where we can find cost savings, but because of the inability of Congress to stand up to some powerful special interests, quite frankly, it's very difficult for this institution to act by itself in order to implement those cost savings.

I find it a little bit humorous that my colleagues on the other side are so fearful of this payment advisory board making some decisions when it comes to the rising health care costs when they feel perfectly comfortable turning these decisions over to private insurance companies who are motivated by profit and trying to maximize their margin of gain by providing health care coverage. I think that's nonsensical.

Ultimately, if health care reform is going to work, we have to change the way health care is delivered in this country so that it is more economical in how we pay for it, so that it is value- and not volume-based anymore.

I come from an area of the country with health care providers that have models of care that are highly integrated, they are very coordinated, they are patient-focused, and they are producing some of the best results in the Nation. Yet a Medicare recipient in La Crosse, Wisconsin, receives on average about \$5,000 a year compared to \$17,000 in Miami. Yet the results in La Crosse are much better than the results in Miami, and there are studies out there showing there is over-utilization in the delivery of health care, which is driving up costs for everyone.

The Acting CHAIR (Ms. HERRERA BEUTLER). The time of the gentleman has expired.

Mr. LEVIN. I yield to the gentleman 2 additional minutes.

□ 1740

Mr. KIND. I thank the gentleman.

The studies show that one out of every three health care dollars is going to tests, they are going to procedures, they are going to things that don't work. They're not improving health care. And oftentimes, because of the over-utilization that patients are receiving, many of these patients are being left worse off rather than better off. So we've got to reform the delivery system, which the Affordable Care Act puts in place. But ultimately, we have to change the way we pay for health

care. We need to end and destroy the fee-for-service system, which is all volume-based payments, and move to a value-based reimbursement system. The IPAB commission can help us get to that promised land.

And this has been a bipartisan issue for a long time. Dr. Frist has been talking about payment reform that's value-based for as long as I can remember. My own former Governor, former HHS Secretary Tommy Thompson, has said repeatedly that if we do anything, make sure that we change the payment system so it is value- and not volume-based anymore. Mark McClellan, President Bush's CMS Director, the same thing. So there's been bipartisan recognition that we have to do it. IPAB gives us an opportunity to do that, but it's not the final say. They merely come forward with their recommended cost savings and challenges the Congress to come up with an alternative cost savings.

So, folks, this is gut-check time. This is whether we are serious about trying to bend the cost curve. Their plan would get rid of Medicare. It turns it into a private voucher and a voucher that's inadequate to address the costs that seniors face. They don't reform the way health care is delivered. They're not reforming how we pay for health care. They're merely changing who pays for health care under Medicare, and those costs are going to be shifted on the backs of our seniors. That's no way of reforming a health care system that's in need of reform, that only address the Medicare portion within our budget.

What we need to be working on and what the Affordable Care Act gives us the tools to do is to reform the entire health care system, both public programs and private programs. And that's something that we fundamentally have to do to get our economy back on track, creating good-paying jobs. Because if you just repeal it now, we go back to the status quo, which means more uninsured, higher costs, and our businesses are less able to compete globally. I encourage my colleagues to reject H.R. 5.

Mr. CAMP. I yield myself 15 seconds. I would just say that with regard to IPAB, the 15 unelected people appointed by the President, Congress can't simply reject the IPAB findings. Congress has to reject and find those savings somewhere else within the program, unlike the Base Closure Commission, which some Members have cited. And these are all people appointed by the President.

So with that, I would yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Minnesota (Mr. PAULSEN).

Mr. PAULSEN. I thank the gentleman for yielding.

Madam Chair, the very foundation of our health care system is that relationship between a patient and their doctor. But the President's new health care law inserts government bureaucracy in the middle of that longstanding

relationship. One clear example of this is the establishment of the Independent Payment Advisory Board, this 15-member board of unelected, unaccountable bureaucrats who will soon have the authority to dictate our Nation's Medicare policy by effectively deciding what health care seniors can receive. And since its inception, IPAB has been the focus of vocal and sustained opposition from doctors, physicians, and patients because it does threaten to reduce beneficiaries' access to treatments and services that are included in the Medicare program.

Madam Chair, the repeal of IPAB has strong bipartisan support. Given the widespread concern about the impact that IPAB will have to deny quality health care services, it's no wonder that about 350 organizations that represent veterans, seniors, employers small and large, as well as doctors and physicians and consumers in all 50 States, support its repeal. Although a majority of us here in Congress have registered our concerns about IPAB and support its repeal, it is the American public, including many folks from my community, who remain the most vocal about ending this program before it is implemented.

The American people have every reason to be worried about this IPAB board. The unchecked powers of IPAB have been explained by my colleagues already at length. Simply put, IPAB is a dangerous new government agency that will be made up of unelected bureaucrats with no oversight, no accountability, and no recourse for seniors to appeal any of IPAB's decisions. The decision-making, the deliberations, the meetings that IPAB hold do not have to be held in public.

Madam Chair, rather than endangering Medicare beneficiaries, we should be empowering them. Rather than making decisions behind closed doors, we should be having these discussions in public in our hearing rooms between doctors, patients, and consumers. Let's do the right thing and protect American seniors by repealing this overreaching provision.

Mr. LEVIN. I now yield 4 minutes to the gentleman from Texas, a member of our committee, Mr. DOGGETT.

Mr. DOGGETT. I thank the gentleman.

Many an American family has been wrecked by soaring health care costs. We know it's been a leading cause of personal bankruptcy. We know that spiraling health care costs have been a leading cause of credit card debt, and now Republicans have continued their sustained effort to wreck the Affordable Care Act.

As we have been witnessing at the same time that this debate is going on within the Budget Committee, on which I also serve, the Republican plan to end the guaranteed benefits of Medicare, they think that our seniors pay too little, so they offer a voucher plan that would result in our seniors having to pay much more for their health

care. They would tell the senior or the individual with disabilities, Go out and fish for insurance with this voucher. But they won't find any fish biting, though they will continue to be bitten with rising health care costs. That's why President Lyndon Johnson created Medicare in the first place, because private insurance companies weren't interested in covering the old and the infirm.

Today's approach is the same approach that Republicans took last year when they had their signature accomplishment. Right in the first month of their takeover of this Congress, they came out here with this page-and-a-half bill that I call the "12 platitudes." They repealed what they said they didn't like, and they came forward with 12 lines of what they said they would replace the Affordable Care Act with. But all we've gotten since then are bills that began after they did the total repeal—repealing individual sections, like school health care clinics, like this proposal dealing with the question of health care costs.

We know they don't like it. We know they don't like President Obama and anything that he is for. They tell us everything that is wrong with the Affordable Care Act, but they sure can't come up with a better idea that they have the courage to bring to a vote in the Ways and Means Committee or bring to a vote on the floor of this House. It's all about what they're against, but they haven't brought any of the 12 platitudes that they approved last year into a legislative form to deal with this issue of spiraling cost for our government and families or to deal with any other aspect in the Affordable Care Act.

Now, I have to say, quite frankly, that I wish the Affordable Care Act were as good as they think it is bad. It's not. It is a compromise of a compromise—it has many inadequacies—but compared to the Republican alternative of doing nothing and compared to the broken health care system that has wrecked so many American families who are faced with a health care crisis, this approach is far superior.

This board's opponents tell us that Congress should be able to make all these decisions. Well, I've served on the Ways and Means Committee and on the Health Subcommittee previously for a number of years. I wish it could be so, and I think we could play a more constructive role. But, frankly, the history is that Congress hasn't done a very good job of controlling costs. When we have taken steps to control costs, as we did with the \$500 billion in cost control that we put into the Affordable Care Act that increases the solvency, extends the solvency of the Medicare trust fund by 12 years, all we've gotten is attack and criticism from them for the steps that we took that did limit cost.

So I don't view this aspect of the Affordable Care Act as necessarily the best way to do it or the only way to do

it. But when all they offer us is nothing except vouchering Medicare for our seniors and similar, I think we should stick with the reform that we have until a better alternative is presented, and that alternative is not being presented tonight.

Republicans don't have a plan to make the hard decisions to lower health care costs. They just want our seniors, individuals with disabilities, and families across America to pay more so that they can preserve all these tax breaks for the wealthiest and most economically successful people in our society and, for all of those corporations that export jobs abroad, to continue to provide them incentives to do just that.

□ 1750

I believe that this bill should be rejected just like their other repeal efforts until they come up and present on the floor a better idea, and I don't think they have one. They just have all the retreads of the Bush-Cheney years. Until then, I say stick with the Affordable Care Act.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. Mr. Chairman, thank you for yielding.

Madam Chairman, did you notice something? The gentleman from Oregon—and I took a note and I'm kind of paraphrasing, but he basically was arguing from the other side of the aisle that IPAB, this cost control board, will basically never come into play as long as Congress does its job. During the health care hearing that we had in the Ways and Means Committee, the gentleman from Wisconsin on the other side of the aisle characterized IPAB as a leap of faith, and now we just heard from the gentleman from Texas who acknowledged it's not the best solution, but let's stick with it.

Here's the problem with sticking with this failed solution, Madam Chairman. They're asking seniors to bear the brunt of this.

We had an expert witness, Madam Chairman, who came into the Ways and Means Committee, and I posed this question to him. I said: There's no rationing per se. It's defined out of the bill, although it's not defined in the bill. But the bill says there can't be rationing, but can there be per se rationing? In other words, if coverage is denied based on cost, is that rationing?

And he said: Absolutely, Congressman.

So think about what the other side of the aisle is asking. Take a leap of faith, a leap of blind faith, that somehow Congress is going to come up with the remedy and that seniors are not going to be held at risk.

The gentleman from Texas said that we're only here criticizing things. Let me tell him, Madam Chairman, what we are for.

We're for the repeal of IPAB. We're for the repeal of something that is

going to put such downward pressures on seniors, it will make people's heads spin. What we've got to do is make sure that we put remedies in place that empower seniors, that create patient-centered health care and don't deny care and put more out-of-pocket costs on the backs of seniors.

We can't repeal this thing fast enough. We need to vote "aye" and get this done.

Mr. LEVIN. It's curious. You're talking about, according to CBO, a board whose operation would be triggered in 2022. You come here and scare people. It doesn't work. You talk about rationing. You're talking about an operation 10 years from now.

Right now, health care is being rationed. You have 50-plus million people who have no insurance, 50-plus million people who have no insurance at all, and you haven't come up with a bill that would address that.

I am proud to yield 4 minutes to the gentleman from New Jersey (Mr. ANDREWS), who has been so key in the health care debates.

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

Mr. ANDREWS. I thank my friend for yielding and for his compliment.

When our mothers and fathers go to the doctor or the hospital, we want to be sure they get the best health care that can possibly be delivered and that their doctor and their family think they ought to get; and that health care should never be subject to the strategic plan of any insurance company or the whims of the marketplace.

Because it is not profitable, as a general rule, to take care of the aged and the infirm, President Johnson and this Congress, in 1965, created the Medicare guarantee, and they guaranteed that our seniors and people with disability would get the care they need irrespective of the whims of the marketplace. The majority brings this bill to the floor today because they raise fears about what might happen to the Medicare guarantee 10 years from now.

There is a very important question about Medicare before this Congress, but it's coming about 8 days from now, not 10 years from now, when the majority will bring yet another budget that systematically unravels and ends the Medicare guarantee.

Call it what they will, when you have a system where the healthiest and the most prosperous and, in some cases, the youngest retirees can opt into a private insurance system, those that will be left in regular Medicare will be the aged and the infirm and the poor. Medicare will then go the way of Medicaid, which their budget cuts by nearly 40 percent, according to some estimates.

Frankly, as a diversion from the real threat to Medicare, which is yet another Republican budget coming to this floor 8 days from now that will end the Medicare guarantee, we now have a series of wild accusations about the

Independent Payment Advisory Board, which the Congressional Budget Office says, based on current cost performance, would have no role for at least 10 years.

So we hear all these things about these unelected bureaucrats making decisions. I would say, Madam Chair and fellow House Members, consider the source.

Two years ago, we heard that everyone in America would be in a government-run health plan if the Affordable Care Act passed. It hasn't happened.

Two years ago, we heard that every small business in America would be forced to buy unaffordable health insurance for their employees. It hasn't happened.

Two years ago, we heard that every American family would have to bear a crushing tax increase because of the Affordable Care Act. It hasn't happened.

Two years ago, we heard there would be drastic cuts in benefits to Medicare beneficiaries because of the Affordable Care Act. Not only has it not happened, benefits have increased. Seniors pay a lower share of their prescription drug costs and Medicare pays more. Seniors have access to annual preventive checkups without copays and deductibles. It hasn't happened.

Finally, lest we forget, those who say the IPAB is such a virulent threat to Medicare and said there were death panels in the Affordable Care Act, where are they? Can anyone on the other side point to one person who has gone before a government committee and been denied health care since the Affordable Care Act and as a result of that act?

The Acting CHAIR. The time of the gentleman has expired.

Mr. LEVIN. I yield the gentleman 2 additional minutes.

Mr. ANDREWS. It is a fiction—it is a distortion—and here we are at it again.

Now, in the first 2 weeks of their majority, the majority came here and made a promise to the American people. They said: Yes, we're going to try to repeal the Affordable Care Act, but then we're going to replace the Affordable Care Act. It was repeal and replace.

We've had the repeal as a recurring scenario on the floor. This is just another chapter in it. Where's the replace?

For the provision that says that people 26 and under can stay on their parents' plans, if you repeal the Affordable Care Act, where is your bill to replace it?

For the provision that says that no person can be denied health insurance or charged more for it if they're diabetic or if they have breast cancer or asthma, where is their replacement?

For the provision that says that seniors who fall into the doughnut hole get significantly greater help in paying for their prescription drugs, where is their replacement?

For the provision that says that small business people who voluntarily

provide health insurance to their employees get a significant tax cut, where is their replacement?

There's a saying that our friend from Texas says about being all hat and no horse. The majority is all repeal and no replace.

So this is yet another example of a debate that's tired, worn out, and seen its day. The Affordable Care Act is helping improve the lives of Americans. An empty political debate like this one isn't, and certainly ending the Medicare guarantee, as the Republicans will try to do in 8 days, is the wrong way to go, and so is this bill.

□ 1800

Mr. CAMP. I yield myself 30 seconds.

I would just say to my friend from New Jersey who says "consider the source"—and the source is the American people—73 percent have expressed concern that the Medicare cuts recommended by IPAB would not only go into effect without congressional approval, but would also hurt their ability to get the Medicare services they need.

Let me just say I hear from my friends on the other side how important IPAB is to the integrity of Medicare. It is not effective until 2022. And let me just say with regard to the Medicare cuts that are in your health care bill, most of them don't take place until 2014. And I would just say that our health care bill included provisions that covered preexisting conditions, included many of the provisions the gentleman mentioned, and we did it without a tax increase, and we did it as the only health care bill that was scored by the Congressional Budget Office as decreasing premiums for American citizens.

With that, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentlewoman from Tennessee (Mrs. BLACK).

Mrs. BLACK. Let's, first of all, start with the simple fact that no one in this room can deny, and that is there are 10,000 baby boomers that are added to the rolls each day. Medicare's exponential growth will cause the program to go bankrupt in 10 years. The Congressional Budget Office and the Medicare and Medicaid trustees have been ringing these alarm bells about Medicare's dwindling finances, and we must act now.

Over 46 million Americans rely on Medicare for their health care, and something must be done soon to save this program for future generations. Unfortunately, the President's budget proposal failed to address Medicare's grim future. Instead, what we have on the law books now is a 15-member board that is charged with cutting costs and denying care to our seniors. The Independent Payment Advisory Board established in the health care law would cut physician payment rates, forcing many doctors to stop seeing Medicare patients. This board makes senior care harder to access and

puts bureaucrats between the patients and their doctors.

Now, it's been said here today there's not another plan. Let me correct that. There is another way. As a matter of fact, there is a bipartisan way. The plan for Medicare that is a bipartisan proposal does three things. It does not make any changes for those at or near retirement, it offers guaranteed coverage options to seniors regardless of their preexisting conditions or health history, and it is financed by a premium-support payment that's adjusted to provide additional financial assistance to those who are low-income and less-healthy seniors, and more wealthy seniors will pay.

So the choice is clear: we can continue to stick our heads in the sand and go on with a program that takes away choice for our seniors, limits their care and supports the status quo, or we can improve a plan to save Medicare and provide more choice. For me, the choice is clear.

Mr. LEVIN. Let me just say it is strange to say you save something by destroying it. That is 1984 in 2012.

I now yield 2 minutes to the gentleman from New Jersey.

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

Mr. ANDREWS. I thank my friend from Michigan for yielding, and I want to comment on something, Madam Chair, that my dear friend from Michigan, the chair of the Ways and Means Committee, said. As has become part of the Republican catechism, he talked about the so-called Medicare cuts that were in the Affordable Care Act. It is correct that in the Affordable Care Act we reduced Medicare spending by \$495 billion by cutting corporate welfare to insurance companies, by cutting overpayments to medical equipment suppliers, and cracking down on fraud and abuse of the Medicare program. The majority must agree with these ideas because in the budget they are marking up today in the Budget Committee, every penny of that \$495 billion in savings is included in the majority's budget. The majority must agree with these savings, and I commend them for it, because the budget resolution that passed here last year that essentially every member of the majority voted for included every penny of that \$495 billion in savings.

So I would ask my friends on the other side that if they're so in objection to those cuts, why did you vote for them last year? And why are they in your budget this year? I would be happy to yield.

Mr. CAMP. Since the gentleman has asked, we are using those dollars to protect the Medicare program. You used those dollars to create a new entitlement which we can't afford.

Mr. ANDREWS. Reclaiming my time.

Mr. CAMP. Certainly you would reclaim your time.

Mr. ANDREWS. Because the gentleman's point was there was something

wrong with the cuts. Obviously, he would contradict that point. Every dollar of the cuts in the Affordable Care Act have been embraced, supported and voted for by the Republican majority for which you deserve credit.

Mr. CAMP. I yield 2 minutes to a distinguished Member from Mississippi (Mr. NUNNELEE).

Mr. NUNNELEE. Madam Chair, I thank the chairman for his leadership in this area. I thank you for yielding.

I find it fascinating as I listen to the debate that even while discussion is going on on the budget, we're hearing accusations that say Republicans want to end Medicare. In reality, 2 years ago when the national health care bill passed, that ended Medicare as we know it. That cut half a trillion dollars out of Medicare spending. That put in place this unelected group of bureaucrats that will make health care decisions for seniors.

And I hear this afternoon suggestions that say, well, it may not even go in effect for 10 years; let's wait and see. Well, we have a saying in Mississippi: Do you know when is the best time to kill a snake? That's the first time you see it. This IPAB is a snake, and the best time to kill it is today. The club and the vehicle by which we'll kill it is this bill, and that's why I'm going to vote for it, and I urge all of my colleagues to do the same.

Mr. LEVIN. It is now my privilege to yield 3 minutes to the distinguished gentleman from Missouri (Mr. CLAY).

Mr. CLAY. I thank the gentleman from Michigan for yielding.

Madam Chair, my friends on the other side of the aisle want to repeal the Affordable Care Act. Since straight-out repeal didn't work, they are trying to dismantle it bit by bit. I'd like to focus on the effects of the ACA, or the Affordable Care Act, on women's health.

The ACA is the greatest improvement for women's health in decades. The health care needs of women are greater. Historically, women have played a central role in coordinating health care for family members. Here are just some of the ways that the ACA, a bill that I am proud to have helped pass, will improve women's health:

Women will not have to pay more than men for the same insurance policies. Imagine that. Women will not be denied coverage because they are sick or have preexisting conditions. Oh, that's an improvement. Women will be guaranteed preventive services with no deductibles or co-pays. More low-income women will have timely access to family-planning services. Wow, miracle of miracles. Nursing mothers will have the right to a reasonable break time and a place to express breast milk at work. Pregnant and parenting women on Medicaid will get access to needed services. That would be an improvement. Senior women will save thousands of dollars as reform closes the Medicare prescription drug coverage

gap. And women will be able to comparison shop when choosing health plans for their families. Family caregivers, who are typically women, will benefit from new supports that help them care for their loved ones while also taking care of themselves.

Madam Chair, as a son, as a father, and as an American, I strongly support the ACA and its improvements to health care for everyone, especially women. Dismantling the act, whether through immediate repeal, lawsuits, or piece by piece, means losing those improvements, and that is unacceptable.

□ 1810

Mr. CAMP. Madam Chairman, I yield 2½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Washington State (Mr. REICHERT).

Mr. REICHERT. Madam Chair, 2 years ago, the President's massive health care plan came before us, and then-Speaker PELOSI said we had to pass this bill to find out what was in it. Well, you know what? We're finding out what's in this bill.

In the last 2 years, we've had 47 committee hearings in six different committees. We've taken 25 floor votes to repeal, defund, or dismantle harmful elements of this massive \$1 trillion, 2,000-page government takeover of our Nation's health care system. We're finding out what's in this bill.

We've already repealed the 1099 requirement with bipartisan support. We've already repealed the CLASS Act with bipartisan support. Now we're awaiting the Supreme Court's decision on whether the individual mandate is constitutional.

I think the public is now beginning to learn a little bit about this bill themselves. I think they know there is a 3.8 percent tax on small businesses, our job creators. There's another 2.3 percent tax on medical devices—wheelchairs for our seniors, hearing aids for our disabled folks. These are things that are in this bill. There's a 40 percent tax on your health care plans.

Now they keep telling us, too, that if you like your health care plan, you can keep it. Well, President Obama, himself, said, you know, there may have been some language snuck into this bill that runs contrary to that premise. Who do we believe here? What do we believe?

