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House of Representatives

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

DESIGNATION OF SPEAKER PRO TEMPORE

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

WASHINGTON, DC,
July 10, 2012.

I hereby appoint the Honorable STEVEN M. PALAZZO 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.

AFGHANISTAN

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Carolina (Mr. JONES) for 5 minutes.

Mr. JONES. Mr. Speaker, like all of my colleagues, I went home to my district as the other Members went to their districts. I live in eastern North Carolina. As do a lot of people, I love my district, and I'm getting the same message: Why are you still in Afghanistan? Why don't you Members of Congress vote to bring our troops home? Why are you spending the money we don't have, and young men and women are getting killed?

Again, I'm coming to the floor of the House and reporting on a book I'm reading. It's called "Funding the Enemy: How U.S. Taxpayers Bankroll the Taliban." That's the whole issue. We have defeated bin Laden. He is dead. Al Qaeda has been dispersed all around the world, but we continue to fund a corrupt leader who will not survive in the long term. We all know that, but yet we're playing this little game of spend the American taxpayers' money to keep him in office, and let's borrow the money from the Chinese that we're spending—because that's the way it's happening—to keep Karzai in office. Seventy-two percent of the American people have agreed with most of us in the House—not all—that it's time to bring our troops home. There is not one thing that we're going to accomplish over there.

Mr. Speaker, when I saw the national security agreement that the Secretary of State and this administration have signed with Afghanistan, what we're talking about is, after 2014, we will continue to have a military presence of anywhere from 25,000 to 30,000. We are spending approximately \$4 billion a month—that's probably a lowball figure, Mr. Speaker—but \$4 billion a month for 10 years. That adds up to about \$480 billion in addition to what we've already spent, which is over \$1 trillion, in Afghanistan and in Iraq. The poor American people are paying the taxes and are getting their programs cut for children, for schools, for senior citizens, for health programs. Yet we in Congress continue to fund the war in Afghanistan.

Mr. Speaker, this book is an eye-opener to the fact that the Taliban is the biggest recipient of our taxpayers' money, going to pay to kill American kids. I'm going to keep bringing this to the floor until I finish the book, and I'm about halfway through.

Its summary says:

This is the first book to detail the toxic embrace of American policymakers and ca-

reerists, Afghanistan kleptocrats and the opportunistic Taliban. The result? U.S. taxpayers have been footing the bill for both sides of a disastrous Afghanistan war.

Mr. Speaker, this past weekend, we had eight Americans killed—eight Americans killed. I write families. I have signed over 10,740-some letters to families across this Nation because I bought the lie by the previous administration that said Saddam has weapons of mass destruction, which he never did have. So I will continue to come to the floor at least once a week, several times a month, and talk about the fact of buying this book for every Member of Congress, which is called, "Funding the Enemy: How U.S. Taxpayers Bankroll the Taliban."

When I listen to our debates on the floor—sometimes part of them, sometimes not—talking about cutting Federal programs for those people who need them the most—but yet we will find the \$8 billion a month to send to Karzai—and when we keep sending our soldiers, marines, sailors, and airmen over there so they can be shot and killed and have their feet blown away, it is time for this Congress to wake up. When we debate the appropriations bill for the Department of Defense, I hope we will be permitted to bring amendments one after another to the floor, asking Members of Congress to bring our troops home.

Mr. Speaker, with that, I will ask God to please bless our men and women in uniform.

I will ask God to please, in his loving arms, hold the families who have lost children in Afghanistan and Iraq.

I will ask God to please bless the House and Senate that we will do what is right in the eyes of God for God's people today and God's people tomorrow.

I will ask God to please bless President Obama that he will do what is right in the eyes of God for God's people today and God's people tomorrow.

□ 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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I will close by asking three times: God, please, God, please, God, please continue to bless America.

PATH TO THE 2012 FARM BILL

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

Mr. BLUMENAUER. Mr. Speaker, this week, the House Agriculture Committee will consider not just the farm bill, but also one of the most important pieces of health legislation, environmental legislation, and vital economic development for rural America. It should be on the radar screen of every Member of Congress, whether one represents rural or urban districts. All of our constituents benefit from a vibrant agricultural sector.

The House is looking at its own legislation. The Senate has passed a bill. I must say, the Senate bill was a start. There are some provisions in it which I think are worthy of support, but it falls short in overall reform. There is no reason in an era of great concern about reducing Federal deficit spending, about improving nutrition and strengthening rural America that we can't do a better job. Currently, the majority of farmers and ranchers get no support from the Federal Government, and the assistance is concentrated in the hands of a few. This is an opportunity for us to look carefully at the House draft and to, hopefully, improve upon it.

One particular area deals with the cap on commodities and risk management. The Senate bill has at least a modest reduction in dealing with direct payments, but the House draft would increase those provisions to \$125,000 and to \$250,000 for married couples—an incredibly high limitation. And sadly, the House draft would leave intact current loopholes that would allow many wealthy, nonfarm investors to collect multiples of the existing payment cap.

Another area of significant agricultural subsidy that cries out for reform is the area of crop insurance. This is something that independent analysts have looked at for years. Too much of this is concentrated for a few. It puts too much burden on the individual taxpayer, and there is too much benefit for those who need it the least. In the House proposal, there is no requirement to link the recipient of crop insurance to the protection of soil and wetlands, thereby compounding future losses; and it does not reduce the subsidy rate for wealthy farmers and investors with high adjusted incomes.

□ 1010

Most concerning is the new provisions that are termed “shallow-loss revenue,” where they're creating new, long-term protections that really come at a potentially high price tag. Instead of moving forward with this being an area to reduce subsidy, it has been noted by independent analysts that if

commodity prices fall over the course of the next decade significantly, all of the purported savings would disappear under this enhanced shallow-loss provision.

There are unwise reductions in the conservation and energy titles. In fact, there's no funding whatsoever in the energy title in the House bill, unlike, at least, the Senate bill with \$800 million. But more significant is a reduction in the conservation stewardship program. It would limit the enrollment to 9 million acres, as opposed to the current 12.8 million acres that are available. This is despite the fact that currently with a 30 percent higher acreage level, 50 percent of the farmers who want to take advantage of this to protect the land and promote habitat for wildlife and water quality are turned away.

Another provision that looks like an improvement is actually a problem. It increases the EQIP program, the Environmental Quality Incentives Program. It increases the limitation by \$450,000, a 150 percent increase. What this does is open the floodgates for very large, confined animal feedlots that are going to end up swallowing most of this money and not making it available for others. At the same time, it reduces the amount available for organic farmers.

I hope my colleagues will look carefully at this legislation because we need to do better for America's farmers and ranchers, for wildlife and the environment, and for the taxpayers.

THE HIGHEST COURT IN THE LAND IS THE AMERICAN PEOPLE

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

Mr. McCLINTOCK. Mr. Speaker, in the wake of the Supreme Court decision on the so-called Affordable Care Act, the House will once again take up the imperative of repealing it.

But the Supreme Court decision has much more dire implications for our Nation and for its cherished freedoms than merely affirming the government takeover of our health care. In reaching its conclusion, the Court obliterated the fundamental distinction between a penalty and a tax. Congress has the power to lay and collect taxes; and, therefore the Court reasons, it can apply a tax for any reason, even those otherwise outside the confines of the Constitution.

In this case, the Court ruled that Congress could not impose a law requiring citizens to purchase a government-approved health plan under the Commerce Clause, but it can impose exactly the same requirement as a tax. If it can't fine you for disobeying, it can certainly tax you for disobeying. Mr. Speaker, if the government fines you \$250 for running a red light or taxes you \$250 for running a red light, the effect is the same. What's the difference?

Actually, there are two critical differences. First, as a fine—as a penalty—the burden of proof is on the government to prove that you ran that red light. As a tax, the burden of proof is on you to show that you did not run it. Anyone who has ever undergone an IRS audit knows exactly what I mean. This decision fundamentally alters the most cherished principle of our justice system, the presumption of innocence.

There is a second even more chilling difference between a penalty and a tax. Under our Constitution, no penalty can be assessed without due process. You cannot be punished until you have had your day in court. But to challenge a tax, you must first pay that tax before you can seek redress through the court. You are punished first and then tried. This is the madness of Lewis Carroll's Red Queen brought to life: Sentence first—verdict afterwards.

Under this decision, Americans may now be coerced under the threat of the seizure of their property to take any action the Federal Government decrees without any constitutional constraint, enforceable in a manner that denies both presumption of innocence and due process of law. By this reasoning, it can now tax speech it finds offensive, tax people who choose not to go to church or people who do, tax people who own guns or people who don't. As long as we call it a tax under this decision, there are no limits to the power of the Federal Government.

I believe this decision will go down in history as one of the most deplorable ever rendered, taking a place of infamy next to Dred Scott.

If the Court has failed to defend our Constitution, then what appeal is left us? There is one. The Constitution does not belong to the Federal Government. Its ownership is made crystal clear in its first three words: “We, the people.” As Ronald Reagan said:

The Constitution is not the government's document telling us what we can and cannot do. The Constitution is the people's document telling our government those things that we will allow it to do.

Thus, the Supreme Court is not the highest court in the land. That position is reserved to the rightful owners of the Constitution, the sovereign American people through the votes that they cast every 2 years.

The infamous Alien and Sedition Acts were never struck down by the Court, but the American people did that in the election of 1800. The Supreme Court declared that American slaves were outside the protection of the Constitution when it struck down the Missouri Compromise, but the American people reversed that decision in the election of 1860.

Let us pray, while we still can—before that is taxed—that this infamous decision will be repudiated by what is actually and rightfully the highest court in the land, the American people.

PRETEND LEGISLATION

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

Mr. DEFAZIO. Repeal and replace. If multiple failed attempts constitute delivery on a promise, the Republicans have delivered in spades.

Today, the House of Representatives, for the 31st time in this session, will take up legislation to repeal all or part of the Affordable Care Act, so-called "ObamaCare." There have been 31 attempts tying up the floor of the House. One's enough. We already did it the first or second day we were here. The Senate is not going to take it up, but repetition is their mantra here for pretend legislation.

They could take up real legislation. In fact, they had an opportunity as part of today's faux repeal to take up my legislation, which passed the last House of Representatives with massive bipartisan support, which would provide lower health care costs and health insurance costs for every American. That was real legislation.

Why won't we do that? Maybe because it would upset the insurance industry, and they're awful generous at campaign time on that side of the aisle. Maybe. I don't know why.

I offered to the Rules Committee an amendment to take away the antitrust immunity of the insurance industry. Yes, the insurance industry can and does get together behind closed doors and collude to drive up your rates, to exclude your coverage, and do a whole host of other things. They have been somewhat constrained by the Affordable Care Act in some of their collusive practices. Actually, the House version of the bill contains repeal of the antitrust amendment. The Senate, due to, as I understand it, one Democratic Senator, BEN NELSON, failed to include it in their version of the law. We had a separate vote later in the House. Over 400 Democrats and Republicans voted for it. It's common sense.

They want to talk about free enterprise. It's not free enterprise when an industry can get together and collude to screw consumers. It's just not. That's not free enterprise.

My amendment was not allowed. So we're just going to have another fake debate about repealing all of ObamaCare. Let's think about their vision here. Remember, it was repeal and replace. Where is the replace part? They're not talking about the replace part. That's strange. I guess they just want to go back to the way things were—status quo. That would be in the 10 years before ObamaCare, the Affordable Care Act, health insurance premiums were up 100 percent. That's an average of 10 percent a year.

□ 1020

Let's go back to those good old days. Uninsured, up from 35 to 44 million, during those same 10 years. Let's go back to those good old days.

Rescissions? Wow, the industry could and did refuse to renew your policy or take it away when you got sick, due to

technicalities. That was called a rescission, a dirty little secret. That was outlawed by the Affordable Care Act. They want to bring that back. Give the industry the right, when you get sick with cancer, to take away your policy even though you have been paying your premium for 20 years at these inflated rates.

Then, denial of coverage, of course, we'll bring back denial of coverage—any preexisting condition. Nope, sorry, we won't sell you a policy.

Lifetime limits, they want to bring back all those good old things because they have no replacement. They haven't talked about replacement. All they're talking about is repeal.

Let's put just a few statistics on who would not benefit under their proposal.

In my district, 7,400 young Americans under age 26 are on their parents' policy. Nationwide, 3.1 million young Americans have insurance today who won't have it if their repeal bill goes through.

Seniors, they are getting a 50 percent discount in the doughnut hole that never should have been created. I voted against their doughnut hole bill and the bill that subsidized the insurance industry and the pharmaceutical industry and didn't do a great job overnight helping out seniors with their pharmaceuticals.

We could have done it for less, straight up, negotiate lower drug prices and offer a policy at cost. No, they wouldn't do that because the industry didn't like it. A pretty consistent theme here of sucking up to the insurance industry.

Then 148,000 people in my district now get free preventive care under their insurance, 54 million people across the country. That goes away when their repeal bill goes through with no replacement.

Children with preexisting conditions; 36,000 in my district have coverage now, 17 million nationwide. Tough luck, kids. You're back off the policy here under the Republican vision for the future of health insurance.

Lifetime limits; 230,000 people in my district, 105 million people nationally. Most people don't know their policies have lifetime limits until they get a catastrophic illness and they start to read the fine print and the insurance company stops paying the bills and you go bankrupt.

They want to bring back those good old days with repeal of this horrible ObamaCare.

Then we have the business rebates and on and on. This is kind of a dyspeptic view of the world here. Let's go back to the dysfunctional system we had before.

Is ObamaCare great? No. Can we fix it? Yes. Should we fix it? Yes. Should we adopt measures that would make it better, like taking away the antitrust exemption of the health insurance industry? Yes. Will they bring those issues up? No. They just want to pretend. It's pretend Congress day.

TAKE YOUR CRIMINALS BACK

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

Mr. POE of Texas. Mr. Speaker, Bangladesh national and illegal immigrant Shafiqul Islam was convicted in 2008 of promoting sexual performance of a child.

After he served his sentence in New York, an immigration judge ordered Islam to be deported back to where he came from, but Bangladesh wouldn't take back their criminal deviant. They did what many countries do, delayed, delayed, delayed, until, by law, he was released back onto the streets of America.

As other countries are well aware, U.S. law does not allow indefinite incarceration. Six weeks after his release, Islam struck again at another victim.

On a cool evening in November in New York, 73-year-old grandmother Lois Decker, a mother, a grandmother, retired school cook, a Sunday school teacher, was walking home from the grocery store. Islam stalked her and followed her into her home and murdered the defenseless grandmother.

But stealing her life just wasn't enough for him. After Islam left her to die, he stole her car and took off in the darkness of the night. The thief, however, wrecked her car. Two good Samaritans saw the crash and mistakenly stopped to help him. Then, being the worthless outlaw he is, he tried to steal their car as well. More witnesses intervened and prevented him from stealing that vehicle, but he still fled the scene in yet another stolen vehicle. In June, a judge in New York sentenced Islam to life, where he belongs.

Mr. Speaker, currently there are thousands of criminal illegals in our country, just like Islam, that have been sent to prison, ordered deported, but their native countries stall, delay, and eventually refuse to take back their outlaws. Many of those criminals are roaming around American streets looking for more crime and malicious mischief.

There is more.

Ashton Cline-McMurray was a 16-year-old with cerebral palsy when he came in contact with another "dodbad." One evening he was walking home from a football game in Massachusetts when he was ambushed, beaten, stabbed, and murdered by Looun Heng, an illegal from Cambodia. Heng was convicted of manslaughter, sent to prison, and then ordered deported. But Heng never went back to his native country of Cambodia because they wouldn't take him.

There is more.

Vietnamese citizen Binh Thai Luc was convicted of armed robbery of a Chinese restaurant in California in 1996. He was sent to prison for 10 years and then ordered deported back to Vietnam. But, once again, Vietnam would not take him back. So, in March of this year, Luc was running loose in San Francisco and murdered five people.

Mr. Speaker, these are tragic cases that occurred in our Nation. There should be consequences for countries like Bangladesh, Vietnam, and Cambodia who fail to take back their lawfully deported criminals.

The blood of Ms. Decker and these other victims are not only the fault of Islam and the other felons, but also the fault of those countries that refuse to take their outlaw citizens back. Some of the most offending countries are Cuba, Pakistan, Vietnam, Jamaica, and, yes, our “good buddies” the Chinese.

What should we do? We should do two things: One, U.S. law should allow civil suits against these offending countries for damages without any caps on compensation; and, two, freeze legal visas to nations that refuse to take back their criminals.

Mr. Speaker, did you know a similar law already exists in the U.S., but the State Department won't enforce the law for supposedly “diplomatic reasons”? According to Secretary Napolitano, DHS and the State Department are working with these offending countries to resolve these matters, that being the folks that are getting murdered in the U.S.

I have introduced legislation that removes the uncertainty and the weak knees of bureaucrats and requires the State Department to follow through with visa sanctions against these countries. Time to play a little diplomatic hardball with these nations. After all, Americans are dying because these lawfully deported illegals don't go back where they come from.

It's time to make these crooks and misfits the problem of their home country rather than continue to remain our problem; otherwise, more grandmothers are going to die in America.

And that's just the way it is.

EDUCATION AND LITERACY

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

Mr. CLARKE of Michigan. Mr. Speaker, I am here, along with my good friend and colleague, the gentleman from South Carolina (Mr. SCOTT), to address a national crisis that's facing us today.

Too many of our young African American and Hispanic men cannot read. They're dropping out of school and they're ending up in prison. Without the skills to be able to get a job, many of these young men may lose hope and they resort to crime.

I personally understand, to a certain degree, what these young men are going through. I lost hope myself in my early twenties.

Raised as a single child, my parents were deceased by the time I was 19. I dropped out of school, ended up being unemployed, and resorted to food stamps. My food stamps were ultimately cut off. At that time, I felt I would never make it in life, and I gave up.

Now, several factors intervened to help save me. One was my godmother,

Octavia Lyons. She wasn't a college graduate and she wasn't a professional woman. She was a domestic cleaning lady like my mother, and she was raised and educated in segregated Mobile, Alabama. She understood the value of working and the value of education, and she demanded that I do something with my life.

□ 1030

The other factor that motivated me directly to go to school, again, was the fact that I was able to go to the Detroit Public Library. I caught the bus. And I started reading books on visual artists, and it inspired me to go back to school to study fine arts again. But the point is, I had the ability to read—and reading helped save my life.

I want to now yield to my good friend, Representative SCOTT, the gentleman from South Carolina.

Mr. SCOTT of South Carolina. Thank you, Congressman CLARKE.

Let me just thank Mr. CLARKE for focusing on the issue of education and, specifically, the issue of literacy. I will say that as a kid growing up in a single-parent household myself, living in poverty, I did not value education as a youngster. And so by the time I was in high school, I was flunking out. I failed the ninth grade. I failed world geography, civics, Spanish, and English. When you fail Spanish and English, they don't consider you bilingual. They may call you “bi-ignorant.”

And that's where I found myself, because I had lost hope in life. I had a mother who believed strongly in the power of education. And because of her discipline, her involvement, and her focus, I found the path back towards prosperity, which started with education. And as chairman of the county council a few years ago, I recognized that the incarcerated population of Charleston County was highly represented by young people, mostly men, who were functionally illiterate, coming from single-parent households and living in poverty, as I did.

So the value of education cannot be overemphasized enough, and the necessity of public-private partnerships to address this issue is an absolute necessity because our Nation faces a crisis.

Mr. CLARKE of Michigan. Thank you, Representative SCOTT.

To the American people, we want to show that even though this Congress many times is divided based on ideology and party, he and I—I'm one of the most liberal Members of this House and my friend, the gentleman from South Carolina, is one of the most conservative—both agree we've got to address this national crisis. We've got to save the lives of our young black and Hispanic men. And by doing so, we're going to help strengthen our economy and help create jobs. This is a national call to action for all of us in government, schools, libraries, business, and our charities and our families, to all work together to help educate our young men on the value of reading and to teach them to read.

I yield to my friend from South Carolina.

Mr. SCOTT of South Carolina. Mr. CLARKE, I would say that without any question the issue of education is not an African American issue; it's not a Hispanic issue. It is an American issue. It is an American tradition that for all access in this Nation, the power of freedom comes from the power of education. And we stand here together as one of the more conservative Members of the House and certainly one of the more liberal Members of the House focusing on the same problem. We may not even agree on all the paths to solving this problem, but we can agree on the necessity of addressing the issue of literacy. And if we can work together finding paths for the American people to focus their attention, finding paths for Congress to focus our attention, we find paths to the solution.

Mr. CLARKE of Michigan. I agree, my brother. I'm going to work with you on this.

Mr. SCOTT of South Carolina. Thank you, Mr. CLARKE.

Mr. CLARKE of Michigan. Thank you.

HONORING MAJOR RYAN S. DAVID

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Ms. FOXX) for 5 minutes.

Ms. FOXX. Mr. Speaker, it is with sadness that I rise today to honor the memory of Major Ryan S. David of Boone, North Carolina, who was a member of the North Carolina Air National Guard. On July 1, his Charlotte-based C-130 crew crashed in South Dakota while battling the State's White Draw fire. Major David was an experienced navigator who joined the National Guard in 2011 after completing Active Duty service in the U.S. Air Force. He is survived by his wife, Jenny, and his infant son, Rob.

Along with Major David, Lieutenant Colonel Paul Mikeal of Mooresville, Major Joseph McCormick of Belmont, and Senior Master Sergeant Robert Cannon of Charlotte gave their lives in service to our country. There's no question of the bravery and commitment of these men, and we are very grateful to them. My heart goes out to the families of these heroes and their Air National Guard colleagues. May God grant them comfort in this time of loss, and may He bless the sacrifices of these fallen.

FORD'S LOUISVILLE SUCCESS STORY

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

Mr. YARMUTH. Mr. Speaker, every 44 seconds, a 2013 Ford Escape comes off the line at the Louisville assembly plant. The Escape's parts make their way along 20 miles of conveyers inside a 3 million-square-foot facility that

stretches a mile from corner to corner. Inside that facility are more than 4,200 Louisvillians—and a few Hoosiers—operating state-of-the-art machinery capable of producing six different vehicles.

Ford has a long and robust history in Louisville. The company has been manufacturing vehicles in Derby City since the Model T in 1913. The Louisville assembly plant opened in 1955 and since then has produced the Ford Ranger, the Bronco II, and the Explorer, to name just a few. Across town, the Kentucky truck plant has been operating since 1969 and employs nearly 5,000 workers.

For years, both plants thrived—and with them, families. Just recently, a woman who now works at Ford told me that her dad had worked there for 50 years. Stories of Ford careers that span lifetimes—and generations—aren't rare in Louisville. There are fathers and daughters who have built careers side-by-side on the line.

But by 2008, the Louisville assembly plant was outmoded and the U.S. economy was in crisis. The plant's future was clouded with uncertainty. Workers came to work everyday not knowing whether their jobs would be there tomorrow. Ford needed to innovate. It needed to produce vehicles that the American people could afford, that were sleeker and more fuel efficient, and that met a changing desire among car buyers who wanted more dynamic, economical vehicles. But the company needed a financial bridge to do it.

In Congress, I worked to include the Advanced Technology Vehicles Manufacturing Loan Program in the Energy Independence and Security Act of 2007. Ford received a \$5.9 billion loan through the program, which allowed the company to invest \$600 million in the Louisville assembly plant and to remap their future. In 3 years, the Louisville assembly plant has gone from uncertainty to a complete retooling. Last month, I was proud to join Ford officials and hundreds of workers to unveil what is now the biggest, most flexible high-volume Ford plant in North America. The plant has added more than 3,000 jobs, and the increases in production have led to thousands more suppliers, of which there are 500 for the new Escape model alone.

Ford also worked with the UAW to renegotiate its contract and add a third shift at the plant. By the end of this year, the company will employ more than 8,000 people in Louisville. The positive relationships forged between organized labor and Ford in Louisville should serve as a model of compromise and cooperation for the rest of the Nation.

The Escape is a success story of American ingenuity and innovation for the private sector, for organized labor, and for the Federal Government. And it's a victory for Kentucky. Ford's new investments at the Louisville assembly plant and the Kentucky truck plant are expected to contribute more than

\$800 million to our Commonwealth's GDP. Let's be clear: this happened because of the leadership of Ford, UAW, and our unparalleled workforce. But none of it would have been possible without key government investments to advance large-scale innovation.

There were some who said we should let the auto industry fail. In Louisville, that would have meant putting thousands of Ford workers out on the street. It would have meant that the thousands of workers at supply companies who provide parts for the new Escape would have been updating their resumes instead of assembling Ford's newest and most advanced models. And it would have been an admission that in America our best manufacturing days are behind us. We're proving that wrong every day in Louisville and across the country.

Over the past 28 months, American manufacturers have created nearly 500,000 jobs. That's the strongest period of growth in manufacturing employment since 1995. And it's because we are using strategic Federal investments to spur innovation and leverage private sector investment. Just this month, the AP reported that Ford Motor Company sales rose 7 percent in June. The reason? Strong demand for the new Escape, which is selling at a higher rate than ever before.

□ 1040

There are still plenty who say government is part of the problem, not part of the solution. But since at least the 1940s, we have known and generally acknowledged that the market cannot do it all on its own and that there is a role for government in pursuing short and long-term economic growth and prosperity in this country.

You can find it in Louisville. Our workers, Ford, and government partners—Federal, State, and local—have shown just how successful we can be working together to build the vehicles of the future and the innovations that keep our city, and our country, on the leading edge of manufacturing.

PEOPLE WITHOUT JOBS

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

Mr. MURPHY of Pennsylvania. Mr. Speaker, last week, we received some unemployment numbers, or employment numbers, of 80,000 new jobs. It was a bleak statistic telling us that now we were in our 41st straight week where unemployment was above 8 percent. Of course, the real unemployment numbers are saying there are 23 million Americans out of work or looking for work, people who are unemployed or underemployed based upon their skill set and taking whatever job they can get.

But put this 80,000 new jobs in an additional context, and it is of deeper concern. This year, 3.1 million students

graduated from high school, and 1.7 million graduated with a bachelor's degree from a program. Add to that list also those who have an associate's degree or simply have dropped out of school, and we recognize those 80,000 new jobs are barely a drop in the bucket.

Also note that among those who are college graduates, recently, 53 percent of them are underemployed; that is, working in a job below the qualification levels which they have achieved. About 1.5 million under age 25 in 2011 were jobless or underemployed, the highest in at least 11 years. In the year 2000, the share was at a low of 41 percent.

Now, families are concerned because they don't want more unemployment checks when they can be getting an employment check. They need jobs to pay for their food and their housing, to pay off loans for their cars and schools, to save something for retirement or save something for other family needs for the future.

But put this in the context of other increases families have had to face in the last few years. The increased cost for gasoline in the last 3½ to 4 years is about \$2,200 per year per family. The increased cost of electricity with new coal regulations put forth by the EPA will cause families' electric bills to rise by \$300 to \$400 per year. The new coal regulations are estimated to lead to a loss of 180,000 jobs per year. CONSOL has announced it's laying off 318 miners. Arch Coal has laid off 750 miners in Kentucky, West Virginia, and Virginia. Alpha notified employees at four West Virginia mines of a loss of 100 jobs.

The coal regulations are such from the EPA that we have had no new coal-fired power plant permits granted for the last few years. Simply, no plants are being built, and ones are being closed down. And yet we have a massive amount of coal which we can use to create clean energy if the EPA would allow us to build some newer, cleaner plants. Look at sulfur dioxide—there has been a 56 percent decrease, and with nitrous dioxide a 38 percent decrease since the 1970s, while coal has tripled in its use. Mercury emissions have decreased by 60 percent since the 1950s, and we can do better.

We also note that we can have new jobs from offshore drilling, and although the House has passed such legislation, the Senate and the White House have blocked it. If we drill for oil and natural gas, several things can happen. One, it can free up 2.5 to \$3.7 trillion, which we can use to invest in infrastructure of roads, highways, bridges, locks and dams, and water and sewer projects. But as long as those areas are blocked, we cannot reap the benefits from that. Instead, we continue to spend money to protect OPEC oil fields and had a trade deficit of \$127 billion last year with OPEC. And sadly, of course, there is that unmeasurable, immeasurable cost of having our soldiers, sailors, airmen, and marines

fight overseas, fighting Taliban and al Qaeda funded with OPEC oil profits.

Finally, we have the increased cost of health insurance. The Kaiser Family Foundation has estimated the cost to the average family to be about \$1,200 more since we passed the health care bill here, and median income for families is down \$4,300.

There are solutions that the House, Senate, and White House can work on together. But much of this is in the area of using our domestic energy and to stop saying “no” to domestic energy. Although an all-of-the-above policy that includes wind and solar is valuable, we cannot create jobs by also saying “no” to coal, 10 Federal agencies trying to block natural gas drilling, and everyone dropping the ability to drill for oil. We have solutions, we have answers. We only have to have the will to pass these.

WOMEN OF THE DISTRICT OF COLUMBIA ARE NOT PAWNS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from the District of Columbia, (Ms. NORTON) for 5 minutes.

Ms. NORTON. Mr. Speaker, American women have been outraged by Republican attacks on reproductive health this term. We saw it in the decision that was later reversed by the Susan G. Komen Race for the Cure when it initially pulled funding for Planned Parenthood for breast cancer screenings, and we saw it again in Republican attempts to defund Planned Parenthood, and then again to block access to contraceptives as part of health insurance.

More seriously, beneath the radar, there has been a far-right campaign, as announced by anti-choice forces, that will emerge in the markup of H.R. 3803, a frontal attack on abortion rights as guaranteed by Roe v. Wade. Representative TRENT FRANKS, the sponsor of H.R. 3803, and anti-choice forces have unleashed a full-fledged attack on Roe and the Nation’s women, using women in the Nation’s Capital as pawns.

The District of Columbia Pain Capable Unborn Child Protection Act, a bill without any scientific basis, seeks to ban all abortions in the District of Columbia after 20 weeks of pregnancy, with very limited exceptions. However, Roe v. Wade requires viability to be determined only by a physician and not by statute. Although the bill is nominally addressed only to women in the District of Columbia, it seeks to rally the most extreme Republicans by achieving a Federal imprimatur, however bogus or limited, for use in an ongoing campaign across the Nation to get States to defy the law of the land under Roe v. Wade. Several conservative States have already passed similar laws, but neither Congressional Republicans nor anti-choice organizations has the nerve to proceed in the usual way with a post-20-week abortion ban bill for the Nation because they know that women and their supporters would

angrily turn back such an attack on Roe v. Wade.

The full and equal American citizens who live in the Nation’s Capital, pay Federal taxes, and go to war demand to have their laws respected—especially by unaccountable Members of Congress. By moving the post-20-week abortion ban only in conservative States and targeting the District, which has no vote on such a bill on this floor, even though it affects only our residents, Republicans show they lack the courage of their own convictions and the courage to make this bill apply nationally, even in a Republican-controlled House where they would surely win. They target the District of Columbia women because they fear the wrath of the Nation’s women that a nationwide bill would surely bring.

□ 1050

Well, we will not stand by as Republicans, who claim to favor small and local government, attempt to pass legislation affecting my constituents but not theirs in an act of disdain for the Federalist principles they profess.

Fortunately, the scheduled markup of the bill has helped us and pro-choice organizations to alert women across the United States that the D.C. label on this bill is a cover for a bill that seeks to undermine the reproductive rights of women across the United States.

Women have been watching closely ever since the first attacks on reproductive health in the House this term. With the post-20-week D.C. abortion bill, Republicans have left no doubt that the reproductive freedom of America’s women depends upon a Democratic Congress and a Democratic President.

RECOGNIZING ALLYN LAMB OF AGCHOICE

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to recognize Allyn Lamb, the president and CEO of AgChoice, who will retire at the end of the year after decades of service to the agriculture community.

AgChoice is an agriculture credit association that provides a broad range of financial services to farmers and foresters all across Pennsylvania. Under Allyn’s leadership, AgChoice has become a leading institution supporting the credit needs of farmers, as well as the mortgage credit needs of rural homeowners, for communities across the Fifth District of Pennsylvania and throughout the greater Commonwealth of Pennsylvania. Even under a tough economy, AgChoice has consistently stayed financially sound while offering outstanding service and support to our agriculture communities.

With 32 years of service in the Farm Credit System, Allyn has spent his pro-

fessional career as a champion for agriculture and the individual farmer. We owe him a great deal of thanks for his tireless work and his committed leadership.

I want to thank you for your service, Allyn, and wish you well in your retirement.

REPUBLICANS ARE HOLDING AMERICA HOSTAGE

The SPEAKER pro tempore. The Chair recognizes the gentleman from New York (Mr. HIGGINS) for 5 minutes.

Mr. HIGGINS. Mr. Speaker, the Republican majority of this House is holding the American people and its economy hostage in a cynical ploy to keep the economy from growing and creating jobs.

In the year 2000, 12 years ago, the Federal budget had a \$258 billion surplus that was a direct result of having created 22 million private sector jobs under the Clinton administration. New road and bridge projects were funded and American businesses were providing the labor and equipment to help rebuild the Nation’s infrastructure.

In the year 2001, the new Republican administration came in and looted a surplus that they didn’t create to finance two tax cuts we couldn’t afford and two wars that took over \$1 trillion out of the American economy. They ruined the American economy by losing more jobs than in any period in the past 60 years and created a financial crisis not seen since the Great Depression. The Republican Party and their failed policies took us from record surplus to record deficit.

In 2009, the Republicans handed this mess over to the current President and have vowed not to help him rebuild this Nation and its economy. They have created a phony debt limit crisis that reverberated throughout the American economy and the financial markets. The debt ceiling crisis cost American investors \$18 million and led to a downgrade of the Nation’s credit rating. This debt limit crisis imposed a tax on the American people that did real and permanent damage.

Default, or the threat of default, will exact more economic damage on an already fragile recovery, and they’re threatening to do it all again later this year—this, despite the fact that the House Republican budget resolution spends \$1 trillion more than it takes in in revenue. The logical consequence of their budget, the Republican budget, is to raise the debt ceiling.

We need to nation build right here in America. Our Nation’s roads and bridges are falling part. You have 69,000 structurally deficient bridges in this Nation. Every second of every day, seven cars drive on a bridge that is structurally deficient. The Senate and the House just passed a \$105 billion transportation bill to spend less than \$53 billion in each of the next 2 years. While it is something, it’s weak—in fact, it’s pathetically weak. It will fill

a few potholes, surely, but won't reconstruct roads or build bridges. It will create some jobs but won't put a dent in the unemployment rate.

We need to do nation building right here at home in America. Congress just spent \$65 billion rebuilding the roads and bridges of Iraq, a nation of 26 million people. You just spent \$78 billion rebuilding the roads and bridges of Afghanistan, a nation of 30 million people. And all you can come up with is \$53 billion for nation building in America, our Nation, a Nation of over 300 million people.

The American Society of Civil Engineers gave us a D grade, and they and the United States Chamber of Commerce agree that the poor quality of America's infrastructure costs our economy hundreds of billions of dollars in lost growth.

To grow this economy and create jobs, we need to invest in rebuilding the roads, bridges, water, and sewer systems of this country. According to the New America Foundation, a 5-year, \$1.2 trillion American rebuilding plan would create 27 million jobs. In the first year alone, the economy would add 5.2 million jobs, or 433,000 jobs each month, and the economy would grow by over \$400 billion. Unemployment would be reduced to 6.2 percent in the first year alone and 5.6 percent in the second year.

This is a real and compelling jobs plan. The best tax policy is to bring back into the economy lost taxpayers and to buy labor, materials, equipment, and services from American small businesses.

Austerity didn't work in the United States in 1937, it didn't work in Japan in the 1990s, and it's not working in Europe and the United States today. To grow the economy, we need to invest and save. House Republicans need to stop whining about China and stand up for America.

HEALTH CARE LAW REPEAL

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

Mr. STIVERS. Mr. Speaker, the House and Congress this week should pass the health care repeal bill because the President's health care bill is making the economy worse.

I saw a recent poll that said 50 percent of small businesses are less likely to hire new employees because of the health care bill. As an example, in my district, I spoke to a small business owner who is scared to hire his 50th employee because it would subject his company to the mandates under the health care law.

Greg Fortney, who is a small business owner, told me he has great concerns about the health care law. He said it would prevent him from expanding his operations and giving his employees a chance to grow their own businesses. To comply with the health care law, it would take all of the prof-

its from his business, his annual profits, just to comply.

We need small business owners focused on creating jobs, not worrying about complying with a new mandate.

And it will tax our families who are struggling. Just last night, on a telephone town hall, I heard from a real estate agent who was concerned about the 3.8 percent tax on sales of homes that will go into effect in January of 2013. On a \$100,000 home, that's \$3,800, and it could make the difference between somebody being able to sell their home for a profit and a loss. So this isn't on the gain; this is on the net price. It has nothing to do with the health care bill. It was just a way to pay for the extra costs in the bill.

The bottom line is that the health care bill is making the economy worse. It's hurting job creators and it's hurting our struggling families and hurting real estate values. We need to repeal it and start over by focusing on cutting costs in our health care system and improving the efficiency. If we have a real crisis in health care, it's a crisis of cost.

PRESIDENT OBAMA CARES

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

Ms. WILSON of Florida. Mr. Speaker, "ObamaCare" was coined by the Republicans to mock the wonderful Affordable Care Act passed by Congress in 2010 and signed into law by President Obama.

The recent Supreme Court decision proves that ObamaCare was the perfect nickname because President Obama cares. He cares about you. He cares about me. He cares about my friends on the Democratic side of the aisle and he cares about my friends on the Republican side of the aisle.

□ 1100

He cares about all Americans. President Obama cares about us, and he thinks that we should not have to worry about going broke just because someone in our family gets sick.

Because Obama cares, every American has the right to affordable health care. And yet the Republicans hate it with every fiber of their being. Why?

Don't Republicans get sick, too? Don't Republicans worry about having to file for bankruptcy just because someone in their family gets sick? Don't Republicans go to the emergency room with no insurance?

Later this week, the Republicans will vote to repeal a law that proves that Obama cares. Not "repeal and replace," as they said they would do when they made their Pledge to America—just repeal. In other words, get rid of it, period.

How can the Republicans explain to their constituents the repeal of a law that affords health care for everyone? Are they trying to send a message that Republicans don't need health care?

Republicans are not robots. They get sick, they need surgery, they feel pain, they hurt, they cry, they mourn, they weep. Access to affordable health care is a basic right. It's not a Republican right, a Democratic right or an Independent right. It's a basic right for all Americans.

Hello. If you're out there somewhere in America today and you feel you don't need health care because you are invincible, well, you are not. Do you feel that the rest of us should pay your medical bills? Enough of that already.

Do you feel that those less fortunate should suffer needlessly? Then you need to pray to your God for forgiveness.

You must care. You must care about the less fortunate, the working poor, the foster child, the disabled, the elderly, the mentally ill, the homeless, those wracked with pain. And all of Congress must care.

The Affordable Care Act shows that Obama cares. He cares enough to include a provision that ensures our children can no longer be denied health care because of a preexisting condition. Obama cares enough to include a provision that allows students and young people under 26 to stay on their parents' health insurance plan no matter where they live.

Obama cares enough to add language that closes the Medicare doughnut hole so that seniors pay less for their prescription drugs. They no longer have to decide whether to fill their prescriptions or buy some food.

Obama cares enough to put in provisions that insist that insurance companies cannot drop your coverage when you get sick or that prohibit insurance companies from placing annual and lifetime limits on your health care. Life is so unpredictable.

And Obama cares enough to include a provision that prevents insurance companies from charging higher premiums for women just because they happen to be women.

The law of our land says that if you have a car you must insure that car. If you have a mortgage, you must insure that mortgage. If you have a body, insure it. Keep it healthy. Get your checkups, take your medication. What is more important to you, your luxury car, your beautiful house, or a healthy body?

Every Member of Congress has wonderful health care insurance, and our pharmacy bills are so cheap it's unbelievable. It's simply great being covered by my health care in Congress.

Shouldn't we want the same for our constituents who sent us here to serve them? Shouldn't we care?

President Obama cares. NANCY PELOSI cares. STENY HOYER cares. JAMES CLYBURN cares. JOHN LARSON cares. XAVIER BECERRA cares, and I care.

Republicans out there, can you hear me?

You should make all Members of the U.S. House of Representatives care.

Contact and let them know that everyone needs the same health care amenities that they enjoy.

Don't be hoodwinked by the tax rhetoric. Listen to the facts. Read the fine print. You deserve access to affordable health care. You need affordable care.

Power to the people. Power to ObamaCare.

CIVILIAN AID TO AFGHANISTAN: IF IT'S SO IMPORTANT, WHY AREN'T WE DOING MORE OF IT?

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

Ms. WOOLSEY. Mr. Speaker, there was a very compelling op-ed piece in The Washington Post last week by U.S. Ambassador to Afghanistan, Ryan Crocker. In it, he paid tribute to the many American civilians who are risking their lives doing important humanitarian work to bring security and stability to Afghanistan.

I couldn't agree more with Ambassador Crocker that those men and women working for or contracting with the State Department or USAID are doing extraordinary work rebuilding infrastructure, helping children to go to school, improving infant and maternal health, wiring the Afghan people to the Internet.

Mr. Speaker, the burning question is this: If this work is so important, why aren't we doing more of it? The human need in Afghanistan is far greater than the resources we're devoting to the effort.

For the last few years, we've had a military surge in Afghanistan, a surge that's led to more death, more violence, more instability, and more strength for the extremists and insurgent forces we're trying to defeat.

What we need, Mr. Speaker, is a civilian surge. We need a great emphasis on development and diplomacy, on democracy promotion and debt relief, on peacekeeping and conflict resolution, not just in Afghanistan, but in impoverished and unstable countries around the developing world.

All of this is at the heart of the SMART Security proposal that I've been promoting since 2004 that I introduced during the middle of the Iraq war. Contrary to the conventional wisdom we've been fed, military aggression does not advance our national security goals. It undermines them. It makes us less safe, not more. It emboldens terrorists, instead of vanquishing them.

We've tried it this way for more than a decade now, Mr. Speaker, and it simply has not worked. It hasn't fundamentally changed the fortunes of the Afghan people, and it hasn't driven the Taliban and other terrorist networks into oblivion.

At an international conference on aid to Afghanistan this past weekend, Secretary of State Clinton said that the administration would request Afghani-

stan aid funding at or near levels provided over the last decade. But at or near is not enough. It comes to somewhere between \$1 billion to \$4 billion a year, which seems like a lot of money, until you realize that's what we spend on military operations in Afghanistan roughly every week or so; \$10 billion a month waging a destructive war on Afghanistan that is killing civilians, but only a few billion dollars a year rebuilding Afghanistan and empowering civilians.

That just doesn't make sense. Ambassador Crocker has pointed this out. Our priorities are totally out of whack.

We can't continue on the same current destructive course, Mr. Speaker. This military occupation is failing America and failing Afghanistan.

Let's finally end this war. Let's bring our troops safely home and start investing in civilian aid and other SMART security initiatives, and let's do it now.

Let's also expand these initiatives to prevent war around the world.

□ 1110

THE AFFORDABLE CARE ACT

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

Ms. BONAMICI. Mr. Speaker, it is unfortunate that we are here once again talking about repealing the Affordable Care Act, a bill that passed almost 2 years ago and that, as we all know, was recently upheld by the United States Supreme Court. We should be focusing on jobs and the economy. The repeal bill we are about to vote on isn't going to go anywhere, and we all know that. It won't pass the Senate, and it won't be signed into law. We could be doing real things to help Americans and the economy right now. Yet here we are, for the 31st time, voting on the same thing. So, instead of repeal, let's talk about the benefits to Americans as the Affordable Care Act is implemented.

Because it will result in more people having access to health care, the Affordable Care Act will change the lives of millions of people. It will prevent more of the heart-wrenching stories like those we all hear about with regard to the consequences of a lack of access to health care. I know someone whose life would have been changed by the Affordable Care Act.

Bob, in Oregon, lost his job. Because he lost his job, he lost his health insurance, so he got on to COBRA. He had that expensive option for a while, and at least it gave him coverage, but then his COBRA ran out for him, just as it does for so many other people, and he was forced to live without health insurance. It was quite a risk that he had to take, and it didn't work out so well for him. Like many people without insurance, he had medical troubles, but he put off treatment, hoping for the best. In the end, though, he ended up in the

emergency room, which is exactly what the Affordable Care Act is designed to prevent. He had surgery, and was then in the hospital for almost a month. Because of the sky-high medical bills, he almost lost his home.

Fortunately, he is doing okay today, but it was a very close call. This would not have happened under the Affordable Care Act, and it will not happen under the Affordable Care Act. Bob would have had access to affordable health care coverage, and he would not have put off preventative care, which is covered under the Affordable Care Act. He would have seen his doctor at the first sign of a problem, and he would not have ended up in the emergency room, which raises health care costs for everyone—a cost shift that the Affordable Care Act is designed to prevent—and he would not have come so close to losing his home.

The benefits of the Affordable Care Act are undeniable: Already in my home State of Oregon, 43,000 young people have taken advantage of the opportunity to stay on their parents' health plans; children can't be denied insurance because of preexisting conditions; and 54 million Americans now receive free preventative care, and that's just after 2 years.

There are more and more benefits that will be implemented over the next several years: Insurers will no longer be able to discriminate against women; insurance marketplaces, called "exchanges," will be created to make sure that everyone has access to affordable health insurance options; and starting just next month, women will have access to free preventative health care and contraception. All of these will be put into place, and as they are, more people will see how the Affordable Care Act positively affects their health and their wallets.

Repealing the Affordable Care Act has no benefits. In fact, doing so would take away every single benefit I just mentioned and more. According to the Congressional Budget Office, the repeal would increase the deficit—increase the deficit—by \$210 billion over the next 10 years. We can all agree that such an increase is unacceptable and fiscally irresponsible. So this will mark the 31st time that the House has voted on some form of repeal of the Affordable Care Act. I hope it's the last so that we can focus more on the things that really matter.

WALL STREET V. MAIN STREET

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

Ms. KAPTUR. Mr. Speaker, I rise today to talk about what is nothing less than the largest transfer of the American people's wealth from Main Street to Wall Street. It is likely the largest transfer in American history due to the fallout from the financial crisis of 2008.

Banks at the heart of the crisis all got larger as their CEOs made more

money while average citizens saw their incomes stall, or drop, or be eliminated, and while communities across this country were hit hard by their losses. Recently, the Federal Reserve issued a startling report showing that the net worth of the average American family fell by as much as 40 percent in the last 3 years. But I can tell you the banks and speculators at the heart of this crisis that has hurt us all have all done better. It's really startling. The 2010 numbers set families, ordinary middle class families, back by nearly two decades. America's middle class was the hardest hit. Many families saw losses in their retirement savings, they saw their home worths go down, and so many millions lost jobs.

The majority of the damage nationwide was caused by the collapse of the housing market because the largest form of savings that any family actually accumulates is in the ownership of a family's home. According to the Federal Reserve, the median value of Americans' stake in their homes fell by 42 percent—nearly half—between 2007 and 2010 to about \$55,000. Those are shocking figures. While we have seen wages stagnate for the vast majority of Americans during the past three decades, the median income fell nearly 8 percent in 2010 to \$45,800. Our citizens are meeting the crisis, in my opinion, with great resolve and dignity. But those who are largely responsible for their situations have averted any real responsibility and scrutiny. Let's just take a look.

The Federal Reserve actually found that only, roughly, half of America's middle class remained on the same rung on the economic ladder. Most fell down. Yet, as the Federal Reserve's data show, not everyone lost in the recession. The median net worth of the wealthiest among us—the millionaires and billionaires who helped cause the crisis—actually rose. Moreover, the value of some of the very top has simply been obscene. I think you'd say it's un-American. Let's take a look at the top executives on Wall Street. How did they fare when most Americans lost decades worth of their hard-earned savings?

Reportedly, the take for 2011 of the chief executive officer of J.P.Morgan, Jamie Dimon, was a whopping \$23.1 million. That's just, you know, the take-home. It's not all the stock options and everything else. I wonder if he thinks that's enough? His salary went up 11 percent—11 percent more—even though J.P.Morgan recently admitted to trading losses of over \$2 billion. How would you like that job? He got paid more while the institution lost money. Of course J.P.Morgan, still standing after it helped cause the crisis, got bigger after it became one of the Big Six. Mr. Dimon is not alone in taking home millions more while average American families lost much of their life savings.

John Stumpf from Wells Fargo, well, he only earned \$19.8 million for 1 year—

\$19.8 million. Lloyd Blankfein from Goldman Sachs took in \$16.2 million. That's just the salary. His compensation reportedly rose by about 14.5 percent last year despite a sharp decline in profits and share price during that year. Isn't that interesting? Who among us could have that kind of position—you make more money when your institution loses money.

This transfer of Americans' wealth has left most communities hollowed out with abandoned homes, abandoned commercial strips, high unemployment, soaring public debts, cars that have been confiscated sitting on the backlots of banks, and weakened infrastructure across this country. When you look at this picture, you can tell there is something really wrong here.

In this body, we continue to debate how to get our fiscal house in order, but Republicans have been unwilling to negotiate. Last year, we saw how House Republicans gambled with our economy. They rejected plan after plan to raise the debt ceiling and to responsibly balance the budget by putting both spending cuts and revenues on the table. They were protecting their favored few and their like at any cost, including those who get special tax breaks and get millions even when their companies do poorly or fail. When and why are the interests of the privileged money barons put before everyone else? House Republicans refuse to provide tax relief for working families unless we give even more tax breaks to the super wealthy.

We need to get our priorities straight. We need to get our fiscal house in order. We need a smart approach that puts revenues and spending cuts on the table, and we need to focus on job creation. We need to hold these Americans accountable for the damage they have done, and let them carry a hod and bear their fair share of the burden. So, for the sake of full disclosure, let's put their base earnings for last year on the record.

WALL STREET CEOs TAKING MILLIONS

Jamie Dimon, JPMorgan, \$23.1 Million.
John Stumpf, Wells Fargo, \$19.8 Million.
Lloyd Blankfein, Goldman Sachs, \$16.2 Million.
Vikram Pandit, Citigroup, \$14.9 Million.
James Gordon, Morgan Stanley, \$13.0 Million.
Brian Moynihan, Bank of America, \$8.1 Million.

□ 1120

YOU CAN STOP WORRYING

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

Ms. SCHAKOWSKY. I am well aware of the fact that there are many Americans who think when they hear the word "ObamaCare," that somehow it is a takeover by the government of our freedom and of our health care. I'm hoping that people will take another look now that the Supreme Court has

declared this to be the law of the land and see what the advantages are for you, for individuals, what does it really mean.

For example, if you're a woman, did you know that being a woman is like being a preexisting condition? Over a lifetime, women pay about 48 percent more for their health insurance than men do. That is ended right now because of ObamaCare. Did you know that if you're a woman, you're now able to get lifesaving preventive services like a mammogram? You can go in now and get a mammogram at no cost because it's a preventive service under ObamaCare.

If you're a parent and you have a child with a disability, right now you are able to have that child insured. They cannot be excluded because they have a preexisting condition. Of course, that meant so much to the mother of Olivia. Let me just read the story of the mother of Olivia. Olivia suffered a stroke at birth, and now she's 11 years old. She has multiple health issues, including epilepsy and cognitive delays and cerebral palsy. ObamaCare means that Olivia can't be denied coverage based on her preexisting condition, and there is no lifetime limit. That's true of everyone now in America. There is no lifetime limit on her insurance coverage.

Both of Olivia's parents have switched jobs since having Olivia; and each time they switched, they had to fight to get the needed coverage for their daughter due to her preexisting condition. Imagine the relief that they don't have to do that, and no one with a child with a disability has to do that anymore.

This idea of government takeover is just not true. You will still be able to choose your providers. All the decisions you really want to make are not going to be taken away. You will even be able to choose your insurance company. If you can't afford it, you will be put into an exchange where you still get to choose a variety of insurance companies. If you can't afford the premiums, the government will help you do that.

By the way, all Members of Congress will be required to be in those health exchanges. You won't be able to say that the Members of Congress are taking care of themselves with their great health benefits. By the way, they are the same as all Federal workers. We pay our premiums, and we pay our copays. We're the only Americans that are going to be required to be in those health exchanges. So you can be assured that we're going to be making sure that we're taking care of ourselves, as well as all other Americans.

Because of ObamaCare, my adult son the other day on his birthday said, Thank you, Mom. He is a small business owner. He owns a tropical fish store in Chicago. He said, I just found out from my accountant that I received a pretty hefty tax credit, because that's what's given now to small

businesses under ObamaCare. So the idea that somehow small businesses are going to be hurt because of ObamaCare, the opposite is true. Right now this is helping small businesses with a tax cut.

Here are a couple of more examples. Jerry M., a constituent, said:

My 24-year-old daughter does not make enough money to pay for individual health care. She became very ill with a throat abscess and almost died. If it weren't for ObamaCare, she would not be covered under my husband's insurance plan then. If we had not been able to get her into an excellent hospital that saved her, she might have died.

That's no longer true. You don't have to worry about that. You can stop worrying about going bankrupt over health care costs.

Here's from a senior:

My drugs are over \$4,000 a year or more, and I hit the doughnut hole—meaning a gap in coverage and the senior has to pay on her own—by July or August. But because of ObamaCare paying 50 percent, it's very helpful to me. It probably saves me \$1,200 or more a year.

She's an example of someone who is saving money right now because of ObamaCare. Take another look. I think it's really going to alleviate your worry about health care costs for your family.

SUPPORT THE AFFORDABLE CARE ACT

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

Ms. RICHARDSON. Mr. Speaker, I rise today in opposition to the latest Republican attempt to repeal the Affordable Care Act and to block meaningful health care reform. The Affordable Care Act has been upheld by the highest court, the United States Supreme Court, who found that this legislation was constitutional.

I rise today to stress my support of the Affordable Care Act and my opposition to the legislation brought before us today.

This legislation addresses the Affordable Health Care Act, millions of uninsured Americans, and it strengthens the Medicare system. It relieves all Americans of the growing financial burden and medical costs of insurance that many find tough to bear.

Let me talk a little bit about my district in California. In the 37th Congressional District, the benefits of this bill are already undisputable. There are now 23,000 children and 90,000 adults who have health care insurance that covers preventive services with no copays, co-insurance, or deductible. There will be 501 small businesses that will receive tax credits that will help them maintain or expand their health care coverage for their employees. Health care providers in my district have received \$3.4 million in affordable care grants since 2010 to support community health centers, to develop innovative and cost-saving health care de-

livery systems, and to train new health care professionals. These statistics are not unique to my district. There are similar success stories emerging all over the country.

Let me speak a little bit about some of those general things that are happening. If you're a senior, based upon the Affordable Care Act now, you are receiving a 50 percent discount on brand-name drugs when you are in Medicare and you experience the doughnut hole coverage gap. You have free key preventive services such as mammograms, colonoscopies, and a free annual well-visit with your physician. If you're a woman, you now have free coverage of lifesaving preventive services such as mammograms. Beginning in August, free coverage will also include additional comprehensive women-preventive services, including breast feeding support, contraception, and domestic violence screening.

If you're a parent and you have a child who is under the age of 19, they can't be denied coverage by an insurance company because of a preexisting condition. If you're an adult, you can now join or stay on your parents' health plan until you're 26 years old. Those are for our young adults. If you're a small business owner, you will be one of the millions who will be eligible as a small business owner to receive tax credits if you choose to offer coverage to your employees.

Mr. Speaker, the Affordable Care Act was a long-overdue bill that corrects deep injustices and access to health care. The Affordable Care Act should be an act that is respected and upheld by this House. It has gone through the proper channels of legislation and now has been validated by the United States Supreme Court.

Mr. Speaker, all Americans—young, old, rich, and poor—have an inalienable right to health care and to be able to prosper. To be able to prosper, you need to be healthy.

I ask my colleagues to support the Affordable Care Act and to join me in fierce opposition to repealing the advances in health care that we already won. When we look forward, we must focus on implementing the affordable health care bill and focus on getting Americans back to work.

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 29 minutes a.m.), the House stood in recess.

PRINTING OF PROCEEDINGS OF FORMER MEMBERS PROGRAM

Mr. WILSON of South Carolina. Mr. Speaker, I ask unanimous consent that the proceedings during the former Members program be printed in the CONGRESSIONAL RECORD and that all

Members and former Members who spoke during the proceedings have the privilege of revising and extending their remarks.

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

There was no objection.

The following proceedings were held before the House convened for morning-hour debate:

UNITED STATES ASSOCIATION OF FORMER MEMBERS OF CONGRESS 2012 ANNUAL REPORT TO CONGRESS

The meeting was called to order by the Honorable Barbara Kennelly, vice president of Former Members of Congress Association, at 8:12 a.m.

PRAYER

Dr. Alan Kieran, Office of the Senate Chaplain, offered the following prayer:

Lord God Almighty, author of life and creator of the universe, we come today seeking Your divine wisdom, peace, and protection.

In these complex times, inspire our Nation's leaders to pray with the certainty that You hear them and respond to their petitions. Anoint our leaders with Your spirit and grant them Your favor.

Father, we also know that Your divine protection is everlasting. We are not naive, though, in thinking that all will always be well. But in tough times, we are assured that You, King of Heaven's armies, will be watching over us and guiding us.

Finally, Lord, be with those in harm's way and their families. I pray in Your mighty name, Amen.

PLEDGE OF ALLEGIANCE

The Hon. Barbara Kennelly 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.

Ms. KENNELLY. The Chair now calls on the Honorable Connie Morella, president of the association, and a wonderful president, to take the chair.

Ms. MORELLA. Thank you. Thank you, Barbara.

It's always a very distinct privilege to be back in this revered Chamber, and we appreciate the opportunity today to have the 42nd annual report of the United States Association of Former Members of Congress.

I'm going to be joined by a number of our colleagues in reporting on the activities and the projects of our organization.

And so first of all, I'd like to ask the Clerk to call the roll.

The Clerk called the roll of the former Members of Congress, as follows:

Mr. Alexander of Arkansas
Mr. Blanchard of Michigan
Mr. Bonker of Washington
Mr. Buechner of Missouri
Ms. Byron of Maryland
Mr. Carr of Michigan
Mr. Clement of Tennessee
Mr. Coyne of Pennsylvania
Mr. Davis of Virginia

Mr. DioGuardi of New York
 Mr. Garcia of New York
 Mr. Green of Wisconsin
 Mr. Glickman of Kansas
 Mr. Hertel of Michigan
 Mr. Hochbrueckner of New York
 Mr. Kennedy of Minnesota
 Ms. Kennelly of Connecticut
 Mr. Kolbe of Arizona
 Mr. Konnyu of California
 Mr. Kramer of Colorado
 Mr. Lancaster of North Carolina
 Mr. LaRocco of Idaho
 Mr. McHugh of New York
 Mr. McMillen of Maryland
 Mr. Michel of Illinois
 Mr. McNulty of New York
 Ms. Morella of Maryland
 Mr. Pressler of South Dakota
 Mr. Sarasin of Connecticut
 Mr. Skelton of Missouri
 Mr. Symington of Missouri
 Mr. Walsh of New York
 Mr. Zeliff of New York

Ms. MORELLA. Fellow association members, I'm very pleased again to welcome you to our 42nd annual meeting. And I'd like to tell you something about the association.

It is bipartisan, as you know. It was chartered by Congress in 1983. The purpose of the U.S. Association of Former Members of Congress is to promote public service and strengthen democracy, both abroad and in the United States.

About 600 former Senators and Representatives belong to the association. Republicans, Democrats, and Independents are united in this organization in their desire to teach about Congress and the importance of representative democracy.

We're proud to have been chartered by Congress, and we receive no funding from Congress. All the activities which we're about to describe are financed via membership dues, program-specific grants, and sponsors, or via our fundraising dinner. Our finances are sound, our projects are fully funded, and our 2011 audit by an outside accountant came back with a clean bill of financial health.

It's been a very successful, active, and rewarding year. We have continued our work serving as a liaison between the current Congress and legislatures overseas. We have created partnerships with highly respected institutions in the area of democracy building and election monitoring.

We have developed new projects, we're expanding others, and we again have sent dozens of bipartisan teams of former Members of Congress to teach about public service and representative democracy at universities and high schools, both in the United States as well as abroad.

When this organization was created over 40 years ago, the former Members who founded our association envisioned the organization taking the lead in teaching about Congress and encouraging public service. They were hoping that former Members could inspire the next generation of America's leaders. And over the years, we have created a number of programs, most impor-

tantly, the Congress to Campus program, to do just that.

We continue to work with our great partner, the Stennis Center for Public Service. We thank them for their invaluable assistance in administering the Congress to Campus program.

It now gives me great pleasure to yield to a former president of our association, a good friend, Matt McHugh of New York, who, along with Jack Buechner, another former president from Missouri, cochairs this great program. Thank you, Matt.

Mr. MCHUGH. Thank you very much, Connie, and congratulations to you on assuming the leadership of the association. We know you will do a wonderful job.

As you all know, the Congress to Campus program is the association's flagship domestic program and the one that most engages Members from all across the country of the association. Congress to Campus sends, as Connie said, bipartisan teams of former Members to colleges, universities, and high schools across the country and around the world. We educate the next generation of leaders about the value of public service. Students benefit from the personal interaction with our association members, whose knowledge, experience, and accessibility are unique teaching tools.

During each visit, our bipartisan teams lead classes, meet one-on-one with students and faculty, speak to campus media, participate in campus and community forums, and interact with local citizens. Institutions are encouraged to market the visit to the entire campus community and not just to those students majoring in political science, history, or government. Over the course of 2½ days, hundreds of students are exposed to the former Members' message of public service and civility.

The Congress to Campus program reached an exciting new audience this June at the 2012 American Democracy Project annual meeting in San Antonio, Texas. Former Members Dan Miller of Florida and Jerry Patterson of California, as well as our staff member, Liz Ardagna, traveled to Texas to promote the program to nearly 500 university students, administrators, and professors who are actively engaged in civic education.

During the conference, our former Members hosted a town hall meeting, a breakout session on the Congress to Campus program, and passed out brochures and spoke with teachers at the Campus & Friends tabling fair. Our people not only got the word out about our program, but also energized and reinvigorated hundreds of teachers who instruct our Nation's youth about the importance of civic engagement.

The program also made a number of international visits this academic year, including two visits to the United Kingdom and one to Turkey. Domestically, the Congress to Campus program more than doubled its visits from the

fall of 2011 to the spring of 2012 and already has 13 visits booked for the fall of 2012.

The 2011–2012 academic year included visits to the United States Naval Academy, Dartmouth College, and the Coast Community College System in California. This fall we will be visiting Boston University, Penn State, and the McGovern Center for Public Service at the University of South Dakota, among others.

More than 25 former Members participated this academic year, and I want to take this opportunity to thank all of you who participated and donated your time and energy. I also want to make a special note of thanking Jack Buechner, who cochairs this program with me and who has done a magnificent job.

I also want to encourage those who have not yet had the opportunity to do so and to encourage a friend from across the aisle to join you. It is an excellent opportunity to continue your public service after Congress. Our staff has the fall 2012 Congress to Campus schedule here this morning and you can volunteer today to participate in these exciting visits. You could also connect us with a host school—for example, your alma mater, a college in your old district, or the university your grandchild attends. Our staff will then follow up with you to make the arrangements. Liz Ardagna runs the program for us and has all the information you need.

Perhaps Liz would just stand up for a moment so everyone knows who she is, if they haven't met her yet. She does a great job for us in coordinating this program.

As was mentioned earlier, we have continued our excellent partnership with the Stennis Center For Public Service in the administration of the program. We owe a special debt of gratitude to Liz, but also to Brother Rogers of the Stennis Center for their fine work. Brother Rogers has worked with us for many years now and is located at the Mississippi State University, and has done a wonderful job as well.

The Civics Connection, a Webcast series that is broadcast to high school civics classes across the country, has become an extension of the Congress to Campus program. It is a partnership with the Lou Frey Institute of Politics and Government at the University of Central Florida. I am pleased to announce that since our last annual meeting these Webcasts have officially been added to the advanced placement government and politics syllabus for high schools nationwide. Now a high school student participating in the AP civics program at the school will benefit from the experience of our former Members since our Webcasts are incorporated into the AP civics curriculum. This is a great achievement of which we are very proud.

Since our last annual meeting, we have also continued our relationship with the People to People Program, an

organization that provides hands-on learning opportunities for elementary school, middle school, and high school students visiting Washington, D.C. On each visit, former Members meet and speak with students about the experience of public service, their personal experiences in Congress, and the value of character and leadership.

In the spring of 2012, these speaking engagements took on a new congressional panel format. The events take place on Capitol Hill and not only feature a former Member as speaker, but also several Hill staffers and interns. This gives students the opportunity to learn what it is really like to work in the U.S. Congress. People to People visits are often in the middle of the business day, and again we are grateful to those former Members who take the time out of their busy schedules to connect with students touring our Nation's Capital.

Finally, I want to say again how grateful we are to all of those who have made Congress to Campus such a success in the 35 years that we have had it and to strongly encourage all of my friends and colleagues to participate in the program, either by making a visit to a school or by recommending a school to host the program. As you know, a democracy can prosper only if its citizens are both informed and engaged, and as former legislators we have a particular opportunity and responsibility to encourage such involvement. This program gives us the opportunity to do so, particularly with our young people.

Again, thank you all very much for participating and for paying attention this morning.

Thank you, Connie.

Ms. MORELLA. Thank you, Matt, for your leadership in this program and the report that you have given, the great work. Again, I also give a tip of the hat and congratulations to Jack Buechner, working in partnership with you.

As you may recall from our last report to Congress, the association has put some energy and focus into the question of bipartisanship and civility in our political dialogue. Last year we announced the creation of a new undertaking for our association, the Common Ground Project. The purpose of the Common Ground Project is to involve citizens in a dialogue about the issues of the day, to have a vigorous debate that is both partisan and productive, and to benefit from the experience of respecting a different point of view. Some of our existing undertakings already fit into that category very nicely, with that objective, for example, the Congress to Campus program that you just heard about.

To give you more background about this Common Ground Project, I invite my colleague from Michigan, former Member Bob Carr, to share a report. Thank you, Bob. We did a Congress to Campus program together a few years ago.

Ms. KENNELLY. The Chair wishes to recognize that our president is here, Dennis Hertel, and one of the finest Members that we have had for years, Bill Hughes is also here. We are delighted to have both of you. Of course, Dennis has given us yeoman's service.

Bob.

Mr. CARR. Thank you, Barbara, and thank you, Connie, so much.

I just want to rise for a second to talk about the Common Ground Project. Of course, we are a bipartisan organization and everything we do is bipartisan. We have bipartisan leadership, and our programs, our Congress to Campus program, everything we do is in a bipartisan way. We are also mindful that sitting Members of Congress and the Congress itself faces much different pressures than we do. But yet this organization is in a unique position because we have both been inside and outside of the Congress, and because we are supporters of the Congress, the institution of the Congress, and hence its Members, we think that we are in a unique situation to maybe bridge that gap between the divisiveness and the lack of civility and the discourse that we are seeing today and hope to improve that.

That is what the Common Ground Project is really all about. It seeks to organize our efforts and focus them more deliberately on this issue of the discourse in this country. Now, you can't just focus on Members of Congress. You have to focus on the country itself, so that is what some of our programs are all about.

For example, just recently at George Washington University, in cooperation with their Graduate School of Political Management and the Concord Coalition, we held a one-day event where we brought students together to work on a budget simulation so that people of a variety of points of view, different philosophies and different partisan backgrounds, could work together through the numbers and on the tradeoffs of a budget. At the end of the day we all didn't agree on everything, but we managed to come to some conclusions, and we weren't throwing dishes and napkins at one another over the process. Just through that kind of pilot learning project we were able to, I think, demonstrate to some graduate students at George Washington University how the process can be done in a productive way.

Also the Common Ground Project is partnering with some like-minded organizations around the country. One is the National Institute of Civil Discourse in Arizona. Our organization and their's brought together a group of bipartisan former Members and current Members to have a discourse on what kinds of things we might do to lower the temperature, tune down the anger, and get to a more productive civil discourse. It was a good discussion, and our goal in this Common Ground Project is to continue to expand our activities and expand our cooperation

with other like-minded organizations and not just speak to more Members of Congress, but to speak to the American public.

Thank you, Connie.

Ms. MORELLA. Thank you, Bob. We appreciate your efforts, Bob, on behalf of this important undertaking as we expand it and hope it will make a difference beyond our association.

A great example of how powerful and productive bipartisanship can be is our Annual Congressional Golf Tournament. Leave it to a sport to bring us together. It is chaired by our immediate past president, Dennis Hertel, and by former board member Ken Kramer of Colorado. I would now like to yield to Ken to give us a brief report about this charitable golf tournament.

Mr. KRAMER. Thank you very much.

Connie, congratulations on your ascension to the presidency. I look forward very much, as I know others do, to working with you. You are going to do a great job. And to my fellow co-chair of the golf tournament, Dennis Hertel, I want to thank him for his efforts. He is now retired, and we are on somewhat of a more equal status than we were before, so I look forward to working with him for many, many years.

