

Marshall	Peters	Shuster
Massa	Peterson	Simpson
Matheson	Petri	Sires
Matsui	Pingree (ME)	Skelton
McCarthy (CA)	Pitts	Slaughter
McCarthy (NY)	Platts	Smith (NE)
McCaull	Poe (TX)	Smith (NJ)
McClintock	Polis (CO)	Smith (TX)
McCollum	Pomeroy	Smith (WA)
McCotter	Posey	Snyder
McDermott	Price (GA)	Souder
McGovern	Price (NC)	Space
McHenry	Putnam	Speier
McIntyre	Quigley	Spratt
McKeon	Radanovich	Stark
McMahon	Rahall	Stearns
McMorris	Rangel	Stupak
Rodgers	Rehberg	Sullivan
McNerney	Reichert	Sutton
Meek (FL)	Reyes	Tanner
Meeks (NY)	Richardson	Taylor
Melancon	Rodriguez	Teague
Mica	Roe (TN)	Terry
Michaud	Rogers (AL)	Thompson (CA)
Miller (FL)	Rogers (KY)	Thompson (MS)
Miller (MI)	Rogers (MI)	Thompson (PA)
Miller (NC)	Rohrabacher	Thornberry
Miller, Gary	Rooney	Tiahrt
Miller, George	Ros-Lehtinen	Tiberi
Minnick	Roskam	Tierney
Mitchell	Ross	Titus
Mollohan	Rothman (NJ)	Tonko
Moore (WI)	Roybal-Allard	Towns
Moran (KS)	Royce	Tsongas
Moran (VA)	Ruppersberger	Turner
Murphy (CT)	Ryan (OH)	Upton
Murphy (NY)	Ryan (WI)	Van Hollen
Murphy, Patrick	Salazar	Velázquez
Murphy, Tim	Sánchez, Linda	Visclosky
Murtha	T.	Walden
Myrick	Sanchez, Loretta	Walz
Nadler (NY)	Scarbanes	Wamp
Napolitano	Scalise	Wasserman
Neal (MA)	Schakowsky	Schultz
Neugebauer	Schauer	Waters
Nunes	Schiff	Watson
Nye	Schmidt	Watt
Oberstar	Schock	Waxman
Obey	Schrader	Weiner
Olson	Schwartz	Welch
Olver	Scott (GA)	Westmoreland
Ortiz	Scott (VA)	Wexler
Owens	Sensenbrenner	Whitfield
Pallone	Serrano	Wilson (OH)
Pascrell	Sessions	Wilson (SC)
Pastor (AZ)	Sestak	Wittman
Paulsen	Shadegg	Wolf
Payne	Shea-Porter	Woolsey
Pence	Sherman	Wu
Perlmutter	Shimkus	Yarmuth
Perriello	Shuler	Young (FL)

NOES—1

Paul

NOT VOTING—7

Blackburn	Marchant	Young (AK)
Bralley (IA)	Moore (KS)	
Green, Gene	Rush	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1040

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING THE HON. JOHN DINGELL

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

Ms. SLAUGHTER. Mr. Speaker, I want to say that as the man in this House who has had reform of health care in his blood, who has worked

longer than anyone in America alive today to see this day, I am so happy to see you in the chair. It is an historic day made even more wonderful for us by having you preside.

The SPEAKER pro tempore (Mr. DINGELL). The Chair thanks the gentlewoman but observes that there are many here who have worked long and hard to bring us to this day, and the Nation will be grateful to us all. I thank you.

PROVIDING FOR CONSIDERATION OF H.R. 3962, AFFORDABLE HEALTH CARE FOR AMERICA ACT, AND PROVIDING FOR CONSIDERATION OF H.R. 3961, MEDICARE PHYSICIAN PAYMENT REFORM ACT OF 2009

Ms. SLAUGHTER. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 903 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 903

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3962) to provide affordable, quality health care for all Americans and reduce the growth in health care spending, and for other purposes. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. The amendment printed in part A of the report of the Committee on Rules accompanying this resolution, perfected by the modification printed in part B of such report, shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions of the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) four hours of debate equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, the chair and ranking minority member of the Committee on Ways and Means, and the chair and ranking minority member of the Committee on Education and Labor; (2) the further amendment printed in part C of the report of the Committee on Rules, if offered by Representative Stupak of Michigan or his designee, which shall be in order without intervention of any point of order except those arising under clause 9 of rule XXI, shall be considered as read, shall be separately debatable for 20 minutes equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for division of the question; (3) the further amendment in the nature of a substitute printed in part D of the report of the Committee on Rules, if offered by Representative Boehner of Ohio or his designee, which shall be in order without intervention of any point of order, shall be considered as read, and shall be separately debatable for one hour equally divided and controlled by the proponent and an opponent; and (4) one motion to recommit, with or without instructions, which shall be considered as read.

SEC. 2. During consideration of an amendment printed in the report of the Committee on Rules accompanying this resolution, the Chair may postpone the question of adoption as though under clause 8 of rule XX.

SEC. 3. Upon the adoption of this resolution it shall be in order to consider in the House

the bill (H.R. 3961) to amend title XVIII of the Social Security Act to reform the Medicare SGR payment system for physicians. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. 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 to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit.

SEC. 4. In the engrossment of H.R. 3961, the Clerk shall—

(a) add the text of H.R. 2920, as passed by the House, as new matter at the end of H.R. 3961;

(b) conform the title of H.R. 3961 to reflect the addition to the engrossment of the text of H.R. 2920;

(c) assign appropriate designations to provisions within the engrossment; and

(d) conform provisions for short titles within the engrossment.

The SPEAKER pro tempore. The gentlewoman from New York is recognized for 1 hour.

Ms. SLAUGHTER. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Texas (Mr. SESSIONS). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Ms. SLAUGHTER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and to insert extraneous materials into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

□ 1045

Mr. Speaker, H. Res. 903 provides for consideration of H.R. 3962, the Affordable Health Care for America Act, under a structured rule. The rule waives all points of order against consideration of the bill except those arising under clause 9 or 10 of rule XXI and provides 4 hours of debate controlled by the Committees on Energy and Commerce and on Education and Labor.

The rule makes in order the amendment in part C of the report if offered by Representative STUPAK or a designee. The rule makes in order the substitute amendment in part D of the report if offered by Mr. BOEHNER or his designee.

H. Res. 903 also provides for consideration of H.R. 3961, the Medicare Physician Reform Act, under a closed rule. The rule waives all points of order against consideration of the bill except those arising under clause 9 or 10 of rule XXI, and upon passage of the bill, the Clerk is directed to add at the end the text of H.R. 2920 as passed by the House.

I am pleased to yield to the gentlewoman from Illinois (Ms. SCHAKOWSKY) for a unanimous consent request.

(Ms. SCHAKOWSKY asked and was given permission to revise and extend her remarks.)

Ms. SCHAKOWSKY. Mr. Speaker, I rise in support of reform that will allow millions of American women to get the health care they need.

Ms. SLAUGHTER. I yield for a unanimous consent request to the gentlewoman from New York (Mrs. LOWEY).

(Mrs. LOWEY asked and was given permission to revise and extend her remarks.)

Mrs. LOWEY. Mr. Speaker, I support health care that helps senior women afford their medications through Medicare.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield for a unanimous consent request to the gentlewoman from New York (Mrs. MALONEY).

(Mrs. MALONEY asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY. Mr. Speaker, I support ending gender discrimination in premium prices.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON).

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to revise and extend her remarks.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I support the Democratic health care bill because it eliminates disparities that harm a woman's health.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. LEE) for a unanimous consent request.

(Ms. LEE of California asked and was given permission to revise and extend her remarks.)

Ms. LEE of California. Mr. Speaker, I support affordable health care and this Democratic bill so that domestic violence may never be used ever again as a preexisting condition.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Michigan (Ms. KILPATRICK) for a unanimous consent request.

(Ms. KILPATRICK of Michigan asked and was given permission to revise and extend her remarks.)

Ms. KILPATRICK of Michigan. Mr. Speaker, I support our House bill which will let women and doctors control their health decisions.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Ms. ZOE LOFGREN).

(Ms. ZOE LOFGREN of California asked and was given permission to revise and extend her remarks.)

Ms. ZOE LOFGREN of California. Mr. Speaker, I support the Democratic bill to let our kids in their 20s get insurance and keep healthy.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from Ohio (Ms. SUTTON).

(Ms. SUTTON asked and was given permission to revise and extend her remarks.)

Ms. SUTTON. Mr. Speaker, I support health care reform that improves the

nursing workforce and is endorsed by the American Nursing Association.

Ms. SLAUGHTER. Mr. Speaker, I yield for a unanimous consent request to the gentlewoman from California (Mrs. DAVIS).

(Mrs. DAVIS of California asked and was given permission to revise and extend her remarks.)

Mrs. DAVIS of California. Mr. Speaker, I support the Democratic bill because it will keep women and their families healthy, not just take care of them when they are sick.

PARLIAMENTARY INQUIRIES

Mr. PRICE of Georgia. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman may state his parliamentary inquiry.

Mr. PRICE of Georgia. Mr. Speaker, I was just wondering if this was a stalling tactic by the majority party on delaying the vote on this important bill which will kill 5.5 million jobs today?

The SPEAKER pro tempore. The Chair will observe that is not a correct parliamentary inquiry. The Chair will observe, on this side of the aisle, I don't think anybody wants to stall the bill.

Mr. PRICE of Georgia. Mr. Speaker, continuing to reserve the right to object.

The SPEAKER pro tempore. The gentleman is recognized on his reservation.

Mr. PRICE of Georgia. I understand that this may be a train that is rolling, but it appears that the majority side is interested in stalling this bill. Would it be appropriate to ask unanimous consent that all extension and revision of remarks could be done en bloc.

The SPEAKER pro tempore. The Chair would observe that such unanimous consent has already been granted. The Chair would note that there are a lot of Members around here that want to ask unanimous consent. The Chair intends to recognize them and let their unanimous consents be judged by the Chair and the House as suitable.

Mr. PRICE of Georgia. Mr. Speaker, continuing to observe the right to object, how about increasing the debate time? It appears that the majority party is attempting to expand their debate time.

I would ask unanimous consent that each side be added 1 hour of debate time.

Ms. SLAUGHTER. I object.

The SPEAKER pro tempore. Objection is heard.

Mr. PRICE of Georgia. Mr. Speaker, I continue to reserve the right to object.

The SPEAKER pro tempore. The Chair would be delighted to hear the gentleman on his reservation.

Mr. PRICE of Georgia. Again, Mr. Speaker, it is my understanding that the majority party appears to be continuing to delay the process here. It would be appropriate, if the majority party is interested in fairness in this process, to provide for increasing debate time on both sides of the aisle.

The SPEAKER pro tempore. The Chair observes that regular order has been demanded. As such, the gentleman must either object, or withdraw his reservation.

Mr. PRICE of Georgia. Mr. Speaker, I object.