Here we are again. One more thing to add to the list of what we're finding out, IPAB, the Independent Payment Advisory Board. This unelected board makes decisions and gives recommendations to Congress for cutting Medicare payments. So this panel of unelected bureaucrats unilaterally decides what kind of care is now available and allowable to our seniors, to our veterans, and to our Americans with disabilities—not doctors, not nurses, not anybody who has medical or scientific training. These are bureaucrats.

Just what we need, more bureaucrats.

If we don't vote to repeal this provision, a gang of 15 unelected bureaucrats will have the ability to cause cuts to Medicare payments without anyone else's input.

The Acting CHAIR. The time of the gentleman has expired.

Mr. CAMP. I yield the gentleman an additional 30 seconds.

Mr. REICHERT. So this rationing board will threaten seniors' access to care in secret. There is absolutely no requirement for openness or transparency or for those bureaucrats to hold public meetings or consider input on its proposals. The IPAB, this board of bureaucrats, is unaccountable; it's secretive and threatens patients' care.

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

We're talking about a board whose operations trigger, according to CBO, 10 years from now.

I just want to say to those who say it's unaccountable: Every one of their recommendations will come before the Congress of the United States, every single one. What's unaccountable are the statements that are made on this floor that are not true.

I reserve the balance of my time.

Mr. CAMP. Madam Chairman, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. BRADY).

Mr. BRADY of Texas. Madam Chairman, many Members of Congress didn't have the time or the choice to read this new health care law before it became law. After it was passed, I asked our economists of the Joint Economic Committee—they spent 4 months going through every page and provision of this new law—to show the American public just what this new health care takeover looked like. They went through all 2,300 pages of the bill, and this is what the new health care law in America looks like—well, actually, not completely. We could only fit one-third of all that new bureaucracy on one page.

Here are the physicians, over in that corner are the patients, and in between are 159 new Federal agencies and bureaucrats in between you and your doctor.

We can do better for the American public than this horrible health care law, and we're doing that today.

Today, we're going to take on—this chart, the way it works, everything in dark blue is a new expansion of government; everything in orange, potential rationing boards; everything in green is \$1 trillion of new tax increases or slashing cuts to Medicare. All the light blue provisions deal with expansion of government into the free market.

But today, we're going to act. We're not going to wait. We're going to act to repeal one of the key rationing boards. This Independent Payment Advisory Board, you've heard today, 15 unelected bureaucrats, will make life-or-death decisions about treatment in the future.

My mom is one of those Medicare seniors who I have no doubt, if this is

not repealed, will someday see her treatments limited by these unelected bureaucrats. Our Democratic friends say, We're not rationing, because the government will not actually say "no" to a senior who needs care. They just won't reimburse the doctor or the local hospital or the local hospice care to take care of them.

I don't know what you call that, but I call that rationing.

The Acting CHAIR. The time of the gentleman has expired.

Mr. CAMP. I yield the gentleman an additional 30 seconds.

Mr. BRADY of Texas. I thank the chairman. I will be very brief.

This board has unlimited power to slash even more than that, and Congress is virtually powerless to stop it.

This is America. We don't allow these bureaucrats to make these life-or-death decisions. Republicans in this House are going to repeal this dangerous bureaucracy, and we are, when we get a chance, replacing it with affordable health care for America.

Mr. LEVIN. No. What the Republicans would do would be to send the decisions already there in large measure to insurance companies.

I reserve the balance of my time.

Mr. CAMP. Madam Chairman, I yield 2 minutes to the distinguished gentleman from Pennsylvania (Mr. DENT).

Mr. DENT. Madam Chairman, the bill we're considering today, H.R. 5, the Protecting Access to Healthcare Act, or PATH, is about patient access to care, plain and simple.

In the months leading up to the passage of the health care law and since the law was enacted, Congress has spent countless hours talking about the need to increase access to health care. The health care law signed nearly 2 years ago was the wrong direction for our country and for our citizens, and it will negatively impact access to care.

The two issues that we're going to address here today in this legislation—repealing the Independent Payment Advisory Board, or IPAB, and enacting meaningful medical liability reforms—are key to ensuring that all Americans have access to quality care.

Now, as to the first piece of this legislation, the IPAB, the Independent Payment Advisory Board, let's be very clear: nothing about these advisory rulings are advisory. Good luck to anybody; good luck if you try to ignore the advice of the IPAB. It's going to be more like a medical IRS than an advisory panel.

Let's be clear: the very purpose of this IPAB is to save money by restricting access to health care for Medicare beneficiaries. It will achieve these savings by ratcheting down payments to providers who are already underpaid by Medicare. This will lead to fewer doctors who are willing to see Medicare beneficiaries, and, undeniably, this will lead to delays and denials of care.

This board, as has been said many times, is made up of 15 unelected bureaucrats—and unaccountable ones at

that—that will wield enormous power, and there are no checks and balances in place to ensure that authority is being used appropriately. This abdicates Congress' responsibility, and it threatens care for our Nation's seniors.

Make no mistake that IPAB must be repealed. We don't need a medical IRS.

The second part of this legislation is going to reform our medical liability system. Across our country, our medical profession has practiced defensive medicine out of fear of frivolous lawsuits. This not only drives up health care costs, but it creates serious doctor recruitment and retention problems, especially in the so-called "high-risk" disciplines such as orthopedics, neurosurgery, emergency medicine, and obstetrics.

The Acting CHAIR. The time of the gentleman has expired.

Mr. CAMP. I yield the gentleman an additional 15 seconds.

Mr. DENT. This medical liability crisis has had serious implications in my State of Pennsylvania. It's time we act on this issue.

I live in a State where we train a lot of doctors, but we can't retain them and we can't recruit them. It's a very serious problem for us.

It's time we pass this legislation. We'll say more about medical liability tomorrow in the amendment process.

Support the legislation.

Mr. LEVIN. I reserve the balance of my time.

Mr. CAMP. Madam Chairman, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Louisiana, Dr. BOUSTANY.

□ 1820

Mr. BOUSTANY. I thank the chairman of the full committee for yielding time to me.

I had a great career as a cardiac surgeon in treating thousands of Medicare patients in my career. And my career ended prematurely because of a disability.

But I learned something a long time ago from my father, who's a family doctor, who went before me, who taught me about the art of medicine. And the most important thing he taught me, despite all the technology we have, is that trust in the doctor-patient relationship is the most important thing, the most important foundation of good health care, high quality health care.

Look at this chart. What's wrong with this?

Clearly, you could see all the bureaucratic entities. But where's the doctor, and where's the patient?

The doctor is down here in the corner, and I think way off in the other corner are the patients. So all this stuff in the middle is what undermines the trust in the doctor-patient relationship.

Now, we had Health and Human Services Secretary Kathleen Sebelius in front of our committee recently, and

we were asking about this Independent Payment Advisory Board. We asked the question about rationing, and what came out was, number one, there's no definition of rationing in the statute, so the Department will have to write rules. And she admitted in committee—very tacitly but effectively admitted—that they're not going to be able to write rules that can actually protect seniors from IPAB.

Even the left-leaning Kaiser Family Foundation admits, IPAB must issue cuts to meet spending targets “even if evidence of access or quality concerns surfaced.” AARP warns IPAB's Medicare cuts “could have a negative impact on access to care.”

Both of those are really understatements. According to Medicare's own actuaries, Medicare physician payments could fall to less than half of projected Medicaid rates under current law.

The Acting CHAIR. The time of the gentleman has expired.

Mr. CAMP. I yield the gentleman an additional 15 seconds.

Mr. BOUSTANY. We won't control costs by cutting Medicare provider reimbursements below the cost of providing care. And if left on the books, IPAB will endanger the lives of seniors and delay access to providers. It's very clear.

This undermines the doctor-patient relationship. It undermines trust in our health care system. It undermines quality, and we will not control costs with IPAB. That's why we must repeal it.

Mr. LEVIN. I yield myself 1 minute.

The present system doesn't have enough primary care. I know from my own experience that there's a lack of family physicians and primary care physicians. The Affordable Care Act strengthens that program, will strengthen the relationship between the physician and the patient. And for anybody to come here and scare patients and seniors into thinking that there is some kind of a wall that will be replaced is really not true.

Mr. BOUSTANY. Will the gentleman yield?

Mr. LEVIN. I yield to the gentleman.

Mr. BOUSTANY. We have a severe shortage of physicians in this country today, and it's getting worse, worse by the month and by the year. And as a physician who stays close to the physician community around this country, I am hearing all kinds of stories about physicians nearing retirement moving up that retirement date. We're seeing fewer people going to medical school. All of this is creating a major disruption in our health care system.

The Acting CHAIR. The time of the gentleman has expired.

Mr. LEVIN. I yield myself an additional 1 minute.

Look, I respect that. But the primary fact, the basic fact is that the Affordable Care Act addresses this issue more effectively than has been addressed before. There is more money for primary

care physicians, for family physicians. That's what we need. That's what we need.

And to come here and raise the specter that this bill is going to diminish it, when its major purpose, among others, is to increase the availability, to have a linkage between the patient and the specialty care—

Mr. BOUSTANY. Will the gentleman yield for one more point?

Mr. LEVIN. I yield to the gentleman.

Mr. BOUSTANY. We have a severe shortage in cardiothoracic surgeons, in neurosurgeons, other key specialists that are very essential for the care of Medicare patients, and it's getting worse. We need both primary care and specialty physicians to deal with this patient population. It's getting worse.

The Acting CHAIR. The time of the gentleman has again expired.

Mr. LEVIN. I yield myself an additional 30 seconds.

Look, we need to address it, but destroying Medicare is not the way to address it. That's what you do. You destroy it. You destroy it when you say you're saving it.

I reserve the balance of my time.

Mr. CAMP. I yield 2 minutes to the distinguished gentleman from Indiana (Mr. PENCE).

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

Mr. PENCE. I thank the chairman for yielding.

I rise today in support of the Protecting Access to Healthcare Act. This bill will take an important step forward in dismantling the government takeover of health care that was passed by this body some 2 years ago.

The PATH Act essentially would repeal the Independent Payment Advisory Board included in ObamaCare, and I strongly support it.

Now, quite frankly, the IPAB that is the acronym that's been used often on the floor in this debate is probably something that most Americans are unfamiliar with. But they deserve to know that buried in section 3403 of ObamaCare, there's a powerful board of unelected bureaucrats, this so-called Independent Payment Advisory Board, whose sole job will be to save money by restricting access to health care for Medicare beneficiaries. That's the purpose of IPAB.

IPAB is required to achieve specific savings in years where Medicare spending is deemed to be too high. It will lead, inexorably, to rationing. It will take medical decisions out of the hands of doctors and patients, and it will reduce patient choice, unambiguously.

Furthermore, ObamaCare doesn't even require that IPAB do all of this in the public domain. There's no requirement that IPAB hold public meetings or hearings, consider public input on its proposal, or make its deliberations open to the public.

Unaccountable Washington bureaucrats meeting behind closed doors to make unilateral decisions that should

be made by patients and doctors is unacceptable, and this IPAB must be repealed.

It was 2 years ago that we passed this government takeover of health care into law. It's important to note that the first act of this Congress in January 2011 was a full repeal of ObamaCare.

The Acting CHAIR. The time of the gentleman has expired.

Mr. CAMP. I yield the gentleman an additional 30 seconds.

Mr. PENCE. I thank the gentleman.

You'll never convince me that the Federal Government, under the Constitution, has the authority to order the American people to buy health insurance whether they want it or need it, or not. My hope is that in the days ahead, the Supreme Court will come to that conclusion.

I believe we must not rest, we must not relent until we repeal ObamaCare, lock, stock and barrel. But, for now, let's take the path that is before us. Let's pass the Protecting Access to Healthcare Act, and let's repeal this onerous Independent Payment Advisory Board once and for all.

Mr. LEVIN. I yield myself the balance of my time.

Look, the Supreme Court will be hearing the case about the individual mandate next week, and I don't think we want to argue this now. We don't have any judges here.

But let me say, on the individual mandate, it really is ironic that the more conservative, apparently, you are, the more you dislike the individual mandate, when the individual mandate was the central point within the health care reform proposal of conservatives in this country several decades ago. It was their central point in the eighties and in the nineties. And now they've reversed course and claim, I guess, what they proposed in the seventies and eighties was constitutional then is unconstitutional today. Talk about a flip-flop. That is, I think, maybe an unconstitutional flip-flop, but the Court will decide that.

□ 1830

Let me just say a word about cost containment and the importance of our addressing that and the importance of our reforming the present system, how we reimburse the fee-for-service system. I don't think it's been noticed that, in addition to IPAB, ACA has a number of provisions that will go into effect long before IPAB could become operational. Those systems are beginning to work.

For conservatives who talk about the importance of cost containment, they want to repeal an act that has within it not only the seeds of cost containment, but the instrumentalities of it. In fact, they're beginning to work well enough. That's why CBO says that it's going to be 10 years before IPAB is triggered.

So, those who come here who claim to be concerned about cost containment essentially are undermining their own position.

Well, this is act one of the Republican three-act play.

The second is to eliminate health care reform altogether, and the third is to take away Medicare.

I want to close reporting the views of AARP in terms of the Ryan budget proposal. It says:

It lacks balance, jeopardizes the health and economic security of older Americans. A number of proposals in this budget put at risk millions of individuals by prioritizing budget caps and cuts over the impact on people.

Those who talk about the cap that would essentially be within the structure of IPAB's operation, that proposed cut is less than in the Ryan budget, which would be more severe, and essentially the implementation would be by insurance companies who are nameless, who are unaccountable.

So let me continue with another quote from the AARP:

By creating the premium support system for Medicare beneficiaries, the proposal is likely to simply increase costs for beneficiaries while removing Medicare's promise of secure health coverage—a guarantee the future seniors have contributed to through a lifetime of hard work.

The premium support method described in the proposal, unlike private plan options that currently exist in Medicare, would likely 'price out' traditional Medicare as a viable option, thus rendering the choice of traditional Medicare as a false promise.

So this is what I think we should do in terms of this three-act play of the House Republicans. That is to start by rejecting act one, this repeal of IPAB.

This may be a vote, but it's not going to be an act.

I finish with this. In a sense, you are acting because this isn't going to become law. You have not come up in all of these months with a comprehensive alternative to the Affordable Care Act. There's not been a comprehensive bill put forth. We haven't voted on a comprehensive bill in these days on the Ways and Means Committee. Instead, there has a piece-by-piece effort to dismantle what was health care reform to address a serious situation, including over 50 million people who go to sleep every night without health care coverage in the United States of America.

We should be ashamed of that. We should be ashamed. A couple years ago, we acted to lift that shame off of the shoulders of all of us in the United States of America.

I urge we vote "no" on this bill.

I yield back the balance of my time.

Mr. CAMP. Madam Chairman, I yield myself the balance of my time.

Nearly 70 percent of seniors are worried that IPAB will limit their Medicare choices and the coverage that's available to them under Medicare. I think this is the most troubling part of the health care law that the Democrats rammed through the Congress, and that is because this secret rationing board is given enormous power with no accountability.

The 15 unelected board members of IPAB are free to cut reimbursement

rates for certain procedures or for services that they deem unnecessary. They can cut those rates so low that physicians will no longer be able to offer those services. That's pretty clearly the ability to ration.

We have had countless physician groups warn us about the IPAB. They're warning us that these cuts will force them to stop seeing Medicare patients, and the real problem is, because TRICARE reimbursement rates are tied directly to Medicare, that will have health care for our military personnel negatively impacted by the IPAB as well.

The Democrats gave IPAB blanket authority to operate in secret. There is no requirement that their deliberations, their reasonings for their conclusions must be made public. Also, the health care bill states directly that IPAB, and I'm quoting here, "may accept, use, and dispose of gifts or donations of services or property." That's not a very subtle invitation for lobbyists and others with interests in issues before the Congress to impact these unelected and unaccountable IPAB members with cash, with gifts, with other items.

So not only do they have enormous power that if the Congress can't override automatically becomes law. But they have the ability to do it in secret, and the legislation states directly that they can accept gifts and donations.

So this is a troubling piece of ObamaCare that we need to repeal, and I urge my members to vote for repeal of this.

I yield back the balance of my time.

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

Madam Chairwoman, America's medical liability system is broken and in desperate need of reform.

□ 1840

Frivolous lawsuits drive physicians out of the practice of medicine. Limitless liability discourages others from high-risk medical specialties and substantially increases the cost of health care.

The solutions to this crisis are both well known and time tested, but the President's recent health care legislation did nothing to address the problems in our medical liability system.

We cannot wait any longer to fix the problem. We should pass this bipartisan medical liability reform legislation to cut health care costs, spur medical investment, create jobs, and increase access to health care for all Americans.

H.R. 5, the HEALTH Act, is modeled after California's decades-old and highly successful health care litigation reform. According to the National Association of Insurance Commissioners, the rate of increase in medical professional liability premiums in California since 1976 has been nearly three times lower than the rate of increase experienced in other States.

By incorporating California's time-tested reforms at the Federal level, the HEALTH Act saves taxpayers billions of dollars, encourages health care providers to maintain their practices, and reduces health care costs for patients. It especially helps traditionally underserved rural and inner-city communities and women who seek obstetrics care.

The reforms in H.R. 5 include a \$250,000 cap on noneconomic damages and limits on the contingency fees lawyers can charge, and it allows courts to require periodic payments for future damages in order to ensure that injured patients receive all of the damages they are awarded without bankrupting the defendant.

The HEALTH Act also includes provisions that create a fair share rule by which damages are allocated fairly in direct proportion to fault, and it provides reasonable guidelines on the award of punitive damages.

The HEALTH Act allows for the payment of 100 percent of plaintiffs' economic losses. These unlimited economic damages include all their medical costs, their lost wages, their future lost wages, rehabilitation costs, and any other economic out-of-pocket loss suffered as a result of a health care injury.

The HEALTH Act also does not preempt any State law that otherwise caps damages.

This bill is a commonsense and constitutional approach to reducing the cost of health care.

Whereas, the HEALTH Act allows doctors to freely practice nationwide, the ObamaCare individual mandate dictates that all people buy a particular product, whether they want it or not.

Unlike ObamaCare, the HEALTH Act saves the American taxpayers money. The Congressional Budget Office recently determined that the President's health care law will cost almost double its original \$900 billion price tag. Another CBO report estimates that premiums for medical malpractice insurance ultimately would be an average of 25 percent to 30 percent below what they would be under current law. These are just a few reasons why organizations like Americans for Tax Reform support this legislation.

The HEALTH Act also reduces the cost of health care as it decreases the waste in our system caused by defensive medicine. This practice occurs when doctors are forced by the threat of lawsuits to conduct tests and prescribe drugs that are not medically required.

According to a Harvard University study, 40 percent of medical malpractice lawsuits filed in the United States lack evidence of medical error or any actual patient injury. That's 40 percent. Many of these suits amount to legalized extortion of doctors and hospitals. But because there are so many lawsuits, doctors are forced to conduct medical tests simply to avoid a lawsuit

in which lawyers claim not everything possible was done for the patient. This wasteful defensive medicine adds to our health care costs without improving the quality of patient care.

In his 2011 State of the Union address, President Obama said:

I'm willing to look at other ideas to bring down costs, including one that Republicans suggested last year: medical malpractice reform to rein in frivolous lawsuits.

Let's help the President keep his word and put this legislation on his desk.

Madam Chairwoman, I reserve the balance of my time.

Mr. CONYERS. Madam Chair, I yield myself such time as I may consume.

Ladies and gentlemen of the House, when we passed the landmark Affordable Care Act, some derisively termed it "ObamaCare." I believe that some day this bill will be famous because it is named after the President.

We were proud to have taken up an important step in realizing a goal that we've been striving for for quite a long time. But today, we're confronted with a leader in the House, himself a medical doctor, who is urging that we take a step backward and roll back our progress.

The measure before us will repeal the Independent Payment Advisory Board, which would save us millions of dollars and pay for itself by pushing through malpractice legislation that undermines State sovereignty and enriches corporations that surely don't need it.

Congress established the advisory board to slow Medicare's growth costs. The Independent Payment Advisory Board does not undermine our role in Medicare policy nor does it cut access to care. Its repeal, however, removes critical oversight and efficiency and paves the way for the majority's plans to replace guaranteed health care for seniors with corporate voucher systems.

How many of us have constituencies that you could go back home and tell your constituents that you're going to replace this health care bill that is praised from one end of the country to the other, that has taken decades to enact, that we're now going to use vouchers for health care?

When we passed President Obama's landmark Affordable Care Act, we were proud to have taken an important step in realizing that ideal.

But today, the Majority takes a step backwards. They seek to roll back our progress. H.R. 5, the so-called "Help Efficient, Accessible, Low-cost, Timely Healthcare Act," will repeal the Independent Payment Advisory Board, IPAB, which saves us millions, and pay for it by pushing through malpractice legislation that undermines State sovereignty and enriches insurance companies.

Congress established the IPAB to slow Medicare's growth costs. The IPAB does not undermine our role in Medicare policy or cut access to care. Its repeal, however, removes critical oversight and efficiency, and paves the way for the Majority's plans to replace guaranteed healthcare for seniors with corporate voucher systems.

Rolling back these cost-cutting measures will cost the Federal Government money, and so to pay for this costly repeal, the Majority has offered up the same tired old medical malpractice proposals they have been pushing for the last two decades. In fact, this is the fourteenth time that the full House will have considered this measure since 1995. It wasn't a good idea 20 years ago, and it isn't a good idea today.

Rather than helping doctors and victims, the bill before us represents a windfall for the health care business. It pads the pockets of insurance companies, HMOs, and the manufacturers and distributors of defective medical products and pharmaceuticals. And it does so at the expense of innocent victims—particularly women, children, the elderly, and the poor.