Five years ago we took what was a 35-year-old tradition, which is our annual golf tournament, which as many of you know pits Republicans against Democrats, and we gave it a bigger mission. We converted it into a charitable golf tournament to aid severely wounded veterans returning from the battlefields of Iraq and Afghanistan.

Our beneficiaries, Warfighter Sports, a program of Disabled Sports USA, and Project Hope, which is a program of the Professional Golfers Association of America, used golf and other sports to help our wounded veterans readjust to life after sustaining such severe injuries. They involve the entire family in the sport and they provide equipment and training. Our fifth charitable golf tournament will be held on July 23 at Army Navy Country Club, and if you add up the revenues from our five tournaments, we will have raised over one quarter of a million dollars now for these outstanding programs that I mentioned.

During each of our past tournaments, we have had literally dozens of current and former Members come out from both sides of the aisle to support our wounded troops. They in turn have met with dozens of wounded warriors, many of whom provide us with golf demonstrations and play in our foursomes. I might add that there have been some double amputees included in their numbers who hit further and straighter than a lot of our members. It is an incredibly humbling, rewarding, and memorable experience to spend a day in the presence of these inspiring men and women.

We have two outstanding current Member honorary chairs, JOE BACA of California and ANDREW CRENSHAW of

Florida, and I want to thank them, as well as Dennis, for all that they have done to make our tournament such a success. I also want to thank all of our sponsors for their generous contributions, with particular thanks to Disabled Sports USA and the PGA for being such steadfast and invaluable partners. It really is an honor to help our Nation's heroes in this very small way.

Again, the next tournament is July 23. Let us know, if you haven't done so yet, of your interest in either playing or becoming involved with helping with sponsorship.

Thank you so much for your time.

Ms. KENNELLY. The Chair would like to mention that the first time I played in the golf tournament I said, Where are the good golfers? And they said, What do you think? As a Congressperson, you have to work down here, and on weekends you have to work at home. There are only about two good golfers, so anybody who hesitates because they think they are not good enough, feel free.

Ms. MORELLA. We appreciate Ken's report and his leadership in helping our wounded warriors. We are so honored that we can play a small role in the rehabilitation of these amazing young men and women.

Now it is my distinct honor, truly an honor and a privilege, to present our 2012 Distinguished Service Award to Representative Gabrielle Giffords of the great State of Arizona. Bestowing our association's highest award on Gabby Giffords was an easy decision. In all her endeavors in public service, she has led by example and commendable distinction in courage. I have seen her as a unifying force here on the House floor as well as in the Nation.

As you well know, her challenging schedule, which includes focusing on getting well and still working on those issues that are so dear to her, absorbs her time. Therefore, we didn't want to impose any further on her schedule. But we are thrilled that on her behalf one of her very best friends in the House of Representatives, Congresswoman DEBBIE WASSERMAN SCHULTZ, will accept the award on Gabby's behalf.

But before we invite her to come up and make comments, another friend of Gabby's, our former Member Jim Kolbe of Arizona, I would like to invite him to make a few comments.

Mr. KOLBE. Madam Speaker, the gentlelady from Maryland—Connie—thank you very much for yielding to me. It is a wonderful privilege to be back with my colleagues, former Members, here today on the floor of the House of Representatives and especially for me to be able to participate in this award.

I had the privilege of serving for 22 years in the House of Representatives representing District 5 and then District 8 in the House of Representatives—Districts 5 and 8 from the State of Arizona. I retired in 2007 and was

succeeded by Representative Gabrielle, or as we all know and love her, Gabby Giffords.

But my association with Gabby runs back much further than that. When I was in Tucson, even before I became a member of the Arizona State legislature, I knew Gabby Giffords and her family, who were a very prominent business family in Tucson, and she was deeply involved in the community even then as a very young woman.

I had the privilege of not serving with her but serving alongside her, serving from here while she was in the Arizona State Legislature, and she had a very distinguished career in the legislature, as she did here, reaching across the aisle, accomplishing legislation because she was able to talk to people and compromise and reach those kinds of decisions that needed to be made. She has been involved for years with the education of young people in our community. She is loved by virtually everybody in Arizona and certainly in Tucson.

When I announced my retirement shortly before 2006, Gabby Giffords quickly jumped into the race as a sitting member of the Arizona State Legislature. She didn't hesitate. She left the legislature to campaign full-time. She threw herself, as she did with everything, body and soul, into her campaign to serve here in Congress. Even though I had represented the district as a Republican for 22 years, she won quite easily in 2006 as a Democrat. And then, of course, was reelected in 2008 and reelected again in 2010 in a district that was at least marginally Republican in its registration, an indication, I think, of how Gabby Giffords was able, and continues to be able, to reach across the aisle.

After she was elected to the Congress, I got to know both Gabby and her then later husband, Mark Kelly, a lot better. And it was a wonderful relationship that they had together, and a wonderful relationship I had with them and the relationship they had with our community, again, loved by everyone.

Gabby was successful, I think, because she did reach across the aisle, because she didn't worry about partisan labels, because she thought about how she could accomplish things. And it is in that spirit that, following the tragic accident, we have formed the National Institute of Civil Discourse, which has been mentioned here. And our new executive director, Dr. Carolyn Lukensmeyer, is with us here today.

I think it is a real tribute to Gabby and a real tribute to all of us who care about bipartisanship and about achieving things in this House of Representatives that this organization came about in her spirit. I think Gabby is the definition of an eternal optimist. No matter what kind of trouble she faces, no matter what travails she has, she is always cheerful, always looking forward, always looking up, and always thinking about what is the very best thing that is happening in our commu-

nity, in our State, and how she can make things better for all of us.

So it is a great pleasure, I think, for our association to make this award to somebody that I think has made a real contribution to bipartisanship in the House of Representatives.

I now would ask Representative DEBBIE WASSERMAN SCHULTZ to come forward and accept this award on behalf of Congresswoman Gabby Giffords. I hope you will let Gabby know how much we miss her and appreciate her good work and how honored we are that she is receiving this award.

We have also invited Members to send a personal note, which we have collected in a book which I'm going to hand to you in just a moment. It's a great pleasure and honor for me to present our 2012 Distinguished Service Award to Gabrielle Giffords of Arizona.

Ms. MORELLA. Mr. Kolbe, if I may read it. It is very small print.

The plaque is inscribed as follows:

The 2012 Distinguished Service Award is presented by the U.S. Association of Former Members of Congress to Congresswoman Gabrielle "Gabby" Giffords for her exceptional public service and bravery in the face of adversity. Through her efforts on the House Armed Services Committee; the House Science, Space and Technology Committee; the Subcommittee on Air and Land Forces; the Subcommittee on Readiness; the Subcommittee on Technology and Innovation; and as Chairwoman of the Subcommittee on Space and Aeronautics, Congresswoman Giffords worked tirelessly to represent not only Arizonans, military families, and veterans, but all Americans. Congresswoman Giffords served her country with honor, reaching across party lines to forge bipartisan solutions to our nation's problems. Even after the tragic events of January 8, 2011, Congresswoman Giffords continues to inspire all Americans with her incredible strength, courage, and perseverance. Congresswoman Giffords is an example to us all, and her former colleagues from both sides of the aisle salute her.

Washington, D.C., July 10, 2012.

And all of that is on this plaque which I hand to you, along with the portfolio of letters of congratulations.

Ms. WASSERMAN SCHULTZ. Thank you very much.

Mr. KOLBE. Thank you.

Ms. WASSERMAN SCHULTZ. Thank you so much, Madam president, Madam Chair. Wow, all on one plaque. That's impressive.

I also, Madam President, have additional letters that were sent to my office for the book. So I'm the repository going forward, and so I will make sure that we add to this for Gabby.

Good morning, and thank you, Congressman Kolbe, for that warm introduction and for all of you for being here. It really is a privilege to address such a distinguished group, one that I hope to not join for quite awhile, but that I'm really glad exists and exists in a bipartisan way, because it is important to note, especially given the struggles that we're going through right now to come together and work together, that there isn't a Republican Former Members of Congress Association or a Democratic Former Members

of Congress Association. There is one united association. We are all Americans, and we should all work hard to work together.

I also want to acknowledge the presence of Gabby's former chairman of the Armed Services Committee, my former colleague, Ike Skelton from Missouri. It is wonderful to be with you.

There really is no one more suited to receive your association's highest award, the Distinguished Service Award, than my dear friend, Gabby Giffords.

Gabby, as has already been said, but can't be oft repeated, has always led by example, as an incredible public servant, woman, and friend. Gabby was the third woman in Arizona's history to be elected to serve in the U.S. House. Gabby worked tirelessly over the years to represent not only Arizonans, military families, and veterans, but all Americans. Here in Congress, we all came to recognize that bright smile of Gabby's which people so often refer to when they're talking about her, as she reached across party lines to forge bipartisan solutions to our Nation's problems. In doing so, she has inspired so many people with her strength in the wake of unimaginable tragedy and heartbreak.

For more than a year, she's been working hard every day to get back to full strength. And Gabby never does anything halfway, and her service in Congress, as well as her recovery, is no exception. I'm so proud of my friend for her commitment to her constituents, to her work ethic and her perseverance.

It will always be one of the great treasures of my life to have met Gabby Giffords, to have served with her in Congress, but especially to share our special friendship. She has always been an inspiration to me, and seeing her become an inspiration to the entire world warms my heart, I'm sure, as much as it warms yours.

I know that you all believe, as Gabby does, that our country must be strong enough to come together to solve the challenges before us. Compared to the obstacles that Gabby has overcome in the past year, surely this is an attainable goal. We must recommit ourselves to working together to fulfill the promises of our democracy and a commitment to making America stronger so that everyone can fulfill their American Dream. And this association really is the epitome, the example. You could lead by example and be the catalyst and help us forge the way toward compromise, toward working together.

So many of you, looking across the Chamber, have served in the time when relationships were much tighter, when the fabric interwoven between the two parties was really thicker, and we could learn from your experience. I would urge you and encourage you to reach out to the leadership of both parties in the Congress and try to help us because we are going to have a better Nation if we work together. I know it is possible. Even from the political po-

sition that I hold in addition to my service in Congress, I know that it is possible. I know there are committed Members on both sides of the aisle because I work with them every day. So I would urge you to extend your involvement in the political and public policy process and help us make things work and get things done.

So on behalf of Gabby and her husband Mark Kelly, thank you for recognizing her today. I know it means a great deal to both of them. Thank you so much.

Ms. MORELLA. Thank you, Congresswoman WASSERMAN SCHULTZ, for accepting the award, but also for your very inspiring words. And that is true; that is what we are all about. Thank you.

You know, I'm not in the habit of giving plaques, but I do have another commendation that I would like to share with you, and this is to our immediate past president, Dennis Hertel of Michigan. I would like to ask him to join me at the dais.

Dennis, we wanted to make sure that we gave you something to indicate your wonderful 2 years as president of the U.S. Association of Former Members of Congress. You have worked tirelessly. You've made the organization the very best and the most active that it has ever been, and I inherit from you an outstanding example of what a little nonprofit can accomplish if people who are committed lend their energy and their expertise. I'm going to try to follow your lead. It won't be easy. I think your shoe size is much larger than mine, but I'll try. But you don't have heels; therefore, it makes it a little more difficult for women, but we can do it.

So on behalf of the association, I have a plaque here which is inscribed as follows:

Presented to the Honorable Dennis M. Hertel in recognition and appreciation of his strong leadership as president of the U.S. Association of Former Members of Congress. His tremendous enthusiasm and effectiveness will always be remembered by his grateful colleagues.

Washington, D.C., July 10, 2012

It's heavy, but it is also heavy in terms of its importance and significance to us of the work that you have done. Thank you, Dennis.

Mr. HERTEL. Well, that's a very big surprise, and I thank you very much. It's a great honor. It is especially an honor because of the people I was able to work with these past 2 years, and all of the time all of us have worked with the association.

We did our retirement day for the Members last time, and these honored people like Ike Skelton and Dave Obey and Jim Oberstar, people I looked to all my life, I look at my governor today, all of the people I get to serve with on a regular basis, that we all do, it is such an honor. We have never had more people participate. We've never had a greater board for the association and all of the officers than ever before,

but especially the staff that we all look to. We haven't been able to even give them a raise because economic times are tough for everybody, and yet we have the same enthusiasm, and they do more and more all the time. So I can't say enough about Liz and Dava and Sabine and Peter, who make this association what it is. And it keeps growing and getting better all the time. It is surprising, I think all of us, as to the capacity that the staff has to help us channel our experience and ideals into a way of continuing to serve citizens and our country.

Connie, I always tell the school kids that come that the biggest change in Congress is the number of women serving and the leadership roles that they take. And so now you'll be the president, only the second woman since the legendary Lindy Boggs, whom we all loved so much. I can't think of a better person. I know when I asked you to do this, I thought we needed some class in our organization; and if there is any person who gives it, it is Connie. Her leadership here in the Congress, her bipartisan leadership overall, and her experience in the international field and her ability to energize all of us and her enthusiasm, and the fact that she is the most gracious person I know, really, I think, serves all of us. We are so fortunate to have her leadership going forward.

I want to talk about some of the international programs we have been fortunate to have.

Our former Members project with China is about 2 years old. In 2010, I was privileged to participate in a bipartisan former Member delegation to Beijing as well as Shanghai. The purpose of the trip was to learn about China firsthand, engage Chinese officials in a frank dialogue, shed some light on current U.S. politics and foreign policy, and gain knowledge about U.S.-Chinese trade relations from U.S. corporate representatives in China and Asia.

One thing that we found in that first trip, and it has gone on since in our delegations, they want to find out about our political system and about how we, as Congressmen and -women, think. They get to meet with delegations that are coming from the active Members, but it is always in and out, as we know. But for them to meet with us for several days and hear us out, hour after hour, about our vast concerns about human rights and freedom and trade and what it's going to mean in foreign policy and defense and all the rest, I think, serves it so well that what we've seen now is that we've had five delegations go, and we have had delegations go of former Senators and former House Members, two a year.

This fall we are going to be sending our sixth delegation. We've been meeting with the highest ranking people. We've met with their speaker. We've met with their foreign policy secretary, their commerce secretary, the highest people, and we have also made

sure that we've met with the NGOs, and we've been meeting with corporate America doing business in China about their issues and problems.

We always make sure that we meet with several university groups of students. And those are, I think, the most encouraging and give us the most enthusiasm of all, the visits that we have, because we see in them the future that we see in our own students. And we see that they are bridging that gap of freedom and communication with us in this new age that we live in.

We have now begun to incorporate a D.C. component also to the project. We have good meetings with current Members involved in the U.S.-Chinese relationship. We are bringing them in more, and we've hosted more Chinese visitors here on the Hill. We are the perfect conduit to do that in all respects, not only for China, but all the other study groups that we have. These former Member delegations to China and the events here in D.C. are very productive and a great way of showing the important contribution that we made in one of the most important areas that we can—internationally.

There are a number of other international projects involving former Members of Congress. Several years ago, we created the International Election Monitors Institute under the leadership of then-president Jack Buechner. My idea was we were sending over 100 Members to the Ukraine and other places for elections. We found that when we were with people from other nations—from Belgium, Canada, and other nations—we were looked at as more impartial than when we were just four Americans together. So we found that out very quickly, and we actually met with former Congressman Cheney, the Vice President, and Rumsfeld, and built at that point a bipartisan effort, and then we went overseas and were able to have, first, the Canadians meet with us. And they said "yes" right away, and some of them are here today with us, and also with our friends in the EU, in the Association of Former Members of the European Parliament, also.

What we do is we conduct multiple workshops for former legislators to train them for elections. What we found, too, was we have a lot of former parliamentarians going overseas for elections—somebody forgot to train them before they got there. It is true that we do have the instincts to be able to sniff out what is illegal and what is wrong in a system, and we are able to figure that out very quickly just because of our experience and our instincts, but we still have to train them properly so that they realize how important it is not only to be perceived impartially but to, in fact, be impartial and to have the knowledge of those particular systems.

And so we have sent delegations to Morocco, Ukraine, and Iraq. It has mainly been possible through the Canadian International Development Agen-

cy, and we thank them very much for their support. The original intent was to train former legislators and prepare them only for observing elections. We have since realized, with our partners, that we have to have a broader, more planned effort as far as strengthening democracy. We can help an emerging democracy as it seeks to implement an election result and facilitate a peaceful transition of power, but also leading up to that election to make sure that it is fair as far as the media and all other concerns. We can help a legislative branch as it tries to assert its oversight power over the executive branch once it is elected. Given this expansion in scope, we have decided that the International Election Monitors Institute no longer is the appropriate vehicle—or, as my wife said, it is far too long a title anyway—for such an ambitious undertaking. We, therefore, disbanded it and created a new entity this year, the Global Democracy Initiative.

I am pleased that with us today are some of our colleagues from Canada and Europe and that tomorrow we'll have the first board meeting of the new Global Democracy Initiative. Our visitors from Canada are Don Boudria, Dorothy Dobbie, Leo Duguay, Francis LeBlanc, and Lily Oddie. They are joined by our good friend Richard Balfe, who represents the former members association of the European Parliament and is our current president. We thank all of them for joining us at our annual meeting and for all the work that they help us with throughout the year and for their friendship and partnership we've been able to enjoy.

As Connie mentioned earlier, we have also begun working with the U.S. Department of State. This partnership comes in several variations. We have connected bipartisan teams of former Members of Congress with U.S. Embassies overseas via Web casts. For example, following the State of the Union address, we communicated with audiences in Denmark and Tel Aviv, first giving them an extensive overview of the President's message and then engaging in a lengthy question and answer.

Another State Department-sponsored program brings former Members directly to the embassies and consulates overseas. Sometimes former Members travel specifically at the invitation of the Department, for example, when the State Department brought Connie Morella and Pat Schroeder to Poland late last year for the third annual European Congress of Women. Sometimes the State Department, under Hillary Clinton's leadership—who has reached out to the Former Members Association with her staff, thinking that we are a very vital and active asset—they will piggyback. If we let the State Department know who's taking a trip overseas, then they will connect with embassies and consulates and NGOs in those countries that the person is in, saving our government money, but also

extending the kind of people that we, as former Members, can communicate with and reaching foreign audiences.

I think that's just one example of the kind of thing we can be doing more of in the future. I already know that the experience and breadth of knowledge of the former Members is limitless. And when I see that the more that we can reach young people, the more we can reach our citizens, the more we can reach out to the world in communication, it seems to me that the greatest problem we have today is not that we don't have more information. It's that we don't have better communication.

And it seems that when we're able to reach out, that that is the best possible thing we can do for democracy in our country here at home, having people have a greater understanding and communication about the issues and the problems and the same overseas. I think that the people here in our association have shown that they have the leadership, the knowledge, the ability and, most of all, that they're willing to make that kind of a sacrifice of their time to reach out and go overseas and go around our country talking to junior colleges and universities and citizen audiences about how we can have better communication and, most importantly, a greater democracy.

So thanks very much for all of your help. I am really very honored. Thank you.

Ms. MORELLA. Dennis has demonstrated his commitment to the programs of the Association of Former Members; also, his appreciation to our international parliamentarians who joined with us in partnership on so many wonderful programs. I do hope, Dennis, that you continue with that kind of involvement that you have demonstrated. And thank you for your kind words too.

Another important international undertaking involving former Members of Congress is our Middle East Fellows Program. Now in its second year, the project brings young professionals from the Middle East to Washington, D.C., for a 1-month immersion program. It is chaired by former Members Scott Klug and Larry LaRocco. And now I would like to call on my friend and former colleague Larry LaRocco of Idaho to give us some more details. Thank you, Larry.

Mr. LAROCCO. Well, thank you, Connie. I want to send my best wishes and appreciation for all you do for the association. It was great to serve with you here in the House. And I look forward to serving with you as a board member.

In the spring of 2009, the Former Members of Congress Association began a partnership with Legacy International, a Virginia-based NGO with 30 years of experience in citizen exchange programs, for the Middle East Legislative Fellows Program, or LFP. Initiated by the Department of State and the Bureau of Educational and Cultural Affairs, the LFP hosts young professionals from Kuwait, Egypt, Morocco,

and Oman for a month-long fellowship in a congressional office or a prominent NGO in Washington, D.C.

The LFP is designed to promote a positive relationship between the United States and the Middle East and the gulf states which, in light of the Arab Spring, is now more vital than ever. The fellows, candidates with strong leadership skills who represent the top talent in their fields, have the opportunity to gain practical experience and direct interaction with the U.S. Government and its officials. This is an invaluable opportunity, as many of the fellows are responsible for drafting policy in their respective countries and, of course, are their future leaders.

Our association connects the fellows with former Members whom they meet with several times over the course of their stay. The former Members act as a kind of mentor to these young men and women through one-on-one meetings, roundtable discussions, and by attending program discussions and events. The former Member mentor program provides a unique experience to the fellows as well as their mentors. While the fellows learn more about the congressional system and American politics, former Members learn about the culture and politics of the Middle East.

In an exciting extension to the LFP, at the conclusion of each program, a team of former Members complete the exchange by leading a delegation to the Middle East to conduct workshops and gain firsthand experience within the region. I was privileged to lead such a delegation, along with my cochair Scott Klug, to Kuwait and Oman. The trip was a distinct opportunity to learn about and meet a broad spectrum of groups and individuals involved in all aspects of the democracy, governance, and the economy.

The goal of this program is to seek a better understanding between cultures and establish an avenue of dialogue between nations. LFP is an unprecedented opportunity to augment a constructive political and cultural discourse between the U.S. and the Middle East. And I am very proud that our association can be part of such a vital dialogue. We maintain this program and will be active again next year with Legacy International. Thank you.

Ms. MORELLA. Thank you, Larry, for your leadership and your active involvement in this new and very great program.

Ms. KENNELLY. Madam Chairwoman?

Ms. MORELLA. Madam Speaker.

Ms. KENNELLY. I would like to introduce for a moment the gentleman from Maryland, STENY HOYER, one of our leaders in the Congress. We are very, very proud of Congressman HOYER because he has taken an interest in the former Members, and he has taken the time today to come talk with us.

Ms. MORELLA. And from the great State of Maryland, of course.

Mr. HOYER. Well, I'm sorry I'm a little late. I always try to come by to say hello to former Members. One never knows when one is going to be a former Member. So in the expectation that that will be, at some point in time, where I will be, I want to make sure that the present Members understand how important the former Members were to creating the institution that we have and that we're all very proud of.

I apologize for my voice. I have got an awful allergy that I'm fighting, but beyond that, I'm fine.

I want to say to all of you, welcome. I know that a little earlier today, I was at a fundraiser—I know you understand those kinds of things—where we honored our colleague Gabby Giffords. DEBBIE WASSERMAN SCHULTZ was here; is that correct, Connie?

And I'm pleased to see Connie Morella here, my colleague from Maryland, and my very long-time friend who I met when she was about 2 years of age, some 40 years ago, Beverly Byron from western Maryland who has remained so active. And we're very proud of them in Maryland. But we're proud of all of you as well. I'm glad to be your friend and your colleague, and I welcome you back and look forward to seeing you.

George—where's George? George and I walked in together. I asked him what he was doing. And he had some billable hours walking up the steps. Good for you, George.

But I want to say, Madam Speaker, how proud I was to have served with you. Barbara and I came in within months of one another in special elections. I think Barbara came in about 5 months after I did in 1981; and she served in a very distinguished way, as all of you did as well.

I don't know whether Nancy came by or if John was here, but I know that they—oh, they weren't here, yet. Hope springs eternal. But I wanted to welcome you here and join you here.

We have a caucus now that I will go down to. We are going to talk about repealing health care today on the floor of the House. I hope you are not holding your breath. But in any event, that will be the subject of our debate this week, I think.

I want to say to all of you that I hope that you are trying to play a role in energizing the public to the understanding of how critical it is for us to meet the fiscal challenge that confronts this country. In my view, the most important thing this Congress can do in the next 6 months is to take very substantive, effective action on behalf of getting our country on a fiscally sustainable, credible path. In my view, that's the single most stimulative thing we could do for the economy. It would give confidence to the world that America, in fact, will be the economic and national security anchor that it has been for all of our lifetimes, frankly. And that is threatened by this inability to come to grips with meeting the fiscal challenges that confront us.

I tell people all over this country, Greece doesn't have the resources to solve its problems. It's going to need help from outside. America has the resources to solve our fiscal challenge. What we need is the political will and the courage to do so. And I would hope that you would take, as part of your responsibility, as someone who has worked in this institution—and frankly, many of you worked in it at a time when it was more possible to work together across the aisle in a constructive way to solve the problems that confront our country.

I have three daughters, three grandchildren, and two great-grandchildren. Some of you have more of all of those, I understand. But I'm very concerned about the world that we're going to leave them. My father's generation was called the Greatest Generation. Not only did they defeat the terrorists of their time, but they came home and built the greatest economy the world has ever seen.

In my view, over the last decades, we have, unfortunately, not built on that legacy in a way that would have made them proud or that will make our children proud of us when we leave. So I'm hopeful that you will play a continuing role in trying to bring the country together and the Congress together.

My view is—and I said this a little earlier this morning—that we probably won't get anything of real substance done before November 6. And none of us know what will happen on November 6. But between November 7 and December 31 or January 2, when sequestration takes place, we will see the biggest fiscal challenge this country has confronted in the 31 years that I have been in the Congress of the United States. The Bush tax cuts expire. The payroll tax cut expires. The unemployment insurance expires. The estate tax, dividend tax, the capital gains tax expire with the Bush tax cuts. The sustainable growth rate reimbursement for docs expires December 31. The AMT expires on the 31st, and sequestration takes place on January 2. If we took no action, that would be a devastating blow to the economy, to the country, and to international confidence in America's ability to lead.

So these are serious times, and I believe that all of you are continuing to be very significant leaders in our country with an experience that very few of us are given and, that is, service in this body. I would urge all of you to take it as your personal responsibility to try to help energize our people and our Members in acting responsibly, with courage and with will so that America can continue to be the kind of country that all of us believe it to be and want it to be.

So thank you for what you have done—not to get us into this bad spot because most of you were not here when we really started going down this road pretty steeply. But you are uniquely capable, in my opinion, to help us confront this challenge, which

we can confront because we have the resources, if we have the will.

God bless you. Thank you very much.

Ms. MORELLA. Thank you. Thank you, STENY, for your presence and for your serious and important message. We appreciate it very much.

So, folks, not all of our programs focus exclusively on former Members. We have a number of projects that benefit from former Member leadership but involve primarily current Members and their peers overseas. We call these programs Congressional Study Groups; and our focus is on Germany, Turkey, Japan, and Europe as a whole.

These programs are now under new management, so to speak, at the association because since our last report to Congress, we've been fortunate to secure the services of Sabine Schleidt, who is our director of international programs. She has brought remarkable expansion to our current Member portfolio and has implemented several new initiatives. We are, indeed, fortunate to have someone so capable oversee this effort.

So to give you more background about these very exciting Congressional Study Groups, I invite another former Member of the association, Jack Buechner of Missouri, to the dais. Jack, would you give a report.

Mr. BUECHNER. Thank you, Madam President.

The Congressional Study Groups are, I think, an extraordinary extension of our former service to assist the current Members. I want to report on the work of the study groups on Germany, Turkey, Japan, and our newest study group, which is the Congressional Study Group on Europe. These bipartisan programs for current Members of Congress serve as invaluable tools for dialogue between lawmakers and serve as educational forums to create better understanding and cooperation between the United States and our most important strategic and economic partners.

The Congressional Study Group on Germany is the association's flagship international program and is one of the largest and most active parliamentary exchange programs between the U.S. Congress and the legislative branch of any other country. Celebrating almost 30 years of active programming, the study group offers German and American lawmakers the unique opportunity to candidly discuss the most pertinent issues of the day, including the pressing international challenges affecting both nations and two continents. The 2012 chairman and vice chairman of the Congressional Study Group on Germany in the House of Representatives are Representative PHIL GINGREY, a Republican from Georgia, and TIM RYAN, a Democrat from Ohio. And in the Senate, Senator JEFF SESSIONS, a Republican from Alabama, serves as cochair. And his study group is in the process of finding a new Democratic cochair.

The study group's programming consists of periodic roundtable discussions

on Capitol Hill for Members of Congress featuring visiting dignitaries from Germany or U.S. Governmental officials. In addition, annual seminars are conducted abroad and at home, as well as study tours geared toward senior congressional staff.

A few highlights for the Study Group on Germany's events on Capitol Hill during this year's programming include: a luncheon discussion with Gunter Krings, the vice chairman of the CDU/CSU; a breakfast featuring Ms. Emily Haber, deputy foreign minister of Germany; a breakfast with Philipp Missfelder, foreign affairs spokesman for the CDU/CSU; and a luncheon with Philip Rosler, the Vice Chancellor of Germany. The study group also hosted a working luncheon on cybersecurity and the fight against terrorism, joining senior Senate staff with a visiting delegation from the German Federal College of Security studies.

The Congressional Study Group on Germany's main pillar of programming is the annual Congress-Bundestag seminar that alternates between the U.S. and Germany. These 5-day-long conferences present Members of Congress and their counterparts at the Bundestag with an opportunity to come together for a series of in-depth discussions focusing on issues affecting trans-Atlantic relations.

In April 2012, the 29th annual seminar took place in Washington and Atlanta. Topics for discussion during those annual Congress-Bundestag seminars included the ongoing financial global downturn, specifically the development of the euro zone crisis, sustaining economic growth, relations between the European Union and the United States, foreign policy challenges, such as Iran, and energy security. And during this programming year, the study group also took two senior congressional staff tour delegations, each consisting of eight chiefs of staff, to Berlin and Brussels.

Since its establishment, the Congressional Study Group on Germany has been receiving generous support from the German Marshall fund of the United States. And the association would like to thank Craig Kennedy, the president of GMF, for his trust in our programming. To assist with administrative expenses, the association also receives additional funding from a group of organizations making up the study group's business advisory council.

This group includes Airbus Americas, Allianz, BASF, Daimler, Deutsche Telekom, DHL Americas, Eli Lilly and Company, EMD Serono, Fresenius, Lufthansa, RGIT, and Volkswagen.

Using the successful example of the Congressional Study Group on Germany as a model, the association established the Congressional Study Group on Turkey in 2005. Given Turkey's strategic role in the region and position as a gateway between East and West, the Study Group on Turkey is essential in forging communications

networks between current Members of Congress and Turkish government officials to discuss such issues as the Middle East peace process, ongoing Arab Spring developments, energy security, and avenues of cooperation in the region. The Study Group on Turkey is active only in the House of Representatives and is, like the other study groups, led by a bipartisan group of current Members of Congress. Representative GERALD CONNOLLY, Democrat of Virginia, and Representative ED WHITFIELD, Republican of Kentucky, are the cochairs.

Similar to the Congressional Study Group on Germany, the Study Group on Turkey hosts events for Members of Congress on Capitol Hill which are dedicated to U.S.-Turkey relations, an annual seminar at home or abroad, and events and study tours geared toward senior congressional staff. During the 2012 May recess, the study group brought six chiefs of staff to Turkey to learn about Turkish domestic policies and discuss the critical issues facing the U.S.-Turkey bilateral relationship.

The Congressional Study Group on Turkey regularly has the pleasure to feature members of the Turkish Grand National Assembly and members of the Turkish government, as well as U.S. government officials who come to its Capitol Hill events. The annual U.S.-Turkey seminar is a significant aspect of the study group programming for each year. The seminar brings U.S. and Turkish legislators together with policymakers and business representatives to examine important bilateral policies and transnational issues such as the ongoing developments in the region—terrorism and energy security just to name two.

The seventh annual U.S.-Turkey seminar took place in Ankara, Patara, and Istanbul in October 2011. The eighth annual seminar will take place in Washington this fall. Topics of discussion for this year's seminar will focus on stability in the region, prospects for the global economy, and the growing U.S.-Turkey relations. I presume there will be some discussions about the Syrian-Turkish border, also.

The Congressional Study Group on Turkey continues to receive generous funding from the Economic Policy Research Foundation of Turkey, TEPAV, and the German Marshall Fund of the United States, as well as a group of organizations making up the study group's business advisory council. Currently, the business advisory council of the study group includes Eli Lilly and Company and the Turkish-American Business Council.

The association also organizes and administers the Congressional Study Group on Japan. Founded in 1993, the Congressional Study Group on Japan brings together Members of the U.S. Congress and members of the Japanese Diet for a series of discussions covering issues of mutual concern. As with the other study groups, the Japan study group is chaired in a bipartisan fashion. In the House of Representatives,

Congressman JIM McDERMOTT, Democrat of Washington, and Congresswoman SHELLEY MOORE CAPITO, Republican of West Virginia, serve as co-chairs. In the Senate, Senators JIM WEBB, Democrat of Virginia, and LISA MURKOWSKI, Republican from Alaska, serve as co-chairs.

The Congressional Study Group on Japan has been funded since its inception by the Japan-U.S. Friendship Commission, and the association would like to extend a special thanks and welcome to Paige Cottingham-Streater, the commission's new executive director.

The Congressional Study Group on Japan has been also able to garner the support of the Japanese business community in the District of Columbia with the creation of the business advisory council. Members of the inaugural BAC include Bank of Tokyo-Mitsubishi UFJ, Japan Railways-JR Central, Hitachi, Honda Motors, and Marubeni.

Earlier this year, the association established the Congressional Study Group on Europe. This study group was formed as a vehicle to expand our outreach and have a broader transatlantic discussion, not with just Brussels but capitals throughout Europe. In just over 6 months, the new study group has built the foundation for its programming and is delighted that Representative CHARLES DENT of Pennsylvania, Republican, and BEN CHANDLER, the Representative, Democrat from Kentucky, have agreed to serve as the co-chairs. Together with those co-chairs, the new study group has enrolled nearly 50 Members of Congress with a keen interest in the transatlantic community and partnership. In addition, the study group is working closely with European focus caucuses and embassies to provide Capitol Hill programming.

Program highlights thus far include policy discussions at the residences of the Czech and Belgian ambassadors, a Member briefing by the German, French, and Spanish ambassadors on recent developments in the euro zone crisis, a luncheon with the former president of the European Parliament, a breakfast with the former Prime Minister of the Netherlands, and a luncheon with Dr. Ulrike Guerot, senior fellow of the European Council on Foreign Relations, on Franco-German relations.

The association has also established a diplomatic advisory council, DAC, to enhance the dialogue with other Nations. Over a dozen ambassadors have joined the informal council because of their interest and commitment to the transatlantic dialogue, and many ambassadors have been active in our programming and policy discussions. The input and expertise of the local diplomatic community is a valued addition to the Congressional Study Groups. We are very proud that as former Members we can bring this invaluable service to current Members.

I look forward to being an active part, and playing an active part, in our continued international outreach.

Before I yield, I'd like to remind everybody that the Speaker's chair is being held by a birthday girl today. I'd like to ask every one of you to give a real polite round of applause for her 42nd birthday.

Thank you.

Ms. KENNELLY. Thank you, Jack, and Madam President, may I just for a moment interrupt. We have one of the finest leaders we have ever had in this body, Congressman Bob Michel. Would you just give us a wave.

Ms. MORELLA. I was going to mention that we are so very proud of a guy who is our role model, not only while he was in Congress as the minority leader, but since then he has come to every one of our meetings. He's been very actively involved, and I don't know, I think he has probably set the record, Bob, for the number of years, but we are so honored to have you here with us today for the example you set and your continued involvement. Thank you very much.

And, Jack, thanks. Your report demonstrates how very much involved we are in the critical issues of the day and how much we involve current Members of Congress in that sweep of international activities.

Well, so far we've heard about international programs, many of which have a history of several decades, for instance, the Congress to Campus Program, and as we wrap up our report we want to highlight projects that we conceptualize to address specific issues of the day. So I'd like to invite Senator Larry Pressler of South Dakota to talk a little bit about a symposium on the economy which is going to take place later today, as well as our partnership with the National Archives. Senator Pressler, thank you for being with us.

Mr. PRESSLER. Thank you very much, Madam Ambassador. I might say that, as we discussed earlier this morning, Harriet and I are sort of following you to Paris in that I have a 4-month teaching assignment there, which we're looking forward to very much, and I'm also going to try to suggest that they have the former Members program over there.

In any event, in my script here it says, "I understand we are under a bit of a time crunch, so I will keep my remarks brief." That must be a bit of hint.

Later today, we will bring together former Members of Congress, issue experts, and university students for a 3-hour conference entitled, "The Future Job Market: How America Can Remain Competitive in a Global Economy." I am pleased to cochair this important undertaking with former Member Bob Clement of Tennessee. The goal of the conference is to discuss the future of American jobs, the role of education, immigration, and legislation in ensuring a globally competitive workforce. We feature two keynote speakers who will focus on how they and their organizations view the future of the American economy and the American work-

er, some of the main issues our Nation currently faces, propose solutions and decisions which have to be made today so that we are competitive one generation from now. And I understand C-SPAN is going to cover portions of this.

After the keynote remarks, the audience will divide into several working groups composed of former Members, students, and experts. The conference will conclude with short reports from each of the groups. The issues we have identified for the working group discussions are the role of the community college system, workforce education, and job training; potential legislation and efforts at both the State and Federal levels; immigration and outsourcing; and America's current economic health and possible future economic trajectories. At the conclusion of the working group discussions, each group will report to the entire conference their findings and main discussion.

Later on tonight, I am pleased to participate in a public panel discussion at the National Archives, where we will dive further into some of the questions that arose during the conference. This panel is one of a series of panels we have had the privilege to conduct at the Archives, and I thank the Archivist of the United States, David Ferriero, for this outstanding collaboration.

Three times a year our association brings together former Members of Congress and other issue experts on some of the subjects that are featured on the front pages of our newspapers. We have talked about the current political climate. We have covered the role of race in America. We hosted a former Members panel that gave an insider's view to political campaigning, and we have focused on the 10-year anniversary of 9/11, to name just a few examples of our presentations. Clearly, these discussions are timely and important, and they're a great example of Democrats and Republicans disagreeing on some aspects, coming together on some aspects, but always treating each other with respect so that the dialogue is both civil and productive. We talked earlier about the Common Ground Project, and this is a wonderful way of implementing the concept of that program.

I think this panel series, as well as the jobs conference, are terrific examples of how active a role our association can play in addressing current issues, helping bridge a generational gap, and involving the public as well as the next generation of leaders in such a vital discussion.

I appreciate the opportunity to be involved in such important work. Thank you very much.

Ms. MORELLA. Thank you very much, Senator Pressler. We look forward to participating in the panel and the Archives event this evening, too. The events you mentioned are good examples of how our association identifies current issues and plays a role in the political discourse that's so important in our form of government.

Well, in addition to the programs you've heard about so far, we're also tasked with highlighting the achievements of former Members and providing former Members with opportunities to stay connected with other former Members after leaving Capitol Hill.

One of our premiere events which achieves both these goals is the Annual Statesmanship Award Dinner. It should be stateswomanship, too, shouldn't it? We'll think about that in the future. In March of this year, we hosted our 15th dinner, and like the preceding 14, it was chaired by our good friend, Lou Frey of Florida. Lou can't be with us today, but he has asked that our colleague, Beverly Byron from the great State of Maryland, report on this year's event.

Bev, of all 15 dinners, has been one of our most active dinner committee members, and I'd like to take this opportunity to thank her for her tireless efforts on the phone and in many other ways in our behalf. So I yield the floor to the Beverly Byron.

Ms. BYRON. Thank you, Connie. First of all, let me say, I'm not Lou Frey, but we all owe Lou a great deal of gratitude for the enormous amount of work he has done year after year to make the statesmanship award dinner such a success that it is.

On March 6, the dinner was the 15th annual one. Over 400 guests attended. For the dinner, they decided to make things up a little bit. In addition to our traditional Statesmanship Award, we created two additional award categories: the Civic Statesmanship Award and the Corporate Statesmanship Award. We wanted to take the occasion of the 15th anniversary and present a Lifetime Achievement Award.

The theme of the evening was "A Salute to Service," and all four of our honorees very clearly fit into the category of an outstanding public servant. The focal point was the presentation of a statesmanship award which recognizes a former Member or a current Member of Congress for their devotion to public service. We were very pleased this year to recognize Senator JOHN KERRY of Massachusetts as our statesmanship honoree for his outstanding political career and his service to the country.

The Civic Statesmanship Award honored a person or nonprofit that has made a significant contribution to improving our society. The 2012 recipient was the Tug McGraw Foundation. And for the Corporate Statesmanship Award, recognizing outstanding corporate citizenship, we chose David J. McIntyre, chief executive officer of TriWest Healthcare Alliance.

And finally, we had a new award, a Lifetime Achievement Award, recognizing the service to the country by a former Member of Congress. We were extremely pleased to have the opportunity to recognize the 44th president, George Herbert Walker Bush, who accepted via a video.

The evening is a lot of hard work. Don't let anybody tell you it isn't. Phone calls, et cetera. But it is a way to showcase the association and recognize outstanding public servants. Now, who helps to fund all the programs we've heard about today? The dinner is our financial lifeline. All the programs you've heard are self-financed by this association. Not a single taxpayer dollar is earmarked or appropriated for this organization and for the many projects we conduct. Therefore, a successful fundraising dinner translates into direct success for this association. Connie's looking at the budget and wants to make sure the dinner is a success. The evening is a lot of fun. It's also of great importance for our organization, and I hope that all of those former Members that are here today that haven't taken an active part in the past, when Lou calls, you will say, yes, I will take care of it.

Let me add a quick moment of congratulations to Matt and Jack Buechner on the work that they do on the Congress to Campus Program, because it's one that is absolutely critical. And finalizing, let me say to the speaker that Jack Buechner blew your cover, and I didn't have to. Thank you.

Ms. MORELLA. Thank you, Bev. Thank you for your report, your tireless efforts on behalf of the organization, not just the dinner committee but also on the board and being an active participant in so many of our programs.

Well, all of the programs we've described, of course, require both leadership and staff to implement. Our association is blessed to have top people in both categories. I want to take this opportunity to thank the board of directors—they are 30 former Members divided equally between parties—for their advice and counsel. You are the best.

I also would be remiss if I didn't thank the other members of our association's executive committee: our vice president and birthday gal, Barbara Kennelly; our outgoing treasurer, Jim Kolbe; our past president, Dennis Hertel. You've all made this association a stronger and better organization than it's ever been, and I thank you for your time and energy and commitment, and I hope I can continue to count on your counsel and the counsel of all of the former Members who are here and those who couldn't be here.

Well, to administer all of these programs you heard about this morning takes a staff of dedicated and enthusiastic professionals. I'm going to mention their names, but I want you to know that they're only like five paid employees that run this whole organization. Isn't that incredible when we think back on our congressional offices and the staff that we had? So they've got to be pretty remarkable people to do all of this. I will mention some of the names.

Andrew Shoenig, who is our international programs officer, does such a

terrific job implementing all the Capitol Hill events that you've heard about, and there are a lot of events here on the Hill.

You've heard from and about Liz Ardagna, who is our member services manager. Takes exceptionally good care of our 600 association members and all their various requests, needs, and inquiries. Anytime I ask for something, I get an immediate response, and she follows through. Thank you, Liz, for all that you do.

Esra Alemdar is our international programs manager, with particular focus on the wonderful Turkey program—which is so critically important at this time—that you heard about earlier.

Sabine Schleidt is our international programs director. She oversees all the current Member programs, which are so impressive and so important, including our new Congressional Study Group on Europe.

And Peter Weichlein is the CEO. He has spent 13 years with the association and 9 years in top position. Peter's been the one who has been—you know they've been sending you messages, now turn to page such-and-such and let's go to this because we changed this format. So there's a lot of scripting that takes place, not only in terms of papers but a lot of the background work, and it doesn't happen if you don't have leadership from the top. So I want to commend the staff and particularly Pete for the work that has been done.

So in addition to a wonderful staff, we benefit very greatly from volunteers who give us their talents and their expertise pro bono. I want to mention one who is here today who has done a lot of work, Dava Guerin. She has taken on the role as our communications director. She tells our story, connects us with the media, all at a ridiculously low rate. Thank you, Dava. We really appreciate all that you do.

Now, every year at our annual meeting we ask the membership to elect new officers and board members, and in the past, we've done so in a separate business meeting of the membership, but it occurred to us there is no better place to do it than here in the Chamber of the House of Representatives. So, therefore, I'm going to read to you the names of the candidates for officers and board members. They're all running unopposed, and I, therefore, ask for a simple "aye" or "nay" vote as I present to you the list of candidates as a slate.

So, for the association's 2012 class of the board of directors, the candidates are:

Beverly Byron of Maryland
 Jim Coyne of Pennsylvania
 Bill Delahunt of Massachusetts
 Phil English of Pennsylvania
 Barbara Kennelly of Connecticut
 Ken Kramer of Colorado
 Larry LaRocco of Idaho
 Connie Morella of Maryland
 Jim Slattery of Kansas

So, ladies and gentlemen, all in favor of electing these nine former Members to a 3-year term on our board of directors, please say "yea." All opposed? Hearing no opposition, the slate has been elected by the membership.

And next we'll elect our executive committee. The candidates for a 2-year term as president and vice president are—this is a little embarrassing—Connie Morella of Maryland for president, Barbara Kennelly of Connecticut for vice president. All in favor of electing these two former Members to a 2-year term on the executive committee, please say "yea." All opposed? Hearing no opposition, the slate has been elected by the membership. Incidentally, I want you to know—I think this will be the first time in history we're going to have two gals at the helm, president and vice president. Thank you. It's a great honor.

The candidates for a one-year term on our Executive Committee are:

Jim Walsh of New York for Treasurer
Bill Delahunt of Massachusetts for Secretary

Dennis Hertel of Michigan for Past President Executive Member

All in favor of electing these three former Members to a 1-year term on our executive committee, please say "yea." All opposed? Hearing no opposition, the slate has been elected by the membership.

Thank you.

Now, for the very sad part of the meeting this morning. It's now my sad duty to inform the Congress of those former and current members who have passed away since our last report. I ask all of you, including any visitors in the gallery, to rise as I read the names, and at the end of the list we will pay our respect to their memory with a moment of silence. We honor these men and women for their service to our country. They are:

James Abdnor of South Dakota
Perkins Bass of New Hampshire
Hugh Carey of New York
Robert W. Daniel, Jr., of Virginia
Edward Derwinski of Illinois
Charles Gubser of California
Katie Hall of Indiana
Mark Hatfield of Oregon
Bill Janklow of South Dakota
Ed Jenkins of Georgia
James "Jim" Lloyd of California
Norm Lent of New York
Richard Mallary of Vermont
Matthew "Marty" Martinez of California
Clarence E. Miller of Ohio
Erwin Mitchell of Georgia
Carlos Moorhead of California
James M. Quigley of Pennsylvania
Charles Whalen, Jr., of Ohio
Howard Wolpe of Michigan
Orvin B. Fjare of Montana
Melton D. Hancock of Missouri
Frank R. Mascara of Pennsylvania
Donald Payne of New Jersey
Charles H. Percy of Illinois
Richard H. Poff of Virginia
Malcolm Wallop of Wyoming
William C. Wampler of Virginia

Thank you. You may be seated.

This concludes the 42nd report to Congress by the U.S. Association of Former Members of Congress. We want

to thank the Congress, the Speaker, and the minority leader for giving us the opportunity to return to this revered Chamber and to report on our association's activities, and we look forward to another active and productive year. Thank you all for being here, and I will turn it over to the speaker, Madam Speaker.

Ms. KENNELLY. The Chair, again, wishes to thank the former Members and the Members of the House and Senate who stepped in to see us.

The Chair announces that 19 former Members of Congress responded to the call of the roll.

Before terminating these proceedings, the Chair would like to invite those Members who did not respond when the rollcall was called to give their names to the Reading Clerk for inclusion in the roll.

Thank you all for coming, and I think we're looking forward to a very exciting day.

The meeting adjourned at 9:46 a.m.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker at noon.

PRAYER

Rabbi Joel Levenson, Congregation B'nai Jacob, Woodbridge, Connecticut, offered the following prayer:

We invoke Your blessing for good judgment, wisdom, and understanding upon this House and all of its esteemed Members. Keep them mindful of our trust. Bestow upon them strength, determination, and willpower to do instead of just to pray, to become instead of merely to wish.

Watch over the men and women who serve our country. For Your sake and ours, may our land be safe, secure, and a source of goodness and our lives blessed.

May we repair this world and fill it with decency, justice, and peace, a world for which the prophet Isaiah prayed centuries ago when he said:

Let justice well up as water and righteousness as a mighty stream.

May the words that we pray and the deeds that we do be acceptable before You, O Lord, our ever-present inspiration, rock, and redeemer.

And let us say, Amen.

THE JOURNAL

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

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

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

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

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

Mr. MILLER of North Carolina. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Texas (Mr. SAM JOHNSON) come forward and lead the House in the Pledge of Allegiance.

Mr. SAM JOHNSON of Texas led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WELCOMING RABBI JOEL LEVENSON

The SPEAKER. Without objection, the gentlewoman from Connecticut (Ms. DELAURO) is recognized for 1 minute.

There was no objection.

Ms. DELAURO. Mr. Speaker, it is my privilege this morning to welcome Rabbi Joel Levenson of Congregation B'nai Jacob in Woodbridge, Connecticut, to the House of Representatives.

When Joel graduated from Miami University of Ohio, he thought about going to either law school or rabbinical school, but thought the world already had too many lawyers and not enough men of faith. After graduating from the Jewish Theological Seminary in New York and serving under Rabbi Albert Lewis—the subject of Mitch Albom's book, "Have a Little Faith"—in Cherry Hill, New Jersey, Rabbi Levenson came to Woodbridge, Connecticut, where he has been the spiritual leader of Congregation B'nai Jacob since 2008.

There he has gained a reputation as a dynamic and inspiring presence on the pulpit, and he; his wife, Leora, who is with us today; and his children, Shir, Sam, and Gideon, have become warm and caring members of the community. We are joined by what we call the mishpucha up in the gallery this morning, and we welcome them all today.

Over his time in Woodbridge, Rabbi Levenson has been dedicated to promoting social justice and spiritual growth throughout Connecticut, and he has worked to foster a strong sense of Jewish identity, a joyful and inspiring congregation, and innovative educational opportunities throughout the synagogue.

Rabbi Levenson personally teaches preschool classes and meets with and works with Woodbridge teenagers, including leading them on trips to Israel. He has also worked extensively with Outreach to young families. And he is a dedicated cyclist and triathlete who has taken part in the Israel ride, a

yearly ride across the 400 miles from Jerusalem to Eliat.

I thank Rabbi Levenson for his commitment to improving our community and for his profound words this morning.

Rabbi Levenson, we thank you for leading us in today's invocation.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1379. An act to amend title 11, District of Columbia Official Code, to revise certain administrative authorities of the District of Columbia courts, and to authorize the District of Columbia Public Defender Service to provide professional liability insurance for officers and employees of the Service for claims relating to services furnished within the scope of employment with the Service.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. ROSELEHTINEN). The Chair will entertain 15 further requests for 1-minute speeches on each side of the aisle.

REPEAL OBAMACARE

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

Mr. WILSON of South Carolina. Madam Speaker, tomorrow House Republicans will vote for the 32nd time to repeal, defund, or dismantle the President's government health care take-over bill. Not only will this legislation grow the size of government, limiting freedom, it will also levy 21 new or higher taxes on Americans and small businesses, causing the destruction of jobs.

If ObamaCare is not repealed beginning on January 1, 2013, a 3.8 percent capital gains tax on investment income will go into effect, destroying jobs in the home building and real estate industries.

The National Federation of Independent Business, NFIB, America's largest association of small businesses, has estimated ObamaCare will destroy 1.6 million jobs.

In order for our Nation to recover, ObamaCare must be repealed, and the government and Congress must pass legislation that encourages job creation through private sector job growth.

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

MIDDLE CLASS TAX CUTS

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

Ms. HOCHUL. Madam Speaker, after a week of traveling my district from

Lancaster to Warsaw in upstate New York, I heard one consistent message. Our constituents, particularly the middle class, want to know their economic situation. They want to know, they're asking this Congress: Are you going to extend the tax cuts that they've now enjoyed to the tune of \$1,500 to \$2,500 a year? That's an important answer we should be able to give them this week.

Instead of looking backwards and relitigating old battles, why don't we look forward and give them the confidence they need as they're making their plans?

Families all across my district are doing what I did as a mother for 15 years every summer trying to figure out how much are you going to spend on school shopping in the fall. Are you going to be able to plan that vacation with your family? What about Christmas shopping? You're thinking about it now. Maybe you can even squeeze in enough money to go to a Buffalo Bills game with your family.

Let's give them the certainty they need now. Let's work in a bipartisan way, Democrats and Republicans together. Let's enact a permanent middle class tax cut.

THE DOJ IS ON THE WRONG SIDE OF JUSTICE AGAIN, PART II

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

Mr. POE of Texas. Madam Speaker, at this moment, Attorney General Eric Holder is going to deliver a speech at a conference in Houston, Texas.

A media advisory issued by the Department of Justice said, "NOTE: All media must present government-issued photo ID (such as a driver's license) as well as valid media credentials."

In order to hear him speak, media must present a valid government photo ID. I assume this is to prevent unauthorized individuals from being able to enter the auditorium.

I suspect Mr. Holder will rant about Texas' having a voter ID law to vote, however. You see, Madam Speaker, the Justice Department is also in court today suing Texas, claiming that the Texas voter ID law disenfranchises people. It seems to me the law would only disenfranchise fraudulent voters.

Never mind the Supreme Court has already upheld voter ID laws. Madam Speaker, the DOJ just ignores Supreme Court decisions it doesn't like and continues its war against Texas.

Holder is inconsistent. He believes in security and photo IDs for people when he speaks, but rejects ballot security and IDs for people when they vote.

Security is important. Security prevents unauthorized individuals from entering an auditorium or voting who shouldn't enter the auditorium or shouldn't vote. But the DOJ doesn't care about being hypocritical.

The DOJ, Madam Speaker, is once again on the wrong side of justice.

And that's just the way it is.

□ 1210

HEALTH CARE REPEAL

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

Mr. CICILLINE. Madam Speaker, last week I visited with seniors who live at Wilfred Manor in Central Falls, Rhode Island. They asked me to deliver a message when I returned to Washington: The time for fighting over health care reform has ended. Now our elected officials should work together to make sure this law works effectively for all American families.

Instead, Republicans have chosen to once again spend valuable legislative time trying to score political points.

What concerns me the most is how their actions would impact my constituents, folks like Rita Manley, a senior who lives in Central Falls. Rita was recently diagnosed with cancer, and if Republicans did succeed in repealing health care reform, millions of men and women like Rita could be denied coverage based on preexisting conditions.

I urge my colleagues on the other side of the aisle to refrain from starting this debate all over again and instead focus their energy and attention on getting people back to work by taking up critical jobs legislation.

OBAMACARE RULING

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

Mr. SAM JOHNSON of Texas. You know, last month, the Supreme Court made its regrettable ruling to uphold the President's job-killing tax program known as ObamaCare. While the High Court may have deemed it constitutional as a tax, Americans deem it burdensome and unaffordable.

ObamaCare boasts \$500 billion in tax hikes, 150 new Federal bureaucracies, and \$1.76 trillion added to the growing national debt, not to mention the massive amounts of red tape and legalese that get in the way of patients and their doctors.

Before we know it, going to the doctor will feel more like a trip to the DMV, the Department of Motor Vehicles. Our Tax-and-Spender-in-Chief needs to stop throwing more hard-earned tax dollars at a broken health care system and start working with Congress to implement commonsense reforms.

We can make coverage more accessible, more affordable, and give Americans the freedom to choose their health care plan. Our first step is to repeal ObamaCare this week.

HONORING HEROES OF NORTH CAROLINA NATIONAL GUARD'S 145TH AIRLIFT WING

(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 honor the lives of four North Carolinians: Lieutenant Colonel Paul K. Mikeal of Mooresville, Major Joseph M. McCormack of Belmont, Major Ryan S. David of Boone, and Senior Master Sergeant Robert S. Cannon of Charlotte.

The four airmen of the North Carolina National Guard's 145th Airlift Wing were supporting firefighting efforts throughout the Rocky Mountains when their aircraft crashed on July 1. Their sacrifice reminds us of the selflessness of those who put their lives at risk to protect our lives and property.

Our thoughts and prayers go out to the entire North Carolina National Guard community. We are grateful for their service and for their courage.

FARM FAMILY RECOGNITION

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

Mr. CRAWFORD. Madam Speaker, tomorrow the House Ag Committee will vote on a farm bill that will give producers across our country the certainty they need to continue producing the safest, most abundant, and most reliable source of food on the planet. As the committee works to produce a responsible farm bill that works for all regions of the country, I would like to recognize Farm Families in my home State.

In my home State of Arkansas, farming is a family business. Young people begin helping with chores on the farm almost as soon as they can walk. In many cases, generations of family farmers work side by side cultivating the land. Families take great pride working together and continuing a tradition of hard work.

Agriculture is the backbone of Arkansas' rural economy, and each year the Arkansas Farm Bureau recognizes families across Arkansas for their contributions to our State. I congratulate all the county Farm Family winners across Arkansas on this achievement. All Arkansans take great pride in our State's Farm Families that were recognized this year.

Congratulations once again to all the county Farm Families recognized by the Arkansas Farm Bureau. I applaud them for their commitment to agriculture and hope for their ongoing success.

SNAP CUTS

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

Mr. BACA. Madam Speaker, tomorrow the House Agriculture Committee

will mark up the farm bill that will devastate many of our children, seniors, and veterans. This misguided bill will cut \$16 billion from the SNAP program, a program that puts food on the table for over 46 million Americans.

This debate isn't just about the numbers; there is a human cost. If these cuts are allowed to stand, 2 to 3 million low-income individuals will lose SNAP eligibility, and 280,000 children will lose access to free school meals. These are children who may have the only meal provided to them in school, and it will change their attitudes and their behaviors in school. And 210,000 households in my State of California will receive reduced benefit levels.

In California, 6 million people rely on SNAP, including 2 million children. In my district, they suffer from the fourth highest rate of food insecurity in the Nation.

It is a moral responsibility that we protect the SNAP program. We must pass a responsible farm bill that includes no nutritional cuts.

IN RECOGNITION OF THE VOICES OF LEE

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

Mr. FLEISCHMANN. Madam Speaker, I rise today in recognition of the Voices of Lee for their outstanding performance and representation of Lee University. Lee University is located in my current district within Bradley County, Tennessee, and presently has a little over 4,400 students enrolled in their undergraduate program.

Under the direction of Mr. Danny Murray, Voices of Lee has grown into a nationally recognized singing group, having released seven music albums and several DVDs since their debut in September of 1994. The group performs a cappella around the country, and their current schedule includes locations in North Carolina, Indiana, Florida, and many other States.

The energy and feeling placed in each and every song is a talent that deserves praise, as this talent is not easily learned. I believe that anyone who listens to them cannot hear the music without being moved.

Each student who receives the opportunity and honor of participating in the Voices of Lee is put through grueling training and given demanding work. However, the results of their labor are not in vain, and I am pleased to take this opportunity to commend them for such dedication.

DON'T REPEAL AFFORDABLE CARE ACT

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

Ms. HAHN. Madam Speaker, I think it's worthwhile to remember why Congress passed health care reform in the first place. It's because our system was broken; it wasn't working.

But just this morning, Speaker BOEHNER said that we needed to repeal the Affordable Care Act because we didn't need it because we had the best health care system the world has ever seen. Well, I don't think that was true for 17 million children who were being denied health insurance for preexisting conditions. I don't think that was true for about 3.1 million young adults who were denied coverage because they were kicked off their parents' insurance plans. And I don't think that was true for 40 million Americans who couldn't get coverage and for every family threatened with losing their coverage because of rising costs.

If we need to tweak the law, let's work together to fix it, but let's not repeal it. I think that would be bad for our health.

□ 1220

HONORING THE LIFE AND SERVICE OF ARMY MAJOR PAUL C. VOELKE

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

Ms. HAYWORTH. Madam Speaker, I rise this morning to honor the life and service of Army Major Paul C. Voelke. Major Voelke died on June 22, 2012, in Balkh province, Afghanistan, supporting Operation Enduring Freedom. This was his second deployment to Afghanistan, and had also served two tours in Iraq.

Major Voelke was in the Army for 14 years and during that time he was awarded a Bronze Star, which is given for bravery or meritorious acts or service, and a Purple Heart, given for injuries received in combat.

I was privileged last Friday to join the major's family, friends, colleagues, and neighbors at the funeral service. It was held on the grounds of his alma mater, the United States Military Academy at West Point. Major Voelke was a native of the Hudson Valley, and he spent his career in service to our Nation, and he died defending its freedoms.

His wife, Traci, movingly described his perseverance and dedication, and I know that Major Voelke's life will continue to inspire all of those who knew him and served with him.

NO CUTS TO FOOD STAMPS IN THE FARM BILL

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

Ms. LEE of California. Madam Speaker, as the founder and cochair of the Out of Poverty Caucus, this morning many of us stood with advocates and faith leaders to say in one voice: no cuts to food stamps in the farm bill.

Food stamps provided that critical bridge over troubled waters for me and my family when I was a young mother, and I thank our government and the

American people for this safety net. The American people were there for me and my family when we needed it most. We need to be there for people who need it most now.

Every year, several Members take part in the Food Stamp Challenge. You eat for 1 week on average food stamp benefits, which is \$1.50 per meal. Every Member should join us in the food stamp challenge this year, especially Members who want to cut food stamps. You need to know what it means to be hungry.

We simply cannot cut \$16 billion in critical SNAP benefits. Food stamps not only feed hungry children, seniors, and veterans, but also promote real growth and create jobs. It makes no economic sense and no moral sense to cut \$16 billion from the food stamp program.

We should reject these heartless cuts on the poor and get back to creating the jobs and opportunities for everyone. People would rather have a job instead of food stamps to feed their family, but until Republicans support efforts to create jobs, we have a moral responsibility and a duty to make sure that at least people eat.

It's hard to believe, in 2012, we are debating feeding people.

CONDEMNING THE GOVERNMENT OF IRAN FOR ITS PERSECUTION OF PASTOR YUCEF NADHARKANI

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

Mr. PITTS. Madam Speaker, a few weeks ago, the Senate Foreign Relations Committee passed a resolution condemning the government of Iran for its continued persecution of Pastor Youcef Nadharkani.

Pastor Youcef sits in prison for the crime of practicing his faith and wishing to raise his two young boys in that faith. His crime was to go to his sons' school and ask that they not be subjected to Islamic indoctrination. For that, he was taken directly to a tribunal and sentenced to death by hanging.

Despite years of imprisonment, his faith has held up under intense interrogation and torture. And now the government has extended its campaign of terror to Pastor Youcef's lawyer. Muhammed Ali Dadkhah has been disbarred and sentenced to 9 years imprisonment for representing the pastor. He's been pressured to confess to crimes he did not commit.

The government of Iran has no respect for human rights, or even for their own written laws. I'm glad to see my Senate colleagues stand up for Pastor Youcef. The world needs to know what is happening here.

I urge the government of Iran to return this father to his wife and his two sons.

SUPPORTING CATHOLIC SISTERS

(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 express my support for House Resolution 689, a resolution introduced by my colleague, ROSA DELAURO, honoring Catholic Sisters for their tremendous contributions to our country.

Catholic Sisters have long been responsible for providing care to the neediest, most marginalized people in our society. Whether they're feeding the hungry, clothing the poor, educating our students, healing the sick, or fighting for a cleaner environment, the Catholic Sisters have touched millions of lives across the country and around the world.

Madam Speaker, Catholic hospitals call themselves dignity hospitals in my district, and they play a key role in providing health services, and those institutions all rely on the tireless support of Catholic Sisters.

I want to pay special tribute to one of them, my constituent, Sister Janet Corcoran, a member of the Sisters of St. Francis who works at Marian Medical Center in Santa Maria, California. She's a pillar of our community, tirelessly advocating everywhere she goes on behalf of better health care, education, social justice, peace, and environmental protection.

Reinforced by a deep faith in God, she and other Catholic Sisters on the Central Coast, and throughout the country demonstrate an unwavering commitment to the common good day in and day out. We have much to thank them for, and I urge my colleagues to join me in supporting this important resolution.

RECOGNIZING THE 103RD BIRTHDAY OF CLEONE HODGES

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

Ms. FOXX. Madam Speaker, I rise today to recognize Ms. Cleone Hodges of Boone on the occasion of her 103rd birthday.

A teaching position in Appalachian State University's Health Sciences department brought Ms. Hodges to Boone in 1938. Immediately, she was active in our community, serving 23 years as secretary for the parks department, teaching Sunday school at the First Baptist Church, and becoming active in community garden clubs.

A scholarship in her name exists to support the work of students in her former department.

Ms. Hodges' natural athletic talent helped her take the golf world by storm following retirement. On top of numerous regional wins, Hodges won three gold and two silver medals in national senior golf competitions. She scored the third of her career holes in one at the age of 93.

Ms. Hodges, a 2005 inductee to the Watauga County Sports Hall of Fame, is a mother to her son, J.B., a grandmother to two, and a great-grandmother to three.

With the rest of the Boone community, I wish her the happiest of birthdays and hope for many, many more.

EXPEDITING TRAFFIC AT THE PEACE BRIDGE

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

Mr. HIGGINS. Madam Speaker, the Peace Bridge is the second-busiest crossing at the U.S.-Canada border. Expediting traffic at the bridge is essential to the economic future of western New York.

The historic Beyond the Border agreement between the United States and Canada raises the possibility of pre-inspecting much of the U.S.-bound cargo traffic on the Canadian side of the border crossing. I have repeatedly advocated that the Department of Homeland Security initiate a pilot program for commercial pre-inspection at the Peace Bridge. Last week, New York Governor Andrew Cuomo added his strong support for this proposal.

What Governor Cuomo understands, Madam Speaker, is that the pre-inspection at the Peace Bridge would go a long way toward improving congestion at the bridge and, thereby, further integrating the western New York economy with that of southern Ontario. The success of the western New York economy is undoubtedly tied to predictable, reliable access into and out of Canada. Let's take the steps necessary to open up this bottleneck.

BIPARTISAN HEALTH CARE REFORM

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

Mr. YODER. Madam Speaker, like many of my colleagues, my top priority continues to be job creation in our country. That's why I was so heartbroken with the recent health care decision by the United States Supreme Court. No matter what we think about the impact this law will have on the prevalence of health care in our country, it is not good for small businesses, and it is devastating for job creation.

This law creates massive amounts of uncertainty, raises taxes and huge administrative burdens, and places significant new mandates on entrepreneurs and small businesses. Not a recipe for economic recovery.

That's why I stand today in support of a repeal of this massive burden on our economy. We need health care reform in this country, no doubt, and I stand ready to work with Members of both parties on a fresh start, a truly bipartisan bill that will actually reduce the cost of care, not simply shift the burden.

So let's work together on common-sense reforms. Let's repeal this act, let's give relief to small businesses, and let's get our economy going again.

LET'S NOT PLAY POLITICS WITH THE PATIENT PROTECTION AFFORDABLE CARE ACT

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

Ms. HANABUSA. Madam Speaker, on June 28 the United States Supreme Court ruled that the Patient Protection and Affordable Care Act was constitutional. It is now the law of the land, thanks in most part to Republican-appointed Chief Justice Roberts.

Tomorrow, this House is expected to vote on the repeal of the Affordable Care Act. Vote again—remember H.R. 2 on January 19 and now H.R. 6079. It is, unfortunately, expected that, due to the Republican vote, that it will be repealed again.

How sad, Madam Speaker. How can you face the seniors, the students, the women and children and small businesses with this level of uncertainty by trying to repeal it again? They are the primary beneficiaries.

Can you explain why? Can you especially explain how this is going to add to the deficit? The CBO says so. \$100 billion in 10 years, and \$1 trillion in 20 years.

Madam Speaker, let's not play politics with one of the most important pieces of legislation that we have passed.

□ 1230

REPEALING HEALTH CARE REFORMS WITH REPUBLICAN DEATH PANELS

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

Mr. CONNOLLY of Virginia. Madam Speaker, I have 1 minute, so I'll have to go fast. Here are the top 10 reforms the Republicans want to repeal with their death panels tomorrow:

Discounts on prescription drugs, saving seniors \$600 a year; parents offering health care coverage to their children up to age 26; lower premiums as a result of the health care exchanges; protections from bankruptcy in the event of a catastrophic illness; free preventative screening and wellness visits every year; reforms strengthening Medicare Advantage, resulting in a 7 percent drop in premiums for the first time ever and a 10 percent increase in enrollment; \$151 in average rebates this year alone from insurance companies to consumers all over the country; protections from having coverage rescinded arbitrarily by insurance bureaucrats; tax credits for small businesses to help defray the costs of offering coverage to their employees; and, finally, guaranteed medical coverage even if you, in

America, discover you have a pre-existing condition.

Ladies and gentlemen, let us not repeal these reforms with Republican death panels.