The SPEAKER pro tempore. The Chair hears objection. The Chair would hope the gentleman would not object, but if he does, it will be in the RECORD.

Mr. PRICE of Georgia. Mr. Speaker, continuing to reserve then, if you are not interested in obtaining my objection, continuing to reserve, again it appears that this is a process by which the majority party is interested once again in trying to subvert the rules and expand the debate time on the majority side.

Mr. SESSIONS. Parliamentary inquiry.

The SPEAKER pro tempore. Objection was heard. The gentleman from Texas will state his parliamentary inquiry.

Mr. SESSIONS. The question is, could the Speaker please advise us of the time that is being consumed. Does it come off the time that would be allowed in the rule for debate by the gentlewoman from New York?

The SPEAKER pro tempore. A Member asking to insert remarks into the RECORD may include a simple declaration of sentiment toward the question under debate but should not embellish the request with extended oratory.

The gentlewoman from New York is recognized.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from California (Ms. WOOLSEY) for a unanimous consent request.

Ms. WOOLSEY. Mr. Speaker, I ask unanimous consent to revise and extend my remarks in support of this bill because it will make health care affordable for women who still earn 77 percent less than men.

Mr. SESSIONS. Mr. Speaker, I reserve the right to object.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas on his reservation.

Mr. SESSIONS. Mr. Speaker, I believe that what is occurring is that the facts of the case are that this has gone beyond the rules of the House in the presentation, and I object and would ask for regular order.

The SPEAKER pro tempore. The gentleman from Texas has objected.

The gentlewoman from New York continues to be recognized.

Ms. SLAUGHTER. I am pleased to yield to the gentlewoman from Hawaii (Ms. HIRONO) for a unanimous consent request.

Ms. HIRONO. Mr. Speaker, I ask unanimous consent to revise and extend my remarks because the women in my district cannot wait any longer for meaningful health care reform.

Mr. SESSIONS. Mr. Speaker, I reserve the right to object.

The SPEAKER pro tempore. The gentleman from Texas is recognized on his reservation.

Mr. SESSIONS. Mr. Speaker, I believe what is occurring now is not only opposed to the House rules but is containing further comment, which was not allowed in the rule nor in the general provisions of the House.

The SPEAKER pro tempore. The Chair will restate the ruling that the Chair made earlier.

A Member asking to insert remarks may include a simple declaration of sentiment towards the question under debate but should not embellish the request with extended oratory.

The Chair has heard nothing which contravenes that, and the Chair makes the statement to my good friend that we will continue as we have in allowing each Member—

Mr. SESSIONS. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman is out of order. The Chair is busy ruling.

Mr. SESSIONS. Could the Speaker please advise me about the time that is presently being consumed?

The SPEAKER pro tempore. The gentleman will suspend.

The Chair recognizes the distinguished gentlewoman from New York.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield for a unanimous consent request to the gentlewoman from California (Ms. ROYBAL-ALLARD).

(Ms. ROYBAL-ALLARD asked and was given permission to revise and extend her remarks.)

□ 1100

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise in support of the Democratic bill because it will help women with breast cancer pay for chemotherapy.

Mr. PRICE of Georgia. Mr. Speaker, reserving the right to object.

The SPEAKER pro tempore. The unanimous consent request has been entered. That is the business of the House.

Ms. SLAUGHTER. Mr. Speaker, regular order, please.

The SPEAKER pro tempore. The Chair has ruled.

PARLIAMENTARY INQUIRY

Mr. PRICE of Georgia. Parliamentary inquiry, Mr. Speaker.

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

Mr. PRICE of Georgia. Is it not appropriate for a Member of the House to be able to reserve a right to object on a unanimous consent request?

The SPEAKER pro tempore. The Chair is going to inform the gentleman that he has the right to make a timely reservation. The Chair is going to observe that such was not made.

Mr. PRICE of Georgia. Further inquiry, Mr. Speaker.

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

Mr. PRICE of Georgia. I object.

The SPEAKER pro tempore. An objection is no longer timely.

The gentlewoman from New York continues to be recognized.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlelady from California (Mrs. CAPPs) for a unanimous consent request.

Mrs. CAPPs. Mr. Speaker, I ask unanimous consent to revise and extend my remarks in support of reforms that ensure that no mother will ever have her child's care denied because of a preexisting condition.

Mr. PRICE of Georgia. I object.

The SPEAKER pro tempore. Objection is heard.

The Chair wants to remind my colleagues, we are going to try and have a fair and orderly debate.

The Chair is going to remind my colleagues that every Member has a right to place a unanimous consent before the House. The Chair is going to protect that right for the majority and the Chair is going to protect that right for the minority. And if delay occurs, at this moment it appears to the Chair that the delay occurs less on the Chair's left than it does on the Chair's right.

The Chair will observe if the gentleman is concerned about speeding the business of the House, the business of the House can best be speeded by allowing the unanimous consent requests to be made.

PARLIAMENTARY INQUIRY

Mr. PRICE of Georgia. Parliamentary inquiry, Mr. Speaker.

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

Mr. PRICE of Georgia. At the time that a unanimous consent request is made, the Speaker has apparently determined that the statement, as soon as it is completed, does not allow for a reservation. Is it not, under the rules of the House, appropriate for a Member of the House to reserve a right to object based upon a unanimous consent request?

The SPEAKER pro tempore. The Chair is going to instruct the gentleman lightly upon the rules of the House by observing that reservations must be made in a timely fashion.

The Chair will protect the rights of the gentleman to assert timely objections or to proceed in an appropriate manner under the rules.

The Chair now recognizes the gentleman from New York.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlelady from California (Mrs. NAPOLITANO) for a unanimous consent request.

(Mrs. NAPOLITANO asked and was given permission to revise and extend her remarks.)

Mrs. NAPOLITANO. Mr. Speaker, I rise in support of health care reform that eliminates out-of-pocket costs for osteoporosis screenings.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlelady from Ohio (Ms. KILROY) for a unanimous consent request.

Ms. KILROY. Mr. Speaker, I ask unanimous consent—

Mr. DREIER. Mr. Speaker, reserving the right to object.

The SPEAKER pro tempore. The gentleman is recognized on his reservation.

Mr. DREIER. Thank you very much, Mr. Speaker.

Ms. SLAUGHTER. Regular order, please.

The SPEAKER pro tempore. Regular order is demanded.

The Chair is going to make this observation for the benefit of my colleagues. After a demand for regular order, a reservation of objection may no longer be entertained. A Member must either object or withdraw the reservation.

Mr. DREIER. Mr. Speaker, I have reserved the right to object. Am I allowed to be heard under that reservation at this juncture?

Ms. SLAUGHTER. Regular order.

The SPEAKER pro tempore. That, the Chair regrets, cannot be done because the Chair has heard a demand for regular order, which precludes that.

Mr. DREIER. Mr. Speaker, I cannot reserve the right to object to the unanimous consent request?

The SPEAKER pro tempore. Not after a demand for the regular order has been heard.

What is happening, the Chair will inform my dear friends, is we are getting ourselves into an unnecessarily deep parliamentary morass. If my colleagues on the Chair's left would withhold these objections, we would not be in this snarl at this time.

Now, does the gentleman object?

Mr. DREIER. Mr. Speaker, I reserve the right to object and wish to be heard on my reservation.

The SPEAKER pro tempore. The Chair rules that out of order.

The Chair makes the observation that since a demand for the regular order has been made, reservations may no longer be raised. Perceiving that the gentleman from California has withdrawn his reservation, the Chair recognizes now, again, the gentlewoman from New York, who controls the time at this moment.

Ms. SLAUGHTER. Mr. Speaker, I have already yielded to the gentlelady from Ohio (Ms. KILROY).

Ms. KILROY. I thank the gentlelady from New York.

Mr. Speaker, I ask unanimous consent to revise and extend my remarks in support of the Democratic bill because—

Mr. SESSIONS. Mr. Speaker, I object.

PARLIAMENTARY INQUIRY

Ms. KILROY. Mr. Speaker, parliamentary inquiry.

Do I not have the right to be able to continue my sentence without objections that are trying to censure my remarks here on the floor that I have a right to make as a Member of Congress?

The SPEAKER pro tempore. Objection is heard. The gentlewoman will suspend.

The gentlewoman from New York again is recognized.

Ms. SLAUGHTER. Mr. Speaker, I would inquire of Ms. KILROY, have you had time to raise your objection?

Ms. KILROY. I ask unanimous consent again to revise and extend my remarks because this—

The SPEAKER pro tempore. Objection is heard.

Ms. KILROY. I rise in support of this Democratic bill because it won't force women into a bare bones policy, high deductible, and high-cost plan.

The SPEAKER pro tempore. Objection has been heard.

Mr. SESSIONS. Mr. Speaker, I would ask to be heard.

Mr. Speaker, the Republicans are asking for an extension of 1 hour on both sides under the rule that will equally allow both sides 30 additional minutes to be heard, because it's obvious that Members of Congress need to be heard and this rule does not provide the amount of time necessary, and the people who are here is an example of why this is wrong.

The SPEAKER pro tempore. The gentleman from Texas has not yet been recognized for debate. The gentleman will resume his seat and we will proceed with the business of the House.

The Chair continues to recognize the gentlewoman from New York.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlelady from the Virgin Islands for a unanimous consent request.

Mrs. CHRISTENSEN. Mr. Speaker, I ask unanimous consent to revise and extend my remarks in support of providing affordable coverage for the 39 percent of Latinos, 23 percent of African Americans, and 34 percent of Native Americans who are not insured.

Ms. FALLIN. Mr. Speaker, I object.

The SPEAKER pro tempore. Objection is heard.

The gentlewoman from New York is recognized.

Ms. SLAUGHTER. I yield to the gentlewoman from California (Ms. HARMAN) for a unanimous consent request.

Ms. HARMAN. Mr. Speaker, because it eliminates cost sharing and makes access to health care more affordable, as a mother of four and a grandmother of three, I ask unanimous consent to revise and extend my remarks in support of the Democratic bill.

Ms. FALLIN. Mr. Speaker, I object.

The SPEAKER pro tempore. The objection is heard.

The Chair requests the gentlemen and gentlewomen of the House to heed the gavel. The Chair will try to protect the rights of all and will see that the proceedings are conducted in accordance with the rules. And the Chair asks the Members not to make that any more difficult than they must.

The Chair continues to recognize the gentlewoman from New York.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Florida (Ms. CASTOR) for a unanimous consent request.

Ms. CASTOR. Mr. Speaker, because the Democratic bill gives women more

opportunities and offers to modernize health care, I ask unanimous consent to revise and extend my remarks in support of the Democratic bill.

Ms. FALLIN. I object.

The SPEAKER pro tempore. Objection is heard.

The Chair continues to recognize the gentlewoman from New York.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from Wisconsin (Ms. BALDWIN) for a unanimous consent request.

Ms. BALDWIN. Mr. Speaker, because it is time to protect older women by closing the doughnut hole, I ask unanimous consent to revise and extend my remarks in support of this bill.

Mrs. BACHMANN. I object.