The malpractice liability provisions before us today would supersede the law in all 50 states to cap non-economic damages, cap and limit punitive damages, limit access to the courts for poorer victims of medical malpractice, shorten the statute of limitations for claims, eliminate protections for children, and eliminate joint and several liability.

We need to cut the charades and get to the heart of the problem.

The malpractice insurance industry is plagued by collusion, price fixing, and other anticompetitive activities. Yet this bill does nothing to respond to this problem.

It is also clear that a legislative solution largely focused on limiting victims rights available under our state tort system will do little other than increase the incidence of medical malpractice—already the sixth leading cause of preventable death in our nation.

Under the proposed caps on damages, Congress would be saying to the American people that we don't care if you lose your ability to bear children, we don't care if you are forced to bear excruciating pain for the remainder of your life, we don't care if you are permanently disfigured or crippled.

The proposed new statute of limitations takes absolutely no account of the fact that many injuries caused by malpractice or faulty drugs take years or even decades to manifest themselves and trace the root cause.

The bill would allow insurance companies teetering on the verge of bankruptcy to delay and then completely avoid future financial obligations. And they would have no obligation to pay interest on amounts they owe their victims.

And guess who else gets a sweetheart deal under this legislation? Drug companies—most of which are foreign. This bill makes drug and device manufacturers immune from punitive damages, so long as the FDA has approved their products or their products are generally considered "safe," no matter how egregious their behavior.

The bottom line is that this legislation doesn't prevent terrible things from happening in hospitals. The bill's takeover of state courts won't help judges throw out frivolous lawsuits, and a ceiling of a quarter of a million dollars won't stop bad actors from looking for a payout.

Instead, this legislation lifts legal and financial risk from hospitals, drug manufacturers, and insurance companies, and drops that burden onto real people, the victims of medical malpractice.

This bill helps the powerful at the expense of the injured, the elderly, and the very young.

It raises serious federalism concerns and overturns the law in all 50 states. And it huts real people with real injuries, blocks them from the courts and limits their rights to legal redress, all in the name of a dangerous, unnecessary, and unfair theory about malpractice liability.

I urge my colleagues to reject this anti-patient, anti-victim legislation.

Madam Chair, I reserve the balance of my time.

Mr. SMITH of Texas. Madam Chairwoman, I yield such time as he may consume to the gentleman from California (Mr. LUNGREN), who is the chairman of the House Administration Committee and a senior member of the Judiciary Committee.

Mr. DANIEL E. LUNGREN of California. I thank the gentleman for yielding.

The idea that 15 unelected individuals on the Independent Payment Advisory Board have been empowered by the so-called Patient Protection and Affordable Care Act to ration health care for seniors—and that's for all seniors—is as Orwellian as these titles crafted by the previous Congress to divert attention from what's really being done here.

Delegating such authority to a government board to make such decisions with such a dramatic impact on the health care alternatives available to Medicare recipients raises the most serious ethical concerns about respect for the dignity of our seniors. This is the unfortunate consequence of a world view which favors the notion of bureaucratic expertise and efficiency as a solution to the challenges facing our health care system today. The purpose of providing quality health care to our Nation's seniors is simply incompatible with the idea that the delivery of health care services can be achieved through some sort of algorithm contrived by a panel of experts.

Rather than empowering seniors to play a more active role in their own health care decisions, the IPAB moves in the opposite direction by empowering an unaccountable government panel to make these decisions. In this regard, the inclusion of legislative language to repeal IPAB could not be better placed than with a medical liability reform bill, for IPAB is itself, per se, malpractice.

□ 1850

Now, H.R. 5 contains many important reforms concerning our health care litigation system. These health care reforms are modeled after my own State of California's Medical Injury Compensation Reform Act, better known as MICRA. This important initiative was signed into law over three decades ago by then- and now, again, California Governor Jerry Brown.

I practiced under this law for several years. I practiced under the law that preceded MICRA. I did a good deal of medical malpractice defense in the courtroom. I appeared before juries, before judges. I settled cases. I had the

opportunity to defend doctors and hospitals. About 90 percent of the cases I did were on the defense side, about 10 percent on the plaintiff's side. I believe I had the first successful medical malpractice suit against an HMO in the State of California. I had an opportunity to view the system close up.

And the fact of the matter is, without the MICRA reforms, the California medical system, the health care system would have collapsed. We had doctors leaving the State of California—particularly in specialties such as obstetrics and gynecology, neurosurgery, anesthesiology—moving to other States because the premiums that were required to be paid by our doctors had become so exorbitant that they either had to leave the State or no longer be able to practice medicine.

Information received by our Judiciary Committee from the National Association of State Insurance Commissioners indicates that since 1976, when it was adopted, California's medical professional liability premiums have risen at less than half the pace of the rest of the country. While I would caution that MICRA must not be perceived as a silver bullet, it was, nonetheless, an important step forward taken by our State and a sound model for reform. This is, once again, evidence that as laboratories of democracy, our States more often than not serve as incubators of reform.

At the same time, I do believe that it is important to recognize that the American legal system and our civil justice system, in particular, contains vagaries unique to each of the States which operate within the context of a system of federalism. In this regard, we need to be cautious on the Federal level in making assumptions about the impact of our actions. Even in California, itself, the effort to adopt a Federal medical liability reform statute has raised some questions about possible unintended consequences.

Even though one aspect of the impetus behind H.R. 5 is to bring relief to medical practitioners from the trap of defensive medicine, as suggested by the chairman of our committee—and I do believe that is true—physicians are, unfortunately, expressing some concerns over some of the provisions contained in H.R. 5.

Specifically, the California Medical Association, while they support getting rid of the board as we previously discussed, have expressed some opposition to the fair-share rule contained in section 4(d) of the HEALTH Act. They have expressed that the fair-share rule in H.R. 5 will preempt California's law and put full recovery by injured patients at risk. They inform us, "As written, the fair share rule will dramatically increase the potential for physicians to face enforcement proceedings against their personal assets. This would force physicians to purchase increased medical professional liability insurance coverage, which will significantly increase liability premiums in California for physicians."

Secondly, the California Medical Association has expressed "serious concerns with granting complete immunity from punitive damages to medical produce and device manufacturers, distributors, and suppliers." They state, "We believe this will force plaintiffs to look only to physicians and other providers to seek relief and will significantly increase physician exposure and liability costs."

So I'm somewhat on the horns of a dilemma here. I do believe that we absolutely, as the physicians of the California Medical Association believe, ought to rid ourselves of the Independent Payment Advisory Board for fear that its implementation will, in fact, interfere with the doctor-patient relationship, interfere with the availability of medical care, interfere with the availability of physicians to seniors and others. But they have expressed some concerns that we have to give other States the benefit of MICRA. And I understand some of their concerns. I think we may be very well able to address that in further language.

Although it is my intention to vote for passage of H.R. 5, my hope is that before it would return to us from the Senate, we would specifically address the concerns raised by the physicians from my State. The necessary repeal of IPAB is an important reform. Some of these others contained in the further section of the health care act warrant support. But I do believe we need to have some changes, and I would look forward to those changes in a conference report or any bill which is returned to the body by the Senate.

I would like to say this, that for someone who practiced law for a number of years in the area of medical malpractice, with doctors and hospitals, and saw what a failure to limit non-economic damages was doing to the availability of health care—not just the cost of health care, but the availability of health care in my home State—I do believe MICRA is a model that ought to be replicated by other States in the Union.

I do believe that the facts are in. Over 30 years, we've been able to see that it has improved access to health care, improved the number of physicians, particularly in difficult specialties, and it has brought down the overall cost of premiums and, therefore, the cost of medical care in my State.

The idea that somehow medical malpractice premiums have no effect either on the cost of care or the accessibility of care flies in the face of the experience of 30 years in my home State of California.

Mr. CONYERS. Madam Chair, I am pleased now to yield 1 minute to the former Speaker of the House of Representatives, our leader, the gentlewoman from California, NANCY PELOSI.

Ms. PELOSI. I thank the gentleman for yielding. I appreciate his leadership for helping us honor what our Founders put forth in our founding documents,

which is life, liberty, and the pursuit of happiness. And that is exactly what the Affordable Care Act helps to guarantee: a healthier life, the liberty to pursue happiness free of the constraints that the lack of health care might provide to a family. If you want to be a photographer, a writer, an artist, a musician, you can do so. If you want to start a business, if you want to change jobs, under the Affordable Care Act, you have that liberty to pursue your happiness.

So that is why I am so pleased that this week we can celebrate the 2-year anniversary of the Affordable Care Act; and I want to mention some of the provisions that are in it but not before mentioning that the legislation on the floor today is a feeble attempt to unravel legislation that makes a big difference in the lives of America's families.

You be the judge: if you are a family with a child with asthma, diabetes, is bipolar, has a preexisting medical condition, up until this bill, your child could be discriminated against for life of ever receiving affordable health insurance and, therefore, care. The full thrust of the law does not take place until 2014; but already, for months now, no child in America can be denied health coverage because of a preexisting condition, and soon all Americans will have that same protection.

For the first time in American history, millions of American women and seniors have access to free preventive health services, services that prevent, that are better early intervention to detect a possible illness in a person.

□ 1900

Eighty-six million Americans have already received key preventive health benefits under the law, and more than 5 million seniors have saved over \$3.2 billion in prescription drug expenses. Already, \$3.2 billion in prescription drug benefits because of provisions of the law that are already in effect.

So if you're a senior and you're caught in the doughnut hole, or you would have been, you are already benefiting from this law. And that's what the Republicans are trying to take away from you, from your family, from your life, from your liberty, from your pursuit of happiness.

The last point about seniors and prescription drugs is particularly important because it fits in with our consistent commitment from day one as authors of Medicare in the sixties, fits with our consistent commitment to always strengthen Medicare for American seniors, never weaken it. Indeed, as I mentioned, Democrats created Medicare, sustained Medicare, and Democrats will always protect Medicare even from language that is so misleading as to make one wonder.

Republicans, on the other hand, have voted to end Medicare. End the Medicare guarantee. They have said that their goal for Medicare is for it to wither on the vine. And tonight's legislation is a part of the withering on the

vine. It's important for you to know that if you care about Medicare, if you depend on Medicare, this is the wither-on-the-vine scenario.

In fact, just yesterday, the Republicans released their budget, which would end the Medicare guarantee and shift cost to seniors. End the guarantee. What does that mean? Shift cost to seniors—perhaps up to \$6,400 for most seniors a year—and, again, let Medicare wither on the vine. That's why today's legislation is such a cynical political ploy. And I know that American seniors will not be fooled by it.

Today brought legislation to repeal what is known as IPAB, the Independent Payment Advisory Board. Independent. Independent of political influence over decisions that are made. This piece of the legislation was a bend-the-curve to reduce the cost of health care in America.

Republicans are desperate to distract seniors from their real record on Medicare, and that's what they're trying to do today. I say that without any fear of contradiction and without any hesitation because nothing less is at stake than the well-being of our seniors, their personal health, and their economic health. And that means their security.

Further, in this bill Republicans have recycled their old medical malpractice liability legislation that undermines states' rights and hurts the rights of injured patients to obtain just compensation.

Because of the impact on American States of what they're trying to do in this bill, the bipartisan National Conference of State Legislatures has strongly opposed this bill. That bipartisan group says that after a careful review it had reached "the resounding bipartisan conclusion that Federal medical malpractice legislation is unnecessary."

Again, Madam Speaker, this week we celebrate the 2-year anniversary of the Affordable Care Act for what it embodies. It's about innovation. It's about not just health care in America but a healthier America. It's about prevention and innovation. It's about customized, personalized care. It's about electronic medical records. It's about lowering costs, expanding access, and improving quality.

So much misleading information is put out there about it that it's important to keep repeating the difference, the transformative nature of the legislation. In fact, it has already begun to transform the lives of America's children by saying no longer will they be denied coverage because they have a preexisting medical condition. And soon we can fully say that no longer being a woman is a preexisting medical condition, where women are discriminated against to the tune of a billion dollars a year, and cost of premiums, not to mention exclusion from obtaining coverage.

And so I proudly celebrate the 2-year anniversary, and I emphatically oppose

the legislation on the floor. If you want to unravel Medicare, vote "aye." If you want to support Medicare, if you think health care is a right for the many, not just a privilege for the few, vote "no."

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

Mr. Chairman, most Americans still oppose ObamaCare yet support medical liability reform of the kind that we are considering tonight. A recent survey found that 83 percent of Americans believe that reforming the legal system needs to be part of any health care reform plan.

As the Associated Press recently reported, most Americans want Congress to deal with malpractice lawsuits driving up the cost of medical care, says an Associated Press poll. Yet Democrats are reluctant to press forward on an issue that would upset a valuable political constituency—trial lawyers—even if President Barack Obama says he's open to changes.

The AP poll found that support for limits on malpractice lawsuits cuts across political lines, with 58 percent of independents and 61 percent of Republicans in favor. Democrats were more divided. But still, 47 percent said they favor making it harder to sue while 37 percent are opposed. The survey was conducted by Stanford University with the nonprofit Robert Wood Johnson Foundation. In the poll, 59 percent said they thought at least half the tests doctors order are unnecessary—ordered only because of fear of lawsuits.

In a poll done by the Health Coalition on Liability and Access in October, 2009, 69 percent of Americans said they wanted medical liability reform included in health care reform legislation. Seventy-two percent said their access to quality medical care is at risk because lawsuit abuse forces good doctors out of the practice of medicine.

Mr. Chairman, let's support a bill that is so strongly endorsed by the American people.

I reserve the balance of my time.

Mr. CONYERS. Mr. Chairman, I am pleased to yield such time as he may consume to a member of the House Judiciary Committee, JERROLD NADLER, who has worked on this subject matter for quite a long time.

Mr. NADLER. I thank the gentleman for yielding, and I rise in opposition to this deeply flawed and deceptively named legislation.

Contrary to the bill's title, this bill will not promote access to better health care nor will it make health care more affordable. If the wishes of many of the proponents of this legislation come true and the Affordable Care Act is repealed and Medicare and Medicaid as we know them are curtailed or eliminated, then decent, affordable health care will remain out of reach for millions of Americans, including many who now have access to health care services.

I urge all Members to keep one fact in mind as we debate the medical malpractice aspects of this bill. These pro-

visions would apply only to people who had meritorious claims of malpractice against them. You don't have to limit people's recoveries or attorneys fees for people without meritorious claims. So whatever we're doing here today will be done only to those who have been injured, whose injuries have been inflicted by someone else's wrongdoing, and who need and should be entitled to compensation.

The argument we hear, which is not a new one, is that if we allow the players in the health care industry, including Big Pharma, the manufacturers of defective medical devices, and even big insurance companies and HMOs that routinely pay for health care services, to escape the consequences of the harm they inflict, then somehow we'll all be better off.

□ 1910

This is not true, has never been true, and, despite the extravagant claims of the proponents of this bill and the industries lobbying for it, that will not be true if this multibillion dollar gift to bad actors in the health care industry were to become law.

Just how pricey a gift to industry are we talking about here? According to the Congressional Budget Office, \$45.5 billion over the next decade. Now, anyone who believes that those savings will be passed along directly to consumers, health care providers, and victims of medical malpractice is living in a dream world. Some of us will remember the debates we had in this House for the 8 years preceding enactment of the 2005 Bankruptcy Code rewrite. We will no doubt remember the argument that abuse of the bankruptcy system was a hidden tax of \$400 a year for every American and that tightening the rules would be of interest to all consumers. Well, we passed that huge giveaway to the big banks. Consumers have not seen a nickel of that \$400. The banks pocketed all the money. If you think that this bill will lower costs for consumers, that the big insurance companies will not simply pocket the money, there's a famous bridge in my district that I might be willing to sell to you.

So keep in mind just who will be bearing the burden of this legislation: people who are subject to limitations on damages and on their ability to obtain competent counsel—something not imposed on insurance companies, drug companies, or HMOs. That may be good for the insurance companies, for the manufacturers of defective drugs and medical devices and all the other wrongdoers walking these Halls with open checkbooks, but it will come at the expense of their victims.

Nowhere does CBO, or their sponsors, explain why their belief that insurance companies, Big Pharma and medical device manufacturers will pass any savings along, nor do they account for the cost of the care needed by people who have been injured and who will be unable to receive adequate compensation.

This bill is not limited to suits against individual health care service providers, doctors and other licensed health care professionals. It would provide protection against malpractice claims for large corporations, insurance companies, health maintenance organizations, and pharmaceutical giants when they deal in defective products or when someone else's health is destroyed because an insurance company refused to pay for necessary care.

Mr. Chairman, we heard the gentleman from California refer to the California legislation that is the model for this legislation passed in 1976, 36 years ago. That legislation enacted a limit and said for noneconomic damages you can only get a recovery of \$250,000 because you lost a leg when they removed the wrong leg. They felt in 1976 that \$250,000 was an appropriate amount to limit it to. In today's dollars, that's \$38,000.

But there's no inflator in that legislation, and there's no inflator in this legislation. That \$250,000 in 1976 today is \$1.4 million. So if we were modeling this on that, we should say the limit is \$1.4 million, but we're not doing that. We're saying 250, and we're not putting an inflation adjustment in here, so it will be \$250,000 this year, and 5 years from now it will be the equivalent of \$100,000, and 10 years from now \$35,000 and eventually zero.

I submit that it is very wrong. It may be that if malpractice causes a woman to lose her fertility, causes her to lose the ability to bear children, the medical costs to her may be minor, the lost wages, the economic damages may be minor. But the inability to bear a child should be limited to \$250,000 and eventually to almost nothing because there's no inflation in this? If someone is put in a wheelchair for life, the pain and suffering is worth almost nothing? That's what is wrong with this legislation, and that's what's immoral about this legislation. That's why we ought to vote against this legislation.

Mr. SMITH of Texas. Mr. Chairman, I yield 5 minutes to the gentleman from Illinois (Mr. JOHNSON).

Mr. JOHNSON of Illinois. Mr. Chairman and Members of the House, first of all, let me thank the chairman for his willingness to allow me to speak on an issue on which we do not agree. I appreciate the courtesy; I appreciate the lively debate that has preceded me in, I think, probably a far more articulate way than I'm going to be able to articulate. But let me just, Mr. Chairman and Members of the House, address this in a bigger sense and then maybe in a specific sense from the standpoint of a Republican Member of the United States Congress.

To begin with, I believe that this addition is largely unrelated and almost entirely disconnected from the underlying bill. I believe it demonstrates some concern—or I believe it reveals some lack of concern—for sensitivity, and I think in a lot of ways reveals the duplicitousness that I think is inherent

in a discussion of this issue. I think it is statist and antithetical to our beliefs, at least my beliefs and I think most of the Members' on this side of the aisle, with respect to what America is all about.

I look at this from the standpoint of a Republican Member in a Republican Party who has been a forerunner and who has dealt with the issue of states' rights and, quite frankly, has attacked this health care bill—and the Attorneys General—on a states' rights and interstate commerce basis. It is a classic example, Mr. Chairman and Members of the House, of what has historically been an area for states' rights. Whether it's the criminal justice or domestic law or civil justice, our Founding Fathers set in place a Federal level and a State level of government, and this strikes at the core of states' rights.

In addition to that, Mr. Chairman and Members of the House, separation of powers. We have been critical—and I think legitimately—from this side of the aisle with respect to HHS waivers that have been granted. We've been critical of the EPA and the U.S. DOT and so forth for their administration and their promulgation of rules without legislative authorization. And yet this entirely desecrates, in some ways, our whole judicial function, our whole judicial function regarding liability and damages. It is an intrusion into the judicial arena, which is something that is sacrosanct, and I think that's essential to our viewpoint of what the Constitution is all about.

It also strikes at the core of our free market system. I have been involved from a number of standpoints in the law practice; and I see a system that, in an overwhelming number of cases, works to effect justice. Two attorneys or more, witnesses, jurors, a judge, and the common law of 200 or 250 years almost inevitably results in just results. And now we have a situation, despite that commitment to free market that we have, where we're now proposing that the Federal Government dictate an imprimatur to override this whole system that's already in place and I think infringes on our constitutional right to a trial by jury.

It also strikes, I think, Mr. Chairman and Members of the House, what we Republicans say we believe in in terms of individual worth. One of our attacks, quite frankly, on the passage of this bill, which I largely subscribe to the attacks, is one that deals with the deep personalization of the individual inherent in President Obama's health care approach. This bill is a collectivist attack on personal realities and is a disregard for age, circumstances, State or community of residence; and I think that addresses in a very serious way the concept that we have constitutional worth of the individual.

In conclusion, this bill has essentially nothing to do with revenue production. We all know that. It obfuscates the underlying purpose of the

bill, which is, quite frankly, to dismantle the inherent bureaucracy in the health care bill, which I largely subscribe to. It injects politics into a legitimate debate on a substantive public policy and prevents Republican and Democrat Members from an up-or-down vote and strikes, I think, at our fundamental beliefs of states' rights, of individualism and on constitutional premise.

In summary, I believe that a "no" vote is a vote to preserve individual dignity. Our "no" vote is one to maintain constitutional values, and it is to safeguard states' rights and the separation of powers. I know this is well intended, but this is not the vehicle to do it in. The vehicle is Austin, Texas, or Albany, New York, or Springfield, Illinois. I have some serious concerns about State legislation that would also interfere with separation of powers, but this is not the arena to do it in; it is not the bill to do it in; and I think, quite frankly, it is one that, unfortunately for me, strikes at the core of why I'm here. I'm not here to dismantle our common law system; I'm not here to dismantle the free market system; and I'm not here to dismantle states' rights. I'm here to stand up for what I think the American people sent us here for.

I don't think the health care bill was well considered. I think it should be substantially addressed in terms of this and other legislation. But this bill doesn't do it, ladies and gentlemen; and I, with all due respect, ask my colleagues on both sides of the aisle to join with me in a "no" vote on what I think may be a well intended, but certainly misdirected, effort. And I join with my colleagues over here and some over here in urging a "no" vote.