GOP REPEAL OF THE AFFORDABLE CARE ACT

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

Mr. YARMUTH. Madam Speaker, today the House will consider a repeal of the Affordable Care Act for the 31st time. We will spend at least 6 hours debating this, but not 1 minute considering a Republican replacement. That's because there isn't one.

The American people are now experiencing the benefits of the law: allowing young people to stay on their parents' policies until the young people are 26; requiring insurance companies to cover children regardless of preexisting conditions. The Republican leadership had the choice to include those provisions and others in this bill. Yet, once again, they are choosing to deny care to millions of Americans instead.

With this bill, the Republicans are choosing to cut young people off of their parents' coverage. They are choosing to end the guaranteed coverage for children with juvenile diabetes, autism, asthma, and other illnesses. They are choosing to raise prescription drug costs for seniors, and they are choosing to allow insurance companies to charge women more for the same policies as men.

Madam Speaker, I invite any Republican in this body to come to the floor and to explain to my constituents and theirs why they've made the choice to repeal all of these patient protections while offering the American people nothing in return.

INDIAN HEALTH CARE

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

Mr. GRIJALVA. Madam Speaker, the middle class and men and women looking for work in this country are asking: Where are the jobs?

The Republican majority in the House will be responding, once again, by voting to take away health coverage to struggling Americans. For instance, instead of bringing a jobs bill or a fair taxation bill up to the floor, we will be taking away health care from a very significant and important group of Americans—the first Americans—the American Indians.

By upholding health reform, the Supreme Court decision affirmed that the permanent reauthorization of the Indian Health Care Improvement Act was also part of the decision. The National Congress of American Indians responded by stating:

This is an important step for health care in Indian Country. The permanence of the In-

dian Health Care Improvement Act has been affirmed.

The Affordable Care Act permanently authorizes the daily health care delivery to nearly 2 million American Indians and Alaska Natives who are in critical need of improved health care and services to their communities. There will be critical updates and modernizations, expanded cancer screenings, long-term care, hospice care, and care for the elderly and the disabled.

The passage of health care reform represented a 14-year struggle by tribal leaders to make permanent a legislative commitment by the Federal Government that had not been upheld. It is wrong for the Republicans to take this promise away from Indian Country and from the first Americans of this country. Americans want a jobs plan, not their health care taken away.

POLITICAL THEATER AT ITS WORST

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

Mr. ELLISON. Madam Speaker, we could spend 5 hours today and tomorrow talking about jobs, and we could consider a jobs plan that the President offered before this very body; but we won't because we have to go repeal health care again for the 31st time. You would have thought the 17th time would be good or maybe the ninth time or the 29th time. With the 31st time, it's like they're going for a record or something. Of course, the Senate is not going to take this up.

This is political theater at its worst because Americans are out of work, and this body isn't doing anything about it. Everyone here knows that the President can't just whip up a jobs bill out of thin air. Congress has to pass it, but Congress won't pass it because they're busy doing political stunts—and that is a shame.

MOTION TO ADJOURN

Mr. ELLISON. Madam Speaker, I move that the House do now adjourn.

The SPEAKER pro tempore. The question is on the motion to adjourn.

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

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

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 75, nays 318, answered “present” 1, not voting 37, as follows:

[Roll No. 455]

YEAS—75

Andrews	Carson (IN)	Davis (CA)
Barber	Chu	Davis (IL)
Bass (CA)	Clarke (NY)	DeLauro
Bishop (GA)	Clay	Dicks
Brady (PA)	Cleaver	Edwards
Bralley (IA)	Crowley	Ellison
Brown (FL)	Cuellar	Engel
Capps	Cummings	Farr

Filner
Fudge
Grijalva
Hahn
Hanabusa
Hastings (FL)
Higgins
Hinchev
Honda
Israel
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kucinich
Lee (CA)
Lowey

Maloney
Matsui
McDermott
McGovern
McNerney
Meeks
Moore
Nadler
Oliver
Owens
Pallone
Peters
Pingree (ME)
Reyes
Richmond
Roybal-Allard
Rush

Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Sewell
Slaughter
Stark
Thompson (MS)
Tonko
Van Hollen
Waxman
Welch
Wilson (FL)
Woolsey

Rahall
Rangel
Reed
Reihberg
Reichert
Renacci
Richardson
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Royce
Runyan
Ruppersberger
Ryan (OH)
Ryan (WI)
Scalise
Schilling
Schmidt

Schrader
Schweikert
Scott (SC)
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sherman
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Southerland
Speier
Stearns
Stivers
Stutzman
Sutton
Terry
Thompson (CA)
Thompson (PA)
Thornberry
Tiberi
Tierney
Tipton

Tsongas
Turner (NY)
Upton
Velázquez
Visclosky
Walberg
Walden
Walsh (IL)
Walz (MN)
Wasserman
Schultz
Waters
Watt
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yarmuth
Yoder
Young (AK)
Young (FL)
Young (IN)

call up House Resolution 724 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 724

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6079) to repeal the Patient Protection and Affordable Care Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and any amendment thereto to final passage without intervening motion except: (1) five hours of debate, with 30 minutes equally divided and controlled by the Majority Leader and Minority Leader or their respective designees, 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce, 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means, 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Budget, 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary, and 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Small Business; and (2) one motion to recom-

NAYS—318

Ackerman
Adams
Alexander
Amash
Amodi
Austria
Baca
Bachmann
Bachus
Baldwin
Barletta
Barrow
Bartlett
Barton (TX)
Bass (NH)
Benishkek
Berg
Berkley
Berman
Biggart
Billray
Bilirakis
Bishop (NY)
Bishop (UT)
Black
Blackburn
Blumenauer
Bonamici
Bono Mack
Boren
Boswell
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Canseco
Cantor
Cardoza
Carnahan
Carney
Carter
Cassidy
Chabot
Chaffetz
Cicilline
Clarke (MI)
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costello
Courtney
Cravaack
Crawford
Crenshaw
Critz
Culberson
Davis (KY)
DeFazio
DeGette
Denham
Dent
DesJarlais
Diaz-Balart
Doggett

Dold
Donnelly (IN)
Doyle
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ehlers
Emerson
Eshoo
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Forbes
Fortenberry
Foxy
Franks (AZ)
Frelinghuysen
Gallegly
Garamendi
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gowdy
Granger
Graves (GA)
Graves (MO)
Green, Al
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Heinrich
Hensarling
Herger
Herrera Beutler
Himes
Hinojosa
Hochul
Holden
Holt
Hoyer
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jackson Lee
(TX)
Jenkins
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
Kind
King (IA)
King (NY)
Kingston
Kinzinger (IL)

Kline
Labrador
Lamborn
Lance
Landy
Langevin
Lankford
Larsen (WA)
Latham
LaTourette
Latta
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Loeb sack
Lofgren, Zoe
Long
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Manzullo
Marchant
Marino
Markey
Matheson
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McHenry
McKeon
McKinley
McMorris
Rodgers
Meehan
Mica
Michaud
Miller (FL)
Miller (MI)
Miller, Gary
Moran
Mulvaney
Murphy (CT)
Murphy (PA)
Myrick
Napolitano
Neal
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Pastor (AZ)
Paul
Paulsen
Pearce
Perlmutter
Peterson
Petri
Pitts
Platts
Poe (TX)
Polis
Pompeo
Posey
Price (GA)
Price (NC)
Quayle
Quigley

ANSWERED "PRESENT"—1

Ribble

NOT VOTING—37

Aderholt
Akin
Altmire
Becerra
Bonner
Capito
Capuano
Castor (FL)
Chandler
Costa
Deutch
Dingell
Fattah

Flores
Frank (MA)
Gosar
Green, Gene
Gutierrez
Hirono
Jackson (IL)
Johnson (IL)
Kissell
Larson (CT)
McIntyre
Miller (NC)
Miller, George

Pascrell
Pelosi
Pence
Rothman (NJ)
Schock
Shimkus
Shuler
Sires
Sullivan
Towns
Turner (OH)

□ 1259

Messrs. NEUGEBAUER, GINGREY of Georgia, LEVIN, PERLMUTTER, Ms. RICHARDSON and Mr. BUTTERFIELD changed their vote from "yea" to "nay."

Messrs. VAN HOLLEN, CLEAVER, CROWLEY, and RUSH changed their vote from "nay" to "yea."

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

Stated against:

Mr. AKIN. Madam Speaker, on rollcall No. 455 I was delayed and unable to vote. Had I been present I would have voted "nay."

Mr. TURNER of Ohio. Madam Speaker, on July 10, 2012, I was unable to vote on rollcall vote 455. Had I been present I would have voted "nay" on the motion to adjourn.

Mr. GENE GREEN of Texas. Madam Speaker, on rollcall No. 455, the motion to adjourn, had I been present, I would have voted "nay."

PERSONAL EXPLANATION

Mr. JOHNSON of Illinois. Madam Speaker, on Tuesday, July 10, 2012, my scheduled flight from Champaign, Illinois, to Washington was delayed well over an hour. As a result, I left immediately for another flight out of Indianapolis to Washington. As a result, I was unable to cast my vote for rollcall No. 455. Had I been present I would have voted "present."

PROVIDING FOR CONSIDERATION OF H.R. 6079, REPEAL OF OBAMACARE ACT

Mr. SESSIONS. Madam Speaker, by direction of the Committee on Rules, I

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

Mr. SESSIONS. For the purpose of debate only, I yield the customary 30 minutes to my friend, the gentlewoman from Fairport, New York, and the ranking member of the Committee on Rules, Ms. SLAUGHTER, pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. SESSIONS. 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 Texas?

There was no objection.

Mr. SESSIONS. House Resolution 724 provides a closed rule for consideration of H.R. 6079.

Madam Speaker, today I rise in support of this rule and the underlying bill. H.R. 6079, the Repeal of Obamacare Act of 2012, was introduced by the Republican majority leader, ERIC CANTOR, the gentleman from Virginia. The bill text has been online since last Thursday, giving Members more than the mandatory 3 days to read and to understand the language.

Madam Speaker, on June 28, just 12 days ago, the United States Supreme Court upheld the individual mandate provisions contained in ObamaCare, thereby forcing every American to purchase health insurance. While I may disagree with how they ruled, I respect their decision and there is nothing we can do to change that. ObamaCare is now the official law of the land.

However, there is something this body can do to reverse the course and to prevent the job-destroying aspects of this bill from taking effect: a complete repeal of the bill that the President asked this Congress to pass under Speaker PELOSI—and they did. We need to repeal ObamaCare today. In 2010, Republicans were elected all across this country because Americans understood the need to stop the tax-and-spend policies of the other party. H.R. 6079 will do exactly that.

Last night in the Rules Committee, my colleague and friend, the gentleman from New Jersey (Mr. ANDREWS), urged us to “dispassionately examine the facts.” I agree with just that sentiment and would like to take a moment to do just that.

Earlier this year, the Centers for Medicare and Medicaid Services, CMS, reported that health insurance premiums are expected to rise by over 44 percent over the next 9 years as a result of ObamaCare. And since ObamaCare was signed into law, there has been a steady decline in the number of Americans on private health insurance.

A report from the McKinsey Group found that more than 50 percent of employers with a high awareness of the law say that they will stop offering health insurance, confirming what Republicans have been saying for 3 years, and that is, that ObamaCare is designed to force employers to drop coverage in an attempt to get Americans to enter the new health care exchanges.

A Kaiser Family Foundation report found that health insurance premiums have increased by 9 percent, or \$1,200, for the average American family following passage of the President's health care bill.

According to the 2010 Medicare Trustees Report, as a direct result of ObamaCare, more than 90 percent of seniors will lose the retiree prescription drug coverage they have and will see nearly double-digit premium increases. Seniors will also see reduced access to doctors, as Medicare officials explained that physicians “could find it difficult to remain profitable and might end their participation in the program, which possibly could jeopardize access to care for beneficiaries.”

According to the President's own budget, the cost of ObamaCare subsidies have jumped \$111 billion in just 1 year. Earlier this year, during a Ways and Means Committee hearing on February 28, 2012, when asked why this happened, Health and Human Services Secretary Sebelius said, “I really don't know.”

Finally, earlier this year, the non-partisan Congressional Budget Office adjusted their long-term outlook of the impact of ObamaCare on our national debt. The revised figures show ObamaCare will cost taxpayers \$1.8 trillion—twice as much as the President promised in 2010 when the bill was passed.

These are just a few of the facts that I believe should be considered dispassionately as we debate whether to repeal ObamaCare. If you think that the facts I just listed are what the country needs, vote to keep it. However, if you, like me, find these facts unacceptable for our future, then I urge you to join me in repealing ObamaCare so that we can focus on patient-centered health care solutions which do not increase dramatically insurance premiums, do not restrict access to physicians, and do not mount unsustainable debt onto our children and grandchildren, as well as harming employers who wish to employ more Americans.

I urge my colleagues to vote for the rule and the underlying bill, and I reserve the balance of my time.

[From the Wall Street Journal, June 8, 2011.

STUDY SEES CUTS TO HEALTH PLANS

(By Janet Adamy)

A report by McKinsey & Co. has found that 30% of employers are likely to stop offering workers health insurance after the bulk of the Obama administration's health overhaul takes effect in 2014.

The findings come as a growing number of employers are seeking waivers from an early provision in the overhaul that requires them to enrich their benefits this year. At the end of April, the administration had granted 1,372 employers, unions and insurance companies one-year exemptions from the law's requirement that they not cap annual benefit payouts below \$750,000 per person a year.

But the law doesn't allow for such waivers starting in 2014, leaving all those entities—and other employers whose plans don't meet a slate of new requirements—to change their offerings or drop coverage.

Previous research has suggested the number of employers who opt to drop coverage altogether in 2014 would be minimal.

But the McKinsey study predicts a more dramatic shift from employer-sponsored health plans once the new marketplace takes effect. Starting in 2014, all but the smallest employers will be required to provide insurance or pay a fine, while most Americans will have to carry coverage or pay a different fine. Lower earners will get subsidies to help them pay for plans.

In surveying 1,300 employers earlier this year, McKinsey found that 30% said they would “definitely or probably” stop offering employer coverage in the years after 2014. That figure increased to more than 50% among employers with a high awareness of the overhaul law.

Behind the expected shift is the fact that the law will give Americans new insurance options outside the workplace, and carriers will no longer be allowed to deny people coverage because they have been sick. McKinsey found that reduced the moral obligation employers may feel to provide coverage.

The Obama administration says it is working to encourage employers to retain coverage. An administration official, Nick Papas, described the McKinsey report as an outlier amid other research suggesting that

employers overwhelmingly would keep coverage.

“History has shown that reform motivates more businesses to offer insurance,” he said. “When Massachusetts enacted health reform, the number of individuals with employer-sponsored insurance increased.”

The nonpartisan Congressional Budget Office, in a March 2010 report, found that by 2019, about six million to seven million people who otherwise would have had access to coverage through their job won't have it owing to the new law. That estimate represents about 4% of the roughly 160 million people projected to have employment-based coverage in 2019.

However, the CBO estimated that the overall number of Americans with coverage will rise by 32 million because of new subsidies and other steps.

The law contains a disincentive for employers to drop coverage. It requires all employers with more than 50 employees to offer health benefits to every full-time worker or pay a penalty of \$2,000 per worker, though it doesn't apply to the first 30 workers. Health-policy experts have questioned whether that is high enough to discourage companies from health coverage.

McKinsey found at least 30% of employers would gain economically from dropping coverage even if they completely compensated employees through other benefits or higher salaries. The study suggests the fallout would be minimal, with more than 85% of employees remaining in their jobs even if their employer stopped coverage.

Nearly half the employers said they would consider alternatives to their current plan after 2014. Besides dropping coverage, those included weighing a switch to a defined-contribution model of insurance, in effect offering coverage only to certain employees.

[From the Kaiser Family Foundation and Health Research & Educational Trust]

EMPLOYER HEALTH BENEFITS: 2011 SUMMARY OF FINDINGS

Employer-sponsored insurance is the leading source of health insurance, covering about 150 million nonelderly people in America. To provide current information about the nature of employer-sponsored health benefits, the Kaiser Family Foundation (Kaiser) and the Health Research & Educational Trust (HRET) conduct an annual national survey of nonfederal private and public employers with three or more workers. This is the thirteenth Kaiser/HRET survey and reflects health benefit information for 2011.

The key findings from the 2011 survey, conducted from January through May 2011, include increases in the average single and family premiums, as well higher enrollment in high deductible health plans with savings options (HDHP/SOs). The 2011 survey includes new questions on the percentage of firms with grandfathered health plans, changes in benefits for preventive care, enrollment of adult children due to the new health reform law, and the use of stoploss coverage by firms with self-funded plans.

HEALTH INSURANCE PREMIUMS AND WORKER CONTRIBUTIONS

The average annual premiums for employer-sponsored health insurance in 2011 are \$5,429 for single coverage and \$15,073 for family coverage. Compared to 2010, premiums for single coverage are 8% higher and premiums for family coverage are 9% higher. The 9% growth rate in family premiums for 2011 is significantly higher than the 3% growth rate in 2010. Since 2001, average premiums for family coverage have increased 113%. Average premiums for family coverage are lower for workers in small firms (3–199 workers) than for workers in large firms (200 or more

workers) (\$14,098 vs. \$15,520). Average premiums for high-deductible health plans with a savings option (HDHP/SOs) are lower than the overall average for all plan types for both single and family coverage.

There is significant variation around the average annual premiums as a result of factors such as benefits, cost sharing, and geographic cost differences. Nineteen percent of covered workers are in plans with an annual total premium for family coverage of at least \$18,087 (120% of the average family premium), while 21% of covered workers are in plans where the family premium is less than \$12,058 (80% of the average premium).

Covered workers contribute on average 18% of the premium for single coverage and 28% of the premium for family coverage, similar to the percentages they contributed in 2010. Workers in small firms (3–199 workers) contribute a significantly lower average percentage for single coverage compared to workers in larger firms (15% vs. 19%), but a higher average percentage for family coverage (36% vs. 25%). As with total premiums, the share of the premium contributed by workers varies considerably around these averages. For single coverage, 59% of covered workers are in plans that require them to pay more than 0% but less than or equal to 25% of the total premium, and 3% are in plans that require more than 50% of the premium; 16% are in plans that require them to make no contribution. For family coverage, 47% of covered workers are in plans that require them to pay more than 0% but less than or equal to 25% of the total premium, and 15% are in plans that require more than 50% of the premium; only 6% are in plans that require no contribution.

Looking at the dollar amounts that workers contribute, the average annual contributions in 2011 are \$921 for single coverage and \$4,129 for family coverage. Neither amount is a statistically significant increase over the 2010 values. Workers in small firms (3–199 workers) have lower average contributions for single coverage than workers in larger firms (\$762 vs. \$996), and higher average contributions for family coverage (\$4,946 vs. \$3,755). Compared to the overall average contributions, workers in HDHP/SOs have lower average contributions for single coverage (\$723 vs. \$921), while workers in point of service (POS) plans have higher average contributions for family coverage (\$5,333 vs. \$4,129).

PLAN ENROLLMENT

Overall, PPOs are by far the most common plan type, enrolling 55% of covered workers. Seventeen percent of covered workers are enrolled in an HMO, 10% are enrolled in a POS plan, and 1% are enrolled in a conventional plan. Enrollment in HDHP/SOs continues to rise, with 17% of covered workers in an HDHP/SO in 2011, up from 13% of covered workers in 2010, and 8% in 2009. The enrollment distribution varies by firm size, with PPOs and HMOs relatively more popular among large firms (200 or more workers) and PPOs and HDHP/SOs relatively more popular in smaller firms.

EMPLOYEE COST SHARING

Most covered workers face additional costs when they use health care services. A large share of workers in PPOs (81%) and POS plans (69%) have a general annual deductible for single coverage that must be met before all or most services are reimbursed by the plan. In contrast, only 29% of workers in HMOs have a general annual deductible. Many workers with no general annual deductible still face other types of cost sharing when they use covered services.

Among workers with a general annual deductible, the average deductible amount for single coverage is \$675 for workers in PPOs,

\$911 for workers in HMOs, \$928 for workers in POS plans, and \$1,908 for workers in HDHP/SOs (which by definition have high deductibles). As in recent years, workers with single coverage in small firms (3–199 workers) have higher deductibles than workers in large firms (200 or more workers); for example, the average deductibles for single coverage in PPOs, the most common plan type, are \$1,202 for workers in small firms (3–199 workers) compared to \$505 for workers in larger firms. Overall, 31% of covered workers are in a plan with a deductible of at least \$1,000 for single coverage, similar to the 27% reported in 2010, but significantly more than the 22% reported in 2009. Covered workers in small firms (3–199 workers) remain more likely than covered workers in larger firms (50% vs. 22%) to be in plans with deductibles of at least \$1,000.

The majority of workers also have to pay a portion of the cost of physician office visits. About three-in-four covered workers pay a copayment (a fixed dollar amount) for office visits with a primary care physician (74%) or a specialist physician (73%), in addition to any general annual deductible a plan may have. Smaller shares of workers pay coinsurance (a percentage of the covered amount) for primary care office visits (17%) or specialty care visits (18%). Most covered workers in HMOs, PPOs, and POS plans face copayments, while covered workers in HDHP/SOs are more likely to have coinsurance requirements or no cost sharing after the deductible is met. For in-network office visits, covered workers with a copayment pay an average of \$22 for primary care and \$32 for specialty care. For covered workers with coinsurance, the average coinsurance is 18% for both primary care and specialty care. While the survey collects information on only in-network cost sharing, we note that out-of-network cost sharing is often higher.

Almost all covered workers (98%) have prescription drug coverage, and nearly all face cost sharing for their prescriptions. Over three-quarters (77%) of covered workers are in plans with three or more tiers of cost sharing. Copayments are more common than coinsurance for each tier of cost sharing. Among workers with three- or four-tier plans, the average copayments in these plans are \$10 for first-tier drugs, \$29 for second-tier drugs, \$49 for third-tier drugs, and \$91 for fourth-tier drugs. These amounts are not significantly higher than the amounts reported last year. HDHP/SOs have a somewhat different cost-sharing pattern for prescription drugs than other plan types: 57% of covered workers are enrolled in a plan with three or more tiers of cost sharing while 17% are in plans that pay 100% of prescription costs once the plan deductible is met. Covered workers in these plans are also more likely to pay coinsurance than workers in other plan types.

Most workers also face additional cost sharing for a hospital admission or an outpatient surgery episode. After any general annual deductible, 55% of covered workers have coinsurance and 17% have copayment for hospital admissions.

Lower percentages have per day (per diem) payments (6%), a separate hospital deductible (3%), or both copayments and coinsurance (9%). The average coinsurance rate for hospital admissions is 17%, the average copayment is \$246 per hospital admission, the average per diem charge is \$246, and the average separate hospital deductible is \$627. The cost-sharing provisions for outpatient surgery are similar to those for hospital admissions, as most covered workers have either coinsurance (57%) or copayments (18%). For covered workers with cost sharing for each outpatient surgery episode, the average

coinsurance is 17% and the average copayment is \$145.

Most plans limit the amount of cost sharing workers must pay each year, generally referred to as an out-of-pocket maximum. Eighty-three percent of covered workers have an out-of-pocket maximum for single coverage, but the limits differ considerably. For example, among covered workers in plans that have an out-of-pocket maximum for single coverage, 38% are in plans with an annual out-of-pocket maximum of \$3,000 or more, and 14% are in plans with an out-of-pocket maximum of less than \$1,500. Even in plans with a specified out-of-pocket limit, not all spending is counted towards meeting the limit. For example, among workers in PPOs with an out-of-pocket maximum, 77% are in plans that do not count physician office visit copayments, 35% are in plans that do not count spending for the general annual deductible, and 84% are in plans that do not count prescription drug spending when determining if an enrollee has reached the out-of-pocket limit.

AVAILABILITY OF EMPLOYER-SPONSORED COVERAGE

Sixty percent of firms offer health benefits to their workers in 2011—a significant reduction from the 69% reported in 2010, but much more in line with the levels for years prior to 2010. The large increase in 2010 was primarily driven by a significant (12 percentage points) increase in offering among firms with 3 to 9 workers (from 47% in 2009 to 59% in 2010). This year, 48% of firms with 3 to 9 employees offer health benefits, a level which is more consistent with levels from recent years (2010 excluded). These figures suggest that the 2010 results may be an aberration.

Even in firms that offer health benefits, not all workers are covered. Some workers are not eligible to enroll as a result of waiting periods or minimum work-hour rules. Other workers do not enroll in coverage offered to them because, for example, of the cost of coverage or because they have access to coverage through a spouse. Among firms that offer coverage, an average of 79% of workers are eligible for the health benefits offered by their employer. Of those eligible, 81% take up their employer's coverage, resulting in 65% of workers in offering firms having coverage through their employer. Among both firms that offer and do not offer health benefits, 58% of workers are covered by health plans offered by their employer, similar to the percentage in 2010.

HIGH-Deductible HEALTH PLANS WITH SAVINGS OPTION

HDHP/SOs include (1) health plans with a deductible of at least \$1,000 for single coverage and \$2,000 for family coverage offered with an Health Reimbursement Arrangement (HRA), referred to as "HDHP/HRAs," and (2) high-deductible health plans that meet the federal legal requirements to permit an enrollee to establish and contribute to a Health Savings Account (HSA), referred to as "HSA-qualified HDHPs."

Twenty-three percent of firms offering health benefits offer an HDHP/SO, up from 15% in 2010. Firms with 1,000 or more workers are more likely to offer an HDHP/SO than smaller firms (3–199 workers) (41% vs. 23%). Seventeen percent of covered workers are enrolled in HDHP/SOs, up from 13% in 2010, and 8% in 2009. Eight percent of covered workers are enrolled in HDHP/HRAs and 9% are enrolled in an HSA-qualified HDHP. Twenty-three percent of covered workers in small firms (3–199 workers) are enrolled in HDHP/SOs, compared to 15% of workers in large firms (200 or more workers).

The distinguishing aspect of these high deductible plans is the savings feature available to employees. Workers enrolled in an

HDHP/HRA receive an average annual contribution from their employer of \$861 for single coverage and \$1,539 for family coverage. The average HSA annual contribution is \$611 for single coverage and \$1,069 for family coverage. In contrast to HRAs, not all firms contribute to HSAs. Sixty percent of employers offering single coverage and 57% offering family coverage through HSA-qualified HDHPs make contributions towards the HSAs that their workers establish. The average employer contributions to HSAs in these contributing firms are \$886 for single coverage and \$1,559 for family coverage.

The average premiums for single coverage for workers in HSA-qualified HDHPs and HDHP/HRAs are lower than the average premiums for workers in plans that are not HDHP/SOs. For family coverage, the average premium for HSA-qualified HDHPs is lower than the average family premium for workers in plans that are not HDHP/SOs. For single and family coverage, the average worker contributions to HSA-qualified HDHPs are also lower than the average worker contributions to non-HDHP/SO plans.

RETIREE COVERAGE

Twenty-six percent of large firms (200 or more workers) offer retiree health benefits in 2011, which is the same percentage that offered retiree health benefits in 2010. The offer rate has fallen slowly over time, with significantly fewer large employers offering retiree health benefits in 2011 than in 2007 and years prior.

Among large firms (200 or more workers) that offer retiree health benefits, 91% offer health benefits to early retirees (workers retiring before age 65) and 71% offer health benefits to Medicare-age retirees.

HEALTH REFORM

While many of the most significant provisions of the Patient Protection and Affordable Care Act (ACA) will take effect in 2014, important provisions became effective in 2010 and others will take effect over the next few years. The 2011 survey asked employers about some of these early provisions.

Grandfathered Health Plans. The ACA exempts "grandfathered" health plans from a number of its provisions, such as the requirements to cover preventive benefits without cost sharing or to have an external appeal process. An employer-sponsored health plan can be grandfathered if it covered a worker when the ACA became law (March 23, 2010) and if the plan does not make significant changes that reduce benefits or increase employee costs. Seventy-two percent of firms had at least one grandfathered health plan when they were surveyed (January through May of 2011). Small firms (3-199 workers) were more likely than larger firms to have a grandfathered health plan (72% vs. 61%). Looking at enrollment, 56% of covered workers were in grandfathered health plans when the survey was conducted. The percentage of covered workers in grandfathered plans is higher in small firms (3-199 workers) than in larger firms (63% vs. 53%).

Firms with plans that were not grandfathered were asked to respond to a list of potential reasons why each plan is not a grandfathered plan. Twenty-eight percent of covered workers are in plans that were not in effect when the ACA was enacted. Roughly similar percentages of workers are in plans where the deductibles (37%), employee premium contributions (35%), or plan benefits (29%) changed more than was permitted for plans to maintain grandfathered status. The reasons plans were not grandfathered varied by firm size, with workers in small firms (3-199 workers) much more likely than workers in large firms to be in a new plan that was not in effect when the ACA was enacted (63% vs. 18%) and generally less likely to be affected by plan changes.

Preventive Benefits. The ACA requires non-grandfathered plans to provide certain preventive benefits without cost sharing. Firms were asked whether changes were made to their cost sharing for preventive services or the services that were classified as preventive because of health reform. Twenty-three percent of covered workers are in a plan where the employer reported changing the cost-sharing requirements because of health reform. Workers in large firms (200 or more employees) are more likely than workers in smaller firms to be in such a plan (28% vs. 13%). Thirty-one percent of covered workers are in a plan where the employer reported changing the services that are considered preventive services because of health reform.

Coverage for Adult Children to Age 26. The ACA requires firms offering health coverage to extend benefits to children of covered workers until the child reaches age 26. The child does not need to be a legal dependent, but until 2014, grandfathered plans do not have to enroll children of employees if those children are offered employer-sponsored health coverage at their own job. The survey asked firms whether any adult children who would not have been eligible for the plan prior to the change in law had enrolled in health coverage under this provision. Nineteen percent of small firms (3-199 workers) and 70% of larger firms enrolled at least one adult child under this provision.

The numbers of children who enroll under this provision are closely related to the number of workers in the firm. Smaller firms (3-24 workers) on average enroll two adult children due to the provision, while the largest firms (5,000 or more workers) enroll an average of 492 adult children. In total, an estimated 2.3 million adult children were enrolled in their parent's employer sponsored health plan due to the Affordable Care Act.

Small Employer Tax Credit. The ACA provides a temporary tax credit for small employers that offer insurance, have fewer than 25 full-time equivalent employees, and have average annual wages of less than \$50,000. The survey included several questions for both offering and non-offering employers about their awareness of the tax credit and whether they considered claiming it.

Because our survey gathers information on the total number of full-time and part-time employees in a firm, we cannot calculate the number of full-time equivalent employees and therefore could not limit survey responses only to firms within the size range eligible for the credit. To ensure that we included employers that may have a number of part-time or temporary employees but could still qualify for the tax credit, we directed these questions to employers with fewer than 50 total employees. This approach allowed us to capture some employers with more than 25 employees who would nonetheless be eligible for the tax credit, but this also means some employers who are unlikely to be eligible for the tax credit (because they have more than 25 full-time equivalent employees) were asked these questions.

Among firms with fewer than 50 employees that offer coverage, 29% said they have made an attempt to determine if the firm is eligible for the small employer tax credit. Of the firms which attempted to determine eligibility, 30% said that they intend to claim the credit for both 2010 and 2011, 21% said they do not intend to claim the credit for either year, 41% are not sure, and small percentages said they do not know if they will claim the credit or they intend to claim it for only one of the two years. The vast majority of those saying they do not intend to claim the tax credit indicated they were not eligible to receive it.

Firms with fewer than 50 workers that do not offer health insurance were asked if they

were aware of the small business tax credit. One-half (50%) of these firms said they were aware of the credit, and of those aware, 15% are considering offering coverage as a result of the credit.

OTHER TOPICS

Stoploss Coverage. Many firms that have self-funded health plans purchase insurance, often called "stoploss" coverage, to limit the amount they may have to pay in claims either overall, or for any particular plan enrollee. Fifty-eight percent of workers in self-funded health plans are enrolled in plans covered by stoploss insurance. Workers in self-funded plans in small firms (3-199 workers) are more likely than workers in self-funded plans in larger firms to be in a plan with stoploss protection (72% vs. 57%). About four in five (81%) workers in self-funded plans that have stoploss protection are in plans where the stoploss insurance limits the amount the plan spends on each employee. The average per employee claims cost at which stoploss insurance begins paying benefits is \$78,321 for workers in small firms (3-199 workers) with self-funded plans, and \$208,280 for workers in larger firms with self-funded plans.

High-Performance Networks. Some plans offer tiered or high-performance networks, which group providers in the network based on quality, cost, and/or efficiency of the care they deliver. Plans encourage patients to visit higher performing providers either by restricting networks to efficient providers, or by having different copayments or coinsurance for providers in different tiers in the network. Twenty percent of firms offering coverage in 2011 include a high-performance or tiered provider network in their health plan with the largest enrollment. Small firms (3-199 workers) and larger firms are equally likely to offer a plan that includes a high-performance or tiered network.

CONCLUSION

The 2011 survey saw an upturn in premium growth, as the average premiums for family coverage increased 9% between 2010 and 2011, significantly higher than the 3% increase between 2009 and 2010. The percentage of workers in HDHP/SOs continues to rise as employers seek more affordable coverage options and are potentially seeking to shift increased costs to workers. In 2011, 17% of covered workers were enrolled in an HDHP/SO, compared to 13% in 2010 and 8% in 2009.

Changes from the new health reform law are beginning to have an impact on the marketplace. Significant percentages of firms made changes in their preventive care benefits and enrolled adult children in their benefits plans in response to provisions in the new health reform law. Most employees with employment-sponsored insurance are in grandfathered plans that are exempt from some of the law's new provisions, but this may change over time as firms adjust benefits and cost sharing or change plan design to incorporate new features. The survey will continue to monitor employer responses to health reform as firms adapt to early provisions in the law and as new provisions take effect.

METHODOLOGY

The Kaiser Family Foundation/Health Research & Educational Trust 2011 Annual Employer Health Benefits Survey (Kaiser/HRET) reports findings from a telephone survey of 2,088 randomly selected public and private employers with three or more workers. Researchers at the Health Research & Educational Trust, NORC at the University of Chicago, and the Kaiser Family Foundation designed and analyzed the survey. National Research, LLC conducted the fieldwork between January and May 2011. In 2011 our

overall response rate is 47%, which includes firms that offer and do not offer health benefits. Among firms that offer health benefits, the survey's response rate is 47%.

From previous years' experience, we learned that firms that decline to participate in the study are less likely to offer health coverage. Therefore, we asked one question to all firms with which we made phone contact, but the firm declined to participate. The question was, "Does your company offer a health insurance program as a benefit to any of your employees?" A total of 3,184 firms responded to this question (including 2,088 who responded to the full survey and 1,096 who responded to this one question). Their responses are included in our estimates of the percentage of firms offering health coverage. The response rate for this question was 71%. Since firms are selected randomly, it is possible to extrapolate from the sample to national, regional, industry, and firm size estimates using statistical weights. In calculating weights, we first determined the basic weight, then applied a nonresponse adjustment, and finally applied a post-stratification adjustment. We used the U.S. Census Bureau's Statistics of U.S. Businesses as the basis for the stratification and the post-stratification adjustment for firms in the private sector, and we used the Census of Governments as the basis for post-stratification for firms in the public sector. This year, we modified the method used to calculate firm-based weights resulting in small changes to some current and past results. For more information on the change consult the Survey Design and Methods section of the 2011 report. Some exhibits in the report do not sum up to totals due to rounding effects and, in a few cases, numbers from distribution exhibits referenced in the text may not add due to rounding effects. Unless otherwise noted, differences referred to in the text use the 0.05 confidence level as the threshold for significance.

2010 ANNUAL REPORT OF THE BOARDS OF TRUSTEES OF THE FEDERAL HOSPITAL INSURANCE AND FEDERAL SUPPLEMENTARY MEDICAL INSURANCE TRUST FUNDS

Each drug plan receives direct subsidies (calculated as the risk-adjusted plan bid amount minus the plan premium), prospective reinsurance payments, and low-income cost-sharing subsidies from Medicare, as well as premiums from the beneficiaries. At the end of the year, the prospective reinsurance and low-income cost-subsidy payments are reconciled to match the plan's actual experience. In addition, if actual experience differs from the plan's bid beyond specified risk corridors, Medicare shares in the plan's experience gain or loss.

Expenditures for this voluntary prescription drug benefit, which started on January 1, 2006, were determined by combining estimated Part D enrollment with projections of per capita spending. Actual Part D spending information for 2009 was used as the projection base.

a. Participation Rates

All individuals enrolled in Medicare Part A or Part B are eligible to enroll in the voluntary prescription drug benefit.

(1) Employer-Sponsored Plans

There are several options for employer-sponsored retiree health plans to benefit from the Part D program. One option is the retiree drug subsidy (RDS), in which Medicare subsidizes qualifying employer-sponsored plans a portion of their qualifying retiree drug expenses (which are determined without regard to plan reimbursement). About 20 percent of beneficiaries participating in Part D were covered by this subsidy in 2009. Effective with 2013 under the Af-

fordable Care Act, employers will no longer be able to deduct retiree health plan costs that are reimbursed by the RDS. In addition, retiree drug claims in the coverage gap will not be eligible for the 50-percent brand-name drug discount, and the 28-percent RDS subsidy rate will remain constant even though the coverage gap will be closing over time for other Part D drug plan participants. As a result of these changes, RDS program participation is assumed to decline quickly to about 2 percent in 2016 and beyond. It is expected that the retirees losing drug coverage through qualifying employer plans will participate in other Part D plans.

□ 1310

Ms. SLAUGHTER. Madam Speaker, I thank the gentleman for yielding me the customary 30 minutes and yield myself such time as I may consume.

Madam Speaker, I guess I'd better start by saying that one man's facts are another woman's folly. I want everybody who is listening today to clear their minds of what they just heard and also to remind them that when Medicare and Social Security were also before the Congress of the United States, Republicans didn't like them either, and almost all of them voted against it. So to hear people whose plan for Medicare is to simply do away with it and give vouchers to the Medicare recipients no matter what their physical condition or their mental condition to go into the private market and try to buy insurance if they can with the amount of money that may not even cover it, this crying about Medicare in this bill, which really strengthens it, is hard to take.

This is an incredible milestone today, and those of you in the gallery are here on a very important day. Over the last 2 years, over 30 votes have been taken on this health care bill alone. Today is the 31st. They want to defund or dismantle or do whatever to it. Never in the history of this Congress, and I feel perfectly secure in saying this, has anybody voted this many times on a single issue. Why? Because we don't have anything else to do.

We are here simply killing time because everybody knows the Senate has already done away with this bill, so we know it's never going to become law. What it's going to do is, as I said yesterday at the Rules Committee, we're not trying to make law here, we're making political points. And that is a shame, because it's not that the country doesn't need our attention. It isn't as though the unemployment rate isn't so high and that people's futures are not so grim that they are crying out for us to get something done, but it has been said that this is the least productive Congress since the beginning of Congresses, apart from the Continental Congress.

So here today, no jobs bill has been passed here, and over that time while everybody is clamoring for it, we do the 31st vote on this measure which, again, everybody knows is going nowhere. So we have just months left in the 112th Congress, and yet we vote again on this. We voted at least nine

times on women's reproductive health, which shows you what are the real issues here that people care about.

Sadly, we're not going to be able to vote this year, the rest of this term, on creating jobs or rebuilding the infrastructure or even ending the war in Afghanistan, but we vote for the 31st time on dismantling historic health care concerns.

I am sure that while time runs out on this Congress to tackle the major issues that face us, to create jobs and to rebuild our country, we have failed to answer the call. I shouldn't say "we" because that's the polite way to do it on the floor of the House. But everybody knows who is wasting time.

This year, thanks to the Affordable Care Act, already more than 360,000 small businesses are expected to receive tax credits that reduce the cost of health care for their employees. And meanwhile, the new guarantees, one that ensures that the insurance companies will spend 85 percent of the cost on health care, of your premium dollar for the first time in history, 85 cents of that dollar is going to go to health care, not administrative costs, not being put away to something or building buildings or whatever else. It will go to health care. That in itself is going to reduce the cost. This increased efficiency is very good news not only for small business owners but all the rest of us who bear the burden of inefficient care.

In addition, more than 3 million young adults are already insured on their parents' health care, and more than 5 million seniors have cheaper prescription drugs simply thanks to this health care reform, and we have not even started. It is not going to go into full effect until 2014, which I deplore, but nonetheless that's where we are.

Despite these benefits for millions of Americans, the majority wants to take it all away. Now they talk about repeal and replace. With what? We've had no plan of replacement. There is no answer to what's going to happen to the seniors and others who are already benefiting from this plan. They have offered no solution of their own; and 537 days ago, the majority passed legislation requiring this Congress to craft a proposal that would keep popular provisions of the Affordable Care Act, such as health care for people with pre-existing conditions.

I hope everybody understands that your health care, as it is written now, has a yearly limit and a lifetime limit. If you exceed the lifetime limit, you are not insurable again in the United States. And you can do that very easily with, let's say, a serious head wound or other trauma. But we have waited for a year for this bill that was promised 537 days ago. I really believe, and I don't want to be cynical, but I certainly do believe, because I must, that no such bill will ever come.

So what's going to happen if this bill passes and the Affordable Care Act is

repealed? What's going to happen to the millions of women who will, once again, be charged more money than men for the same health insurance coverage? Do you know women pay 40 percent more? What will happen to the millions of seniors who will, once again, face the financial threat of the doughnut hole? What's going to happen to the thousands of children who will, once again, be denied health insurance coverage because they were born with a preexisting condition? And what will happen to the young people on their parents' health care unable to find work because Congress is not involved with that—or at least the majority is not? What will happen to them?

Today's vote will take away health care from women like Nancy O'Donnell, who is 60 years old and lives in my district in Rochester, New York. She works four jobs to make ends meet, and not a single one of them offers health care. Her life changed when she was diagnosed with cancer and told she would need a mastectomy. With no insurance to help cover the cost of major surgery, she faced the very real prospect of suffering with cancer and having no hope of being cured. And if anybody out there believes that you can be diagnosed with cancer and not be able to get treatment for it because you have no insurance, you've got another think coming.

Prior to the Affordable Care Act, there would have been no recourse for a woman like Nancy. For years, millions of women and men in America were denied health insurance because cancer was a "preexisting condition" or if they had ever had it and they changed jobs and they had to get new health care, they probably would not be able to because they had had cancer. Even patients like Nancy who had insurance—and she did not, remember—would face lifetime and yearly limits on their health care, meaning that they would stop providing treatment because they didn't want her high-cost disease affliction.

Thanks to the Affordable Care Act, these tragic stories are no more. Thanks to the Affordable Care Act, Nancy was able to access health insurance at a price she could afford. And with that health insurance in hand, she was able to access treatment and found out that a mastectomy was no longer needed. She has now had four clean CAT scans and no sign of cancer, and we are all delighted for her.

Women like Nancy are the reason I brought the Affordable Care Act through the Rules Committee to the House floor. Women like Nancy are the reason I stood up to those who threw a brick through one of my district office windows and who threatened my family because I wanted to provide affordable, lifesaving health care to Americans in need. Health care was costing us 17, going on 18, percent of GDP, and we could not afford it unless we wanted to become the one industrial Nation on Earth that was only able to provide health care and do war.

Surely to goodness, we would like to join the community of other nations. And in addition to that, we have put the burden on our employers to provide the health care for their employees that none of their competitors from overseas or Canada have to put up with. This has been really sad and really the start of the debate for Clinton health care which came from Lee Iacocca, who said that the cost of health care forced him to put about \$2,000 more for the cost of each automobile he sold. It was unsupportable. But we're still at it here.

The United States, as I said, is the only one that does not provide its citizens with safe, secure, and affordable health care. They do it much cheaper than we do with much better outcomes. Instead, we put the burden back on the employers. That puts us at a disadvantage with competitors all around the world. Despite not providing reliable health care to millions of our citizens, the cost of health care rises. Prior to the Affordable Care Act, we were on a trajectory to soon be bankrupt simply through the skyrocketing cost of care.

□ 1320

Since the Presidency of President Roosevelt—and I'm talking about Teddy here, we're going way back beyond, ahead of Franklin—numerous Presidents have tried to provide health care—President Nixon, President Truman, President Clinton—to the millions of the uninsured to lower the cost of care.

We, each of us, when we talk about having other people buy health insurance if they can afford it, and if they can't, we help them, each family is expected, and has been for some time, paying what is estimated to be between \$1,000 and \$1,500 more on your own health care to cover for the uncompensated cost of people who don't have it.

So why don't we deal with this in a mature and grown-up way? Because somehow or other we can't. But the reason could be this: yesterday morning, Politico, one of the newspapers that we have here on the Hill, reported on the plans of the majority over the next 4 weeks. They had been talking to members of the majority. In part, they wrote: "House Republicans have planned a series of hot-button votes over the next 4 weeks to contrast the party's agenda with that of Democrats and put President Barack Obama and Democratic candidates on the defensive," as though we are not capable of standing up and defending the votes that we take. "The main goal is to boost the party's prospects on Election Day."

Madam Speaker, the record is clear: today's vote is nothing more than a show. It is political theater. It puts political games ahead of the health of the Nation's citizens.

So, on behalf of the millions of Americans who are already benefiting from affordable care, I urge my colleagues to change course and reconsider the legis-

lation before us today. Frankly, we should drop it. There's no point in taking this vote at all. Too much needs to be done, from creating jobs to investing in schools, rebuilding our broken highways and bridges. And we have only been able, in the United States, to build one airport from the ground up since 1972, in Denver. That tells you how modernized we are. But we are playing politics with health care reform instead, and health care is already saving lives.

So I urge my colleagues to oppose today's rule, the underlying legislation, and I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, at this time I'd like to yield 3 minutes to the gentleman from Spring Hill, Florida (Mr. NUGENT), the gentleman from the Rules Committee.

Mr. NUGENT. Madam Speaker, I want to thank the gentleman from Dallas, my Rules Committee colleague, PETE SESSIONS, for yielding me the time.

Over the past couple of years, I've met with thousands of people in Florida's Fifth Congressional District, whether it's businessmen, people on Medicare, veterans, and they all have the same appeal to me: Please, please repeal ObamaCare.

It's clear the American people know what our Democratic leaders still, to this day, don't want to admit: ObamaCare eliminates millions of American jobs, it cuts hundreds of billions of dollars from Medicare, and it puts in place 21 tax hikes that are going to cost the American people more than \$800 billion over the next 10 years. And guess what. It only pays for 6 years of coverage. What a scam.

Everybody knows the health care system is broken and reform is needed, but ObamaCare is not the answer. Madam Speaker, I think a number of my colleagues forget that although the Supreme Court upheld the individual mandate—because it's a tax—it did declare parts of the bill unconstitutional. The Court explicitly stated the Affordable Care Act is constitutional in part and unconstitutional in part. And expansion, they said, of ObamaCare unconstitutionally forces States to expand Medicaid.

So the vote we take on this rule, H.R. 6097, gives Members of this body two things: repeal a law that is in part unconstitutional, and repeal an \$800 billion tax increase on the American middle class. I have to think that if the other side knew that this was a tax increase back when they first implemented it, that—you know what?—they probably would rethink their thought on it.

Last night, my colleagues on the other side said that ObamaCare reduces the deficit, but it's also a tax cut. Only in Washington does that work—creating a new trillion-dollar health care program means reducing government spending. Only in Washington is \$800 billion in new taxes a cut. These are numbers I know my colleagues on the

other side of the aisle know, and, more importantly, the American people know it.

For all these reasons, I'm grateful to Leader CANTOR for introducing the Repeal of Obamacare Act, and I'm proud to be a cosponsor of this legislation. I support the rule, I support the underlying legislation, and I encourage all of my colleagues who want real health care reform to do the same.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from New Jersey (Mr. ANDREWS), the ranking member of the Education and the Workforce Subcommittee on Health.

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

Mr. ANDREWS. I thank my friend from New York. It's great to be with her on the floor today, and my colleagues on the Republican side as well.

Today we could be voting on a bill where we work together to cut taxes for small businesses that put Americans back to work, but we are not. Today we could be voting on a bill that would help cities and counties and States around the country rehire police officers and firefighters and teachers they've had to lay off—over 600,000 of them the last few years—but we are not. Today we could be voting on a bill that would say that, if an American company brings jobs back from overseas, we'll cut their taxes and we'll pay for it by eliminating tax giveaways and loopholes for companies that outsource their jobs outside of the United States and take them overseas, but we're not voting on that. For the 31st time in the last 18 months, we're voting on a bill to repeal the health care law.

Now, I know there are Americans who feel strongly for and against the health care law, but almost every person I listen to feels very strongly we should be working together to help create an environment where businesses can create jobs for the American people, not voting for the 31st time on essentially a political argument.

Now, I do agree with my friend from Texas—and I thank him for mentioning my name; I respect him very much—about the need for facts in this debate. There is one fact that I think we've got to get to right away, which is whether or not the law that they are trying to repeal for the 31st time increases or decreases the Federal deficit.

The Congressional Budget Office, which is our neutral, nonpartisan auditor, said in January 2011—the first time of the 31 when the other side tried to repeal this law—that repeal of the law would add \$220 billion to the deficit. In other words, if you write the law off the books, the deficit goes up because of the spending restraints and the new revenues that are in the bill.

I would want to ask my friend from Texas if he can tell us what the effect of the repeal of this bill—in other words, if this bill passes, what will this bill do to the deficit, according to the Congressional Budget Office?

I yield to the gentleman from Texas. Mr. SESSIONS. I appreciate the gentleman asking the question.

The gentleman also understands that the Congressional Budget Office has not, as a result of the Supreme Court, been able to render that decision.

Mr. ANDREWS. Reclaiming my time, I would then respectfully ask my friend: Why don't we wait and see what the auditor says the bill will cost before we vote on it? My understanding is that they're going to do that probably by the end of this month. Why don't we wait and see what the auditor says it's going to cost before we vote on this bill?

And I would yield to the gentleman. Mr. SESSIONS. I appreciate the gentleman engaging me. This really is of substance to the American people.

The cost of the bill is twice now—we found out a year after it was passed—twice as expensive as it was originally started.

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

Mr. SESSIONS. Madam Speaker, at this time, I'd like to yield 2 minutes to the gentleman from San Antonio, Texas (Mr. CANSECO), from the Financial Services Committee.

Mr. CANSECO. I thank the gentleman from Texas for yielding this time, and I rise in support of the rule and the underlying bill to completely repeal ObamaCare.

Though ObamaCare has been found to be constitutional, it doesn't mean it is good for our health care nor good for our economy. ObamaCare is still a government takeover of health care, putting Federal bureaucrats in charge of decisions that should be made by you and your doctor by creating 159 different boards, bureaucracies, and programs that will increase Washington's control over health care, like the Independent Payment Advisory Board, which is compromised of 15 unelected bureaucrats that will be empowered to decide what treatments Medicare will and will not cover.

□ 1330

ObamaCare also could lead to less access to care and lower quality health care. I recently visited with several physicians last week in my district, and they told me that ObamaCare could lead to a large exodus of physicians from active practice, leaving many Americans with health care coverage but without health care access.

ObamaCare also cuts over half a trillion dollars from Medicare to pay for other spending, which could lead physicians to cut back on the number of American seniors that they will see, negatively impacting their care by leaving seniors with health care coverage but without access to care.

Besides being bad for health care, ObamaCare is bad for our economy. I've visited with numerous small businesses throughout the 23rd Congressional District of Texas, and almost every one of them has told me that the

biggest factor keeping them from expanding their businesses and hiring more employees is the uncertainty about health care costs due to various taxes and mandates contained in ObamaCare.

Given the Supreme Court's ruling, it's now up to the people's elected representatives in the Congress to provide American families and small businesses with much-needed relief from the burdens of ObamaCare by repealing it completely. Only after ObamaCare is repealed can we then work to implement commonsense reforms to make health care more affordable and accessible.

Ms. SLAUGHTER. Madam Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MATSUI), a member of the Committee on Energy and Commerce.

Ms. MATSUI. I thank the gentlelady from New York for yielding me time.

Madam Speaker, I rise today in strong opposition to this rule and the underlying legislation. This bill marks the 31st time that the Republicans attempted to repeal the Affordable Care Act, even though the Supreme Court of the United States has ruled it constitutional.

Unfortunately, instead of focusing on job creation, here we are again. The underlying legislation exemplifies the majority's continuous drumbeat to abolish the ACA, fearful that Americans may have a chance to fully realize its tremendous benefits.

Instead, the majority has only offered vague phrases and empty rhetoric, such as "patient-centered health care," while repeatedly attempting to repeal legislation that will expand access to care for millions of Americans. Clearly, their idea of "patient-centered health care" refers only to those patients who can afford skyrocketing health insurance rates and do not have any preexisting conditions. What is the point of "patient-centered health care" when only a small portion of the public can access the care?

The underlying legislation before us today would deny my constituents and the American people the consumer protections for which they've been asking for for years. This legislation would increase costs to families, small business owners, and seniors across the board. It would allow insurance companies to deny coverage to Americans with preexisting conditions, drop coverage when people get sick, re-institute lifetime limits on coverage, and charge people more based merely on gender.

The ACA has already created long-lasting benefits for many of my constituents, including Paula, who, in March of 2010, was diagnosed with Ewing's sarcoma, a rare children's bone cancer, and given a 15 percent chance of survival. Initially, she was lucky to have health insurance. But at an average of \$60,000 per chemotherapy treatment, she quickly approached her lifetime benefits cap. These are not burdens anyone can or should have to bear.

Because of the ACA, she remained covered and was able to complete her full treatment plan. And in the future, because of the law, Paula will not have to fear being denied coverage due to this preexisting condition.

It is time that we move forward and focus our efforts on job creation. I urge my colleagues to vote down this rule and vote against this underlying legislation.

Mr. SESSIONS. Madam Speaker, at this time I yield 1 minute to the gentlewoman from Dunn, North Carolina (Mrs. ELLMERS), a nurse, a health care professional prior to her service in the United States Congress.

Mrs. ELLMERS. I thank my colleague from Texas for acknowledging me.

Madam Speaker, I'm here today to join my colleagues and call for the immediate repeal of ObamaCare, with its massive tax increases.

Last month, as we know, the Supreme Court verified that ObamaCare is, in fact, a tax, one that has increased financial burdens of every American by over \$500 billion, and will go down in history as the most significant expansion of the Federal Government and its power. This law has and continues to be bad policy for all Americans and future generations.

The Supreme Court's decision has sent a direct message to Congress and policymakers that we have to get back to work to repeal this law and replace it with effective, efficient reforms. I have begun circulating a letter that will be sent to Senator HARRY REID, calling on him to allow for his colleagues in the Senate to have an up-or-down vote on the repeal. Every American needs to know how his senator feels about this as well.

We each have an obligation to vote our conscience and carry out the business of the American people. I am encouraging all of my colleagues here in the House to sign on to this letter so that each Member of Congress can decide whether or not they are in favor of raising taxes on millions of hard-working American taxpayers.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS. Madam Speaker, I thank the gentlelady from New York, and join her in opposing the rule and the underlying bill.

This is the way it's supposed to work. Passed by the House, passed by the Senate, signed into law by the President, and upheld by the United States Supreme Court.

The ruling provided certainty for Americans and businesses all across the country, knowing that the popular provisions they've already enjoyed are going to remain in place, and we can continue to implement the law of the land.

So America, here's what Republicans want to take away from you today. They want to take away covering 7

million children, young adults who can remain on their parents health insurance plans until they're 26. They want to ban insurance companies from denying coverage to 17 million children with preexisting conditions. They want to end tax cuts that benefit 360,000 businesses that employ 2 million workers, all provisions that have popular and bipartisan support.

But rather than building on and moving forward from last month's ruling, nope, the Republicans, not surprisingly, decided to spend yet another day in Congress considering the repeal of the Affordable Care Act; 31 times that the House will vote on repeal. What a waste of America's time.

Thirty times that we haven't voted on jobs bills. Thirty times we haven't focused on extending tax cuts for the middle class.

For the American people in congressional districts all across the country, this is also the 31st time that the Republicans have put in jeopardy their access to quality, affordable, and comprehensive care. And so 250 million Americans could lose their benefits and protections with the vote today.

It's a step backward for Marylanders like Doug Masiuk, who watched the Affordable Care Act because he couldn't afford to keep paying a third of his income for health care and had started using bags of coins to pay for his medicines. The Affordable Care Act saves Americans like him \$4 billion.

Families like the Mosbys in my county, in Prince Georges County, who suffered three traumatic health events and fell behind on their mortgage, almost lost their home. But the Affordable Care Act saves 105 million Americans who would reach lifetime limits but for the Affordable Care Act that the Republicans today want to repeal.

It's time to get on with it. It's enough. It's time for Republicans to move on, approve the settled law of the land, and start to implement the law.

I urge my colleagues to vote down the rule and to vote against this repeal.

Mr. SESSIONS. Madam Speaker, at this time I yield 2 minutes to the gentleman from Brigham City, Utah (Mr. BISHOP), a member of the Rules Committee.

Mr. BISHOP of Utah. Madam Speaker, if, indeed this will be the 31st time we will vote to repeal what is commonly called ObamaCare, that number signifies also the number of job-creating bills this House has passed and sent over to the Senate. It would be nice if the Senate would actually deal on any of those issues to move us forward on all of these concerns.

I do want to speak for just 1 minute here, though, about the concept of the 10th amendment, one of the task forces on which I serve. Everything that we are talking about, there's nothing wrong with helping people provide for themselves. The issue always is where should that decision be made. There's nothing wrong about that at all, but where should it be made.

The brilliance of our Founding Fathers in coming up with federalism was simply the idea of choices should be made by people in the areas in which they can affect themselves.

Massachusetts appears to have a health care system they imposed upon themselves. They like it. That's fine.

□ 1340

It won't work in the State of Utah because we are different. We have far more kids than Massachusetts has. We have a higher percentage of small business. Our solution is not their solution.

The brilliance of federalism is that the people who live in the States and the leaders of the States, they care as much as we do. They also can decide for themselves as much as we do. The other brilliance of federalism is that States can decide to be wrong if they want to without impacting the entire Nation. There are some States that may want to have a robust government involvement and tax themselves to do it. Allow them to do so. There are other areas that want to have a less robust government and tax themselves less. Allow them to do it. Only the States have the ability of becoming efficient, creating justice and creativity in their approaches.

My State of Utah came up with a legislative exchange program that better meets the needs of my State, of the demographics of my State. It is, in my opinion, still a better way of going, but unfortunately, it is stopped by ObamaCare. That is not what we should be doing. Not all great decisions have to emanate from this particular body.

Now, the Supreme Court has said this is a tax. Fine. It must be enforced by the Internal Revenue Service, and we need to realize that there will be 12,000 to 17,000 new employees of the Internal Revenue Service to enforce this provision. Will they be outsourced, as the IRS has done in the past—and does that present problems for it—or will they be funded in-house, which will cost us again?

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from Massachusetts, who knows health care, the distinguished ranking member of the Committee on Natural Resources, Mr. MARKEY.

Mr. MARKEY. The Affordable Care Act is now part of our Nation's fabric of health care laws. Right alongside Social Security and Medicare now stands the Affordable Care Act. Yet the Republicans keep trying to take away or to take apart the benefits included in this law for the 31st time since they took over the House of Representatives. What we have here, Madam Speaker, is a severe case of Republican reflux.

Again and again, the Republicans keep coming up with harmful attempts to destroy all of the protections Americans have gained under this law—a Groundhog Day Republican reflux attempt to repeal this historic piece of

legislation that helps every family in our country. Again and again, the Republicans keep choosing corporations over consumers. The side effects of this Republican reflux are serious.

If the Republicans succeed, insurance companies could, once again, deny coverage because of preexisting conditions. Kids with asthma, women with breast cancer, all of these protections would just go away, and the Republicans will replace it with nothing. Americans could, once again, be forced into bankruptcy just because they got sick. Just because they got sick, they could go bankrupt if the Republicans' repeal attempt is successful this afternoon on the House floor. And what are they going to put in place of that protection against going bankrupt just because you are sick? Nothing. They have no proposal to have something replace those protections for American families.

Women could, once again, be discriminated against with higher insurance premiums. Just being a woman, unfortunately, under existing law is a condition which has women paying more. What are the Republicans going to replace this protection for women with, a protection that is now in the law? Nothing. They have no proposal they're bringing out here today onto the House floor.

With this Republican reflux, it's the American people who get burned. All they are doing is bringing out a proposal to repeal protections that ensure for every American family all of these extra protections which the Republicans have always denied them. They keep saying: Oh, no. We care about preexisting conditions. Oh, no. We care about people going bankrupt. Oh, no. We care about women being discriminated against. Then you say to them: Well, where is your proposal? Bring it out here. Let's have a vote on it.

But do you know what? This is about insurance companies over the consumers of our country. Vote "no" on this Republican reflux bill.

Mr. SESSIONS. Madam Speaker, I would like to yield 2 minutes to the gentleman from Knoxville, Tennessee (Mr. DUNCAN).

Mr. DUNCAN of Tennessee. I thank the gentleman for yielding.

Madam Speaker, I rise in support of the rule and of the underlying legislation, the so-called Affordable Care Act, which should be called the "Unaffordable Care Act." Even if the President's plan were the best thing since sliced bread, we simply cannot afford it.

Both Medicare and Medicaid now cost many times more than what was estimated when they were first passed. Already, the estimate for the President's plan is double what it was just 1 year ago, and most of it will not be fully implemented until 2014 and some parts until 2016. And much of it is "paid for" by placing millions more onto the Medicaid rolls. This will cost all the States many billions they do not have.

The nonpartisan Congressional Quarterly estimated these additional Medicaid costs at \$627 billion over the next 10 years. In addition, in June, the Joint Committee on Taxation estimated that increased taxes over the next 10 years just to cover the plan would be from \$675 billion up to possibly as much as \$804 billion. If these are lowball front-end estimates, as is typical, the health care plan will not work unless medical care is limited or restricted more and more each year.

In considering their votes on this legislation, on this so-called Affordable Care Act, I hope that my colleagues will consider these strong words by Dr. Milton R. Wolf, President Obama's cousin. He wrote this:

For the first time in the history of our Republic, our government has demanded that every American, upon the condition of breathing, be forced to enter a legal contract with government-approved corporations. Not even King George III dared impose such control. In truth, if a government can force you to patronize companies of its choosing, the fundamental relationship between the government and the individual is irrevocably changed. If it is allowed to stand, there will be no part of your life the government cannot control, and no crony it cannot enrich with your money.

I urge the support for this rule and this underlying legislation.

Ms. SLAUGHTER. Madam Speaker, I yield 2 minutes to my colleague, the gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY. I thank the gentlewoman for yielding and for her leadership.

Madam Speaker, today Congress must, once again, spend time in an empty gesture even as this country waits for real solutions to serious problems.

Instead of dealing with ways to speed up and expand the creation of jobs, once again, our colleagues on the other side of the aisle insist that we pretend like we are going to repeal the Affordable Care Act—even though that could drop over 6.6 million young adults under the age of 26 off their parents' health care policies; even though that could throw 17 million children with preexisting conditions to the mercy of the marketplace; even though that would drop 5.3 million seniors down the doughnut hole of Medicare; even though it would just create new uncertainties for small businesses.

Even though all of this is true and more, you make Congress, once again, engage in this crude Kabuki, which is totally without meaning because, if by some dark miracle you are able to pass the bill in the House and the Senate, do you believe for one second that the President would sign it? So what are we doing today? We are taking a vote on repealing the Affordable Care Act for the 31st time. It was a waste of time the first time, the second time, the third time, and so on and so on, and it's a waste of time today.

So I would say let's just hurry up. Vote "no" on the rule and on the underlying bill, and let's get back to the

business of working to create jobs for the American people.

□ 1350

Mr. SESSIONS. At this time, I yield 1½ minutes to the gentleman from Savannah, Georgia (Mr. KINGSTON).

Mr. KINGSTON. Madam Speaker, there are five quick reasons why I think this bill should be repealed:

Number one, it does not decrease the cost of health care. In fact, it is estimated that it will increase costs by 13 percent per family and is already moving toward a \$2,100 increase.

Number two, the loss of health care. The nonpartisan Congressional Budget Office estimates that 20 million people will lose their employer-based health insurance because of the mandates in ObamaCare.

Number three, it interferes with the patient-doctor relationship. The law creates 159 new boards, offices, and panels within the Federal Government to be in charge of people's health care decisions.

Number four, increased government spending at a time where we borrow 40 cents on every dollar we spend and our national debt is 100 percent of the GDP. ObamaCare is expected to cost over \$1.8 trillion over the next decade. We don't have the money.

Number five, loss of jobs. The nonpartisan Congressional Budget Office estimates that nearly 800,000 jobs will be lost because of ObamaCare.

Madam Speaker, we need to repeal ObamaCare and replace it with the best ideas of Republicans and Democrats, which should include expanded health savings accounts, ending frivolous lawsuits, association health plans, across-State-line health care purchases, and State-run high-risk pools. These ideas will bring America together rather than divide us as a country over this very important issue.

Madam Speaker, following are my remarks in their entirety:

Rising Health Care Costs—Under the Patient Protection and Affordable Care Act (PPACA), CBO projects health insurance premiums will increase by \$2,100 per family.

By 2016, health insurance premiums for individuals and families will increase by 13%.

Loss of Health Care Coverage—CBO estimates 20 million people could lose their employer-based health insurance because of the mandates imposed by PPACA.

According to HHS's own assumptions, as high as 80% of small businesses and 64% of large businesses will discontinue offering health insurance to its employees.

According to a survey by House Ways and Means, 71 of the nation's largest employers could save more than \$28 billion in 2014 alone and \$422.4 billion over a decade, by deciding to drop health insurance coverage for their 10.2 million employees and dependents and paying the \$2,000 per-employee penalty instead.

Some colleges have already begun dropping student health insurance plans for the coming academic year and others are warning students of premium increases because of a provision in the Obamacare requiring plans to expand their coverage benefits.

For example, Bethany College in Kansas is cancelling its health insurance plan for students rather than face a premium increase of over 350 percent, causing the plans to increase from \$445 per year to more than \$2,000 per year.

A mandate in Obamacare requires all child-only health insurance carriers to guaranty issue plans, which allows individuals to purchase health insurance on the way to the emergency room. As a result, 17 states including Georgia no longer offer new child-only health insurance policies.

Interference with Patient-Doctor Relationship—PPACA creates the Independent Payment Advisory Board (IPAB) consisting of 15 bureaucrats responsible for making spending and coverage decisions for Medicare.

CBO projects IPAB will have a marginal effect on reducing Medicare spending.

The law does create 159 new boards, offices and panels within the federal government in charge of making decisions for people's health care.

Increased Government Spending—PPACA is expected to cost \$1.8 trillion over the next decade, which is nearly double the original estimate.

Total federal spending on health care will increase from 5.4 percent of GDP this year to 10.7 percent of GDP in 2037 and 18.3% by 2087.

Loss of Jobs—The CBO estimates nearly 800,000 jobs will be lost because of passages of PPACA. This is because of the law's misguided incentives that increase the marginal tax rates discouraging work and labor supply.

According to a survey by the U.S. Chamber of Commerce, 74 percent of small businesses stated PPACA makes it harder for firms to hire new workers.

The same survey found 30% of the businesses surveyed are not hiring at all thanks to PPACA.

Ms. SLAUGHTER. Madam Speaker, I yield 2 minutes to the gentleman from Texas, a member of the Committee on Ways and Means, Mr. DOGGETT, who also served on the Subcommittee on Health during the health care debate.

Mr. DOGGETT. "I have lived through a terminal illness while struggling to get well and struggling to get and keep my insurance. I have been denied insurance because of a preexisting condition. I have lived this. It is very real for me. Today I breathe a little better. Life is good because now I have hope."

That was the reaction of my constituent, Erin Foster, to the approval of the Affordable Health Care Act by the Supreme Court. And today's legislation ought to be called the Take Away Erin Foster Hope Act, because that's what it is, replacing the Affordable Health Care Act with only tax breaks for Tylenol.

In a few days, thousands of Texans will be receiving checks of almost \$200 each, of almost \$200 million in rebates from private insurance companies that overcharged and abused them. This bill should be called the Return to Sender Act, because it says those abusive health insurance companies get their money back if this act became law.

There are seniors today who are trying to make use of the flawed Repub-

lican prescription drug act that is now law. They left a giant gap—sometimes referred to as a "doughnut hole"—in the coverage of that act.

Our seniors, as a result of the Affordable Health Care Act, have seen their prescription costs go down, some of that doughnut hole plugged, eventually to fill it all, and provide them the protection that they have earned.

This bill, if enacted, would double the cost of prescription drugs for those in the doughnut hole. About 2,250,000 Texas seniors would also no longer receive free preventive services. This act should be called the Charge Seniors More for Their Prescription Act, because that's what it does.

You see, the problem is that in their near fanatic determination to see that President Obama fails on everything, Erin Foster and that senior and that individual that is counting on one of those rebate checks, they are just collateral damage to these Republicans.