The SPEAKER pro tempore. Objection is heard.

The Chair has a comment to make here. The Chair is going to request the Members on both sides of the aisle to respect the rights of other Members. Members have the right, under the rules, to ask unanimous consent. If Members on one side of the aisle want their right protected, the Chair observes that they should then respect the rights of Members on the other side of the aisle. It will be the purpose of the Chair to try and see that all Members are heard at the proper time and fashion and to see that the rules are carried out. The Chair will also try to see that the debate is conducted with a measure of comity and grace and decency, and the Chair would request my friends on both sides of the aisle to respect that.

PARLIAMENTARY INQUIRIES

Mr. CULBERSON. Parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state it.

Mr. CULBERSON. Mr. Speaker, to fulfill your proper admonition of the House that we proceed with comity and respect and allow the voices on both sides to be heard, my parliamentary inquiry, Mr. Speaker, is to ask that we would—and we are prepared to do so with a unanimous consent—agree to expand the debate by 1 hour to allow other Members of the House on both sides—could we have a unanimous consent request, Mr. Speaker, to expand the debate?

The SPEAKER pro tempore. The Chair will observe that my friend has not stated a proper parliamentary inquiry.

The Chair simply wants to make this observation. We can spend a long time here on this particular wrangle or we can allow the proceedings to go forward. Everybody will have a chance to be heard as long as the House is presided over by this particular Member.

The Chair just requests my friends on the minority side, let's let the discussion go forward. It isn't hurting anything, and there is no advantage to be achieved by making all of this fuss.

Mr. CULBERSON. Parliamentary inquiry.

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

Mr. CULBERSON. Mr. Speaker, is it in order, I would like to make a unanimous consent to expand the debate by 1 hour.

The SPEAKER pro tempore. The Chair observes that that can only be done at this time by the gentlewoman from New York yielding for the purpose of that kind of unanimous consent request.

Mr. CULBERSON. Will the gentlelady from New York yield to expand the debate by 1 hour? I would like to make that unanimous consent request to expand the debate by 1 hour so that everyone can speak.

Ms. SLAUGHTER. I am calling for regular order. I would like to really get on with this bill.

The SPEAKER pro tempore. The Chair observes that the gentlewoman from New York has not yielded for that purpose and that, therefore, the request is not in order.

The gentlewoman from New York continues to be recognized.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlelady from California (Ms. ESHOO) for a unanimous consent request.

Ms. ESHOO. Mr. Speaker, I ask unanimous consent to revise and extend my remarks on this bill which will limit age ratings that make coverage unaffordable for older women.

Mrs. BACHMANN. I object, Mr. Speaker.

The SPEAKER pro tempore. Objection is heard.

The gentlewoman from New York continues to be recognized.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlelady from Massachusetts (Ms. TSONGAS) for a unanimous consent request.

Ms. TSONGAS. Because women shouldn't have to buy a separate policy for maternity care, Mr. Speaker, I ask unanimous consent to revise and extend my remarks in support of the Democratic bill.

Mrs. BACHMANN. I object, Mr. Speaker.

The SPEAKER pro tempore. Objection is heard.

PARLIAMENTARY INQUIRIES

Mr. HASTINGS of Florida. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state the parliamentary inquiry.

Mr. HASTINGS of Florida. Mr. Speaker, is it not correct procedure in the House of Representatives for the purpose, when a Member offers a unanimous consent request, that the objection be heard after the conclusion of the unanimous consent request?

The SPEAKER pro tempore. The gentleman is correct in that the Chair has been trying to see to it, amidst a somewhat disorderly House, that the request for unanimous consent is uttered before the objection is heard.

Mr. PRICE of Georgia. Parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state the parliamentary inquiry.

Mr. PRICE of Georgia. Does the rule not provide on a unanimous consent request that there be no significant embellishment of remarks, and in fact the majority party has continued to embellish their remarks upon their UC request?

□ 1115

The SPEAKER pro tempore. The Chair is kind of wearing out this ruling, but the Chair will respond again for the benefit of my good friend by observing this:

A Member asking to insert remarks may include a simple declaration of sentiment toward the question under debate, but should not embellish the requests with extended oratory. The Chair is going to try and enforce that, and the Chair would suggest to all Members that we respect each other's rights and, on this side, that Members observe the rule and on that side that the Members permit the Members on this side to observe the rule and to make their necessary points. The Chair will try and enforce these rules in a fair and proper way.

The Chair observes that the proceedings will proceed more speedily if the Members will assist the Chair in this particular way.

Ms. SLAUGHTER. I am pleased to yield to the gentlewoman from Nevada (Ms. TITUS) for a unanimous consent request.

Ms. TITUS. Mr. Speaker, because the Democratic bill covers the preventative services that women need to stay healthy, I ask unanimous consent to revise and extend my remarks in support of such bill.

Mrs. BACHMANN. I object.

The SPEAKER pro tempore. Objection is heard.

Now the Chair would like to make an observation for the benefit of everybody.

The whole process will proceed more speedily if we, first of all, observe the rules and, second of all, if we afford reasonable courtesy to our colleagues on the other side of the aisle. The Chair calls on the Democrats to do that and the Republicans.

Now, the Chair simply wants to make this statement for the benefit of Members on the minority side who may not have understood the Chair's motives, but the Chair will hear each unanimous-consent request individually and will hear each objection individually, and the Chair will ask the Members to cooperate in that. The House should have an orderly process that will reflect well on it in historical perspective.

PARLIAMENTARY INQUIRY

Mr. CULBERSON. Mr. Speaker, a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state it.

Mr. CULBERSON. Mr. Speaker, is there any other motion that the minority can make other than a unanimous consent to expand the debate and allow more Members of the House to be heard in an amicable way?

The SPEAKER pro tempore. The Chair just will adhere to the traditional practices of the House and not respond to hypothetical questions, and the Chair will rule on questions as they become ripe under the rules. The Chair regrets that the Chair can go no further than making that observation at this time.

The Chair continues to recognize the gentlewoman from New York, and hopes that the process will be speeded by a more gracious acquiescence of the House.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from California (Ms. SPEIER) for a unanimous consent request.

(Ms. SPEIER asked and was given permission to revise and extend her remarks.)

Ms. SPEIER. Mr. Speaker, I am in support of health care reform, as it will guarantee coverage for maternity and well-child care.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from California (Ms. LORETTA SANCHEZ) for a unanimous consent request.

(Ms. LORETTA SANCHEZ of California asked and was given permission to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I support health care reform that invests in a health care workforce dedicated to meeting the needs of all women.

PARLIAMENTARY INQUIRY

Mr. BURTON of Indiana. Mr. Speaker, a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from Indiana.

Mr. BURTON of Indiana. Mr. Speaker, if there is a request for a unanimous consent, does that allow the person asking unanimous consent, if there is an objection, to continue on with hyperbole?

The SPEAKER pro tempore. The Chair is going to read the rule again to the House. I think it will probably be helpful. I think this is the fourth or fifth time the Chair has done it.

A Member asking to insert remarks may include a simple declaration of sentiment toward the question under debate, but should not embellish the requests with extended oratory; and with the assistance of the House, the Chair is going to do his very best to see to it that that is observed on both sides of the aisle.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentlewoman from California (Ms. RICHARDSON) for a unanimous-consent request.

Ms. RICHARDSON. Mr. Speaker, because I stand in support of health care reform that helps more than half of women who cannot afford health care today, I ask unanimous consent to revise and extend my remarks.

Mr. BURTON of Indiana. I object.

The SPEAKER pro tempore. Objection has been heard.

PARLIAMENTARY INQUIRY

Mr. BURTON of Indiana. Mr. Speaker, with great respect, I ask unanimous consent for a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from Indiana will state his parliamentary inquiry.

Mr. BURTON of Indiana. Mr. Speaker, you have just ruled that you cannot embellish, if an objection has been heard, a unanimous-consent request, and yet the other side continues to embellish their remarks when an objection has been heard, and I wish you would restate what you just said, that if an objection is heard they cannot embellish their remarks.

The SPEAKER pro tempore. The Chair has heard the gentleman's comments, and the Chair is going to make this observation. The decision as to whether the rules are being adhered to is the decision of the Chair. It is the right of Members to raise questions as they might choose, and this particular occupant in the chair is going to do his best to be fair to all parties.

The Chair is going to now make a further admonition to the House. The Chair will advise Members that, as indicated by previous occupants of the Chair going a long way back, although a unanimous consent request to insert remarks in debate may comprise a simple declaration of statement of the Member's attitude toward the pending measure, it is improper for a Member to embellish such requests with other oratory and that it can become an imposition on the time of the Member who yielded for that purpose.

The Chair will entertain as many requests to make insertions by unanimous consent as may be necessary to accommodate the Members, but the Chair also asks the Members to cooperate by confining such remarks to the proper form.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) for a unanimous consent request.

(Ms. WASSERMAN SCHULTZ asked and was given permission to revise and extend her remarks.)

Ms. WASSERMAN SCHULTZ. Mr. Speaker, being a breast cancer survivor shouldn't disqualify a woman from getting health care coverage. I rise in support of health care reform.

PARLIAMENTARY INQUIRY

Mr. GOHMERT. Mr. Speaker, a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state it.

Mr. GOHMERT. Mr. Speaker, we are hearing the requests over and over for unanimous consent to speak outside the rule. You see that we have a lineup of people over here to do the same thing on our side. The majority has the power to extend debate either by UC, as I understand it, and so my inquiry is:

Would it be in order to go back and forth, making unanimous consents on each side to speak outside the rule and so we can do this in an equitable way, which appears to be what the Speaker is trying to do?

The SPEAKER pro tempore. The Chair understands the concerns of the

gentleman. The Chair is going to make this observation:

Looking down from the Rostrum here, the Chair observes that the line on the Speaker's right is getting shorter and that the time of the gentlewoman from New York will shortly expire. That time will then move to the minority side, at which time Members of the minority may want to make the same requests that Members of the majority have made. The Chair is going to do the level best to see to it all Members are protected in their rights.

The question of yielding for the purpose of the unanimous consent is up to the gentlewoman from New York. At a later time, perhaps the Member of the minority handling the rule will want to make a unanimous consent request along those lines. If that happens, then the House will deal with the matter, and the Chair will preside over the decision.

The Chair observes that the House is out of order. The Chair has tried to be considerate of the concerns of my friends on the minority side.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from Maryland (Ms. EDWARDS) for a unanimous consent request.

(Ms. EDWARDS of Maryland asked and was given permission to revise and extend her remarks.)

Ms. EDWARDS of Maryland. Mr. Speaker, I rise in support of the Democratic bill because it eliminates higher premiums for women who are more likely than men to have chronic diseases or to be disabled.

The SPEAKER pro tempore. Now the Chair is going to make this statement, and will ask Members on both sides of the aisle to listen.

The Chair is asking for a simple statement of unanimous consent at this time or the person controlling the time—in this instance, my dear friend, the gentlewoman from New York—will find that her time is charged.