Mr. CONYERS. Mr. Chairman, I ask if the distinguished gentleman from Illinois (Mr. JOHNSON) would like additional time. If he requires any, I would be glad to arrange to yield him further time.

If you require more time, I would be delighted to yield it to you.

Mr. JOHNSON of Illinois. You are very kind to do that, Mr. CONYERS.

□ 1920

I think I probably pretty well addressed it. I think between myself and my inarticulate comments and your opposition and some opposition over here, I think the debate has been very good and good for the process. And this is one I'm with you on, sir.

Mr. CONYERS. I thank you, Mr. JOHNSON.

Mr. Chairman, I am pleased now to yield 4 minutes to the Judiciary Committee member from Florida (Mr. DEUTCH), who has worked very carefully with us on this subject matter.

Mr. DEUTCH. Mr. Chairman, it's no surprise that I am disappointed with the content of this bill before us today. I join with my colleagues who have expressed their disappointment, but I'm also disappointed with the process behind it.

Yesterday, for a totally bogus reason, the Rules Committee declared an amendment I offered out of order. They claimed it would add to the cost of the bill despite having no numbers. The amendment did not create some new regulation. It did not create new judicial proceedings. It did not set aside money for a new program.

Let me tell you what it did do, Mr. Chairman. It would have made a terrible bill slightly better. It's simple.

My amendment ensured that doctors who intentionally—not accidentally, but intentionally—harm their patients are not exempt from medical malpractice liability. If this Congress wishes to tell a child made blind by the negligence of his doctor that those in this Chamber know better than a jury, if my colleagues wish to pretend that the Seventh Amendment of the United States Constitution, guaranteeing a trial by jury, was somehow omitted from the Bill of Rights, I disagree, but so be it. The very least we can do is ensure that if a doctor intentionally abuses his patients that he will not evade justice.

Surely, the sponsors of this bill did not intend to extend liability caps to a pediatrician who sexually abused a child or a dentist who raped his patients under sedation. I'm disgusted to say that those are both real examples of the kind of abhorrent behavior H.R. 5 may mistakenly immunize without clarification.

Is it too much to ask that we simply think this through? Can someone explain to me how this amendment costs a penny? Better yet, will someone explain to the 103 children who were molested by a Delaware pediatrician that Washington wants to make it easier for sexual predators to evade justice?

My friends, differentiating between medical errors and intentional harm is not some wild and crazy new idea being pedaled by the left. Many States—blue States, red States, and in between—limit malpractice awards but make distinctions for intentional torts.

The majority could have considered my small change and protected the commonsense State laws that are already on the books. Instead, under the 112th Congress, relentless partisanship has poisoned this well and impeded our ability to write good laws. Perhaps, Mr. Chairman, perhaps the reason Americans are so disenchanted with Congress is because they know that it doesn't have to be this way.

I urge my colleagues to vote “no” on this legislation.

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

Mr. Chairman, lawsuit abuse drives doctors out of their practices. There's a well-documented record of doctors leaving the practice of medicine and of hospitals shutting down, particularly practices that have high liability exposure. This problem has been particularly acute in the fields of OB/GYN and trauma care as well as in rural areas.

The absence of doctors in vital practice areas is, at best, an inconvenience; at worst, it can have deadly consequences. Hundreds or even thousands of patients may die annually due to a lack of doctors.

According to one State study, 38 percent of physicians have reduced the number of higher-risk procedures they provide, and 28 percent have reduced the number of higher-risk patients they serve, all out of fear of liability.

The American College of Obstetricians and Gynecologists has concluded that:

The current legal environment continues to deprive women of all ages, especially pregnant women, of their most educated and experienced women's health care providers.

A study from Northwestern University School of Medicine polled residents and found that many wished to leave the State to avoid its hostile malpractice environment. The study concluded that:

Approximately one-half of graduating Illinois residents and fellows are leaving the State to practice. The medical malpractice liability environment is a major consideration for those that plan to leave Illinois to practice.

Without a uniform law to control health care costs, many States will continue to suffer under doctor shortages.

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

Mr. CONYERS. Mr. Chairman, I am pleased now to yield as much time as he may consume to the distinguished gentleman from Georgia (Mr. JOHNSON), a member of the House Judiciary Committee.

Mr. JOHNSON of Georgia. Today, Mr. Chairman, I rise in opposition to this harmful bill, H.R. 5, the so-called Protecting Access to Healthcare Act.

Now, this bill is premised upon what I would call a story, because that's what my mamma used to tell me. My mamma and my grandmamma, as I was growing up, used to say that's wrong to say that someone is lying. Don't say that. You say that they're telling a story. So I grew up plagued with the guilt that comes from calling somebody a liar. I still have that sense of shame associated with that word “liar.”

I'm not here to accuse anybody of lying, but I will say that H.R. 5, the so-called Protecting Access to Healthcare Act, is a story, is premised on the story that runaway frivolous lawsuits, medical malpractice lawsuits are a major cause of driving the cost of medical care through the roof. That's not true.

This bill restricts a patient's ability to recover compensation for damages caused by medical negligence, defective products, and irresponsible insurance companies. It also sets a cap of \$250,000 for noneconomic compensatory damages which are awarded to victims for emotional pain and suffering, physical impairment and disfigurement.

I'm so sorry to have not had this photograph blown up. It's a photo of Caro-

line Palmer of Marietta, Georgia. Ms. Palmer was in an automobile accident back on March 23, 2007. She sustained two broken legs, a broken shoulder, abrasions on her arms, and a collapsed lung. While she was at the hospital, recuperating, they noticed that her left hand was swollen, dusky blue, and cool to the touch. But after so noting on her medical record, the doctor left work that day, and no further action was taken about that. That was a clear sign that blood was not flowing to that limb and that something was wrong.

□ 1930

Nothing was done. No followup. The next day they found that the IV line had been misplaced in her arm, and they referred her in for some treatments to try to reinvigorate the circulation in that arm, and there was nothing they could do.

They tried everything. They even subjected Caroline to a procedure on both arms to relieve the pressure and treat the loss of circulation by producing a large gaping hole in both arms, and that procedure failed. Whereupon, she then was subjected to the cutting off of her left arm and the cutting off of her right arm.

Now, we've talked a lot about, well, how much is a leg worth? How much is a leg worth when you lose a leg? Well, how much are two legs worth? How much are two arms worth?

This picture shows Caroline Palmer in this horrendous state; and under this amendment, under this bill, H.R. 5, this woman, this victim, would be limited to \$250,000 for her pain and suffering and disfigurement, and that's not right.

How do you put a cap on someone's pain and suffering? How heartless is it to cap noneconomic damages when one has lost a limb? becomes blind?

How much is vision worth? How much is the ability to see? How much is that worth? \$250,000, under this legislation.

If you become paralyzed at the hands of a negligent health care provider, can no longer walk, how much is that worth? \$250,000.

These caps hurt the most vulnerable among us: children, senior citizens, and working poor. They can't even recover for economic losses such as lost wages. They may not be working. A child doesn't work. A child left with no arms is limited in noneconomic damages to \$250,000. He's got to roll with that for the rest of his life—\$250,000. It's not right.

Medical malpractice is about real people with real injuries. The Institute of Medicine estimates that 98,000 people die each year in the United States from preventable medical errors. Tort reform proposals, such as H.R. 5, fail to address the deaths and injuries associated with preventable medical errors every year.

Now, this, H.R. 5, is an unholy alliance between two stories: the one story which I just outlined to you and the

other story being the repeal of the 15-person Independent Payment Advisory Board, also known as IPAB, which was created under RomneyCare. Oops, I mean ObamaCare. Oops, I mean, the Affordable Care Act.

Now, while I do believe that there are some good reasons to be opposed to the IPAB and to vote to abolish it—I believe there are some good reasons for that—the rationing of medical care is not one of them. Anyone who says that this IPAB board has the power to cut the benefits paid to Medicare recipients has either not read the bill or is telling you a story.

Just for the record, I want to read 42 U.S.C. section G, 1395kkk. I'm not going to comment on the kkk right now, but that's the subsection of the subsection of 42 U.S.C. where the law that was passed, RomneyCare—I mean ObamaCare, I mean Affordable Health Care Act—is stated, the law, 42 U.S.C., and it says:

The proposal shall not include any recommendation to ration health care, raise revenues or Medicare beneficiary premiums under section 1818, 1818A, or 1839, increase Medicare beneficiary cost-sharing (including deductibles, coinsurance, and copayments), or otherwise restrict benefits or modify eligibility criteria.

That is what ObamaCare, RomneyCare—I mean the Affordable Health Care Act—provides for. That's the law. Anybody who tells you otherwise is telling you a story.

Going back to the first story, I really oppose it for the reasons that I've previously stated. This bill is another example of the Republican majority bringing a partisan bill to the House floor that has virtually no chance of becoming a law. H.R. 5 does not create any jobs or grow the economy. It's a slap in the face, also, of states' rights—something we've heard—that the other side has depended on for a long time, states' rights, the 10th Amendment.

H.R. 5, ladies and gentlemen, denies States their right to have their own tort laws. The State of Georgia, for instance, in its constitution, says that all citizens are entitled to a jury trial. The legislature imposed a \$350,000 cap on noneconomic damages in medical malpractice and other cases. The case went up to the Georgia Supreme Court, which ruled that to limit noneconomic damages deprives one of their constitutional right to a jury trial. This bill, H.R. 5, would do away with what the Georgia Supreme Court has ruled insofar as Georgia law is concerned. It's a gross overstepping of Federal legislation into the affairs of the State, and I oppose it.

I understand that there was a meeting yesterday, a specially called meeting that Majority Leader ERIC CANTOR called of the Tea Party Republican Caucus to kind of tighten some screws and twist some arms to get the caucus to go along with H.R. 5 so that no one would get embarrassed. Now, we've yet to see what will happen, but I believe that all of the Tea Party Republicans

will fall into line and vote in favor of H.R. 5, which has absolutely no chance of passing once it goes to the other body.

□ 1940

I want to thank the ranking member of the Judiciary Committee, JOHN CONYERS, for giving me this time.

Mr. SMITH of Texas. Mr. Chairman, I am pleased to yield such time as he may require to the gentleman from Georgia, Dr. GINGREY, who happens to be the sponsor of the legislation we're considering tonight, the HEALTH Act.

Mr. GINGREY of Georgia. Mr. Chairman, I thank the chairman of the Judiciary Committee for yielding to me and the opportunity to follow directly my colleague from Georgia on the other side of the aisle.

A number of things were said. I feel grateful to have the opportunity to address those.

One of the comments that the gentleman made, the gentleman is my good friend, and he would agree with that. But in regard to this emergency caucus meeting with the Tea Party Caucus on the Republican side with our majority leader, ERIC CANTOR, I am an original member of the Tea Party Caucus in the House of Representatives. If there had been any emergency-called meeting, Mr. Chairman, I can assure you that I would have been right there with MICHELE BACHMANN and STEVE KING and others, the 20 of us that were original members of the House GOP Tea Party Caucus. There was no such meeting.

Let me refute that statement, although I greatly respect my friend from Georgia, from DeKalb.

Mr. JOHNSON of Georgia. Will the gentleman yield?

Mr. GINGREY of Georgia. I will be glad to yield to my friend.

Mr. JOHNSON of Georgia. I certainly don't want to misstate what actually happened, and I think I said that it's my understanding that that meeting was held. That's the information that I received.

Mr. GINGREY of Georgia. Reclaiming my time, and he did say that. He said it was his understanding. He didn't say it was a matter of fact. I appreciate that comment.

But another thing, Mr. Chairman, that I want to address, he named names. I think the lady's name was Ms. Palmer of Marietta, Georgia. I live in Marietta, Georgia, and have for the last 36 years. I represent Marietta, Georgia, in the 11th Congressional District and have for the last 9½ years.

The description of this unfortunate soul's injuries and the things that happened to her, the broken bones, the collapsed lung, the lack of blood flow to the extremities because of an improper placement of an intravenous line, maybe instead of in a vein in an artery, that resulted in amputations of her upper extremities. When the general public hears stuff like that, Mr. Chairman, they're horrified.

To think that we on this side of the aisle with H.R. 5, the HEALTH Act, which is part of the PATH Act that we are discussing on the floor today, to suggest that a person that suffers like that could only recover \$250,000 in non-compensatory pain and suffering is absolutely untrue.

The gentleman, my friend from DeKalb, is an attorney. He knows the legal system. He's been in the courtroom. I'm not sure whether he's tried on the side of the plaintiff or the defense in regard to medical malpractice cases, but he clearly knows the difference in noneconomic pain and suffering in regard to this particular bill, and, on the other hand, recovery for severe losses, medical compensation, loss of wages, loss of extremities, what this poor soul suffered.

Let me just read, Mr. Chairman, this comment: Nothing in the HEALTH Act denies injured plaintiffs the ability to obtain adequate redress, including compensation for 100 percent of their economic loss. Essentially, anything to which a receipt can be attached. Believe me, the plaintiff's attorney will attach every receipt, including the medical costs, the cost of pain relief medication, their loss of wages, their future lost wages, rehabilitation costs, and any other economic out-of-pocket loss suffered as a result of a health care injury.

Economic damages include anything whose value can be quantified, including lost wages, home services, au pair, companion to go shopping, medical costs, rehabilitation of a home, access for someone who has an incapacity, an inability to access a normal home.

So, the gentleman, just like the gentleman from Iowa, the plaintiff's attorney that spoke on the floor earlier in regard to misleading statements, to suggest that in this legislation we would take away the ability of a person like Ms. Palmer of Marietta, Georgia, for a full and complete redress of grievances if a medical practitioner or a facility has performed below the standard of care for that local community—my colleague, the chairman of the Judiciary Committee, the distinguished chairman, gave me some statistics in regard to some of the economic losses that people have incurred and judgments that have been awarded by a jury of their peers.

Listen to this, Mr. Chairman. In August of 2010, Contra Costa County, a judgment for \$5,500,000. These are California cases, by the way, Mr. Chairman. It's California law that H.R. 5 is based on. MICRA passed back in 1975.

But these are cases in 2010. This one in February 2010, Riverside County, \$16,500,000; November, 2009, Los Angeles County, \$5 million; October, 2009, Sacramento County, \$5,750,000. I will go down to the last one, although there are several others on the list. July, 2007, Los Angeles County, an award of \$96,400,000. This, Mr. Chairman, is in 2007. MICRA was passed in 1975.

This case in 2007, this plaintiff may have been awarded \$250,000 noneconomic because there was a cap. But the cap is there not to deny them their day in court, their ability to be judged by a jury of their peers and a decision made in regard to just compensation.

There are 21 members of the House GOP Doctors Caucus. It includes 16 physicians, a psychologist, several dentists, several registered nurses. I'll guarantee you, Mr. Chairman, in every one of these cases I mentioned coming out of California, we would be sitting there fighting for those plaintiffs. Maybe even a witness for the plaintiff, for Mrs. Palmer, to say the sky is the limit, and, Mr. Plaintiff's Attorney, you tack on every economic cost that you can dream up, and we'll vote in favor of it.

But what we are opposed to, Mr. Chairman, is this opportunity for people to come in to court and clog up the court system and crowd out Mrs. Palmer and maybe many of these cases from California with frivolous lawsuits where there is no justification for the claim, where people are just hoping with a lottery mentality that some sympathetic jury will just simply say, Oh, gosh, we know there's no damage here. But after all, the doctor has \$10 million worth of insurance. It's not coming out of his pocket. Let's award the plaintiff \$6 million or \$8 million worth of noneconomic pain and suffering—if you want to call it that—in damages.

□ 1950

That's the thing that's got to stop. That's what's causing the price of health care to rise astronomically. That's why doctors are ordering all of these unnecessary tests and practicing defensive medicine. Every time a patient comes to the emergency room with a headache, even though the doctor is skilled in physical diagnosis, in taking a history, and can examine that patient and look in their eyes, making sure there is no bulge of the pupils or the optic discs, they know that patient has a tension headache. They know it's perfectly safe to send him or her home with a prescription to return in 24 hours. But, no, because of these frivolous lawsuits, they're going to order a CAT scan that costs \$1,500. You multiple that time and time and time again, that's what this is all about. That's the problem we're trying to solve.

For my friend from DeKalb—and he is my great friend—or my friend from Iowa or, indeed, the former Speaker, the minority leader, Ms. PELOSI, to come to the floor and very eloquently—and she is eloquent and speaks with a lot of passion, great ability, a great communicator—but to mislead is downright wrong.

The truth needs no adjectives, Mr. Chairman. The truth is what is in the PATH Act, H.R. 5. And I say to my colleagues: We need to pass this and do this in a bipartisan way and not worry

here about what's going to happen in the Senate. Let's do the right thing in the House of Representatives, and let's do the people's work.

Mr. CONYERS. Mr. Chairman, I yield myself 1 minute to ask my friend and distinguished medical practitioner and Member of Congress, Mr. GINGREY, is he aware that his bill, H.R. 5, eliminates joint and several liability for both economic and noneconomic damages?

I yield to the gentleman for that purpose.

Mr. GINGREY of Georgia. I thank the gentleman for yielding. This is his time, and I appreciate him yielding. It gives me an opportunity to explain in regard to joint and several liability.

Mr. Chairman, it's important for our colleagues on the House floor and anyone within shouting distance to understand what we're talking about in regard to joint and several liability.

Under current law, anyone who is named as a defendant in a medical malpractice suit is liable for whatever judgment is rendered. It matters not how much they participate in the case.

Let me give my good friend from Michigan, the ranking member of the Judiciary Committee, an example. Of course he knows this. Let's say it's an OB/GYN case and the surgeon who has done a hysterectomy on Friday is going to church on Sunday morning and asks his colleague to stop by and see the patient and to tell her that he'll be around that afternoon to check on her. The doctor says, sure, I'll be glad to.

He peeks his head in the door and Mrs. Jones said, I'm fine.

Okay. Your doctor will be around this afternoon to check on you.

Things go to heck in a hand basket. The operating physician maybe has practiced below the standard of care. But that doctor that covered, that peeked in the door, that really had nothing to do with the case, surely, as Mr. CONYERS knows, will be named in the lawsuit. And if he or she happens to have the deepest pockets under the current law, they could be liable for the entire judgment; whereas the doctor who practiced below the standard of care, who has a shallow pocket, would get off scot-free.

I yield back to my friend, and I thank you for the opportunity.

The Acting CHAIR (Mr. NUGENT). The time of the gentleman from Michigan has expired.

Mr. CONYERS. I yield myself an additional minute, and I thank Dr. GINGREY for his response.

I ask the author of this bill, H.R. 5, if the answer to my question of whether H.R. 5 eliminates joint and several liability for both economic and noneconomic damages is "yes"?

Mr. GINGREY of Georgia. The answer is "yes."

Mr. CONYERS. I thank the gentleman very much.

Mr. Chairman, I am now pleased to yield as much time as she may con-

sume to the gentlewoman from Houston, Texas, Ms. SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. Let me thank the ranking member and also the chairman of the Judiciary Committee and the leadership for giving us the opportunity to celebrate, as we debate H.R. 5, the Affordable Care Act, which is 2 years in the making.

Clearly, it speaks to where we are today. So in celebration of the Affordable Care Act, let me first of all wish it a happy anniversary.

Before I start on the Affordable Care Act, let me indicate to my good friend from Georgia and the Physicians Caucus that many of us do not take a back seat to our support for physicians. How can I help myself, coming from a community where the Texas Medical Center is fighting for a permanent doctor fix, which we've not been able to secure from this Congress, and as well, being a champion of physician-owned hospitals. Because I do believe that physicians have a high level, an acuteness of their concern for their patient. Maybe it is also because in the last decade I've had to tend to ailing parents, both of whom I lost, and have seen doctors up close and personal dealing with one of the most difficult times in any child's life.

This is not about a fight of one side or another regarding doctors, and my constituents have been kind enough to give me time here to have gone through these debates over and over again. Let me just say very quickly: I am glad the Affordable Care Act is in place, because what we're celebrating today, as we talk about H.R. 5, is that women will not be dropped from insurance when they get sick or pregnant; insurance companies will not require women to obtain preauthorization for referral for access to an OB/GYN; millions of older women with chronic conditions will not be banned from care; 279,000 constituents in the 18th Congressional District will have improved employee health care; 187,000 uninsured in the 18th Congressional District will now have access to health care; and my hospitals, my public hospitals, my Texas Children's Hospital, St. Luke's, Methodist, Ben Taub, M.D. Anderson will be able to secure compensation in uncompensated care. I celebrate the Affordable Care Act.

But today we're discussing legislation that has already received a veto notice from the President, but we're here on the floor of the House discussing H.R. 5 and ignoring the fact that the Affordable Care Act has already confirmed health care is vital to America, and we in the Congress must protect it.

By the way, the Affordable Care Act is a preserver of Medicare and strengthens Medicare.

□ 2000

But let me tell you what we are facing with this legislation that is anchored with the component dealing with medical malpractice. We have

seen documentation across States that, in fact, medical malpractice is an insurance issue. And even when there is an attempt to, in essence, dumb down the recovery, we have seen that the insurance companies do not, in essence, reward the physicians. Insurance premiums are still high, high, high, high, high. How do I know? You can go to the State of Texas and ask physicians are their insurance premiums such that they're celebrating today. Yes, there were some measured declines, but they are paying high insurance premiums.

Now, in the findings of H.R. 5, our friends cite the Commerce Clause and indicate that Congress has a right to write this bill on health care because of the Commerce Clause. As I understand it, many are pursuing the challenge of the Affordable Care Act, suggesting we had no authority. But in their own bill, the findings cite interstate commerce as the basis of writing this bill. But there are some friends over there that just caught it, and one of the amendments from another gentleman from Georgia strikes the findings. This is a case of "have your cake and eat it too" because they know that tort law has, for a long time, been the prerogative of States.