Mr. SESSIONS. Madam Speaker, at this time, I yield 1 minute to the gentleman from Laurens, South Carolina (Mr. DUNCAN), from the Foreign Affairs Committee, one of the most influential committees we have here in the House of Representatives.

Mr. DUNCAN of South Carolina. Madam Speaker, Americans know that the government takeover of health care is wrong. They spoke very loudly when the other side of the aisle forced this on America in the last Congress. It was bad policy before the Supreme Court ruled, and it was bad policy in January when we first passed the repeal bill. It's bad policy today, and it will be bad policy tomorrow. It takes \$500 billion away from Medicare. It puts government bureaucrats between Americans and their doctors. It rations care for American seniors. It adds exponentially to the Nation's debt. It grows government. Specifically, it grows the Internal Revenue Service to collect the tax, which the Supreme Court so evidently pointed out that it is a tax that will be assessed if you fail to meet government's requirement to buy something.

Socialized medicine is wrong for America, and it is time to repeal the bill.

Ms. SLAUGHTER. I am pleased to yield 2½ minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Madam Speaker, Albert Einstein once said the definition of "insanity"—and you've heard this before, Madam Speaker—is doing the same thing over and over and expecting different results. Well, we've already voted over 30 times to repeal or restrict the Affordable Care Act, and here we are again, wasting time with politics instead of putting people back to work.

We're offering you the opportunity to help your constituents right now, Madam Speaker. You can defeat the previous question and take up the Bring the Jobs Home Act, which, for the first time, makes sure we promote insourcing of jobs and stops the corporate welfare for outsourcing jobs.

In the last decade, we have lost 5.5 million manufacturing jobs and 1.3 million back-office jobs. However, we have seen that the light of our economic recovery is powered by domestic production, not the outsourcing of jobs, and we've added over half a million manufacturing jobs in just the last 2 years.

There are some who think outsourcing is a good policy. In fact, they have made hundreds of millions doing just that.

I believe that the American Dream starts by creating good jobs right here in the United States, and that we should not outsource the American Dream to China or any other country.

This bill is very simple here. We're going to end the tax breaks that encourage companies to shift their jobs overseas, and use that to pay for tax credits for patriotic companies that want to bring jobs back home. That's pretty simple.

With all due respect, Madam Speaker, why are we wasting our time? The Supreme Court has ruled. The Affordable Care Act is the law of the land. If the law is repealed, according to a report by the New Jersey Public Interest Research Group, employers would see health care costs grow by more than \$3,000 a year, and premiums would be increased from 14 percent to 18 percent per year higher to those who want to buy insurance, and my home State of New Jersey would have 10,000 fewer jobs by the end of the decade.

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

Ms. SLAUGHTER. I yield an additional 10 seconds to the gentleman from New Jersey.

Mr. PASCRELL. Despite the rhetoric, the majority is yet to propose a replacement that will cover all of the people they want to throw off the health care rolls. And they continue to ignore the number one priority of the American people: creating jobs.

A week after the Fourth of July, Madam Speaker, I urge my colleagues to defeat this motion and let the House vote on a patriotic American bill that will create jobs right here.

Mr. SESSIONS. Madam Speaker, at this time, I yield 2 minutes to the gentleman who, before he came to Congress, was on the front line of health care as an anesthesiologist on the eastern shore of Maryland, Congressman HARRIS.

Mr. HARRIS. Thank you very much, Mr. Chairman, for yielding the time.

Madam Speaker, my, my, my. Former Speaker PELOSI was so right when she said Congress had to pass this bill so Americans could just find out what's in it.

□ 1400

Well, Americans have learned a lot since we first tried to repeal the President's health care act last January. We learned that it still continues to stifle job growth as we learn more and more about it, and that's why we have to attempt to repeal it once again.

Earlier this year, Americans discovered that the law creates a new nationwide mandate for coverage that doesn't allow people to opt out when they have a religious or moral objection to those covered services, a violation of the Religious Freedom Restoration Act duly passed by this Congress and, more importantly, a violation of their First Amendment rights. These inflexible mandates jeopardize the ability of institutions and individuals to exercise their rights of conscience, one of the most basic rights, and, yes, we discovered this since we voted on the repeal last January.

Mr. Speaker, by now Americans have learned enough about this bill. They want it repealed, and we should listen to them. We should pass the rule and pass the bill.

Ms. SLAUGHTER. I reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, I yield 3 minutes to the Rules Committee chairman, the gentleman from California (Mr. DREIER).

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

Mr. DREIER. Mr. Speaker, I would like to express my appreciation to the distinguished vice chairman of the Committee on Rules, our friend from Dallas, Mr. SESSIONS, for his superb management of this rule.

I would like to say that as we look at where we're going, contrary to arguments that have been propounded here on the floor, it's important to note that everybody wants to do everything we possibly can to ensure that our fellow Americans have access to the best quality, affordable health care in the world. We have the best health care system in the world; we all know that. We want to make sure that we continue to see that health care system improve, and we have just come to the conclusion that the massive expansion of government is not the answer to the goal of ensuring that people have access to quality health care.

The Supreme Court made their decision. We know what the Supreme Court's decision was. I think that that decision pointed out a few things. It's a tax. We were told consistently it wasn't a tax, and, frankly, if we had known what the Supreme Court told us about it being a tax, I don't believe that we would have had the passage of that measure from the House.

That decision has been made, and also the Supreme Court, by virtue of determining what is constitutional, does not mean that it's good public policy. In fact, the Chief Justice has made it clear that they are not casting an opinion as to whether or not this is a right measure.

I think that most of us have come down on the side of saying that we should have taken an incremental approach in dealing with this. There are a number of things that if we had done that would have, I believe, immediately reduced the cost of health in-

surance and direct health care costs, Mr. Speaker.

They include things like allowing for the purchase of insurance across State lines, things like saying that there should be association health plans, which interestingly enough passed the House and died because of Democrats blocking it in the Senate when my party was last in the majority here. Also, things like allowing for real meaningful lawsuit abuse reform, which the President of the United States said he advocated when he was here, and I acknowledge pooling to deal with pre-existing conditions is something that needs to be done.

The fifth point is expanded medical savings accounts, which encourage people to put some dollars aside with a tax incentive plan for their health care needs.

If we had done these five things, Mr. Speaker, and these are things that we as Republicans have put forward and again—as I said when we were last in the majority, when people on the other side often said that we did nothing—we passed association health plans, which, again, allow small business to pool together, come together and work to get lower rates as large corporations do.

It seems to me, Mr. Speaker, that as we look at the challenges that we have, we can make this happen. The reason that we are casting the vote, as we will today to repeal, is that we need to do that so that we can do this in an open way.

Now, I have got to say some would say this is a closed rule. This is simply an up-or-down vote on whether or not we should repeal this. When we last considered this measure that we are voting to repeal today, Mr. Speaker, I have got to tell you it was done under the most closed process we have ever had.

The SPEAKER pro tempore (Mr. POE of Texas). The time of the gentleman has expired.

Mr. SESSIONS. I yield the gentleman an additional 2 minutes.

Mr. DREIER. Let me just say that when we did this, when we did this here, it was done under a process that was unprecedented for an issue of this magnitude.

That closed process, Mr. Speaker, is one of the things that I believe played a role in seeing the Speaker of the House of Representatives, then NANCY PELOSI, have to hand the gavel to JOHN BOEHNER.

The American people understood the fact that things were so closed around here, and I am very proud and happy that since we have been in the majority our Rules Committee has reported out bills that have allowed for a structure that has made more amendments considered in the first several months of this Congress than have been considered in the entire last Congress.

So we have tried to work for more openness and, again, a real example of that closed process was what took place in the last Congress.

Well, we need to take this measure, we need to repeal it. I hope very much that some of our colleagues in the other body will agree to that. People always say it's a foregone conclusion what's going to happen. Well, you know what? I never come to an absolute foregone conclusion.

We have our responsibility, as Members of the House of Representatives, to step up to the plate and do what we as a body think is the right thing for us to do, and that's exactly what is going to take place today.

So if it doesn't happen, I think that there might be a chance for us next year to do this. Again, Republicans, contrary to what is often said, do want to take steps to ensure that all of our fellow Americans—and we listen to these horror stories, and they are terrible stories of the way people have been treated.

That's why I am a proponent of a structure that will allow for ways to deal with pre-existing conditions. I believe that we can in a bipartisan way, since the President advocated it, deal with meaningful lawsuit abuse reform.

Again, we need to remember that if we want to keep our Nation on the cutting edge of technological development to find a cure for cancer, Alzheimer's and these other ailments, we need to make sure that there's still an incentive for that to take place.

Mr. Speaker, I support the rule, and I support our underlying measure.

Ms. SLAUGHTER. I continue to reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, the Republicans today have brought forth the ideas about why we are repealing the ObamaCare health care bill. The process that was gone through has been under wide debate, but the results are factually known and understood.

Mr. Speaker, our economy is in shambles. Our economy is in shambles because of uncertainty, uncertainty in the marketplace about the rules and regulations, not just of health care, but about the impact of Big Government, and this is the big daddy of all of them. The health care bill is the big daddy that invades every single piece, part of not just this country and our society, but because of the way it reaches into individuals and to families, it is very disruptive.

The IRS will be empowered to hire up to 17,000 new IRS agents to make sure that not only are taxes being paid, but to make sure that the government has its way with people who, even though they may or may not choose to get health care, will be required to by this government. We well understand what the results are of this bill; and as a result of that, that's why Republicans are on the floor of the House of Representatives today.

Ms. SLAUGHTER. I continue to reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. LOBIONDO).

Mr. LOBIONDO. I appreciate the chairman for yielding.

Mr. Speaker, I would like to reemphasize some points that I think probably have already been made, that health care is not a partisan issue. Whether we're Republicans or Democrats or Independents, we want to see health care more affordable and more accessible. Unfortunately, President Obama's health care bill does not do the job.

The Supreme Court made it completely clear that this is a new tax.

□ 1410

With a very fragile economy, the last thing we need to do is impose a new tax on our businesses. In my district, the average unemployment rate is hovering around 13 percent. I've talked to many of the businesses. The uncertainty of this legislation is killing their incentive to hire new people. It's something that we really shouldn't let happen. And maybe more important, I believe that the sacrosanct doctor-patient relationship is jeopardized by the 111 new boards and commissions that will put cost before care.

This is something that we cannot allow to happen. The best way to do it is for a total repeal, to start over with the points that will make sense, that most of America can get their arms around, that the medical community will say will help the doctor-patient relationship and businesses will have a clear understanding.

Ms. SLAUGHTER. May I inquire of my colleague if he has further speakers?

Mr. SESSIONS. At this time, I'd inquire of the Speaker how much time remains on both sides.

The SPEAKER pro tempore. The gentlewoman from New York has 1 minute 50 seconds remaining, and the gentleman from Texas has 3 minutes remaining.

Mr. SESSIONS. Thank you very much, Mr. Speaker.

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

Ms. SLAUGHTER. Mr. Speaker, Presidents from both sides of the aisle have tried to do health care in the United States for a hundred years. Finally, 2 years ago, we were able to achieve the goal. Today, we vote on a bill that would dismantle that achievement for political points only, because the 31st time is not going to be the charm here.

We have heard, again, the dire straits of this country. Please ask your Member of Congress why it is that we're voting on this for the 31st time instead of doing something about jobs, for heaven's sake.

I've not heard anything in that bill or anyplace else that 17,000 IRS agents are going to be hired. I think that's, again, something that we really don't know about.

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

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. SLAUGHTER. I urge my colleagues to vote "no" and defeat the previous question.

I urge a "no" vote on the rule, and I yield back the balance of my time.

Mr. SESSIONS. I appreciate the gentlewoman from New York not only for her indulgence of this issue the past few days but also for her professional nature today.

Mr. Speaker, we're on the floor because the health care bill that the President and House Democrats and Senate Democrats supported costs twice as much 1 year later as was guesstimated the year before.

The United States is suffering economically, people are suffering economically, and we are losing our competitiveness with the world. We are here because the biggest driver of what I would consider to be not just lack of jobs in this country but also continued uncertainty for the business community. Someone called them corporations. They're really employers. Employers across this country are saying to Members of Congress not just in sworn testimony but in media after media, newspaper after newspaper, that it is uncertainty related to the health care bill that is causing them not to move forward on their plans to grow their business.

We are here today because we need to make sure that we also understand the cost—the cost that is twice as much in 1 year as was guesstimated to be in the year before. This cost in doubling, this would mean that this body either needs to come up with a way to pay for it, which would mean, following the Democrats' proposal, instead of taking \$500 billion out of Medicare, we would take \$1 trillion out of Medicare. Instead of raising taxes \$570 billion, we would have to raise taxes \$1 trillion. Instead of all these things that the bill does that taxes people, instead of it being exactly the way they said it would be, including \$70 billion for a plan for long-term care that now they cannot sustain, it would have to be \$140 billion.

Mr. Speaker, the American people do understand that health care is important, and Republicans would insist upon us following, just as we have in the past, health care bills which would better the marketplace, and people would have the ability to purchase health care at an affordable amount and to make sure that we have physicians and patients that have a close relationship. Please make no mistake: tort reform would be at the top of our order.

Secondly, buying insurance across State lines would include a healthy marketplace. Third, 26-year-olds being on their parents' insurance, that's a bipartisan idea. High-risk pools to help spread out the cost would become available. We're for those, too. And cer-

tainly associated health care plans that are able to pool their resources so that they can have a bigger team size in which to purchase health care would be important. But more importantly, we need to make sure that every single American gets health care on a pretax basis.

We've made our case today, Mr. Speaker. I am very proud of what we're doing. I urge my colleagues to vote for the rule and the underlying bill.

The material previously referred to by Ms. SLAUGHTER is as follows:

AN AMENDMENT TO H. RES. 724 OFFERED BY
MS. SLAUGHTER OF NEW YORK

Amendment in nature of substitute:
Strike all after the resolved clause and insert:

That immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5542) to amend the Internal Revenue Code of 1986 to encourage domestic insourcing and discourage foreign outsourcing. 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 among and controlled by the chair and ranking minority member of the Committee on Ways and Means. 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. 2. Clause 1(c) of rule XIX shall not apply to the consideration of the bill specified in the first section 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. SESSIONS. I yield back the balance of my time, and I move the previous question on the resolution.

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minutes votes on adopting the resolution, if ordered; and agreeing to the Speaker’s approval of the Journal.

The vote was taken by electronic device, and there were—yeas 238, nays 184, not voting 9, as follows:

[Roll No. 456]

YEAS—238

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

NAYS—184

Ackerman	Bonamici	Chu
Altmire	Boswell	Cicilline
Andrews	Brady (PA)	Clarke (MI)
Baca	Braley (IA)	Clarke (NY)
Baldwin	Brown (FL)	Clay
Barber	Butterfield	Cleaver
Barrow	Capps	Clyburn
Bass (CA)	Capuano	Cohen
Becerra	Cardoza	Connolly (VA)
Berkley	Carahan	Conyers
Berman	Carney	Cooper
Bishop (GA)	Carson (IN)	Costa
Bishop (NY)	Castor (FL)	Costello
Blumenauer	Chandler	Courtney

Critz	Kildee	Reyes
Crowley	Kind	Richardson
Cuellar	Kissell	Richmond
Cummings	Kucinich	Ross (AR)
Davis (CA)	Langevin	Rothman (NJ)
Davis (IL)	Larsen (WA)	Roybal-Allard
DeFazio	Larson (CT)	Ruppersberger
DeGette	Lee (CA)	Rush
DeLauro	Levin	Ryan (OH)
Deutch	Lewis (GA)	Sánchez, Linda
Dicks	Lipinski	T.
Dingell	Loebsock	Sanchez, Loretta
Doggett	Lofgren, Zoe	Sarbanes
Donnelly (IN)	Lowey	Schakowsky
Doyle	Lujan	Schiff
Edwards	Lynch	Schrader
Ellison	Maloney	Schwartz
Engel	Markey	Scott (VA)
Eshoo	Matheson	Scott, David
Farr	Matsui	Serrano
Fattah	McCarthy (NY)	Sewell
Filner	McCollum	Sherman
Frank (MA)	McDermott	Sires
Fudge	McGovern	McNerney
Garamendi	McNerney	Meeks
Gonzalez	Meeks	Michaud
Green, Al	Miller (NC)	Moore
Green, Gene	Moore	Moran
Grijalva	Moran	Murphy (CT)
Hahn	Murphy (CT)	Nadler
Hanabusa	Nadler	Napolitano
Hastings (FL)	Neal	Olver
Heinrich	Neal	Owens
Higgins	Olver	Pallone
Himes	Owens	Pascrell
Hinchey	Pallone	Pascrell
Hinojosa	Pastor (AZ)	Pelosi
Hochul	Pelosi	Perlmutter
Holden	Perlmutter	Peters
Holt	Peters	Peterson
Honda	Peterson	Pingree (ME)
Hoyer	Pingree (ME)	Polis
Israel	Polis	Price (NC)
Jackson Lee	Price (NC)	Quigley
(TX)	Quigley	Rahall
Johnson (GA)	Rahall	Rangel
Johnson, E. B.	Rangel	
Kaptur		
Keating		

NOT VOTING—9

Akin	Hirono	Miller, George
Bonner	Jackson (IL)	Platts
Gutierrez	King (IA)	Sullivan

□ 1440

Messrs. HASTINGS of Florida, BUTTERFIELD, and KUCINICH, Ms. LORETTA SANCHEZ of California and Ms. JACKSON LEE of Texas changed their vote from “yea” to “nay.”

Mr. POSEY changed his vote from “nay” to “yea.”

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

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

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

Ms. SLAUGHTER. 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—yeas 240, nays 182, not voting 9, as follows:

[Roll No. 457]

YEAS—240

Adams	Barton (TX)	Bono Mack
Aderholt	Bass (NH)	Boren
Alexander	Benishek	Boustany
Amash	Berg	Brady (TX)
Amodei	Biggert	Brooks
Austria	Bilbray	Broun (GA)
Bachmann	Bilirakis	Buchanan
Bachus	Bishop (UT)	Buchon
Barletta	Black	Buerkle
Bartlett	Blackburn	Burgess

Gibson	Matheson	Sánchez, Linda
Graves (MO)	McDermott	T.
Green, Gene	McGovern	Sanchez, Loretta
Griffin (AR)	Meehan	Schakowsky
Guinta	Moore	Schilling
Hanna	Murphy (PA)	Sires
Hastings (FL)	Nugent	Slaughter
Heck	Olver	Stivers
Herrera Beutler	Pallone	Terry
Hinchey	Pastor (AZ)	Thompson (CA)
Holt	Paulsen	Thompson (MS)
Hoyer	Pelosi	Tipton
Israel	Peters	Towns
Johnson (OH)	Peterson	Velázquez
Keating	Quayle	Vislosky
Kind	Rahall	Walberg
Kinzinger (IL)	Reed	Walden
Kucinich	Renacci	Walsh (IL)
Larson (CT)	Ribble	Welch
Latham	Rigell	Wittman
Lee (CA)	Roe (TN)	Woodall
LoBiondo	Rooney	Yoder
Lowey	Ryan (OH)	Young (AK)

The Clerk read the title of the bill.
 The SPEAKER pro tempore. Pursuant to House Resolution 724, the bill is considered read.
 The text of the bill is as follows:
 H.R. 6079

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

SECTION 1. SHORT TITLE.
 This Act may be cited as the “Repeal of Obamacare Act”.

SEC. 2. FINDINGS.
 Congress finds the following with respect to the impact of Public Law 111-148 and related provisions of Public Law 111-152 (collectively referred to in this section as “the law”):

(1) President Obama promised the American people that if they liked their current health coverage, they could keep it. But even the Obama Administration admits that tens of millions of Americans are at risk of losing their health care coverage, including as many as 8 in 10 plans offered by small businesses.

(2) Despite projected spending of more than two trillion dollars over the next 10 years, cutting Medicare by more than one-half trillion dollars over that period, and increasing taxes by over \$800 billion dollars over that period, the law does not lower health care costs. In fact, the law actually makes coverage more expensive for millions of Americans. The average American family already paid a premium increase of approximately \$1,200 in the year following passage of the law. The Congressional Budget Office (CBO) predicts that health insurance premiums for individuals buying private health coverage on their own will increase by \$2,100 in 2016 compared to what the premiums would have been in 2016 if the law had not passed.

(3) The law cuts more than one-half trillion dollars in Medicare and uses the funds to create a new entitlement program rather than to protect and strengthen the Medicare program. Actuaries at the Centers for Medicare & Medicaid Services (CMS) warn that the Medicare cuts contained in the law are so drastic that “providers might end their participation in the program (possibly jeopardizing access to care for beneficiaries)”. CBO cautioned that the Medicare cuts “might be difficult to sustain over a long period of time”. According to the CMS actuaries, 7.4 million Medicare beneficiaries who would have been enrolled in a Medicare Advantage plan in 2017 will lose access to their plan because the law cuts \$206 billion in payments to Medicare Advantage plans. The Trustees of the Medicare Trust Funds predict that the law will result in a substantial decline in employer-sponsored retiree drug coverage, and 90 percent of seniors will no longer have access to retiree drug coverage by 2016 as a result of the law.

(4) The law creates a 15-member, unelected Independent Payment Advisory Board that is empowered to make binding decisions regarding what treatments Medicare will cover and how much Medicare will pay for treatments solely to cut spending, restricting access to health care for seniors.

(5) The law and the more than 13,000 pages of related regulations issued before July 11, 2012, are causing great uncertainty, slowing economic growth, and limiting hiring opportunities for the approximately 13 million Americans searching for work. Imposing higher costs on businesses will lead to lower wages, fewer workers, or both.

(6) The law imposes 21 new or higher taxes on American families and businesses, including 12 taxes on families making less than \$250,000 a year.

(7) While President Obama promised that nothing in the law would fund elective abortion, the law expands the role of the Federal Government in funding and facilitating abortion and plans that cover abortion. The law appropriates billions of dollars in new funding without explicitly prohibiting the use of these funds for abortion, and it provides Federal subsidies for health plans covering elective abortions. Moreover, the law effectively forces millions of individuals to personally pay a separate abortion premium in violation of their sincerely held religious, ethical, or moral beliefs.

(8) Until enactment of the law, the Federal Government has not sought to impose specific coverage or care requirements that infringe on the rights of conscience of insurers, purchasers of insurance, plan sponsors, beneficiaries, and other stakeholders, such as individual or institutional health care providers. The law creates a new nationwide requirement for health plans to cover “essential health benefits” and “preventive services”, but does not allow stakeholders to opt out of covering items or services to which they have a religious or moral objection, in violation of the Religious Freedom Restoration Act (Public Law 103-141). By creating new barriers to health insurance and causing the loss of existing insurance arrangements, these inflexible mandates jeopardize the ability of institutions and individuals to exercise their rights of conscience and their ability to freely participate in the health insurance and health care marketplace.

(9) The law expands Government control over health care, adds trillions of dollars to existing liabilities, drives costs up even further, and too often puts Federal bureaucrats, instead of doctors and patients, in charge of health care decisionmaking.

(10) The path to patient-centered care and lower costs for all Americans must begin with a full repeal of the law.

SEC. 3. REPEAL OF OBAMACARE.

(a) PPACA.—Effective as of the enactment of Public Law 111-148, such Act (other than subsection (d) of section 1899A of the Social Security Act, as added and amended by sections 3403 and 10320 of such Public Law) is repealed, and the provisions of law amended or repealed by such Act (other than such subsection (d)) are restored or revived as if such Act had not been enacted.

(b) HEALTH CARE-RELATED PROVISIONS IN THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.—Effective as of the enactment of the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), title I and subtitle B of title II of such Act are repealed, and the provisions of law amended or repealed by such title or subtitle, respectively, are restored or revived as if such title and subtitle had not been enacted.

SEC. 4. BUDGETARY EFFECTS OF THIS ACT.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the Committee on the Budget of the House of Representatives, as long as such statement has been submitted prior to the vote on passage of this Act.

The SPEAKER pro tempore. The bill shall be debatable for 5 hours, with 30 minutes equally divided and controlled by the majority leader and minority leader or their designees, 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and the

ANSWERED “PRESENT”—3

Amash	Gohmert	Owens
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NOT VOTING—11

Akin	Gutierrez	Landry
Bishop (NY)	Hirono	Lewis (GA)
Bonner	Jackson (IL)	Miller, George
Grijalva	King (IA)	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There is 1 minute remaining.

□ 1453

So the Journal was approved.
 The result of the vote was announced as above recorded.

PERSONAL EXPLANATION

Mr. AKIN. Mr. Speaker, on rollcall No. 456, 457 and 458 I was delayed and unable to vote. Had I been present I would have voted “yea” on rollcall No. 456, “yea” on rollcall No. 457 and “yea” on rollcall No. 458.

PERSONAL EXPLANATION

Mr. GUTIERREZ. Mr. Speaker, I was unavoidably absent in the House chamber for votes yesterday and today. I would like the RECORD to show that, had I been present, I would have voted “yea” on rollcall votes 452, 453, 454 and 455 and “nay” on rollcall votes 456, 457 and 458.

REPORT ON H.R. 6091, DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS BILL, 2013

Mr. SIMPSON, from the Committee on Appropriations, submitted a privileged report (Rept. No. 112-589) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2013, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

REPEAL OF OBAMACARE ACT

Mr. UPTON. Mr. Speaker, pursuant to House Resolution 724, I call up the bill (H.R. 6079) to repeal the Patient Protection and Affordable Care Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010, and ask for its immediate consideration.

Workforce, 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means, 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Budget, 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary, and 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Small Business.

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

GENERAL LEAVE

Mr. UPTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on H.R. 6079.

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

There was no objection.

Mr. UPTON. Mr. Speaker, I yield myself 3 minutes.

House Republicans promised the American people that, if granted the majority, we would vote to repeal the Patient Protection and Affordable Care Act, better known as ObamaCare. Let's face it. ObamaCare is nothing like what was promised. Former Speaker PELOSI said we would have to pass the bill to find out what was in it. Rest assured, we found out.

Rather than reform health care, this law epitomizes Washington at its very worst—intrusive mandates, higher costs, red tape, unaffordable spending, taxes on employers and families, and the control of personal health care decisions by boards, bureaus, and agencies in Washington. Let's just consider the many broken promises.

President Obama promised that his reforms would lower family premiums by \$2,500 by the end of his first term, yet the cost of an employee-sponsored family plan increased to \$15,000 in 2011. The CBO projects, if we allow the rest of ObamaCare's mandates to kick in, premiums will rise further.

The President told us over and over that if you liked your health care plan you could keep it, yet the law pushes employers to drop coverage. The CBO estimates that up to 20 million American workers will lose their plans under ObamaCare.

The President said his law would cost a mere \$900 billion as if spending nearly \$1 trillion on a new program were thrifty.

□ 1500

Yet, when it is fully implemented, ObamaCare is estimated to cost taxpayers \$2.6 trillion over a decade. The President promised to make Medicare stronger. Instead, ObamaCare raided \$575 billion from Medicare to pay for new programs and entitlement expansions.

The President pledged that he would not raise taxes for households with incomes under \$250,000. Yet ObamaCare includes 21 new tax increases that will cost taxpayers roughly \$800 billion over the next decade. The IRS will impose new taxes on medical devices, prescription drugs, health coverage, high-premium health plans. The agency will place new restrictions on health saving accounts and flexible spending accounts. Employers will face a tax for failing to provide health plans approved by HHS and a new surtax on investment.

The President promised American taxpayers that they would not be forced to fund abortions and our conscience rights would be protected. Yet HHS is moving forward with a mandate that requires religious institutions to violate their principles or pay a steep fine. Or is the fine on faith going to be considered a tax as well, just like the individual mandate? The Supreme Court made clear that the mandate is a massive new tax, one that will primarily be levied on middle class households.

Repeal is also the only way to honor and restore the promises the President wisely made but foolishly broke. The Supreme Court rendered its diagnosis, but the American people will be offering a second opinion. We promised the American people that we would work to repeal this terrible law, and that is a promise we are keeping.

I reserve the balance of my time.

Mr. WAXMAN. Mr. Speaker, I yield myself 3 minutes.

This bill, Mr. Speaker and my colleagues, would take away health security and cause over 30 million people to lose health coverage over the next decade. That's more people than the entire population of New York and Ohio. Yet here we go again, wasting time that should be spent on improving the economy and putting people to work. Instead, we're rehashing the same old arguments. Americans deserve health security.

What's in the bill? The law that the Republicans would seek to take off the books prevents people with preexisting conditions, like pregnant women, from being denied insurance or charged so much that they can't get coverage. The law says women should not pay higher premiums just because they are women.

People should have an easy, transparent marketplace to shop for quality insurance, and the hardworking middle class should receive subsidies to help them afford it. People should not be worried about losing health coverage if they lose their job. People should be encouraged to get preventive health services and not be charged for it. Small businesses should be helped if they want to offer health insurance.

America should no longer be a country with millions of people uninsured and unable to get health insurance. That's what the Republicans want us to go back to. They argue that they

want to repeal and replace ObamaCare. What's their replacement, RomneyCare? They have no replacement. They offer nothing to the American people. There is no proposal on how they would keep these 30 million people insured and end insurance company abuses like preexisting condition discrimination.

Let's move beyond this vote and show the American people this institution is about more than just politics. It's about doing what's right for American families. Let's affirm our commitment to bring health security to all Americans. Let us reject this Republican bill that would again have the House go on record repealing the law, which has not yet been fully put into place.

Mr. Speaker, I ask unanimous consent, before I reserve whatever time I have, to empower our Health Subcommittee ranking member, Mr. FRANK PALLONE from the State of New Jersey, to be able to control the rest of the time for the Energy and Commerce Committee.

The SPEAKER pro tempore. Without objection, the gentleman will control the remainder of the time.

There was no objection.

Mr. WAXMAN. Mr. Speaker, I reserve the balance of our time.

Mr. UPTON. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. PITTS), the chair of the Health Subcommittee.

Mr. PITTS. Mr. Speaker, in March, to mark the 2-year anniversary of the signing of ObamaCare, I invited local doctors, business owners, and elected officials to talk about how the law will change the practice of health care on every level.

We heard from Dr. Gerald Rothacker about the law's failure to reform medical liability and how young doctors don't even realize they're practicing defensive medicine, ordering unnecessary tests, and driving up costs. We heard from Gary Alexander, Pennsylvania's secretary for the Department of Public Welfare, about how the law will cause State spending to explode in the coming years.

While Medicaid consumes 30 percent of the State budget now, if the law is fully implemented, it will consume over 60 percent. Pennsylvania won't be a State government. It will be a health plan that paves roads and funds schools on the side.

We also heard from Kirby Sensenig, the owner of a local roofing company. He spoke about the difficult choice he will have to make in coming years about whether to keep providing insurance for his workers, or to pay the penalty and cast them into the health care exchanges.

We all know how much health care reform was needed. We've all heard the stories about individuals denied care that they desperately needed. We've heard about the families who struggled to pay the bills when a child got sick. We all know someone who went without insurance because of the high cost

of premiums. But this law did not fix what was broken. It didn't deliver the reform the American people really wanted.

The savings, both for the government and for families, are an illusion. Don't pat yourselves on the back for gaming the CBO. There won't be a single dime saved by the law. Indeed, government spending will explode because of the law. ObamaCare's new entitlement program and massive Medicaid expansion is estimated to cost taxpayers \$1.8 trillion over the next decade.

Things aren't much better for families under ObamaCare. In 2011 alone, the annual premium for an employer-sponsored family plan soared past \$15,000. That's a sharp 9 percent increase from 2010. Twenty new taxes impose additional costs on everything from flexible spending accounts to pacemakers. That's 20 new taxes in ObamaCare not yet implemented. It will be taxing medical devices, drug manufacturers, and insurers. It drives up the cost of care. It is a farce to think that government subsidies will balance out the increased costs imposed by all the new taxes and regulations.

Finally, the reach of the Federal Government has extended even to the conscience of religious charities and educational institutions. When the government takes over health care, it takes over basic decisions of morality that should be left up to individuals. It's far past time we ended the destruction of our health care system by a poorly designed and administered law. Full repeal is the only way to get to real reform. I urge support for the bill.

Mr. PALLONE. Mr. Speaker, I yield myself 3 minutes.

Today reminds me of the movie "Groundhog Day." For those of you who aren't familiar with the movie, it's about a TV weatherman who finds himself repeating the same day over and over again. No matter what he does, he's stuck on the same day. Does that sound familiar? I think it does.

Today, we will take yet another show vote on repealing the Affordable Care Act which will never become law. In fact, we're wasting 2 days debating its repeal when Congress should be focusing on jobs and reducing the deficit. This exercise in futility does nothing but attempt to turn the clock back on all the many benefits already in place for Americans across this country. Meanwhile, it increases the deficit, puts insurance companies back in charge of America's health care, increases costs, cuts benefits for Medicare seniors, and eliminates \$40 billion in tax credits to help make insurance more affordable for small businesses.

Mr. Speaker, the Affordable Care Act ensures that hardworking middle class families will get the security they deserve and protects every American from the worst insurance company abuses. The law includes numerous provisions to keep health care costs low, promote prevention, and hold insurance companies accountable.

For those Americans who already have health care, whether through private insurance, Medicare, or Medicaid, the Affordable Care Act is already making your coverage more secure. For example, insurance companies no longer have unchecked power to cancel your policy, deny your child coverage due to a preexisting condition, or charge women more than men.

□ 1510

Over 80 million Americans have gained coverage of preventive care free of charge, like mammograms for women and wellness visits for seniors. Nearly 13 million Americans will receive a rebate this summer because their insurance company spent too much of their premium dollars on administrative costs or CEO bonuses, and 5.3 million seniors and people with disabilities have saved an average of over \$600 on prescription drugs and the doughnut hole in Medicaid coverage, Medicare coverage. Also, 6.6 million young adults have been able to stay on their parents' plans until the age of 26, including 3.1 million young people who were newly insured—and I hear about this all the time when I am home in my district.

For those Americans who yet don't have health insurance, help is really on the way. Starting in 2014, the Affordable Care Act will offer an array of quality, affordable, private health insurance plans to choose from. If someone can't afford insurance, or for a small business that wants to provide affordable insurance to their employees, tax credits are available that make coverage affordable.

The result of this repeal, which the Republicans are putting forth today, is to basically say that millions of middle class Americans will lose out on new health freedoms and new health coverage that make a positive difference in their lives. Rather than refight these old partisan battles by starting over on health care and repealing basic protections that provide security for the middle class, Congress needs to work together to focus on the economy and create jobs.

The House Republican leadership would do well to seek bipartisan solutions to jobs and the economy instead of seeking this repeal.

I reserve the balance of my time.

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

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

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

Mr. Speaker, I rise in strong support of the bill before us this afternoon and in opposition to what is colloquially called ObamaCare.

All of the comments of the proponents of the bill that have been made in the past in support have generally

turned out to either not be true at all or to be only partially true. They said that they were having the individual mandate under the Commerce Clause. The Supreme Court said that's unconstitutional, you couldn't do it. So even though you said that's what you were doing, you're really not.

The proponents said the penalties in the bill were not taxes. Well, the Supreme Court in a 5-4 majority several weeks ago said, well, really, you're not regulating the mandate and the penalties under the Commerce Clause because that would be unconstitutional. You're actually doing it under the taxation clause.

We're kind of in an Alice in Wonderland situation here. What is true is that if this law is enforced, millions of Americans are going to pay much more for health care, and we're not going to get better quality care. People like myself oppose the bill, not because we don't want every American to have health care, but because we want Americans to have choices and to make individual choices about their health care.

This law, if enforced, mandates things. It mandates the coverage. It mandates what you have to have. It mandates what can be paid for it. This Independent Payment Advisory Board over time will probably mandate how doctors practice medicine.

I personally think that's wrong. That's why I believe, since the Supreme Court has ruled 5-4, that we ought to have another repeal vote, even though admittedly we had one over a year ago. We should repeal it, we should put everybody on record right now where they stand, send the bill to the other body and see if we can't get the majority leader over there to also have a vote. Then as people go into the election, we know where the Congress stands on this issue.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. I thank the gentleman from New Jersey.

Mr. Speaker, my colleagues, I think that today is really a sad day. It's a sad day for the House, and I can't help but think of Shakespeare: Thou doth protest too much. Now, it is very clear that my Republican friends have been opposed to any kind of national health care for as long as I can remember.

But today is really quite extraordinary because the Congress not only voted, shaped on, voted on, passed, the President signed into law, it was challenged, it went to the Supreme Court. The Chief Justice and four other Justices of the Supreme Court of our land have upheld the law for health care accessibility for every single American, all God's children. And what do the Republicans do but come to repeal.

My question is, What are you for? Where's your plan? I have been in the minority party. You've had time. This is the Energy and Commerce Committee.

Where is your plan? You talk about markets, you talk about costs, you talk about whatever; but you have no plan for the American people.

Now you've placed yourself in a position of a takeaway, and I think that's what is sad. It's sad for the American people, but it's not going to happen because the Supreme Court upheld the law.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Florida, a member of the Energy and Commerce Committee, Mr. STEARNS.

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

Mr. STEARNS. The gentlelady from California knows full well—she serves on the Energy and Commerce Committee—all during the markup of ObamaCare we had an alternative health plan.

I'm proud to cosponsor this bill to repeal the Affordable Care Act, ObamaCare, because the act is not affordable.

Cutting half a trillion dollars from Medicare to pay for new spending is wrong. Savings in Medicare should stay in Medicare. How severe are these cuts to Medicare? The Chief Actuary for CMS reports that 15 percent of hospitals will be unprofitable within 10 years. These cuts can endanger the viability of the hospital system and jeopardize the health care available for seniors.

Now, we have a whole alphabet soup of new agencies that are created by this monstrosity of a law. Let me tell you, the IPAD, the Independent Payment Advisory Board, we all know what that's going to do; PCORI, Patient-Centered Outcomes Research Institutes; CCIIO is the Center for Consumer Information and Insurance Oversight, they set up all the exchanges; the PCIP, which is the Pre-Existing Condition Insurance Plan. I mean, these are all new government agencies.

We need to repeal this law and start anew with commonsense solutions that encourage innovation without punishing businesses, seniors, or individuals.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank my friend for yielding to me.

I rise in strong opposition to the legislation before us to repeal the Affordable Care Act.

I won't support legislation which would allow health insurance companies to deny children access to care, which would cause Americans to lose their health care insurance, which would reopen the dreaded Medicare prescription drug doughnut hole, and throw young adults off their parents' insurance policies.

Republicans have proudly stated that this is the 31st repeal vote the House has taken. While the economy struggles to recover, it pains me that we have wasted so much time on these

symbolic and political votes that are going nowhere.

The Republicans wanted the Supreme Court to decide on health care, and now our Supreme Court has spoken and they are still fighting it. It's time that everyone accepts the result of the Supreme Court.

This has been a long fight, and now it's over. If there are changes that need to be made to the Affordable Care Act, we should work together to make them; but partisan efforts to repeal the entirety of the law isn't what we should be doing.

I don't want insurance companies getting between patients and their doctors. I don't like the current system where the insurance companies deny you coverage or say you have a pre-existing condition or say you have a cap and they won't pay any more. This bill attempts to get health insurance companies, health insurance, away from the insurance companies who try to control everything and back into the hands of the consumers.

I urge my colleagues to vote against this bill, and I implore the Republican leadership to turn their focus instead on the economy and on jobs.

This health care bill, there have been so many lies spread about it, that it's unbelievable. The fact of the matter is, it's a good bill. It will take the 50 million Americans that don't have health care and reduce it to nothing. It's a good bill for the American people.

We shouldn't be wasting our time.

□ 1520

Mr. UPTON. I yield 1 minute to the gentleman from Kentucky, (Mr. WHITFIELD), a member of the Energy and Commerce Committee.

Mr. WHITFIELD. I might add that health insurance companies and pharmaceutical companies helped write the President's health care bill. And 2 years ago, when the discussion was on the floor about this bill, our friends on the other side of the aisle never talked about tax increases in the bill. I assume they didn't talk about it because they didn't know about it because the Speaker at that time said we'll find out what's in the bill after we pass the bill.

Well, when the Supreme Court upheld this law, they did so because of the taxing power of the Congress, and they said certain things were taxes. That brought up the issue of taxes. So when we went through this bill, we found 21 new taxes on the American people that will amount to about \$800 billion over 10 years. Taxes on high-cost health plans, taxes on health insurance providers, taxes on brand-name drugs, taxes on medical devices, taxes on flexible spending accounts, and others. I could go on and on and on.

I would urge the repeal of this legislation.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. I rise in strong opposition to the repeal of the

Patient Protection and Affordable Care Act. This Congress has spent most of our time voting on messaging bills and very little time actually legislating. My colleagues on the other side of the aisle and I agree on many issues. We even agree on some of the shortcomings in the Affordable Care Act. No bill is perfect, and we should be spending our time improving it, not abolishing it.

Repealing this bill is a vote to drop college students from their parents' health plan. It's a vote to allow insurance companies to discriminate against women and withhold lifesaving procedures because of preexisting conditions. It would stop 13 million Americans from receiving rebates on their health care premiums. A repeal would mean children, families, and working Americans are denied health insurance. In our district in Houston, Harris County, Texas, we have one of the highest uninsured rates in the country. The bill today denies my hardworking constituents the chance to qualify and purchase health insurance.

There's no question that repeal is a bad policy. This is all politics. Mr. Speaker, I ask the majority to put partisanship aside and reach across the aisle to improve this law and not resort to partisan gimmickry that exposes our Nation's most vulnerable to even more pain and suffering.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. WALDEN), a member of the Energy and Commerce Committee.

Mr. WALDEN. Thank you very much, Mr. Chairman.

Let's face it, the law that's on the books takes \$500 billion out of Medicare and spends it on a new entitlement program. I don't think taking money away from seniors' health care to create a new government-run program is right—and neither do the American people.

I was a small business owner since 1986. We provided health insurance for the people who worked for us. As a small business owner, what I wanted was the ability to group up and have more effect in negotiating lower insurance rates for the people that we covered. This law doesn't really help in any regard with that. In fact, this is a jobs vote we're having today, because if you're a small business and you're at 49 employees, if you go to 51, then all of a sudden the government comes in on top of you with all kinds of potential penalties and fees.

And so a lot of small business owners in my district are saying: Why would I grow my business? Why would I take on this new risk? I think this stymies job growth.

I can tell you that out at Eastern Oregon University I met with the university president. They used to have a student health plan that cost \$66 a term. Because of this law and its implication, that plan went up to \$2,000 a year. They've had to walk away from it.

This law is hurting people today. It needs to be repealed and replaced.

Mr. PALLONE. I yield 1½ minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, we get the message: the Republican majority wants to repeal the Affordable Care Act. We got that message the last 30 times they tried to repeal it. And after this week, the 30 million Americans who have lived in fear of bankruptcy because they didn't have health insurance before the Affordable Care Act are left to ask the same question that I've been asking for the last 30 votes: What would you replace it with?

What would the Republicans tell the millions of Americans with kids with preexisting conditions like asthma and diabetes who would lose their insurance after this vote? What would they tell the millions of seniors who have lower prescription drug prices and prevention care, which would evaporate if this bill passed? What would they tell women who, under the Affordable Care Act, won't have to pay higher insurance rates simply because they're women? What would they tell the millions of young adults who are able to stay on their parents' insurance plans who would be thrown off if this bill passed?

All of those benefits and more would evaporate with this vote. And the Republican majority has nothing to say.

I have an idea. Let's put this silliness aside. While these benefits continue to roll out, let's stop the political grandstanding and instead come together to make sure the law is implemented in the best possible way. That's governing. And that's what the American public sent us here to do.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. TERRY), a member of the Energy and Commerce Committee.

Mr. TERRY. Mr. Speaker, the Affordable Care Act is just the opposite—unaffordable. It's chock-full of new taxes, increased government spending, and provisions that are going to make health care more expensive. CBO found that this new law's insurance mandates will raise premiums on the individual market by an additional \$2,100 per person. The Kaiser Family Foundation found that individual premiums have already, because of this, gone up 8 percent for families and 9 percent for individuals. And this law isn't even fully implemented yet.

To add insult to injury, there's 159 new boards, offices, and panels—like IPAB—that give unelected bureaucrats the authority to ration health care. It raises taxes by \$670 billion on middle class families and employers. At a time when we have Federal deficits and prolonged unemployment, it increases total Federal Government health spending by about \$478 billion from 2014 to 2021.

I have voted to repeal this 30 times, and I will keep doing it until we get it right.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentlewoman from California (Mrs. CAPPs).

Mrs. CAPPs. I thank my colleague.

I rise today in strong opposition to this bill that would take away insurance protections and new access to health care from tens of thousands on the central coast of California. Thanks to this law, families are telling me they no longer need to worry that their children will be denied insurance due to a preexisting health condition. In my district alone, 9,500 students—young adults—now have health insurance through their parents' plan. A young college graduate recently came up to me at the grocery store thanking me for the peace of mind as he's looking for a job.

In my community, 59,000 seniors now receive free preventive care and thousands of seniors in the dreaded doughnut hole have received discounts for prescription drugs, saving an average of \$610. Now some folks around here may not think that much of a savings of \$600. But for so many, this makes a world of difference. Indeed, one of my constituents, Ella May from Nipomo, wrote this to me, saying that thanks to this law, "I won't be impoverished again by the cost of my medicines."

But this House majority has set up yet another vote to take away these benefits from Ella May, from my community, and from the Nation. Mr. Speaker, we should be working to stimulate growth in our economy and spur job creation, not voting for a 31st time on repealing this law.

I urge my colleagues to reject this bill.

Mr. UPTON. I yield 1 minute to the gentleman from Pennsylvania, a member of the Energy and Commerce Committee, Dr. Murphy.

Mr. MURPHY of Pennsylvania. I have never doubted my friends on the other side of the aisle's compassion or sincerity, but have always believed there was a better way of handling these health care costs to make sure that we all get the health care we need and the doctor we choose at a price we can afford.

Here are some ways we need to do this:

Allow people to buy across State lines. A University of Minnesota study said it would drop the uninsured by 12 million;

The ability to join groups, because the purchasing power of groups is what is making Medicare part D come in at 40 percent under budget;

□ 1530

Put an emphasis on coordinated care, which decreases hospitalizations and avoidable readmissions and complications, sometimes by 20 to 40 percent;

By making sure health care plans are personal, affordable and permanent, you can take the plan you need across jobs and you can't be cut for being sick;

To make sure there are tax deductions for buying insurance just like employers have, to allow the chronically ill to be part of high-risk pools;

To encourage people to take steps in their own life to maintain their own health, and;

To have better use of prescription drugs, generic and nongeneric, which also saves a massive amount of money because some \$250 billion a year is wasted in drug problems.

We need this instead of \$570 billion in new taxes in a \$1.76 trillion bill.

Mr. PALLONE. Mr. Speaker, can I inquire about how much time remains on both sides?

The SPEAKER pro tempore. The gentleman from New Jersey has 16¾ minutes remaining. The gentleman from Michigan has 17 minutes remaining.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. I know that many Americans have heard over and over again that ObamaCare is a bad thing. But now that the Supreme Court has declared it the law of the land, I hope that everyone will take another look and see what's actually in the law and how it can help you.

Right now, because of ObamaCare, if you're a woman, you have free preventive services like mammograms. I hope you'll take advantage of that. And no longer will being a woman be a preexisting condition because insurance companies charge women up to 48 percent more for their health insurance. And because of ObamaCare, right now, if you're a parent and you have a sick child, a child with a disability, that child may not be denied health coverage. No one has to worry about lifetime caps anymore because of ObamaCare.

My son, a small businessman, said, Thanks, Mom, because of ObamaCare, 35 percent of the cost of coverage for my employees is paid for. And when fully implemented, no one will have to worry about having a preexisting condition. No one will be excluded. If you're an unemployed person and you lost your job and your health care, ObamaCare will make sure that you can get coverage.

For the first time in the United States of America, we say that health care is a right and not just a privilege for those people to can afford it.

Mr. UPTON. Mr. Speaker, at this point I would yield 2 minutes to the vice chair of the Health Subcommittee, the gentleman from Texas, Dr. BURGESS, and when he concludes speaking, I ask unanimous consent that the rest of my time be controlled by the gentleman from Pennsylvania (Mr. PRITS), the chair of the Health Subcommittee.

The SPEAKER pro tempore. Without objection, the gentleman from Pennsylvania will control the time.

There was no objection.

Mr. BURGESS. Mr. Speaker, from its very inception, this law was bad and remains bad for America. It was written in secret down at the White House. Now our committee has exposed all the secret deals that went on literally 3 years ago this month that led to the

formation and the writing of the legislation behind closed doors—the very doors that the President, when he was running for office, said would always remain open. He said this would be an open and transparent process. But when it came time to actually write the law, they invited the lobbyists in, they closed the doors, and they wrote the law.

We all remember the travesty of December 2009 when the Senate passed a bill out the day before Christmas, right before a snowstorm, and this bill that was hastily drafted, full of errors, full of problems, was passed out of the Senate, and that's what was signed into law. It wasn't even a good rough draft. It never came back to the House, and it never came to a conference committee. The dog ate our homework on the way to the President's office, and we just passed the rough draft and sent it on to the American people, and, by golly, they'll just have to live with it.

Look, there were some promises made by the President 4 years ago. One of those promises was, if you liked what you had you could keep it. It turns out what he should have been saying was, do you know what? It's going to cost you a lot more to get a lot less. There were promises made to seniors that their care would not be harmed with the passage of this law, but we all know now that that's anything but true. What about our provider communities? They were promised relief from the sustainable growth rate formula. They were promised some medical liability reform. They were promised that if we expect doctors to hold down costs, we're going to at least let them get together and talk about price. But none of these things came into being, and instead, what did we get? A bill that contains 23 new taxes, albeit one has been repealed and one has been postponed under the CLASS Act, but, still, 21 taxes that remain out there for the American people.

It was not necessary for it to be like this. There were Republican ideas that were stymied at the committee level, and then, of course, ultimately every House idea was stymied because the House simply took up and passed a very bad Senate bill. Kids on until 26, this was part of the Republican plan from 3 years ago. It could have been part of a bipartisan plan had the Democrats chosen to do so. They rejected that notion.

I urge you to repeal this law. Let's get back to work and do it right for the American people.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to heed the gavel.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. GONZALEZ).

Mr. GONZALEZ. Mr. Speaker, today, the Republican majority is actually telling the American people that they're better off—better off—not getting rebates from insurance companies for covering their health care expenses;

better off not getting preventive services under Medicare; that the American people getting coverage from comprehensive women's prevention services that they never had before, you're going to be better off not getting them.

This is what people have today in America because of the Affordable Care Act. The majority is telling the American people they're better off not getting protection from getting cut off when certain medical costs are incurred. They're telling the American people you're better off by not getting restrictions removed so that children get coverage despite a preexisting condition; that you're better off not getting health coverage for children up to age 26 on a parent's health insurance policy; and that you're better off for not getting health help for Medicare recipients that fall into the doughnut hole.

The truth is they had over 10 years to come up with an idea, with a proposal, and nothing was ever done to help the American people gain access to affordable quality health care through the private market, because this is what this bill is all about—11 years, actually. And you keep saying that you have an alternative. You're going to repeal and replace, but you haven't come up with one proposal. You only know how to oppose and not propose.

Mr. PITTS. Mr. Speaker, I yield 1 minute to another member of the Energy and Commerce Committee, the gentlelady from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. I thank the chairman for yielding.

I stand here today to support the repeal of ObamaCare. Some of you are asking, how many times are we going to do this? We're going to keep at it until we get this legislation off the books. It was a bad bill, it has become a bad law.

Quite frankly, if you are satisfied with a tax-based, government-controlled, limited-access and bureaucrat-centric health care program, then this is for you. That is what ObamaCare is. That is not what the American people want. And repeatedly, they have said to us, look, Congress should admit ObamaCare was a bad idea. Let's start fresh with a clean slate. Let's focus on increasing choice and options, decreasing cost and mandates, simplifying the system for both patients and providers, and making certain that we restore the \$500 billion of cuts that were made to Medicare and make health care tax free.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. If you don't succeed, try and try again. Republicans are taking this phrase to a whole new level. House Republicans will vote for the second time to overturn essential provisions in the Affordable Care Act, and, yes, for the 32nd time, to dismantle it altogether.

This repeal vote is a waste of time and tax dollars.

□ 1540

We all know that this bill will never pass the Senate, and the President would assuredly veto it. This is purely an act of political posturing, and my colleagues on the other side of the aisle should stop their obstruction.

Mr. Speaker, if the Republican majority was just as concerned with introducing a comprehensive jobs package as they've been with repealing this constitutional law that was, yes, upheld by the U.S. Supreme Court, Americans and our economy would be in a much better condition.

Stop wasting our time with political theater and try passing some beneficial, landmark bills of your own. My friends on the other side, you have a wrecking ball. Where is your plan?

Mr. PITTS. Mr. Speaker, today I'm happy to yield 2 minutes to another distinguished member of the Health Subcommittee, the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the chairman for yielding.

I would like to introduce you to Sole Commissioner Boss Hog from Hazzard County, Georgia. Boss Hog used his position of authority to terrorize the citizens of his community with the help of henchmen like Sheriff Roscoe P. Coltrane in the 1970s television show "The Dukes of Hazzard."

Mr. Speaker, today, life imitates art. We now have another boss in our midst—I call this boss ObamaCare. The only health care that citizens of this country can access are those approved by the boss.

If you like what you currently have, you can't keep it. Let me repeat, if you like what you currently have, you can't keep it, according to the boss, the boss and his henchmen who help fund this tyranny. They include the biggest permanent tax increase on Americans, borne in large part by middle class families and the employers who give them jobs.

It enacts a \$500-plus billion cut to the Medicare program, all while the program is going bankrupt. And finally, new rules that allow the boss to dictate how doctors actually practice medicine. No longer will my colleagues in the medical profession be able to put the needs of their patients first.

Mr. Speaker, our Forefathers rejected tyranny, and so should we. Support H.R. 6079, a bill that would repeal ObamaCare. Let's get rid of the boss once and for all.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Mr. Speaker, I'd like to thank Chairman Pallone for yielding the time.

He started off the debate by saying this debate reminds him of the movie "Groundhog Day." I think he's right. It reminds me of a summer rerun. Republicans are forcing another political debate on the Affordable Care Act—a tired rerun—when the Republicans should be joining us in focusing on creating jobs and boosting the economy.

That is our number one priority this summer.

It's a real shame. In fact, it's disheartening to hear my Republican colleagues urge repeal of vital consumer protections for American families. My Republican colleagues are undermining the economic security of middle class families in doing so. They are urging the elimination of important improvements to Medicare, like closing the doughnut hole, putting cash back into the pockets of seniors who need it at this time. And what they're saying is that it's okay that people don't take personal responsibility for their health and their health care, and I think that's wrong. It is not fair that if you pay those health insurance premiums time after time and those copays, that you end up picking up the tab for those who do not. That's not fair. The Affordable Care Act targets that for replacement and encourages personal responsibility.

I urge my Republican colleagues not to waste our time here, but let's come together. Let's work and focus on improving the economy and creating jobs. That really is our number one priority.

Mr. PITTS. Mr. Speaker, at this time I'm happy to yield 1 minute to the gentleman from Mississippi (Mr. HARPER).

Mr. HARPER. Mr. Speaker, the policies and regulations resulting from the President's health care law are among the most overreaching added to the U.S. Code in modern history. Further, the President himself has said that his law's individual mandate is not a tax; yet he is now rallying behind the Supreme Court ruling that defined this requirement as just that, a tax.

Look, I have little confidence that this far-reaching law would have ever advanced had the White House and congressional Democrats united behind a tax mandate on every single American citizen.

Let's be clear: the Supreme Court ruled that this law is allowable, not that it's good policy, nor that it will improve the delivery of care. This law is bad for patients and providers, it's bad for individuals and employers, and it's bad for States and jobs. This repeal will allow Americans to receive the care they need from the doctors they choose at a cost they can afford. It's that simple.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from New Mexico (Mr. LUJÁN).

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

Mr. LUJÁN. Mr. Speaker, this Republican majority's effort to repeal the Affordable Care Act is bad legislation that would undermine significant advancements of the delivery of health care services to all Americans. But let me be clear: this bill would repeal the single-most important Federal law that governs the delivery of health care to our first Americans, Native Americans. It's an assault on our Federal responsibility to tribal commu-

nities who, without the Indian health care system, would not have meaningful access to health care services. Our Republican majority swept the rug out from Native American women and took them out of the act to protect them from domestic violence. This act that Republicans have put before us would hurt people in a very serious way.

The act makes possible long-awaited improvements to the Indian health care delivery system by providing authority to provide cancer screenings, dialysis, as well as all hospice and elder care, recruit more qualified health professionals, modernize dated health facilities, and establish comprehensive behavioral health initiatives.

Mr. Speaker, we need to reject this health plan, and we need to reject this effort by Republicans which is causing harm to Native Americans across America.

Mr. PITTS. Mr. Speaker, at this time I am pleased to yield 1 minute to another valued member of the Health Subcommittee, the gentleman from Louisiana, Dr. CASSIDY.

Mr. CASSIDY. Mr. Speaker, as a practicing physician still seeing patients in a safety net hospital, I support repealing ObamaCare.

Let's look at Medicaid, a broken program bankrupting States and driving Federal indebtedness and, most importantly, under which patients do poorly.

Under ObamaCare, Medicaid is greatly expanded, spending increases \$100 billion, straining State and Federal budgets. We need an alternative to ObamaCare's Medicaid bankrupting governments and Medicaid's poor patient outcomes.

One reform I propose is the Medicaid Accountability and Care Act, or the MAC Act. The MAC Act controls spending, incentivizes quality care, helps Federal funding to follow the patient. There are other needed reforms.

Chief Justice Roberts' opinion said that it is not the duty of the Supreme Court to rescue the American people from bad public policy; that is up to elected officials. Republicans seek to rescue Americans from bad policy. We offer positive policy for States, taxpayers and, most importantly, patients.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from Connecticut (Mr. MURPHY).

Mr. MURPHY of Connecticut. Mr. Speaker, have you ever seen the movie "Fatal Attraction"? It's a great film. The Glenn Close character is so obsessed with Michael Douglas that she does everything within her power to try to win him over, flipping out at the end of the movie by going and boiling the Douglas family bunny. Well, Mr. Speaker, I would submit that, having now had 30 different debates on this floor over repeal of the health care bill, the House Republicans have finally hit their boil-the-bunny moment.

Enough is enough. The American people want us to move on. And what they would suggest is, instead of listen-

ing to their inner Glenn Close, that maybe House Republicans should start listening to people like Colleen, a 61-year-old retired teacher from Danbury. She's got diabetes; she's got sleep apnea. What she wants is not more politics on the floor of the House of Representatives; she wants relief. She doesn't want another 5-hour debate on top of the other 29. She wants this bill implemented.

□ 1550

Mr. PITTS. Mr. Speaker, at this time, I yield 1 minute to the gentleman from Texas (Mr. OLSON).

Mr. OLSON. Mr. Speaker, I rise today in support of H.R. 6079, a bill to fully repeal ObamaCare.

The Supreme Court rightly declared the individual mandate unconstitutional under the Commerce Clause but, unfortunately, allowed it to continue as a tax—a tax. But the Supreme Court does not have the final say. The American people do at the ballot box in November. And the House has our say today.

Taxpayers face tight budgets and a weak economy. With the largest tax increase in American history happening on January 1 of next year, while the President plays political games, the last thing our taxpayers need is another tax, especially one that inserts the Federal Government between patients and their doctors.

We must repeal this intrusive law and replace it with thoughtful legislation that protects all Americans' access to quality care from the doctor they choose at a price they can afford.

Mr. Speaker, I urge my colleagues today to join me in taking the next step to repeal ObamaCare.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from Georgia (Mr. SCOTT).

Mr. DAVID SCOTT of Georgia. Mr. Speaker, let me, first of all, respond to what my previous speaker on the other side has said because it's very important that we straighten the RECORD out.

This is not a tax for people to get health care insurance. What this is, the Supreme Court ruled, and again, chaired by a Republican chairman, Chief Supreme Court Justice, and he said that in order for the mandate to stand, Congress could only do it through their taxing authority. And that was to take care of the penalty.

This is not a tax for individuals to get their health insurance. CBO says it will only affect 1 percent of the American people, and that is a choice that they will make. It's not a tax penalty for you to get insurance. It's a penalty for those who can afford the insurance who choose not to buy the insurance.

Now, let me also make another point that is very clear. In addition to this being a program in which the vast majority of the American people approve, they do not want you to repeal their opportunity to have individuals, in these tough economic times, their children be able to stay on their insurance

till 26. They want that there. They do not want you to repeal them having to be denied insurance because of a pre-existing condition. And our hospitals need this very much in order to have the Medicaid expansion.

Mr. PITTS. Mr. Speaker, at this time, I yield 1 minute to the gentleman from Illinois (Mr. KINZINGER), another member of the Energy and Commerce Committee.

Mr. KINZINGER of Illinois. Mr. Speaker, yesterday the Supreme Court made one thing very clear, or the other day they made one thing very clear: the individual mandate is nothing more than a tax.

The overall tax burden that this puts on our economy is staggering. The overall tax burden this puts on the middle class is staggering. And along with those unprecedented personal taxes that this implements, let me point out two other major ones:

A \$20 billion device tax. Okay. You can pay for that, according to this bill; A \$102 billion small business health insurance tax.

This bill clearly places a huge tax burden on the American people, as said by the Supreme Court.

And by the way, yesterday, the administration asked for a tax increase on the majority of small businesses. But don't worry, because that's only for a year, because in a year taxes will increase on all levels of income if the tax cuts are allowed to expire.

In 2010, the American people sent a message to Washington when they sent one of the largest, boldest freshman classes that they have ever sent to Washington, D.C. We were here with a mandate: Stop the tax hike; repeal this health care law. And we'll do that.

Mr. PALLONE. Mr. Speaker, may I inquire again about the time on both sides that remains?

The SPEAKER pro tempore. The gentleman from New Jersey has 6¾ minutes. The gentleman from Pennsylvania has 8½ minutes remaining.

Mr. PALLONE. I yield 1½ minutes to the gentleman from California (Ms. LEE).

Ms. LEE of California. I want to thank the gentleman for yielding, but also for your unwavering and relentless leadership on so many important issues.

I rise in strong opposition to the GOP Patients' Rights Repeal Act. Here we go again, Mr. Speaker, wasting the American people's time on voting on this bill. I think it's for about the 31st time.

This Tea Party majority is so disconnected from reality that this House takes vote after meaningless vote on bills that have no chance of ever becoming law. One of the most conservative Courts in a generation has found the provisions of the health care law constitutional, and Tea Party representatives immediately took to the steps of the Supreme Court to blast the Court as activist and promised a full repeal.

Let's call this what it is, Mr. Speaker. It's a politically motivated waste of time because Republicans have no serious jobs plan. I will say, though, that the only silver lining in this incredibly sad process is that the Tea Party has finally named a bill honestly, Patients' Rights Repeal Act, because this bill does exactly that, repeals the rights of millions of patients to access to health care.

Children now have a right to stay on their parents' policy until they are 26. Republicans want to repeal this right.

Patients have a right to not have lifetime caps on their policies nor have preexisting conditions prevent them from getting health care insurance. Republicans want to now repeal this right.

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

Mr. PALLONE. I yield the gentleman an additional 30 seconds.

Ms. LEE of California. And let me just say, people will not have, under this bill, a right and responsibility to see a primary care doctor rather than have taxpayers pay for their primary care in emergency rooms if this Patients' Bill of Rights—or Patients' Rights Repeal Act were passed.

I tell you, our seniors, now they have a right to have a reduction in their prescription drugs. This right would be repealed under this GOP Patient's Rights bill. This is downright outrageous.

Health care finally is becoming a right. People in our country deserve health care. They deserve to have the benefits that our society has provided for so many years and helping achieve the American Dream.

Finally, they will not have to go bankrupt due to high health care costs. Finally, yes, they will have a right to health care, which of course now the Tea Party is calling for the repeal, as it is called, the GOP Patients' Rights Repeal Act.

Mr. PITTS. Mr. Speaker, at this time I am pleased to yield 1 minute to the gentleman from Montana (Mr. REHBERG).

Mr. REHBERG. Yesterday, President Obama promised to increase taxes on our small businesses. At a time when we need to support job creation, raising taxes is the last thing we need to be doing. It makes the problem worse.

A couple of weeks ago, the Supreme Court confirmed that the President's health care law imposes the single largest permanent tax increase in history. Worse, nearly half of this regressive tax will hit the struggling middle class.

Add more than 13,000 pages of new health care regulations, so far, and it's easy to see why President Obama's economy doesn't create jobs. It's too busy creating government.

We need a new direction, but at every step the Senate stands in the way. The solution? Repeal this harmful law so we can get to work putting America back to work.

Mr. PALLONE. Mr. Speaker, I have no additional speakers at this time, so I'll reserve the balance of my time.

Mr. PITTS. Mr. Speaker, at this time I am pleased to yield 1 minute to the distinguished Member from Wisconsin (Mr. SENSENBRENNER).

□ 1600

Mr. SENSENBRENNER. We've heard a lot about taxes and the Supreme Court decision. I would like to talk about a tax that was labeled a "tax" in the Affordable Care Act when it was passed in 2010.

The act amended Internal Revenue Code section 4980(d), and it imposed a tax of \$100 per employee per day on any employer who did not follow any mandate of the Secretary of Health and Human Services. There was no conscience exemption, and there was no religious employer exemption; \$100 per employee per day is \$36,500 per year. That means that a parochial school with 50 employees has to pay a tax of \$1,825,000 each year.

The only way to repeal this tax today is to pass this bill. If this bill is defeated and does not become law, we have put all religious employers out of business.

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

Mr. PITTS. Mr. Speaker, I am pleased to yield 1 minute to the distinguished Member from Nebraska (Mr. FORTENBERRY).

Mr. FORTENBERRY. I thank the gentleman from Pennsylvania.

Mr. Speaker, this weekend back home in Lincoln, Nebraska, at a small business, a shop owner named Mary and another woman were engaged in conversation.

She looked up when they were done and saw me, and she said, Oh, I can ask you this question, Who is going to pay for this health care bill? I basically responded, Yes, that's the right question.

Right now, we are seeing some benefits from some reasonable reforms, such as being able to keep children on the health care policies of their parents until they're 26, such as allowing people who have significant pre-existing conditions some hope for affordable insurance. But there are other hard realities that must be faced here. This bill shifts costs to more unsustainable government spending. It cuts Medicare, and it erodes health care liberties. The total cost is now projected to be \$1.7 trillion, and it has 21 new taxes in it. Many small businesses are going to actually drop coverage or cut jobs as this moves forward.

Mr. Speaker, there is a better way to move forward. We need the right type of reform that will actually improve outcomes while reducing costs and protecting vulnerable persons.

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

Mr. PITTS. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from New York (Mr. GRIMM).

Mr. GRIMM. Mr. Speaker, when I was elected to Congress, I made a promise to the people of Staten Island and to Brooklyn to repeal ObamaCare. Tomorrow, I will vote again to uphold that promise.

We must repeal this overwhelmingly burdensome and costly law, which is hurting our economy and impeding job growth for small businesses. It will reduce the American workforce by as much as 800,000 and impose \$813 billion in 21 new taxes. Twelve of those taxes impact families making less than \$250,000 a year.

One of the most devastating provisions in ObamaCare cuts over a half a trillion dollars from Medicare, primarily from Medicare Advantage. I have 107,000 seniors in my district, 38,000 of whom are enrolled in Medicare Advantage. This is simply reprehensible, and we must repeal this law to protect our seniors and our economy.

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

Mr. PITTS. Mr. Speaker, I yield 1 minute to the gentlelady from New York (Ms. BUERKLE).

Ms. BUERKLE. Mr. Speaker, I rise this afternoon as a nurse and as someone who has spent her professional career in health care. I ran for Congress because I was opposed to the Affordable Care Act, and I stand here today after 18 months of listening to the people in my district, because this law is the wrong law for health care reform in the United States of America.

When I hear from my hospitals, my skilled nursing facilities, my physicians, when I hear from small businesses, and when I hear from my seniors, they're all in fear of what this health care law is going to do to them. So I think it is incumbent upon this body, as we have a responsibility to the people who live in the United States of America, to provide them with true health care reform, reform that truly reduces the cost of health care and improves access to care. This Affordable Care Act that was just declared constitutional by the Supreme Court is not—is not—the way to do that.

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

Mr. PITTS. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from South Carolina (Mr. MULVANEY).

Mr. MULVANEY. I've heard a lot of good reasons today to pass this bill and to repeal the law. What I haven't heard is a discussion about why we should pass it in order to help the President. We have an opportunity here to do something wonderful. We have the opportunity here to help the President keep one of his campaign promises. It's here in bright white letters on a wonderful orange background:

I can make a firm pledge under my plan that no family making less than \$250,000 a year will see any form of tax increase—not your income tax, not your payroll tax, not your capital gains taxes, not any of your taxes.