So the Chair calls upon my colleagues on the majority side to listen to that, but the Chair reminds my colleagues on the minority side that the same rules and behavior will probably be applied when the minority is recognized.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from New Hampshire (Ms. SHEA-PORTER) for a unanimous-consent request.

(Ms. SHEA-PORTER asked and was given permission to revise and extend her remarks.)

Ms. SHEA-PORTER. Mr. Speaker, I support health care reform because more than 14 million women with incomes up to 400 percent of poverty are uninsured.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from California (Ms. WATSON) for a unanimous-consent request.

(Ms. WATSON asked and was given permission to revise and extend her remarks.)

Ms. WATSON. Mr. Speaker, single women are twice as likely to be unin-

sured as married women, and they need coverage. I support the Democratic bill.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to my fellow New Yorker (Ms. VELÁZQUEZ) for a unanimous-consent request.

(Ms. VELÁZQUEZ asked and was given permission to revise and extend her remarks.)

Ms. VELÁZQUEZ. Mr. Speaker, I rise in support of health care reform as it will empower millions of women, particularly of low income, with information they need to make wise decisions for themselves and their families.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from Illinois (Mrs. HALVORSON) for a unanimous-consent request.

(Mrs. HALVORSON asked and was given permission to revise and extend her remarks.)

Mrs. HALVORSON. Mr. Speaker, we are in the middle of a health care crisis and doing nothing is not an option. I support health care reform.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the Delegate from the District of Columbia (Ms. NORTON) for a unanimous-consent request.

(Ms. NORTON asked and was given permission to revise and extend her remarks.)

Ms. NORTON. Mr. Speaker, I rise in support of the Democratic bill to bend the curve that has seen health care costs rise three times faster than wages.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from Florida (Ms. CORRINE BROWN) for a unanimous-consent request.

(Ms. CORRINE BROWN of Florida asked and was given permission to revise and extend her remarks.)

Ms. CORRINE BROWN of Florida. Mr. Speaker, I strongly support health care reform, which will benefit women who change jobs; and I want to add that health care insurance companies cannot deny people health care because of preexisting conditions.

□ 1130

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield to the gentlewoman from Wisconsin, Ms. GWEN MOORE, for a unanimous consent request.

(Ms. MOORE of Wisconsin asked and was given permission to revise and extend her remarks.)

Ms. MOORE of Wisconsin. Mr. Speaker, I rise in support of this bill because domestic violence costs as much as \$750 billion to our health care system.

Ms. SLAUGHTER. Mr. Speaker, because of the kind indulgence of our friends on the other side, we have no further speakers, but we would like to sit quietly and listen to the other side. I reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, I would like to inquire of the time remaining on both sides.

The SPEAKER pro tempore. The gentlewoman from New York has 28 minutes remaining, and the gentleman from Texas has 30 minutes remaining.

Mr. SESSIONS. Mr. Speaker, I appreciate that.

Mr. Speaker, at this time, I would like to yield to the gentlewoman from Ohio (Mrs. SCHMIDT) for a unanimous consent request.

(Mrs. SCHMIDT asked and was given permission to revise and extend her remarks.)

Mrs. SCHMIDT. Mr. Speaker, I rise in opposition to this job-killing bill before us.

Mr. SESSIONS. Mr. Speaker, I would like to yield to the gentlewoman from Oklahoma (Ms. FALLIN) for a unanimous consent request.

(Ms. FALLIN asked and was given permission to revise and extend her remarks.)

Ms. FALLIN. Mr. Speaker, I rise in opposition against this freedom-killing, constitutional affront, job-killing bill, health care bill.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from Tennessee (Mrs. BLACKBURN) for a unanimous consent request.

(Mrs. BLACKBURN asked and was given permission to revise and extend her remarks.)

Mrs. BLACKBURN. Mr. Speaker, I rise in opposition on this record-killing, job-killing bill that is going to cut Medicare and pile debt on our children, our precious grandchildren and raise health care costs and taxes on the American people.

The SPEAKER pro tempore. The Chair is going to observe, the rules are going to be observed on both sides of the aisle.

For the benefit of my colleagues, the Chair will simply observe that Members asking to insert remarks may include a simple declaration of sentiment towards the question under debate but should not embellish the request with extended oratory.

The gentleman from Texas continues to be recognized.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from California (Mrs. BONO MACK) for a unanimous consent request.

(Mrs. BONO MACK asked and was given permission to revise and extend her remarks.)

Mrs. BONO MACK. Mr. Speaker, I rise in opposition to this job-killing bill that raises taxes on the American people.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from Florida (Ms. ROS-LEHTINEN) for a unanimous consent request.

(Ms. ROS-LEHTINEN asked and was given permission to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Mr. Speaker, I rise in opposition to this job-killing bill because it piles on debt on my brand-new 3-month-old grandbaby.

We agree that real healthcare reform is a necessity.

We must provide uninsured Americans with meaningful healthcare reform.

But the trillion dollar Pelosi bill is not the answer.

The Pelosi bill will drive already hurting hardworking families and seniors further into debt.

My home state of Florida is suffering with 11.2% unemployment.

This is not the right time to burden families with increased taxes.

Also, with over 162 billion dollars in harmful cuts to Medicare Advantage, the Pelosi plan will force millions of seniors to lose their current health coverage.

And Medicare prescription drug premiums will likely rise by 20 percent.

The trillion dollar Pelosi bill makes it tougher on seniors to get the coverage and treatment they deserve after a lifetime of hard work and sacrifice.

There is a disconnect between Congress and reality when we think creating bureaucracies is the same as creating solutions.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from Michigan (Mrs. MILLER) for a unanimous consent request.

(Mrs. MILLER of Michigan asked and was given permission to revise and extend her remarks.)

Mrs. MILLER of Michigan. Mr. Speaker, I rise in opposition to this job-killing, deficit-exploding government takeover of our health care system.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from the State of Washington (Mrs. MCMORRIS RODGERS) for a unanimous consent request.

(Mrs. MCMORRIS RODGERS asked and was given permission to revise and extend her remarks.)

Mrs. MCMORRIS RODGERS. Mr. Speaker, I rise in opposition because this bill will take away the ability of women, the chief health officer in 85 percent of American households, for making the best decisions for their families.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from West Virginia (Mrs. CAPITO) for a unanimous consent request.

(Mrs. CAPITO asked and was given permission to revise and extend her remarks.)

Mrs. CAPITO. Mr. Speaker, I rise in opposition because this bill puts crushing debt on everyone and puts the government between a woman and her doctor.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from Illinois (Mrs. BIGGERT) for a unanimous consent request.

(Mrs. BIGGERT asked and was given permission to revise and extend her remarks.)

Mrs. BIGGERT. Mr. Speaker, I rise in opposition to this bill which raises health care costs and taxes.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from Minnesota (Mrs. BACHMANN) for a unanimous consent request.

(Mrs. BACHMANN asked and was given permission to revise and extend her remarks.)

Mrs. BACHMANN. Mr. Speaker, I rise in opposition to this job-killing bill that will cut \$500 million from Medi-

care and potentially collapse the economic economy.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from Kansas (Ms. JENKINS) for a unanimous consent request.

(Ms. JENKINS asked and was given permission to revise and extend her remarks.)

Ms. JENKINS. Mr. Speaker, I rise in opposition because this bill kills jobs, cuts Medicare, piles on debt, increases costs and raises taxes.

While there are many reasons why I'm opposed to Speaker PELOS's health care bill, there is one that has been highlighted in today's headlines.

JOB

Americans from coast to coast are struggling to make ends meet and many are looking for work.

Yet on the day unemployment in our nation hit 10.2 percent, the highest level since 1983, the Democrat Party continues to move forward with yet another job-killing bill.

According to a model used by President Obama's own economic advisors, Speaker PELOS's health care plan would kill another 5.5 million jobs.

That is downright criminal.

Before voting on Speaker PELOS's plan later this weekend, I urge my colleagues to respond to the needs of the American people by supporting solutions to create jobs, not kill them.

I yield back the remainder of my time.

The SPEAKER pro tempore. The Chair is going to announce again the rules of the House as they affect this part of our proceedings.

A Member asking to insert remarks may include a simple declaration of sentiment towards the question under debate but should not embellish their requests with extended oratory.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from Wyoming (Mrs. LUMMIS) for a unanimous consent request.

(Mrs. LUMMIS asked and was given permission to revise and extend her remarks.)

Mrs. LUMMIS. Mr. Speaker, I rise in opposition to this job-killing bill at a time when our Nation has 10.2 percent unemployment that cuts Medicare, piles debt on our children, and raises health care costs.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) for a unanimous consent request.

(Ms. GINNY BROWN-WAITE of Florida asked and was given permission to revise and extend her remarks.)

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I rise in opposition to this job-killing bill that's estimated to cut 5.5 million jobs in America. It's not going to help health care, and the bottom line is Medicare is imperiled as a result of it.

The SPEAKER pro tempore. The Chair will ask for a simple statement of unanimous consent, or the gentleman from Texas will be charged for time just like the gentlewoman from New York.

Mr. SESSIONS. Mr. Speaker, I yield to the gentlewoman from North Carolina (Ms. FOXX) for a unanimous consent request.

(Ms. FOXX asked and was given permission to revise and extend her remarks.)

Ms. FOXX. Mr. Speaker, I rise in opposition to this exercise of tyranny of the majority that our Founders so feared on this job-killing bill that cuts Medicare, piles debt on our children, raises health care costs, and raises taxes on the American people.

The SPEAKER pro tempore. The Chair observes that the gentleman from Texas is being charged for the time now being used.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Kentucky (Mr. DAVIS) for a unanimous consent request.

(Mr. DAVIS of Kentucky asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Kentucky. Mr. Speaker, I rise in opposition because of the tyranny that is being exercised by the majority to step in between the American people and their freedom to make their own health decisions.

The SPEAKER pro tempore. The gentleman from Texas is charged for the time.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Louisiana (Mr. ALEXANDER) for a unanimous consent request.

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

Mr. ALEXANDER. Mr. Speaker, I rise in opposition against this government takeover of health care.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Texas (Mr. CULBERSON) for a unanimous consent request.

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

Mr. CULBERSON. Mr. Speaker, I rise in opposition on behalf of the people of District Seven to register my strenuous opposition to this government takeover of the health care system which will bankrupt our children.

The SPEAKER pro tempore. The gentleman from Texas is charged for the time.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Texas (Mr. GOHMERT) for a unanimous consent request.

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

Mr. GOHMERT. Mr. Speaker, I rise in opposition to the abuse of process in not allowing people to come to the people's House and just make statements over 18 percent takeover of the U.S. economy.

The SPEAKER pro tempore. The gentleman is charged for the time.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from South Carolina (Mr. WILSON) for a unanimous consent request.

(Mr. WILSON of South Carolina asked and was given permission to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, I rise in opposition to this job-killing bill that cuts Medicare, piles debt on our children and grandchildren, raises health care costs, and raises taxes on the American people.

Additionally, this bill cuts approximately \$150 billion from Medicare Advantage, leaving 4.6 million women without their choice of insurance.