So to cite President Reagan when he gave this seminal talk on tort law in 1986, his words:

So over the years, tort law has helped us drive the negligent out of the marketplace. This, in turn, has permitted legitimate economic innovation to take its course and raise living standards throughout the Nation.

So the President agrees that tort law drives the negligent out of the arena. He then goes on to say, as he put together this task force:

To be sure, much tort law would remain to be reformed by the 50 States, not the Federal Government. And in our Federal system of government, this is only right.

So my friends cannot deny that H.R. 5 implodes State law. It takes away the authority of States. And removing it by some late amendment is not going to make it right. You are going to violate the rights of Colorado, Florida, Illinois, Maryland, Michigan, Texas, and West Virginia that have enacted their own medical malpractice damage caps. You are going to implode the rights of Connecticut, Iowa, New York, Oregon, and Tennessee that have expressly chosen not to limit. And in this bill, if you have not limited it, then you are capped. In this bill, you rid the rights of those States that have not capped, and the flexibility only comes if you have capped and it is higher than what we have, and you obliterate constitutional State law that has its own caps.

So this is not as black-and-white as my good friends would like to make it. We are riding in on the high horse, and we are not?

For example, in my State of Texas, on May 29, 2010, Connie Spears went to a hospital reporting excruciating leg pain. This was all too familiar due to her previous blood clots. The emer-

gency room doctor ran tests and discharged her with a bilateral leg pain. But what really happened is that she had blood clots around a vein filter. She got kidney failure. She went unconscious. To save her life, two legs were amputated. There was definitive negligence. And it is important to note that she sits today with no legs.

What we are suggesting is that we are now intruding into State law, that this individual now, under Federal law, loses noneconomic damages for pain and suffering and the extent of the negligence that was promoted and, as well, faces a Federal hard hat to prevent her from having relief. Now, this is in the State of Texas, and we have tort law reform that many oppose, but it is a State decision.

I offered an amendment that would have carved out an exemption for health care lawsuits for serious and irreversible injury, supported by two of my colleagues, Congressman HANK JOHNSON and Mr. QUIGLEY. It exempted victims of malpractice that resulted in irreversible injury, including loss of limbs and loss of reproductive ability, from the \$250,000 cap. This was not accepted.

What we say today is people like Connie Spears, children, seniors who are limited in their noneconomic damages, now have no basis for punishing those who were blatant in their negligence, no way of dealing in a punitive manner to prevent these kinds of acts from happening and recognizing the loss of limbs of someone who may have been unemployed.

My friends cannot have it both ways, that is, challenging the Affordable Care Act because they say that interstate commerce does not allow us to do good, but yet coming back in their findings to suggest they have the upper hand.

Well, I'm going to join my friend on the other side of the aisle, Mr. JOHNSON, on states' rights. Today, on H.R. 5, you literally quash and extinguish states' rights; and in the course of doing so, you quash the rights of injured patients, for those that Ronald Reagan said to get negligence out of the marketplace, out of the way of those who need care so that the good can rise up.

So I would make the argument that we're now debating in a conflicted manner. I don't know what the positions of Republicans are. They want to get rid of the Affordable Care Act, which was premised on interstate commerce, the authority of Congress. They come right back at our 2-year anniversary, celebrating people who are living because of the Affordable Care Act, and now want to place their hat on doing this on interstate commerce. I want to know where all the states' rights advocates are and why you are abolishing and eliminating constitutional State law, why you are eliminating statutory law where individual States have expressed their will.

I believe this bill, along with the component that wants to dash the Af-

fordable Care Act, is a bill destined for the President's veto. But more importantly, let me try to understand how we can have our good friends on the other side of the aisle have their cake and eat it too.

I'm celebrating with the celebratory cake of the Affordable Care Act. I don't mind celebrating this Congress' right to help save lives.

How do you put a bill on the floor of the House where you have argued that there is no right for us to be involved in health care, and now you want to dash the rights of those who have been injured through interstate commerce and the Congress of the United States of America? Frankly, the complexity of your argument is such that it makes no sense; and, frankly, I hope that my colleagues will join me and applaud the Affordable Care Act, celebrate the expanded life that we have provided, and also recognize that those individuals who seek remedy in the marketplace, who have been injured by negligence and acts that have been dastardly, are compensated in a fair and just manner. That is all we ask under the Constitution: due process and the rights of all Americans.

Mr. SMITH of Texas. Mr. Chairman, I yield 2 minutes to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY of Georgia. Mr. Chairman, I appreciate Chairman SMITH yielding to me. And, of course, with great hesitation do I rise, because the gentlewoman who just spoke was recently rated one of the most eloquent, if not the most eloquent, Members of this body.

But even though she is eloquent, with all due respect, I think she is wrong. And with regard to the issue of the Commerce Clause and the issue of the Affordable Care Act, PPACA, and as is sometimes referred to, and not really pejoratively—if successful, it will be his legacy—ObamaCare.

□ 2010

This bill, Mr. Chairman, was created by forcing individuals to engage in commerce; that is, to purchase health insurance, under the penalty or a tax—I'm not sure from day to day how they're going to describe it, but without question that's not constitutional. And I expect maybe it will be a 5-4 decision in June of the Supreme Court, but maybe 9-0, because that is clearly unconstitutional. It is not applicable under the Commerce Clause to force people to engage in commerce. The Constitution says to regulate interstate commerce.

Of course, that is very much applicable in H.R. 5, in the Medical Liability Reform Act. Because when you have a situation in health care where there is no provision for certain medical specialties in a high-risk area like neurosurgery, obstetrics and gynecology, cardiovascular surgery, where babies have to be delivered beside the road.

The Acting CHAIR. The time of the gentleman has expired.

Mr. SMITH of Texas. I yield the gentleman 2 additional minutes.

Mr. GINGREY of Georgia. I thank the gentleman for yielding.

But clearly the gentlelady from Texas—and I think she knows this. Texas has enacted tort reform. They have caps that are different in fact than originally existed in California 35 years ago. The result in Texas, if all of my colleagues from Texas on this side of the aisle are truthful with me, is that the problem in Texas has stabilized. Physicians are coming back to Texas. There's no shortage of specialists because of the law that was passed in Texas.

And I want to point out to the gentlewoman, too, that in this bill there is a provision called flexi-caps that basically says whatever a State does pre-empts Federal law in regard to caps on noneconomic, as well as contingency fees for plaintiffs' attorneys, or any other provision of the law. State law prevails if they address that either before this bill is passed or after the bill is passed.

Ms. JACKSON LEE of Texas. Will the gentleman yield?

Mr. GINGREY. The gentlelady is eloquent but she's wrong on this issue, and I will yield to her.

Ms. JACKSON LEE of Texas. Dr. GINGREY, thank you for your kindness and your kind words. I would say that rather than being wrong, we disagree.

But what I would say is, if you do not have a cap, then this bill will supersede the laws in States that say they have no caps. And the only thing I would conclude on is that your bill is premised, even though you're citing the individual mandate—and we can quarrel about that as to whether or not it is a forced-upon mandate or whether there are options of that individual having employer-based insurance, et cetera—but it is premised on interstate commerce. And therefore you have an amendment being offered by one of your members to strike that.

The Acting CHAIR. The time of the gentleman has expired.

Mr. CONYERS. Mr. Chair, I yield the gentlelady 1 additional minute.

Ms. JACKSON LEE of Texas. I thank the gentleman.

The premise of this bill is interstate commerce, which in the initial arguments being made by my friends on the other side of the aisle, they argued vigorously that we couldn't even do health care under this premise, even though we have Medicare. The premise you have in this bill is under interstate commerce. But you have an amendment that is seeking to strike your findings because you were caught with a conflict between dealing with this question congressionally, which we're saying is legitimate from the perspective of the Affordable Care Act—you're trying to use it now—but you realize that there are Members who are now arguing the question of states' rights.

We have existing State law on tort reform—hundreds of years of tort re-

form—and you're trying to abolish it, and with this added legislation on medical malpractice you're now trying to supersede existing State law.

The Acting CHAIR. The time of the gentlewoman has expired.

Mr. CONYERS. I yield the gentlelady 1 additional minute.

Ms. JACKSON LEE of Texas. Where the amounts of moneys are not capped, where there are no caps, this bill places the \$250,000 in. If there are no caps. That is an overriding of State law. No matter how you cut it, it's an overriding of State law enforcement. And you can't have your cake and eat it, too. I'm willing to celebrate the Affordable Care Act and eat the cake because it saves lives. But what you're doing here now is not. You're overriding State laws. Many States.

Mr. SMITH of Texas. Mr. Chairman, I yield 4 minutes to the gentleman from Arizona (Mr. QUAYLE), who is an active member of the Judiciary Committee.

Mr. QUAYLE. I thank the gentleman for yielding and for his work on this important piece of legislation.

Mr. Chairman, I rise in support of H.R. 5, the PATH Act, because our country is in urgent need of medical malpractice reform. Currently, we have a jackpot justice system that is not based in reality, and it's badly damaging our country's health care system. Profiteering attorneys know this. And that's why the number of malpractice suits has been precipitously rising year after year.

Back in the 1960s, one out of seven physicians would have had a malpractice claim over their entire lifetime. Today, it's one in seven physicians are sued each year. That is an astronomical jump in the number of claims that are being put on doctors. And the doctors are now being forced out of the profession even when they haven't done anything wrong. The practice of defensive medicine is harming the quality of care and pushing up costs. The enormous expense of ensuring a doctor against liability is making health care inflation much worse, not to mention the fact that the current system is damaging the doctor-patient relationship. It damages it in a way because every doctor has to see every interaction with the patient as a potential lawsuit. That is not what the doctor-patient relationship should be built on. It should be built on mutual respect and trust. And until we have something that actually addresses the medical malpractice problems that we have and we get the reforms that are much needed, that actual relationship is never going to improve.

So I urge the House to pass the PATH Act because it will do two vital things to get health care costs under control: First, it would eliminate ObamaCare's Independent Payment Advisory Board and thereby keep a board of unelected, unaccountable bureaucrats from restricting senior access to health care. It also brings medical malpractice lawsuits under control by capping non-

economic damages and limiting attorneys' fees so more money will actually go to the victims rather than overzealous trial lawyers.

These reforms will save taxpayers over \$40 billion over the next decade. Everyone knows that we need to do something about rising health care costs, and this bill and taking care of the medical malpractice problems that we have will go a long way in getting those costs under control. This bill will give every Member of this House the opportunity to be part of the solution.

I urge my colleagues to vote "yes" on H.R. 5.

Mr. CONYERS. I yield such time as she may consume to a senior member of the Judiciary Committee, MAXINE WATERS of California.

Ms. WATERS. Thank you very much, Mr. CONYERS, former chair of the Judiciary Committee, ranking member, and a gentleman who has provided superb leadership in opposition to H.R. 5.

Mr. Chairman, I rise in strong opposition to H.R. 5, poorly titled Protecting Access to Healthcare, the so-called PATH Act, an unconstitutional, Big Government bill that violates the 10th Amendment and states' rights.

□ 2020

At the very start of the 112th Congress, my colleagues on the opposite side of the aisle declared that all business conducted in the House would be consistent with the Constitution. Yet if you read the constitutional authority statement attached to H.R. 5, the Republican sponsors seem to believe that the Commerce Clause magically creates a path for Congress to mandate nationwide caps on punitive damages in all medical malpractice lawsuits. The Republicans are telling all Americans, no matter how severe the injury or egregious the mistake by the doctor, hospital or drug manufacturer, that their losses are going to be capped at \$250,000.

And with all due respect to the gentleman from Georgia, Representative GINGREY, who introduced H.R. 5, even his own State supreme court has found caps on punitive damages to be unconstitutional. In 2010, the Georgia supreme court unanimously struck down limits on jury awards in medical malpractice cases. The Georgia court determined that a \$350,000 cap on noneconomic damages violates the right to a jury trial as guaranteed under the Georgia Constitution.

Section 110(a) of H.R. 5 would impose an even lower cap on damages in Georgia, effectively overturning the court's decision by an act of Congress. The section reads:

The provisions governing health care lawsuits set forth in this Act preempt, subject to subsections (b) and (c), State law to the extent that State law prevents the application of any provisions of law established by or under this Act.

In addition to Georgia, other States like Arizona, Pennsylvania, Wyoming

and Kentucky whose State constitutions specifically prohibit damage limitations will have their constitutions overruled by Congress.

For Members who have for years now questioned the constitutionality of the Affordable Care Act, you need but take a look at H.R. 5. H.R. 5 goes far beyond anything passed by the Democratic majority. If you don't believe me, just listen to Tea Party Nation founder Judson Phillips. In slamming H.R. 5 he wrote:

Whether you think tort reform is a good idea or not, it is an issue that belongs to the States, not to the Federal Government. Tort law has always been governed by the States.

Now, I didn't say that, Mr. CONYERS didn't say that, and Ms. JACKSON LEE didn't say that. None of those who have been over here this evening opposing H.R. 5 and laying out the facts and the consequences of H.R. 5 said this. Let me repeat. I am quoting Tea Party Nation founder Judson Phillips:

Whether you think tort reform is a good idea or not, it is an issue that belongs to the States, not to the Federal Government. Tort law has always been governed by the States.

Even some of my Republican colleagues on the Judiciary Committee have expressed concerns. Congressman POE, Republican from Texas said:

I believe that each individual State should allow the people of that State to decide—not the Federal Government. If the people of a particular State don't want liability caps, that's their prerogative under the 10th Amendment.

Well, let's listen to what Congressman LOUIE GOHMERT, Republican of Texas, said:

The right of the States for self-determination is enshrined in the 10th Amendment. I am reticent to support Congress imposing its will on the States by dictating new State law in their own State courts.

To my conservative colleagues in this Chamber, don't be tricked. Don't be fooled. H.R. 5, simply and clearly put, violates states' rights. Reject this unconstitutional piece of legislation, protect States' constitutional rights to set tort law and just vote "no" on H.R. 5.

Now, let me just wrap this up by saying that the gentleman from Georgia referred over and over again, constantly, this evening about frivolous Californians. And he talked about these juries who didn't take into consideration the facts on these negligence cases, but rather looked at the insurance and said, oh, just give them whatever, they didn't care. Well, I came to defend California and to tell you the difference between what happened in tort reform in California and what you have been told by the gentleman from Georgia.

Supporters of H.R. 5 claim that it is the same as MICRA, a medical malpractice liability law passed in California in 1975. H.R. 5 is far different from MICRA, except that neither law delivered on lower insurance premiums. The differences are clear:

H.R. 5 applies damage caps in all "health care lawsuits," including cases

against drug companies, nursing homes, insurance companies and HMOs. MICRA only applies to malpractice cases against a doctor or a hospital.

Punitive damages are reserved for only the most egregious medical malpractice; they are meant to deter future dangerous conduct. H.R. 5 limits punitive damages. MICRA does not cap punitive damages.

H.R. 5 gives total immunity from punitive damages to drug and device manufacturers if their products have been approved by the FDA or are "generally recognized as safe and effective." MICRA does not provide this kind of sweeping immunity for the drug industry.

H.R. 5 caps noneconomic damages at \$250,000 in the aggregate, no matter how many parties have been damaged by medical malpractice, even when an injury results in loss of a marital relationship. California law recognizes a separate claim for loss of consortium—claims brought by the spouse of an injured patient. MICRA does not limit these claims.

Joint and several liability, which my leader asked you about, Mr. GINGREY, enables an individual to bring one claim against any of the parties involved in a medical malpractice injury and ensures that injured victims are fully compensated. H.R. 5 completely eliminates joint liability for both economic and noneconomic losses. California law only limits joint liability for noneconomic damages.

H.R. 5 and MICRA are alike in one main respect—by themselves, neither law can deliver on lower medical malpractice insurance premiums.

H.R. 5 includes unprecedented legal protections for the insurance industry, but no guarantee that any future savings will be passed onto doctors or patients.

Following the passage of MICRA, insurance premiums for doctors increased in California by 450 percent over the next 13 years. Premiums only decreased after California enacted Proposition 103, a ballot initiative that mandated a 20 percent rollback in premium rates. I was in the California legislature when that happened.

H.R. 5 does not guarantee lower premium rates for doctors. In fact, the bill only mentions insurance companies when giving them protection from liability.

So, again, I say, don't be fooled, don't be tricked. I don't really mean to imply, Mr. GINGREY, that you are trying to fool or trick anybody, but you're simply wrong. We have given our opposition in more ways than one this evening to H.R. 5. But since you alluded to or talked about or pointed directly to California and all of these people who simply have frivolous lawsuits and these poor juries who sit and don't take into consideration the facts and simply look at how much insurance is available and just award these tremendous amounts, I had to add to

my testimony this evening a defense and an explanation and show the difference between MICRA and H.R. 5.

I think I have done that, and I think I have done that with the facts that exist. I am very pleased that I have been able to join with my colleagues this evening to not only reveal what H.R. 5 is and is not, but I think we have made the case. I think that we have put the facts forward in such a way that we're going to win on this issue. I ask you to oppose H.R. 5.

Mr. SMITH of Texas. Mr. Chairman, I yield such time as he may consume to the gentleman from Georgia, Dr. GINGREY.

□ 2030

Mr. GINGREY of Georgia. Mr. Chairman, I thank Chairman SMITH for yielding to me.

As good a communicator as the gentlewoman from California is, I would be quick to state that she is not the Great Communicator. The Great Communicator, of course, was President Ronald Reagan.

The gentlewoman from California talked about comments that were made on my side of the aisle, members of the Judiciary Committee, and named a couple of Members on my side of the aisle that were concerned about federalism and the 10th Amendment and states' rights. I just want to remind her that, at least from our perspective—and the gentlewoman may not agree with this at all—but from our perspective on this side of the aisle, the Great Communicator was President Ronald Reagan.

In a speech in 1986 to the U.S. Chamber of Commerce, after a commission had reported to him on this issue of medical liability reform and the need for same, the President very clearly outlined almost the identical provisions that are part of MICRA, the Medical Injury Compensation Reform Act, that was passed in his State that he governed for 8 years, the great State of California. So, again, the gentlewoman makes her points well; but, quite honestly, I think there's a bit of embellishment on their side of the aisle.

Who do you trust? The gentleman from Arizona (Mr. QUAYLE) just spoke moments ago, Mr. Chairman, about who do we trust. Well, right above you, as you sit there, first of all, "In God We Trust." In mom and dad we trust. In Dr. Bailey, Augusta, Georgia, we trust. In uncle we trust, but that's way down the line, way down the line.

I think our colleagues on the other side of the aisle think that Big Government should control everything, that they should make the decisions. That's where ObamaCare came from. To do it, they had to proffer a 2,800-page bill that is clearly unconstitutional.

H.R. 5 is not unconstitutional. You look at article I, section 8, clause 3, the Commerce Clause, and clearly it's constitutional. Requiring someone, forcing someone to engage in commerce, indeed, to purchase health insurance

under the penalty of a tax is unconstitutional, and that will be determined by the Supreme Court.

Mr. CONYERS. Mr. Chairman, we have no further requests for time. With the agreement of the chairman of the committee, I would like to close at this point.

Mr. SMITH of Texas. Mr. Chairman, we have no other speakers as well, and I am prepared to close on this side.

The Acting CHAIR. The Chair recognizes the gentleman from Michigan.

Mr. CONYERS. I'd like to thank all of the Members on both sides of the aisle that have participated in this important debate. There has been a lot of clarity, even though there has been a great difference in opinion.

I return the balance of my time with this thought in mind, that even though the author of this bill is a well-regarded medical practitioner and a distinguished Member of the body, he is a doctor, but he is not a lawyer.

I commend him on the fact that he agreed with the statement that to me determines a lot of people's point of view about this very controversial bill that is now before the floor, H.R. 5. That is, he agreed and answered in the affirmative that H.R. 5 eliminates joint and several liability for economic, noneconomic, and punitive damages. To me, with all the cases that have been of human suffering, of injury to women and children, of how wrong it would be to limit all of these kinds of damages to \$250,000 in this 21st century is an insult to common sense and fair play.

Mr. GINGREY of Georgia. Will the ranking member yield?

Mr. CONYERS. I will yield to the gentleman.

Mr. GINGREY of Georgia. I appreciate very much you yielding to me for that, because clarification needs to be made.

You're suggesting that what I said was there would be a limitation of \$250,000 because of the elimination of joint and several liability. That's not true at all. Whatever the judgment is, the \$250,000 in noneconomic, the \$10 million in economic, would be apportioned to the defendants in proportion to their liability. That's what the elimination of joint and several liability means, eliminating this deep-pocket mentality of plaintiff's attorneys.

Mr. CONYERS. Well, through the Chairman, I accept the comments of the gentleman from Georgia. I assume that his response to my question earlier is still "yes." If that is the case, then all I can say is that I think there are very few people in the Federal legislature or among our citizenry who would say that there should not be an unlimited amount of recovery. The gentleman must have some feeling for the fact that \$250,000 for the rest of the person's life, if they lose arms or legs, eyes, it's just unacceptable. I won't say that it's immoral, but it's unfair.

It's my hope that most of our colleagues, as we continue this debate tomorrow, will realize that that is the

fatal flaw in a bill that may have some justification in other parts of it, but that limitation of damages cannot be rationalized nor justified by the collective body of this legislature. For that reason, sir, I am urging all of our colleagues to consider this one point that I make tonight, as I close, as to be controlling in their decision that they will make as we vote tomorrow on this bill.

I thank all of the Members that have joined in this debate this evening.