By the way, politicians usually speak in language that allows us some wiggle room. There is no wiggle room in that particular promise. There is a list here of all the times that that promise has already been broken. We got the last

one—the most recent addition to that list—last week with the Supreme Court decision that told us what we've been saying from the very beginning, which is that this is yet another tax on families that make less than \$250,000.

What a great opportunity we have—all of us, both sides of the aisle. We have the opportunity to keep a politician to his promise, and we can do exactly that by passing this bill and repealing this law.

Mr. PALLONE. I yield myself 1 minute, Mr. Speaker.

I am amazed by the comments that the previous speaker made on the Republican side. The fact of the matter is that the Affordable Care Act amounts to a tax cut.

Right now, in the State of New Jersey, for people who are paying for their health insurance, we estimate that about \$1,000 or \$1,500 annually from their premiums is actually going to pay for those who are uninsured, for people who don't have insurance and have to go to the emergency rooms and then don't pay their bills.

Once the Affordable Care Act fully kicks in, because of the fact that everyone will be insured and all those people who now go to the emergency rooms and have no insurance will, in fact, have coverage, for the people who are paying their premiums right now, they're actually going to be paying less—it will be a tax cut—because they won't be paying for those people who now are uninsured.

I think it's really incredible because, if you think about it, the Republicans always talk about personal responsibility. How is it fair that people don't have themselves covered? How is it that they don't carry health insurance and then make other people pay for it?

I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I am pleased to yield 1 minute to the gentlelady from Kansas (Ms. JENKINS).

Ms. JENKINS. I thank the gentleman for yielding.

Mr. Speaker, our current health care insurance system is badly broken, but the President's Affordable Care Act will only make it worse. It will lead to fewer jobs, more debt, and reduced access to quality care. Most importantly, it doesn't even deal with our primary problem—affordability.

How can a more affordable solution result in an \$800 billion tax hike? Of the 21 new tax provisions in this law, 12 will target the middle class.

Instead of supporting the largest set of tax law changes in more than 20 years under the guise of health reform, we must repeal the law and take the time necessary to replace it with more patient-focused solutions. Pursuing consumer-driven reforms will allow Americans the flexibility to take ownership of their health care costs and will allow them the freedom to choose what plans work best for them and their families.

Mr. PALLONE. I will ask if the gentleman has any additional speakers.

Mr. PITTS. No. We are prepared to close.

Mr. PALLONE. How much time do I have remaining, Mr. Speaker?

The SPEAKER pro tempore (Mr. WOMACK). The gentleman from New Jersey has 3/4 minutes remaining.

Mr. PALLONE. I will close at this time, and yield myself the balance of my time.

Mr. Speaker, let me say over again—and I know we've had this debate so many times that it really sounds like we just keep repeating the same thing—that this is a very important day at some level because the fact of the matter is the Republicans continue with this effort to try to repeal what is probably one of the most important pieces of legislation that has ever passed in the last few years in the Congress and has been signed by the President.

The reason is that, for the first time, when the Affordable Care Act fully kicks in, most Americans—probably 98.99 percent of Americans—will have health insurance. We estimate maybe 30, 40—perhaps more—million Americans right now do not have health insurance.

□ 1610

There are probably as many who are what we call "underinsured." In other words, they can't really buy a good benefit package.

The fact of the matter is, by 2014, when the Affordable Care Act fully kicks in, you'll be able to go on an exchange either in your State or anywhere in the country and find a good benefit package, one that's as good probably as what you would get now under Blue Cross or Blue Shield, good benefits at a good price. That is an amazing thing. We've been here for 200 years in this country and were never able to say that that would actually happen.

I heard my colleagues on the Republican side in the Rules Committee say last night, We'll just repeal this and we'll come up with a better plan.

But they haven't come up with a better plan. They talk about health savings accounts and malpractice and all these different things that are basically around the edges. They would pretty much not guarantee most Americans, as they do under the Affordable Care Act, that they would be able to access health insurance, the peace of mind that goes with that and all the benefits that have already kicked in that would be repealed under this bill:

The fact that seniors eventually won't have to worry about the doughnut hole and will have their prescription drug coverage no matter how much they actually spend, that they'll only have to pay a co-pay; the fact that so many seniors now have preventive care; the fact that kids up to 26 years old can go on their parents' health insurance policy. So many people talk to me about that.

There's also the fact that preexisting conditions for women and others is no

longer a factor in terms of your ability to buy health insurance; the fact that there are no more lifetime caps, recisions, all these discriminatory practices that we've had in the past when you are trying to buy health insurance.

The fact of the matter is that already, over the last few years, most of these discriminatory practices have been eliminated. Many people may not even realize it's a result of the Affordable Care Act, but the fact is that it is. That's why these discriminatory practices are going away.

Last night, the chairman of the Rules Committee said, We'll repeal this and we will do something and be different, and the insurance companies will continue not to have these discriminatory practices. That's simply not true. The insurance companies will go back to the discriminatory practices if you repeal this bill. They'll almost be forced to. Because of the way this is set up, when everybody has health insurance, then the insurance companies can make enough money, if you will, so they don't have to discriminate. But they'll go back to it if this is repealed.

I ask my colleagues to stop bringing this up. This is a bad bill. Let's defeat it now, and let's continue the way we should with the Affordable Care Act in light of the Supreme Court's decision.

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

Mr. PITTS. If this new law is so outstanding, I wonder why the administration has granted over 1,000 waivers to their friends so they don't have to meet the requirements of the law.

The President promised not to raise taxes on anyone making less than \$250,000. He has broken that pledge 20 times with this new law. Many of them are impacting the middle class that he promised not to raise taxes on. That's \$800 billion in new taxes.

My friends, the American people have a clear choice: Keep this law and pay the new taxes or take the law off the books and let's start over again with some real free-market reforms.

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

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

We're here today to repeal a law that is both fundamentally flawed and overwhelmingly unpopular. The problem with this law, among its many faults, is it puts government at the center of health care decisions, not doctors and patients.

Instead of families and employers deciding what coverage is best for them, the Secretary of Health and Human Services makes that choice.

Instead of families and employers deciding what they can afford to spend on insurance, the IRS makes that decision.

Instead of families and employers deciding if they even need or want health insurance in the first place, the government mandates they purchase it.

This is all about the government. It is Washington knows best, and it's wrong.

By virtually every measure, this law is a failure. The price tag of the law has already doubled, health care premiums are going up, Americans are losing the insurance they have and like, taxes are being raised by over \$1.5 trillion, and 12 of the 21 new taxes in the law will hit the middle class. It increases costs for 9 out of 10 seniors. It's paid for with budget gimmicks that even the government's own actuaries admit are not workable.

According to the Congressional Budget Office, the law hinders job creation, which is something we can hardly afford after 41 consecutive months of the unemployment rate being above 8 percent.

To put it bluntly, this law is bad for workers, seniors, families, patients, doctors, and employers. As the Supreme Court ruled, the cornerstone of the Democrats' health care law, the individual mandate, is a massive tax. The Congressional Budget Office predicts that approximately 20 million Americans will either pay the tax or be forced to buy insurance they otherwise wouldn't have purchased. That's 20 million people. Only two States in the U.S. have more than 20 million people: California and Texas. Clearly, this is a major tax with major implications.

Democrats have argued that the individual mandate was necessary to improve the Nation's health. What's next? Will they require you to purchase low-fat or low-salt foods, or will you have to pay a tax because they think it's good for you?

House Republicans have heard the American people loud and clear, and we will not let government—let alone the IRS—dictate your health care. We will repeal this law so you're again free to choose your health insurance plan, to choose your doctor, and to choose the medical treatment that best meets your needs. Most important of all, we will ensure you have the freedom to choose what's best for you and your family.

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

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

After seven decades of frustrated efforts, the Congress and the President acted on health reform. It was seven decades that this institution wrestled with health reform. Finally, it happened.

The Republican answer: Repeal. First, it was repeal Social Security, then repeal Medicare, then repeal Medicaid by block-granting it to the States. Now it's the same old song: Repeal health care reform.

This Republican Party, the party of repeal, captured by the radical right, would now put insurance companies back in charge of health care and repeal coverage for 17 million children with preexisting conditions, repeal coverage for 6.6 million adults now covered under their parents' insurance plan, repeal tax credits for 360,000 small employers covering 2 million workers, re-

peal ending lifetime caps on insurance for 105 million, and repeal closing of the burdensome doughnut hole for seniors' prescription medicines.

The Republican Party of Repeal says: Repeal and replace. Yet there has not been a single comprehensive bill proposed by the Republicans at any point in this session or before. Indeed, the only comprehensive health plan presented by the Republicans was put forward by Mitt Romney when he was Governor of Massachusetts. This is how he described his plan as recently as 2010:

Right now, in lots of parts of the country, if individuals do not have insurance, they can arrive at the hospital and be given free care paid for by government. Our current system is a Big Government system. A conservative approach is one that relies on individual responsibility. But in my view, and others are free to disagree, expecting people who can afford to buy insurance to do so is consistent with personal responsibility, and that's a cornerstone of conservatism.

□ 1620

Well, the ones who are free to disagree are his fellow Republicans. The Massachusetts plan, with an individual mandate, reflected an original conservative Heritage Foundation proposal. Indeed, bills with an individual responsibility provision have been cosponsored by Republicans for two decades.

Now, however, Republicans have been captured by the radical right and taken a 180-degree turn. This repeal bill only deepens and widens the gulf handcuffing this Congress. You know, it's as if we live in two different universes. Let me tell you about the universe that is lived in by people who have sent letters to me.

I quote one, for example, from Warren:

I am 41 years old, and I was diagnosed with a form of arthritis about 3 years ago. Because the Supreme Court upheld ObamaCare, I don't have to worry anymore. I know that I can't be dropped from my insurance carrier.

A letter from Pamela of Madison Heights, talking about the premiums that she has seen. She is a nurse. She has seen how many people have been hurt by these costly premiums. She says:

I have watched those who have to undergo painful procedures, or those who have been given a poor prognosis, because they have not had access to preventive or even standard medical treatment due to the cost. She says the Affordable Care Act is right and just.

From David in Saint Clair Shores who says:

Honestly, I am a Republican, but I don't believe the health insurance bill should be repealed. I would like to see compromise towards improving the legislation, rather than destroying it entirely.

From Nancy of Clinton Township, who writes this:

The part of the CARE Act that is most important to my family, even my Republican husband, is the provision for our college-age daughter. Our insurance dropped her at the age of 19, and we had to buy a separate policy

that was very expensive and had poor coverage. Now we can save several thousands of dollars a year, which helps with her education. And it makes me sad that more people don't understand how wonderful this is. I would like the message to get out to more people.

It makes me sad, she says, that more people don't understand how wonderful this is.

You know, middle class families have had lots to worry about since trying to recover from the worst recession in decades. So instead of making it harder for them, putting insurance companies back in the driver's seat, we should let reform proceed.

I'm the ranking member on the Ways and Means Committee. The chairman is here, too. We've had jobs bills thrown into the hopper that never come forth. Today we're going through the motions of repealing health reform for the 31st time this Congress.

What we need instead is to get the bills that are lodged in Ways and Means on jobs out on the floor and work together, instead of against each other and against the interests of the American people.

I reserve the balance of my time.

Mr. CAMP. I would just note that our health care bill was the only bill scored by the Congressional Budget Office that actually reduced the premiums.

I yield 2½ minutes to the distinguished chairman of the Health Subcommittee, the gentleman from California (Mr. HERGER).

Mr. HERGER. Mr. Speaker, we have heard many perspectives on what the Supreme Court did in its health care ruling.

I want to focus on what the Court's decision did not change. The Supreme Court's ruling did not change the fact that the Democrat health law makes it more expensive for employers to hire workers. Businesses in my district have put their expansion plans on hold because they are worried about higher costs. This law was bad for jobs when it was passed, and it's still bad for jobs now.

The Court's ruling did not change the perverse incentives in the President's law that will encourage some employers to drop their health benefits. Millions of Americans will lose the coverage they have and like. That was true when this law was passed, and it's still true now.

The Court's ruling did not change the failure of the President's law to reduce health care costs. The administration's own Medicare actuaries concluded that this law will actually increase the overall cost of health care and CBO found it will raise health care insurance premiums as well. This was a serious failure when the law was passed, and it's still a serious failure today.

The Court's ruling did not change the 21 new taxes in the Democrat health care law. In fact, the ruling highlights how the President's law raises Americans' taxes to pay for an unsustainable new program at a time when unemployment remains far too high. These

tax hikes hurt our economy when they were passed, and they're still hurting our economy today.

That's why I began advocating for repeal of this bad law as soon as it was passed, and why I still support repeal today.

Vote "yes" for repeal.

Mr. LEVIN. I yield myself 15 seconds.

If repeal occurred in California, it would mean the loss of coverage for 435,000 young adults. It also would mean over 12 million Californians would lose the ability to be sure that their lifetime limits would not kick in.

I yield 3 minutes to the gentleman from New York, a very distinguished member of our committee, Mr. RANGEL.

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

Mr. RANGEL. My colleagues, I know that history would reflect that this Presidential election started much earlier than most of them do. As a matter of fact, it started the very day that President Obama was sworn in. The honesty of this Republican Party was for them to say that the strategy for getting back the White House was to make certain that their primary job was to get rid of Obama. The destruction of the President of the United States and everything he stood for, every piece of legislation, every idea had to be destroyed as their strategy, not for America, but for their party.

Well, I assumed that this was just political rhetoric. I didn't put too much importance to it. But when the debt ceiling came, I felt it was just a little Republican ploy of playing chicken to see how much they could get.

But when I saw they were prepared to allow the fiscal integrity of the United States of America, and what it represented, to go down the drain just to embarrass the President, then I was nudged to take another look to see just how far would they go.

Then comes recently the Attorney General, where we just didn't seem to care what kind of bad history we were making for this great Republic. We were going to, the first time in history, hold him in contempt and turn it over to the Justice Department to see what they could do to the President.

Then, of course, comes the tax cut for 98 percent of the American people. I never heard in political science 101 how you tell 98 percent of the American people that they are going to be held hostage for a tax cut or a continuation of the tax cut that they had.

But I think, when it gets to health care, you don't have to be religious to understand that you are talking about a right to live, a life to improve the quality of your life, a life to give children, not necessarily your children, but any child, a better way of life, and the ability to be able to say that even if you had a precondition, you are entitled to health care.

And when someone comes up with this grand idea, the whole thing that it

is the person who thought about it that decides whether you are going to either support it, repair it, make it better, perfect it, but to repeal it, and to leave nothing out there except that, trust us, we're going to replace it, it is so unfair to the American people, who could only dream that one day health care would be something that as an American, and as a human being, they would be entitled to.

□ 1630

The things that are happening now by the majority party in this House are very contagious because a lot of young Democrats think this is the way to govern. A lot of Democrats are coming here thinking that the more mean you get, the more successful. It's bad for this Congress and it's bad for our great country.

Mr. CAMP. I yield 2 minutes to the distinguished chairman of the Select Revenue Subcommittee, the gentleman from Ohio (Mr. TIBERI).

Mr. TIBERI. Thank you, Mr. Chairman.

The President said throughout the debate of health care and since, if you like what you have, you can keep it. Employers have told us that's simply not true. The President said, throughout the debate and since on the health care bill, the mandate is not a tax. A couple of weeks ago, the Supreme Court disagreed and said the mandate was a tax.

Today, in this Capitol, there was an executive with White Castle, a company headquartered in my hometown of Columbus, Ohio, a family-owned, family-run business with almost 10,000 employees, which has been providing health insurance to their full-time employees since 1924. And he testified today that the bill is a tax and that it will impact their ability to provide health care to their employees. Their health care may be too generous, and they'll be taxed. Their health care may not be generous enough, and they will be taxed. Furthermore, he testified that White Castle will not expand. They've put on hold expansion of 400 to 500 jobs that would be created with their expansion beyond the 12 States they're in.

One day I got a call from another employer, in my district, with 48 individuals. He had just come from his tax preparer, who told him not to expand his business—not to expand his business. He provides health care to his employees. But he was told not to go over 50 because he'd have to comply with the Federal Government and the Federal bureaucracy, new rules, new taxes, and new regulations. "And we're supposed to grow our economy," he said to me, "Pat. We're supposed to grow our economy, the private sector?"

Ladies and gentleman, CBO estimated that this bill will cost 800,000 jobs by 2021. This is not a commonsense bill that became law. Let's repeal the bill and replace it with provisions that will expand access and affordability.

Mr. LEVIN. I yield 2 minutes to the distinguished member from Washington, a member of our committee, Mr. McDERMOTT.

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

Mr. McDERMOTT. Mr. Speaker, I love this cartoon. According to the Republicans, we're out here raising the biggest tax on people ever. Now, in this cartoon, you'll see the woman got into her car. She didn't put her seatbelt on. It was a choice, right? She's now being fined. But she says, "No, it's the biggest tax increase in history."

That's what's going on here today. It is a joke. With the individual mandate, everybody gets a choice whether you're going to put your health care safety belt on or not, the principle of personal responsibility: If you can buy health insurance and can afford it, you have to buy it or pay a penalty; now, otherwise, you're passing the cost on to us. You're a freeloader. The Republicans are glorifying freeloaders, people who say they don't want to pay if they can.

Now, the Speaker said, Don't spike the football if we win in the Supreme Court. What you should have said was, Don't kick the watercooler. What's going on on the floor today is another pointless, time-wasting exercise. It's the 31st time the Republicans have tried to repeal the bill. Now, as a psychiatrist, I'm qualified to say this: One definition of insanity is doing the same thing over and over again and expecting a different result.

The game is over. The referee, John Roberts, blew the whistle. It's over, guys. Why don't we have the Speaker call us when we're ready to get down here and talk about real things like jobs and the economy and stop giving people the idea that they're going to be scared to death. Less than 1 percent of Americans will choose to be irresponsible and not buy health insurance if they can.

Vote "no" on this bill.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Louisiana, Dr. BOUSTANY.

Mr. BOUSTANY. As a physician with over 30 years clinical experience taking care of patients as a cardiac surgeon, I'm certainly familiar with the problems in our health care system, and there's no denying we need to do substantive reforms. But, Mr. Speaker, this law has not created the kind of reforms that are needed for our health care system.

Let's talk about seniors for a moment. This law cuts over \$500 billion out of the Medicare program. It's going to hurt seniors. I know this from my own personal experience having dealt with seniors and seniors' health care. We have not fixed the mismatch between cost and reimbursement. This is leading to accelerating access problems for seniors and others to good, high-quality health care and a good doctor-patient relationship. It's going to force

seniors to travel further, to wait longer, depriving them of regular access to a physician that they know and trust.

We haven't solved the problem of portability. Portability is something Americans cared about—owning your own health insurance and carrying it wherever you go. We have ways of dealing with that. That has not been solved with this law.

Taxes, nearly \$800 billion now in new taxes, and the total keeps growing. Twenty-one new taxes on every aspect of the American economy. It's no wonder this economy is in the doldrums. It's no wonder we have 41 quarters of unemployment exceeding 8 percent. This is unacceptable. Another 800,000 jobs at risk, as my colleagues mentioned earlier. Plus, CBO reports that the health insurance tax, something that hasn't been talked about much on small businesses, will be passed through to consumers in the form of higher premiums for private coverage.

Experts also warn that the law will cause massive disruptions in how medicine is practiced. It will accelerate the demise of the independent practice of medicine, which is a threat to the doctor-patient relationship, creating all kinds of conflicts of interest, from a bureaucratic board telling physicians what to do to all these other bureaucratic entities between the doctor and patient.

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

Mr. CAMP. I yield the gentleman an additional 30 seconds.

Mr. BOUSTANY. This one-size-fits-all approach is a disaster. That's why we must repeal this bill in the name of quality, in the name of cost, and in name of getting this economy back on track.

Mr. LEVIN. I yield myself 10 seconds.

The gentleman from Louisiana voted for the \$500 billion in Medicare savings twice. You come here and criticize, I guess, yourself.

I yield 2 minutes to the gentleman from Georgia, a distinguished member of our committee, Mr. LEWIS.

Mr. LEWIS of Georgia. Mr. Speaker, we've been down this road before. We've been here 31 times before voting to repeal the Affordable Care Act. We're wasting time. The American people are suffering. They have lost their jobs, their homes, and more than 50 million uninsured are worried about whether they're one illness away from disaster.

The Affordable Care Act was a historic and necessary step to cover all Americans, and all the Republicans can say is, Repeal. These are the same forces that fought against Medicare and Social Security.

People get it. If it were not for Medicare, where would our seniors be? Where would they turn?

□ 1640

Health care is a right, and it is not a privilege; not just for some people, but

for all people. We cannot and we will not go back.

Do you want to go back? Do you want people to be afraid to have a checkup? Do you want the only doctors people see to be in an emergency room?

The Affordable Care Act is moving us away from this tragedy and toward insurance coverage for all Americans. We have come too far and suffered too long to go back. Too much progress has been made with the Affordable Care Act to go back. The American people will not be fooled this time.

Vote "no" on repeal, and get to work putting the American people back to work.

Mr. CAMP. Mr. Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentlewoman from Tennessee (Mrs. BLACK).

Mrs. BLACK. Thank you, Mr. Chairman.

Mr. Speaker, I'm incredibly disappointed by the Supreme Court's ruling to uphold the President's health care law, but one thing the Supreme Court's decision does not change is the need for ObamaCare to be repealed immediately. The fact is that President Obama's signature legislative achievement, ObamaCare, is a tax hike on the middle-income class.

Since I took office in 2010, I've been fighting every day to repeal ObamaCare, and I will not rest until this goal is achieved. As a small businesswoman and a nurse for over 40 years, I know that ObamaCare is not only the wrong medicine for our health care system, it's also a disaster for our economy.

ObamaCare's new regulations, taxes, and mandates are crushing our already weak economy. Now three-quarters of small businesses say that the law is preventing them from hiring people, and that has left millions of middle class Americans jobless and without a way to provide for their family.

I look forward to voting tomorrow, once again, to fully repeal ObamaCare, and I hope this time that the Senate gets the message loud and clear. It's long past time for the Senate to follow the House's lead and strike down this disastrous law.

Mr. LEVIN. Mr. Speaker, I yield myself 15 seconds.

In Tennessee, as of December 2011, 59,000 young adults in Tennessee gained insurance coverage because of ACA, and almost 800,000 with Medicare received free preventive services—almost 800,000.

I now yield 2 minutes to the very distinguished colleague of mine from Massachusetts, a member of our committee, Mr. NEAL.

Mr. NEAL. Thank you, Mr. LEVIN.

I hope as this debate ensues what we can perhaps call this for the next hour, instead of ObamaCare, why don't we call it RomneyCare? This is based upon the Massachusetts model that Governor Romney signed with Ted Kennedy standing next to him. Anybody

who knows anything about insurance markets, you know the following: you can't say, as our Republican friends are saying, by the way, in print and in televised appearances, they're all saying: Oh, I like the idea of ending pre-existing condition; oh, I like the idea of keeping 26-year-olds on their parents' health insurance; oh, I very much like the idea of ending lifetime caps; oh, I very much like the idea of preventive service mammography screening and osteoporosis for women.

Well, that's what's in the legislation that we passed. Those numbers poll very well with the American people. And, by the way, the trend line continues in this direction. But if you know something about automobile insurance, it's not just on Friday night you're driving along knowing you have insurance that you need to be concerned about. It's the man or woman driving the other way toward you that you hope has automobile insurance as well.

The Massachusetts plan polls very well. Not everybody in Massachusetts, contrary to what some might think, is a Democrat. Almost 64 percent of the people in Massachusetts are Republicans and Independents. Seventy percent north approve of the health care plan that was duly negotiated with hospitals, the business community, organized labor. Everybody had a seat at the table.

Remember this as we proceed to this vote tomorrow: This is the offering that Bob Dole suggested to Bill Clinton. This is the offering that Senator Chafee from Rhode Island offered to Bill Clinton. The mandate was a Republican proposal that came from the Heritage Foundation, and it's the only bone of contention in this legislation.

Mr. CAMP. I yield 2 minutes to the distinguished chairman of the Human Resources Subcommittee, the gentleman from Kentucky (Mr. DAVIS).

Mr. DAVIS of Kentucky. Thank you, Mr. Chairman.

Mr. Speaker, I rise today in support of H.R. 6079, the Repeal of Obamacare Act.

Though the Supreme Court's decision is disappointing, it does not change the underlying truths of the President's health care law. The law has neither reduced costs nor improved choices available to Americans. It outsources Medicare decisions to an unelected rationing board, interferes with the doctor-patient relationship, and threatens consumers with fewer options and higher premiums.

The health care law is paid for with more than \$800 billion in new taxes and another \$500 billion or more in Medicare cuts. All told, we are left with 21 tax increases, including the individual mandate, which, for the first time in our country, imposes a Federal tax for inaction.

Imagine what a future Congress could tax you on for not doing: not eating fruits and vegetables, not buying an electric car, not exercising daily to

their standards—just to name a few. The possibilities of Congress' taxing power are now seemingly endless and frightening.

On top of that, the Internal Revenue Service is now the official enforcement cop for the health care law, a powerful role requiring the hiring of thousands of new IRS employees at an expense of hundreds of millions of dollars.

The takeaway? Young or old, the health care law does little to ensure affordable coverage for all Americans. We will not feel the full brunt of its impact until 2014, but the law has already proven to be a nightmare.

We can't mistake the Supreme Court's ruling for an evaluation of good policy. At the end of Chief Justice John Roberts' majority opinion is an important message. He writes:

The Court does not express any opinion on the wisdom of the Affordable Care Act. Under the Constitution, the judgment is reserved to the people.

And judged they have. This law is a disaster for patients, small businesses, and future generations of Americans. We must repeal it and redouble our efforts to start anew on real process reforms that will increase patient access and quality of care while reducing costs.

Mr. LEVIN. I yield myself 20 seconds. While there is a reference to disaster in Kentucky, here are the facts:

48,000 young adults in Kentucky gained insurance coverage;

Since ACA was enacted, Kentucky residents with Medicare have saved a total of \$68 million;

538,000 people with Medicare in Kentucky received free preventative services.

That isn't a disaster; that's progress.

I now yield 2 minutes to the gentleman from California, our distinguished colleague on the Ways and Means Committee, Mr. THOMPSON.

Mr. THOMPSON of California. I thank the gentleman for yielding.

Mr. Speaker, I rise in opposition to this legislation that represents the 31st time that we have voted or will vote to repeal parts or all of the Affordable Care Act. Instead of staging these political games, we should be spending our time strengthening the reforms that were made in the Affordable Care Act and working together to put people back to work.

The Affordable Care Act was passed in response to a national crisis: businesses and individuals could not afford to buy health insurance. Hospitals, doctors, and clinics provided more than \$100 billion a year in uncompensated care—\$50 million in my district alone.

Now, the good fairy doesn't come and reimburse them for this care. These costs are passed on to all of us who have health insurance in higher taxes and higher premiums, to the tune of \$1,000 a year in higher health insurance premiums.

People with preexisting conditions could not get coverage. People in my district were hitting their lifetime caps

or even annual caps and being dropped by their insurance company.

□ 1650

Others were self-employed and simply couldn't afford to buy private insurance on the open market. This was the national crisis that we worked to try and fix, and this is the national crisis that the majority party would like to go back to. It's not right. It's not good for America, and it's not good for Americans.

So on behalf of the millions of Americans who are already benefiting from the Affordable Care Act, I urge a "no" vote on this legislation.

Mr. CAMP. At this time I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Illinois (Mr. SCHOCK).

Mr. SCHOCK. Thank you, Mr. Chairman.

Mr. Speaker, I wish to rise and offer a few facts. You know, there's been a lot of opinion going around here today, and we're all entitled to our own opinion, but we're not entitled to our own facts.

President Obama famously said: "If you like your health care plan, you will be able to keep your health care plan, period." The Congressional Budget Office released the fact that 20 million people are expected to lose their health insurance coverage if this law stands—20 million Americans who currently have health insurance will lose it under this plan: Fact. Why? Because of bad provisions in the bill.

Seventy-one out of the Fortune 100 companies will save \$422 billion by eliminating their employer-provided coverage and opt instead to pay the \$2,000 per-employee penalty instead. It incentivizes bad behavior, precisely the opposite of the stated goal.

Another claim the President repeated was: "Under my plan, no family making less than \$250,000 a year will see any form of any tax increase." Yet the only reason ObamaCare was found constitutional, the primary reason that Chief Justice Roberts—joining with Stephen Breyer, Ruth Bader Ginsburg and Elena Kagan, along with Sonia Sotomayor—upheld the individual mandate is under Congress' taxing authority. The truth is 76 percent of those paying this new individual mandate tax in 2016 will in fact be individuals who make only \$59,000, or a family of four who makes \$120,000—far below the threshold, the promise, and the guarantee of President Obama's \$250,000.

Finally, my friends on the other side of the aisle claimed health care spending would rise by a mere bargain of only \$938 billion—there was much to do, I remember, about then Speaker announcing it was below \$1 trillion—yet the Congressional Budget Office has updated their number to cost \$1.8 trillion just this next decade. For those reasons and more, we need to repeal this bill.

Mr. LEVIN. I yield myself 30 seconds.

There was a reference by the gentleman from Illinois about facts. Let me mention the facts.

As of December 2011, 125,000 young adults in Illinois gained insurance coverage. Since it was enacted, ACA, Illinois residents with Medicare have saved a total of \$155 million on their prescription drugs and 1,350,000 people with Medicare in Illinois have received free preventive services. Those are the facts about health care reform.

I now yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER), another very distinguished member of our committee.

Mr. BLUMENAUER. I appreciate the gentleman's courtesy in permitting me to speak on this bill, and I appreciate him framing the difference that the legislation makes.

That's why, in a sense, I welcome the 31st running of this soap opera here on the floor of the House, where our Republican colleagues have attempted to repeal the Affordable Care Act. It would have a little more credibility if they actually had a meaningful alternative that would take the place, that would do the things that this legislation is in the process of doing.

Bear in mind that this legislation, over the course of the next 20 years, is going to reduce overall government spending by over \$1 trillion. It reforms Medicare, not by slashing benefits to senior citizens, but by changing the priorities and the overpayment for Medicare Advantage, which does shift, as my colleagues say, a half-trillion dollars, but it uses it to reform Medicare and pay for medical benefits for the American public.

What my friends on the other side of the aisle don't say is that they take the half trillion dollars, but they don't invest it in strengthening Medicare, they use it in their budget—the same \$500 billion—to finance tax cuts for Americans who need them the least. The wealthiest, most well off Americans use this \$500 billion for additional tax cuts.

What we have done is to move forward, and it has nothing to do with broccoli, because if you don't happen to like broccoli, you don't have to eat it.

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

Mr. LEVIN. I yield the gentleman an additional minute.

Mr. BLUMENAUER. What's different is that, under this system, no one can force the rest of us to buy their broccoli.

Unfortunately, the American health care system now is forcing many of us to pay for the uninsured—60 percent of whom go to an emergency room or a doctor's office every year. That's why Governor Romney had a mandate, or a tax—or whatever you call it—to be able to move this forward. That's what the legislation is modeled on. It's making a difference already for Americans in terms of young people on their parents' coverage, small businesses, more than one-third of a million who have been

able to have tax credits to extend health care, and there's more along the way.

The more we debate this, the more the American public understands the benefits of the legislation, and the more the support grows.

Mr. CAMP. At this time I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from New York (Mr. REED).

Mr. REED. I thank the chairman for yielding 2 minutes to me to address this important topic.

Mr. Speaker, I rise today to stand strong for repeal of ObamaCare. I think at this point in time it is only right and just that we be open and honest with the hardworking taxpayers of America. That is why it is important that we have this vote on the floor tomorrow so that the American people, with the backdrop of the United States Supreme Court decision clearly articulating what ObamaCare is—it is clear, it is a government expansion of 130-plus agencies. It's a significant tax increase, with 20-plus tax increases that are now clearly delineated and described by the Supreme Court as such.

So when we vote tomorrow, we vote on a clear record. And I gladly came here to Washington, D.C., to stand up to downsize the Federal Government, to cut taxes, not increase them.

Also, as we stand in regards to this repeal, we must be cognizant of the fact that, under ObamaCare, Medicare is cut \$500 billion. There can be no mistake about it. Let us be clear with the American people, as we go through this upcoming debate that will be ultimately decided in November, that we need to protect Medicare, preserve it, reform it, not cut it like this bill does.

So when the votes are cast tomorrow, I think ultimately the record will be clear where each and every one of us stands. I stand—and I hope all my colleagues stand with me—to repeal this legislation, which increases taxes, expands government, threatens the job creators of today and tomorrow with a burden that scares them from making the hiring decisions that are going to put people back to work today, which is the number one issue that we face in America and that we are here in Washington standing firm to stand for.

Mr. LEVIN. I yield myself 30 seconds.

The gentleman from New York voted on the \$500 billion Medicare provision twice, voted for it.

As of 2011, 160,000 young adults in New York gained insurance coverage because of health care reform. Since it was enacted, New Yorkers with Medicare have saved a total of \$270 million on their prescription drugs. In 2011, 2 million people with Medicare in New York received free preventive services. Since 2010, over 3 million New Yorkers with private health insurance gained preventive insurance.

Mr. Speaker, how much time is there remaining on each side?

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) has

7½ minutes remaining. The gentleman from Michigan (Mr. CAMP) has 13½ minutes.

Mr. LEVIN. I reserve the balance of my time.

□ 1700

Mr. CAMP. At this time I yield 2 minutes to the gentleman from Texas (Mr. BRADY), the distinguished chairman of the Trade Subcommittee.

Mr. BRADY of Texas. Mr. Speaker, Texas is a big State. We have a lot of poor families. And as a border State, we have a lot of people here who are not legal. As a result, we struggle to provide health care across our State. ObamaCare will make it worse, will make it harder to help families.

This chart lays out the new health care law that affects every one of you in America. This is the result of that 2,801-page bill and the Supreme Court ruling. What that Supreme Court left in place was 159 new Federal agencies and bureaucracies in between you and your doctor. What they left in place was 21 new tax increases, a dozen of which hit middle class families like yourself right in the pocketbook.

What it left in place is half a trillion dollars of cuts to our local hospitals, our home health care agencies, our nursing homes, even hospice care when people are dying. They left in place those cuts.

And today you'll hear, when I finish, the ranking member will tell you all this sugar and spice about ObamaCare in Texas. What he won't tell you is how many seniors will be forced off Medicare Advantage, their plan, because of ObamaCare. They won't tell you how few doctors will even see our seniors anymore in Texas.

What he won't tell you is how many small businesses and medium-sized businesses are going to drop their health care plans and move their workers into the subsidized exchanges because of ObamaCare. You won't hear that when I finish talking.

The truth of the matter is if ObamaCare is so great for families, why are your health care costs still going up?

If it is so great for small businesses, why did they sue to stop it?

And if it is so great for seniors, how come they can't find doctors to see them anymore?

Health care is too important to get wrong, and ObamaCare got it wrong. It's time to repeal it, start with a fresh slate, and help the families who need it most.

Mr. LEVIN. I yield myself 30 seconds.

Twenty-five percent of the people of Texas go to sleep every night without insurance—25 percent. And people come here defending the status quo?

As of December 2011, 357,000 young adults in Texas gained insurance coverage. Since it was enacted, Texans with Medicare have saved a total of over \$220 million on prescription drugs, and over 2 million people with Medicare in Texas have received free preventive services. That's progress, in

contrast to the status quo, 25 percent uninsured.

I reserve the balance of my time.

Mr. CAMP. Mr. Speaker, I yield 2 minutes to the gentleman from Nebraska (Mr. SMITH), a distinguished member of the Ways and Means Committee.

Mr. SMITH of Nebraska. Mr. Speaker, I rise today in support of the bill today to repeal the health care law.

In speaking with employers in the Third District of Nebraska, it's been very interesting to hear their perspective, certainly, when they tell me that they are holding off on hiring because they simply do not know how much a new employee will cost due to these government mandates. In fact, they're paying overtime to very willing employees because the employees currently are so concerned about the economy they're certainly eager to work that overtime so they can achieve some financial security. And so we've got an imbalance here in the employment sector, and we need to fix that.

I'm also concerned that the very bureaucratic approach, for example, with the small business tax credit, when I hear from an accountant who tells me it takes longer to calculate the tax credit than it does for the remainder of the small business's tax return.

We can do better. We owe the American people better and certainly we need to repeal this bill.

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

Mr. CAMP. At this time I yield 1 minute to the distinguished gentleman from Louisiana (Mr. FLEMING).

Mr. FLEMING. Mr. Speaker, by any reasonable measure, America has the best health care system in the world. Certainly the many world leaders who come here for treatment are a testament to that very fact.

However, over recent decades, a slow but steady government takeover of health care by growing entitlements has crowded out the private marketplace, creating an inefficient system whose costs are now completely out of control.

As a family physician who was elected to Congress in 2008, I came here to bring consumer choices, transparency, and efficiency back into our health care system, putting health care decisions back into the exam room where they belong.

Instead, Democrats passed ObamaCare without even one Republican vote. It essentially doubles down on the cost, inefficiencies, and lack of accessibility to good health care that already existed, and puts Washington fully in control of your health care decisions that will ultimately lead to yet another large, unaffordable entitlement system.

Mr. LEVIN. Mr. Speaker, if you would tell the two of us from Michigan how much time there is on each side.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) has 7 minutes remaining. The gentleman

from Michigan (Mr. CAMP) has 9½ minutes remaining.

Mr. LEVIN. So why don't I reserve one more time, and then I'll go forward.

Mr. CAMP. Mr. Speaker, at this time I yield 1 minute to the distinguished gentleman from Michigan (Mr. HUIZENGA).

Mr. HUIZENGA of Michigan. I appreciate my fellow friend from Michigan yielding this time.

I'm a freshman. This is my first term in session here in Congress. And I wasn't here for the passage of this bill. But I can tell you, I am here because the American people wanted changed. They did not and will not accept what was passed by this previous Congress.

You're going to hear a lot today about how it has helped people. We cannot go back to the status quo. But this is not the solution. This is not the way. And that's why I rise today in strong support of the repeal of the ObamaCare Act, H.R. 6079.

The fact is, the recent Chamber of Commerce survey indicated that a whopping 74 percent of small businesses say that the law makes it more difficult for them to hire new employees. I'm one of those small business owners who's been paralyzed trying to figure out what my insurance costs are going to be for my employees.

In addition, the nonpartisan Congressional Budget Office predicts ObamaCare will reduce the Nation's labor supply by 800,000 people, not something that we need right now.

This law is full of compliance uncertainties and disincentives for growth.

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

Mr. CAMP. I yield the gentleman an additional 15 seconds.

Mr. HUIZENGA of Michigan. The Supreme Court recently made it clear that the individual mandate is, despite what the President and my colleagues in this body are trying to say, it is a colossal tax increase on the middle class.

While I'm disappointed in the decision, we know that the American people want us to come back in and change this law because it will not help them in the long run.

Mr. LEVIN. I now yield 2 minutes to the gentleman from the great State of Wisconsin (Mr. KIND), another distinguished member of our committee.

Mr. KIND. Mr. Speaker, I thank my good friend from Michigan for yielding me this time and for his leadership on this issue.

Mr. Speaker, just to address the previous speaker's comments, if you're a small business in America with 50 or fewer employees, you don't have to do a god-dang thing under the Affordable Care Act other than receive tax credits for offering health care coverage to your employees. So let's stop this nonsense of trying to scare small businesses throughout America.

It's been pointed out on the floor by numerous colleagues that this is the

31st attempt in this session of Congress to repeal all or part of the Affordable Care Act. Even The Washington Post pointed out earlier this week that Baskin Robbins only offers 30 flavors of ice cream. Enough is enough.

And when I first heard that the United States Supreme Court upheld the constitutionality of the Affordable Care Act, my first feelings were relief and happiness, not for me or anyone else who was involved in advancing the cause of health care reform, which was desperately needed—it is a system that has failed too many Americans for too long—but it was happiness for a 1-year-old little boy who I had a chance of meeting back home in western Wisconsin by the name of Henry.

See, Henry's mother informed me that before he was even born he suffered a seizure in her womb and, therefore, the very first breath he took in his life, they were informed that he was uninsurable because he had a pre-existing condition. And that family was depleting their entire life savings making sure that Henry was getting the health care treatment that he needed to survive in his life.

We're better than that as a Nation, folks. The Affordable Care Act, as this family pointed out, changed that immediately for Henry and that family, and for 39,000 other children throughout western Wisconsin who have a pre-existing condition.

□ 1710

Forty-five thousand young adults in Wisconsin now can stay on their parents' plans because of this act. Seniors on Medicare get a 50 percent price discount for the prescription drugs they need in their lives.

Do you want to talk about a big tax increase?

Take away the 35 percent in tax credits that small businesses are getting today for providing health care coverage, which goes up to 50 percent in 2014, or the \$800 billion in tax credits that individuals and families will receive under the exchange so they can afford health care coverage. Let's talk a little bit about that tax increase that people are going to be facing if they are successful in repealing this legislation.

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

Mr. LEVIN. I yield the gentleman an additional 30 seconds.

Mr. KIND. What we need is more cooperation and more effort in reforming a health care system that is complicated, that is too expensive. We have tools in place now in this legislation that will not only enable reforming the way health care is delivered, which is more integrated, coordinated and patient-centered, but in how we pay for it so that it is based on the value, or the quality of care that is given, and no longer on the volume of services that is rendered, oftentimes with poor results.

I encourage my colleagues to vote "no" on this. Let's work together to improve a health care system that is in desperate need of improvement.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Arizona (Mr. QUAYLE).

Mr. QUAYLE. I thank the gentleman for yielding.

Mr. Speaker, 2 weeks ago, the Supreme Court voted to uphold ObamaCare. This decision confirms that the repeal of ObamaCare must take place in the very body in which it began. This decision reminds us that there is no greater calling, no higher honor than the defense of our constituents from the tyranny of government overreach.

We have seen what socialized medicine and endless entitlements have done to Europe. Well, let me be very clear: ObamaCare is no more than a Trojan horse inserted in the global epicenter of freedom. It is bad for our doctors. It is bad for our patients. It is bad for our economy. It is toxic to our middle class. From its insidious taxes to its strangling regulation to the oppressive mandate that lies at its core, ObamaCare is bad for America.

This bill gives us all a chance to vote to defend the values upon which our great Nation was founded. I urge my colleagues to support this bill and to repeal ObamaCare.

Mr. LEVIN. I reserve the balance of my time.

Mr. CAMP. At this time, I yield 1 minute to the distinguished gentleman from Mississippi (Mr. NUNNELEE).

Mr. NUNNELEE. I want to thank the chairman for yielding.

Everything they told us when they passed this law has turned out not to be true: if you like your own health plan, you can keep it. This isn't a tax hike. Prices will go down \$2,500 a year. It won't affect religious freedom. The list goes on.

I was disappointed in the Supreme Court's ruling, but I did note that the Supreme Court said it was not its job to say whether this is a good or a bad law. Well, the American people can answer that question.

ObamaCare is bad for health care. ObamaCare is bad for seniors. ObamaCare is bad for hardworking Americans. ObamaCare is bad for job creators. ObamaCare is bad for freedom. That's why it must be repealed.

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

Mr. CAMP. At this time, I yield 1 minute to the distinguished gentleman from Colorado (Mr. LAMBORN).

Mr. LAMBORN. Mr. Speaker, I rise today to support freedom and prosperity.

ObamaCare—call it a tax or a mandate—is a threat to personal liberty. My constituents in Colorado want to work directly with their doctors with regard to their health care without going through a Federal bureaucrat.

ObamaCare burdens small businesses and families by imposing more than \$800 billion in new taxes that will make it impossible for them to grow and thrive. The independent Congressional Budget Office estimates that employ-

ers will create 800,000 fewer jobs by 2021 as a result of ObamaCare. In fact, we are already seeing how this is hurting jobs today. The National Retail Federation found that 48 percent of businessowners cite the potential cost of health care as a reason they are not hiring additional workers.

We can fix what is wrong with health care through patient-centered reforms that are targeted and affordable, but first we must protect our freedoms and the economy by repealing ObamaCare.

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

Mr. CAMP. At this time, Mr. Speaker, I yield 1½ 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 gentleman for yielding.

I rise today in strong support of the Repeal of ObamaCare Act, which will fully and immediately repeal the Affordable Care Act.

ObamaCare is not merely a government takeover of health care; but as many of us insisted during debates on this floor 2 years ago, ObamaCare is a massive tax increase on everyday Americans and small business owners, and it must be repealed. Every day in Indiana, I hear people tell me that ObamaCare is stifling our recovery. If it's not repealed in full, Hoosiers will face higher health care costs and increased taxes. The medical device tax alone can cost Indiana more than 2,000 jobs.

Yet the issue before us today is not just about economic growth; it's about freedom. ObamaCare erodes the freedom of every American, opening the door for the Federal Government to legislate, regulate, and mandate nearly every aspect of our daily lives under the guise of its taxing power. Left unchanged, ObamaCare will change this country forever.

I truly believe in my heart this law will not stand, for in the end, the fate of our freedoms rests not in the hands of a President, a Congress or a court, for we are and have always been and shall ever remain a government of the people and by the people and for the people. While this Congress this week will vote to repeal this bill, I believe the American people will have their say on a day this fall and that some Congress someday will repeal this legislation and build us a health care system that will focus on lowering the costs of health insurance without growing the size of government.

Mr. LEVIN. I ask my colleague, how many speakers do you have left?

Mr. CAMP. I believe three or four.

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

Mr. CAMP. How much time is remaining?

The SPEAKER pro tempore. The gentleman from Michigan (Mr. CAMP) has ¾ minutes remaining. The gentleman

from Michigan (Mr. LEVIN) has 4½ minutes remaining.

Mr. CAMP. At this time, I yield 1 minute to the distinguished gentleman from Florida (Mr. SOUTHERLAND).

Mr. SOUTHERLAND. I would like to thank the gentleman from Michigan for yielding the time.

Today, I rise in support of H.R. 6079, to repeal the President's health care law.

H.R. 6079 will end the individual mandate, the tax hikes on the small businesses—of which my family has been proud owners for many, many generations—the devastating cuts to Medicare, and the government intrusion into Americans' private health care decisions.

While I am disappointed with the Supreme Court and with the decision that it made by not striking down the President's health care bill, I remain committed to its full repeal. Under the health care law, over 1 million Americans will be at risk of losing their own current health care plans. The average American family will see a \$1,200 increase in its health care premiums. Many of those families I know in our family community are going to be devastatingly impacted.

As I have said time and time again, bad procedure leads to bad policy, and 2 years ago—my goodness—on full display, we saw bad procedure. That's why I stand here ready to cast my 10th vote in favor of repealing the President's health care law.

Mr. LEVIN. I now yield 2 minutes to the very distinguished member of our committee, the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. I thank my friend from Michigan for yielding this time.

I listened to my friend from Indiana a moment ago quote President Lincoln. I would like to think that if President Lincoln were President today he would have supported this legislation, the Affordable Care Act, and that maybe we would call this LincolnCare today. I would say myself that I would call it President LincolnCare as I call it today President ObamaCare.

□ 1720

I notice my colleagues on the other side of the aisle are very much on target in terms of their talking points today. Each and every one has repeatedly called it ObamaCare, a pejorative, bringing down not only the legislation we're talking about, but diminishing the office of the President of the United States. I remind them that we have many people listening to the debate today, including young people. We should be beholden to the office of the presidency. That's why I call it President ObamaCare.

But this morning, the Speaker of the House, when asked why we're wasting time and energy on another repeal vote said: "We are resolved to get rid of a law that will ruin the best health care delivery system the world has ever seen."

Resolved to get rid of the best health care system the world has ever seen? That is what we had before the Affordable Care Act? I think my constituents—and I would daresay some of my colleagues on the other side of the aisle—would disagree with that.

Do you want to go back to a time when insurance companies could deny coverage for arbitrary reasons that put bottom lines ahead of patients' needs, back to a time when families worried about how they were going to afford coverage and lived with the fear that a single medical emergency could send them into bankruptcy, back to a time when seniors were overwhelmed by prescription drug costs with no relief in sight? No. Americans don't want to go back to that time. In fact, when we passed the Affordable Care Act, President Obama and Democrats in Congress were resolved. We were resolved to actually improve our health care system.

We knew that the status quo was not working for far too many Americans. We were resolved to ensure that everyone had access to affordable health care coverage. We were resolved to guarantee that that coverage would work better for patients and for families.

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

Mr. LEVIN. I yield the gentleman an additional 30 seconds.

Mr. CROWLEY. I'm not sure why my colleagues on the other side of the aisle don't share our resolve to make life for our constituents better today than it was prior to the passage of the Affordable Care Act. I don't understand the resolve to preserve what was an inadequate status quo by voting tomorrow to take a giant step backwards.

My colleagues, our friends on the other side, have no vision. That's why we're here today talking about going back to the future.

Mr. CAMP. At this time, I yield 30 seconds to the distinguished Member from Colorado (Mr. TIPTON).

Mr. TIPTON. I thank the gentleman for yielding.

Mr. Speaker, the common ground that we have is seeking affordability and accessibility. ObamaCare fails on both counts.

We've heard comments from our colleagues saying more is yet to come. That's exactly what the American people—workers, senior citizens, American families—are worried about: more to come.

We cannot find doctors. We're seeing our costs increase. We hear the comments that are coming. It is the Affordable Care Act. The problem is, there's nothing affordable about it. It is a \$2 trillion tax increase on the backs of struggling Americans. If we're going to stand up for true health care, we need to make sure that we repeal this bill, repeal it now, and replace it with common sense.

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

Mr. CAMP. At this time, I yield 30 seconds to the distinguished gentleman from Arizona (Mr. GOSAR).

Mr. GOSAR. Mr. Speaker, I rise in support of H.R. 6079.

The court said Congress can impose new taxes, and the individual mandate is constitutional as a tax. As Dr. Seuss would rhyme: If it walks like a tax, talks like a tax, and quacks like a tax, the Supreme Court will tell us surely it is a tax. And so it did.

Maybe we can serve it with green eggs and ham.

Uncle Sam, I still don't think Americans will like this ObamaCare sham.

Uncle Sam, loyal to patient-centered choice I am.

As the ledgers on exploding costs are already showing us and the courts declared that day, a tax burden is what ObamaCare is, and Americans remain dismayed.

Mr. LEVIN. Mr. Speaker, I yield myself the balance of my time.

As I stand here, I want to remember others from the State of Michigan who years and years ago argued this issue. I think I'll go back to JOHN DINGELL's father, who was from Michigan, a Member of this distinguished body, and who started this effort with others to bring health insurance to every person in this country.

After seven decades of failure, we succeeded. Yet the Republicans want to repeal it without offering anything to replace it. So I'll quote again Governor Mitt Romney. He said:

A conservative approach is one that relies on individual responsibility. But in my view, and others are free to disagree, expecting people who can afford to buy insurance to do so is consistent with personal responsibility, and that's a cornerstone of conservatism.

It's really a cornerstone also of America as a community. To repeal this is to undermine the sense and reality of community in the United States of America. Remembering the past and looking to the future, we must vote "no" on repeal.

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

Mr. CAMP. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, this law is overwhelmingly unpopular, and the reason it is is because it is fundamentally flawed. The flaw is that government is being placed at the center of health care decisions that should be made by doctors and families together, not by the government.

Look at the other measures that we can use to examine this law. The pricetag of the law has already doubled. It's over \$1.8 trillion now. Health care premiums are going up. They're not going down as result of this law. They're going in the other direction. And Americans are losing the insurance they have. And there is a perverse incentive in this bill for employers to drop coverage because it's cheaper for them to pay the tax in the bill.

Also, taxes are being raised in general over a half a trillion dollars in this legislation, and 12 of the 21 new taxes in this law hit the middle class. It will make costs expensive for more than 90

percent of the seniors, and it's paid for with budget gimmicks that even the government actuaries say aren't going to work.

The Congressional Budget Office has said this law makes job creation harder. What we really need is to have a stronger economy that will help create jobs, but this law makes it harder, according to the CBO. We can't afford that after 41 months of unemployment above 8 percent. This law is bad for workers, bad for families, bad for patients, doctors, and employers.

I urge that we repeal this law, and I yield back the balance of my time.

□ 1730

Mr. KLINE. Mr. Speaker, I rise today in strong support of H.R. 6079, the Repeal of Obamacare Act, and yield myself such time as I may consume.

Mr. Speaker, on June 28 the U.S. Supreme Court dealt a devastating blow to the American people. In a sharply divided opinion, the Court upheld the President's decision to tax individuals who don't purchase government-approved health insurance. If Washington can dictate that private citizens must buy health insurance and impose higher taxes when they fail to do so, it is difficult to conceive of any limit on Federal power.

While I disagree with the Court's ruling, that is not the focus of our debate today. We are here instead to overturn a flawed and failed law. The government takeover of health care is destroying jobs. It is raising health care costs. It is the wrong prescription for an ailing economy. It must be repealed. We promised the American people no less, and we owe it to them to keep our promise.

The need for repeal has grown more urgent in light of Friday's disappointing jobs report, which marked the 41st consecutive month of unemployment greater than 8 percent. A close examination of the health care law explains how it's contributing to the jobs crisis facing this Nation. Hundreds of additional boards and bureaucracies, thousands of pages of complex regulations, billions of dollars in tax hikes, and trillions of dollars in new government spending, these are the burdens the health care law has piled on the backs of working families and job creators.

For more than 2 years, the law has crippled our economy and undermined employers' ability to grow their businesses and hire new workers. This is not just my opinion. We see evidence from job creators across the country.

Gail Johnson, an employer from Virginia, said the law will "ultimately slow or stall the growth of small and midsized businesses as we struggle with the costly new requirements."

Speaking of the law's draconian tax on medical devices, Denis Johnson, vice president of a medical device manufacturing facility in Indiana, said it will "undoubtedly force us to cut critical R&D funding and inhibit job creation and retention."

And Will Knetch, president of a family-owned manufacturing company in Pennsylvania, testified that “the sheer monstrous size of the law intimidates most Americans and provides so many unknowns for the business community, it is scary.”

Without any doubt, Mr. Speaker, Americans are concerned about getting this economy moving and putting people back to work. As these and other employers have accurately described, one of the greatest obstacles standing in the way of economic growth and prosperity is the President’s health care law.

Through his government takeover of health care, the President has created a destructive roadblock to lowering health care costs and private sector job creation, and he has disrupted the careful balance of power between the people and their government.

Whether at congressional hearings, in public forums, or at the ballot box, the American people have spoken. They want their elected leaders to repeal ObamaCare so we can pave the way to private sector job growth and lower health care costs.

I urge my colleagues to stop defending a broken law and start standing by the American people. I urge my colleagues to vote “yes” on H.R. 6079, and I reserve the balance of my time.

Mr. ANDREWS. Mr. Speaker, I yield myself 15 seconds.

Our side is going to try to bring some facts to the debate. My friend from Minnesota, the chairman of the committee, said this is a job-destroying health care bill. Since the day the President signed the bill, American companies have created 4.3 million private sector jobs.

At this time I would like to yield 2 minutes to the gentleman from Texas, who clearly understands the need for high-quality health care for all people in our country, Mr. HINOJOSA.

Mr. HINOJOSA. Mr. Speaker, I rise in strong opposition to this legislation that would take away health insurance for over 30 million Americans, force seniors to pay more for their prescription drugs, and add billions to our deficit.

In my great State of Texas, we have the highest uninsured rate in the country, a disgraceful 25 percent. One of those uninsured was a little boy named Houston Tracy from Crowley, Texas. Houston was born with a heart defect just days before the passage of the Affordable Care Act and was deemed uninsurable from birth for a preexisting condition. His case drew national attention, and eventually his private insurance company backed down under pressure. Today, under the Affordable Care Act, no child will suffer the indignity baby Houston met. Insurers can’t deny children the coverage over a medical need. These are the protections that Republicans want to take away from us today.

Just yesterday, a Republican Member of Congress said that if she had her

way, she would rather spend every day voting to repeal the Affordable Care Act. So rather than working to pass legislation to put Americans back to work or stop the outsourcing and offshoring of American jobs, Republicans would rather spend every day doing nothing but scoring political points by voting to take away health insurance for the millions of Americans while offering no solution for people like little Houston Tracy and the thousands of other children like him who would be left at the mercy of the insurance companies.

This is a cruel bill. I urge my colleagues to vote “no” on the Republican bill.

Mr. KLINE. Mr. Speaker, I am very pleased to yield 2 minutes to the chairman of the Workforce Protection Subcommittee, the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. I thank the chairman.

Mr. Speaker, my friends across the aisle decry the fact that we have now voted over 30 times to defund, dismantle, and repeal the law. But, Mr. Speaker, isn’t it right to challenge a tool of destruction of the American health care system, the economy, and personal freedom of choice?

In Michigan the law has stifled economic growth and hiring and raised health care costs for everyone.

It would impose 21 new or higher taxes, 12 of which directly affect the middle class, workers and families. It would lead to a gross tax increase of almost \$570 billion over 10 years. It will cost \$1.8 trillion over the next 10 years, nearly double the original estimate.

Meanwhile, the Obama administration has failed to decide what government-approved health insurance will look like, leaving employers uncertain about the future expenses and taxes they will face. White Castle, in a hearing just prior to this, has indicated they have held back on creating 400-plus new jobs because of this uncertainty.

As if the cost of jobs and the economy wasn’t enough of a negative, ObamaCare also cuts \$500 billion from Medicare to finance new entitlement programs. It reduces Medicare care itself. According to the American Medical Association, one in three primary care doctors already limit the number of new Medicare patients they take due to the cost. Once the law is fully enacted, CMS estimates that about 15 percent of Medicare part A providers will become unprofitable and drop out entirely, leaving seniors with fewer options.

Additionally, the President’s hand-picked 15-member Independent Payment Advisory Board is even more troubling. Its purpose is to control future Medicare spending so that if Medicare grows beyond what is sustainable, the Board has the power to recommend cuts and ration care.

Rights of conscience violations are mandated in this bill. This must stop.

I recommend all my colleagues support the repeal of this bill in going back to a patient-centered approach that offers this health care system sustainability and care for our citizens.

Mr. ANDREWS. Mr. Speaker, I yield myself 30 seconds.

I would ask my friend from Michigan if he could just stay for a question.

My friend from Michigan just said that there is an estimate that the bill has doubled in cost, and I have read all the CBO analyses of this bill. I wonder if the gentleman could tell me the source of his statement from the Congressional Budget Office that the bill has doubled in cost from the original estimate.

I yield to the gentleman.

Mr. WALBERG. I appreciate you yielding.

It is the CBO. Go to the Congressional Budget Office. They have directly stated that it would double.

Mr. ANDREWS. Reclaiming my time, if the gentleman could supplement the record with the date and the document that says that, I would appreciate it.

At this time I am pleased to yield 2 minutes to a gentleman who has become an expert on the budget, who understands that this repeal bill increases the national deficit and debt, the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT of Virginia. Mr. Speaker, 2 years ago we passed ObamaCare, and now the Supreme Court has ruled that it is, in fact, constitutional.

Even after this ruling, some are ignoring the fact that these reforms are working. We know that there are children with preexisting conditions who now have insurance. We know that there are young adults who have had car accidents and their families did not have to go bankrupt for health care costs because they were able to stay on their parents’ policies.

□ 1740

We know that there are seniors who are receiving assistance when they fall in the doughnut hole. We know many people have discovered curable diseases when those diseases were in fact curable because they didn’t have to save up for copays and deductibles for their annual checkup. We know that there are people with serious illnesses who no longer fear being kicked off their insurance plans in the middle of treatment when they need the coverage the most. And in 18 months, all Americans will be able to afford a comprehensive health care policy. All of this was done in a fiscally responsible way. And why would anyone want to take away these protections and leave people without health security?

Mr. Speaker, I urge my colleagues to oppose this 31st attempt to turn the clock back on the advancements made under the Affordable Care Act.

Mr. KLINE. I yield 3 minutes to the chairman of the Subcommittee on Health, Employment, Labor and Pensions, the distinguished gentleman from Tennessee, Dr. ROE.

Mr. ROE of Tennessee. Thank you, Mr. Chairman.

I rise today to urge my colleagues to vote for repeal of the Affordable Care Act. As a physician, I've taken care of families for more than 30 years. During my time on the front lines, I watched our health care costs skyrocket and our health care freedom erode. I observed three major problems with the health care system. One, it costs too much. It's unaffordable for too many people. Two, there were people who didn't have access to care. And three, there's a liability crisis in this country.

The problem is too much government, so more government is not the solution. Unfortunately, the President and his party did not learn the lessons of Tennessee. In Tennessee, it began with universal coverage in the nineties called TennCare. And in 10 short budget years, Mr. Speaker, I saw our costs triple from \$2.5 billion a year to \$8.5 billion a year. I saw access for patients go down and the quality of their care go down.

The Affordable Care Act applies this same failed idea to the whole country through a 2,700-page bill and more than 13,000 pages of rules—and still writing. The Affordable Care Act doesn't address the major problem, which is cost. And it's also going to cost jobs.

I spoke to a business owner in Tennessee just this afternoon who has 800 employees. He said his H.R. people looked at this plan. He's going to have to lay off 50 people, put 150 people on part-time work, and possibly close some of his stores.

We need to create an economic environment that creates jobs. The last Congress passed legislation that would destroy jobs. And make no mistake, our health care system was fundamentally flawed before the Affordable Care Act was signed into law. But the Affordable Care Act made a bad situation, I believe, worse. The fact is we don't have free-market medical care today. About half of all the health care bills are paid by government.

But that aside, with all the court cases, the policy proposals, the statistics, it's still important to remember that health care is about human beings. It's about people. There are no Republican or Democrat heart attacks. I've never seen one. I've never operated on a Republican or Democrat cancer in my life. So we need to talk about solutions in a bipartisan way for everyone. Health care is too important to be left to insurance bean counters and to Washington bureaucrats. Government always makes things more expensive and eventually leads to shortages, to long waits, and to rationing.

Let's just talk about a few ideas of what we should do next. Let's start by just leveling the playing field and give all individuals the same tax break that businesses get right now. Just treat an individual like a business. Let's start by empowering our seniors and saving Medicare by giving them choice. Let's

allow small businesses to join together to compete for more affordable insurance just like big corporations do.

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

Mr. KLINE. I yield the gentleman an additional 15 seconds.

Mr. ROE of Tennessee. And let's lower prescription costs by allowing folks to buy medicines anywhere in the world that's safe. Let's reform medical malpractice. Finally, let's force insurance companies to compete for your business across State lines.

Health care freedom is about the right incentives and personal empowerment, not government mandates and regulation. I strongly encourage a "yes" vote for this bill.

Mr. ANDREWS. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, we know what our Republican friends mean when they say give seniors more choice under Medicare. They mean let them choose which private insurance company should run Medicare instead of regular Medicare. American seniors know you can count on the Medicare guarantee no matter what the circumstances are, whether you're profitable to take care of or not. That's why they support Medicare. That's why we support Medicare, even though the majority has voted on several occasions to terminate the Medicare guarantee.

At this time, Mr. Speaker, I am pleased to yield 2 minutes to a gentleman who understands that pre-existing conditions should be made illegal and insurance companies should not be able to pursue them, the gentleman from Massachusetts (Mr. TIERNEY).

Mr. TIERNEY. I thank the gentleman.

It was interesting, we just had a hearing in one of the committees here in Congress, and we had four witnesses who were speculating about the fear and the myths and all the things that they hypothesize could be terrible if the Affordable Care Act were to go into effect. And then we had one witness who was the worst nightmare for those people, who was a Massachusetts businessperson with a thousand employees, president of the largest Chamber of Commerce in the country, was a member of the board of directors of one of the larger banks, and was in fact the regional consultant to the Fed in that area, who said that since Massachusetts accepted the equivalent of the Affordable Care Act, not only his business has done better and his employers have done better and his profits have gone up, but in Massachusetts the economy has done better, more people have been working, less people have been using the emergency room, and more employers are covering their employees. And in fact, that's what it is. The facts certainly outweigh all the speculation and the myth and the fearmongering that we see going on.

There are millions of people who are already taking advantage of the Af-

fordable Care Act. One of those in my district is Terry Palary, whose son is a firefighter who's working towards his paramedic certificate and who has to spend hundreds of hours in an internship that's not paid for. He's 23 years old. He wouldn't have health insurance under his father's plan if this bill the Republicans propose were to go through. And some 3 million other young Americans wouldn't be covered on health insurance plans as well. This is misguided legislation that would end that kind of a benefit.

It would also mean the end of a meaningful consumer protection like the 80/20 provision, where we force insurance companies to actually do something they hadn't been doing: covering health care. Providing health care services instead of paying bonuses. Executive salaries that are through the roof. And advertising and other costs—anything but health care on that. It's estimated that some 12.8 million Americans are going to receive more than \$1.1 billion in rebates because of that provision alone.

It would also see, if this bill to repeal passed, 360,000 small businesses would no longer get the business tax credits. They would no longer be able to cover some 2 million employees.

This list goes on and on. We can show you example after example of people who have fallen through the doughnut hole—those seniors—for coverage that are now being protected by the Affordable Care Act. Let's find out what we can do about jobs. Let's stop this 31st attempt to repeal an act that that's not going to be repealed and get the American people back to work.

Mr. KLINE. I am pleased to yield 1 minute to a distinguished member of the committee, the gentleman from Wisconsin (Mr. PETRI).

Mr. PETRI. Today, I rise to support the repeal of President Obama's health care law. I support health care reform that ensures that all Americans have access to affordable health care. However, I believe the health care law is fundamentally flawed in its approach and will only make worse our skyrocketing high health care costs and Federal deficit. A study last month found the cost of health care services is expected to rise 7.5 percent in 2013.

I'm also very concerned about the law's negative effects on job creation. I have met with hundreds of employers in my district and hear constantly how the mandates and uncertainties created by the law are discouraging hiring. The report issued by the investment research firm UBS last September said that the health care law was "arguably the biggest impediment to hiring."

We need the right reforms to eliminate waste throughout the system and reward high quality, low-cost care. We should be choosing approaches which give consumers incentives to use their health care dollars wisely. Instead, we're going in the opposite direction by turning decisions over to the government.

I support this bill and would urge all my colleagues to work together to implement real reform to ensure every American has access to affordable health care.

Mr. ANDREWS. Mr. Speaker, I yield myself 20 seconds.

We share the gentleman from Wisconsin's concern about squeezing down health care costs. The record shows that since the Affordable Care Act was enacted, growth in Medicare costs, which had been 8 percent annually, has fallen to 6 percent annually by stopping giveaway corporate welfare profits to insurance companies and other waste while increasing Medicare benefits.

I am now pleased to yield 2 minutes to a Member who understands that being a woman should never mean paying higher premiums or being a preexisting condition, the gentlelady from California (Ms. WOOLSEY).

□ 1750

Ms. WOOLSEY. Our ranking member today has proven something that's very clear to me: this is baloney. The arguments are baloney. So baloney, baloney, baloney. We're here, Mr. Speaker, standing on the House floor for the 31st time with the majority serving more baloney regarding the Affordable Care Act.

They haven't brought a single jobs bill to the floor; but for the 31st time in the last year and a half, they are voting to repeal the Affordable Care Act.

This is just another political show, act XXXI in the Republican theater of the absurd. In a moment when what we need is real leadership to tackle serious challenges, I'm still waiting for the majority's constructive ideas on health care. But all I hear are crickets. This leaves me to conclude that they truly prefer a health care system in crisis—millions uninsured and out-of-control costs crushing families and small businesses. They must believe that it's okay for insurance companies to deny you coverage because of a preexisting condition and particularly to charge you more if you are a woman. They are obviously against seniors saving on prescription drug costs, and they are against increased access to preventive care.

We need to strengthen these reforms instead of dismantling them. The Affordable Care Act is the beginning, not the end. Actually, for nearly a half century, Medicare has provided coverage to seniors and those with disabilities in a fair, cost-efficient way. So maybe, just maybe, it's time to give every American those same benefits. We could do that by passing Medicare "E," "Medicare for Everyone."

Enough baloney, because it's time for the wealthiest Nation in the world to provide health care for all.

Mr. KLINE. I am very pleased to yield 2 minutes to a very distinguished member of the committee, the gentlelady from Illinois (Mrs. BIGGERT).

Mrs. BIGGERT. I thank the chairman for yielding.

Mr. Speaker, I rise today to voice my strong support for H.R. 6079, to repeal the Patient Protection and Affordable Care Act. Whether it's dropped coverage, higher costs or lost jobs, the unintended consequences of this legislation continue to add up. And now that the Supreme Court has declared the individual mandate to be a tax, we know that this law contains over 20 distinct tax increases.

We cannot continue to ignore the impact of this law on jobs while millions of Americans remain out of work. Nor should we cut \$500 billion from Medicare or leave in place new rules that the CBO estimates will eliminate employer-sponsored insurance for millions of Americans.