The SPEAKER pro tempore. The gentleman from Texas is charged with the time.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Illinois (Mr. ROSKAM) for a unanimous consent request.

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

Mr. ROSKAM. Mr. Speaker, I rise in opposition to this bill that would lead to possible jail time if you don't comply.

Mr. SESSIONS. Mr. Speaker, I would like to yield to the gentleman from Colorado (Mr. COFFMAN) for a unanimous consent request.

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

Mr. COFFMAN of Colorado. Mr. Speaker, I rise in opposition as this bill is punitive to both small businesses and seniors.

Mr. SESSIONS. Mr. Speaker, I would yield to the gentleman from Illinois (Mr. SHIMKUS) for a unanimous consent request.

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

Mr. SHIMKUS. Mr. Speaker, I rise in opposition because this bill's main intent is government control of health care.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Arizona (Mr. FLAKE) for a unanimous consent request.

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

Mr. FLAKE. Mr. Speaker, I rise in opposition to this bill. When there is 10 percent unemployment, you stop digging.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Indiana (Mr. BURTON) for a unanimous consent request.

(Mr. BURTON of Indiana asked and was given permission to revise and extend his remarks.)

Mr. BURTON of Indiana. I hope I don't get a hernia, Mr. Speaker, and say to all my colleagues, if you haven't read this thing, it's going to cost billions and billions of dollars and hurt the economy. I would just like to say that I hope before we vote on this thing you will read it.

The SPEAKER pro tempore. The gentleman from Texas will be charged with the time.

Mr. SESSIONS. Mr. Speaker, at this time I would like to inquire upon the time that is left on both sides, please, sir.

The SPEAKER pro tempore. The gentlewoman from New York has 28 minutes remaining, and the gentleman from Texas has 28¼ minutes.

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

Ms. SLAUGHTER. Mr. Speaker, let me say, once again, to get to this great debate, we are greatly in your debt, Mr. Speaker, to find ourselves here this morning.

The legislation that we take up today is the culmination of a fight for health care reform that dates back at least a century and has been one of the greatest political struggles of our era. It shouldn't be this way. Many years ago, every other western nation enacted broad health care coverage for its citizens but not in the United States. Only in this country has there been such a visceral anti-government urge to resist something that benefits almost everyone. Only here do efforts to bring about improved health care for all Americans crash against entrenched interests and corporate resistance. And only here do arguments about reforming insurance spark ideological attacks from the far right.

One need only to have looked at the windows of the Capitol earlier this week to see the manifestation of that anger. Thousands of protesters showed up to threaten us into not voting in favor of this bill. If they expected us to run for cover or vote against this bill, they are going to be disappointed. Hearing those extreme views only made most of us more confident that we are doing the right thing here today by approving this bill.

Throughout the years, those same voices of opposition, whether it's Republicans or corporate interests, have rallied against reforms. It is worth pointing out for the record that Republicans who want to participate in this process did. We had more than 100 hearings, heard from 181 witnesses, Democrat and Republican, and considered hundreds of amendments. Fully 121 were approved in the committees, including 22 from Republicans. Their input has been heard when they wanted to participate.

In 1912, President Theodore Roosevelt split from the Republican Party to lead a more progressive effort and champion health care for all Americans, but he lost the next election to Woodrow Wilson and the effort failed. Later, President Franklin D. Roosevelt would lead another charge on this front as part of the New Deal platform. While Roosevelt was able to win passage of Social Security over great and extreme opposition, again by the same people who oppose this today, he was able to enact Social Security in 1935, but he was not able to extend that coverage to all Americans for health.

□ 1145

Still later, President Harry Truman made another try for health care, fol-

lowed by President Lyndon Johnson, who was able to pass legislation in 1965 that implemented Medicare and Medicaid. Once again, it passed over Republican opposition that extends to this day.

President Richard Nixon followed up on President Johnson's Great Society by seeking to expand Federal programs and favoring broad health insurance. Sadly, those efforts were again derailed.

By the time President Clinton attempted to revisit the issue in 1993, the debate had become so polarized and fraught with special interests that the entire process collapsed almost before it started. I don't need to remind most of my colleagues here about the awful vilification of reform embodied by the "Harry and Louise" television ad campaign and by mail house threats to senior citizens that going to what they called the "wrong doctor" could result in a \$10,000 fine and perhaps prison time.

These ads and those mail-order ads were paid for by big contributions from insurance companies and were led by the Republicans. And the same forces are still fighting us. The insurance industry and the big drug companies have partnered with the extreme right fringe to try to stop this effort in its tracks. We saw a lot of that this past summer.

Let me say this loud and clear: Eliminating the stranglehold that big insurance companies have on health care is one of the best parts of this bill, and, for the first time, 85 percent of the premium dollars have to go for health care, not for outrageous salaries and compensation.

We are poised for victory. We stand here today on the brink of history, with the opportunity to make good on a promise that will forever improve the lives of nearly 36 million Americans who have no health insurance. This is the most important vote we will ever take, and I am proud to stand here today.

With this bill we can end the constant worry by people who don't have insurance to cover sudden illness or an accident, who are the parents of a child who had severe brain trauma before he reached his teenage years and within a year or two could reach his lifetime cap on insurance, and though he was not yet a teenager, would be forever uninsurable in the United States of America.

We will stop telling women, as we discussed last night in the Rules Committee, that they have to pay 48 percent more for health insurance because, as it was explained last night, it is all right to do that because women have different diseases. We want to have an end to that.

How many small businesses in little towns in America have had to close up or to end coverage for employees because they could not afford exorbitant insurance premiums? Small business has to compete with big business and

gets no break on providing insurance for their employees.

And now this year we have literally thousands of organizations on our side favoring the bill. From AARP, who would never go for any bill that in any way would hurt senior citizens because that is their life's work, the Consumers Union, the American Cancer Society and the American Medical Association, they have all joined in this cause.

The reason we are here at this moment is because of the leadership of our Speaker, Ms. PELOSI, who is a powerful leader, a compassionate woman, and an inclusive colleague who deserves all the credit for bringing us here to this momentous event that we face today, the most momentous in the history of America.

Before we vote, it is also fitting that we recall the words of the late Senator Kennedy, who spoke as far back as 1978 about the lack of health care coverage in this country. Senator Kennedy said, "One of the most shameful things about modern America is that in our unbelievably rich land, the quality of health care available to many of our people is unbelievably poor, and the cost is unbelievably high."

I agree with Senator Kennedy. We cannot afford not to pass this legislation.

Now is our chance to fix our health care system, improve the lives of millions of Americans, and make more corporations in America competitive in a global economy.

With great heartfelt thanks to our great Speaker pro tempore this morning, Mr. DINGELL, I reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield to the gentlewoman from Texas (Ms. GRANGER) for a unanimous consent request.

(Ms. GRANGER asked and was given permission to revise and extend her remarks.)

Ms. GRANGER. Mr. Speaker, I rise in opposition on behalf of District 12 on this job-killing bill that cuts Medicare, piles debts on our children, raises health care costs, and raises taxes on the American people.

The SPEAKER pro tempore. The Chair observes that the Chair has asked for a simple statement of unanimous consent or the gentleman from Texas will be charged out of his time.

The Chair repeats that, and the Chair charges the gentleman for the time.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Utah (Mr. BISHOP) for a unanimous consent request.

(Mr. BISHOP of Utah asked and was given permission to revise and extend his remarks.)

Mr. BISHOP of Utah. Mr. Speaker, I rise to illustrate how this bill will stop health care reform already instituted by the States.

This may seem hard to believe, but over 200 years ago the Founding Fathers foresaw the health care problems we have today and they proposed a solution. We call it fed-

eralism. See, if something has to be done the same way, at the same time by everybody, only the federal government can do it. The feds are good at one-size-fits all solutions. But if you want creativity, innovation or justice, and consideration for unique circumstances, states are, as Louis Brandeis once called them, the true laboratories of democracy.

The Founding Fathers understood the Federal Government should be limited, not just for the fun of it, but the federal government has limitations to its effectiveness. In *Federalist* Number 45 James Madison said, "Powers delegated to the federal government are few and defined. Those to the State governments are numerous and indefinite." Why? Because states can be more effective than a large national government. The federal government can't and shouldn't try to solve all our problems, even when the intention may be good. A Supreme Court Justice wrote: "The Constitution protects us from our own best intentions. It divides power . . . precisely so that we may resist the temptation to concentrate power in one location as an expedient solution to the crises of the day."

He wasn't speaking about health reform specifically, but if there ever was a bill that sought to concentrate power as an expedient solution to the crisis of the day, it's Speaker PELOSI's health care bill.

If we were to pass it, we would be losing sight of the structure the Founders put in place to ensure reforms were done at the most appropriate and helpful level, and power wasn't concentrated.

Balance is key, and the Pelosi bill would be a permanent shift of power to the federal government to control our daily lives and our health care decisions. You see, that as why the Constitution was designed with this balance in mind. James Madison said, "Parchment barriers, a few luminous words on paper, would not keep ambitious men from exercising undue power—freedom can be preserved not by glowing statements but by the balance of real forces."

Our health care system needs reform and costs need to be lowered. Hey, in 2000, 54% of all firms (in Utah?) offered health benefits, today only about 44% of them do. But the reforms needed for the state of California are not the reforms needed for the state of Massachusetts or the state of Utah. Massachusetts has their program; it's expensive, but they appear to like it; but it won't work in Utah. What Utah is trying to do wouldn't fly in Boston. Like every state, Utah's demographics are unique.

We have a very young population that predominately works for smaller firms. In Utah, 32 percent of small businesses offer insurance, but that is 10 percent less than the national averages—a unique challenge to Utah. Utah needs reform that will take the burden off small business and give competitive, affordable pricing to consumers.

That is why I'm so encouraged about the reforms taking place in Utah. The changes taking place right now in our state are based on consumer choice and options, businesses have stable costs, workers have affordable, portable options, and it's tailored for our demographics. If the Pelosi bill were to pass, though, that state innovation is stopped. That would be the true health care tragedy.

You know, we can't solve every issue by getting all the experts in a room in DC. All the creativity and intelligence is not just here in

this city. Creative solutions can happen throughout the country when the federal government gets off the backs of individuals and businesses with their mandates and regulations, and out of their pockets with their taxes and then allows real people the ability to find real solutions.

The Pelosi bill seeks to dramatically alter the healthcare landscape for the U.S. and Utah forever. For example, prohibits the sale of private individual health insurance policies, beginning in 2013, forcing individuals and businesses to purchase coverage through the federal government.

PG 49—provides a huge liability loophole for (large) insurance companies, and I bet not more than 10 people know about it.

Small business will be hit with a mandate to provide insurance, with penalties for not providing insurance . . . and a surtax of 5.4% on small business owners. It is estimated that fifty five hundred (5,500) businesses in Utah will be hit with this additional tax. This is devastating for small business owners, already sick and tired of being nickel and dimed by the federal government.