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

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

Mr. Chairman, I just want to reemphasize again that, under this bill, awards are possible that far exceed the \$250,000 cap in noneconomic damages. That's because under the economic damages provision, there is simply no cap. As a result of that, States like California and Texas, which have adopted reforms very similar to the reforms in this particular piece of legislation, there have been numerous awards of multimillion dollars awarded to individuals who have been injured.

□ 2040

So even though we had that \$250,000 noneconomic cap, that is not an absolute cap on the awards that have been made.

A minute ago, Dr. GINGREY mentioned that in California, for example, several years ago, I believe it was 2007, there was a \$96 million award. And in the last year for which we have records, in 2010, there were awards, I think, for over \$6 million, over \$10 million, over \$14 million. So an individual is able to be reimbursed for the costs and the injuries that that individual may have incurred.

Mr. Chairman, I also want to say that America's medical liability system increases the cost of health care and decreases access to care as doctors abandon their practices and avoid high-risk specialties out of fear of being sued. Medical liability reform, this bill tonight will solve this problem.

According to the Journal of the American College of Surgeons, 5 years after tort reform legislation passed in my home State of Texas, the number of physicians in the State increased by 24 percent. That is twice the rate of growth in population over the same period of time. Other States have seen similar results.

But most States have not enacted meaningful reforms and, as a result, frivolous lawsuits have created a medical liability crisis. This crisis has forced women to drive great distances to deliver their babies because their local hospital doesn't have an OB-GYN.

It has resulted in those who need complicated procedures being placed on waiting lists for months because the only available specialist has too many patients who seek care, and it has caused accident victims to lose their lives because their local emergency room no longer has a trauma center.

America's broken medical liability system has caused patients to lose access to high-quality health services.

The liability reforms contained in the HEALTH Act will do these things: lead to a significant savings in health care expenses, reduce the practice of defensive medicine, halt the departure of doctors from high-litigation States and medical specialties, improve access to health care, and increase the affordability of health insurance. Also, according to the Congressional Budget Office, this legislation will reduce the Federal deficit by more than \$45 billion over the next 10 years. This is a significant savings in a time of escalating deficits and debt.

We've seen the positive effects that similar medical liability reforms have had at the State level. Reforms in States like California and Texas have enhanced patient care, reduced doctor shortages, and decreased cost. It's time for Congress to enact these reforms for the benefit of all Americans.

Mr. Chairman, before I yield back the balance of my time, I'd like to thank the gentleman from Georgia, Dr. GINGREY, who has spoken so well so many times tonight, for introducing this piece of legislation that is going to help so many people across America.

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

Ms. SCHWARTZ. Mr. Chair, I rise in opposition to the bill before us.

H.R. 452, the Medicare Decisions Accountability Act, had clear bipartisan support.

As a co-sponsor, I am deeply disappointed by Republicans' decision to link this legislation to an unrelated and partisan issue. This rule ensured that repealing IPAB would not be given serious consideration in the House.

My support for IPAB repeal reflects my confidence in and commitment to Medicare payment and delivery system reforms in the Affordable Care Act that will improve quality, increase efficiency and care coordination, and not only save lives but reduce costs.

IPAB is not a "death panel" or a "rationing board." IPAB is simply the wrong approach to the right goal.

Abdicating responsibility for legislating sound health care policy, whether to an unelected commission or private insurers, undermines our ability to represent the needs of our constituents.

Republicans have once again demonstrated that political showmanship trumps legitimate concerns expressed by seniors and the medical community.

Linking IPAB repeal to tort reform—an unrelated, divisive, and polarizing issue—has brought what was once a bipartisan effort to a screeching halt.

I urge my colleagues to vote against this partisan stunt and put our Nation's seniors first.

Mr. FITZPATRICK. Mr. Chair, over the course of the last 2 years since the President signed the so called Affordable Care Act into law, bipartisan opposition to many portions of this legislation has steadily grown in this Chamber.

I have called for a full repeal of the law, however, it is vital that the most damaging sections be repealed here and now. One of

the most clearly flawed aspects of the Affordable Care Act is the creation of the Independent Payment Advisory Board.

As the House puts forward ideas to protect and save Medicare, the Administration has decided it can better serve seniors by cutting Medicare by more than \$575 billion to create a panel of unelected, unaccountable Washington bureaucrats tasked with cutting Medicare even further.

More than 230 of my colleagues in the House and over 380 groups representing doctors, patients and employers have joined us in opposition to the IPAB. I urge the Senate and President to stand with us against this overreach of government power and pass the Protecting Access to Healthcare Act.

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

Mr. SMITH of Texas. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. GRIFFITH of Virginia) having assumed the chair, Mr. NUGENT, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, had come to no resolution thereon.

THE AFFORDABLE CARE ACT: KEEPING SENIORS HEALTHY AND REDUCING HEALTH CARE COSTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from New Jersey (Mr. PALLONE) is recognized for 38 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I don't plan to use the entire time, but I come to the floor this evening basically to talk about the Affordable Care Act. Some call it the health care reform.

This Friday will be the second anniversary of the President's signing of the Affordable Care Act, or health care reform, and I'd like to talk a little bit about how it's helping so many people with patient protections and added benefits, whether you're talking about seniors or young people or women or just the general public.

The main thing that is heralded, if you will, by the Affordable Care Act is the opportunity over the next few years to expand health insurance to so many Americans who do not have health insurance now. We estimate there are variously between 40, maybe 45 million Americans that simply have no health insurance; and what that means is they either don't go to a doctor or they don't get any kind of health care unless they get very sick and end up going to the emergency room. The consequences of that is that they take no preventative care. They end up in the emergency room. Oftentimes, they

can't afford to pay the cost of the emergency room, and that cost simply gets passed on to the hospital or, ultimately, to everyone else who is paying for health insurance.

So basically, what the Affordable Care Act does over the next few years is try to expand insurance coverage to something like 98, 99 percent of all Americans, taking up those 45 million people and, for the most part, making sure that they have health insurance. It does that in two basic ways:

First of all, it expands Medicaid, which is the health insurance program for people below a certain income. About 15 million Americans who have no health insurance now would be eligible for Medicaid under the Affordable Care Act over the next few years when it kicks in.

In addition to that, for the rest of the Americans who have no health insurance, most of them are people that either don't get it on their job, they're not eligible, or they're not offered health insurance by their employer, or they may be individuals who are employed on their own or at home or not employed in some capacity. They have a very hard time buying a health insurance policy on what we call the individual market. So what the Affordable Care Act does, it sets up exchanges in every State, or throughout the country, where you can get a very good package for a reasonable price, a very low-cost price, and, at the same time, it provides a subsidy through tax credits to many Americans, depending upon their income.

We estimate for a family of four making up to \$70,000 or \$80,000 a year would be eligible for some sort of subsidy or tax credit that would make their health insurance policy more affordable. So essentially, what we do is, between expansion of Medicaid and the subsidies, if you will, and the low-cost insurances offered now on these exchanges around the country, most people would end up with health insurance.

Now, what I wanted to talk about today are some of the benefits, if you will, that have already kicked in for various groups of people, particularly seniors. I wanted to start with seniors because many seniors, as you know, because they're on a fixed income, have a hard time making ends meet. Oftentimes, they can't afford their rent, they can't afford food, and for them to take extra money out of pocket to pay for health care costs is oftentimes very difficult, and they have to make choices between heat or food as opposed to health care.

One of the things that I really want to stress today, because I listened in the last few nights, because of the anniversary of the Affordable Care Act coming up on Friday, I've heard some of my colleagues on the Republican side of the aisle actually suggest that somehow the Affordable Care Act was going to negatively impact Medicare. Nothing could be further from the

truth. In fact, the Affordable Care Act expands benefits for seniors under Medicare in many significant ways.

But it's particularly interesting that I hear that from the other side of the aisle, from the Republican side of the aisle this week because, on Tuesday, the Republicans unveiled their budget for the next fiscal year.

□ 2050

Once again as they did last year in last year's budget, the Republican budget this year essentially gets rid of Medicare, or what I would say ends traditional Medicare. So it's kind of strange to hear the Republicans talk about Medicare and the Affordable Care Act since the Affordable Care Act actually expands benefits for seniors under Medicare, whereas they unveiled their budget this week that actually abolishes, for all practical purposes, Medicare as we know it.

What the Republican budget does, once again, is say to seniors, Well, we're going to give you a voucher. We're going to give you a certain amount of money through a voucher, if you will, and you can take that and go out and buy private insurance instead of getting the guaranteed benefit under Medicare that seniors now have.

The problem with a voucher is that it's a fixed amount of money, and it's not all clear that seniors can buy health insurance with a voucher. But even if they could, because it's a fixed amount of money and it doesn't increase significantly over the years, what you'll find with that voucher is that more and more seniors would have to pay out of pocket either to purchase the insurance because the voucher is not enough or because they probably can't get a decent package equivalent to the Medicare guarantee, and therefore would have to pay out of pocket for certain costs that are not covered by the health care plan that they purchased with the voucher.

So it's sort of ironic to hear the Republicans talk about the Affordable Care Act and suggest that the Affordable Care Act should be repealed because of its impact on Medicare when in fact they're doing their best under the budget to basically end Medicare as we know it.

Let me talk a little bit about some of the benefits.

I want to talk about how the Affordable Care Act helps seniors, and then a little bit about how it helps women, and then a little bit about how it helps young people.

Of course, it helps everybody by simply expanding health care coverage for those who don't have health insurance.

But the benefits, in particular, I want to talk about and start with seniors.

I mentioned before that no group has been hit harder by soaring health care costs than seniors. With the economy struggling over the last several years, seniors have suffered even more as they've watched many of their pensions and investments dwindle, making

the cost of addressing their health care needs even more challenging.

Now, as a result of the Affordable Care Act, some of the financial burdens plaguing seniors trying to manage their health care needs have been alleviated.

For example, all Medicare beneficiaries now have access to preventative care and services without any copay, coinsurance, or deductible. Many times you will find that seniors won't even access health care because of the copay, which is about 20 percent in most cases.

So now services like annual wellness visits, cholesterol and other cardiovascular screenings, mammograms, cervical cancer screenings, prostate cancer screenings are completely free of charge to seniors. No copay. The fact of the matter is that the Affordable Care Act expands benefits for seniors, makes it so seniors pay less.

More than 32.5 million seniors nationwide have received one or more free preventative services, and 2.3 million seniors have already received a free annual wellness visit to their doctor, which again is a critical step in preventing a more serious illness because if the senior citizen goes for the annual checkup or has some of these preventative services free of charge, then that avoids them having to get sicker, ending up in a nursing home or ending up in a hospital.

The most important thing, though, in terms of expansion of benefits under the Affordable Care Act for seniors is the closing of the Medicare part D doughnut hole.

Seniors before the Affordable Care Act would run out of their part D benefits on the average by September of the year. In other words, if they spent more than \$2,500 approximately on drugs, they wouldn't get any help under Medicare part D until they got to a higher catastrophic level of \$5,000. So that was the doughnut hole, that gap when they weren't getting any money to help pay for their prescription drugs.

What the Affordable Care Act does is it closes the Medicare part D doughnut hole and provides a 50 percent discount on brand name drugs. 3.6 million seniors have already received the discount, saving a total of \$2.1 billion, with each senior saving an average of \$604.

Now, by 2020 that doughnut hole is closed completely. Now it's a 50 percent discount, but gradually that will close by 2020 when all their drugs are covered and the doughnut hole ceases to exist.

I also want to stress that the Affordable Care Act has cracked down on fraud in Medicare. In fiscal year 2011, a joint anti-Medicare fraud task force of the Health and Human Services Department, Department of Justice, recovered more than \$4.1 billion in fraudulent Medicare payments on behalf of taxpayers.

A lot of times, my senior citizens will say to me well, there's a lot of fraud in

Medicare. There is. But the Affordable Care Act has significantly cracked down on a lot of that fraud, \$4.1 billion in fiscal year 2011.

Now, I mention this again by way of contrast. Here we are in the Affordable Care Act expanding benefits, making it so seniors don't have to pay more, and what are the Republicans doing with their budget? They have a budget that basically says we'll give you a voucher. You go out and buy your health insurance. If you can't afford it, you have to pay the difference. The basic guarantee of Medicare and a good benefit package simply won't be there, and seniors will just end up paying more out of pocket.

Now, I wanted to talk a little bit about how the Affordable Care Act levels the field for women's health care because we know that traditionally in health care there has been a huge gender gap.

A report issued this week from the National Women's Law Center shows that more than 90 percent of the best selling health plans still charge women more than men for the same coverage just because women use more health services. The health care law, the Affordable Care Act, will prohibit this discriminatory practice, which we call gender rating, beginning in 2014. So that when the Affordable Care Act fully kicks in, this gender gap will simply disappear.

Now, you might say to yourself, well, how is that possible? It's mainly because insurers have considered millions of women as having what we call pre-existing conditions. In other words, they were denied coverage or they were charged more for having had breast cancers, Cesarean-section childbirth, having even been pregnant. Some policies would charge women more because they were pregnant or consider that a preexisting condition. Or for being victims of domestic abuse, for example.

So denying women insurance on these grounds is unconscionable, and thanks to the Affordable Care Act, beginning in 2014, women will no longer be denied coverage by any insurers based on these preexisting conditions, and they can't be charged more because of the preexisting conditions.

Now, we've seen again by contrast, what have the Republicans been doing? They say repeal the Affordable Care Act, which would let these preexisting conditions and this gender gap continue. But beyond that, over the last year or so, we've seen the Republicans essentially declare war on women, and I just want to give you an example.

One of the ones that has received the most attention lately are these attempts by the Republicans to block access to contraception. I don't know how far they're going to go in terms of denying women coverage, but that's one of the things that we've seen in the headlines for the last few months or so.

Let me give you some other examples under the Affordable Care Act. Insurance companies are now prohibited from requiring women to obtain a pre-

authorization or referral for access to OB-GYN care. Health care reform also requires insurance plans to cover important preventative services, including critical immunizations, numerous health screenings, and counseling services, with no cash cost-sharing by women.

Women in new private plans under the Affordable Care Act, they provide free coverage of important lifesaving preventative services.

But the other thing that would often happen is that many health insurance plans have what they call lifetime dollar limits on health benefits so that if a woman—this would be true for anyone if they have that lifetime dollar limit in it—but oftentimes it was applied to women in particular; that if you spent a certain amount of money on your health care over your lifetime, that was it. You didn't get any more coverage under your plan. So that is also prohibited under the Affordable Care Act.

Now, I just mentioned those few things that apply to women because there really continues to exist a gender gap but that will be closed and eliminated under the Affordable Care Act when it completely kicks in.

Now, the last group I wanted to mention just because I always felt that many times in Congress we don't pay a lot of attention to kids, and I felt that it's very important for us to recognize the fact that policies and the practices and the laws don't necessarily help children, and children are very vulnerable. It's like, the seniors are vulnerable, the children are vulnerable.

One of the things that's significant about the Affordable Care Act, it really makes a difference for children in terms of keeping them healthy and also keeping them insured.

□ 2100

And a lot of times Americans have to make choices with regard to their kids about whether they can afford health care services because of the prohibitive cost of insuring children.

Under the old system, before the Affordable Care Act, sick children were often denied health coverage if their parents were forced to change insurance because they either switched or lost their jobs. Insurance companies declined or dropped coverage for children when young adults got sick or had an accident. That's no longer the case. Under the Affordable Care Act, basically there is a prohibition on insurers denying coverage of children under age 19 for having a preexisting condition.

Up to 17 million children with preexisting conditions are now protected from that type of discrimination. Currently, there are 7.3 million American children without any health insurance. Beginning in 2014, the law will provide access to quality coverage. That's accomplished again by expanding Medicaid coverage and also by providing affordable insurance on these exchanges with a tax credit or some kind of help

from the Federal Government to pay for the insurance.

The other thing I wanted to point out, though—and this is really significant because, again, it has kicked in and I've had many of my constituents come up to me and mention it—is that the Affordable Care Act requires health plans to allow parents to keep children under age 26 without job-based coverage on their family's coverage and give millions of parents and young adults the peace of mind that they can start their lives and careers without being crippled by health care expenses.

What happens is that because of the economy and the difficulties we've had with the economy over the last few years, a lot of kids or young adults, when they graduate high school, when they graduate college, are not able to find a job, or while they are in college they can't afford health insurance on their own because they have to go out and buy it on the individual market. What the Affordable Care Act says is you can be kept on your parents' policy and the insurance company has to provide that option up to the age of 26. That's very significant. Millions of young people that did not have coverage are now covered by that under their parents' policy.

I just wanted to take a couple more minutes. I wanted to give some examples of the numbers of people in my district, the Sixth Congressional District in New Jersey, that have been impacted in a positive way by the Affordable Care Act.

These statistics come from my committee that I serve on, the Committee on Energy and Commerce. And just to give you some idea, in my district, in the Sixth District of New Jersey:

6,800 young adults in the district now have health insurance that didn't have it before;

9,100 seniors in the district received prescription drug discounts worth \$6.9 million, an average discount of \$760 per senior. This is for their prescription drug coverage;

There were 63,000 seniors in the Sixth District in New Jersey that received Medicare preventive services without paying any copays, coinsurance, or deductibles;

31,000 children and 130,000 adults now have health insurance that covers preventive services without paying any copays, coinsurance, or deductibles;

There are 620 small businesses in the Sixth District that received tax credits to help maintain or expand health insurance coverage for their employees;

There have been \$1.8 million in public health grants that have been given to community health centers, hospitals, doctors, and other health care providers to improve the community's health. Community health centers have really expanded in the district because of the Affordable Care Act; and

There are 8,000 to 35,000 children with preexisting health conditions who can no longer be denied coverage by health insurers.

I can give you more statistics, but I just want to point out that these benefits under the Affordable Care Act are impacting constituents in every district in the country, not just mine. Not only the thousands of people in my district, but all over the country, millions of people.

I just wanted to talk a little bit about the cost issue, because I always hear the Republicans say, Oh, your costs are going to go up because of the Affordable Care Act. In fact, costs for health insurance now without the Affordable Care Act have gone up, but the Affordable Care Act actually is reducing costs for health insurance. Whatever cost increases that are being exhibited now are because the Affordable Care Act hasn't gone into effect completely. It kicks in gradually over the next few years.

I also hear some of my Republican colleagues say, Oh, your health insurance went up. That's because it hasn't kicked in yet. Once it kicks in, there are a lot of positive impacts on costs that will make a difference.

Let me just talk about some of the statistics in terms of costs that I think are significant.

Since enactment of the health care law, the reform, the ACA, premiums are generally lower or stable. Average premiums for Medicare Advantage enrollees are 7 percent lower in 2012 than they were in 2011. Since the health care law was enacted, these premiums have fallen by 16 percent. Average premiums for Medicare part D, the prescription drug program, in 2012, have seen no increase from the 2011 level. The Medicare part B deductible has fallen by \$22 to \$144 in 2012, the first time in Medicare history that the deductible has actually fallen. For most Medicare part B enrollees, the standard part B premium in 2012 is quite stable. It's 3.6 percent higher than the premium they paid in 2011, matching the 3.6 percent COLA increase seniors are receiving in their Social Security checks.

The growth in private plan premiums has also slowed. In September 2011, Mercer, an independent benefits consulting firm, released a survey of employers showing that health insurance premium increases will average 5.4 percent in 2012, the smallest increase measured since 1997. Despite Republican claims, the health care law has played essentially no role in recent private plan premium increases. In fact, the premium increases have taken effect only because the ACA has not fully kicked in at this point.

There are two provisions that I wanted to mention that deal with cost and that address cost in the Affordable Care Act that I think are significant and that put downward pressure on premiums.

One is the rate review, and that is, under the health care law, there is a new transparency and accountability for insurers, with insurers being required to publicly justify on the Internet any premium increases they are

seeking that are over 10 percent. And the Department of Health and Human Services has rate review authority to publicly deem these increases to be unreasonable, and they've done that in a number of States. The health care law also provides \$250 million in health care insurance rate review grants to the States to make them enforce and keep premiums down.

Finally, under the health care law, insurers must spend at least 80 percent of premiums on medical care and quality improvement rather than CEO pay, profits, and administrative costs. If insurers don't meet these standards, they have to pay rebates to their consumers starting this summer. These are significant ways of cutting back on costs.

What do we see from the other side of the aisle? Again, repeal the Affordable Care Act. If the Affordable Care Act were repealed, all the things that I talked about would disappear. Costs would climb. More and more people would have no insurance. All the benefits for seniors—the fact that you can have your children on the policy until 26, the gender gap for women, all these things, all the benefits would disappear and only the bad impacts from insurance companies being able to do whatever they want would remain.

The Republicans talk about repealing the Affordable Care Act. They don't say what they would substitute for it. What we do know—and I'm going to close with this, Mr. Speaker—this week we heard from the Republicans in terms of what they want to do with their budget. Again, what does their budget do? It essentially privatizes Medicare. It makes it into a voucher program, causing seniors to spend more money out of pocket for the type of guaranteed benefits they receive now under Medicare. It even goes and impacts Medicaid.

A lot of people are not aware of the fact that Medicaid, which most people see as a program for poor people, actually pays most of the costs for nursing home care in this country. What happens is that if you have to go to a nursing home, you have to spend all your assets essentially—with few exceptions—on paying for that nursing home care; and then after you have no assets left, the Medicaid kicks in and pays for your nursing home care.

What do the Republicans do in their budget? They basically slash Medicaid. They block-grant it to the States. They slash it from 20 percent to 30 percent based on different accounts. That's a 20 percent to 30 percent slash, and that money goes back to the States because the States have to match Medicaid. They also abolish the expansion of Medicaid, that I mentioned before, under the Affordable Care Act because they assume under the budget that the Affordable Care Act is going to be repealed.