Instead of tinkering with broken pieces, we should take the cleaner route, repeal the law, and end policies that are raising costs. In their place, we can enact consensus-driven, bipartisan solutions that Democrat leaders have ignored in the past. At the same time, there's no reason we can't maintain coverage for preexisting conditions and young adults.

Let's give the Americans what they want: lower costs, access to quality care, and more choice. We can do that through the association health plans for small businesses, by allowing consumers to buy insurance across State lines, and by extending health savings accounts. And we must move forward on commonsense legislation to curb junk lawsuits that drive up costs and force doctors to practice expensive defensive medicine.

Mr. Speaker, I urge my colleagues to join me in repealing this regrettable law. Then we can put our focus back on effective reforms that will deliver lower costs without putting the government between patients and their doctors.

Mr. ANDREWS. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, we continue to hear this charge that there's \$500 billion in Medicare cuts in the health care bill. Here are the facts: the new law eliminates a corporate welfare subsidy for certain health insurance companies and goes after some wasteful Medicare practices. All the Republican speakers who have spoken today must agree with those cuts because every single one of them has voted for every single one of those cuts in the last two Ryan Republican budgets. Every dollar of Medicare savings in the Health Savings Act is in the last two Republican budgets.

I am pleased at this time to yield 2 minutes to someone who understands the benefit of families' being able to keep their sons and daughters on health insurance policies until they're 26, my friend and colleague from New Jersey (Mr. HOLT).

Mr. HOLT. Mr. Speaker, I thank the gentleman from New Jersey who is so expert in these matters.

Matt from West Windsor wrote me:

I graduated from college this past May and am currently working at a job with new health insurance. I have a preexisting condition, and, shockingly, I truly would be without insurance and in big trouble if this legislation is reversed.

Carolyn from East Brunswick contacted me to say she had been laid off and her COBRA benefits were about to expire. At age 25 and because of the Affordable Care Act, she can enroll as a dependent on her father's Federal employee benefits plan.

Mary from Princeton wrote:

Our son has cystic fibrosis and he would be subject to both the lifetime cap on benefits and the denial because of preexisting conditions were it not for the provisions of the health reform.

Many people in New Jersey tell me they need those things that the health reform law does for them, including protections against premium increases, as well as many others, like coverage for young adults, ensuring that people with preexisting conditions have access to health insurance and the elimination of lifetime limits.

Now, the majority here who are trying to repeal this law say they want to keep those provisions. I say get real. You cannot repeal the law and still have the provisions of the law in effect.

Mr. KLINE. Mr. Speaker, I yield 2 minutes to a member of the committee, the distinguished gentleman from South Carolina (Mr. WILSON).

Mr. WILSON of South Carolina. I would like to thank Chairman KLINE for yielding.

I am thankful for his leadership on this very important issue promoting limited government and expanding freedom.

Due to the passage of ObamaCare, America is set to experience the largest tax increase in our Nation's history which destroys jobs. Over the past year and a half, House Republicans have voted over 30 times to repeal, defund, or dismantle the President's job-destroying health care takeover. If this law remains on the books, 21 new or increased taxes will be imposed on the American people and small businessowners. Already, the 2,700-page bill has generated over 13,000 pages of mind-boggling regulations destroying jobs.

Over the Fourth of July recess, I visited Columbus, Ohio, and read a very thoughtful editorial in The Columbus Dispatch entitled "Placebo." The article states:

The law creates headaches for businesses of all sizes that are likely to create a continuing drag on the economy and job creation. Small businesses employing close to 50 people will resist adding more workers since 50 is the threshold at which the law requires them to provide health care or pay a penalty or tax.

Throughout the past 3 years, the President and the liberal controlled Senate have pushed government red tape stalling economic growth, just like the policies of ObamaCare. Our unemployment rate has remained at over

8 percent for 41 months. It is clear the President's liberal policies are destroying jobs.

In order to put Americans back to work, we must start by repealing this overreaching bill and then vote for the process of replacement by market reforms as developed by Chairman TOM PRICE of the Policy Committee.

Mr. ANDREWS. Mr. Speaker, I yield myself 25 seconds.

The gentleman just said this is the largest tax increase in American history. Here is the record: there are two kinds of people who will pay higher taxes under this law. Ninety-seven percent of American families won't pay one dime of tax increases under this law. The first family that pays a tax increase is a family with a gross income in excess of about \$300,000 a year. It's about 1 percent, maybe 2 percent, of the U.S. households. The second is a person who can afford health insurance, who elects not to buy it, who uses the emergency room and expects his or her neighbors to pay their bill. That's not the largest tax increase in American history.

At this time, I am pleased to yield 2 minutes to a gentlady who understands who gets hurt if this law gets repealed, the gentlady from San Diego, Mrs. DAVIS.

□ 1800

Mrs. DAVIS of California. Mr. Speaker, here we are debating for the 31st time to repeal health care reform. But again, repeal would be a tragedy for America.

Repeal would mean that children with preexisting conditions would lose their health care coverage.

Repeal would mean that 86 million Americans will no longer have access to free preventative care services.

Repeal would mean seniors would no longer save money on their prescription drugs.

Repeal would mean that 16 million middle class Americans would not get tax credits to pay for their health care.

Repeal would mean that my constituent's sister who had breast cancer would still lose her house due to excessive medical bills because she could not afford health insurance.

Repeal would mean that my constituent who had successful ovarian cancer treatment years ago would still not be able to purchase health insurance because of her preexisting condition.

There are millions of Americans who are fortunate enough to have health insurance they actually like, and they ask me why they should support reform. Well, first, this economic downturn should have taught us all that we are just one pink slip away from losing our health insurance. By allowing the unemployed to purchase affordable insurance, health care reform changes that.

Second, the uninsured, who have no other choice but to use the emergency room as a primary care office, dras-

tically raise hospital rates for the rest of Americans who do have insurance. As a result, the insured are paying substantially higher premiums, and a mere trip to the hospital to rule out an appendicitis costs \$5,000. By requiring that everyone who can afford it have health insurance, health care reform changes that.

Small business owners in my district concerned about the new mandates in health care reform ask me why they should support it. These small business owners have always wanted to offer their employees health coverage, but they haven't been able to do so because the cost has been high and unpredictable. Health care reform changes that. Now small businesses have a risk pool for more stable and affordable premiums.

What repeal really means, Mr. Speaker, is that affordable health care, now within reach for so many Americans, would become a distant dream.

Mr. KLINE. Mr. Speaker, can I inquire as to the time remaining on each side?

The SPEAKER pro tempore (Mr. RENACCI). The gentleman from Minnesota has 17 minutes. The gentleman from New Jersey has 16½ minutes remaining.

Mr. KLINE. Mr. Speaker, I am now pleased to yield 2 minutes to the gentleman from Virginia (Mr. GOODLATTE).

Mr. GOODLATTE. I thank the gentleman from Minnesota, the chairman of the Education and Workforce Committee, for yielding me this time and for his leadership in combatting this terrible bill in the aftermath of a very disappointing Supreme Court decision, ruling that sometimes what we all thought and were told was a penalty is now a tax, but sometimes it's not a tax, it's a penalty. First time in the history of the United States Supreme Court, in over 200 years of decisions, that a device has been called both a penalty and a tax at the same time. Very disappointing, and here's what it leaves American citizens with. This is your new health care system: more than 150 new government agencies and programs.

I was called by PolitiFact a couple of months ago, and they said, Where do you get that 150 new government agencies and programs? We sent them a list of 158 new government agencies and programs with the page number of the bill and the section number of the statute, and we've never heard back from PolitiFact. I'm disappointed. I thought we were going to see one of those arrows pointing all the way over to the far right saying, "True."

And it is true. Not only do we get 150 new agencies and programs, we get 400 new authorities for the Secretary of Health and Human Services and other bureaucrats here in Washington to dictate to families and businesses, large and small, to local governments and State governments, to insurance companies, to health care providers what your insurance policy is going to look

like, which means you won't be able to keep the insurance that you like now and that you were promised you could keep by the President once upon a time. No, no, siree.

We already have 12,000 pages of new regulations that have been written, and they haven't even covered about half of those 400 new mandates, new regulatory authorities that they can write regulations on.

It's going to cost \$2 trillion over 10 years, a half a trillion dollars in cuts to Medicare, over \$800 billion in new taxes, including a quarter of a trillion dollars in taxes on middle-income Americans.

The fact of the matter is this monstrosity needs to be repealed. Vote for this legislation and repeal it today.

Mr. ANDREWS. Mr. Speaker, I yield myself 30 seconds.

Two points with respect to my friend from Virginia's comments:

This tax, once again, 97 percent of American families don't pay a dime more in taxes here. It's families with a gross income in excess of about \$300,000 a year and people who can afford health insurance, opt not to buy it, and send their neighbors the bills.

These regulations my friend talks about, here's what one of the regulations says:

If your health insurance company—which doesn't really have to compete for your business because they have a monopoly or oligopoly—doesn't spend money on your premiums, at least 80 or 85 percent, they have to give you the money back as a rebate.

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

Mr. ANDREWS. I yield myself an additional 15 seconds.

This summer, millions of American families will be getting rebates from their health insurance companies because they haven't spent their money on care; they spent it on profit and overhead. We don't think that's such a bad regulation.

Mr. Speaker, in the interest of time, I think my friend, the chairman, has more speakers than we do, so we're going to have them go two for our one to kind of keep it even, if that's okay with my friend, the chairman.

Mr. KLINE. I appreciate my friend having me do that, and we're glad to comply, Mr. Speaker. So at this time, I'm pleased to yield 1 minute to another member of the committee, the gentleman from Pennsylvania (Mr. THOMPSON).

Mr. THOMPSON of Pennsylvania. Mr. Speaker, prior to Congress, I spent nearly three decades as a professional in a nonprofit health care setting, and in health care there's a saying: Do no harm. Unfortunately, ObamaCare violates this principle.

The President promised that his plan would decrease annual premium rates for the average family; they've actually increased.

The law creates an employer mandate that provides a perverse incentive

for companies to drop their employees from health plans.

The law wastes money on so-called “demonstration” programs in order to conceal the law’s scheduled cuts to Medicare Advantage, a blatant attempt to isolate the President from the political fallout from our Nation’s seniors in November.

The administration insisted that failure to comply with the individual mandate would not result in a tax. Well, it’s official. It’s a tax.

The American people are fed up. Why? Another check was written that cannot be cashed, more promises were made that cannot be kept.

Mr. Speaker, we must protect the American taxpayer. We must prevent this policy from doing more harm. We must repeal this law.

Mr. ANDREWS. Mr. Speaker, I yield myself 20 seconds.

My friend from Pennsylvania just made reference to the employer mandate. It’s very important that the public know and the Members know that if a business has 50 or fewer full-time employees, what they have to do under the Affordable Care Act is nothing. There is no mandate of any kind for a business with fewer than 50 full-time employees.

I’m pleased at this point to yield 2 minutes to a gentlelady who fought hard for senior citizen rebates and prescription drugs, the gentlelady from Cleveland, Ohio (Ms. FUDGE).

Ms. FUDGE. Mr. Speaker, I strongly oppose H.R. 6079.

Republicans in Congress need to stop the political grandstanding, stop wasting this House’s time and the taxpayers’ money, and start doing the work we were elected to do. There are critical issues facing the American people that desperately need our attention.

The middle class is asking Republicans: Where are the jobs? And what is their plan to stop outsourcing American jobs?

We should and we must focus on legislation in this House that will strengthen our economy. Yet it seems like Groundhog Day, the same thing over and over and over again.

The American people should know what it’s going to mean to repeal the Affordable Care Act. Let me tell you what it means.

It means that the Republicans support legislation that will make insurance company CEOs and executives richer.

It means that Republicans support legislation that will deny the right of young adults to remain on their parents’ insurance until age 26.

What it means is that the Republicans support legislation that will deny individuals with preexisting conditions the right to affordable health care.

It means that Republicans support legislation that will raise prescription drug costs for our seniors and eliminate provisions that hold insurance

companies accountable for double-digit premium increases.

□ 1810

It means that Republicans support legislation that will raise the taxes of hundreds of thousands of small businesses by eliminating the small business health care tax credit, which helped them afford health insurance for more than 2 million workers.

And just for the record, The Washington Post Fact Checker has also concluded, and I quote, “The health law will provide more tax relief than tax burden for middle class families.”

Again, it says, “The health law will provide more tax relief than tax burden for middle class families.”

This repeal would mean that Republicans support legislation that will prevent eligible constituents from receiving the same health care coverage as Members of Congress. And I’m not sure why Republicans feel their constituents do not deserve the same access that they enjoy themselves. But by voting to repeal the Affordable Care Act, that is exactly the message being sent to the people we represent.

Mr. KLINE. Mr. Speaker, I yield 2 minutes to a member of the committee, the very distinguished gentleman from Tennessee, Dr. DESJARLAIS.

Mr. DESJARLAIS. Mr. Speaker, I come to the House Floor today to call attention to yet another problem in this poorly drafted, 2,700-page job-killing bill.

We all remember former Speaker of the House, NANCY PELOSI’s famous statement that they needed to pass the bill so we could find out what was in it. Today I stand here perplexed by not only what is in the bill but also what is not in the bill.

When drafting ObamaCare, Democrats only gave authority for the IRS to offer premium tax credits to State exchanges. Well, many States are refusing to set up these exchanges, making it necessary for the Federal Government to create them. That is permissible within the law.

Here is what is not: nowhere in the law does it give permission for those credits to be offered in federally-run exchanges. Mr. Obama, having recognized this grave mistake, has circumvented Congress by having the IRS unilaterally change his bill to fix this error.

Last time I checked, it was Congress that made laws, not the executive branch. The legislative process should still have meaning in this country, which is why my colleague and fellow Tennessee physician Dr. PHIL ROE and I recently introduced legislation which prevents the administration from rewriting the law. Even my colleagues who support the President’s law will surely agree that his administration’s actions lead us down a dangerous constitutional path.

My opposition to ObamaCare is clear. That aside, having a President act

without Congress to change law sets a dangerous precedent, one that violates the principles of our Constitution and the separation of power, principles that are the pillars of our democracy.

Mr. ANDREWS. Mr. Speaker, I yield myself 15 seconds.

My friend’s comments echo ones we’ve heard for the last 2 years about the unconstitutionality of the law. The Supreme Court spoke with great authority to that question. People may agree or disagree with the policy, but this law is clearly constitutional and valid.

I am pleased at this time to yield 2 minutes to the gentleman from Connecticut (Mr. COURTNEY), the author, the originator of the discrimination provisions against preexisting conditions, the gentleman that really initiated that.

Mr. COURTNEY. Thank you, Mr. ANDREWS, for your leadership in this debate here this evening.

We’ve heard a lot of misleading comments about the so-called damage that has been done to U.S. employers as a result of the Affordable Care Act. Well, the people who make those statements forgot to ask the 5,200 American employers who stampeded into the Affordable Care Act’s early retiree reinsurance program, over half of the Fortune 500 companies in this country included in that group, some of whose corporate logos are on the chart here.

And rather than causing problems with new employment, again, just looking at Ford Motor Company, they’ve added 7,000 workers this year to the ranks of their assembly plants, obviously using the benefit of the early retiree program, which acts as a Federal backstop for high insurance claims, a principle and a pattern that we have used for flood insurance, that we’ve used for nuclear power plant insurance, again, using the Federal Government as a backstop for high cost claims. And again, companies like Comcast, who are hiring in my district, have all taken advantage of this program.

Individuals who make these claims have also forgotten to ask the 360,000 small businesses that last year took advantage of the small business tax credit, a 35 percent tax credit on health insurance premiums. That number is going to go up to 50 percent starting in 2014.

And as Mr. ANDREWS has repeatedly pointed out here tonight, there is no mandate on businesses or firms 50 or less. That’s 96 percent of small businesses in America. But there will be a tax credit to help those firms actually defray the cost because, as a former small employer myself, small employers want to provide benefits. The problem is that they have trouble affording it, and the tax credit set up in the Affordable Care Act will help those small businesses defray the costs and entice and enroll new employees in their businesses who are looking for those types of the benefits.

So the fact of the matter is that with the job growth that we have seen, again, we need more. But with the job growth over the last year and a half since the Affordable Care Act went into effect, we have helped businesses, 5,200 employers who are using the early retiree insurance programs, including nonprofits, religious institutions, and public sector employers across the country, and 360,000 small businesses who've taken advantage of that tax credit.

We need to build on that success and grow this economy. Let's skip this debate and move on to real jobs legislation.

Mr. KLINE. Mr. Speaker, I yield myself 30 seconds.

We've heard a couple of times today from my distinguished friend and colleague from New Jersey and again from the well about how small employers aren't affected by this. If you have 50 or fewer employees, you have to do absolutely nothing. But of course if you have 51, if you hire just one more employee, you have to pay \$42,000 in penalties, I mean taxes, or whatever that is after the Supreme Court ruling.

It's having an impact on our employers. There's a reason why they're not hiring. There's a reason why they're scared, and there's a reason, frankly, why they want us to repeal this awful piece of law.

I am now pleased to yield 2 minutes to a member of the committee, a physician, the distinguished gentleman from Indiana, Dr. BUCSHON.

Mr. BUCSHON. Mr. Speaker, I rise today to urge my colleagues to support repeal of the Affordable Care Act. It's ironic that this legislation is called "affordable," because in my home State of Indiana it will be anything but affordable.

What's in it?

How about 21 new taxes, most of which hit the middle class. The law has generated and will continue to generate thousands of pages of regulation to comply with, and establishes taxpayer-subsidized exchanges that are predicted to be overwhelmed when employers start dropping their private policies for their employees. Paying the penalty will just be more cost-effective for these employers.

In Indiana, there will be approximately 500,000 additional Medicaid enrollees in 2014, and by 2024 there will be approximately 700,000 additional enrollees compared to today.

Medicaid is already a broken, financially-strapped program that does not provide good insurance coverage for its beneficiaries. Why would we use Medicaid as the vehicle to provide coverage?

Access to physicians will continue to be a significant challenge, as fewer and fewer physicians take Medicaid. The additional cost will be 2.5 to \$3.1 billion to Indiana's Medicaid expenditures. Once the Federal subsidies end, State taxes will have to be increased dramatically or, more likely, reimburse-

ment to providers, hospitals, and physicians will need to be cut. This will result in further access issues for beneficiaries, as even more doctors drop out of the program.

As the number of Indiana residents depending on the exchanges for their insurance grows, the cost to the Federal taxpayer will grow rapidly. Either taxes will have to be increased or again, more probably, reimbursement to providers will be cut.

We now have a new group of citizens, many of whom previously had private health coverage, that are dependent on a government program that is financially strapped. Access to providers will begin to become an issue.

The ACA is a financial snowball rolling down the hill. We must repeal it before it's too late. We need step-by-step, patient-centered health care reform that decreases the cost while maintaining the access to and quality of medical care in this country.

Mr. ANDREWS. Mr. Speaker, I yield myself 30 seconds.

The gentleman from Indiana just said that this would be where taxes would hit the middle class. I wish that were true in some ways because the people this hits are people with a household income of over \$300,000 a year. I wish more people in the middle class made more than \$300,000 a year, but they do not.

And then secondly, with respect to Medicaid enrollees, for the first 3 years the Federal Treasury picks up 100 percent of that cost. And thereafter, the average is about 95 percent of the cost of the new enrollees. This is a benefit to State governments, and I predict that virtually all of them will opt to join in.

□ 1820

At this time, I am pleased to yield 1½ minutes to a gentleman who understands the impact on hardworking families being able to get affordable health care in this country, the gentleman from Missouri (Mr. CARNAHAN).

Mr. CARNAHAN. Mr. Speaker, I oppose the Republicans' attempt to repeal the new health care law.

When people in St. Louis go to work, they want fair pay for a day's work. When they buy dinner on the way home, they expect to pay a fair price. They don't expect to get gouged because the chef needs a new set of golf clubs. Yet those are examples of what has happened in the health care industry. Private health insurance premiums are rising faster than Medicare costs in order to provide the same services. Bonuses, advertising, overhead have crowded out dollars for actual health care.

The Affordable Care Act, or the ACA, changes that.

Now, by law, 80 percent of private insurance premiums must be spent on paying for health care. Some companies cannot or will not lower overhead and profits to 20 percent. So this year they will be forced to pay refunds of

more than \$170, on average, to more than 580,000 residents in my State of Missouri.

So, Mr. Speaker, for those who have stood up for health care today, I stand with them. The Republican idea is to go backward to the broken system of the past. They are trying to end insurance for kids with preexisting conditions; to end the protection from prescription drug costs; to end free mammograms; to end the affordability tax credits for small businesses; to end refunds from insurance companies that don't spend enough on health care.

Let's call this Republican repeal bill what it is. This is a distraction from addressing the jobs agenda of this country. Let's get past this Republican stunt. Let's get back to work on things we can do together to continue to grow this economy.

Mr. KLINE. Mr. Speaker, I inquire again as to the time remaining on both sides.

The SPEAKER pro tempore. The gentleman from Minnesota has 10 minutes remaining. The gentleman from New Jersey has 9¼ minutes remaining.

Mr. KLINE. Mr. Speaker, I would now like to yield 1 minute to a member of the committee, the distinguished gentlelady from South Dakota (Mrs. NOEM).

Mrs. NOEM. I thank the gentleman for yielding.

Mr. Speaker, I rise today to support this bill, which would repeal the President's health care law.

We've known all along that this bill will cut a half a trillion dollars out of Medicare. We've known all along that up to 20 million Americans could lose their employer-sponsored health care coverage. We've known all along that this health care law has only made costs go up rather than go down or decrease since its passage. However, we now know that buried within the 2,700 pages of this bill is yet another tax that is going to hit and fall on the middle class. This is in addition to the nearly two dozen tax increases already in the law on everything from over-the-counter prescription medication to pacemakers.

The American people were given a laundry list of promises, but very little of what was promised has turned out to be true. We owe it to every taxpayer, to every senior—to every American—to repeal this law and to pass real solutions that don't put Washington in charge of our health care.

Mr. ANDREWS. Mr. Speaker, I yield myself 20 seconds.

The gentlelady just talked about cutting a half a trillion dollars from Medicare. The fact is that the Affordable Care Act extends the life of Medicare for 8 years. It adds benefits for seniors and, more interestingly, the cuts that were made which take corporate welfare money away from insurance companies and avoid waste were voted on in favor by every Republican who has spoken today because every dollar of those cuts was used in the last two Republican budgets.

At this time, I would like to yield 1½ minutes to a gentleman who has been a leader in health care for a long time and who understands just how much his district has benefited from affordable health insurance, my good friend from California (Mr. FARR).

Mr. FARR. I thank the gentleman for yielding.

I've been listening to this debate, not just at this moment but throughout the whole health care debate. It just kind of shocked me. Why are the Republicans so angry with a bill that, essentially, they wrote?

It was the Republicans who wanted to mandate that every person in the United States carry private health care insurance. The bill does that. It was the Republicans who wanted to make sure that people who were cheating on Medicare got busted—no free ride. The bill does that. It was the Republicans who said people ought to help themselves by being healthier—eating better, taking care of their health, and exercising more. The bill encourages that.

So why are you so angry about a bill that has so much Republican writing in it?

And it struck me: Do you remember at the beginning of this year they said, We want to defeat the President—no matter what—even if he signs into law our ideas. That's it. He signed into law an awful lot of Republican ideas, and they can't stand it.

What I want to tell you is don't listen to the rhetoric down here. Go check for yourself. You can go to www.healthcare.gov. Go to your State. Go to your county. Put in some information about yourself. Find out for yourself. Check the facts. It's there. It will tell you what you get and what you don't get.

Look, there are so many good things that this bad repeal is trying to do that it's going to take away affordability, that it's going to take away access, that it's going to take away what Americans have been asking for for over 100 years. Let's keep it. Let's make it work.

Mr. KLINE. I would now like to yield 2 minutes to another member of the committee, the gentlelady from Alabama (Mrs. ROBY).

Mrs. ROBY. I thank the chairman for yielding.

Mr. Speaker, I rise today in support of H.R. 6079, the Repeal of Obamacare Act, of which I am a proud cosponsor. Of course, on March 23, 2010, President Obama signed into law the largest health care overall in the history of the United States. Sadly, it is less about providing quality health care for all citizens and more about expanding the scope of Federal Government.

The law failed to address the number one health care concern that families and employers have, and that's cost. As I've been sitting here and have listened to the debate, under the individual mandate, each individual absolutely will be penalized or taxed—we'll call it

a tax because the Supreme Court did—if in America—this free country—that person chooses to remain uninsured or to purchase health care that is not government-approved, and this is regardless of one's income.

Despite the Supreme Courts's ruling, a significant number of Americans continue to oppose ObamaCare, and they are encouraging Congress to take immediate action. Americans and their doctors, not Federal bureaucrats and politicians, are in the best position to determine which health care options best meet their individual needs. Regardless of the Court's decision, many problems within the law remain present, many of which have a significant impact on small businesses. The American people do not want a one-size-fits-all health care system that imposes numerous mandates, regulations, and tax hikes on employers and employees. This will be devastating not just to my home State of Alabama but also to the Nation.

I look forward to working with my colleagues on both sides of the aisle to improve our health care system by implementing market-based reforms that actually lower costs, increase access, and maintain a high quality of care for all Americans. I urge my colleagues to listen to the voices of the American people and to support H.R. 6079.

Mr. ANDREWS. Mr. Speaker, I yield myself 15 seconds.

My friend from Alabama, in describing the individual mandate which Republicans have supported for years, said that it's imposed irrespective of income. That's not accurate. If you're on Medicaid, the mandate, of course, is covered by Medicaid. There is also a hardship exemption for someone who can demonstrate that he can't afford it, and he is given a subsidy. There is also a religious conscience exemption.

At this time, I would like to yield 2 minutes to a gentleman who worked very hard to make sure that small businesses and entrepreneurs were aided by this bill and not hurt by it, the gentleman from Colorado (Mr. POLIS).

Mr. POLIS. Mr. Speaker, in this bill before us today, there are several provisions about which I think the American people would be very angry, and they will be very angry when they find out what this body is up to.

In this bill before us today, Members of Congress would be able to maintain their government-subsidized health care after they retire instead of getting insurance, like everybody else, from a plan created under the Affordable Care Act.

□ 1830

Before the Affordable Care Act was passed, Members of Congress were eligible to continue to receive government-subsidized health insurance under the Federal employees health benefits program, even after they retired. This bill before us today would return that benefit and would give government

subsidized health insurance to Members of Congress, even as it took it away from millions of other Americans. Members of Congress should not have access to special health insurance plans paid for by American taxpayers, as Republicans would have us do under this bill.

In addition, this bill would increase the deficit. We don't know by how much. It could be \$143 billion or it could be \$230 billion. The issue is we won't even have that estimate until July 23. Once we have that estimate, it should be important for the Republicans, if they intend to modify this bill, to say how they're paying for it and be honest with the American people. Are the Republicans in favor of increasing the deficit by \$150 billion and at the same time giving lifetime retiree health care benefits to Members of Congress, or do the Republicans intend to pay for this repeal by increasing taxes on the American middle class?

I urge a "no" vote on this Republican bill to give benefits to Members of Congress and to raise taxes on the middle class.

Mr. KLINE. Mr. Speaker, I yield 2 minutes to another member of the committee, an emergency room physician, the very distinguished gentleman from Nevada, Dr. HECK.

Mr. HECK. I thank the chair.

Mr. Speaker, just because a law is constitutional, it doesn't mean it's a good law. Just because a law is well intentioned, it doesn't mean that it fulfills its promises.

As a physician, I've heard firsthand from patients who have serious concerns about the so-called Affordable Care Act, that it would actually reduce access to affordable high quality health care by enacting substantial new taxes, creating thousands of pages of new regulations, and most alarmingly, putting unelected, unaccountable government bureaucrats in between patients and their doctors.

Millions of Americans were assured that if they liked their health plan, they could keep it. Yet, our committee has heard testimony from businesses large and small that the increased costs of providing health coverage for employees is simply unsustainable. I've talked with business owners in my own district that want to continue to provide coverage for their employees, but the health care law is making that harder. These so-called "small business tax credits" phase out so quickly after you get above 10 employees or you start to increase wages that it's a disincentive to grow a business.

Further, the Supreme Court's ruling highlights an uncomfortable truth for the law's supporters. This law stands only because the individual mandate is considered a tax, even though proponents repeatedly insisted it was not.

Mr. Speaker, we were told Congress had to pass the bill to find out what was in it. What we found was a bait and switch of unprecedented proportions. I

strongly believe that we should ensure that patients with preexisting conditions have affordable insurance options, that annual or lifetime limits don't prevent Americans from receiving the care and treatment they need, and that young adults have access to insurance, especially in difficult economic times. That's why I've introduced replacement legislation to do exactly that, without a government takeover of the system.

We need to repeal this law and move forward with reasonable, bipartisan, patient-centered reforms that restore the government to its proper role in our health care system and ensure that our patients, their families, and their doctors have the ability to decide what care is most appropriate. It's for those reasons that I strongly urge support of H.R. 6079.

Mr. ANDREWS. Mr. Speaker, I yield myself 40 seconds.

Mr. Speaker, we've done some research, and have been unable to find any occasion in the recent history of the House where a major piece of legislation has been brought to the floor where the Congressional Budget Office has not yet scored what it's going to cost. I think it's very important that Members understand this. No one can tell the Members of the House how much this repeal will add to the deficit. No one. When the first repeal came up in January of 2011, the Congressional Budget Office said it would add about \$220 billion plus to the deficit to repeal the law. No one can tell us this afternoon how much this will add to the deficit.

The Congressional Budget Office has said by about July 23 they will be able to answer that question, but we're in a huge hurry tonight. We have to pass this law this week because Mr. CANTOR said the day of the Supreme Court decision that we're going to show how bold and decisive we were.

Why should Congress vote on a bill when absolutely no one knows how much it's going to cost? I have not heard that answer from the majority side.

Mr. KLINE. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. ROHRBACHER).

Mr. ROHRBACHER. I rise in support of repeal.

Mr. Speaker, when Republicans had control of Congress and the White House during the previous decade, we failed to address America's major health care problems, which were rising costs and a lack of access to health care for millions of hardworking Americans. So we Republicans didn't do the job.

Never passing up a chance to expand the size and power of government over our lives, the Democrats have seized upon this opportunity to change the fundamental nature of health care in America. Instead of fixing the problem, they chose to change the system. It is significant to remember that even though there were serious issues that

needed attention, most Americans at that time were satisfied with their health care coverage.

Nevertheless, ObamaCare passed this House by seven votes and the Senate with no votes to spare. And nobody had read the whole bill. What disturbs me the most is the largest percentage of Americans who were satisfied already with their health care are going to find out to their dismay that the quality of their health care under ObamaCare will go down and the costs will go up.

President Obama has promised those who are content with their current coverage that they could keep it. We now know that is not true.

Mr. Speaker, when Republicans had control of Congress and the White House during the previous decade, we failed to address America's major healthcare problems, which were rising costs and a lack of access to insurance for millions of hardworking Americans. So, we Republicans didn't do the job. Never passing up a chance to expand the size and power of government over our lives, the Democrats have seized upon this opportunity to change the fundamental nature of healthcare in America. Instead of fixing the problem, they chose to change the system. It is significant to remember that, even though there were serious issues that needed attention, most Americans at the time were satisfied with their health coverage. Nevertheless, Obamacare was passed in this House by 7 votes, and passed by the Senate with no votes to spare. What disturbs me most: a large percentage of Americans, especially the ones already satisfied, are going to find out, to their dismay, that the quality of their healthcare under Obamacare will go down and the cost will go up.

President Obama promised that those who are content with their current healthcare coverage could keep their insurance under Obamacare. It is now clear that's not true. Obamacare includes a provision imposing a tax on employers who cancel current coverage and dump employees into a government system. That tax is cheaper to the business than providing health insurance. So a large percentage of the American people will end up in the government system. This, then, takes the bulk of America out of a private system that has incentives built-in to bring down costs and improve quality and puts us into a government system, where inefficiency and bureaucracy are rampant.

Obamacare is not just a step in the wrong direction. It is a race in the wrong direction. The government, pursuant to Obamacare's dictates, has already hired 16,000 new IRS agents to intimidate small business. Is that a good use of healthcare dollars?

Let's commit ourselves to fixing the problems that confront us, by first undoing this behemoth bureaucratic nightmare that has been foisted upon us as a supposed solution.

Mr. ANDREWS. Mr. Speaker, if I may engage the chairman. We have only one speaker left on our side. I assume he has the right to close. If it would be amenable to him, we're going to let him finish the rest of his speakers, and then I will close for our side.

Mr. KLINE. Do I understand that the gentleman from New Jersey is the last and only speaker remaining?

Mr. ANDREWS. The last and only.

Mr. KLINE. Mr. Speaker, I have two more speakers and myself.

May I inquire as to the time remaining?

The SPEAKER pro tempore. The gentleman from Minnesota has 4 minutes remaining, and the gentleman from New Jersey has 5 minutes remaining.

Mr. KLINE. Mr. Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. DUFFY).

Mr. DUFFY. Mr. Speaker, there are a number of reasons why we should all vote to repeal ObamaCare: the tax increases on middle class Americans and the debt that is going to be piled onto the next generation of Americans.

But I want to talk about the impact of this legislation on our senior citizens, the impact this legislation is going to have on Medicare, and the fact that this bill takes \$500 billion out of Medicare and uses that money for ObamaCare.

The trustees at Medicare have indicated that Medicare will go bankrupt in 12 years. The CBO says it will go bankrupt in 8 years. Why we would take a half a trillion dollars out of Medicare for ObamaCare doesn't make sense.

One of my biggest concerns is the Independent Payment Advisory Board, a board that is going to systematically look at where it can reduce reimbursements to doctors, hospitals, and clinics for Medicare reimbursements. If you reduce payments to doctors, hospitals, and clinics for seniors, you're going to impact the quality and access of care for our current seniors. Not a future generation, but our current seniors. I think that's wrong. I think both parties should come together and find a bipartisan bill that will work for all Americans.

Mr. ANDREWS. Mr. Speaker, I yield myself 15 seconds.

The changes in Medicare that the gentleman from Wisconsin just spoke about added 8 years to the life of Medicare, added benefits to Medicare. They were so bad that he voted for them twice. Every dollar of those Medicare savings were in the last two Republican budgets for which he voted.

Mr. KLINE. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. FARENTHOLD).

Mr. FARENTHOLD. Mr. Speaker, our job as Representatives is twofold: we lead and we listen.

If we think back to the last election that swept a Republican majority into the House, a lot of the surveys say that was a result of the public's dissatisfaction with this law. We voted to repeal all or parts of it multiple times and will continue to do so.

We just conducted an online poll, a mail survey. Although not scientific, it still showed over 97 percent of the folks back in south Texas were opposed to this law. So I'm looking forward to voting to repeal it again, as I'm sure many of my colleagues are.

I do want to take a second to address something that the gentleman on the

other side of the aisle mentioned. We don't have a CBO score for this. I would imagine the cost to the Federal Government, a good chunk of it, is foregone revenue in the taxes that this bill imposes.

□ 1840

It makes no sense that undoing something actually costs the government money in the way of spending; it only costs the government in the way of foregone revenue, just like this bill has cost this economy in foregone jobs.

We have numbers showing that there are thousands of jobs that could be lost as a result of this, and we have small businesses that are telling us they're not growing, they're not expanding because of the uncertainty associated with this law and the costs associated with complying with it.

Mr. ANDREWS. I yield myself 15 seconds.

Mr. Speaker, this is the first time, apparently, in the modern history of the Congress where we voted on a major piece of legislation and not a soul knows how much it's going to cost the Federal treasury. I think that's an irregular and irresponsible procedure. I think on that basis alone people should vote against this bill.

I reserve the balance of my time.

Mr. KLINE. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. ROYCE).

Mr. ROYCE. I thank the gentleman for yielding.

I join with those that are concerned. I urge my colleagues to repeal this health care law so that we can replace it with a plan that is fiscally responsible, that gives Americans the freedom to make health care choices for their family, that contains reforms that actually reduce costs and actually expands coverage.

My concerns here are with this 150 new government agencies that we're going to see, with what I believe will eventually lead to a government takeover of health care with the creation of a new, massive entitlement program with a cost of \$1.76 trillion over the next decade. I know the argument is made, well, we're going to pay for this by cutting Medicare by over half a trillion dollars. How could that possibly be done, given the Office of the Actuary telling us that that's not possible. That is not possible.

All of the taxes in this bill, how that will hurt business, I can tell you right now. Businesses are facing an enormous amount of uncertainty, largely because of our massive debt burden, and here we have compounded that problem with 20 taxes on businesses and individuals in this law.

Mr. ANDREWS. Mr. Speaker, I yield myself 15 seconds.

The \$1.7 trillion cost the gentleman just mentioned is a gross cost. The last time the CBO looked at this, which was in 2011, the first of 31 attempts at repeal, they said that the net savings to the deficit would be over \$200 billion.

Repealing the health care bill costs the Federal treasury money and adds to the deficit.

I reserve the balance of my time.

Mr. KLINE. Is the gentleman ready to close?

Mr. ANDREWS. Yes, we are. We have no further speakers.

I yield myself the balance of my time.

Mr. Speaker, I would like to thank my colleagues on both sides for the civil and constructive tone of this debate. It's been an honor to be a part of it.

I also want to note that the leader of our committee, Congressman MILLER of California, is regrettably not with us because of the death of his mother. We extend our condolences to his family and certainly to our beloved colleague, GEORGE MILLER.

I want to speak for just a few minutes about some people who have been left out of this debate tonight. Most importantly, the people who have been left out of this debate are the people looking for a job in this country, are looking to grow business in this country, because that's what we should be working on here together tonight. We should be working on legislation that puts the American people back to work and creates an environment where America's entrepreneurs can grow and thrive and succeed.

Instead of doing that, instead of asking Speaker BOEHNER's infamous question, "Where are the jobs?" we're asking, "Where is the 31st vote on the repeal of the health care bill?" By doing so, we're forgetting about some other people whose voices will not be heard in this Hall tonight but who need to be heard throughout this country.

The person who had a malignancy in her breast when she was in her twenties and now, when she goes to start a company and get insurance in her thirties, is told, We won't sell you an insurance policy because you had breast cancer, or, We'll charge you three times what we charge someone else. That should be illegal. Under the law that the majority is going to repeal today, it is.

We ought to be hearing from the family whose son or daughter graduated from college and is still working as a substitute teacher or still going to grad school part-time, who has health insurance today because the law says they can stay on their mother's or father's policy. That should be the law; and under the law the majority wants to repeal today, those families would lose that benefit.

We ought to be hearing from the senior citizen who has to choose between paying their prescription drug bill or their utility bill at a time of a heat wave or a cold snap. They ought to be in a situation where the Medicare program helps to make those prescription drugs affordable; and under this law that the majority wants to repeal today, that senior is getting between \$600 and \$800 a year of a rebate.

We ought to be thinking about the family who has suffered the tragedy of a malignancy for a child in their family, and the child hits their millionth dollar of chemotherapy and the insurance company says, We're sorry; we're not insuring you anymore; we're not paying the bill anymore. That ought to be illegal, and it is illegal under the Affordable Care Act. But if the majority succeeds in its repeal, that will no longer be the case.

You have heard a lot of things today about what this bill isn't. It isn't a \$500 million cut in Medicare. It expands Medicare benefits. It lengthens the Medicare trust. It does so by cutting out corporate welfare for health insurance companies. And every single Republican speaker here today voted for every one of those cuts in the last two Republican budgets.

It's not the largest tax increase in American history. Ninety-seven percent of American families don't pay a dollar more in taxes under this bill. If your family has a gross income above about \$300,000, yes, you do. But for the other 97 percent of American families, that's not the case.

We've heard this is a government takeover of health care. This is a consumer takeover of health care.

It's a law that says when your insurance company says to you, "Sorry, but you have had breast cancer. We won't insure you," you don't have to take that anymore.

When your insurance company says, "We're sorry your daughter has leukemia, but we're not paying her bills anymore," even though you paid your premiums for 20 years, you don't have to take that anymore.

When the insurance company says, "Here's a bill that's 40 percent higher because you're a woman," you don't have to take that anymore.

This is not about defending a statute; it's about defending the rights of middle-class Americans who deserve better than this repeal.

We should defeat this repeal and come right back to work tomorrow on a bill that will stop outsourcing and support insourcing of American jobs. It's time to get back to work putting America back to work and end the 31st travesty of trying to repeal this bill.

Vote "no."

Mr. KLINE. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, we have heard a lot of the same debate, the same rhetoric we have heard before this bill was turned into law, passed on Christmas Eve, jammed through Congress. Now we have had a chance to look at the results of that law. The reality includes higher health care costs, fewer jobs, and even more government meddling in health care decisions of private citizens.

We have now had over 12,000 pages of regulations and it is still writing. It's no wonder that America, American employers, American employees, American families are afraid of what's next.

We have heard on this floor today a suggestion that everybody should be in Medicare. No wonder they are afraid. We have heard about millions of new jobs added, and yet we're in the most anemic recovery since World War II.

We need jobs. We need to get Americans back to work. And we believe that the first important step to helping those employers put Americans back to work is to repeal this awful law.

I urge all my colleagues to vote "yes" on repeal of ObamaCare so we can stop debating a failed law and start advancing real commonsense health care reforms.

I yield back the balance of my time.

□ 1850

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself 1 minute.

Let me say it this way, Mr. Speaker. This bill barely passed into law. It was the biggest social legislation to pass into law in over 40 years. Seven votes in the House, no votes to spare in the Senate, Christmas Eve, backroom deal, and it was based on three promises by the President of the United States. One, if you like the health insurance you have, you can keep it. That's a broken promise. Two, this will bring down our health care premiums. That's a broken promise. Three, there's no tax on people making less than \$200,000 in this bill. That's a broken promise. Well, the President said, to get it passed, there was no tax. Then, he sent his lawyer to the Supreme Court to argue that it was a tax so he can keep it on the books.

If any of these three broken promises were known to the public and to Congress at the time they were passing this law, the law would have never passed in the first place. We now have this information. Let's revisit this.

With that, I look forward to a hardy debate with my good friend from Maryland (Mr. VAN HOLLEN), and I reserve the balance of my time.

Mr. VAN HOLLEN. Mr. Speaker, I yield myself 1 minute.

What we're engaged in here in the House of Representatives right now is a total waste of taxpayer money. It's no wonder the American people think so little of this institution. We are now on our 31st effort in this House to repeal all or part of ObamaCare. We have not yet voted once on the President's jobs bill, which he presented last September.

Two numbers. Thirty-one; that's the number of times this House will now have voted to repeal ObamaCare. Zero; that's the number of times that we voted on the President's jobs bill.

I've been listening to this debate this afternoon and we've heard the same old, tired misrepresentations and distortions that we heard the first time around: Government takeover of health care. In the year 2010, PolitiFact rated that the Lie of the Year. And it just goes on and on and on like whack-a-mole.

The American people do not want to relitigate this issue. What the Amer-

ican people want us to do is focus on jobs and the economy. Let's get on with that business.

I reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1½ minutes to the distinguished gentleman from Texas, a member of the Budget Committee, Mr. FLORES.

Mr. FLORES. Mr. Speaker, I rise in support of the repeal of the ObamaCare Act. The original ObamaCare Act, which was passed in the middle of the night by the last Congress, without being read, has numerous fatal flaws.

One, the worst of these is that it is a violation of our constitutional liberties.

Two, it fails upon its primary goals of controlling costs and allowing Americans to keep their current health insurance coverage.

Three, it hurts our hardworking taxpayers by adding over 20 new taxes costing over \$800 billion.

Four, according to the nonpartisan Congressional Budget Office, the CBO, it will cost our Nation's workers over 800,000 jobs.

Five, in addition, now that the State Medicaid mandate has been ruled unconstitutional, those costs will increase by several hundred billion dollars over its already massive cost.

Six, ObamaCare puts 15 unelected, unaccountable Federal bureaucrats between Americans and their health care providers.

Seven, even though just partially implemented, it has caused health care insurance premiums across the country to increase dramatically.

Eight, last but not least, ObamaCare is causing massive uncertainty for American business, hurting American job growth and our economy and the American middle class, adding pain to an already troubled Obama economy.

Mr. Speaker, in light of these many flaws, it is time for Congress to do the right thing and to repeal this fatally flawed legislation. That is what H.R. 6079 does, simply put, and I urge my colleagues to support it.

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

Mr. Speaker, it's quite a scene to see so many of our colleagues rush to the floor of this House to call upon this Congress to deny the American people health care protections, patient protections, that every Member of this Congress has. If the child of a Member of this Congress has preexisting conditions, whether it's diabetes, whether it's asthma, their child gets covered. If their child is 25 years old and didn't happen to have health insurance, they can be covered on the health insurance plan. And yet this bill to repeal ObamaCare would deny to the American people the same kind of patient protections that every Member of this Congress enjoys.

It's a sad day.

With that, I yield 1½ minutes to the gentlelady from Pennsylvania (Ms. SCHWARTZ).

Ms. SCHWARTZ. I appreciate the opportunity to speak on this legislation.

As so many of us know, 2 weeks ago, the Supreme Court upheld the Affordable Care Act, affirming the path forward to those consumer protections and to increase access to affordable health insurance coverage; for seniors to afford lifesaving medications; for the 17 million American children who have preexisting conditions to receive coverage for the care that they need; the 30 million uninsured Americans to be able to afford coverage.

Because of the Affordable Care Act, families will not go broke because of an illness, small businesses can afford coverage for their employees, and young adults, 6.6 million of them, can remain on their parents' insurance. Yet Republicans are continuing their politically motivated attempts to repeal health care reform instead of working to grow our economy and strengthen the financial security of America's middle class.

Today is the 31st time Republicans have called for a vote to deny Americans access to affordable, quality health coverage. This legislation reflects a clear decision by Republicans to put partisanship ahead of the pressing needs of our constituents and our country. Their actions are taking time and attention away from the work we should be doing. It's wasteful and it's misguided. Their actions are creating uncertainty and hurting our economic recovery and the security of middle class Americans.

I urge my colleagues to oppose this legislation and get to work on jobs and economic growth for our families, for businesses, and for our Nation, and stop this wasteful, unnecessary action.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1 minute to the gentleman from Oklahoma, a distinguished member of the Budget Committee, Mr. COLE.

Mr. COLE. I thank the gentleman for yielding.

Mr. Speaker, ObamaCare is unpopular, unworkable, and unaffordable. It's unpopular because it limits individual freedom and personal choice. It's unworkable because it relies on thousands of regulations, dozens of boards and commissions, and an unelected group of bureaucrats to distribute and ration care. We have the opportunity today to end a bill that's also unaffordable. Hundreds of billions of dollars worth of taxes, hundreds of billions of dollars worth of raids on the Medicare fund.

We can only take the first step here today. But in November, the American people can take the next step by electing a President and a Senate that will work with this House instead of against them to repeal what is a legislative monstrosity that should have never passed in the first place.

Mr. VAN HOLLEN. Mr. Speaker, the gentleman who just spoke, the gentleman from Oklahoma, called this bill unaffordable. We heard the debate a little bit earlier about what the nonpartisan Congressional Budget Office

has said about this bill, the Affordable Care Act.

□ 1900

They say if you repeal the Affordable Care Act, it will increase the deficit over the next 10 years, and it will increase it by over \$1 trillion in the second 10 years. Yet, we have this bill on the floor today without even a fresh Congressional Budget Office estimate. So nobody knows how those numbers may or may not change.

What we do know is that the last assessment that they give us is that the action that our Republican colleagues are proposing today would increase—*increase*—our national deficit. That is not fiscal responsibility.

With that, I yield 1½ minutes to the gentlelady from Minnesota (Ms. MCCOLLUM), a member of the Budget Committee.

Ms. MCCOLLUM. Thank you, Mr. VAN HOLLEN.

This Republican Tea Party Congress is wasting America's time promoting the only issue they care about—their reelection. Today's vote is not about health care. It's a gimmick that panders to the Tea Party. This bill shows the Republican vision for health care is deny coverage, deny care, and deny the law of the land. If you have a child with a preexisting condition, possibly a life-threatening illness, this Republican plan means your child's health care insurance can be terminated. If you're a senior on Medicare, this Republican plan throws you back into the doughnut hole. The Republican plan repeals the Indian Health Care Improvement Act, harming Native children, families, and seniors all across Indian country.

The Affordable Care Act is the constitutional law of the land, and it is a good law because Obama does care. President Obama and Democrats must continue to work to implement the law and extend quality, affordable health care to millions of Americans. And this Congress must get back to work putting America back to work.

Mr. RYAN of Wisconsin. Mr. Speaker, let me yield myself 30 seconds to simply comment.

We know the CBO is going to give us a score perhaps in a couple of weeks, and it's going to be more expensive. That much we know. We know States will probably put more people on ObamaCare instead of Medicaid, which will cost more dollars. The only reason this bill "on paper" saves money is because they told CBO to score 10 years of tax increases of Medicare savings to pay for 6 years of spending.

You can contort, distort, and torture statistics long enough, and eventually they will confess. That's what happened here. In reality, I have no doubt that this will be a budget buster.

With that, I would like to yield 1 minute to the distinguished member of the Budget Committee, the gentleman from California (Mr. MCCLINTOCK).

Mr. MCCLINTOCK. I thank the gentleman for yielding.

Chairman RYAN noted the false claims upon which ObamaCare was sold to the Congress, and I think they bear elaboration now that we know what is actually in it. It didn't bend the cost curve down. The Medicare actuary admitted to the House Budget Committee last year that it will add at least \$300 billion more to our health care costs. It hasn't been good for the economy.

The gentleman from Maryland asks for the Congressional Budget Office's opinion. They admitted to the House Budget Committee last year that, in fact, ObamaCare would cost our economy a net loss of 800,000 jobs. They also told us if you like your plan, you can keep it. Well, the McKinsey's survey of employers reports that nearly one-third expect to drop their employees' health plans as a result of this law, like them or not.

It seems to me three strikes and you're out. We need a system that puts patients back in charge, that provides tax reforms to put health care back within the reach of every American family and restores to them the freedom to make their own health care decisions without the interference of government bureaucrats.

This bill is a necessary first step to get us there.

Mr. VAN HOLLEN. Mr. Speaker, just to respond to my friend, the chairman of the Budget Committee, with respect to the CBO estimate, if it was true that over the 10-year period you had tax revenue loaded in the way that would sort of so-called deceive the impact of the deficit, it would stand to reason it would get worse over the second 10 years. In fact, the deficit savings, in other words, the reductions to the deficit, is greater over the second 10 years, according to the Congressional Budget Office, than the deficit reduction over the first 10 years. And if you repeal the bill, as the Republicans are proposing to do today, you will not only add to the deficit in the first 10 years, but you'll add even more to the deficit over the 20-year period.

I now yield 1½ minutes to the gentlelady from Florida, a member of the Budget Committee, Ms. WASSERMAN SCHULTZ.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise today because it's time to put an end to the pointless, partisan games. The Affordable Care Act has now been passed by a duly elected Congress, signed by the President and upheld as constitutional—despite the chagrin of our colleagues on the other side of the aisle and their best efforts—upheld as constitutional by the United States Supreme Court.

More importantly, Americans, and particularly south Floridians, are already benefiting from this law. Thanks to the closing of the coverage gap, the doughnut hole, seniors in my district can now afford their prescription drugs instead of having to choose which ones they have to leave behind at the pharmacy because they can't afford to take them all home when they fall in the

doughnut hole. And young adults have the security of staying on their parents' plan until the age of 26.

As a cancer survivor and a mother, this law is important to me because through it, the nearly 4 million Floridians who don't currently have health insurance will be able to get the coverage that they need.

Mr. Speaker, this is our 31st vote to repeal all or part of the Affordable Care Act. It is time to stop the tantrums, grow up and work together on Americans' number one priority—creating jobs and getting this economy turned around. I look forward to working with my colleagues and any colleague on either side of the aisle to focus on job creation, getting this economy turned around, and focusing on Americans' number one priority, which certainly is not fruitlessly engaging in partisan bickering.

Mr. RYAN of Wisconsin. Mr. Speaker, I would like to yield 1 minute to the gentleman from Oklahoma, a member of the Budget Committee, Mr. LANKFORD.

Mr. LANKFORD. Mr. Speaker, Americans know more about this law now. Now that it's been sitting around for 2 years, we've had more time to be able to process it. Two years ago, the cost was estimated by CBO at \$800 billion. Now it's estimated at \$1.8 trillion. Americans were told that if you like your insurance, you can keep it. But now the administration estimates that up to 80 percent of the small employer plans will lose their grandfathered status and up to 64 percent of large employer plans will lose their grandfathered status and will have to be changed—of course at the end of 2013, after the election. They were told you can keep your doctor, but now we know that physician-owned hospitals, their practice days are numbered since physician-owned hospitals are punished to protect the bigger hospital companies.

We were told there are no new taxes on it, that this wasn't a tax bill. Now we know there are 20-plus different taxes on it. The supposed deficit reduction goes down in the days to come because there are so many new taxes that are built into it. Let me give you a couple of my favorites that are built into this: removing the deduction for people with high medical bills. Yes, there's a deduction if you have high medical bills. They move that cap up. So if you have high medical bills, you will pay more in taxes under this. How about the flexible spending account cap change? So if you have a special needs child that currently has special needs and you have that, your taxes will go up.

Next year, the Independent Payment and Advisory Board will be introduced. Their sole function is to deny payment for certain procedures, determine which treatments are too expensive.

Are there problems in health care delivery, yes—my family has multiple testimonies of that fact.

It is not believable to say health care will be so much better, more efficient, more effective,

if only we gave control to the Federal government.

Let's repeal this bad law and get busy writing healthcare reform that actually focuses on the patient, not the bureaucracy.

Mr. VAN HOLLEN. Mr. Speaker, I now yield 1 minute to the gentlelady from Alabama (Ms. SEWELL).

Ms. SEWELL. Mr. Speaker, with only 14 legislative days left before Congress lets out for the summer recess, I want to register my disappointment that my Republican colleagues are now willing to spend yet another hour—5 hours—for the 31st time in trying to repeal the Affordable Care Act. Instead of using this valuable time to put our country back on track by investing in job creation and stimulating economic growth, House Republicans have opted for divisive politics and partisan politics.

I believe enough is enough. The American people deserve better, and frankly, my constituents expect better. Not only has the Affordable Care Act been passed in both Houses of Congress and signed by the President, it was upheld by the highest court in the land nearly 2 weeks ago. By now, we should be moving forward and acknowledging the benefits of the Affordable Care Act, which the House Republican leadership cannot seem to grasp.

In my district alone, the reality is that 77,000 seniors receive affordable prescription drugs now. The reality is that 36,000 children in my district can no longer be denied coverage for pre-existing conditions.

We must get back to the work of the people. I am reminded, once again, that we have 14 days left until recess. Please let's get back to the business of the House, which is getting people back to work.

□ 1910

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1 minute to the vice chair of the Budget Committee, the gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT. If one accepts all the contortions and flimsy reasoning of the Justice Roberts' opinion on the constitutionality of this law, it brings to light one important consequence: the President of the United States has not been straight with the American public.

See, the Court justified the individual mandate by calling it a tax. Now, I side with the dissent in this, but the Supreme Court has spoken, and the Supreme Court has now put the President in a tight spot. See, the President of the United States has said repeatedly that no family making less than \$250,000 will see any tax increase—not your payroll tax, not your income tax, not capital gains, not any tax. Even the OMB Director from this administration came to us and said there are no tax increases in this. Again and again the President has said this to us. But Justice Roberts said, yes, it is, it's a tax.

Look, Mr. President, it's time that you be straight with the American pub-

lic. We must repeal ObamaCare. It is a broken promise this country can't afford. If we don't, it will be the final nail in the coffin of a dynamic free enterprise system. And as Speaker BOEHNER once said, we must pull it out by its roots. And if we do, then we can plant the seed of real health reform in this country.

Mr. VAN HOLLEN. Mr. Speaker, I think this whole conversation about tax or a penalty has gotten us a little bit into the silly season. If you go to the State of Massachusetts Web site and you look at the RomneyCare plan, what they say is that if you're able to afford insurance but decide not to get it, you will pay a penalty collected through the tax system—a penalty collected through the tax system.

ObamaCare is modeled on RomneyCare. And as Governor Romney understood at one time, if you say to people who can afford health insurance, it's okay that you don't get it; just show up at the hospital and everybody else will pay your bill through their higher premiums or taxpayers who have to pay uncompensated care to hospitals, that's free-riding on the system. That's freeloading on the system. That's saying to every other person, every other taxpayer that other people should be responsible for paying for the health care bill of the person who chooses not to get health care coverage.

Yes, if you can afford health care coverage but you decide to free-ride on other people, then there's a little penalty under this bill just as there is under Governor Romney's proposal—a proposal, by the way, that was once widely supported by our Republican colleagues when they talked about the importance of personal responsibility and the importance of making sure that people who are going to use the health care system took some responsibility for paying for their health care system.

I now yield 1 minute to the gentlelady from Ohio (Ms. KAPTUR).

Ms. KAPTUR. I'd like to thank Ranking Member VAN HOLLEN.

Mr. Speaker, I rise again to oppose the Republicans' destructive attempts to repeal the health care reform law, the 31st such attempt in this Congress.

In Ohio already, the law has been making a difference for hundreds of thousands of people—middle class families—for over 2 years. Nearly 100,000 young adults in Ohio have been able to remain on their parents' health insurance plan. In the first 5 months of this year, over 700 seniors just in my home town of Toledo, Ohio, have collectively saved over a half a million dollars on prescription drug costs. Last year, 1.2 million Medicare beneficiaries in Ohio received free preventive care from their doctor, like mammograms and colonoscopies.

Insurance companies are now paying out over \$11 million in rebates to Ohio families because the insurance companies did not spend enough on paying for

health care. And over 4 million Ohioans, including 1.5 million women and 1.1 million children, have seen their insurance companies drop the lifetime and annual limits on care they had previously imposed.

The Republicans here in the House of Representatives are voting to take away all these benefits, and what is the Republican plan to replace it? Nothing. The Republican plan to replace it is nothing.

Mr. Ranking Member, I thank you so much for yielding me time.

Mr. RYAN of Wisconsin. I yield 1½ minutes to the gentleman from Indiana (Mr. ROKITA), a member of the Budget Committee.

Mr. ROKITA. I thank the chairman.

In my 18 months here, one thing has been clear and, that is, just like so many bills, this bill isn't just about the underlying subject.

What this bill is about is controlling the individual. What this bill is about is government oversight, government control, government decision-making by bureaucrats hundreds of miles away from us over something that should be between us and our doctor.

I do agree with the gentlewoman from Ohio, this bill, this law has already made a difference. The facts are clear. ObamaCare will add trillions of dollars in new taxes, increase our \$16 trillion national debt by hundreds of billions of dollars, cause millions of Americans to lose their health insurance, destroy jobs, increase health premiums, impose new costs on States, and penalize American innovation. It's making a difference.

In Indiana—I also agree with the gentlewoman from Ohio—in Indiana, it shows just how harmful this law will be to the Hoosiers I represent. For people purchasing insurance in Indiana's individual market, premiums are expected to increase 75 to 95 percent from 2014 to 2020. Since passage of ObamaCare, my State has seen five insurance carriers withdraw from the individual market, resulting in less choice and less competition for Indiana consumers.

Indiana estimates that implementing and operating a federally mandated exchange would cost between \$10.4 million and \$18.3 million annually. Yes, Mr. Speaker, this law is making a difference—a bad difference.

As the House votes again to repeal President Obama's unpopular health care law, the American people must continue to make their voices heard. End of story.

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

Mr. RYAN of Wisconsin. I yield the gentleman an additional 30 seconds.

Mr. ROKITA. Personal health care decisions should be made between individuals and their doctors.

ObamaCare passed more than 2 years ago. In the infamous words of the House leadership on the other side of the aisle at that time, we have now had a chance to see what's in it, and the fact remains: we do not like it.

Mr. VAN HOLLEN. I reserve the balance of my time.

Mr. RYAN of Wisconsin. I yield at this time 1 minute to the gentleman from Indiana (Mr. YOUNG), a member of the Budget Committee.

Mr. YOUNG of Indiana. Mr. Speaker, my friends on the other side of the aisle keep saying we should focus on jobs. So let's look at how ObamaCare has impacted jobs and the economy.

A few numbers: 48 percent of business owners say the potential cost of health care coverage under ObamaCare is the reason why they're not hiring additional workers; 74 percent of small businesses said the law will make it harder to hire new employees.

States like my home State of Indiana would be hit particularly hard. Among the 21 new taxes found in ObamaCare, there is a 2.3 percent excise tax on the profits from medical device companies. Now, Indiana—and southern Indiana in particular—is home to dozens of these businesses. It employs over 20,000 Hoosier jobs in its medical device sector.

Now, because of the negative effect on our economy, we must start over and get health care reform done the right way—in the light of day, with bipartisan support, and with due deliberation. I hope we can do that. That's why I'm proud to cosponsor this first step, the Repeal Obamacare Act. I urge all of my colleagues on both sides of the aisle to support it too.

Mr. VAN HOLLEN. I continue to reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1 minute to the distinguished lady from Wyoming (Mrs. LUMMIS).

Mrs. LUMMIS. Mr. Speaker, let's review the top 10 reasons why ObamaCare is wrong for women:

Higher insurance costs—that's already happening; 20 new taxes—that's coming; the likely loss of your current insurance—we know that's coming; losing dependent coverage—that's already happening; employers losing rights of conscience over morally offensive procedures—already in litigation; the overwhelming of the Medicaid programs that are in States that participate in the extension; loss of control over family health care decisions; doctor shortages—a real concern in my State of Wyoming; employers cutting back work hours for their employees to 25 hours a week to avoid the costly mandate; loss of child-only health insurance policies; and, now, \$210 billion added to the deficit over 10 years.

□ 1920

Mr. Speaker, Congress passed a bad law. The President signed a bad law. The Supreme Court upheld a bad law. Let's repeal it.

Mr. VAN HOLLEN. I yield myself the balance of the time.

The SPEAKER pro tempore. The gentleman from Maryland is recognized for 3½ minutes.

Mr. VAN HOLLEN. Mr. Speaker, during the debate over passage of the health care bill, ObamaCare, we heard

a campaign of massive distortions. We heard it was going to create death panels—not true. We heard it was going to be a government takeover of health care. The independent PolitiFact called that the 2010 lie of the year. Now we hear it's going to wreak havoc on the economy, when the head of the Congressional Budget Office, our non-partisan referee, just said 2 weeks ago that they don't think this bill's having any significant impact on the economy. And on and on and on.

We heard from our Republican colleagues they were going to repeal and replace. We've now repealed this 31 times in the House—no replacement.

And what does that mean? That's the status quo. Our colleagues make it sound like the status quo is just great in the health care system when the insurance companies got to run the show, when they got to deny kids coverage even if they had asthma or diabetes and preexisting conditions, when they got to say you're not covered if you're 22 years old, you can't stay on your parents' health care bill, when premiums doubled between 2000 and 2006 while insurance company profits quadrupled. That's what the Republicans are proposing to go back to.

We continue to hear this distortion about Medicare. The reality is that we reduce some of the big taxpayer subsidies to the private Medicare plan. Some of them were being subsidized 140 percent of fee-for-service; average subsidy, 114 percent. We used some of those savings to eliminate the prescription drug doughnut hole that seniors fell into, to eliminate many of the copays for preventive care services.

Now, the Republican budget that every Republican in this House has voted for, that Mitt Romney has endorsed, they took all that \$500 billion in savings, every penny. But you know what? They didn't plow one penny back into strengthening Medicare benefits. They would reopen the prescription drug doughnut hole.

So that's what this debate is all about, trying to make sure that we provide the best health care we can at the best price. And to witness this effort to deny patients across this country the same kind of patient protections that Members of this Congress have, I think, is something that the American people, when they focus on this, as they clearly are, will clearly reject.

What we should be doing, instead of taking away from millions of Americans the kind of patient protections that Members of Congress have, what we should be doing is focusing on jobs and the economy. And it is a shame that, as we're going to vote tomorrow for the 31st time to repeal ObamaCare, we haven't had a single vote on the President's jobs initiative, an initiative that he brought before this body last September. He was at the podium where the presiding officer stands now. He asked Congress to pass his jobs initiative. Not a single vote on that, and

yet here we are, our 31st vote to repeal the kind of patient protections that Members of Congress enjoy, repeal them for the American people.

So, Mr. Speaker, I hope that our colleagues will reject this effort. I know the American people have already made it clear through their voices and their response to surveys that they want to move on. They want to move on. They want to deal with jobs, and they want to deal with the economy, and they want to end the political charades.

I yield back the balance of my time. Mr. RYAN of Wisconsin. I yield myself the balance of the time.

The SPEAKER pro tempore. The gentleman from Wisconsin is recognized for 4 minutes.

Mr. RYAN of Wisconsin. Mr. Speaker, here's why we're doing this. If the facts that we now know today about this law were available when this law was being debated, there's no way this would have become law. This is effectively a government takeover of 17 percent of our economy, the health care sector. It was sold on a number of promises by the President that are now broken promises.

Taxes? There are 21 tax increases in this law, 12 of which hit people who are low- and middle-income earners.

Do you remember the line: If you like the health care plan you have, you can keep it? Completely not true.

What about the idea that this is going to lower health care premiums? They've been going up ever since the law passed. They're going up next year. They're going up even more.

Here's the fear. What we worry is going to happen, what is happening, is you're going to have what we call BUCAA, about five health insurers left: Blue Cross, United, Cigna, Aetna, and Anthem. That's the big joke in Washington. You'll have about five big, massive health insurers who are de facto public providing government extension companies like your utility company, except they're going to be controlling your health care.

People say we should focus on jobs instead of this bill. This is about jobs. The CBO is telling us it could cost us 800,000 jobs.

I remember talking to an employer in southern Wisconsin not too long ago, family business, a big family business, a private business. The woman who runs this business, whose grandfather founded it, had tears coming down her face because she provides health insurance for her employees at about \$17,000 per year for a family plan. She's proud to do it.

Her competitors notified her at one of her trade association meetings—they're publicly traded—that they're going to have to dump everybody in ObamaCare and just pay the \$2,000 per person fine; \$15,000 difference, per person, between herself and her competitors.

She was telling me that she felt she had no choice but, when the time came, to dump her people into ObamaCare.

That's what's going to happen in this country: People will get dumped into ObamaCare; ObamaCare will underpay providers; providers will go out of business; they'll overcharge the private sector; and we'll get a vicious cycle.

Here is the awful irony about this. We can have affordable access to health insurance for everybody in America, including people with pre-existing conditions, without this government takeover. That's why we do believe in replace. That's why we advocated then, and we continue to advocate today, for patient-centered health care reforms.

Deal with the discriminatory tax treatment on health care. Get transparency in price, quality, and outcome so people can really shop. Have pooling mechanisms so people can bulk buy health insurance.

Help those with preexisting conditions. Save Medicare and Medicaid by harnessing the power of choice and competition. Have the providers compete against each other for our business as patients, instead of hoping that the whims of some government bureaucrat will favor us when they make their next price controlling and rationing decision.

We can do better than this.

Here's ultimately why we're doing this, Mr. Speaker. A few weeks ago we had two chances to repeal and, therefore, replace this law. Now we have one. The Supreme Court upheld this law. That doesn't make it good policy.

The one chance left—and yes, this is the 31st time. And I fear we're going to have to do it the 32nd time, because the one chance left is that the American people, through their elected representatives, through the House of Representatives, the Senate, and the President, has one more chance before this law is actually implemented in 2014 to repeal this law and replace it with true patient-centered health care reform, and that is why we're doing this today.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. With regard to the remarks of a previous speaker in the debate, the Chair would remind Members that it is not in order to suggest dishonesty on the part of the President, such as stating that he was not being "straight with us."

□ 1930

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

I support this legislation to repeal the new health care law, which will shrink jobs, increase taxes and limit Americans' freedoms.

Although the Supreme Court has delivered its decision on ObamaCare, it is the people whose verdict counts the most, and the American people have consistently rejected this costly and ineffective government takeover of the health care sector. They realize that

the law fails our families, drives up the cost of health care, undermines the doctor-patient relationship, tramples on the religious liberties of millions of Americans, and vastly expands the role of the Federal Government. After the Supreme Court decision, we now know that ObamaCare is a massive tax hike on the middle class.

While the Supreme Court may have declared the law constitutional, that does not mean it is good policy for the American people. ObamaCare forces millions of Americans to abandon their current health care plans and to give up the physicians of their choice. A recent Reuters poll found that 56 percent of respondents oppose ObamaCare and that 61 percent oppose the individual mandate. With the costs and massive middle class tax increase this law imposes, these polls, frankly, are not a surprise. This massive tax hike on the middle class must be repealed. Only when ObamaCare is fully repealed can we enact real reforms that reduce health care costs without restricting the rights of Americans.