Tort reform, allowing interstate insurance competition and block grants to states for high risk pooling are things the federal government can reform to drive down costs. These are common sense changes that won't damage the work states are doing to provide what their citizens need.

Individual merits of the bill notwithstanding, the biggest problem is the idea that health care decisions can be dictated by Washington, DC bureaucrats—a health care czar.

To paraphrase PJ O'Rourke, the Pelosi bill would have the same effect as giving alcohol and keys to the car to a teenage boy.

The federal government can play a role, but real health reform must happen on the state level. We . . . you and I, know what our unique healthcare needs are, and frankly what types of treatment or access we require to live the healthiest possible life. Despite the fanciful rhetoric coming from both sides of the aisle, our ability to choose will be lost if we fail to allow individual states to address their unique and diverse needs.

Mr. SESSIONS. I would like to yield to the gentleman from California (Mr. HERGER) for a unanimous consent request.

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

Mr. HERGER. Mr. Speaker, I rise to say this job-killing bill would cause as many as 112 million Americans to lose their current health care insurance.

The SPEAKER pro tempore. The gentleman from Texas is again charged time.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from New York (Mr. LEE) for a unanimous consent request.

(Mr. LEE of New York asked and was given permission to revise and extend his remarks.)

Mr. LEE of New York. I rise to say this job-killing bill cuts Medicare, piles debt on our children, and does nothing to address the issue of medical liability reform.

Medical liability reform would decrease the need for physicians to practice defensive medicine and could save \$54 billion, according to the CBO.

As we all know, the majority refused virtually all amendments to the underlying bill. An amendment that I proposed would play a meaningful role in reforming medical liability laws.

My amendment would administer a pilot program in five states in which a three-member panel—a judge, a physician and a lawyer—would hold a hearing to determine if the facts of an alleged medical malpractice case are sufficient to raise a question of liability. This will lower costs and help eliminate defensive medicine.

Modeled after a Massachusetts program, all cases can proceed past this panel and go to trial regardless of whether the panel believes the defendant was at fault.

However if the panel believes that the case is frivolous, the person who files the case would have to file bond in an amount, determined by the judge, payable to the defendant for costs should the plaintiff not prevail in the final judgment.

The pilot program would look at the changes in the cost of malpractice insurance, the number of physicians practicing, number of liability carriers, and the amount of pay-outs from liability carriers with respect to lawsuits.

In more than 2,000 pages there is not one meaningful piece that will address the issue of medical liability reform.

This pilot program would show Congress and the American people how meaningful reforming medical liability will be, and that is the only reason I can assume the majority did not allow it to proceed.

The SPEAKER pro tempore. The gentleman from Texas is again charged time.

Mr. SESSIONS. I would like to yield to the gentleman from Florida (Mr. POSEY) for a unanimous consent request.

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

Mr. POSEY. Mr. Speaker, I rise in opposition to this job-killing bill that the overwhelming majority of Americans don't want and don't need.

Madam Chair, I rise to express my deep concerns not only about the specific provisions in the bill before us, but over the lack of transparency and openness throughout this process.

In just a few short hours, the U.S. House of Representatives will vote on the most sweeping changes ever in our nation's health care system. The final version of this bill, including last minute amendments, was made available to Members of Congress just a few short hours ago. The final text of this bill has not been made available to the public or Members of Congress for at least 72 hours.

I believe that when the Congress considers changes of this magnitude which will affect 17 percent of our entire economy, we should have more transparency and openness. I will be voting against H.R. 3962, not only because of the many provisions I find objectionable, but also because of the lack of transparency about what it is specifically that we are voting on.

The House should not be considering or passing this 2,000-page bill which has not even been subjected to a single committee hearing. Over 200 amendments were filed to this 2,000-page bill. Sadly, out of these 200 amendments, only 1 is allowed to be offered.

Now, let me turn to some specific concerns with the bill.

H.R. 3962 is the wrong prescription for our economy. Yesterday, the Department of Labor reported that the national unemployment rate hit a 26-year record high of 10.2 percent. Florida's unemployment rate is above 11 percent. Furthermore, as reported in this morning's New York Times, the broadest measure of underemployment and unemployment reaches 17.5 percent, which is higher than the record 17.1 percent reached at the height of the 1982 recession.

This is the wrong time to be considering legislation that will cost us jobs. The hundreds of billions of dollars of higher taxes and the unfunded mandates that H.R. 3962 places on small businesses will result in the elimination of between 4 and 5 million American jobs. That is the estimated job loss as measured using a formula developed by President Obama's own Chief Economic Advisor, Kathleen Romer. This would be in addition to the estimated 2.5 million jobs that would be lost if the Cap and Trade National Energy Tax legislation is enacted into law. (Estimated job loss by the Heritage Foundation.)

Small businesses across America create nearly 65 percent of all new jobs and this bill's 8 percent employer health care tax is only going to make it that much harder for small business to create jobs. H.R. 3962's provision to impose a \$500,000 fine for inadvertent errors will only serve to bankrupt many small businesses.

America cannot afford this bill. They cannot afford more legislation that will lead to higher unemployment. The American people need legislation that promotes job creation, not legislation that will stifle the creation of American jobs.

H.R. 3962 is excessively costly and completely unaffordable. Washington just ended the year with a record \$1.4 trillion debt. The Congressional Budget Office, CBO, estimates trillion dollar deficits as far as the eye can see. Our Nation's debt is so serious that in May the Secretary of the U.S. Treasury had to fly to China to ensure that the Chinese would continue to purchase our U.S. Treasury notes and to assure them that Washington would get serious about getting its fiscal house in order.

Sadly, this health care bill creates a new unaffordable entitlement program that we cannot afford and will indebt future generations of Americans for decades to come. CBO says of H.R. 3962 that it "would put into effect (or leave in effect) a number of procedures that might be difficult to maintain over a long period of time." In other words, this bill creates serious long-term budget problems for our Nation.

The President said in his September address to Congress and the Nation that health care reform legislation would not exceed more than \$900 billion. Unfortunately, when you assemble all of the pieces of this health care agenda together, you come up with a price tag of nearly \$1.6 trillion for the first 10 years of this bill—56 percent above the \$900 billion cap. This includes CBO's \$1.05 trillion cost estimate for H.R. 3962 and the \$209 billion for the Medicare doctor fix. Further increasing the cost is the administration's \$70 billion Medicare adjustment, more than \$200 billion in discretionary spending required in the future as a result of H.R. 3962, and more than \$34 billion in unfunded Medicaid mandates on the States

(\$1 billion for Florida as estimated by the State).

Furthermore, when you consider that the costs of H.R. 3962 begin to significantly increase in 2014, thus a more accurate 10 year cost estimate for the bill (2014–2024) shows a cost of \$2.4 trillion. H.R. 3962 sets us up for serious budget challenges for 2020 and will indebt our children for decades to come.

H.R. 3962 will have an adverse impact on Medicare recipients. I am very concerned about the nearly \$500 billion in cuts that H.R. 3962 makes to Medicare. This, I believe will have a long-term negative impact on Medicare. Taking the money out of Medicare only makes the challenge of averting Medicare's projected 2017 insolvency more difficult. Furthermore, those hardest hit are likely to be seniors enrolled in Medicare Advantage, MA, plans, including over 42,000 seniors in my congressional district who are enrolled in MA plans. Many of these seniors would lose their current Medicare plan and be forced back into the traditional Medicare fee-for-service plan, which will cost them more money and less coordination of their care.

Failure to buy government approved plan can result in fines and jail time. A November 5, 2009, letter from the Joint Committee on Taxation affirmed that if an American citizen fails to purchase a government approved health care plan or pay the mandatory 2.5 percent national health care tax, they will be subject to Federal penalties which may include up to 5 years and a fine of up to \$25,000. It is simply unthinkable that Washington would enact legislation carrying such mandates and penalties, but that is what H.R. 3962 would do. Such coercion is wrong and quite frankly runs counter to the freedoms and liberties that have made this Nation what it is today.

The American people should be allowed to choose whatever health care plan they want. They should not be restricted to only buying health insurance that Congress or an unelected group of bureaucrats say you can buy.

The word "shall" is included more than 3,400 times throughout H.R. 3962. Shall is a term used in legislative language to mandate what can or cannot be done. With the use of the word "shall" more than 3,400 times, the choices and liberties of the American people to choose what they want are clearly undermined. Clearly, these mandates seriously undermine and change the health care that 80 percent of Americans have today and want to keep.

Illegal Immigrants Covered Under H.R. 3962. It is wrong to use taxpayer dollars to subsidize the enrollment of illegal immigrants into this new government plan. While H.R. 3962 includes language stating that funding in the bill cannot be used to enroll illegal immigrants in the national health care plan, the nonpartisan Congressional Research Service, CBO, and the Social Security Administration all agree that the provisions in H.R. 3962 are insufficient to actually prevent their enrollment in taxpayer subsidized health care. Millions of illegal immigrants will receive taxpayer subsidies for enrollment in subsidized health care plans.

Other Concerns. The American people were told earlier this year that health care reform legislation would lower their average health care costs by about \$2,500. H.R. 3962 does just the opposite. Estimates by the Joint Committee on Taxation, the CBO, and six other

studies show that imposing new taxes on insurance policies, as H.R. 3962 does, will drive up the cost of medical coverage.

We were told that health care reform was needed in order to lower the overall amount of spending on health care. However, according to the CBO, "On balance, during the decade following the 10-year budget window, the bill would increase both federal outlays for health care and the federal budgetary commitment to health care, relative to amounts under current law." So, H.R. 3962 will actually result in more spending on health care rather than less.

I oppose the provisions in H.R. 3962, which would use taxpayer dollars to pay for elective abortions and subsidize enrollment in health insurance plans that pay for elective abortions. H.R. 3962 would for the first time use taxpayer dollars to subsidize elective abortions and expand mandate that insurance coverage of elective abortion be expanded to every jurisdiction in the country. I oppose this mandate, but I am supportive of the Stupak/Smith amendment, which will remove from this bill any expansion of taxpayer funding for abortions.

Health Care Solutions. I was greatly disappointed that the debate in the House was so severely restricted as only 1 of more than 200 amendments was allowed. This is truly a sad day for the American people as constructive contributions to health care reform have been silenced.

We should focus on creating more choices for the American people, not less. Rather than move in the direction of more choices and increased competition, H.R. 3962 undermines choice in many ways. By creating a national Health Benefits Advisory Committee, HBAC, H.R. 3962 creates a one-size-fits-all set of benefits with which every health plan in America must conform. Estimates are that millions of Americans will be moved into this new government health care plan, losing the coverage that they currently have and want to keep.

There are steps that can be taken—without reducing these choices—to address the concerns of those who lack coverage or who have difficulties paying for the coverage they want. We should expand the deductibility of health insurance for all Americans. Refundable health care tax credits of \$2,500 for an individual or \$5,500 for a family will enable working Americans to secure affordable health care coverage and empower them to choose the type of coverage that meets their needs.