So not only is there a negative impact on Medicare because it becomes a voucher and essentially traditional Medicare disappears and seniors pay

more out of pocket, but with regard to Medicaid, which pays for nursing home care, the States are going to get so much less money that the quality of nursing home care will seriously diminish.

□ 2110

I remember back in the seventies when you would go to many nursing homes, and they were terrible places. Because we upgraded them and we provided money to the States to pay for Medicaid, which they matched, the quality of nursing homes improved significantly. Well, what happened—and I'm not just telling this. The nursing home industry has said this—with these types of cuts that are being proposed in the Republican budget, a lot of nursing homes will close, and their quality of care will diminish. They won't have as many nurses on staff. They won't be able to do a lot of the things they do now to make people's lives in nursing homes more comfortable.

And the budget assumes the repeal of the Affordable Care Act, which means that the expansion of Medicaid, the subsidy to pay for health insurance, all the things that I have talked about before would simply disappear.

So I know I make a stark contrast between what the Republicans are proposing and what we're doing with the Affordable Care Act and trying, on the Democratic side, to shore up and expand Medicare benefits. But the fact of the matter is that it is a stark contrast, a very stark contrast in terms of a world view of what we are going to do in terms of health insurance coverage and what we're going to do to protect seniors in Medicare. And I think it's very important for my colleagues to understand these differences as we proceed over the next few weeks.

So I am very proud of the fact that on Friday, we will be celebrating the second anniversary of President Obama signing the Affordable Care Act. And I am also proud of the fact that, as a Democrat, we are going to oppose the Republican budget. When the Republican budget was proposed last year, it passed the House, but it didn't pass the Senate; and we heard nothing more about it.

And that's exactly what we plan on doing this year because we can't allow Medicare to be destroyed. We can't allow the Medicare guarantee to disappear. We can't allow Medicare to basically wither on the vine, as former Speaker Gingrich said, as it's vouchered and as it's privatized, as the Republicans suggest in their budget.

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

THE AFFORDABLE CARE ACT: A REBUTTAL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Georgia (Mr. GINGREY) is recognized for 47

minutes as the designee of the majority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I thank you, and I thank the majority leader for allowing me this opportunity to take the leadership hour this evening and, quite honestly, the opportunity to respond to my colleague, Representative FRANK PALLONE, who is a colleague on the Energy and Commerce Committee—in fact, the ranking member of the Health Subcommittee—as he talked about the benefits of the Patient Protection and Affordable Care Act. And he spent the last 35, 40 minutes talking about what a great piece of legislation that was and about all of the wonderful things that it has already done.

Well, I'm going to take my leadership time, Mr. Speaker, to give the other side of this viewpoint and to suggest that this is not a good bill, that this is not helpful. Certainly my colleagues on the Democratic side, when they were in the majority—and 2 years ago this coming Friday they passed into law the Affordable Care Act, ObamaCare—they felt like this was the best thing since sliced bread, like this was the solution to all of our problems.

Yet we spent 2 years cramming that bill—literally cramming that piece of legislation, all 2,811 pages of it, down the throats of the American people when our unemployment rate was 9.5 percent, when 15 million Americans were out of work and another 15 million were underemployed. This was our number one priority, national health insurance, a complete government takeover of one-sixth of our economy? This is what the Democratic majority in the 109th, 110th Congresses have forced upon the American people.

The gentleman from New Jersey can talk about all the wonderful things that have occurred since the passage of ObamaCare. But let me just point out some truths that, Mr. Speaker, don't need any adjectives to explain. The truth is, there were never 47 million people in this country who could not afford health insurance. There may have been 47 million who didn't have health insurance. But how many million people of that 47 million estimate were making more than \$50,000 a year? Mr. Speaker, how many were making more than \$75,000 a year? And how many of the 47 million uninsured were in this country illegally? How many were eligible for one of our safety-net programs, like Medicaid or the SCHIP program for their children, in their respective States? And when you crunch all of those numbers, there may have been and may be 15 million people in this country who do not have health insurance because they can't afford it or because they don't want it. They would rather pay as they go.

Now, I'm not going to stand here and suggest—particularly as a physician Member—that that's a wise thing to do. The expression is “to go bare” in regard to health insurance coverage. I wouldn't recommend that. But cer-

tainly as an individual in this country, the land of the free, we have the constitutional right to make that decision for ourselves and our families.

And what the Democratic majority did with ObamaCare, the way they made it work, when you cut right to the chase, so they could cover people with preexisting conditions, whether they were nearly seniors or children, to eliminate yearly or lifetime caps, to provide preventive health services that didn't previously exist, the way they did that, colleagues—and you know this—they cut \$550 billion out of the Medicare program. They virtually gutted Medicare Advantage. Twenty percent of seniors select Medicare Advantage.

The title, Mr. Speaker, speaks for itself. It's an advantage because that program covers many of these preventive services that the gentleman from New Jersey was talking about that are now available under ObamaCare. They were available under Medicare Advantage, but now that program has been gutted. It's been cut 14 percent per year over a 10-year period of time. So you rob from Peter to pay Paul.

And who is Paul? Paul is this 15 million to 20 million that are left in that group who have no insurance, many of whom who don't want it. And now we have created a whole new entitlement program that we cannot afford when 15 million people are out of work and the unemployment rate, Mr. Speaker, for—what is it—38 straight months now has been above 8 percent. That, despite the fact that the stimulus bill and its \$875 billion on shovel-ready projects that promised—that promised when the unemployment rate was 7.6 percent that this would solve the problem, and it would not go above 8 percent. It hasn't been below 8 percent since we've spent the money.

□ 2120

So I say to the gentleman from New Jersey and my Democratic colleagues in this Chamber, you fiddled for 2 years; you fiddled while Rome was burning. And so, yes, now you can beat the drum and celebrate the 2-year anniversary of ObamaCare while 60 percent of this country continues to tell you they hate it. They hate it. And they're going to tell you that loud and clear, as they did 2 years ago. They're going to tell you that loud and clear November 6, 2012.

I take no pleasure in that. I enjoy being in the majority. Mr. Speaker enjoys being in the majority. But our responsibility is to the American people, especially to our seniors—our moms and dads—and those folks who are struggling, who are on a fixed income. But to suggest that we're helping them when we cut their program \$550 billion, to suggest that closing the doughnut hole is a good thing and lowers the cost of health care and lowers the cost of prescription drugs, no, it doesn't.

Because what this Federal Government, what Uncle is doing is forcing

the pharmaceutical industry to pay for that doughnut hole, and to pay for it with brand drugs when prior to ObamaCare we were filling that doughnut hole with generics.

And so what is going to happen? This pharmaceutical industry, it's whack-a-mole. You squeeze that balloon, it's going to bulge out on another side. And it's going to bulge out when they raise the premiums for prescription drug coverage for everybody else.

The gentleman talked about these wonderful exchanges that are going to be set up for the people who don't have health insurance. I don't object, Mr. Speaker, to the idea of setting up State exchanges. That's an idea that's been around for a long time. It didn't just originate with ObamaCare. But when you hear my good friend from New Jersey, the ranking member of the Health Subcommittee on Energy and Commerce—and he certainly should know of what he says—that in these exchanges people are going to get a subsidy, in other words, that's a government handout. They're going to get a check if they make \$75,000 to \$80,000 a year. You heard him say it. Colleagues, you heard him say it.

Now, I would like to ask the 700,000 people in the 11th Congressional District of Georgia what they think of \$70,000, \$75,000, \$80,000 a year and getting a government handout, a subsidy. My people, the people I represent, would feel wealthy if they made \$75,000 a year, and they would not be expecting a government handout.

What this administration has done with this piece of legislation—Mr. PALLONE criticized the Republican idea in the Republican budget of block-granting the Medicaid program. The Medicaid program, colleagues, it's been around since 1965. It's a good program. It's shared between the Federal Government and the States. But under ObamaCare, States are told that they cannot be innovative in regard to designing a Medicaid program that best fits the needs of the citizens of their State.

It's called maintenance of effort. ObamaCare says to the Governors of the respective States: You can't do anything. You can't make any changes whatsoever in your Medicaid program. You can't check on eligibility. You can't check to make sure that an individual that applies in this country legally. You can't drug-test these individuals. You can't do anything to make sure that that program for your State is going to those who need it, who are eligible for it, and to who deserve it, because of this maintenance of effort restriction under ObamaCare.

Not only do we put handcuffs on the chief executives of our States, but we also mandate that they now cover under the Medicaid program people up to 133 percent of the Federal poverty level. Prior law, the requirement was 100 percent. Yes, some States went above that when times were good, when unemployment was 6 percent instead of

9.5 percent, as it is in my current great State of Georgia. But States can't afford to do that.

But the Federal Government comes along and says, because of ObamaCare, we're going to force you to stay where you are. You can make no changes. You cannot go down to 115 percent or 100 percent. Oh, no. You have to stay at 133 percent. And we are looking at an additional cost to the States over the next 10 years of \$15 billion.

That's why this is part of the lawsuit that the Supreme Court will hear next week in the 6 hours of testimony—that and this individual mandate in ObamaCare that forces individuals to engage in commerce, the Federal Government regulating commerce as provided for in article 1, section 8, clause 3 of our great Constitution. Oh, no. This says whether you are engaging in commerce or not, Mr. Speaker, you have to participate.

I know my colleagues have heard the expression and the comments from me and others, What's next? Everybody has to eat broccoli? It's absolutely absurd. It's patently absurd for the Federal Government to tell people they have to engage in commerce. We understand the Constitution and the right constitutionally to regulate existing commerce between States, but not to force people.

So as I have these moments tonight to talk about as a counterpoint to Mr. PALLONE in regard to the Patient Protection and Affordable Care Act, Mr. Speaker, it could not be more unaffordable. The CBO just came out with a new score. Originally, 2 years ago, that score was something like \$950 billion and, according to smoke-and-mirror accounting, completely paid for. Now the cost—the adjusted cost—is about twice that. It's about twice that.

□ 2130

So it's not the Affordable Care Act but the Patently Un-Affordable Care Act. For my colleague to criticize the Republican majority for coming forward with a budget that includes a plan to save Medicare and Medicaid, legacy programs, programs that our seniors and our poor are so dependent on, for us to have a plan to save that and for the gentleman from the other side of the aisle to criticize that, I would ask him if he were still in the Chamber, and I ask all of my colleagues on the Democratic side of the aisle: What is your plan? What is your plan to save the Medicaid program? What is your plan to save the Medicare program? How many different studies do we need from how many different commissions over how many years before we accept the plain, hard, cold truth that the hospital trust fund and Medicare program will be insolvent at the very latest by the year 2024 and by the earliest at the year 2016 as estimated by the Medicare actuaries?

Nobody denies that. But what are my Democratic friends doing about it? Mr. Speaker, they're doing two things.

They're whistling past the graveyard and they're enacting IPAB, the Independent Payment Advisory Board.

Colleagues, you've heard it all evening as we've discussed the repeal of IPAB and H.R. 5, the HEALTH Act. IPAB is 15 unelected bureaucrats—unelected but appointed by the President, this President—at a salary of \$176,000 a year for a 6-year term, renewable for another 6. So we're stuck with them for 12 years and that fat salary and benefit package so they can say, We're going to save Medicare by cutting reimbursement to health care providers and prescription drug companies. We can't change the age of Medicare eligibility. We can't increase the annual deductible or copay. No, we can't do anything, any of those things. We can only cut provider reimbursement. Oh, but there's no rationing. It says there in that section regarding IPAB that no rationing will occur.

Well, give me a break. If you cut reimbursement to providers and they stop providing the care, then the senior does not get that knee replacement and does not get that stent put in. You can spell it any way you want to, but, Mr. Speaker, that's rationing. That's rationing. And the American people don't want that. Our seniors don't want that. That's no compassion.

You can provide all these preventive services you want to that Mr. PALLONE was speaking about, and that's fine if you can afford to do it. But to suggest that that saves money, it might save an individual life, and that's a wonderful thing, but don't stand up here and tell me and tell my colleagues on both sides of the aisle that preventive services save money. No economist, no health economist would agree with that. It doesn't save money. It costs money. And every time you add another "free" preventive service to a program, it's going to increase the health insurance premiums for everybody else. These are called mandates.

The gentleman from New Jersey talked about direct access without prior approval, whether it's to see your OB-GYN doctor, your dermatologist, or your general surgeon without having to go through a gatekeeper. I understand that. I practiced medicine 31 years. I think my colleagues know that. I understand that. But these things definitely cost money. They don't save money. I think it's important for people to understand that.

He talked about the wonderful things that have already occurred under ObamaCare, allowing adult children—I realize that's a bit of an oxymoron, but I've got four of those oxymorons—to allow adult children to stay on their parents' health insurance policy until they're 26 years old without regard to whether or not they're students.

Now, the prior policy of most health insurance companies, if you were over 21 years old, maybe in the third or fourth year of college, then you were no longer eligible to be covered under your parents' health insurance policy.

The expectation, of course, is that you would have a job. Well, the reason it's so important now to have them covered up to age 26 on their parents' health insurance policy is because they have no jobs. And that's the thing that this administration and this—now, at least in the House of Representatives—Democratic minority, they just don't seem to understand that what the American people care about first and foremost is a job. They want health insurance, of course they do. If they have to, they'll pay for it out of their own pocket. But they've got to have a job first. They've got to put food on the table. They've got to put clothing on the backs of their children. They have to have the pride, dignity, and respect of having a job.

As we go into these elections this fall, and all 435 of us in this body and 100—well, in fact, I guess it's one-third of the other body stand for reelection and we elect a 45th—and, indeed, I think we will elect a 45th and not reelect the 44th—President of the United States, it's going to be based on jobs and the economy. That's the thing that this President, since he took office in January of 2009, has just totally missed the point of. And really, it started in January of 2007 with the Democratic majority in this Chamber when we spent another 2 years wasting time, fiddling while Rome was burning, trying to force and cram down the throats of the American people this cap-and-trade regime which would have cost every family \$2,500 a year in increased utility costs. Thank goodness the other body stopped that, because the American people didn't want it.

And they don't want national health care. That's why we voted in this body, H.R. 2, to repeal ObamaCare. And that repeal passed in the House of Representatives. We finally had a vote in the Senate. We couldn't get them to pass a budget. They haven't done that in 3 years. But after about a year and a half, we finally got them to vote on repeal of ObamaCare. The Democratic majority rejected that.

So, Mr. Speaker, now we're dealing with plan B, and plan B is to chip away at the most egregious aspects of ObamaCare. It would be a mistake for us to assume the Supreme Court will strike down that individual mandate and will strike down that Medicaid expansion, that unfunded mandate, a \$12 billion burden placed on the budgets of our respective States. I think they will strike it down, but I'm not going to stand here in this Chamber holding my breath waiting for that to happen. That would be irresponsible. That would not be representing the people of the 11th of Georgia the way they deserve to be represented.

□ 2140

So, we are going to fight. That's what this is all about today and the vote tomorrow in regard to repealing IPAB, this Independent Payment Advisory Board that literally takes legislative

responsibility away from the Congress. Talk about unconstitutional; clearly, that is unconstitutional.

We're going to vote it down tomorrow. And we're going to send that to the Senate, and I expect HARRY REID and the Democratic majority to do the responsible thing. They don't like it either. They don't like it either. Let's don't make an election issue out of it. Let's just do the right thing for the American people.

Mr. Speaker, it's been a long day. We have had a lot of discussion on the floor of the House of Representatives, a lot of eloquence on both sides of the aisle. I feel very strongly that we should respect one another, and I think we do. This is not personal, but when you feel that you have the right idea, it's your responsibility to stand strong, not to pander to anybody, but to stand strong and do the right thing, do the right thing for the American people.

With that, Mr. Speaker, 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 22.

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

ADJOURNMENT

Mr. GINGREY of Georgia. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 42 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, March 22, 2012, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

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

5343. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — Dairy Product Mandatory Reporting [Doc. #: AMS-DA-10-0089; DA-11-01] (RIN: 0581-AD12) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5344. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — Marketing Order Regulating the Handling of Spearmint Oil Produced in the Far West; Revision of the Salable Quantity and Allotment Percentage for Class 1 (Scotch) and Class 3 (Native) Spearmint Oil for the 2011-2012 Marketing Year [Doc. Nos.: AMS-FV-10-0094; FV11-985-1A FIR] received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5345. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — National Organic Program (NOP); Amendments to the National List of Allowed and Prohibited Sub-

stances (Crops and Processing) [Document Number: AMS-NOP-10-0079; NOP-09-02FR] (RIN: 0581-AD06) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5346. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — Revision of Cotton Futures Classification Procedures [Doc. #: AMS-CN-10-0073; CN-10-005] (RIN: 0581-AD16) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5347. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement (DFARS Case 2012-D024) (RIN: 0750-AH59) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

5348. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement (DFARS Case 2012-D026) (RIN: 0750-AH60) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

5349. A letter from the Acting Under Secretary, Department of Defense, transmitting a letter on the approved retirement of Lieutenant General Richard P. Zahner, United States Army, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

5350. A letter from the Acting Under Secretary, Department of Defense, transmitting authorization of Colonels Christopher P. Hughes and Paul A. Ostrowski, United States Army, to wear the insignia of the grade of brigadier general; to the Committee on Armed Services.

5351. A letter from the Chairman and President, Export-Import Bank, transmitting a report on transactions involving U.S. exports to the Kingdom of Morocco pursuant to Section 2(b)(3) of the Export-Import Bank Act of 1945, as amended; to the Committee on Financial Services.

5352. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting the Department's final rule — Energy Conservation Program: Test Procedure for Commercial Refrigeration Equipment [Docket No.: EERE-2010-BT-TP-0034] (RIN: 1904-AC40) received February 12, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5353. A letter from the Assistant Secretary for Administration and Management, Department of Labor, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

5354. A letter from the Assistant Secretary for Administration and Management, Department of Labor, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

5355. A letter from the Associate Administrator for Legislative and Intergovernmental Affairs, National Aeronautics and Space Administration, transmitting FY 2011 Annual Report Regarding NASA's Equal Employment Opportunity and Whistleblower Protection Act Complaints Activity; to the Committee on Oversight and Government Reform.

5356. A letter from the General Counsel and Acting Executive Director, Election Assistance Commission, transmitting Fiscal Year 2011 Activities Report; to the Committee on House Administration.

5357. A letter from the United States Trade Representative, Executive Office of the President, transmitting the 2012 Trade Policy Agenda and the 2011 Annual Report on the Trade Agreements Program as prepared by the Administration; to the Committee on Ways and Means.

5358. A letter from the Chief, Trade and Commercial Regulations Branch, Department of the Treasury, transmitting the Department's final rule — Duty-Free Treatment of Certain Visual and Auditory Materials [USCBP-2011-0030] (RIN: 1515-AD75) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

5359. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Source of Income from Qualified Fails Charges [TD 9579] (RIN: 1545-BJ78) received February 12, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

5360. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Extension of Time to File an Estate Tax Return Solely to Elect Portability of a Deceased Spousal Unused Exclusion Amount [Notice 2012-21] received February 12, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

5361. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Rewards and Awards for Information Relating to Violations of Internal Revenue Laws [TD 9580] (RIN: 1545-BJ89) received February 12, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

5362. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act [TD 9578] (RIN: 1545-BJ60) received February 12, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

5363. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Revenue Procedure: United States and Area Median Gross Income Figures (Rev. Proc. 2012-16) received March 2, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

5364. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Applicable Federal Rates — March 2012 (Rev. Rul. 2012-9) received March 2, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

5365. A letter from the Director, Office of Regulations, Social Security Administration, transmitting the Administration's final rule — Protecting the Public and our Employees in our Hearing Process [Docket No.: SSA-2011-0008] (RIN: 0690-AH29) received February 21, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

5366. A letter from the Director, Office of Regulations, Social Security Administration, transmitting the Administration's final rule — How We Collect and Consider Evidence of Disability [Docket No.: SSA 2010-0044] (RIN: 0960-AG89) received February 12, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

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. 4119. A bill to reduce the trafficking of drugs and to prevent human smuggling across the Southwest Border by deterring the construction and use of border tunnels (Rept. 112-418, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XIII the Committees on Ways and Means and Homeland Security discharged from further consideration. H.R. 4119 referred to the Committee of the Whole House on the state of the Union.

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. CANTOR:

H.R. 9. A bill to amend the Internal Revenue Code of 1986 to provide a deduction for domestic business income of qualified small businesses; to the Committee on Ways and Means.