One reform Congress should consider to lower costs is medical liability reform. Medical liability reform will reduce the cost of health care by decreasing 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 the medical malpractice lawsuits filed in the United States lack evidence of medical error or of any actual patient injury. Many of these suits amount to the legalized extortion of doctors and hospitals. The Congressional Budget Office estimates that lawsuit abuse reform would save taxpayers \$48 billion over the next 10 years.

The American people do not want ObamaCare. As their Representatives, we must repeal ObamaCare and enact real health care reforms that lower costs, increase access to health care, and preserve the fundamental freedoms of all Americans.

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

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

This has been an unusual debate in Congress over an extremely important matter. What we have witnessed and listened to today for the 31st time is something that I would like to spare our conservative friends the heavy responsibility of trying to go back to their districts to explain.

I would like them to not have to explain why they voted to allow insurance companies to deny coverage for 17 million children with preexisting conditions. I would like them not to have to explain why they voted to kick over 6.5 million youngsters up to age 26 off their families' insurance policies.

I do not want my dear friends on the other side of the aisle to have to explain why their community hospitals

will again have to provide free care to people without insurance and to pay for the medical costs of the uninsured. Medical providers, of course, pass these costs on to private insurers, which pass them on to families, increasing the premiums, on average, of about \$1,000. You can tell families paying this hidden tax why they want to impose it. I don't want them to have to try to explain that.

I don't want my conservative friends in this body to explain to the 13 million Americans that they won't receive \$1.1 billion in rebates this summer from health insurance companies that have overcharged them.

It goes on and on.

We don't want anyone here to have to explain to the 105 million Americans who will have to face a lifetime limit on their coverage why they would want to allow insurance companies to deny them coverage once they get sick.

Then, of course, there are the pre-existing conditions that are an excuse to, first of all, not insure for health insurance and, in addition, to deny insurance once they have it if they feel that it is a long-term illness.

We don't want any of our conservative friends to leave the House and to have to go home to explain to the 360,000 small business employers who use small business health care tax credits in order to help them afford health insurance for 2 million workers that they will not get it any longer.

Finally, we don't want our conservative friends to have to explain why this bill promotes the fiction that repealing the Affordable Care Act won't increase the deficit.

We can't keep doing this. I hope nobody is thinking about 32 or 33 times. There has been no comparable debate over a major piece of legislation that has been through this kind of tortured process in recent memory.

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

Mr. SMITH of Texas. Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. LUNGREN), who is a distinguished and senior member of the Judiciary Committee.

Mr. DANIEL E. LUNGREN of California. I thank the chairman for yielding.

Mr. Speaker, the chairman of the Budget Committee, Mr. RYAN, has outlined in much detail how the current law—some call it ObamaCare, and some call it the Patient Protection and Affordable Care Act of 2010—does not do what it claims to. In fact, it does not protect the patient, and it does not provide affordable care.

He also pointed out that, when this bill was argued on this floor and in the other body, it was denied time and time again that it was a tax. We recall the President of the United States on several public occasions denied it was a tax. Yet he had his administration argue before the U.S. Supreme Court on the question of constitutionality that it was a tax.

□ 1940

The American people view the Federal Government as an entity. What have they seen with respect to this as it went from the executive branch to the legislative branch to the judiciary branch? They find that they were played. They find that what they were told at one point was not that which it was at the other point.

If you look at the Supreme Court's decision, they had to first consider whether this was a tax under what's known as the Anti-Injunction Act. The Anti-Injunction Act essentially says you can't contest a tax until it has been visited upon you. The question was, since the individual mandate, conceived as a tax, doesn't come into effect for some time, how could it be before the Court? The Court said, for purposes of standing, it is not a tax. Then they went and analyzed the individual mandate and said, Is it constitutional under the Commerce Clause? No. Is it constitutional under the necessary and proper clause, or the Spending Clause? No. But then they said, We will interpret this mandate, this penalty, as a tax for purposes of constitutionality as argued by the administration, which had denied it when it was arguing that case here in the House of Representatives and the United States Senate.

Is it any wonder people are cynical about this? Is it any wonder that people begin to lose their confidence in a government that will not present facts consistently to them? I will not say there were any intentional lies made, but I will say that the American people have to question if they have confidence in their government when they say one thing at one time and say another thing at another. In fact, now by virtue of the Supreme Court decision, this is the largest single tax on the middle class of America in history. That's what we're talking about.

Can we do better? We believe we can. We believe that you can provide affordable health care for the American people without the largest single middle class tax in the history of the Nation, which puts the Federal Government in the position of being between the patient and the doctor. It is the antithesis of patient-centered health care.

That's why we're here. We're not here because we believe the present system is perfect. We think it is broken. The status quo is not acceptable. But we believe that this bill, ObamaCare, that is before this Congress right now is unacceptable to the American people because it exacerbates the problems that we find in our health care delivery system. That's why we're here.

The fact of the matter that we've voted several times to repeal it and have yet to be successful is no reason for us to give up. We are standing here for the American people against the largest middle class tax increase in the history of the United States, and we will not stop until we are ultimately successful.

Mr. CONYERS. Mr. Speaker, I yield myself 15 seconds to assure my dear

friend from California, a former attorney general of his State, that the Supreme Court has made more decisions that I don't like than he doesn't like, and the Chief Justice of the Supreme Court, rather than get into the Commerce Clause, ruled it a tax. I'm sorry he did that. I wish he had done it my way. You don't like the way that he did it.

With that, I yield 3 minutes to the gentleman from New York (Mr. NADLER), the former chairman of the Constitution Subcommittee of the House Judiciary Committee.

Mr. NADLER. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong opposition to the Republicans' 31st attempt to repeal the Affordable Care Act.

Mr. Speaker, you don't have to be a policy wonk to know that the U.S. economy is still struggling to rebound. Millions of Americans are still unemployed or underemployed. That this Congress has not spent every single day of the last year and a half fighting to put people back to work is unconscionable. And now, instead of fighting for good-paying American jobs, Republicans are launching their 31st attempt to repeal the Affordable Care Act.

First, the Republicans said the law was unconstitutional. The Supreme Court said they were wrong. Next, Republicans said the law was too expensive. The Congressional Budget Office said they were wrong. Now Republicans say the law will raise taxes on millions of middle class families. The Urban Institute says they are wrong, estimating that a mere 3 percent of Americans under 65 will face the choice between purchasing insurance and paying a penalty.

Mr. Speaker, let's review what the Affordable Care Act actually does.

We know it extends health insurance to 32 million uninsured Americans, which will prevent the unnecessary deaths of 45,000 people who die each year because they lack health insurance.

We know it will enable millions of Americans with preexisting medical conditions to get insurance. This has gotten publicity.

Also, every middle class family today is one cancer diagnosis away from bankruptcy. Fifty-five percent of all personal bankruptcies are caused by health care emergencies; and 75 percent of these bankruptcies are of people who had health insurance, but health insurance that proved inadequate to cover an expensive disease like cancer.

By preventing insurance companies from denying coverage for preexisting conditions and by eliminating the annual and lifetime caps on coverage found in most current policies, the Affordable Care Act will guarantee that middle class families will no longer have to fear going broke because of an expensive illness.

Despite all of the benefits of this law, Republicans have decided the whole law must go. Fine, they want to repeal and replace. Replace it with what?

What is the Republican plan to stem the ever-rising cost of health care in this country and to reduce out-of-pocket health costs? What is the Republican plan to help millions more Americans gain access to health insurance? What is the Republican plan to end discrimination in the insurance market for women, for those with preexisting conditions, for those who are sick and going broke with medical bills and those who die because of lack of care? There is none. The simple truth is that the Republicans have no plan.

Mr. Speaker, I urge my Republican colleagues to do something new, to try something novel. Instead of going to their familiar well of election-year politics and a steady stream of "no," let's try to work together. Let's not turn a blind eye on the problem and hope it goes away. Let's not be indifferent to 45,000 unnecessary deaths of Americans every single year.

I urge my colleagues to vote "no" on this repeal bill so that we can move on to fighting for American jobs, and we can move on to assuring the middle class that they won't go broke because of an expensive illness and to assuring 30 million Americans that they can get health insurance when they need it.

Mr. SMITH of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from Iowa (Mr. KING), a respected member of the Judiciary Committee.

Mr. KING of Iowa. Mr. Speaker, I thank the esteemed chair of the Judiciary Committee for yielding time to me, and I appreciate this issue being brought to the floor.

I would announce, Mr. Speaker, that this is a subject matter, the full 100 percent repeal of ObamaCare, that I have worked on now for over 2 years on the repeal. When we saw this pass, it passed the House for the first time on November 7, 2009. That was a long and difficult day here in this House of Representatives. It came back through for a final passage by legislative shenanigans, by packaging up the reconciliation along with an earlier piece that went through by requiring a 60-vote, filibuster-proof majority that took place for a time in the Senate and came to this House under unprecedented terms, Mr. Speaker.

We saw the American people rise up. They didn't just jam this Capitol. It wasn't just 10,000 plus or tens of thousands of people that came here to say, Keep your hands off of our individual American freedom and liberty and health care. It was tens of thousands of people that came here that said, Let's respect the Constitution; let's respect fiscal responsibility; let's respect individual rights; and let's respect the American people.

Through that period of time, over this last 2-plus years, and a night I couldn't sleep after this finally passed on about March 21 or so, I got up and wrote a repeal. The language for that is in this bill, most of it intact.

I'm glad we're at this point, Mr. Speaker, because it says that this

House of Representatives has reflected the will of the American people. It reflected the will of the American people in the elections a year ago last November when we saw 87 new freshman Republicans come here to this House of Representatives, and every single one of them ran on the full 100 percent repeal of ObamaCare. Every single one of them voted for the full 100 percent repeal of ObamaCare, and every single Republican Senator, 47 of them, voted for the full 100 percent repeal of ObamaCare.

Mr. Speaker, the next step is this next November when I believe there will be a change-out in the United States Senate that reflects what happened here in the House so that the full will of the American people can be worked in this body that is to be responsive to the American people.

□ 1950

While that's going on, this terminology that began the Patient Protection and Affordable Care Act, always understood to be ObamaCare, referred to himself as ObamaCare by President Obama on February 25 in the Blair House in the health care discussion that took place when the President interrupted Republicans 72 times—not that that's an issue, Mr. Speaker, but just for the record, he referred to it as ObamaCare.

Many of the Democrats have believed that it's pejorative, so they changed the name of it because nobody knew what the Patient Protection and Affordable Care Act was. They changed it to the Affordable Care Act.

Well, we know it is the Unaffordable Care Act. It's a couple of trillion dollars stacked on this heavy burden the American taxpayers have today of nearly \$16 trillion all together. It's the Unaffordable Care Act and, in fact, what it does is it reduces care and it reduces American freedom and liberty. When you think about the American people, how distinct and unique it is to be an American, what makes us different? We come from a lot of places on the planet. We have the vigor of the American people here, and it's totally unsuitable to be saddled by this unconstitutional takings of American liberty.

Mr. CONYERS. Mr. Speaker, I yield 2 minutes to a senior member of the Judiciary Committee, the gentlewoman from Texas, the Honorable SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. I thank the gentleman from Michigan, and I thank this House.

I am reminded of the Declaration of Independence that calls upon this great Nation to pursue life and liberty with certain inalienable rights, as I paraphrase it. I don't know what the answer is to my friends on the other side.

I don't know what the answer is to those who are languishing in the State of Texas when we have our Governor rejecting Medicaid and politicizing it by, in fact—in the ObamaCare plan the

Federal Government sought to force the States to expand Medicaid. He says, in repeating, that the gun to our heads has been removed—certainly, a personal statement by this Governor.

I asked him whether or not he has asked 357,000 young people in the State of Texas, who actually are on insurance plans because of this bill. I wonder, has he asked the 3 million children that have benefited in the State of Texas since 2010, boys and girls like these little ones who are seeing doctors now for the first time.

What next, is the question. Maybe this little one, who needs to have doctors' appointments.

I would like to know, has he responded to the fact that our plan, the Affordable Care Act, reduces the deficit by \$143 billion. Has he responded to the fact that 5.3 million seniors have saved \$3.7 billion in part D, or does he realize that health care costs have been halved to 3.9 percent now after this legislation was passed, the Affordable Care Act, because before it was 6 percent and over. I call ObamaCare LeRoy care, Maria care, senior citizens' sick care, nursing home care. That's what it is.

Does he realize that the American Cancer Society said this organization was looking at the ruling on Medicaid and is concerned that the decision may limit the expansion of quality coverage to some of our Nation's most vulnerable citizens. That is what the Governor of the State of Texas has done and many others.

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

Mr. CONYERS. I yield the gentlewoman an additional 30 seconds.

Ms. JACKSON LEE of Texas. Finally, Mr. Speaker, these soldiers who are coming home, who lose TRICARE, are the very people in the State of Texas whom we want to salute and honor. They will come home. Their families will need the Affordable Care Act. Thirty percent in the 18th Congressional District in Houston, we will lose this; \$1.74 trillion in costs in health disparities, health disparities, death, and disease because we are losing the Affordable Care Act.

What is next? What is your answer?

Mr. Speaker, I rise today in vehement opposition to H.R. 6079, the "Repeal Obamacare Act of 2012."

This is a colossal waste of time and resources—this body should be focused on fostering an economic climate that promotes job creation—not settling old grudges.

The health care overhaul signed into law in March 2010 through two separate acts—the Patient Protection and Affordable Care Act (PL 111–148) and the Health Care and Education Reconciliation Act (PL 111–152)—remains the signature legislative achievement of the Obama administration. Otherwise known as the Affordable Care Act (ACA), or "Obamacare" by its detractors, the laws have been the main target of Republicans since taking control of the House in 2011.

But on June 28, 2012 the U.S. Supreme Court upheld the constitutionality of the health care law, essentially by affirming the govern-

ment's power to require that Americans have health insurance or pay a financial penalty. In a 5 to 4 decision, the Court ruled that the law's "individual mandate" requirement that individuals maintain health coverage or pay a penalty falls within Congress' power to tax. The justices also ruled, however, that states may opt out of the law's expansion of the Medicaid health care program without losing all of their federal Medicaid funds.

This bill repeals the Affordable Care Act of 2010 (PL 111–148, PL 111–152). The measure also contains a number of "findings" detailing the rationale for repealing the law, including the argument that the overhaul fails to lower health care costs and instead raises the cost of coverage for millions, jeopardizes many Americans' ability to keep their current health care coverage, and "imposes 21 new or higher taxes" on individuals and businesses.

The findings also claim that the board created by the law to make cost-cutting recommendations if Medicare spending exceeds target growth rates would limit seniors' access to care, and that the law "expands the role of the federal government in funding and facilitating abortion and plans that cover abortion."

Texas is one of those states that has vehemently vowed to opt-out of the law expansion. This is a devastating decision for the 6.2 million people, including 1.2 million children, who lack health insurance. Texas has the largest percentage of people without health care than any other state. In my congressional district in Houston, 30 percent of the population is uninsured. It is my goal to continue to push Texas government to help ensure affordable and decent healthcare for those that so desperately need it.

The major provisions of the law will take effect within the next two to seven years (2014–2019). States will only spend roughly 5 percent for new Medicaid funding. This is especially true for states, like Texas, with low Medicaid coverage. This is because a large share of new enrollees will be financed by federal spending. The State of Texas may see a reduction of about 1.4 million uninsured individuals compared to the national baseline. To say the least, the state of Texas is one state that will greatly benefit more from reform than most other states.

The repeal of the ACA will eliminate patient protection provisions, which this one provides equitable and fair services to businesses and consumers.

Estimates by the Kaiser Family Foundation determined roughly \$1.3 billion in rebates to consumers and businesses by this year in August. This is one of many definable benefits within the ACA. The State of Texas will receive roughly \$127 million in total rebates in the individual market plans, \$28 million in small group market plans, and \$30 million in large group market plans.

As part of the patient protection provisions drawn out within the ACA, insurance companies are required to issue a rebate if they did not comply with the Medical Loss Ratio provision within the ACA. The Medical Loss Ratio is calculated by dividing health care claims and quality improvement expenses by the insurers' premium income minus taxes and regulatory fees. Insurers for individual and small group markets must spend at least 80 percent of their premium income on health claims and improvement activities.

Insurers for large group markets must spend at least 85 percent of their premium income on health claims and improvement activities. This basically entails that if an insurance company pays \$70 for every insurance claim and quality improvement activity but collects \$100 in monthly premiums, they have a MLR of 70 percent.

This means that the company has 30 percent left over to spend on administrative costs, marketing, and other functional activities. As a result of the ACA, insurance companies can only spend 20 percent on such marketing and administrative activities. Therefore, the company has to issue a 10 percent rebate to consumers and small businesses in individual or small group market plans in the example above, or a 15 percent rebate back to the consumer or businesses in large group market plans.

It is yet to be determined if these rebates will either be refunded as a decrease in premium amount or issued directly back to the employer. Additionally, it is not an estimate based on the experience of an individual enrollee or group. Instead, MLR rebates are based on an insurers' overall compliance with applicable MLR standards in each state it operates.

The most vulnerable (or use low-income adults) citizens are now able to access affordable health insurance. Eliminating a more organized and competitive market for individuals to buy health insurance. Reduce health disparities between different socioeconomic and cultural communities can change to communities of color.

The United States spends more on healthcare costs than any other developed country. The ACA helps many small businesses be more competitive by reducing the cost burdens through tax subsidies. The last sentence here is already identified in the key points. But the first sentence may help emphasize why it should not be repealed.

It is time for Republicans to get to work on jobs and to end outsourcing instead of voting for the 31st time to take patient protections away from Americans.

The GOP will vote to take away patient protections for Americans that they already enjoy as Members of Congress—in order to protect their friends in the insurance industry:

Up to 17 million children can no longer be denied coverage because of a pre-existing condition, 6.6 million young people have obtained insurance through their parents' plans, 5.3 million seniors have already saved \$3.7 billion on prescription drugs, 105 million Americans no longer face lifetime limits on their insurance coverage.

President Obama has promised to veto the Republican bill to repeal patients' rights:

"The last thing the Congress should do is refight old political battles and take a massive step backward by repealing basic protections that provide security for the middle class. Right now, the Congress needs to work together to focus on the economy and creating jobs."

The President is right. Enough is enough. It is time to act to put people to work and strengthen the middle class.

Mr. Speaker, I urge my colleagues to reject this bill.

Mr. SMITH of Texas. Mr. Speaker, I yield 1½ minute to the gentlewoman from Florida (Mrs. ADAMS), a distin-

guished member of the Judiciary Committee.

Mrs. ADAMS. Mr. Speaker, I rise today in support of H.R. 6079, Repeal of Obamacare Act.

Along with many Americans, I was disappointed that the Supreme Court did not strike down the law, but the Court did rule that ObamaCare is a tax, a tax on all hardworking taxpayers, including middle-income taxpayers.

Let's go back for a moment to when this bill was passed. In 2010 President Obama said if you like what you have, you can keep it. We now know that isn't true. He also said health care costs would go down, and again not true because health care costs are rising. They have gone up.

He also said on numerous occasions that this is not a tax. It's a penalty. Well, the Supreme Court has spoken, and there is no denying now that it is a tax on all hard-working taxpayers.

We all remember former Speaker of the House NANCY PELOSI famously saying, we have to pass a bill so that you can find out what is in it. The 111th Congress passed a bill ignoring the will of the American people. After the bill was signed into law, Americans across this great Nation did find out what was in the bill and, guess what, they didn't like it.

Across the country, Americans showed their displeasure with Congress at the ballot box. With their votes, they demanded Congress listen to them and repeal ObamaCare. Even today ObamaCare is less popular than it was the day my Democrat colleagues passed it. It's not hard to figure out why the American people don't like ObamaCare.

This is a law that takes \$500 billion from Medicare, a law that will lead to the rationing of care for our seniors, and a law that adds job-killing taxes on individuals and small business when our economy is hurting.

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

Mr. SMITH of Texas. Mr. Speaker, I yield the gentlewoman from Florida an additional 15 seconds.

Mrs. ADAMS. Furthermore, the individual mandate is the largest tax increase on Americans in American history, the largest tax increase. It is time my colleagues on the other side of the aisle join us in repealing ObamaCare and its taxes.

I may not have been here when Congress passed ObamaCare, but I was sent by my constituents to Washington to repeal it.

Mr. CONYERS. Mr. Speaker, I yield myself 15 seconds.

I would remind my distinguished friend from Florida on the Judiciary Committee that ObamaCare extends Medicaid and does not cause anybody to lose any insurance if they already have it.

I yield 2 minutes to the distinguished gentlelady from Los Angeles, California, MAXINE WATERS, who has worked with us on so many progressive causes.

Ms. WATERS. I thank the gentleman from Michigan for the time.

I rise to oppose H.R. 6079, the Republicans 31st attempt to repeal the Affordable Care Act.

This bill is ridiculous. It is as ridiculous as the previous 30 votes to repeal health care reform. It is ridiculous because this bill is going nowhere. It will not be taken up by the Senate, and even if it were to pass the Senate, the President would veto it.

Every day people die from preventable and treatable diseases. Every day almost 50 people die of HIV/AIDS, more than 1,600 people die of heart disease and more than 5,000 people are newly diagnosed with diabetes. Yet the Republicans are trying for the 31st time to deny Americans access to preventable health services and treatment for these conditions.

Because of the Affordable Care Act, more than 6 million young adults under the age of 26 now have health insurance through their parents' plan. Many of these young people just graduated from college. They are worried about finding jobs and paying off their student loans. Yet the Republicans are trying for the 31st time to take away their right to insurance coverage.

Because of the Affordable Care Act, up to 17 million children with pre-existing conditions can no longer be denied coverage by their insurers. Yet Republicans are trying for the 31st time to return to the days when these children could not get health insurance.

The bill on the floor today is a political charade. It is not going anywhere, and it is wasting our time when we should be focusing on jobs and our economy.

I urge the Republicans to stop this charade, withdraw this bill, and move on to the pressing issues facing this country. As a matter of fact, Republicans are forever talking about saving the taxpayers' money.

You are wasting the taxpayers' money. Look at the energy costs, look at all the man-hours and the personnel time that's being spent on this floor. Look at all these young people who should be home with their families. Look at the costs that you are incurring with this charade.

Stop it. It is ridiculous. It is not going anywhere. Mr. LUNGREN said you had made a few attempts. No, let me remind you again: 31 attempts.

It is ridiculous, it is outrageous, it's a charade and you should stop it.

□ 2000

Mr. SMITH of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. GOHMERT), who was a distinguished jurist before he became a Member of Congress, and then a distinguished member of the Judiciary Committee.

Mr. GOHMERT. I can verify that there are people who have already lost their insurance because of ObamaCare. It has happened. It was not and is not

true that if you like your insurance, you can keep it. People have already lost doctors who were assured if you like your doctor, you can keep him. That was simply not true.

We were told there would be no tax. And we know from the Supreme Court that's not true. And in fact, in the bill itself one of the most devastating things coming from people who say they want to help the working poor, if you're a single individual and you're making 133 percent of the poverty level, if you're making \$14,000 and you can't afford a \$12,000 health insurance policy, you're going to be fined 2.5 percent over the next 3 years. It will build to 2.5 percent. It is a tax. It will devastate. If you make \$40,000, a family of four, five or six, \$1,000 fine because you can't afford a \$12,000 policy. That, on top of the government running everything in this \$2,500 bill. That's why we've got to repeal it—for the good of the people.

Mr. CONYERS. Mr. Speaker, I yield myself 15 seconds to tell Judge GOHMERT that there isn't one American in this country that has lost their insurance because of ObamaCare. Not one.

I yield 2 minutes to the gentleman from Tennessee, a distinguished member of the Judiciary Committee (Mr. COHEN).

Mr. COHEN. I appreciate the time.

I was a history major in college, and oftentimes I'm in this Hall and I think about the history. We've been in this Hall for nearly 150 years. And I think back. When there was an attempt to pass Social Security, the Republicans were against it; and they're still against it. They want to give it to Wall Street and let it be invested. And then the great next major historical social advance in our country's history was Medicare. And the Republicans were against it. And now they're against the Patient Protection and Affordable Care Act.

It seems what's happened is every Republican voted against it. Every Republican lines up, saying ObamaCare, and talking about Speaker PELOSI. They're lined up pretty well like ducks at the Peabody Hotel going in a line to the fountain. And Democrats, on the other hand, are concerned about children and women and life and the deficit in the long-run because of health care. And it seems like there's a continual battle in this House between people who look out for the haves and the other group that looks out for the haves who have conscience or vision and the have-nots. And I was taught well by my parents, I believe, and it was to always look out for people who need something and you could help.

Daniel Webster's words are inscribed in this Capitol, right in this Hall, about doing something worthy to be remembered. That's what we're here for. The Patient Protection and Affordable Care Act is something worthy to be remembered: to care for and help people survive. Next month, it's going to provide \$1.1 billion for over 12 million peo-

ple who have been overcharged by their insurance companies.

President Obama said this was insurance reform on steroids. It is. You want the insurance companies to run your life? Well, for you 12.5 million people that are going to get \$1.1 billion back, this is just the beginning of something great when you have some controls over the insurance company.

I'm appreciative of doing something worthy to be remembered.

Mr. SMITH of Texas. Mr. Speaker, we're prepared to close on this side, so I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I am pleased to yield the balance of my time to JOHN GARAMENDI of California.

The SPEAKER pro tempore. The gentleman from California is recognized for 2 minutes.

Mr. GARAMENDI. I thank the Members of this House for what is an extraordinary debate—a debate of which there is a lot of false information.

I was the insurance commissioner in California, and I can talk about these insurance issues forever. But what I would really like to focus on is the fact that the law that is in the land today really helps people. It would help people like my deceased sister-in-law, a juvenile diabetic. She spent the last 10 years of her life struggling to get insurance, which she couldn't get because she had a preexisting condition. That won't be the case in the future for those with juvenile diabetes. They'll be able to get insurance. They'll be able to get it through an exchange in their States—at least those States that have it—at an affordable cost. And if they don't have the income, they'll have a subsidy to buy the insurance.

It will help people like the son of my chief of staff, who was born with kidney failure. He had insurance from conception until hours after he was born. But the insurance company dropped him. That won't happen any more because children throughout this Nation will be able to stay on their parents' policy because of this law.

It will help people like my daughter, who turned 21 and the insurance company that had covered her for 21 years dumped her. Because of this law, she is now on my policy—and for 17 million other young adults who have insurance as a result of this law.

I can talk forever about the way in which the insurance companies discriminate based upon age, sex, preexisting conditions, and across this Nation millions upon millions of Americans were denied coverage, but are no longer because of the Patients' Bill of Rights.

This is insurance reform on steroids. And I wish I had this law available to me when I was insurance commissioner in California. This is a good law. This is a very, very good thing for Americans.

Mr. SMITH of Texas. Mr. Speaker, I yield the balance of my time to the gentlewoman from Minnesota (Mrs. BACHMANN), who is a member of the Fi-

nancial Services Committee and the Intelligence Committee.

The SPEAKER pro tempore. The gentlewoman from Minnesota is recognized for 2½ minutes.

Mrs. BACHMANN. I thank the gentleman from Texas for yielding.

If there's anything that we have learned, Mr. Speaker, over the last several years as we've debated the President's health care plan, it is that it's been a mirage, and it has been built on a series of one broken promise after another.

The President told us that we would be saving \$2,500 a year per household if we passed his health care bill. But the sad reality is that Americans' health insurance premiums have increased by almost that amount, which means the President was off by a stunning \$5,000 per household. And Americans are pulling their pockets inside out saying, Mr. President, I don't have the money to pay \$5,000 more per year on my health insurance policy. Of course they don't. Because this has proved to be the crown jewel of socialism. That's what government health care is.

Senior citizens realized early on they had the most to lose by the President's health insurance policy because what they found from this bill, which has been commonly called ObamaCare, is that \$575 billion will be stolen away from them out of Medicare. And not only will they have \$575 billion less in Medicare; they're also looking at having to spend—senior citizens—out of their pocket \$200 billion more in increased taxes for Medicare. That's a big loss for America's senior citizens.

But it doesn't stop there, Mr. Speaker. Millions of Americans across the United States are now going to find out that the promise the President made that if you like your health insurance, you can keep it, that's a sham, too. Not only will you not keep it; millions of Americans are looking at being thrown off their current health care policy that they have from their employer.

□ 2010

Millions—millions—of Americans will no longer even have the option of their employer's health insurance plan. How do I know that? I talked to a job provider today, 400 employees. He told me he can no longer afford to provide health insurance because of all the new increased costs. He isn't the only one.

I talked to another employer today, Mr. Speaker, a woman. She had 250 employees. Now she's down to 90. She told me, if we can't repeal this bill, she'll have to actually let them go and they'll be down to 50. We have to repeal this bill.

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

Mr. Speaker, small businesses create 7 out of every 10 new jobs, and they are the driving force behind this great Nation's economy, and we need these jobs as we attempt to rebound from a stubborn recession.

As chairman of the Small Businesses Committee, I constantly hear from small business owners that the burden of government regulations and taxes is too high. The health care law is perhaps the worst offender. The last thing the Federal Government should do is discourage job creation. Yet this massive health care law, with all its costs, mandates, regulations, and paperwork, does exactly that. Facing the expense and confusion this law creates, it's natural that small businesses decide to wait and see instead of invest and grow. The worst impacts of this law are yet to come.

We should be freeing up our small businesses to plan, grow, and hire. Heavy-handed government causes bold entrepreneurs to become cautious. Businesses are reduced from thinking about growth to thinking about survival.

Brian Vaughn, a small business man in Douglas, Georgia, planned to open a new store and reinvest profits. Testifying to our committee, he said:

I fear that neither of these dreams nor my plans to achieve them will be possible. In fact, my worry is that everything I have worked for will be for naught and may be wiped out by this new health care law.

Fortunately, we have a solution: Repeal this burdensome law. Stop it in its tracks before small businesses like Brian's are permanently harmed. Then pass commonsense solutions. We want real reforms that put patients in charge of their health and bring down costs.

This law is historic, but for all the wrong reasons. It reaches too far into the personal decisions of Americans, and it puts a heavy burden on our economy and small businesses. It's an example of Big Government at its absolute worst.

We have a responsibility to repeal and replace this intrusive law before any more damage is done. So let's vote this Big Government intrusion out and give small businesses a real chance to do what they do best, and that is create jobs.

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

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

(Ms. VELÁZQUEZ asked and was given permission to revise and extend her remarks.)

Ms. VELÁZQUEZ. I rise in strong opposition to the bill before us today.

The Supreme Court's recent ruling upholding the health care bill was a historic win for this Nation's small businesses and their employees. Repealing the Affordable Care Act will be an enormous step backwards for 26 million small firms who not only want relief from high health care costs, but for Congress to focus on job creation.

This bill will not help a single small business secure a loan, break into new public markets, or invest in its operations. The other side acknowledges this legislation is going nowhere, just

like the previous vote we took at the beginning of this Congress.

Not only is the health care bill good law, it is good policy and has already led to major achievements for small companies since its enactment. The tax credits from the health care bill have saved over 300,000 small firms an average of \$1,400 on their insurance costs. The qualifying therapeutic discovery project program has invested \$1 billion in over 4,600 small innovative firms that are developing groundbreaking therapies and creating jobs. Small firms are receiving more value for their premium dollars because the 80/20 rule is now in effect. Because of this, not only is the small group market receiving \$321 million in rebates this summer, they are benefiting from lower premiums.

The future of health reform will bring expanded coverage for preventive services and new State health exchanges in 2014, allowing more employers to purchase affordable insurance. Soon, prior medical conditions will not bar anyone from obtaining coverage. As the implementation of health care reform continues, improving the health of the Nation's citizens will remain a priority for Congress going forward.

At a time when economic growth is critical, we should be focusing on how to help small businesses raise capital and create jobs. Today's bill does none of this. Instead, it threatens our Nation's job creators. It imposes a tax increase by eliminating critical small business tax credits, which have generated \$485 million worth of savings. By doing away with reforms that establish new health insurance markets, it would limit small businesses' ability to secure coverage and eliminate choices for entrepreneurs.

Small businesses already pay 18 percent more for coverage than their corporate counterparts. The loss of new safeguards would compound this problem. Because of health reform, insurers are no longer able to raise rates arbitrarily. Passage of this bill will strip new protections that provide bargaining power to small companies. Rather than making improvements to the law, the Republicans want to eliminate it without offering any alternatives.

While I agree that more can be done to make healthy living more attainable for Americans, voting for today's bill will not do that. One of the first votes I took this Congress was against Republican efforts to repeal the Affordable Care Act. I will continue opposing any efforts repealing a law that is beneficial to millions of small firms.

I urge Members to oppose the bill, and I urge the leadership to focus on meaningful ways to address this Nation's economic challenges.

With that, I reserve the balance of my time.

Mr. GRAVES of Missouri. Mr. Speaker, I yield 2 minutes to my friend, the chairman of the Transportation and Infrastructure Committee, Mr. MICA of Florida.

PARLIAMENTARY INQUIRY

Mr. MICA. Mr. Speaker, before I begin, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state it.

Mr. MICA. Mr. Speaker, I had not been privy to the prior debates of our discussion of the subject and the repeal legislation at hand. Is it appropriate and within the decorum of the House to refer to the legislation that is being considered repealed as repealing "ObamaCare"?

I don't want to inflict any disrespect on the office of the President. In order to keep in the decorum and respect for the office, may we refer to the President's plan for health care government takeover as "ObamaCare" or in another term?

□ 2020

What would be appropriate under the rule?

The SPEAKER pro tempore. The Chair will not render an advisory opinion.

Mr. MICA. But if I do refer to it as ObamaCare, I'm not out of order?

The SPEAKER pro tempore. The Chair will not render an advisory opinion.

Mr. MICA. Thank you. And I have been instructed by the staff that the proper term—or the title of the bill, I guess, Mr. Speaker, is Repeal of Obamacare, but I wanted to clarify that before I began.

As the Supreme Court rendered its decision, I had the opportunity to stand with some of my colleagues on the steps of the Court just across from the Capitol. I stood on the steps and spoke to the crowd gathered with other Members of Congress, and I said the decision by the Court to, again, uphold the law that we seek to repeal, the decision was basically the decision to tax the people. And the power to tax, it's been said, is the power to destroy.

I come before the House tonight and I'll state the same concerns I expressed on the steps of the Supreme Court. First, the power to destroy.

It's appropriate tonight that the Small Business Committee is here, chaired by the distinguished gentleman from Missouri. American small business has been stuck in neutral. The decision by the Court in upholding this law is taking small business, which is stuck in neutral, and actually putting it in reverse. It's putting it in reverse because it is one of the largest tax impositions—call it a mandate, call it a penalty—that you could impose on small business, which is the primary economic generator in the United States.

As a former businessman, I know the difficulty in trying to keep the door open, the lights on, the bills paid. This is probably creating the greatest uncertainty and the greatest depression in the creation of jobs since expansion of small business in the United States. So, indeed, the power to tax is the power to destroy.

Secondly, I stand in support of the measure to repeal ObamaCare, or the President's plan for health care, because of the impact on our senior citizens. The power to destroy something they sought as seniors and a promise from our government, Medicare, to cut half a trillion dollars from Medicare is not the way to go. That's why I oppose the President's plan and ask for its repeal.

Ms. VELÁZQUEZ. Mr. Speaker, since I have two speakers on this side, I will continue to reserve the balance of my time.

Mr. GRAVES of Missouri. Mr. Speaker, at this time I would yield 2 minutes to the gentleman from Florida (Mr. WEST).

Mr. WEST. Thank you, Mr. Chairman.

A U.S. Chamber of Commerce survey showed that 74 percent of small businesses contend that the Patient Protection and Affordable Care Act will make job creation at their companies even more difficult.

A recent report by Bloomberg News noted that the President's health care law will impose an estimated \$813 billion in new taxes on job creators and middle class families, based on data from the nonpartisan Congressional Budget Office. Additionally, the law and the more than 13,000 pages of related regulations issued before July 11, 2012, are causing greater uncertainty, slowing economic growth, and limiting hiring opportunities for the approximately 13 million Americans searching for work. Imposing higher costs on businesses will lead to lower wages, fewer workers, or both.

Half of all small business income would face higher taxes. According to Bloomberg News, analysis by the Joint Committee on Taxation also shows President Obama's plan for massive tax hikes "would mean higher taxes on 53 percent of business income reported on individual returns."

The ObamaCare tax is already holding back job growth in medical innovation, with venture capital investment and medical device firms down over 50 percent in 2011 compared to any previous 5 years.

Mr. Speaker, today I had 17 members of the South Florida Chapter of the Association of Builders and Contractors saying that this law is going to adversely affect their businesses. Roger Dunshee, of Twin Vee Catamarans in Fort Pierce, Florida, is considering who he will have to leave off of his insurance coverage or who he will have to completely get rid of from his business. David Carbone, president and CEO of St. Mary's Hospital in West Palm Beach, is concerned about how he will be able to run the hospital and also the type of care he will be able to provide. Dr. Mark Powers of Orthopedic Specialists in Port St. Lucie, Florida, is concerned about what he will be able to provide as a small business owner.

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

Mr. GRAVES of Missouri. I yield the gentleman an additional 15 seconds.

Mr. WEST. Mr. Speaker, this is not about taking anything away from the American people. We can keep what is good. But this is bad policy that had to be passed in order for us to find out what was in those 2,700 pages.

Let us do what is right for the American people. Repeal this onerous monstrosity that is nothing more than a tax law and develop a health care solution for which the American people can be proud.

Ms. VELÁZQUEZ. At this point, Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. PETERS).

Mr. PETERS. Mr. Speaker, I stand in opposition to the Republican Affordable Care Repeal Act because it is an irresponsible approach that does nothing to address the rising cost of health care that our families and our businesses are facing today.

It is a fact that the fastest-rising cost for most U.S. companies is health care. Without the Affordable Care Act, overall health care costs will continue to rise even faster, costs that will be borne by both the public and private sector.

It is important to note that voting for this repeal bill will eliminate the Small Business Health Care Tax Credit. This tax credit currently allows small businesses to offset up to 35 percent of their health care insurance cost. Starting in 2014, the credit will increase to 50 percent of premium cost.

Small businesses have faced outrageous increases in their health care costs over the past decade. The Affordable Care Act helps reduce that burden and is already making a real difference in people's lives.

Nearly 2 million employees at 309,000 small businesses have taken advantage of the tax credit, receiving an average credit of \$1,400. This repeal bill will put a stop to this important small business tax credit. I want to make sure that we all understand that the repeal of the Affordable Care Act will result in a tax increase on small businesses, businesses which create almost two-thirds of all new jobs in this country.

Let's be clear what the Affordable Care Act does for people and for small businesses.

The Affordable Care Act prohibits health plans from imposing caps on lifetime and annual coverage; it bars cancellation of insurance policies; it guarantees free preventative care that lowers the cost of health care; it eliminates denial of coverage for preexisting conditions. And by eliminating this unfair practice, health care reform helps nearly one-third of uninsured, self-employed entrepreneurs.

But critics of the Affordable Care Act claim that they want to go back to the old system, a system where small businesses pay more on average for health insurance than large companies, yet receive fewer benefits; a system that had small business premiums rising 113 percent over the past decade; a system

where our country continues to lag behind other advanced nations in delivering timely and effective care; and a system where Americans spend twice as much as other nations on Earth but have worse health outcomes.

The Affordable Care Act protects the Nation's 26 million small businesses from unfair premium hikes and ensures that they have predictable and stable cost. Without the Affordable Care Act, out-of-control costs will only get worse, rising to \$4.4 trillion by 2018.

□ 2030

We cannot go back to business as usual. The Supreme Court has settled the issue of the law's constitutionality, and Congress should stop these election-year stunts.

This bill has no chance of being signed into law. We need to stop playing political games and focus on putting Americans back to work.

Instead of just saying no, Republicans need to work with Democrats to improve and implement a law that ensures health care is affordable and accessible to all Americans.

Mr. GRAVES of Missouri. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. WALSH), the chairman of the Small Business Subcommittee on Economic Growth, Tax and Capital Access.

Mr. WALSH of Illinois. I thank the chairman.

And to my colleague on the other side, the Small Business Health Care Tax Credit has proven incredibly ineffective. The GAO itself has said that it is much too complex; and like everything Washington does, its temporary nature has really done nothing to reduce the cost of health care for small business.

Mr. Speaker, my State of Illinois is hurting. Real unemployment has been above 11 percent for the past 3 years.

I've heard from employers throughout my district that they do not support the President's health care law. They do not support the more than 13,000 pages of new regulations. They're already buried under regulations. They don't support the 21 new taxes. They're already overtaxed. And they definitely do not support the increased health care costs. They've seen their health care costs rise at an unsustainable rate.

Mr. Speaker, the numbers speak for themselves: 74 percent of small businesses say the law makes it more difficult to hire additional employees.

Why don't my colleagues on the other side listen to the people who create jobs in this country?

Why do my colleagues on the other side always think they have all the answers?

It's time we listened. It's time we repealed ObamaCare.

Mr. GRAVES of Missouri. Mr. Speaker, could I ask how much time we have left.

The SPEAKER pro tempore. The gentleman from Missouri has 7¾ minutes.

The gentlewoman from New York has 8 minutes.

Ms. VELÁZQUEZ. I yield myself as much time as I may consume.

Mr. Speaker, on average, small businesses pay more for health insurance than large firms for comparable policies, but receive fewer benefits. Prior to enactment of the ACA, 20 percent of consumers were in plans that spent more than 30 cents of every premium dollar on administrative costs, and an additional 25 percent were in plans that spent between 25 and 30 percent of every premium dollar on administrative costs.

The ACA included the medical loss ratio that requires the insurance company to spend at least 80 percent of small employer premium dollars on medical costs instead of administrative expenses. Is that bad for small businesses?

When Republicans were in control of both Chambers and held the Oval Office, they talked about this solution for nearly a decade, and yet nothing happened. In that time, small businesses saw their employees' premiums rise by an average of \$700 every single year.

Why should small businesses believe they can deliver on a promise this time?

So, finally, the law needs to be implemented. The most beneficial provision to small employers doesn't go into effect until 2014. The availability of State exchanges in 2014 could spur more small business owners to provide health benefits to employees.

For example, in California, just 32 percent of small businesses currently offer health insurance to their employees, but the number of those likely to offer insurance through exchanges jumped to 44 percent.

So don't repeal this legislation just for the sake of energizing the Republican base. You know that by enacting today and taking this vote this is going nowhere.

What we should be doing—and someone on the other side said that we should be listening to small businesses—yes, we are listening to small businesses, and what I hear from small businesses is that they are having trouble getting consumers through their doors, that they are having trouble selling their products, that they're having trouble accessing capital. Those are the obstacles that they are facing today, and that will prevent small businesses from creating jobs, and that is what this economy needs in order to get the economy growing again.

So repealing this today is not going to create one single job.

With that, I reserve the balance of my time.

Mr. GRAVES of Missouri. Mr. Speaker, at this time I yield 2 minutes to the gentleman from Illinois (Mr. SCHILLING).

Mr. SCHILLING. Mr. Speaker, like many in Illinois' 17th District, I'm disappointed that the Supreme Court decided to uphold the President's health

care reform law. The Court ruled what we all knew from the beginning, but the President wouldn't acknowledge, the law's individual mandate is really a tax on the American people and businesses that create jobs.

Under this law, the health care costs remain too high. Government bureaucrats remain between patients and their doctors. Too many Americans remain unemployed, with national unemployment hovering above 8 percent for the last 41 straight months.

The law's medical device tax will continue to raise health care costs and limit the ability of facilities, like Cook Medical in Canton, Illinois, to expand and grow jobs. And the law's employer mandate will continue to force employers to choose between paying a penalty, increasing the number of employees eligible for health care coverage, replacing full-time staff with part-time employees, or laying folks off.

Mr. Speaker, now is not the time to raise taxes on working-class families or employers. We need to repeal this law and get to work on bipartisan health care reform that lowers costs and makes health care more convenient and more affordable.

I'm new to Congress, but I have a plan to address rising health care costs while ensuring those who need it have access to coverage. I urge men and women from across America to visit schilling.house.gov to take a look.

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

Mr. GRAVES of Missouri. Mr. Speaker, at this time I yield 1 minute to the gentleman from Colorado (Mr. TIPTON), the Small Business Subcommittee chairman on Agriculture, Energy and Trade.

Mr. TIPTON. I thank the gentleman for yielding.

The ranking member just listed off many of the challenges the businesses face, and we agree. But let me add one more. A company in Pueblo, Colorado, PDI, employing better than 200 handicapped individuals, that company is threatening to be able to see their business shut down because of ObamaCare. They simply cannot afford it.

That is the challenge that small businesses across this Nation are truly facing, a \$2 trillion tax, a \$2 trillion tax when we need to be investing in things like competition. Let's create those opportunities, positive opportunities, through health care, allowing the marketplaces to work, ensuring that people have those opportunities to have preexisting conditions covered.

Let's let our children who are 26 years old stay on those policies, but let's bring competition to the market and have things like tort reform as well.

PDI and those handicapped individuals in Pueblo, Colorado, are counting on common sense, not politics as usual out of Washington, D.C., where one-size-fits-all, and Washington has all the answers. Let's not get between that pa-

tient/doctor relationship. The people are counting on positive action.

Ms. VELÁZQUEZ. Mr. Speaker, I continue to reserve.

Mr. GRAVES of Missouri. Mr. Speaker, at this time I yield 1 minute to the gentleman from Colorado (Mr. COFFMAN), chairman of the Small Business Subcommittee on Investigations, Oversight and Regulations.

Mr. COFFMAN of Colorado. Mr. Speaker, the Supreme Court's decision to uphold President Obama's health care reform law has reinforced the need for Congress to repeal and to replace this law. No doubt, health care reform is important. Today, health insurance is far too expensive, and health care reform should lower costs and broaden access without compromising the quality of care.

I support tax incentives to help individuals buy health insurance, high-risk insurance pools for those affected with preexisting conditions, allowing small businesses to band together for the purchase of health insurance so that they can get the same discounts that large corporations receive, and medical malpractice reform to help bring health care costs under control by curbing the unnecessary and costly practice of defensive medicine.

Mr. Speaker, it is time for Congress to act, to show the American people that we can accomplish meaningful health care reform without crippling the economy and bankrupting our Nation.

□ 2040

Ms. VELÁZQUEZ. Mr. Speaker, I would like to inquire of the Chair how much time both sides have left.

The SPEAKER pro tempore. The gentlewoman from New York has 5 minutes remaining. The gentleman from Missouri has 4¼ minutes remaining.

Ms. VELÁZQUEZ. I yield 3 minutes to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Thank you to my fellow New Yorker.

I rise today opposed to the 31st edition of this legislation and urge my colleagues to vote against it.

Just what are we doing here today on the floor of this House? Are we passing jobs bills that will help the middle class? No. Are we working together to help America recover from the recession? No. Are we passing a bill that has any chance of being signed into law? No. So what exactly are we doing?

Are we politically posturing during an election year? Yes. Are we voting to repeal a law that more Americans support than oppose without any hint of a plan for replacement? Yes. Are we voting to deny 6.6 million young adults health benefits under their parents' insurance? Yes. Are we voting to raise costs for some 5.3 million seniors who pay for their prescription drugs? Yes. Are we voting to deny 17 million children with preexisting health conditions the opportunity for coverage? Yes. Are we voting to take away free screening and preventative checkups? Yes.

So, Mr. Speaker, we can do better than this. Mr. Speaker, we must do better than this.

The Supreme Court—the highest court in the land, a conservative-leaning court—has ruled, and the debate has ended over the constitutionality of the Affordable Care Act. Instead of repealing the health care bill for the 31st time in 19 straight months in a Congress that has done absolutely nothing to create jobs, isn't it time to move on to something—anything—that will help our struggling middle class?

Mr. Speaker, the American people are sick and tired of the games played on this floor. Let's end this debate and get back to work—work that will find us passing bills, that will help grow jobs, work that will find us working together to inspire a thriving middle class.

Mr. GRAVES of Missouri. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. CHABOT).

Mr. CHABOT. I thank the gentleman for yielding.

Mr. Speaker, the Supreme Court's unfortunate decision to uphold ObamaCare doesn't mean it's the right thing for this country. It's not. It was bad public policy when it was forced upon the American people 2 years ago, and it's bad public policy today.

Last Friday, the Department of Labor announced that millions are still out of work across this country and that businesses are still struggling to keep their doors open. It is unfortunate that this President doesn't seem to recognize that this law is hurting American workers and those looking for work. Businesses will be hit with more than \$500 billion in new taxes—and the Supreme Court has said what it is, a tax—a maze of burdensome red tape, and mandates that could cause the loss of 1.6 million additional jobs. We can't afford that.

And for what?—a law that puts government ahead of people, a law that consolidates power into the hands of a group of 15 unelected bureaucrats, a law that has already increased health care costs and will limit Americans' access to quality, affordable health care.

There is a better way forward.

This misguided law must be replaced with patient-centered reforms that allow families to make their own health care choices and to visit the doctors they want to visit. Health care decisions should be made at home, around kitchen tables all across the country, not in the back rooms on Capitol Hill.

Mr. Speaker, we do not need health care reform like this, but we do need health care reform. This law is not the answer. It's a Big Government power grab. That's what it really is. What history has shown time and again is that Big Government makes things more expensive, more bureaucratic, and less effective. It is time to repeal this law and to get our economy moving again and to get Americans back to work.

Ms. VELÁZQUEZ. I continue to re-serve the balance of my time.

Mr. GRAVES of Missouri. Mr. Speaker, I yield 2 minutes to the chairman of the Small Business Subcommittee on Healthcare and Technology, the gentlewoman from North Carolina (Mrs. ELLMERS).

Mrs. ELLMERS. Thank you, Mr. Chairman.

Once again, I rise today to speak out against ObamaCare and why we must repeal it.

The Supreme Court's decision last month has verified that ObamaCare is one of the biggest tax increases in modern history. Furthermore, a board of 15 unelected and unaccountable bureaucrats will now remain in place to determine the health care for millions of Americans while cutting \$500 billion out of Medicare for our seniors.

The American people now have a clear choice.

We in Congress can either support historic tax and spending increases, fiscal uncertainty, and unprecedented government overreach; or we can join together to fight to repeal this ObamaCare tax and work for real solutions while taking health care decisions out of the hands of government bureaucrats and putting them back into the control of doctors, patients, and their families.

By repealing ObamaCare, we will restore the doctor-patient relationship and protect our seniors from ceding this relationship to a board of unelected bureaucrats. Our system must not dictate to doctors how to provide care, force them to provide medications regardless of known complications and then make them liable with no limits or protections.

Reforming the health care system and ensuring patient-centered access to care is not a Republican idea or a Democrat idea. Rather, it is the obligation of all of us to the American people.

Ms. VELÁZQUEZ. Mr. Speaker, I would like to inquire of the Chair how much time is left on both sides.

The SPEAKER pro tempore (Mr. FLEMING). The gentlewoman from New York has 3 minutes remaining. The gentleman from Missouri has 30 seconds remaining.

Ms. VELÁZQUEZ. At this time, I yield 2 minutes to the gentlelady from Texas, Ms. SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. I thank the gentlelady from New York for her distinguished commitment and service to small businesses across America.

Mr. Speaker, just a few minutes ago, a colleague rose to the floor and called this "socialism." It is not. Many have risen to the floor to talk about how this will impact negatively on small business. It will not.

I rise enthusiastically to oppose what is a political legislative act—the repeal of ObamaCare. It is really the Affordable Care Act by the statement of the United States Supreme Court. The statement of Justice Roberts, of which I read, indicates that, beginning in

2014, those who do not comply with the mandate must make a shared responsibility payment to the Federal Government.

That is what this is about—sharing and bringing about health care costs that will go down, not up.

To my small businesses, let me say how much we care for you. I have supported small businesses throughout my public life and before, and I would argue vigorously that this helps to ensure that you can keep employees and add employees.

In fact, between 2010 and 2011, health care costs dropped to 3.9 percent when it was above 6 percent—almost one half less than before the Affordable Care Act was passed. This, frankly, exempts all businesses fewer than 50 employees. That means some 96 percent of American small businesses will not even be impacted. For those that are, this legislation will provide \$40 billion in tax credits for small businesses to offer health care.

Now, in 2011, 360,000 small businesses have benefited from the health care tax credit—2 million workers. As well, you will be able to ensure with your health insurance that 85 percent of your premiums will go toward health claims and improvement activities, not to advertisement.

□ 2050

It entails that if an insurance company pays \$70 for every insurance claim and quality-improvement activity, you will get rebates, \$127 million in total rebates in the individual market, and \$1.3 billion, Mr. Speaker, to consumers and businesses.

The fact is this is the right thing to do. Support ObamaCare. Oppose the repeal. This is good for business.

HOUSE OF REPRESENTATIVES,
Washington, DC, July 3, 2012.

Hon. RICK PERRY,
Governor, State of Texas,
Austin, Texas.

DEAR GOVERNOR PERRY: As you may know, the United States Supreme Court has upheld major provisions of the Patient Protection and Affordable Care Act (ACA) last week. Residents in the state of Texas will greatly benefit from its implementation, of which two provisions will directly impact Texans. This includes the Medicaid Expansion and the implementation of health insurance exchanges. I respectfully request that you charge, the Texas State Legislature and the Texas public health departments to begin implementation of the entire law.

Now that the decision has been made by the United States Supreme Court, it is now time to move past the partisanship and begin delivering affordable care to millions of Americans. Many provisions in the ACA will benefit all of Americans; however, these two specific provisions will greatly benefit our state. For instance, the Medicaid expansion will expand coverage to Americans who are below 133 percent of the Federal Poverty Line (FPL). Roughly 25 percent of Texans are below 100 percent of the FPL, which is higher than the national average. Those who are low income have less access to care, have poorer health outcomes and are at a higher risk of premature death. Our State has an obligation to ensure those who are most vulnerable do not prematurely die because they

lacked coverage, especially after the United States Supreme Court has ruled the law constitutional. Furthermore, a number of states have already expanded their Medicaid program, and I encourage you to move forward on expanding our program as well. Although the Supreme Court decision apparently permits a state to opt out, I am requesting that you choose not to, and take care of Texans in need.

The ACA also requires states to have their state-based health insurance exchanges running by 2014 and provide a progress report by 2013. Currently, our State of Texas has done nothing in exploring options. I encourage you to begin setting up our exchange for a number of reasons.

For one, many Americans and businesses find navigating private health care insurance plans complicated and confusing. Establishing our State-based health insurance exchange will provide a clear mechanism for many Texans and small businesses purchase affordable health insurance plans. This will greatly benefit those who are below 400 percent of the FPL.

As a Member of Congress, representing our great State, I have an obligation to do all that is possible to ensure that the laws are followed when enacted. Our Supreme Court has decided on the ACA and now it is time to move forward and begin with implementation. Our State has so much to benefit from implementing the law, and I know Texans will greatly appreciate your dedication to adhere to the law.

Very Truly Yours,

SHEILA JACKSON LEE,
Member of Congress.

Mr. GRAVES of Missouri. Mr. Speaker, I'm prepared to close.

Ms. VELÁZQUEZ. Mr. Speaker, with that, I am prepared to close.

What will small businesses lose if health care reform is repealed? Small business tax credits that save employers \$435 million in 2011 will be abolished. Insurers will be able to continue price-gouging their customers and denying coverage for preexisting conditions. Repeal will mean millions of families and employers will no longer receive the benefits of lower premiums on insurance company rebates worth over \$300 million this year alone.

I urge a "no" vote because the ACA was a step in the right direction. Without it, the self-employed and small business employees will continue to be uninsured at high rates with no hope of Republican action to fix the broken health care system.

Mr. Speaker, instead of holding this vote, we should be spending our time on targeted measures to help our Nation's small businesses grow and create jobs. Maybe what we should be doing today is debating the jobs bill that the President presented to us in the House of Representatives.

With that, I yield back the balance of my time, and I urge a "no" vote.

Mr. GRAVES of Missouri. Mr. Speaker, I would like to address the comments made by the gentlelady from Texas who claimed that 4 million small businesses are going to be able to take advantage of this tax credit and how much it was going to help.

We requested a GAO study and found that only 170 small businesses have even taken partial advantage of this

credit. This bill is grossly ineffective, it does not work, and it hurts small businesses.

I would urge my colleagues to vote to repeal this piece of legislation and help get this economy finally rolling so we can pass some real reforms when it comes to health care.

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

Mr. STARK. Mr. Speaker, I don't think I look much like Bill Murray, or have his wit, but I sure feel like him in his role in "Groundhog Day."

There are pressing issues facing our country—mainly the need to get our economy back on track and start creating jobs. But, my Republican colleagues refuse to allow us to focus on that vital priority.

Instead, we are here for the 31st time in this Congress to consider repeal of the health reform law.

Nevermind that the House already passed repeal of the health care law early in 2011 and that bill is still sitting in the Senate awaiting their consideration.

Nevermind that 29 other bills have repealed particular provisions of the law.

No, we are going to once again take the time of this Congress to pass a bill that doesn't need to be passed because my Republican colleagues are mad at the Supreme Court for upholding the law.

We know that House Republicans don't intend for the Senate to take this bill seriously because they are rushing this bill to the floor today before the Congressional Budget Office has even had the opportunity to provide a score for health reform repeal. With that analysis, we would know the cost or savings associated with health reform repeal. But, Republicans don't feel any need for being informed before they vote because they know they hate health reform and they'll vote to repeal it no matter what.

Well, with a Congress that behaves like this, none of us should wonder why our approval ratings are at 12%.

What my Republican colleagues steadfastly refuse to acknowledge is that health reform is already helping people and repealing it will have serious negative consequences for millions of Americans.

Should Republicans succeed in their blind drive to repeal health reform:

6.6 million young adults would lose the guarantee of being allowed to obtain insurance coverage on their parents' health insurance plans.

17 million children with pre-existing conditions could again be denied health insurance coverage.

105 million Americans would again be subject to lifetime limits on health insurance—which could stop coverage when they need it most.

12.8 million Americans who are due over \$1 billion in rebates from the health insurance industry this year would never see that financial relief.

The more than 5.3 million Medicare beneficiaries who have been helped with high drug costs would see that assistance disappear.

The 86 million people who have already received life-saving preventive benefits free-of-charge would lose access to that vital benefit.

The list goes on and on.

Repeal of ObamaCare is not what the American people want. When I go home, par-

ents thank me for health reform because their children who are recent college graduates have health insurance, their parents on Medicare saved money on their prescription drugs, and they know they will soon not be locked-in to their current job for fear of losing health coverage. When they talk to me about what Congress should be doing, they emphasize, jobs, jobs, jobs.

I agree with my constituents. I urge my colleagues to vote "no" on this senseless political stunt of a bill and I implore my colleagues on the other side of the aisle to get on with the business that American's care about—jobs.

Mr. TURNER of Ohio. Mr. Speaker, the flawed Obamacare law adversely affects American families, small businesses and millions of seniors. Even before the law is fully implemented, Obamacare already increases costs on hard-working American families and businesses. For example, healthcare premiums have already increased by \$1,200 for the average American family.

Two weeks ago, the U.S. Supreme Court ruled that the individual mandate of the President's healthcare law is a tax. This tax will have tremendous consequences on individuals, working families, businesses, and local governments. In fact, the most recent Congressional Budget Office estimate indicates that the individual mandate will impose \$54 billion in new taxes on Americans over 10 years.

We have heard from many businesses across the country that the employer mandate will be devastating for them and their employees. For example, the employer mandate to provide healthcare coverage will penalize American firms by \$113 billion over 10 years and could eliminate 1.6 million jobs. At a time when the economy is still struggling to recover, we should be focused on reducing taxes on hardworking Americans and providing incentives for businesses to grow and create jobs.

That is why last week I authored H.R. 6048, the Healthcare Tax Relief and Mandate Repeal Act, with 125 of my colleagues, to repeal the Obamacare individual and employer mandates, providing relief for American families and businesses.

Mr. Speaker, I am also troubled by the Obamacare 2.3 percent tax on medical devices. Mound Laser and Photonics Center, headquartered in Miamisburg, Ohio in my district, specializes in laser-based micro and nano-fabrication. The majority of its workers have backgrounds in science and engineering, critical fields our country needs to compete in the global economy. Unfortunately, the company reported it was forced to lay off 10 employees due to the loss of business from one of its medical device clients.

Another company in my community, Ferno-Washington Inc., a global leader in manufacturing and distribution of professional emergency and healthcare products based in Wilmington, Ohio, says the tax increase will cause the company to scale back research, development, and production of new products, hampering the company's ability to compete. The executives at Ferno estimate the cost of the tax is equivalent to 23 jobs.

This Congress, I authored H.R. 1310, a bill to repeal this tax for first responder medical devices and co-sponsored a bill to eliminate this unfair tax altogether.

Mr. Speaker, now is not the time to impose extra burdens on American families and businesses when our economy is struggling to get back on track. I strongly support repeal of Obamacare and am committed to working with my colleagues to carefully and thoughtfully implement real healthcare reform.

Mr. MARCHANT. Mr. Speaker, I rise today in strong support of H.R. 6079, the Repeal of Obamacare Act.

Last Friday, the Bureau of Labor Statistics announced that, for the 41st straight month, we had an unemployment rate of above 8%. As a small businessman, this comes as no surprise to me. The President has done little to inspire confidence in job creators. From new, burdensome regulations and stifling tax hikes, the legislative agenda of this Administration's first two years is still wreaking havoc on the economy.

I say this just a day after the President reiterated his commitment to the notion that we ought to increase taxes to feed more big government, the same big government that has let our deficits spiral out of control and our credit rating downgraded.

We have much work to do to rein in government. Repealing this monument to bloated bureaucracy is but the first step we must take to signal to the private sector that success will not be punished.

Mr. KUCINICH. Mr. Speaker, I rise in opposition to the 31st attempt to roll back health care coverage for American families.

Before the bill was passed, the House and Senate debated it for well over a year. It was debated on the House and Senate floor, in several committees, in the media, in town halls, on the World Wide Web, in living rooms; indeed, it was hard to escape the debate during that time. The bills received dozens of votes, including committee votes. It passed the House and Senate. It was signed into law. Since then, it has continued to be debated; the House alone has devoted 43 hours of scarce floor time to it. Now, it is being implemented and American families are already benefitting from the law. It has been through the courts—all the way to the highest court—and it has been found to be constitutional. It has been upheld.

Instead of trying to accelerate our economic recovery, the primary concern of American families and businesses, we are spending hours of valuable time on the House floor debating yet again whether to repeal the Affordable Care Act. I would be enthusiastically supportive of a debate about whether to continue forward progress by moving toward a single payer system which would provide higher quality health care for everyone in the U.S. without paying a dime more than we are currently paying. That is a debate worth having. But today's debate is not about moving forward; it is about moving backward. We can't move forward with our eyes glued to the rear view mirror. This is not governance.

Mrs. EMERSON. Mr. Speaker, three branches of the federal government now agree: the Affordable Care Act is a tax, and it falls to Congress to repeal this tax.

American families, employers, patients and providers have known this all along. CBO says the health care law will cost 800,000 American jobs. Taxpayers are footing more than a trillion dollar bill for the privilege of putting more Americans out of work. It is a tax on top of a tax.

How much more damage can this Administration inflict on the American economy? How much more uncertainty can our small businesses bear? What American senior citizen feels comfortable with handing over their health care decisions to an unelected board deep in a federal office or inflicting a \$500 billion cut to Medicare?

This law represents the most chilling powers of government: to tax as a form of interference with our freedoms, to get between Americans and their earnings at the same time it gets between Americans and their liberties. The taxes included in the ACA punish Americans for not doing something the government has decided to require.

We are here today to start a long, important conversation in Congress and in the nation about ridding ourselves of this law's dire consequences, intended and unintended. We will not settle the matter today, but it is vital that the people know we are working to strike down a tax we do not want, cannot afford and will not pay as a price for our freedom.

Ms. RICHARDSON. Mr. Speaker, I rise today in opposition to H.R. 6079, the latest Republican attempts to repeal the Affordable Care Act and block meaningful reform. I stand with the young people who can now find coverage under their parents' health insurance plans, Americans with pre-existing conditions who had been denied access to care, and senior citizens who cannot afford the sky-rocketing costs of medical treatments. Mr. Speaker, I stand with all Americans who will now begin to see the overall cost of health insurance go down.

The Affordable Care Act has been upheld by the United States Supreme Court as a constitutional law. I now rise to praise it as a wise and moral one, as well.

Access to quality, affordable healthcare is a basic right and is critical to the wellbeing of America, both today and in the future. This legislation addresses the needs of the millions of uninsured Americans, strengthens the Medicare system, and relieves all Americans of the growing financial burden of medical costs and insurance. Those who are attempting to obstruct healthcare reform are in effect sabotaging the health and financial security of my constituents and fellow Americans, and I cannot allow this repeal to pass.

In the 37th Congressional District of California, the benefits of the Affordable Care Act are undisputable. 23,000 children and 90,000 adults now have health insurance that covers preventative services with no co-pays, coinsurance, or deductibles. 510 small businesses have received tax credits to help maintain or expand healthcare coverage for their employees. Healthcare providers in the district have also received \$3.4 million in Affordable Care Act grants since 2010 to support community health centers; to develop innovative, cost-saving healthcare delivery systems; and to train health professionals.

These statistics are not unique to my district, and similar success stories are emerging in all corners of the country.

Look, for instance, at how the healthcare law is benefiting young adults and children. Under this reform, young adults may stay on their parents' health insurance until their 26th birthday, which is especially critical when recent graduates and young adults are seeking employment. Young adults are the most uninsured group among all Americans, and without

this provision, 3.1 million young adults would be uncovered.

Before the Affordable Care Act passed, health insurance companies could also deny coverage to children with pre-existing conditions, including common conditions like asthma. Healthcare reform corrected this unconscionable abuse, and its repeal would be a direct attack on the 17 million children who will now be protected from discrimination.

The concept of pre-existing conditions was also used to justify discriminatory policies that targeted women. Many women have been denied coverage or are charged at higher rates for conditions that include breast or cervical cancer, pregnancy, a history of a C-section, or having been a victim of domestic violence. I have a long history of supporting women's access to reproductive healthcare as well as a strong record fighting domestic violence. I am proud to support the Affordable Care Act, which gives women many of the rights and protections that I have fought for.

I would also like to take a moment to highlight how the Affordable Care Act helps American seniors by strengthening Medicare. 5.3 million seniors who used to fall into the "donut hole" Medicare coverage gap have already saved \$3.7 billion on prescription drugs because of healthcare reform, averaging \$600 per senior. The healthcare law will also completely close the "donut hole" by 2020. In addition, Medicare recipients are receiving a free annual wellness visit and coverage of key preventive services, meaning that seniors can access care before any problems escalate into costly and chronic conditions down the road. These services are possible because the Affordable Care Act has sparked a record-breaking crackdown on Medicare fraud, recovering more than \$4.1 billion in fiscal year 2011 alone.

Mr. Speaker, the Affordable Care Act addresses serious problems that have been plaguing children, women, and seniors. Its reforms will even the playing field for anyone who wants quality health insurance and will help our country more closely resemble the principles on which it was founded.

Despite the unfounded claims that this bill will raise taxes for everyday Americans, the Affordable Care Act will bring significant and immediate savings to the middle class at a time when they need it most. The healthcare law will provide a tax cut that averages around \$4,000 for 18 million middle class people, and 12.8 million Americans will receive \$1.1 billion back in rebates by August. When insurance companies overspend on administrative costs and CEO bonuses, it is the middle class who pays.

Until now, everyday citizens have also had to subsidize the medical costs for a small number of people who can afford healthcare but choose to remain without coverage. These individuals force American families to pay an additional \$1,017 each year to compensate. The Affordable Care Act would impose a modest penalty, ensuring that those who do not purchase their own coverage do not cause spikes in the cost of others' insurance. Although opponents of the Affordable Care Act attack this "free-rider" penalty as an unfair tax, the truth is that the majority of Americans will never have to pay it and rather stand to benefit from lower insurance rates.

Mr. Speaker, the Affordable Care Act was a long overdue bill that corrects deep injustices

in access to healthcare. Should the act be repealed, there is no planned reform to take its place. We would simply return to the same broken healthcare system and the same failed policies.

Many Americans view Congress as a system that is equally broken. They see that their leaders have an unprecedented opportunity for creating real and lasting change, and instead that chance is being squandered for short-sighted political gain. The GOP-controlled House is unleashing this attack without offering any new solutions. The Republican dismantling of the healthcare bill would be an act of betrayal to the American people who deserve basic health insurance, not election-year politics.

We have just celebrated the Fourth of July and marked the 236th anniversary of American independence. Looking back on our nation's history, there are certain moments that exemplify our evolution toward true democracy. Those are moments of action, not simply a rhetorical commitment to equality. We freed the slaves, extended voting rights to women, passed the Civil Rights Act and the G.I. bill, gave the right to vote to 18-year-olds, created social security and Medicare, and most recently repealed the discriminatory "Don't Ask, Don't Tell" policy. Each of these battles faced fierce opposition, but, now that they have been won, they are remembered as a triumph of core American values. Many look back and believe that America's best days are behind us, but I look ahead and see the Affordable Care Act as yet another brick in the wall of American greatness.