Enactment of Association Health Plan, AHP, legislation would make it easier for small businesses to pool together and negotiate with insurance providers for the purchase of more affordable insurance for their employees. Similarly, nonprofit civic groups should be empowered to create health plans and offer them to their members and the public. Sadly, liberals in the Congress have blocked these efforts for the past decade.

Health Savings Accounts, HSAs, should be expanded enabling more individuals to purchase a high deductible health plan while also putting money aside in an HSA to cover medical expenses below the catastrophic coverage cap. For many, this would be a more affordable alternative to traditional insurance and over 8 million Americans have chosen to enroll in HSAs in just the past 5 years. For those with preexisting conditions or who otherwise have difficulty finding affordable coverage, we should expand high-risk insurance pools and

other approaches to make sure that those with such challenges are able to find affordable coverage.

Community health centers, like the ones I recently visited throughout my district, can play an important role in serving those in need of affordable medical care. These centers provide cost-effective primary care and preventive care to millions of lower- and lower-middle-income Americans, and we should continue to encourage their development and expansion.

Expanding health care coverage also means taking steps to reduce waste in medical care expenditures. One of the main factors behind greatly increasing costs of health care premiums is the skyrocketing cost associated with medical malpractice. H.R. 3962 does nothing to move us in the direction of adopting medical malpractice solutions that have proven successful in many States.

The SPEAKER pro tempore. The gentleman from Texas is again charged time.

Mr. SESSIONS. Mr. Speaker, I would yield to the gentleman from New Jersey (Mr. LANCE) for a unanimous consent request.

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

Mr. LANCE. Mr. Speaker, this health care proposal would be harmful to New Jersey's taxpayers, senior citizens and businesses, and contains no malpractice insurance reform.

The SPEAKER pro tempore. The gentleman is again charged time.

Mr. SESSIONS. Mr. Speaker, I would like to yield to the gentleman from Texas (Mr. POE) for a unanimous consent request.

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

Mr. POE of Texas. Mr. Speaker, I rise in opposition to this tax-increasing, runaway-spending, government-controlled, rationed health care bill.

Mr. SESSIONS. Mr. Speaker, I would like to yield to the gentleman from South Carolina (Mr. BARRETT) for a unanimous consent request.

(Mr. BARRETT of South Carolina asked and was given permission to revise and extend his remarks.)

Mr. BARRETT of South Carolina. Mr. Speaker, this bill is a massive government takeover of our health care.

Mr. Speaker, today, I rise in strong opposition to this so-called Democrat health care reform package.

I do believe health care reform is necessary. However, what this looming health care legislation essentially amounts to is a Government takeover of the health care system, which will result in devastating consequences for families and small businesses across the country.

This massive Government expansion will cost nearly \$1.3 trillion, which is offset with job-killing tax increases. Small businesses will be hardest hit by these tax increases, which will total to a staggering \$729.5 billion. This will be especially devastating in my home State of South Carolina, where small businesses represent 97 percent of the State's employers. According to the Heritage Foundation, 8,700 of South Carolina's small businesses will be required to pay this new, burdensome tax.

Currently, my State is trying to recover from a recession that has swept the entire country. South Carolina is struggling with double digit unemployment rates. This legislation will place unnecessary burdens on our small businesses, which will result in even more job losses. However, my State is not the only area that will be affected negatively by this legislation.

Today, it was announced that our Nation's current unemployment rate is 10.2 percent. With our national unemployment rate at a 26-year high, why are Democrats pushing for a Government takeover of health care which will only stifle job creation?

Furthermore, as a firm believer in the sanctity of life, I am appalled by provisions in this bill that allow for the Government funding of abortions. I adamantly oppose allowing any Government funding of abortions because it endangers the lives of unborn children across the nation.

Since I oppose this legislation, I tried to find ways to work with the majority to illustrate my concerns with what I believe is a reckless bill. However, when I tried offering amendments my efforts were declined by the Democrat-controlled House Rules Committee.

This is a broad sweeping bill that will have ramifications on our economy and Government solvency for years to come. Since health care is in need of reform, I would have liked to work with the Democrats so that we could approach health care reform in a bipartisan matter—so that we could create solutions that are in-line with most Americans' opinions.

Mr. Speaker, people across this Nation are scared and they are in need of leadership. Many are worried that they will not be able to keep their current coverage, and they should be. In South Carolina, some studies estimate that up to 178,889 individuals could lose their current coverage.

They are in need of comprehensive reform that does not harm the economy and actually facilitates a system that will keep our citizens healthy.

That is why I support the Republican alternative. This Republican plan fixes our country's health system in a creative way that requires less Government involvement and taxes. Furthermore, this plan results in zero job losses, zero medicare cuts, and zero tax increases.

We in Congress should be working together to achieve real reform—making health care more affordable and accessible for all Americans without dramatically expanding the Federal Government and imposing billions of dollars in taxes on American families and businesses.

Mr. SESSIONS. Mr. Speaker, I would like to yield to the gentleman from Alabama (Mr. BONNER) for a unanimous consent request.

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

Mr. BONNER. Mr. Speaker, this job-killing bill cuts Medicare, piles debt on our children, raises health care costs, and raises taxes on the American people.

The SPEAKER pro tempore. The gentleman from Texas is again charged time.

Mr. SESSIONS. Mr. Speaker, I appreciate the Speaker, who is forthrightly

following the procedures which he spoke about.

Mr. Speaker, at this time I yield to the gentleman from Texas (Mr. CARTER) for a unanimous consent request.

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

Mr. CARTER. Mr. Speaker, I rise to say this record job-killing bill tyrannically forces government health care on the American people.

The SPEAKER pro tempore. The gentleman from Texas is again charged time.

Mr. SESSIONS. I yield to the gentleman from Maryland (Mr. BARTLETT) for a unanimous consent request.

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

Mr. BARTLETT. This bill would mortgage the future of my 10 kids, my 17 grandkids and my two great-grandkids.

Mr. SESSIONS. Mr. Speaker, at this time I would like to request the time that remains on both sides, please.

The SPEAKER pro tempore. The gentleman from Texas has 26¼ minutes remaining, and the gentlewoman from New York has 21 minutes remaining.

Mr. SESSIONS. Mr. Speaker, we reserve our time.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2½ minutes to the gentleman from Massachusetts (Mr. MCGOVERN), a Member of the Rules Committee.

Mr. MCGOVERN. Mr. Speaker, this is a remarkable, historic moment. Passage of health insurance reform is a "Franklin Roosevelt" moment, right up there with the creation of Social Security.

We have debated this issue for almost 100 years, since Teddy Roosevelt ran on the Bull Moose Party. This year alone, House committees have spent nearly 100 hours in hearings on health reform. They have heard from 181 witnesses, spent 83 hours in committee markups, and considered 239 amendments. The Rules Committee spent almost 12 hours hearing testimony last night. This has been a very thorough and thoughtful process. The time for talk has come to an end. Now is the time for action.

The need for reform is clear. Since 2000, employer-sponsored health insurance premiums for American families have more than doubled. Because of crushing health care costs, small businesses are losing their ability to compete in the global marketplace.

If we do nothing, as my Republican friends want to do, family premiums will increase an average of \$1,800 every year and the number of uninsured will reach 61 million people by 2020. Not only that, but skyrocketing health care costs will bankrupt this country. By the time my kids retire, health care will take up 50 percent, half of our entire economy. We simply cannot leave that kind of debt for future generations.

My Republican friends see things differently. Their prescription for health care is "take two tax breaks and call me in the morning." It is the same-old same-old. For 12 years, Republicans had their chance to improve health care in America, and for 12 years they let the number of uninsured skyrocket, while letting the insurance companies make money hand-over-fist.

Those who vote against this bill are on the wrong side of history. With the passage of this bill, we stand for the uninsured, for the underinsured, for those discriminated against by insurance companies because they have pre-existing conditions or because of their gender.

Mr. Speaker, this is an historic moment. I urge my colleagues to stand with the people of this great country; not with the insurance companies and not with the special interests, but with the real people. Vote "yes" on this rule. Vote "yes" on this bill. Let's deliver real health care insurance reform for the American people.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Oklahoma (Mr. COLE) for a unanimous consent request.

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

Mr. COLE. Mr. Speaker, because H.R. 3962 will bankrupt State governments across America through the imposition of unfunded mandates, I rise in opposition to the rule and its underlying legislation.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, October 30, 2009.

Hon. GLENN COFFEE,
President Pro Tempore, State Capitol, Oklahoma City, OK.

DEAR SENATOR COFFEE: As you know, yesterday, Speaker Nancy Pelosi and Majority Leader Steny Hoyer, and Representative John Dingell introduced H.R. 3962, the "Affordable Health Care for America Act". This 1990 page bill is an attempt to reorganize the entire health care system in the United States to cover more Americans.

Unfortunately this comes with a price for state governments.

As your representative in the Fourth District of Oklahoma, I take very seriously your input when it comes to matters involving unfunded mandates and other policy shifts. Before I vote on this legislation, I would appreciate your insight on some important issues.

It would seem from the text of this bill and the CBO report that it creates an unfunded mandate in the amount of \$34 billion from 2015-2019 by increasing Medicaid costs to the States. I am concerned that this might present some budgetary challenges for the State of Oklahoma, and I am therefore turning to you to ask your assistance in answering the following questions:

Can Oklahoma afford these unfunded mandates in the current fiscally constrained environment?

Should the House version of health care reform pass, what are your plans for fully funding the unfunded mandate that will be transferred to Oklahoma?

Would new taxes on the citizens of Oklahoma be necessary to cover the increased costs of Medicaid?

What do you believe the actual cost would be to Oklahoma?

Before we begin final consideration of this legislation, your thoughts on these matters would be extremely helpful to me. Unfortunately, the scheduling of this legislation is dynamic, and a vote on it could come as early as Thursday. All indications lead me to believe that we will have no opportunity to offer amendments to this legislation.

Therefore, before I vote on this legislation, I would ask for your insight on these matters.

Sincerely,

TOM COLE,
Member of Congress.

OKLAHOMA STATE SENATE,
Oklahoma City, OK, November 3, 2009.

Hon. TOM COLE,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN COLE: I am in receipt of your letter dated October 30, 2009, regarding HR 3962, the so-called "Affordable Health Care for America Act," and its fiscal impact on the State of Oklahoma.

You posed some very pertinent and legitimate questions as to the ability of the state to absorb the unfunded mandates which will be transferred to Oklahoma, particularly in terms of the increased costs of Medicaid which will result.

The state is experiencing major budget difficulties without having to fund additional federal mandates. The budget for the current fiscal year was reduced 7% from the FY'09 budget. A severe revenue shortfall has forced us to further reduce agency budgets for FY'10 by another 5%. If revenues continue to underperform, a larger cut may be required. We will have a better idea when October revenue data becomes available later this week. A larger cut may be called for in order to keep from overspending from the Rainy Day Fund as well. This proposal leaves a \$150 million budget gap in FY'11 from Rainy Day alone.