By Mr. BISHOP of New York (for himself, Mr. RAHALL, Mr. DEFAZIO, Ms. BROWN of Florida, Mr. ACKERMAN, Mr. RANGEL, Mr. FILNER, Mr. SIRES, Ms. RICHARDSON, Mr. CUMMINGS, Ms. NORTON, Mr. RUPPERSBERGER, Mr. LARSEN of Washington, Mr. WELCH, Mr. HOLDEN, Mrs. NAPOLITANO, Ms. HIRONO, Mr. HOLT, Mr. VAN HOLLEN, Ms. EDWARDS, Mr. BOSWELL, Ms. HAHN, Mr. THOMPSON of California, Mr. ISRAEL, Mr. HIGGINS, Mr. CICILLINE, Ms. WILSON of Florida, Mr. RICHMOND, Ms. MOORE, Mr. MORAN, Mr. BLUMENAUER, Ms. SPEIER, Mr. OWENS, Mr. JACKSON of Illinois, Mr. DOYLE, Ms. LINDA T. SANCHEZ of California, Mr. LEWIS of Georgia, Mr. LARSON of Connecticut, Mr. BERMAN, Mr. CONNOLLY of Virginia, Mr. LIPINSKI, Ms. TSONGAS, Mr. MICHAUD, Mr. PRICE of North Carolina, Mr. LANGEVIN, Mr. ALTMIRE, Mr. CLAY, Mr. MCNERNEY, Mr. WALZ of Minnesota, Mr. HONDA, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. CROWLEY, Mrs. LOWEY, Ms. DEGETTE, Mr. TOWNS, Mr. COURTNEY, Mr. QUIGLEY, Mr. STARK, Mr. CARNAHAN, Mr. SMITH of Washington, Ms. MCCOLLUM, Ms. SLAUGHTER, Ms. ZOE LOFGREN of California, Mr. THOMPSON of Mississippi, Mr. HOYER, Mr. LUJAN, Ms. ROYBAL-ALLARD, Mr. MCGOVERN, Mr. SHERMAN, Ms. SCHWARTZ, Ms. CLARKE of New York, Mr. CLARKE of Michigan, Mr. ANDREWS, Mr. COSTELLO, Ms. VELÁZQUEZ, Mr. CONYERS, Mr. TONKO, Mr. GARAMENDI, Mr. SCOTT of Virginia, Mr. FALBOMAVAEGA, Mr. COSTA, Ms. DELAURO, Mr. COHEN, Mr. LYNCH, Mr. RUSH, Ms. PINGREE of Maine, Mr. WAXMAN, Mr. SHULER, Ms. WASSERMAN SCHULTZ, Ms. CHU, Mr. CHANDLER, Mr. CRITZ, and Mr. GEORGE MILLER of California):

H.R. 14. A bill to reauthorize Federal-aid highway and highway safety construction programs, and for other purposes; to the Committee on Transportation and Infra-

structure, and in addition to the Committees on Ways and Means, Natural Resources, Energy and Commerce, Agriculture, Science, Space, and Technology, the Budget, Oversight and Government Reform, Financial Services, Education and the Workforce, and 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. MCCAUL (for himself and Mr. KING of New York):

H.R. 4228. A bill to direct the Secretary of State to designate Iran's Islamic Revolutionary Guard Corps Qods Force as a foreign terrorist organization, and for other purposes; to the Committee on the Judiciary, 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. BERMAN (for himself, Ms. ROSLEHTINEN, Mr. ACKERMAN, Mr. CHABOT, Mr. CICILLINE, and Ms. BUERKLE):

H.R. 4230. A bill to authorize further assistance to Israel for the Iron Dome anti-missile defense system; to the Committee on Foreign Affairs.

By Mr. MCKINLEY (for himself and Mr. WELCH):

H.R. 4230. A bill to provide for the establishment of a Home Energy Savings Retrofit Rebate Program, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. YARMUTH (for himself, Mr. CONNOLLY of Virginia, Mr. CONYERS, Mr. STARK, Mr. JACKSON of Illinois, Mr. RANGEL, Ms. HAHN, Mr. RYAN of Ohio, Mr. SCHIFF, Mr. FILNER, Mr. VAN HOLLEN, Mr. CARSON of Indiana, Mr. MCNERNEY, and Ms. CHU):

H.R. 4231. A bill to amend the Internal Revenue Code of 1986 to repeal certain tax breaks for gas and oil companies and to refund the revenue savings to registered vehicle owners; to the Committee on Ways and Means.

By Mr. TURNER of Ohio (for himself, Mr. RYAN of Ohio, and Mr. BURTON of Indiana):

H.R. 4232. A bill to amend section 552 of title 5, United States Code (popularly referred to as the Freedom of Information Act), to provide that the exemptions to that section shall not apply to matters relating to certain transactions executed by an instrumentality of the Federal Government operating in a commercial manner; to the Committee on Oversight and Government Reform.

By Mr. LAMBORN:

H.R. 4233. A bill to establish the National Geospatial Technology Administration within the United States Geological Survey to enhance the use of geospatial data, products, technology, and services, to increase the economy and efficiency of Federal geospatial activities, and for other purposes; to the Committee on Natural Resources, and in addition to the Committees on Oversight and Government Reform, Science, Space, and Technology, and Agriculture, 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. LABRADOR (for himself, Mr. BISHOP of Utah, Mr. COSTA, Mr.

GOSAR, Mr. HARRIS, Mrs. LUMMIS, Mrs. NOEM, Mr. REHBERG, Mrs. MCMORRIS RODGERS, Mr. SIMPSON, and Mr. WALDEN):

H.R. 4234. A bill to amend the Federal Land Policy and Management Act of 1976 to improve the management of grazing leases and permits, and for other purposes; to the Committee on Natural Resources, and in addition to the Committee on Agriculture, 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. DOLD (for himself and Ms. MOORE):

H.R. 4235. A bill to amend the Securities Exchange Act of 1934 and the Commodity Exchange Act to repeal the indemnification requirements for regulatory authorities to obtain access to swap data required to be provided by swaps entities under such Acts; to the Committee on Agriculture, 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. BRALEY of Iowa:

H.R. 4236. A bill to withhold funds if a motorist illegally passes a stopped school bus; to the Committee on Transportation and Infrastructure.

By Mr. FLEISCHMANN:

H.R. 4237. A bill to strengthen employee cost savings suggestions programs within the Federal Government; to the Committee on Oversight and Government Reform.

By Mr. PASCARELL (for himself and Mr. PLATTS):

H.R. 4238. A bill to amend the Public Health Service Act to reauthorize certain programs for individuals with traumatic brain injury, and for other purposes; to the Committee on Energy and Commerce.

By Mr. YARMUTH (for himself, Mr. GRIJALVA, and Ms. SLAUGHTER):

H. Res. 593. A resolution supporting the goals and ideals of "National Safe Place Week"; to the Committee on Education and the Workforce.

MEMORIALS

Under clause 4 of rule XXII, memorials were presented and referred as follows:

182. The SPEAKER presented a memorial of the House of Representatives of the State of Michigan, relative to House Resolution No. 173 memorializing Congress to extend the Chemical Facility Anti-Terrorism Standards (CFATS) program; to the Committee on Energy and Commerce.

183. Also, a memorial of the House of Representatives of the State of Iowa, relative to House Resolution No. 107 urging the Department of Labor to withdraw the proposed regulations for agricultural child labor; to the Committee on Education and the Workforce.

184. Also, a memorial of the House of Representatives of the State of Michigan, relative to House Resolution No. 185 memorializing Congress to enact the Respect for Rights of Conscience Act of 2011; to the Committee on Energy and Commerce.

185. Also, a memorial of the Senate of the State of Michigan, relative to Senate Resolution No. 97 memorializing the Congress to enact legislation to ensure that amounts credited to the Harbor Maintenance Trust Fund are used solely for the dredging, infrastructure, operation, and maintenance of federally-authorized ports, harbors, and waterways; jointly to the Committees on Transportation and Infrastructure and Rules.

186. Also, a memorial of the Senate of the State of Oregon, relative to Senate Memorial 201 requesting that the Congress reintroduce and pass the Trade Reform, Accountability, Development and Employment (TRADE) Act of 2009; jointly to the Committees on Ways and Means and Rules.

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. CANTOR:

H.R. 9.
Congress has the power to enact this legislation pursuant to the following:
Amendment XVI to the Constitution regarding the power to lay and collect taxes on incomes.

By Mr. BISHOP of New York:

H.R. 14.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses 1, 3, 7, and 18

By Mr. MCCAUL:

H.R. 4228.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8.

By Mr. BERMAN:

H.R. 4229.
Congress has the power to enact this legislation pursuant to the following:
the authority delineated in Article I section I, which includes an implied power for the Congress to regulate the conduct of the United States with respect to foreign affairs.

By Mr. MCKINLEY:

H.R. 4230.
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. YARMUTH:

H.R. 4231.
Congress has the power to enact this legislation pursuant to the following:
Section 8 of Article 1 of the Constitution.

By Mr. TURNER of Ohio:

H.R. 4232.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clauses 3 and 18 of the United States Constitution

By Mr. LAMBORN:

H.R. 4233.
Congress has the power to enact this legislation pursuant to the following:
Article IV, Section 3—
Article IV—The States
Section 3—New States

The Congress shall have Power to dispose of and make all needful Rules and Regulations respecting the Territory or other Property belonging to the United States; and nothing in this Constitution shall be so construed as to Prejudice any Claims of the United States, or of any particular State.

By Mr. LABRADOR:

H.R. 4234.
Congress has the power to enact this legislation pursuant to the following:

Article IV, Sec. 3, Clause 2: "The Congress shall have Power to dispose of and make all needful Rules and Regulations respecting the Territory or other Property belonging to the

United States; and nothing in this Constitution shall be so construed as to Prejudice any Claims of the United States, or of any particular State."

By Mr. DOLD:

H.R. 4235.
Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, clause 3, which provides Congress the power to "regulate commerce with foreign Nations and among the several States."

By Mr. BRALEY of Iowa:

H.R. 4236.
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 18 of the United States Constitution.

By Mr. FLEISCHMANN:

H.R. 4237.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, clauses 1 & 18.

By Mr. PASCARELL:

H.R. 4238.
Congress has the power to enact this legislation pursuant to the following:
Congress has the power to enact this legislation pursuant to Article I, Section 8, Clause 3 of the United States Constitution.

ADDITIONAL SPONSORS

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

- H.R. 12: Mr. WAXMAN.
- H.R. 121: Mr. FINCHER.
- H.R. 157: Mr. GUTHRIE and Mr. LANGEVIN.
- H.R. 196: Mr. KUCINICH and Mr. COHEN.
- H.R. 365: Mr. JOHNSON of Ohio.
- H.R. 721: Mr. GINGREY of Georgia.
- H.R. 895: Mr. MCCOTTER.
- H.R. 964: Mrs. CAPPS.
- H.R. 997: Mrs. HARTZLER and Mr. GRAVES of Missouri.
- H.R. 1017: Mr. VAN HOLLEN.
- H.R. 1063: Mr. PETRI.
- H.R. 1089: Mr. RANGEL.
- H.R. 1284: Ms. CLARKE of New York.
- H.R. 1339: Mr. THORNBERRY, Mr. LOBIONDO, Mr. TURNER of Ohio, Mr. KLINE, Mr. PLATTS, Ms. LORETTA SANCHEZ of California, Mr. COOPER, Ms. PINGREE of Maine, Mr. HEINRICH, Mr. OWENS, Mr. LOEBSACK, Mr. RUPPERSBERGER, Mr. KISSELL, Ms. HANABUSA, and Ms. HOCHUL.
- H.R. 1386: Mr. ROSS of Arkansas.
- H.R. 1410: Mr. GENE GREEN of Texas.
- H.R. 1418: Ms. BASS of California, Mr. HECK, and Mr. HUIZENGA of Michigan.
- H.R. 1513: Mrs. CHRISTENSEN and Mr. ENGEL.
- H.R. 1581: Mr. PETERSON.
- H.R. 1653: Mr. THORNBERRY and Mr. NEAL.
- H.R. 1739: Mr. BARLETTA.
- H.R. 1748: Mrs. CAPPS.
- H.R. 1789: Mr. JOHNSON of Ohio.
- H.R. 1821: Ms. BONAMICI, Mr. BOSWELL, and Mr. CHANDLER.
- H.R. 1956: Mr. SCHWEIKERT.
- H.R. 2020: Mr. BISHOP of New York.
- H.R. 2104: Ms. ESHOO, Mr. FILNER, and Mr. ROTHMAN of New Jersey.
- H.R. 2106: Mrs. MILLER of Michigan.
- H.R. 2179: Ms. NORTON, Mr. BOSWELL, and Mr. RUSH.
- H.R. 2252: Mr. MANZULLO.
- H.R. 2311: Mr. KILDEE.
- H.R. 2697: Mr. BERG.
- H.R. 2706: Mr. RIVERA.
- H.R. 2717: Mr. LATOURETTE and Mrs. MYRICK.
- H.R. 2738: Mrs. LOWEY.
- H.R. 2765: Mr. GALLEGLY.
- H.R. 2787: Mrs. MALONEY.
- H.R. 2827: Mr. OWENS and Mr. HOLT.
- H.R. 2834: Mr. CANSECO.

H.R. 2981: Mr. RANGEL and Mr. ELLISON.
 H.R. 3046: Ms. BALDWIN.
 H.R. 3059: Mr. SULLIVAN, Mr. WESTMORELAND, and Mr. LARSON of Connecticut.
 H.R. 3135: Mr. POMPEO and Mr. LAMBORN.
 H.R. 3145: Ms. JACKSON LEE of Texas.
 H.R. 3187: Ms. ZOE LOFGREN of California.
 H.R. 3200: Mrs. LOWEY.
 H.R. 3264: Mr. JORDAN.
 H.R. 3269: Ms. CASTOR of Florida and Mr. COFFMAN of Colorado.
 H.R. 3283: Mr. DAVID SCOTT of Georgia.
 H.R. 3307: Mr. PLATTS.
 H.R. 3308: Mr. MULVANEY.
 H.R. 3316: Mr. COHEN.
 H.R. 3364: Mr. HECK, Mr. SCHIFF, Mr. LEWIS of Georgia, Mr. ROHRBACHER, Mr. SIREN, Mr. COURTNEY, and Mr. DEFazio.
 H.R. 3444: Mr. MURPHY of Pennsylvania.
 H.R. 3461: Mr. SIMPSON, Mr. ROTHMAN of New Jersey, Mr. SIREN, Mr. WITTMAN, Mr. HANNA, and Mr. LANDRY.
 H.R. 3485: Ms. BONAMICI.
 H.R. 3510: Ms. JACKSON LEE of Texas.
 H.R. 3591: Mr. TOWNS and Ms. ZOE LOFGREN of California.
 H.R. 3596: Ms. FUDGE, Mr. RUNYAN, Ms. HANABUSA, Mr. DEUTCH, Mr. HASTINGS of Florida, Ms. BALDWIN, Mr. ANDREWS, and Mr. BRADY of Pennsylvania.
 H.R. 3608: Mrs. HARTZLER.
 H.R. 3643: Mr. FITZPATRICK and Mr. ROONEY.
 H.R. 3658: Mrs. MALONEY, Ms. WOOLSEY, Ms. BORDALLO, Mr. GEORGE MILLER of California, Ms. PINGREE of Maine, Mr. GRIJALVA, Mr. KEATING, Ms. MCCOLLUM, Mr. GUTIERREZ, Mr. RANGEL, Mr. BISHOP of Georgia, Mr. MORAN, and Mr. ELLISON.
 H.R. 3707: Mr. MULVANEY.
 H.R. 3766: Mr. DENT.
 H.R. 3767: Ms. NORTON, Mr. RYAN of Ohio, and Mr. RUSH.
 H.R. 3798: Mr. McDERMOTT, Mr. KUCINICH, and Ms. LEE of California.
 H.R. 3803: Mr. HARPER, Mr. FLEISCHMANN, Mr. SIMPSON, Mr. FLORES, Mr. CAMPBELL, Mr. GINGREY of Georgia, Mr. SMITH of Nebraska, and Mr. YOUNG of Indiana.
 H.R. 3821: Ms. JACKSON LEE of Texas.
 H.R. 3826: Mr. TIERNEY, Ms. SCHWARTZ, and Mr. MICHAUD.
 H.R. 3839: Mr. BOSWELL.
 H.R. 3849: Mr. RENACCI, Mr. THOMPSON of Mississippi, and Mr. HARPER.
 H.R. 3878: Mr. WALDEN.
 H.R. 3883: Mr. LANDRY.
 H.R. 3897: Mr. LANKFORD.
 H.R. 3974: Mrs. NAPOLITANO.
 H.R. 3993: Mr. ROTHMAN of New Jersey, Mr. CLARKE of Michigan, Mr. CAMPBELL, and Mr. CARNAHAN.

H.R. 3994: Mr. MANZULLO.
 H.R. 4036: Mr. CHABOT and Mr. MULVANEY.
 H.R. 4040: Ms. BALDWIN, Mr. BARTLETT, Ms. BASS of California, Mr. BERG, Mr. BISHOP of Utah, Mrs. BLACKBURN, Mr. BLUMENAUER, Mr. BROOKS, Mr. CARNAHAN, Mr. CASSIDY, Ms. CLARKE of New York, Mr. CONAWAY, Mr. CONNOLLY of Virginia, Mr. CUMMINGS, Mr. DUNCAN of South Carolina, Ms. EDWARDS, Mrs. EMERSON, Mr. ENGEL, Mr. FATAH, Mr. FILLNER, Mr. FORBES, Ms. FUDGE, Mr. GINGREY of Georgia, Mr. GRIFFITH of Virginia, Mr. GUINTA, Ms. HANABUSA, Mr. HINOJOSA, Mr. HOLT, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KILDEE, Mrs. LOWEY, Mr. McCOTTER, Mr. MCINTYRE, Mr. GEORGE MILLER of California, Mr. QUIGLEY, Mr. REED, Mr. ROGERS of Michigan, Mr. RUPPERSBERGER, Ms. SCHAKOWSKY, Mr. AUSTIN SCOTT of Georgia, Mr. SCOTT of Virginia, Mr. SENSENBRENNER, Mr. SMITH of Nebraska, Mr. STUTZMAN, Ms. SUTTON, Ms. WILSON of Florida, Mr. WITTMAN, Mr. WOMACK, Ms. WOOLSEY, Mr. BILIRAKIS, Mr. GOODLATTE, Mr. HANNA, Mr. KING of New York, Mr. LANGEVIN, Mr. NADLER, Mr. PALLONE, Ms. RICHARDSON, Mr. RIVERA, Mr. RUSH, Mr. SARBANES, Ms. SCHWARTZ, Mr. STARK, Mr. STEARNS, and Mr. WELCH.
 H.R. 4066: Mr. BLUMENAUER.
 H.R. 4070: Mr. SCOTT of South Carolina.
 H.R. 4077: Mr. REYES and Mr. ROSS of Florida.
 H.R. 4115: Mr. JOHNSON of Ohio, Mr. SCOTT of South Carolina, and Mr. WITTMAN.
 H.R. 4124: Mr. HANNA.
 H.R. 4133: Mrs. BACHMANN, Mr. BUCHANAN, Mr. RUNYAN, Mr. PLATTS, Mr. GARDNER, Mr. PEARCE, Mr. MURPHY of Pennsylvania, Mr. SCHILLING, Mr. BURGESS, Mr. BISHOP of New York, Mr. COURTNEY, Mr. CROWLEY, Mr. CUCELLAR, Mrs. DAVIS of California, Mr. ISRAEL, Ms. JACKSON LEE of Texas, Mrs. LOWEY, Mr. MCINTYRE, Mr. RUPPERSBERGER, Ms. LINDA T. SANCHEZ of California, Mr. DAVID SCOTT of Georgia, Mr. SHULER, Mr. THOMPSON of Mississippi, Mr. WALZ of Minnesota, Ms. SEWELL, Mr. TIPTON, Mr. LONG, Mr. BARLETTA, Mr. HUIZENGA of Michigan, Mr. SMITH of New Jersey, Mr. BROOKS, Mr. POMPEO, Mr. BERG, Mrs. HARTZLER, Mr. ROSKAM, and Mr. PRICE of Georgia.
 H.R. 4134: Mr. COBLE and Mr. MARINO.
 H.R. 4174: Mr. MCINTYRE and Mr. COBLE.
 H.R. 4178: Mrs. MYRICK.
 H.R. 4197: Ms. WASSERMAN SCHULTZ and Mr. DEUTCH.
 H.R. 4206: Mr. TIPTON.
 H.J. Res. 103: Mr. BACHUS and Mr. SENSENBRENNER.
 H. Con. Res. 87: Mr. HANNA and Mr. KING of New York.

H. Res. 177: Mr. KEATING.
 H. Res. 351: Mr. VAN HOLLEN, Mr. RANGEL, Mr. ROTHMAN of New Jersey, and Mr. CARDOZA.
 H. Res. 526: Mr. DEUTCH.
 H. Res. 560: Mrs. LOWEY.
 H. Res. 568: Mr. GARY G. MILLER of California, Mr. PLATTS, Mr. PAULSEN, Mr. TIBERI, Mr. BACA, Mr. GARDNER, Mr. McCLINTOCK, Mr. PEARCE, Mr. MURPHY of Pennsylvania, Mr. LATHAM, Mrs. MILLER of Michigan, Mr. MARINO, Ms. BROWN of Florida, Mr. THORNBERRY, Mr. TIPTON, Mr. LONG, Mr. BARLETTA, Mr. HUIZENGA of Michigan, Mr. COSTA, Mr. BARTON of Texas, Mr. FORBES, Mr. TERRY, Mr. RUPPERSBERGER, Mr. CASSIDY, Mr. ROSKAM, Mr. HULTGREN, Mr. QUIGLEY, Mr. CULBERSON, Mr. LUETKEMEYER, Mr. BILIRAKIS, Mr. LEWIS of California, Mr. HECK, Mr. McCOTTER, Mrs. DAVIS of California, Mr. BARROW, Mr. POMPEO, Mr. FLEMING, Mr. BROOKS, Mr. SMITH of New Jersey, Mr. CROWLEY, Mr. MICHAUD, Mr. ISRAEL, Mr. BUCHANAN, Mr. YODER, and Mr. WESTMORELAND.
 H. Res. 583: Ms. SCHAKOWSKY, Mr. CARNAHAN, Mr. GRIFFIN of Arkansas, and Mr. CARTER.

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. 3359: Mr. CLAY.
 H.R. 3697: Mr. BUCSHON.

PETITIONS, ETC.

Under clause 3 of rule XII, petitions and papers were laid on the clerk's desk and referred as follows:

38. The SPEAKER presented a petition of The Legislature of Rockland County, New York, relative to Resolution No. 59 of 2012 urging the Congress to pass H.R. 1084 and S. 587; to the Committee on Energy and Commerce.

39. Also, a petition of the Council of the City of New York, New York, relative to Resolution No. 892 urging the Congress to pass and the President to sign H.R. 873 and S. 453; jointly to the Committees on Transportation and Infrastructure and Energy and Commerce.