Mr. Speaker, all Americans—young, old, rich, and poor—have an unalienable right to healthcare. I ask my colleagues to join me in my pledge to support the Affordable Care Act and to continue efforts to strengthen our healthcare system in years to come.

Mr. CONAWAY. Mr. Speaker, I rise today to strongly support the passage of H.R. 6079, the Repeal of Obamacare Act.

A little over two years ago, as our Democratic colleagues were jamming this bill through Congress, their leadership thought they could appease some of the public's outrage by uttering that now famous phrase "we have to pass the bill to know what's in it."

Unfortunately for them, two years have passed and we now have seen what is in the bill—a top down, Washington-centric plan for the future of American's health services. Obamacare expanded and entrenched the worst parts of the American health system: it drives up premiums, reduces competition among insurers, restricts patient choice, further undermines the solvency of Medicare and Medicaid, and raises hundreds of billions of dollars in new taxes.

The law creates over a hundred and fifty new boards and offices, each with the authority to manage a piece of American's health care. The bill also gives the Secretary of Health and Human Services 1,700 new or enlarged powers to control American's access to and interaction with their health services. It even mandates that religious institutions violate the basic tenants of their faith by providing coverage for drugs and procedures that they find morally objectionable.

What's more, the law taxes insurers, device manufacturers, and drug manufacturers, driving up the cost of these products. And then, in perhaps the greatest insult, Obamacare

taxes employers for not providing insurance, it taxes people for not having insurance, and then it taxes people for having insurance that is too good.

Mr. Speaker, from its inception, this law has been a failure because it is premised on the misguided idea that a small group of individuals can plan out orderly lives for the rest of us. There is not one person working at the Department of Health and Human Services who knows what it is like to be a family in Bronte, practice medicine in Brownwood, or run a hospital in Andrews. Yet, Obamacare hands the fate of the families, doctors, and hospitals across my district over to the Secretary of Health and Human Services and her staff.

The ACA sets the ideas of this small cadre of Washington insiders ahead of the concerns of my constituents and their caregivers. It was crafted in secret and passed in the dead of night, and its most important details were left up to regulators who are unaccountable to voters. What was a 2,700 hundred page bill has spawned over 12,000 pages of regulations and more are being published every day.

Americans deserve a health care system that is designed with them at the heart of it. House Republicans are committed to enacting sensible reforms that build up the free-market. Solutions like buying insurance across state lines, allowing association health plans, and reforming our out of control tout system are common sense changes that will expand risk pools, lower premiums, and make insurance more affordable for millions of Americans. Our ideas can do this without the thousands of pages of rules and regulations, the hundreds of billions of dollars in taxes, and the mandates imposed by Obamacare.

I urge my colleagues join me in passing H.R. 6079 to repeal this divisive, intrusive, and loathsome healthcare law.

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of H.R. 6079 is postponed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4402, NATIONAL STRATEGIC AND CRITICAL MINERALS PRODUCTION ACT OF 2012

Mr. BISHOP of Utah (during consideration of H.R. 6079), from the Committee on Rules, submitted a privileged report (Rept. No. 112-590) on the resolution (H. Res. 726) providing for consideration of the bill (H.R. 4402) to require the Secretary of the Interior and the Secretary of Agriculture to more efficiently develop domestic sources of the minerals and mineral materials of strategic and critical importance to United States economic and national security and manufacturing competitiveness, which was referred to the House Calendar and ordered to be printed.

VOTE AGAINST THE REPEAL

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

Ms. JACKSON LEE of Texas. Madam Speaker, we have just finished part of the debate for legislation that wants to

repeal the Affordable Care Act. I rise today as we conclude and begin to look toward the conclusion of the debate tomorrow to make a public appeal.

When the 1965 Medicare law was written, it was written to save lives. We have statistics that recognize that prior to Medicare, Americans were living 60 years and under. It is well documented that we've extended the lives of senior citizens through Medicare. Now the Affordable Care Act seeks to extend the lives of the sickest of the sick, to extend the lives of children with pre-existing diseases, to extend the lives of individuals who would not have access to insurance, or those families who have been thrown into poverty because of catastrophic illnesses or an accident. We can do better.

This bill is a promise of allowing and providing for all Americans to be insured. This bill cries out for Republicans and Democrats to work together. This bill cries out for saving the lives of Americans who have been falling along the highway of despair and dying.

It is important for us to look for the common and better good, the public good. Save this bill. Vote against the repeal.

DOCTORS CAUCUS SPECIAL ORDER

The SPEAKER pro tempore (Mrs. ELLMERS). Under the Speaker's announced policy of January 5, 2011, the gentleman from Louisiana (Mr. FLEMING) is recognized for 32 minutes as the designee of the majority leader.

Mr. FLEMING. Madam Speaker, it's a pleasure to be on the floor once again to really talk about my favorite subject in Congress, and that is health care.

I am a physician and have been a physician for 36 years. I am a family physician. I still have an active practice and practice when I get a chance, which lately has not been very often.

We'll be talking about ObamaCare, the repeal of ObamaCare, and we'll be talking about Medicare. I say "we." That is only if I'm joined by some of my colleagues who may be making their way here this evening.

I want to in the way of introduction just let everyone understand, Madam Speaker, how we got here in the first place. Why are we here this evening talking about this? Why are we talking about the repeal of ObamaCare?

I take you back to 1965 when there was a recognition that health care insurance was becoming something more than just insurance; that is to say, that insurance, of course, in theory is to protect against catastrophe. We see that, of course, in our homeowners insurance and our car insurance. So it seemed a good idea to have some form of insurance where you would not be bankrupted by a sudden and severe illness and have your lifesavings taken away.

So the idea of insurance came up, and it was mostly a catastrophic policy.

Then that sort of evolved over time into more and more comprehensive concepts, and it really has become today extremely comprehensive, perhaps even a health management type of system that you pay into and hopefully the system takes care of you. It was a recognition that a robust market did not exist for insurance for the elderly.

From that sprang the idea of Medicare, health care insurance for the elderly, which is really not insurance, per se. It's really a 100 percent single-payer government program. Then also insurance—again, a single-payer program—for the poor, and that is Medicaid. That began around 1965. It began with a promise to the health care system and to the elderly that this would never usurp the relationship with the patient, that the decisions would be made by the providers and the patients, and that Medicare—of course, the government taxpayers, if you will—would be picking up the bill, no questions asked. There was also a recognition that even though patients would get help with their bills, they would still have to pay something into that.

I will also interject that there was the belief, actuarial estimates, CBO, the Congressional Budget Office, that predicted that a program that would be maybe \$3 billion annually would maybe top out at \$12 billion.

□ 2100

Of course we know now that it's in the hundreds of billions of dollars many times over what it was initially promised to be.

In that evolution, we saw where government and insurance companies began to take a larger and larger role in covering for various things. For instance, beginning in the early eighties, Medicare began to see the physician charges becoming a problem, and from a budgetary standpoint they weren't really going up that fast, but because of the growth of the elderly out there it was running the cost up.

That led to restrictions put on what doctors could charge. Then came EMTALA, which is an acronym, a long acronym, that basically says regardless of your ability to pay, if you show up to the emergency room, the doctors and hospital have to treat you.

These are all things that began to add up over the years, and it's made Medicare, of course, balloon into an extremely expensive program, as is Medicaid as well. In fact, for most States that is the largest budgetary item that they have.

Well, fast forward to 2008. As a physician, I became very concerned that we needed health care reform in this country. Why? Because government had become such a large part of the health care system and the so-called insurance thereof, and with the price fixing that went along with that, that it began to actually have a perverse effect on health care. That is to say that as reimbursement to hospitals, doctors, and other providers were going down,

that costs were actually going up just as fast, which is just the opposite you would expect intuitively.

Why was that happening, and why is it happening today? Well, the answer is this: a physician, a hospital, anybody, the first thing that they are going to do, the first thing a business or a factory is going to do is when the reimbursement per unit goes down, that is a reimbursement per patient goes down, you make it up on volume and you keep working harder and you keep seeing more patients, and you find more things to do to drive up that, and I'm saying this in a generic way.

I do not ascribe to that, but many doctors have been put in that position to just stay solvent in their practices. They have run faster and faster, seen more and more patients, done anything they can. While they make an extra dime to keep up with their costs, they're running the system up by a factor of 10. They make a dime for themselves, but the system costs a dollar for that.

As a result, we have had severe inflation. It was my belief that the way to solve this problem was to begin to move government out of health care and begin to move the private sector back in, put together robust and healthy markets, give consumers choices once again. Patients have skin in the game—that is to say, they have to pay a little something into it.

Because, remember, back in the eighties, patients' out-of-pocket expense, for instance, in Medicare for laboratory and many other items went to zero, which meant that instead of having to negotiate with the patient, what is the best ideas in terms of a list of tests that must be performed to get to the answer, I can just simply make out a list as long as I want. Somebody is going to pay for it, but it won't be the patient, and therefore, again, health care inflation.

I came to Washington after being elected to work on this with the other side of the aisle, because I saw that we had two major giant entitlement programs that are bankrupting this country, Medicaid and Medicare. I remind folks that Medicare runs out of money, according to whichever actuary you want to listen to, in 5 to 12 years. But they all agree that it runs out of money and the services will have to be sharply curtailed.

What we found was that the other side of the aisle, our Democrat colleagues over there decided that instead of solving the problem by bringing the marketplace, they wanted to take government another step. It reminds me of a story that was told to me once about two farmers. They were on a wagon, a mule, and they are going down the road, it's an old farm road, and one of the wheels breaks and they come to a stop.

Now, the mule can't pull that wagon, it's just too hard to pull it on one wheel. So the two farmers get off, one starts fixing the wheel and the other

one starts going back home. The first farmer says to the second one, where are you going? He said, I'm going to get another mule, because that's the way we're going to go forward. We're just going to hitch a second mule and keep dragging this wagon down the road.

You see, in my opinion, that's precisely what happened with ObamaCare. Instead of fixing our health care crisis and the inflation and costs, the inefficiencies in the system and the fraud, waste, and abuse, by bringing the marketplace back into sanity and back into balance once again, and letting patients be the decisionmakers, what we really did is double down on the government control of health care and, as a result of that, we're going to have an even more expensive, more burdensome and bureaucratic system that we won't be able to control.

Anyway, this is the Doctors Caucus Special Order. We're going to be talking in the next 30 minutes, and we're going to be talking about the repeal of ObamaCare.

We have voted on this, you probably already heard, several times already. Of course, we have never got it past the House of Representatives because the Senate won't take it up and, of course, it's doubtful that the President, our current President, would ever sign it.

There are a lot of things that we hear about ObamaCare. Let's talk for a moment about taxes. We just had a Supreme Court decision handed down, and there has been this debate, this battle, within the Supreme Court and outside, on this individual mandate where government under this bill literally forces and requires you to purchase a product or service that is created by government, rather than making it more affordable and attractive and you opting in and you buying it on your own.

The decision has been handed down that, yes, the decision is constitutional, but not by the way of the commerce clause. But government can, Congress can now, according to the justices, Congress can basically make you do anything Congress wants to do. It has to force you through taxes. While we could debate whether I agree or not agree with that, that is the law of the land now.

This means that if we in Congress decide that we want to make citizens do things, we do have a pathway now to do that, and that is to tax you. Even if you're not in an activity or buying something we can still tax you.

I prefer that we go the market route. I would much rather people buy insurance because they see a need, they see a desirability, and they see that it's cost-effective, rather than forcing Americans to do that. Our colleagues on the other side, would rather just simply force you to do that.

But now we have to also admit that this is a tax, and our friends on the other side of the aisle I think would admit that had this been advertised as what it turns out to be, a big tax increase on the middle class, that it

never would have gotten passed because they would have been voted out of office for having raised taxes on the middle class. That's a big political no-no these days.

But there are many other taxes, and I'm just going to hit on a few here. One is a 156 percent increase on the Federal excise tax on tobacco. Another is the employer mandate. The Supreme Court says that you can, Congress, you can make employers buy insurance or you certainly can penalize them if they don't.

But, interestingly enough, one part of the bill that was termed unconstitutional was coercing, or forcing States to expand Medicaid eligibility. That's a part of the Supreme Court's decision that actually is going to impact the cost of this bill.

There is a surtax on investment. This is something that you're going to hear more and more about, and the way you're going to hear about it is that one day you're going to sell a home, you're going to sell a property or an investment or something like that, and the IRS is going to demand 3.8 percent of those profits.

On the subject of the IRS, remember that it's estimated that 16,500 new IRS agents will need to be hired and are funded in order to require or force the taxation into ObamaCare. This will certainly bring the IRS much more intimately into your life, regardless of whether you own a business, or you're simply an employee, or really don't even have a job.

□ 2110

There will be an excise tax on comprehensive health insurance plans that will go up over time, ObamaCare hike in the Medicare payroll tax. There will be a medicine cabinet tax, if you will. But what that really is removing is the tax deductibility for the pretax dollars from health savings accounts that you have been able to enjoy before, that if you go and buy cold medicine off the shelf, that you could buy it with your pretax dollars under your health savings account, that's gone. If you want to get cold medicine and use your pretax dollars, you have to get a prescription from a doctor. So one of two things are going to happen: Either you're going to have to see the doctor, which is going to cost you more, or the doctors are going to be spending a lot of their time, again, wasted in paperwork, writing prescriptions for non-prescription drugs. That really doesn't make much sense.

There will be an ObamaCare HSA withdrawal tax hike, an ObamaCare flexible spending account cap, ObamaCare tax on medical device manufacturing. It's estimated that many of the domestic medical device factories will simply go out of business or go offshore. The cutting-edge innovation that we have today in health care devices, we're going to lose that as a result of ObamaCare. That will go to other countries.

The itemized deductions, the exemption is going to go from 7.5 percent to 10 percent of adjusted gross income. There will be a tax on tanning. That's got to be a middle class tax. ObamaCare elimination of tax deduction for employer-provided retirement drug coverage in coordination with Medicare part D, ObamaCare Blue Cross Blue Shield tax hike, an excise tax on charitable hospitals, a tax on innovator drug companies, a tax on health insurers, a \$500,000 annual executive compensation limit for health insurance executives, ObamaCare employer reporting of insurance on the W-2, the black liquor tax, the ObamaCare codification of the economic substance doctrine. Again, a long list of taxes.

So, Madam Speaker, it seems to me that in a time that we have the worst recession since the Great Depression, we're now facing perhaps the largest tax increase that's occurred in our lifetimes, both through ObamaCare and through the expiration of the Bush tax rates, which are much lower than the Clinton tax rates.

Of course, you have heard some about that as well in recent days. In fact, the President himself said in 2009 the last thing in the world we want to do is to raise taxes in a recession. And everybody knows we're in 41 months of a recession and no end in sight.

Now, there's also been some discussion and debate on the impact on small businesses. And I'm segueing to small businesses because, let's face it, taxes have an impact on all of our pocket-books, but taxes also have an impact on the ability for small businesses to hire people. If you take money off their bottom line, that's less money, less capital to invest, less money to hire more people. And that is precisely what is going on with ObamaCare.

In fact, I would say, based on studies that I have read, one said that 70-plus percent of small businesses are saying that the main reason that they're not hiring people is because of their fear, the uncertainty of ObamaCare and its impacts on them, and the people I speak with throughout my district and throughout the country who say that ObamaCare is probably the worst threat to the survival of their businesses and, therefore, they're not going to expand their businesses.

We know there's trillions of dollars sitting on the sideline right now, both small and large businesses, ready to be invested to grow jobs, and yet the job creators, the employers, are fearful. They don't want to put that money in.

Why would somebody want to put, say, \$10 million into a new factory not knowing whether they can make a profit and making the calculation that perhaps I should stand up that factory overseas someplace where, in fact, I can make a profit. I don't have to deal with ObamaCare and all that comes with it.

Now, that's just part of. We also know the hyper-regulatory atmosphere that we've evolved into, where regula-

tions are not being written by Congress but by people in the buildings that surround the Hill here, many of which we do not yet know. 106 new major rules being written out of this administration, the worst proliferation of regulations.

So this, on top of other things—the direct hostility and attacks on energy and the job creators themselves—has just put a complete wet blanket over our economy and the creation of jobs. And I would say that ObamaCare is the lead in that entire process.

Now, there's also something that I get asked about a lot, and that is, well, what about what you Republicans say about ObamaCare and what the Democrats say about ObamaCare? And it seems—at least it appears to them—that one of us is lying about some of these things. And, of course, one of the things that is important that we do when we come to Congress, what we understand and learn, is that we should never presume ill motives of the other side. And that's exactly what I will do tonight is not presume ill motives by the other side. So I will give you an example of what I'm talking about.

We Republicans have contended all along that \$500 billion will be ripped from Medicare. Again, I said earlier that Medicare runs out of money, becomes insolvent, in 5 to 12 years. Everybody agrees it's in that window someplace. And we have the Ryan budget plan, which would save Medicare. The other side of the aisle refuses to engage on that. But the question is: Does ObamaCare take \$500 billion out of Medicare?

I have a lot of Medicare recipients who are very worried about that, and they ask me because they hear and read things. They read something from PolitiFact or all these fact checkers, and they say, no, this isn't happening, or it's not happening the way you think it does and so forth. Well, we had a discussion with Douglas Holtz-Eakin, who is the prior CBO, about this 2 days ago, and he confirmed a lot of my beliefs about this, and here's the way it goes.

Madam Speaker, the way laws are written, oftentimes what is in the four corners of that law says one thing, but when you add the omissions and the unintended consequences and sometimes intended consequences, the effect of that is completely different. And so, for instance, the idea that Medicare does not lose \$500 billion that is dumped into ObamaCare, well, I think the nuance in there is that you have to understand that the cost of Medicare goes up progressively every year. Now, in some years it goes up higher than other years, but it always goes up.

And so in Washington, oftentimes you can say that something is cut when, in fact, it's just the increase is reduced. And so that's really what happens here, is what Democrats did in crafting ObamaCare is they cut the increase in Medicare spending and they took those so-called savings and they spent it inside of ObamaCare.

Well, where is it coming from? Is it going to have an impact? Well, of course it will. Because as things get more expensive, if you reduce the amount of increases that nominally occur, it's going to have an impact because there isn't an underlying inflationary rate that has to be recognized.

So while one can make the legalistic case that, no, there isn't \$500 billion removed, in reality, yes, it is removed because you have got to go from point A to point B. And if you don't allow that nominal increase, that inflationary rate in Medicare spending, if you don't allow that, it's a cut. It's going to be a cut in services.

And where are the services? About half of it is going to be in Medicare Advantage, which is the private type of Medicare which people really love. It's very popular in a lot of States. And the other is going to come from providers. That would be doctors, hospitals, medical device providers, and so forth.

Now, the Democrats were very careful not to take that money from beneficiaries. And, in fact, in the sequestration that occurred last year and that we're still debating, where money is taken out of defense and it's also taken out of Medicare, the money is taken out on the provider side but not the beneficiary side.

□ 2120

That is, we're not taking away from patients, we're only taking away from the people who are providing the care. Well, that's all well and good. Well, not so fast. You have to understand that as you reduce reimbursement of services, the ability for providers to provide those services goes down. And it has been going down progressively. Certainly, a relatively small percentage of physicians today accept Medicaid for payment and reimbursement. So even if you have a Medicaid card, which, by the way, half of the so-called increase in coverage under ObamaCare will be on Medicaid. Well, that will be very good. You'll have a Medicaid card. But when you shop around and you go to various doctors' offices and you say, I'd like to see the doctor today, there will be a lot of the assistants at the desk that will say, I'm sorry, we don't accept Medicaid.

Now, you might be critical of the doctor on that, but you have to understand, doctors have to make payrolls, and they have to pay rent like everybody else. And if it comes to a point where they can't do that, then they either have to stop seeing Medicaid patients, or they have to go out of business. Either way, you're not getting in to see him because the reimbursement is not there.

Well, the same phenomenon is now happening across America in Medicare. If you're on Medicare, if you're 65 and over and are disabled and you're on Medicare, there's been such a flattening and ratcheting down in many cases of reimbursement that just because you have a Medicare card does

not mean you're going to be seeing doctors when you want to see them.

And, in fact, that is precisely what I was talking about in the beginning of the discussion—that if we just simply take the same entitlement programs that are making the cost problems worse, and through the price-fixing mechanism actually perversely incentivizing fraud, waste and abuse, if we're doing that now and then, we expand yet another entitlement system, we're only going to aggravate the same problem. So what's going to be the net result? We're going to have more people, more patients, searching out care from fewer and fewer providers.

And what will that lead to? It will lead to long lines, and it will lead to rationing as a natural thing, not a planned kind of rationing. That just will be the imbalance that we're going to have in the system.

Now, how do I know that's going to happen? Well, as I mentioned, it's already happening, but it's not showing up to the level you might expect just yet. But let's look at Massachusetts. Remember, Massachusetts and also Tennessee have comprehensive State programs, and since the comprehensive plan started in Massachusetts a few years ago, the waiting lines for doctors have grown now to an average of 6 weeks. Over 50 percent of primary care doctors are not accepting new patients. The reimbursements are going down, and so are the number of doctors. The waiting lines are getting longer.

The same happens in other countries that have single-payer systems such as Canada and Great Britain. And as a result, how do these people get care? They go to the emergency room. And where is the most expensive care? In the emergency room.

So you see, Madam Speaker, when you have a highly structured, bureaucratic, top-to-bottom system that micromanages behavior of individuals and providers, all you're going to get are higher costs. And ultimately, the only way you're going to control costs is through long lines and rationing.

Now, in ObamaCare, Democrats did something very clever. They didn't want to depend on Congress to make those tough decisions to cut reimbursements. So they created something called IPAB, the Independent Payment Advisory Board, which will be 15 unelected bureaucrats, not necessarily health care providers, appointed by the President. Again, they are unelected, and they will not be answering your phone when you call to complain. They will literally have more power than Congress itself in order to cut the benefits that you'll receive. They'll do it by way of reducing the types of services, the quality of services, and the payment for those services. It will happen in a lot of different ways, and it will begin to show up in delays, in more paperwork, misdiagnoses, and ultimately some very unfortunate outcomes that I can see coming down the road.

Now, Congress will have the responsibility of meeting certain targets of

spending. But if they fail to meet those targets—and Congresses never reach those targets, that is, to cut spending by so much in Medicare—then it falls back to, it defaults back to IPAB, and IPABs will be the ones making those decisions. So call it what you will, there will be members of government, people who are on a governmental payroll, who will be making decisions about what services you will have.

Now, a lot has been said today about all the free services that you're going to receive, free Pap smears, free breast exams, free preventive health services. Madam Speaker, I have never seen anything free in this society. Somebody is going to pay for that service. Somebody has got to pay somebody for doing it. Somebody has got to pay the secretary, somebody has to pay the provider, somebody has got to pay the rent. Nothing in this society is free. And I will tell you that any time somebody tells you something is free in ObamaCare or any other kind of health care insurance, they're just not being straight with you. Let's just be honest. Somebody is going to pay for it at one point or another.

Let's talk about the social conscience part of ObamaCare, which has a lot of us who are in the pro-life community very concerned. Remember, the President said that he would preserve conscience rights; that is, providers would not be forced to provide abortions or abortifacients, that is, pills that will create abortions, or anything that is against our conscience. And, in fact, the first version of ObamaCare that passed the House passed only because the pro-life Members of the Democrats said those protections have to be in there, the so-called Hyde amendment that says that no taxpayer dollars will be spent on abortions or abortion-like activities. However, when it came back from the Senate, another trick was pulled and that was pulled out of the legislation. But the President said, well, look, I'll write an Executive order, which really has very little meaning, certainly in the long term. Any President can rescind that. There are many different ways to end-run an Executive order if it's not something that's in statute. So, as a result, there are plenty of holes in ObamaCare like Swiss cheese that allow taxpayer funding of abortions.

Now for the first time in many years, a majority of Americans are pro-life. But I can tell you an overwhelming majority today and always has been against the taxpayer funding of abortions. But what we're dealing with today is not the taxpayer funding of abortions, that's already in law, and that's part of the reason to repeal it, but the fact that the President is now forcing religious institutions such as the Catholic Church to provide certain services that are against their conscience, such as abortifacients, abortions, and sterilizations. And so their choice is either to get out of health care entirely or to go along with the government and run into heavy fines.

So, where are we today with ObamaCare? Is it going to be repealed? Tomorrow ObamaCare will be repealed in the House of Representatives. That you can bet on. However, we all understand that there is a problem with the Senate, which is controlled by the very people who voted it in to begin with, and a President who, though he supports it and would not sign a repeal, says very little in defense of ObamaCare. But why? Because there's very little that is desirable to defend in it.

So I look forward to another opportunity to vote for the full repeal and look forward to next year when we'll have the ability to repeal it lock, stock, and barrel, pull it out by its roots and start over again with step-by-step reform in health care with patient choices, as it should be.

□ 2130

REPEALING AFFORDABLE CARE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from New York (Mr. TONKO) is recognized for 30 minutes as the designee of the minority leader.

Mr. TONKO. Madam Speaker, for a great number of hours today in this Chamber, there has been a great debate on whether or not to repeal the Affordable Care Act when we know fully that the chances are slim to move forward and the measure would not be signed into law. Is it political posturing? I believe it is, of a grand style.

There's a pattern being established here. There's been an attack—outright attack—on Social Security, attempts to privatize the system. It's been under attack for the last 76 years. It's been the underpinning that provides stability for working families across this great Nation. It has been a security piece that has enabled many to have at least assurances that there would be some support in family budgets as they move month to month. We know that that measure, Social Security, has been dealing with its enemies for a long time—since before it was made a law.

Likewise, Medicare, which came to us in the mid-sixties, enabled our senior community to have its health care needs met, provided predictability and stability for retired households, enabled people to enjoy a quality of life, a better quality of health care. We know that before Medicare, many of those who had retired expected to see their economic security dip south because of the expected cost of providing health care when they, perhaps, could not get that coverage in an insurance context.

So Medicare, as we know it today, would be undone by the Republican majority in this House. They would prefer to privatize Social Security, allow us to reach to the financial sec-

tor to, perhaps, see a repeat of what happened to so many individuals and families out there with this past recession, where they saw their lifetime savings wiped away, trillions lost in the American economy, pain and suffering endured by families across this land. They'd rather see a voucher system for Medicare, handing it over to the insurance companies, to leave seniors digging deeper into their pockets.

So the pattern has been established here, and now a repeal of the Affordable Care Act before its full implementation, before given a chance as we arrive as the last industrialized Nation in the world to provide a universal health care coverage program. Unacceptable. Progress is struck. A decision is rendered by the highest court in the land, a conservative-leaning Court. Before the ink is dry on that decision, a move to repeal. The Court spoke. It has spoken to America and said the litmus test for constitutionality was debated and a decision rendered that said, yes, in fact, it meets the constitutionality test.

And so this evening, on the eve of the attempts to repeal the Affordable Care Act as it stands, is a very telling moment. It is one that suggests to us that there is this outright attempt to undo programs that serve our middle class so very well. And without a thriving middle class, our Nation is not prosperous. Without that thriving middle class, there's not purchasing power strong enough to provide the recovery of our economy. Without a strengthening of our middle class, there is not a confidence in the economy, a confidence that is needed so as to grow more customers for our business base.

And so the Affordable Care Act is offering promise and hope to millions, tens of millions, of Americans across this land. Whether you're insured, underinsured, uninsured, all categories will see strengthening because of this measure.

Think of it. I represent a large proportion of senior citizens who are concerned about their pharmaceutical costs. Many dealing with that doughnut hole have reached that threshold that requires them to dig into their pockets. We close that doughnut hole. We make more affordable the prescriptions that are required for people to stay well and, in some cases, to have the medications that keep them alive. We deny that opportunity to our Nation's seniors.

We deny the respect that we offer. We deny the dignity in the equation that speaks to affordable outcomes for the pharmaceuticals that our senior community requires. That doughnut hole would have been closed by 2020.

Further, at the other end of the age spectrum, many young adults, finding it difficult in this recession—and now the recovery period—to gain a job as they perhaps leave high school or college, are given the opportunity with the Affordable Care Act to remain on their family's policy until the age of 26.

Therein lies a strong benefit for some 6.6 million young adults, denied with the repeal measure, denying access and affordability to health care situations. How many cases of young adults impacted by catastrophic illness or accidents will it require to turn the hearts and the minds in a positive direction, that would not forego this opportunity for our Nation's young adults? A strong benefit associated with this package.

What about those who have a pre-existing condition? Some 17 million children in that category. And that's not to account for the many adults who would be denied because of preexisting conditions. Asthma in children, diabetes in our senior community, being a woman, utilized as a preexisting condition, an opportunity to deny coverage and the basic core need that we should consider to be truly American. Another benefit lost to the greedy notion of repealing success that was achieved in this House and the United States Senate and signed into law by this President.

What about the efforts to deny lifetime benefits as a threshold? Cutting people off of an insurance coverage at perhaps a very demanding time in their lives. Games played with people and their lives and their recovery; hope pulled from working families across this Nation because of an insensitivity of this Congress. A deplorable situation.

Assistance to our small business community. Now, if we profess our small business community to be the economic engine that is part and parcel of our economic comeback, our economic springboard, then would we not want to provide assistance in that basic core need area? Would we not want to allow tax credits to come the way of our small business community? Many, a majority of those businesses will remind all of us as Representatives that they want to provide for their employees.

□ 2140

They want a productive workforce. That means a strong and well workforce. And so they see it as a strong investment; one, however, that they could not afford in recent years because of the escalating costs, 18 percent larger bill than industry and perhaps weaker coverage.

They wanted that turned around. They wanted a smart approach, a businesslike approach, a sensitive response. They got it with the Affordable Care Act.

Progress denied, the small business engine weakened by this sort of neglect that could be advanced in this cited pattern of undoing Social Security, privatizing Social Security, changing Medicare as we know it forever, now repealing the Affordable Care Act. We see the pattern. We see the gross neglect, the disrespect for America's middle class, her working families.

So we go forward and we understand that, with the opportunities of an exchange, small employers, our small

business community understands that if they're unable to enter into an exchange where all the private sector participants agree to play by the rules, to sharpen their pencils, roll up their sleeves, provide the service, live within the parameters, and allow for the many to enter into a common exchange to provide corresponding benefits.

Think of it. If 1 of 10 in that employee firm of 20 were to be impacted with catastrophic illness, it's devastating, an actuarial impact that hits that small business owner hard in the pocketbook because of the premium increase for that 1 person of the 10 you employ.

If those same 10 employees were allowed to enter the exchange, a better outcome, a different outcome, a stronger outcome for the economic recovery of this Nation because the gross majority of jobs being produced in this comeback are being done by our small business community.

And so, you know, the formula is quite obvious. We want a comeback. We want that strongest response here from Washington for that kick that we endured from a recession that drained us of 8.2 million jobs.

The best way to do it, first of three principles, small business. Provide for the strengthening of small business, which the Affordable Care Act does, because that small business community has forever been the pulse of American enterprise.

Secondly, invest in that entrepreneur, the dreamer, the mover, the shaker. It always stretched us, since our days of pioneer spirit with the Industrial Revolution and the westward movement, very familiar to the district I represent, which is the donor area to the Erie Canal in upstate New York in the capital region, Mohawk Valley. That pioneer spirit exists in our fabric today. It's our DNA. Invest in the entrepreneur. To be the ideas economy kingpin, we rely on these wizards to build us, sustain us, stretch us, empower us.

And then finally, invest in a thriving middle class, which the Affordable Care Act does. It enables us, as a middle class community, to be bolstered by the confidence, the security, the stability that has come with this success story in guaranteeing access and affordability to quality health care that will underscore the value of wellness and not just deal with illness, that will put together efforts to cost contain, that will bring people into a structured program so that we can monitor their activities and connect them to a system.

You know, you'll hear from some on the floor, we don't want to pay for this. It's going to cost us too much.

We're paying today for the neglect, for the consequences of a not-so-perfect system. Status quo will not cut it, and so we need to go forward with progressive policies, with the soundness of reform, with the boldness of transition, with the confidence we can instill, with

the progressiveness of policies that we can draft.

And so it is a sad note here echoed in this Chamber, that would attempt to unravel, dilute, destroy, deny the promise we can make to America.

As I look at this effort for a comeback, the containment of health care costs is just one of those areas that we need to help control. Create that better environment in which to grow jobs, cultivate a prosperity. It's important. It's important for us to understand that it is part of an economic recovery equation.

But there's also the wisdom of investing in education, in higher education, again, under attack by a system that does not always profess the strength of research and education and patents and discovery.

We understand that we are in the midst of a global race on innovation, clean energy and ideas and high tech. To be outstanding competitors, to arrive at that race ready to conquer, we will need to be strong and fit in order to be the winning agent on that global scene.

We saw that order of passion. We saw that order of investment in the global race on space just decades ago. This Nation, impacted by a Sputnik moment, dusted off its backside and said, Never again. Never again.

And what was the result?

Together, a Nation grew in its commitment to winning the global race on space. We are going to be that agent, that Nation, that proud people that would stake the American flag on the Moon. And we won that race because of a commitment, because of investment in the soundness of the people of this great country and her business community. We embraced research. We embraced science. We believed in our strength as a people, and the confidence exuded was the elixir that brought us to the victory.

Where is that like passion today? Where is that leadership?

A rather youthful President that led us in the sixties and challenged us, in almost replication today, finds us, interestingly, to be challenged by a rather youthful President asking us to enter into the global sweepstakes, committing with passion to the cause.

And so we need that investment in education, in higher education and research. Just today, in Schenectady, New York, in the 21st Congressional District of New York that I'm proud to represent, we announced formally the creation of the advanced battery manufacturing center at that facility of GE.

CEO Jeff Immelt traveled for the celebration, came to town to announce this wonderful, wonderful addition. That is America at work with her genius activity. That's America determined to win the global race on ideas.

Advanced battery manufacturing, the battery, the linchpin to so much potential out there, to grow domestic supplies of energy, to grow jobs as we grow our energy future, to reduce the glut-

tonous dependency on fossil-based fuels, oftentimes imported from some of the most unfriendly nations to the United States, sending hundreds of billions of dollars annually to those foreign treasuries that are then used to train troops to fight against our own daughters and sons on the battlefield.

□ 2150

Unacceptable. There is a better way, and this Congress knows it.

We invest in jobs. We invest in health care. We invest in education. We invest in research. We do it in a way that promises our best attempt as a Nation to generations yet unborn. Someone was there for us, and we need to be there for future generations of Americans to provide the sort of cutting-edge opportunity that will spell America at her best. I look at that opportunity for not only battery manufacturing but nanotechnology and semiconductor signs, chip manufacturing.

The newly designed 20th Congressional District in New York that comprises a good portion of the now existing 21st District that I represent is probably one of the most technology invested-in congressional districts in the country. It is happening because there is this belief in the worker, a belief in the entrepreneur, a belief in the small business community, a belief in the industrial context of the district, and knowing full well that America's needs—be they for the environment or energy's sake or business creation, job creation, business opportunity—are inspiring this remarkable progress.

It requires our moving forward with a plan. It requires our moving forward academically with the soundness of policy and with the corresponding resource advocacy that will yield lucrative dividends. I see it all the time. I see it in energy-efficiency programs that produce jobs, that enable us to capture waste heat. That is part of the energy process, enabling us to be much more efficient. Efforts that enable us to create more and more patents in a world that has grown much more competitive, much more sophisticated we can ill afford to weaken in our attempts to be the kingmakers of the international economy.

The old American spirit, the history of this Nation replete with those rags to riches scenarios, that became the reason and the inspiration for the compilation of journeys made by our ancestors to these shores, because the opportunity called the "American Dream" became the prize for which they searched. I see it in my own roots. The proudest label I carry in life is as the grandson of immigrants. Their journey gave me great opportunity, and it gave my family great opportunity. Those journeys chased after the American Dream.

We need, beginning in this House Chamber, to reignite the American Dream, to go back to the core essence of who we are as a people, to reach into that American heart and soul that has

forever relied on its passion that we can achieve because we have opportunity, and that we will not deny that opportunity, that we will strengthen the boldness of those dreams and enable us to respond to the needs of the moments and the future and to write our legacy as a generation of Americans.

Let us not fail in that attempt. Let us continue to reach deep into that American spirit. At a time when we were challenged and our economy was brought to its knees by failed policies that did not manage well, that did not provide for the stewardship of our resources, and when we tripped and fell, let it be known that, in the recovery, we were stronger than ever before. Because of that belief that our best days lay ahead of us, the belief that those best days were in the future, we moved forward, and we dug deep into that American spirit to respond with the respect for America's middle class. Our middle class—all of us in that middle class—have always understood if you play hard, if you abide by the rules, if you roll up your sleeves and do your best, you could rightfully anticipate the taste of success.

That is America in her most shining moments, and that is an economy that we can produce. It begins with the soundness of a strong and productive workforce that went through training and retraining, that got to taste the potential for success by that self-discovery that comes with education, and to then understand our gifts so that we could share them in the most profound way, and then to provide for the wellness of that workforce so it could be most productive, so that the conditioning that came with that sort of commitment and that order of respect and that potion of dignity could then

allow for us to speak to a Nation that was humbled by its own beginnings, where the rightful stories of so many who made it their journey were written by a Nation that believed in her people.

So, tonight, on this eve of an attempt to repeal the Affordable Care Act, let us understand that our budget here in Washington, our actions with legislation, our responsiveness to the needs of the American people are an establishment of our priorities—a prescription of what we see our future to be—reaching into the heart to say that we are a truly caring lot. That's what separates us from other nations. It is the uniqueness of America and her greatness. The Affordable Care Act is a measurement of not only sound policy; it is a statement of a compassionate society that understands it's not about oneself, that it's about neighbors, that it's about community, that it's about The Great Society.

It has been the history through the decades, through the vintages of time, that has enabled us to reach to the greatness of our government, to reach to the soundness of ideas and innovation, to respond to the challenges that have enabled us to build upon those who preceded us, always anticipating that the next generation would be made stronger.

We owe it to our children and grandchildren and generations yet unborn. Let them look at this moment in history, American history, knowing that America was challenged, that she stepped up to the plate and said "yes" to her people and truly made a difference, and allowed people to understand full well that the best days of this great Nation lie ahead of us.

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

PUBLICATION OF BUDGETARY MATERIAL

REVISIONS TO THE AGGREGATES AND ALLOCATIONS OF THE FISCAL YEAR 2012 AND 2013 BUDGET RESOLUTIONS

Mr. RYAN of Wisconsin. Mr. Speaker, pursuant to section 404 of H. Con. Res. 34, the House-passed budget resolution for fiscal year 2012, deemed to be in force by H. Res. 287, and sections 401 and 503 of H. Con. Res. 112, the House-passed budget resolution for fiscal year 2013, deemed to be in force by H. Res. 614 and H. Res. 643, I hereby submit for printing in the Congressional Record revisions to the budget allocations and aggregates set forth pursuant to the budget for fiscal years 2012 and 2013. The revision is designated for H.R. 6079. A corresponding table is attached.

The applicable concurrent resolutions on the budget allow adjustments pursuant to sections 302 and 311 of the Congressional Budget Act of 1974, as amended (Budget Act). For the purposes of the Budget Act, these revised aggregates and allocations are to be considered as aggregates and allocations included in the budget resolutions, pursuant to sections 101 of H. Con. Res. 34 and section 101 of H. Con. Res. 112.

H. Con. Res. 34 and H. Con. Res. 112 both included the budget impact of repealing the Affordable Care Act in their original budget aggregates and allocations. For enforcement purposes, however, sections 404 and 503 of H. Con. Res. 34 and H. Con. Res. 112, respectively, set their revenue aggregates at Congressional Budget Office baseline levels and provide for downward adjustments for certain enumerated policies, among which is the repeal of the Affordable Care Act. The attached table shows a revenue adjustment to H. Con. Res. 34 and H. Con. Res. 112 for H.R. 6079 only; the spending impact is not shown since it is already assumed in the original budget resolution aggregates.

BUDGET AGGREGATES

(On-budget amounts, in millions of dollars)

	Fiscal Year		
	2012	2013	2013–2022
Current Aggregates:			
Budget Authority	2,858,503	2,799,329	(1)
Outlays	2,947,662	2,891,863	(1)
Revenues	1,877,839	2,258,522	32,416,513
Repeal of Obamacare Act (H.R. 6079):			
Budget Authority	0	0	(1)
Outlays	0	0	(1)
Revenues	-15,000	-26,000	-734,000
Revised Aggregates:			
Budget Authority	2,858,503	2,799,329	(1)
Outlays	2,947,662	2,891,863	(1)
Revenues	1,862,839	2,232,522	31,682,513

¹ Not applicable because annual appropriations acts for fiscal years 2013 through 2022 will not be considered until future sessions of Congress.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 1379. An act to amend title 11, District of Columbia Official Code, to revise certain administrative authorities of the District of Columbia courts, and to authorize the District of Columbia Public Defender Service to provide professional liability insurance for officers and employees of the Service for claims relating to services furnished within the scope of employment with the Service; to

the Committee on Oversight and Government Reform.

ADJOURNMENT

Mr. TONKO. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, July 11, 2012, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

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

6792. A letter from the Director, Program Development and Regulatory Analysis, Rural Development Utilities Programs, Department of Agriculture, transmitting the Department's final rule—Substantially Underserved Trust Areas (SUTA) (RIN: 0572-AC23) received June 21, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6793. A letter from the Acting Director, Legislative Affairs Division, Department of Agriculture, transmitting the Department's final rule—Appeal Procedures [Docket No. NRCS-2011-0017] (RIN: 0578-AA59) received June 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6794. A letter from the Director, Regulatory Review Group, Department of Agriculture, transmitting the Department's final rule—Section and Functions of Farm Service Agency State and County Committees (RIN: 0560-AG90) received June 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6795. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule—Methyl bromide; Pesticide Tolerances [EPA-HQ-OPP-2012-0245; FRL-9352-4] (RIN: 2070-ZA16) received June 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6796. A letter from the Regulatory Specialist, Department of the Treasury, transmitting the Department's final rule—Alternatives to the Use of External Credit Ratings in the Regulations of the OCC [Docket ID: OCC-2012-0005] (RIN: 1557-AD36) received June 25, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6797. A letter from the Regulatory Specialist, Department of the Treasury, transmitting the Department's final rule—Lending Limits [Docket ID: OCC-2012-0007] (RIN: 1557-AD59) received June 25, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6798. A letter from the General Counsel, National Credit Union Administration, transmitting the Administration's final rule—Guidelines for the Supervisory Review Committee received June 25, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6799. A letter from the Secretary, Securities and Exchange Commission, transmitting the Commission's final rule—Listing Standards for Compensation Committees [Release Nos.: 33-9330; 34-67220; File No. S7-13-11] (RIN: 3235-AK95) received June 22, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6800. A letter from the Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's final rule—Final Priorities; National Institute on Disability and Rehabilitation Research (NIDRR)—Disability and Rehabilitation Research Projects and Centers Program—Rehabilitation Engineering Research Centers (RERC) Catalog of Federal Domestic Assistance [CFDA Number: 84.133E-1 and 84.133E-3] received June 26, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

6801. A letter from the Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's final rule—Final Priorities; National Institute on Disability and Rehabilitation Research (NIDRR)—Disability and Rehabilitation Research Projects and Centers Program—Disability Rehabilitation Research Project (DRRP)—Burn Model Systems Centers [CFDA Number: 84.133A-3] received June 26, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

6802. A letter from the Acting Director, Office of Regulatory Affairs and Collaborative Action, AS-IA, Department of the Interior, transmitting the Department's final rule—Heating, Cooling, and Lighting Standards for Bureau-Funded Dormitory Facilities [Docket ID: BIA-2012-0001] (RIN: 1076-AF10) received June 12, 2012, pursuant to 5 U.S.C.

801(a)(1)(A); to the Committee on Education and the Workforce.

6803. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Implementation Plans; Revisions to the Georgia State Implementation Plan [EPA-R04-OAR-2010-0969; FRL-9686-9] received June 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6804. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Air Quality Implementation Plans; Massachusetts; Determination of Attainment of the 1997 Ozone Standard for the Western Massachusetts Nonattainment Area [EPA-R01-OAR-2011-0960; A-1-FRL-9688-4] received June 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6805. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule—Approval, Disapproval and Promulgation of Air Quality Implementation Plans; Texas; Determination of Failure to Attain the 1-Hour Ozone Standard [EPA-R06-OAR-2011-0775; FRL-9688-3] received June 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6806. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule—Approval, Disapproval and Promulgation of Air Quality Implementation Plan; Utah; Maintenance Plan for the 1-Hour Ozone Standard for Salt Lake and Davis Counties [EPA-R08-OAR-2011-0719; FRL-9683-1] received June 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6807. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule—Determination of Failure to Attain the One-Hour Ozone Standard by 2007, Determination of Current Attainment of the One-Hour Ozone Standard, Determinations of Attainment of the 1997 Eight-Hour Ozone Standards for the New York-Northern New Jersey-Long Island Nonattainment Area in Connecticut, New Jersey and New York [EPA-R02-OAR-2011-0956; FRL-9682-7] received June 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6808. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule—TSCA Inventory Update Reporting Modifications; Chemical Data Reporting; 2012 Submission Period Extension [EPA-HQ-OPPT-2009-0187; FRL-9353-1] (RIN: 2070-AJ43) received June 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6809. A letter from the Deputy Chief, CGB, Federal Communications Commission, transmitting the Commission's final rule—Empowering Consumers to Prevent and Detect Billing for Unauthorized Charges (“Cramming”); Consumer Information and Disclosure; Truth-in-Billing and Billing Format [CG Docket No.: 11-116] [CG Docket No.: 09-158] [CC Docket No.: 98-170] received May 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6810. A letter from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations (Llano, Texas) [MB Docket No.: 11-168, RM-11642] received June 4, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6811. A letter from the Deputy General Counsel, Federal Energy Regulatory Commission, transmitting the Commission's final rule—Transmission Planning and Cost Allocation by Transmission Owning and Operating Public Utilities [Docket No.: RM10-23-001; Order No. 1000-A] received May 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6812. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Bombardier, Inc. Airplanes [Docket No.: FAA-2011-1416; Directorate Identifier 2011-NM-156-AD; Amendment 39-17056; AD 2012-10-07] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6813. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Saab AB, Saab Aerosystems Airplanes [Docket No.: FAA-2012-0184; Directorate Identifier 2011-NM-118-AD; Amendment 39-17055; AD 2012-10-06] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6814. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Bombardier, Inc. Airplanes [Docket No.: FAA-2012-0042; Directorate Identifier 2011-NM-154-AD; Amendment 39-17057; AD 2012-10-08] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6815. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; International Aero Engines AG Turbofan Engines [Docket No.: FAA-2009-1100; Directorate Identifier 2009-NE-37-AD; Amendment 39-17044; AD 2012-09-09] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6816. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Piper Aircraft, Inc. Airplanes [Docket No.: FAA-2012-0251; Directorate Identifier 2012-CE-002-AD; Amendment 39-17058; AD 2012-10-09] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6817. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; The Boeing Company Airplanes [Docket No.: FAA-2012-0105; Directorate Identifier 2011-NM-123-AD; Amendment 39-17049; AD 2012-09-14] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6818. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Airbus Airplanes [Docket No.: FAA-2011-1321; Directorate Identifier 2011-NM-045-AD; Amendment 39-17047; AD 2012-09-12] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6819. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Airbus Airplanes [Docket No.: FAA-2011-1327; Directorate Identifier 2011-NM-091-AD; Amendment 39-17048; AD 2012-09-13] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6820. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Hawker Beechcraft Corporation Airplanes [Docket No.: FAA-2012-0218; Directorate Identifier 2012-CE-003-AD; Amendment 39-17051; AD 2012-10-02] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6821. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; The Boeing Company Model 767-200, -300, -300F, and -400ER Series Airplanes [Docket No.: FAA-2011-0044; Directorate Identifier 2010-NM-059-AD; Amendment 39-17039; AD 2012-09-04] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6822. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Bombardier, Inc. Airplanes [Docket No.: FAA-2011-1095; Directorate Identifier 2010-NM-241-AD; Amendment 39-17032; AD 2012-08-15] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6823. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Airbus Airplanes [Docket No.: FAA-2011-1323; Directorate Identifier 2010-NM-212-AD; Amendment 39-17018; AD 2012-08-02] (RIN: 2120-08-02) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6824. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Airbus Airplanes [Docket No.: FAA-2012-0041; Directorate Identifier 2011-NM-167-AD; Amendment 39-17037; AD 2012-09-02] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6825. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Bombardier, Inc. Airplanes [Docket No.: FAA-2012-0036; Directorate Identifier 2011-NM-142-AD; Amendment 39-17028; AD 2012-08-11] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6826. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Cessna Aircraft Company Airplanes [Docket No.: FAA-2011-1413; Directorate Identifier 2011-NM-062-AD; Amendment 39-17036; AD 2012-09-01] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6827. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; SOCAT Airplanes [Docket No.: FAA-2012-0250; Directorate Identifier 2011-CE-043-AD; Amendment 39-17063; AD 2012-10-14] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6828. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Saab AB, Saab Aerosystems Airplanes [Docket No.: FAA-2011-1410; Directorate Identifier 2011-NM-033-AD; Amendment 39-17038; AD 2012-09-03] (RIN: 2120-AA64)

received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6829. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Pratt & Whitney Canada Turbo-prop Engines [Docket No.: FAA-2012-0417; Directorate Identifier 2012-NE-11-AD; Amendment 39-17045; AD 2012-09-10] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6830. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Burkhart GROB Luft- und Raumfahrt GmbH Powered Sailplanes [Docket No.: FAA-2012-0324; Directorate Identifier 2012-CE-008-AD; Amendment 39-17060; AD 2012-10-11] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6831. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Sicma Aero Seat Passenger Seat Assemblies, Installed on, but not Limited to, ATR — GIE Avions de Transport Regional Airplanes [Docket No.: FAA-2012-0334; Directorate Identifier 2012-NM-001-AD; Amendment 39-17024; AD 2012-08-07] (RIN: 2120-AA64) received June 8, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

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. BONNER: Committee on Ethics. In the Matter of Allegations Relating to Representative Vernon G. Buchanan (Rept. 112-588). Referred to the House Calendar.

Mr. SIMPSON: Committee on Appropriations. H.R. 6091. A bill making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2013, and for other purposes (Rept. 112-589). Referred to the Committee of the Whole House on the state of the Union.

Mr. BISHOP of Utah: Committee on Rules. H. Res. 726. A resolution providing for consideration of the bill (H.R. 4402) to require the Secretary of the Interior and the Secretary of Agriculture to more efficiently develop domestic sources of the minerals and mineral materials of strategic and critical importance to United States economic and national security and manufacturing competitiveness (Rept. 112-590). Referred to the House Calendar.

Mr. UPTON: Committee on Energy and Commerce. H.R. 5859. A bill to repeal an obsolete provision in title 49, United States Code, requiring motor vehicle insurance cost reporting, with an amendment (Rept. 112-591). 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. DUNCAN of South Carolina:

H.R. 6090. A bill to amend the South Carolina National Heritage Corridor Act of 1996 to designate the management entity for the

South Carolina National Heritage Corridor, and for other purposes; to the Committee on Natural Resources.

By Ms. DEGETTE:

H.R. 6092. A bill to implement updated pay and personnel policies in order to improve the recruitment and retention of qualified Federal wildland firefighters and to reduce the Federal Government's reliance on the more costly services of non-Federal wildfire resources; to the Committee on Oversight and Government Reform.

By Mr. SMITH of Nebraska:

H.R. 6093. A bill to establish a moratorium on aerial surveillance conducted by the Administrator of the Environmental Protection Agency under the Federal Water Pollution Control Act; to the Committee on Transportation and Infrastructure.

By Mrs. CAPPS (for herself, Mr. ENGEL, and Ms. SCHAKOWSKY):

H.R. 6094. A bill to amend title 49, United States Code, to prohibit rental of motor vehicles under a safety recall because of a defect related to motor vehicle safety or non-compliance with an applicable motor vehicle safety standard until the defect or non-compliance is remedied, and for other purposes; to the Committee on Energy and Commerce.

By Mr. DEUTCH:

H.R. 6095. A bill to authorize the Secretaries of the military departments to provide an exception to the standards for awarding the Purple Heart for veterans of World War II whose service records are incomplete because of damage to the permanent record; to the Committee on Armed Services.

By Mr. RUNYAN (for himself and Mr. PALLONE):

H.R. 6096. A bill to reauthorize various Acts relating to Atlantic Ocean marine fisheries; to the Committee on Natural Resources.

By Mr. SENSENBRENNER (for himself, Mrs. BLACK, Mr. PETRI, Mr. UPTON, Mr. FORTENBERRY, Mr. QUAYLE, Mrs. MILLER of Michigan, Mr. TERRY, Mr. SULLIVAN, Mr. FITZPATRICK, Mr. SHIMKUS, Mr. NUNES, Mr. SESSIONS, Mr. SCHILLING, Mr. FRANKS of Arizona, Mr. DUFFY, Mr. HUIZENGA of Michigan, Mr. PITTS, Mr. RIBBLE, Mr. GINGREY of Georgia, Mr. BROUN of Georgia, Mr. MULVANEY, Mr. JORDAN, Mrs. SCHMIDT, Mr. BURGESS, Mrs. ADAMS, Mr. CHABOT, Mr. POE of Texas, Mr. GALLEGLY, Mr. DANIEL E. LUNGREN of California, Mr. MARINO, Mr. GOMERT, Mr. CHAFFETZ, Mr. FORBES, Mr. GRIFFIN of Arkansas, Mr. KING of Iowa, Mr. AMODEI, Mr. GOODLATTE, Mr. WOLF, Mr. CANSECO, Mr. LANKFORD, Mr. PENCE, Mr. HARPER, Mr. AUSTRIA, Mr. GOWDY, Mr. ISSA, Mr. KINGSTON, Mr. WESTMORELAND, Mr. ROONEY, Mr. PRICE of Georgia, Mr. RYAN of Wisconsin, Mr. MANZULLO, Mr. KINZINGER of Illinois, Mr. ROKITA, Mr. NUGENT, Mr. LUETKEMEYER, and Ms. FOXF):

H.R. 6097. A bill to exempt employers from any excise tax and certain suits and penalties in the case of a failure of a group health plan to provide coverage to which an employer objects on the basis of religious belief or moral conviction; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LANCE (for himself, Mr. QUIGLEY, Mr. JOHNSON of Illinois, Mr. COOPER, and Mr. SCHIFF):

H. Res. 727. A resolution directing the Clerk of the House of Representatives to provide members of the public with Internet access to certain Congressional Research Service publications, and for other purposes; to the Committee on House Administration.

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. DUNCAN of South Carolina:

H.R. 6090.

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

This legislation speaks to concerns normally within the purview of the several states. However, in the past, the federal government has taken powers beyond constitutional reach as it relates to these programs. This legislation is constitutional because it follows the desires of the sovereign state of South Carolina as provided for by our Governor. As such, it follows the 10th Amendment which rightly holds these rights to the several sovereign states.

By Mr. SIMPSON:

H.R. 6091.

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

The principal constitutional authority for this legislation is clause 7 of section 9 of article I of the Constitution of the United States (the appropriation power), which states: “No Money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law” In addition, clause 1 of section 8 of article I of the Constitution (the spending power) provides: “The Congress shall have the Power . . . to pay the Debts and provide for the common Defence and general Welfare of the United States” Together, these specific constitutional provisions establish the congressional power of the purse, granting Congress the authority to appropriate funds, to determine their purpose, amount, and period of availability, and to set forth terms and conditions governing their use.

By Ms. DEGETTE:

H.R. 6092.

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

Article IV, section 3, Clause 2 of the Constitution of the United States.

By Mr. SMITH of Nebraska:

H.R. 6093.

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

Article I, Section 8, Clause 3 (Commerce Clause)

Article I, Section 8, Clause 18 (Necessary and Proper Clause)

By Mrs. CAPPS:

H.R. 6094.

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

Article I, Section 8, Clause 1 of the United States Constitution.

By Mr. DEUTCH:

H.R. 6095.

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

The constitutional authority of Congress to enact this legislation is provided by Article I, Section 8 of the United States Constitution Clause 14, which grants Congress the power to make Rules for the Government and Regulation of the land and naval Forces.

By Mr. RUNYAN:

H.R. 6096.

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

The Commerce Clause, Article 1, Section 8, Clause 3 of the Constitution

By Mr. SENSENBRENNER:

H.R. 6097.

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

Article I, section 7 which provides that “All bills for raising Revenue shall originate in the House of Representatives.

ADDITIONAL SPONSORS

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

- H.R. 139: Ms. LORETTA SANCHEZ of California.
- H.R. 360: Mr. JOHNSON of Illinois.
- H.R. 459: Ms. BERKLEY and Mr. SCHIFF.
- H.R. 615: Mr. WOMACK.
- H.R. 750: Mr. BROOKS.
- H.R. 763: Mr. WOMACK.
- H.R. 904: Mr. WOMACK.
- H.R. 975: Mr. HONDA and Mr. BLUMENAUER.
- H.R. 1111: Mr. LANKFORD.
- H.R. 1193: Ms. HAHN.
- H.R. 1297: Mr. WOMACK.
- H.R. 1340: Mrs. ROBY.
- H.R. 1370: Mr. SCOTT of South Carolina.
- H.R. 1448: Mr. HONDA.
- H.R. 1464: Mr. PASCRELL.
- H.R. 1519: Mr. DONNELLY of Indiana.
- H.R. 1543: Ms. BONAMICI, Mr. BISHOP of New York, and Mr. LATOURETTE.
- H.R. 1612: Mr. KISSELL.
- H.R. 1614: Mr. WILSON of South Carolina.
- H.R. 1639: Ms. HAYWORTH.
- H.R. 1653: Mrs. ELLMERS and Ms. HAYWORTH.
- H.R. 1720: Mr. POLIS.
- H.R. 1739: Mr. RUSH.
- H.R. 1746: Ms. WATERS.
- H.R. 1774: Mr. BLUMENAUER.
- H.R. 1860: Mrs. NOEM.
- H.R. 1865: Mr. WOMACK.
- H.R. 1876: Mr. WALZ of Minnesota.
- H.R. 1916: Ms. SLAUGHTER.
- H.R. 1993: Mr. MILLER of Florida.
- H.R. 2193: Mr. JACKSON of Illinois, Ms. WILSON of Florida, and Ms. RICHARDSON.
- H.R. 2194: Ms. FUDGE and Mr. BACA.
- H.R. 2239: Ms. HIRONO.
- H.R. 2280: Mr. GRIJALVA.
- H.R. 2328: Mr. CICILLINE.
- H.R. 2335: Mr. BROUN of Georgia.
- H.R. 2364: Ms. SCHAKOWSKY.
- H.R. 2600: Mr. REYES, Mr. CASSIDY, Ms. CASTOR of Florida, Mr. WELCH, and Mr. WILSON of South Carolina.
- H.R. 2672: Mr. CARSON of Indiana.
- H.R. 2918: Mr. HARRIS.
- H.R. 2954: Mr. BLUMENAUER.
- H.R. 2992: Mr. CALVERT.
- H.R. 3015: Mr. BACHUS and Mr. KISSELL.
- H.R. 3053: Ms. WILSON of Florida and Mr. WAXMAN.
- H.R. 3098: Mr. OLSON.
- H.R. 3102: Mr. BACA.
- H.R. 3159: Ms. BUERKLE.
- H.R. 3187: Ms. PINGREE of Maine and Mr. MATHESON.
- H.R. 3232: Mr. POLIS.
- H.R. 3337: Mr. KING of New York, Mr. PALAZZO, Mr. THOMPSON of Pennsylvania, and Ms. HAYWORTH.
- H.R. 3357: Mr. CAPUANO.
- H.R. 3395: Mr. SHULER.
- H.R. 3423: Mr. PALAZZO.
- H.R. 3429: Mr. FARENTHOLD.
- H.R. 3432: Mr. MCDERMOTT and Mr. SCHIFF.
- H.R. 3485: Mr. HASTINGS of Florida.
- H.R. 3496: Mr. JOHNSON of Illinois and Ms. LEE of California.
- H.R. 3497: Mr. PAULSEN and Mr. CARSON of Indiana.

- H.R. 3612: Mr. CANSECO and Mr. PAUL.
- H.R. 3618: Ms. EDWARDS and Mr. KILDEE.
- H.R. 3661: Mr. GIBBS, Mr. LEWIS of Georgia, and Mr. DUFFY.
- H.R. 3712: Ms. LINDA T. SANCHEZ of California.
- H.R. 3713: Ms. HAYWORTH and Mr. DENT.
- H.R. 3760: Mr. FRELINGHUYSEN.
- H.R. 3803: Mr. DANIEL E. LUNGREN of California.
- H.R. 3819: Mr. WALBERG.
- H.R. 3862: Mr. PITTS.
- H.R. 4051: Mr. HOLT and Ms. ZOE LOFGREN of California.
- H.R. 4052: Mr. HOLT, Mr. RUSH, and Mr. POE of Texas.
- H.R. 4070: Mr. PLATTS.
- H.R. 4115: Ms. HERRERA BEUTLER.
- H.R. 4124: Mr. BURGESS.
- H.R. 4196: Mr. MICHAUD.
- H.R. 4238: Mr. CARSON of Indiana.
- H.R. 4247: Mr. COHEN.
- H.R. 4256: Mr. WOMACK.
- H.R. 4271: Mr. BLUMENAUER.
- H.R. 4287: Mr. GIBSON, Mr. STARK, Mr. BISHOP of Georgia, Mr. CLAY, Ms. DEGETTE, Mr. HINOJOSA, and Ms. HAYWORTH.
- H.R. 4313: Mr. WALZ of Minnesota.
- H.R. 4322: Mr. WALBERG.
- H.R. 4362: Mr. QUIGLEY.
- H.R. 4373: Mrs. MCCARTHY of New York and Mr. HUIZENGA of Michigan.
- H.R. 4481: Mr. FLORES.
- H.R. 4643: Mr. YODER.
- H.R. 4953: Mr. NEAL.
- H.R. 4972: Ms. HIRONO.
- H.R. 5542: Mr. BRADY of Pennsylvania, Mr. KEATING, Mr. HEINRICH, Mr. BISHOP of New York, and Mr. ANDREWS.
- H.R. 5684: Mr. GARAMENDI.
- H.R. 5707: Mr. SCHRADER.
- H.R. 5716: Mr. GALLEGLY.
- H.R. 5741: Mr. COLE and Mr. RIVERA.
- H.R. 5748: Mr. CLAY.
- H.R. 5796: Ms. BALDWIN and Mr. HINCHEY.
- H.R. 5822: Mr. TURNER of New York, Mr. LANKFORD, and Mr. PITTS.
- H.R. 5848: Mr. BLUMENAUER.
- H.R. 5864: Mr. PETERS.
- H.R. 5879: Mr. BOSWELL and Mr. WITTMAN.
- H.R. 5893: Ms. HANABUSA.
- H.R. 5914: Mr. POLIS.
- H.R. 5953: Mr. NUNNELEE.
- H.R. 5963: Mr. LANKFORD.
- H.R. 5969: Mr. CARTER.
- H.R. 5970: Mr. CARTER.
- H.R. 5986: Mr. COBLE.
- H.R. 6048: Mr. LONG and Mr. GOODLATTE.
- H.R. 6060: Mr. HEINRICH.
- H.R. 6079: Mr. BRADY of Texas, Mr. NEUGEBAUER, Mr. HURT, Mr. GUTHRIE, Mr. NUGENT, Mr. ROGERS of Alabama, Mr. THORNBERRY, Mrs. BLACKBURN, Mr. JOHNSON of Ohio, Mr. CASSIDY, Mr. LAMBORN, Mr. CONAWAY, Mr. SOUTHERLAND, Mrs. EMERSON, Mr. GUINTA, Ms. ROS-LEHTINEN, Mr. WALDEN, Mr. CULBERSON, Mr. LANDRY, Mr. GIBBS, Mr. FRANKS of Arizona, Mr. WHITFIELD, Mr. MURPHY of Pennsylvania, Mr. GRIFFITH of Virginia, Mr. SHUSTER, Mr. GINGREY of Georgia, Mr. LABRADOR, Mr. QUAYLE, Mr. GRIFFIN of Arkansas, Mr. MACK, Mr. PALAZZO, Mr. GOSAR, Mr. GOWDY, Mr. GOODLATTE, Mr. WILSON of South Carolina, Mrs. MILLER of Michigan, Mr. CHAFFETZ, Mr. BURTON of Indiana, Mr. ROSS of Florida, Ms. BUERKLE, Mrs. BLACK, Mr. DANIEL E. LUNGREN of California, Mr. BERG, Mr. LUEPKEMEYER, Mr. HUIZENGA of Michigan, Mr. MCKINLEY, Mr. BUCSHON, Mr. WALBERG, Mr. WOMACK, Mr. GRAVES of Georgia, Mr. POE of Texas, Mr. BOUSTANY, Mr. LANCE, Mr. CANSECO, Mr. OLSON, Mr. AUSTRIA, Mrs. ADAMS, Mr. AUSTIN SCOTT of Georgia, Mr. PAUL, Mr. COLE, Mr. SIMPSON, Mr. BISHOP of Utah, Mr. AMASH, Mr. PENCE, Mrs. SCHMIDT, Mr. HARPER, Mr. STIVERS, Mr. ROGERS of Kentucky, Mr. POMPEO, Mr. MICA, Mr. AKIN, Mr. DUNCAN of South Carolina, Mr.

GRIMM, Mrs. CAPITO, Mr. JONES, Mr. ROONEY, Mr. HASTINGS of Washington, Mr. SAM JOHNSON of Texas, Mr. FARENTHOLD, Mr. GARY G. MILLER of California, Mrs. BACHMANN, Mr. COBLE, Mr. PEARCE, Mr. YODER, Mr. DIAZ-BALART, Mr. ADERHOLT, Mr. ROKITA, Mr. COFFMAN of Colorado, Ms. JENKINS, Mr. LANKFORD, Mr. WALSH of Illinois, Mr. HARRIS, Mr. MCCAUL, Mr. LONG, Mr. HUELSKAMP, Mr. NUNNELEE, Mr. FLORES, Mr. CRAVAACK, Mr. REHBERG, Mr. BURGESS, Mr. MCCLINTOCK, Mr. LATHAM, Mrs. ELLMERS, Mr. LATTA, Mr. KINZINGER of Illinois, Mr. AMODEI, Mr. THOMPSON of Pennsylvania, Mr. TURNER of New York, Mr. RIVERA, Mr. TERRY, Mr. TIP-TON, Mrs. ROBY, Mr. CAMPBELL, Mr. STEARNS, Mr. WOODALL, Mr. SCHWEIKERT, Mr. JORDAN, Mr. MULVANEY, Mr. DUNCAN of Tennessee, Mr. HUNTER, Mr. DUFFY, Mr. BARTON of Texas, Mr. WESTMORELAND, Mrs. MYRICK, Mr. BENISHEK, Mr. BROUN of Georgia, Mr. FINCHER, Mr. BROOKS, Mr. CRAWFORD, Mr. TIBERI, Mr. FLAKE, Mr. STUTZMAN, Mr. CRENSHAW, Mr. MCHENRY, Mr. SCHOCK, Mr. SMITH of New Jersey, Mr. YOUNG of Indiana, Mr. PLATTS, Mr. LOBIONDO, Mr. WITTMAN, Mr. MILLER of Florida, Mr. SCOTT of South Carolina, Mrs. HARTZLER, Mr. SCALISE, and Ms. FOXX.

H.R. 6087: Ms. NORTON, Ms. BROWN of Florida, and Mr. TOWNS.

H.R. 6089: Mr. PEARCE.

H.J. Res. 13: Mr. MURPHY of Pennsylvania.

H.J. Res. 78: Ms. BASS of California and Mr. HIMES.

H.J. Res. 110: Mr. WALBERG.

H. Con. Res. 114: Mr. LAMBORN.

H. Con. Res. 129: Ms. BUERKLE.

H. Con. Res. 130: Ms. BONAMICI.

H. Res. 134: Mrs. BLACKBURN.

H. Res. 298: Mr. MURPHY of Connecticut, Ms. LINDA T. SÁNCHEZ of California, Mr. SESSIONS, Mr. DENT, and Mr. CLARKE of Michigan.

H. Res. 526: Mr. WALZ of Minnesota.

H. Res. 618: Mr. BISHOP of Georgia and Mr. SCHILLING.

H. Res. 662: Mr. BACHUS.

H. Res. 694: Mr. STARK, Mr. BACA, and Mr. HONDA.

H. Res. 704: Mr. SHERMAN and Mr. CARNAHAN.

H. Res. 713: Ms. DEGETTE, Mr. LEVIN, Mr. FARR, Mrs. DAVIS of California, Mr. STARK, and Mr. POLIS.

H. Res. 722: Mr. BACA.