The state will most likely face a continued reduction in revenues in FY'11. The FY'11 budget assumptions most likely will include spending the last of the Education and Medicaid Stimulus funds as well as Rainy Day funds in order to maintain current levels of service.

The FY'12 outlook is even more dire as the absence of Stimulus and Rainy Day funds will have a significant impact on the budget. The absence of stimulus funds will be most apparent in the Medicaid program, where over \$400 million was used in FY'10 and over \$500 million will be used just to maintain current services in FY'11. Adding tens of thousands of adults to the Medicaid rolls when the state is struggling to cover children and the elderly is irresponsible at best.

The reality of this bill is that more low-income individuals (now up to 150% of the federal poverty level) will be pushed onto the rolls of Medicaid (Sec. 1701) leaving already overstretched State Governments, ours included, to pick up the tab.

You specifically asked if new taxes on the citizens of Oklahoma will be necessary to cover the increased costs of Medicaid. The simple answer is, without draconian cuts in state services, yes. As a proponent of a smaller, efficient government, and one who believes that the more of one's hard-earned money one can keep, the better, I find this option appalling. I'm confident there are ample inefficient or outdated services we could eliminate from the state budget, and we will be aggressively seeking such areas to cut, regardless. But I fear such cuts would not cover the costs imposed upon us by the Federal government.

Should President Obama, Speaker Pelosi and Senate Leader Reid prevail in pushing their plans for our health care delivery system through to becoming law, I fear for not

just our state, but for every state in the nation. Certainly, there will be no good answers for state leaders facing these unfunded mandates. As a former state senator yourself, you know as well as anyone the fiscal crisis facing the states in today's economy. No state in the nation can sustain the financial hit they are about to experience. Fortunately, thanks to the conservative budgeting practices we engage in here in Oklahoma, our situation, while dire, may not be as severe as many other states, but that's small comfort for us, with the realities we face today. Indeed, factoring in the added load of Federal legislation further burdening our economy, I fear for the long-term future for the hard-working taxpayers of our state.

We will be watching with great interest as you fight the good fight in Washington. Please, let's keep the lines of communication open as this process unfolds.

With best regards,

GLENN COFFEE,
President Pro Tempore,
Oklahoma State Senate.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, October 30, 2009.

Hon. CHRIS BENGGE,
Speaker of the House of Representatives, State
Capitol, Oklahoma City, OK.

DEAR SPEAKER BENGGE: As you know, yesterday, Speaker Nancy Pelosi and Majority Leader Steny Hoyer, and Representative John Dingell introduced H.R. 3962, the "Affordable Health Care for America Act". This 1990 page bill is an attempt to reorganize the entire health care system in the United States to cover more Americans.

Unfortunately this comes with a price for state governments.

As your representative in the Fourth District of Oklahoma, I take very seriously your input when it comes to matters involving unfunded mandates and other policy shifts. Before I vote on this legislation, I would appreciate your insight on some important issues.

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What do you believe the actual cost would be to Oklahoma?

Before we begin final consideration of this legislation, your thoughts on these matters would be extremely helpful to me. Unfortunately, the scheduling of this legislation is dynamic, and a vote on it could come as early as Thursday. All indications lead me to believe that we will have no opportunity to offer amendments to this legislation.

Therefore, before I vote on this legislation, I would ask for your insight on these matters.

Sincerely,

TOM COLE,
Member of Congress.

NOVEMBER 3, 2009.

Hon. TOM COLE,
Member of Congress, Rayburn House Office
Building, Washington, DC.

DEAR CONGRESSMAN COLE: Thank you for the opportunity to share my insights regarding the Medicaid expansions contained in the "Affordable Health Care for America Act" (AHCAA). As I am sure you are not surprised, these expansions would represent significant unfunded mandates on the state of Oklahoma.

The Oklahoma Health Care Authority, which is in charge of administering the state's Medicaid program, has estimated a preliminary annual state cost of \$128 million if the federal health care legislation becomes law. This estimate does not account for decreased federal support of the Medicaid expansions in later years, which inevitably will shift an increasing financial burden to this state as well as others.

Oklahoma already is experiencing difficulty funding its current Medicaid program due to revenue shortfalls as a result of the national recession and decreased natural gas prices. Revenue collections to the state in the first quarter of FY-10 trailed last year's collections by 29.5 percent. State agencies, on average, experienced an initial budget reduction of 7 percent when compared to FY-09. Agencies are also expected to see 5 percent cuts in their monthly allocations for the remainder of the fiscal year. Even deeper cuts may be necessary if future revenue streams continue to decline.

In the current economic environment, Oklahoma is struggling to maintain core services for its citizens. And that is before the ramifications of this federal health care policy and its unfunded mandates are even considered.

American Reinvestment and Recovery Act (ARRA) federal stimulus funds have been employed and are budgeted to offset declining revenue in FY-10 and FY-11. These funds will no longer be available for FY-12 and beyond. Though some economic indicators suggest that revenues may be stabilizing, no firm indicators signal that state revenue can be expected to improve in the near future. Without economic growth, Oklahoma is left with two options to replace current stimulus funds: raise revenue through tax increases or institute deeper budget cuts.

Like you, I find the idea of tax increases, even if they weren't incredibly difficult to pass under our state's Constitution, in an economic downturn a nonstarter. In tough economic times, increasing taxes on work and productivity is counterproductive and takes more money out of the hands of Oklahomans and Americans when they need it the most. So with tax increases off the table, we will have no choice but to drastically cut government services to free up funds to pay for the unfunded mandates passed onto us from the federal government.

Our state is already experiencing significant budget challenges and the added burden of AHCAA's \$128 million unfunded federal mandate would lead to further budget cuts, jeopardizing existing state programs and services developed for Oklahomans by Oklahomans.

In Oklahoma, we have put in place market and consumer driven reforms that are working to move our state's uninsured onto private insurance, all while improving access to affordable health care for all of our citizens. I would urge Washington to give states the maximum amount of flexibility possible to craft a health care plan that best meets individual state needs. A one-size-fits-all health care policy is not the answer for Oklahoma, or our country as a whole.

I know we have an advocate in you and your fellow federal delegates, but I would

like to urge you to vote 'no' not only on behalf of what this legislation may do to our country, but the disastrous financial burden it will also place on our state.

Sincerely,

CHRIS BENGGE,
Speaker, Oklahoma House of Representatives.

The SPEAKER pro tempore. The gentleman from Texas is again charged with the time.

Mr. SESSIONS. I yield to the gentleman from Florida (Mr. MILLER) for a unanimous consent request.

(Mr. MILLER of Florida asked and was given permission to revise and extend his remarks.)

Mr. MILLER of Florida. Mr. Speaker, this job-killing bill cuts Medicare, piles debt on our children, raises health care costs, and raises taxes on the American people.

The SPEAKER pro tempore. The gentleman from Texas is again charged time.

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

Mr. Speaker, we are here on the floor today to debate the government takeover of health care in America. We understand that this bill is about a massive tax increase, \$740 billion. We understand it is about deep Medicare cuts, some \$430 billion. We also understand that millions of jobs will be lost and that mandates for purchasing insurance will cost an incredible \$1.2 trillion, and there will be 118 new Federal bureaucracies created by this legislation.

The gentleman from Massachusetts came down and talked about the evil insurance companies. Well, the fact of the matter is that the largest six insurance companies in this country made about \$6 billion 2 years ago, but the Federal Government in their mismanagement lost \$90 billion. Mr. Speaker, we know who can best take care of the health care for our country.

□ 1200

For the past 5 months, the American people have called out, written and taken part in town hall meetings, calling the Capitol and their Members of Congress to express their outrage to the Democrat health care proposal. But here we are today. Month after month, this country has bled jobs. We are now at a record 10.2 percent unemployment rate, and over 15 million Americans are currently unemployed. And what do we do? We stick it to them again.

Mr. Speaker, last night I offered an amendment in the Rules Committee that would have prohibited any provisions of this bill to take place if the Office of Management and Budget, working with the Department of Labor, found that this bill would result in 4 million jobs or more being lost, but my Democrat opponents defeated that. That means that they really could care less how many jobs are lost in America as a result of this legislation. They want a government-controlled and -run health care system.

Chairman RANGEL, the chairman of the Ways and Means Committee, was

up before Rules last night. He admitted to the Rules Committee that he had not asked the CBO or any other independent source for employment implications of this bill. Yet Republicans, using the same economic forecasts and economic models that the White House uses, we find that there would be between 4 and 5 million free enterprise-system jobs that would be lost.

During a time of recession where every single American is trying to make ends meet, what do we find? We find \$730 billion in new taxes that are on this bill. Taxes on small businesses, taxes on health savings accounts, and the worst part is that this will surely lead to a double dip in the recession. This is a problem not only for employers, but it will be a problem for people who want to find jobs.

Mr. Speaker, this is a hard mandate on business, and it means that the free enterprise system will simply not employ more Americans. We're concerned about this. We Republicans are on the floor today, and we're going to stand and say "no" to what is happening.

Mr. Speaker, the bottom line is that this legislation for health care will do about for health care what the stimulus did for jobs, the diminishment of employment in America.

I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. HASTINGS), a member of the Rules Committee.

Mr. HASTINGS of Florida. Distinguished chairwoman and distinguished Speaker, this is an extraordinary day for the two of you and the Members of the House of Representatives. I, too, am hopeful that our legacy is that we achieved health care for more citizens in our great country.

Achieving comprehensive health care reform in a way that is sustainable, fiscally responsible, and improves the overall health of the American people has proven to be no small task. The facts are clear. Despite being the richest country on Earth, the United States ranks 45th in life expectancy and has startlingly high rates of infant mortality, depression, and chronic disease. What's more, employer-sponsored health insurance premiums have grown six times faster than cumulative wages. This issue hits close to home.

My State of Florida has the sixth highest number of uninsured people in the country. There are millions that are uninsured and tens of millions who are underinsured, and they are the prime justification for moving forward with one of the most important health care reform agendas in modern history.

Some have sought to dominate the health care debate with fear-mongering, misinformation, and blind opposition to key reform elements without offering substantive and high-quality alternatives. This perpetuation of fictions and misinterpretations is off base and has steered the health care discussion off course. Such claims as death care panels, rationed care, government monopoly, these are not true.

What is true is that the United States spends more on health care than any other country in the world, but yet the high cost of care has not brought a high standard of health for millions of Americans.

What's true is that Medicare, which is a Federal Government plan and one of the great health care successes that this gentleman in the Chair had something to do with in our Nation's history, was initially met with opposition, the same we get now.

I urge this measure to be adopted.

Mr. SESSIONS. Mr. Speaker, at this time I yield to the gentleman from Minnesota for a unanimous consent request.

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

Mr. PAULSEN. Mr. Speaker, I rise in opposition to this bill that increases taxes on small business.

Mr. SESSIONS. Mr. Speaker, at this time I yield to the gentleman from Texas for a unanimous consent request.

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

Mr. OLSON. Mr. Speaker, I rise in opposition to this job-killing bill that cuts Medicare, piles debt on our children, raises health care costs, and raises taxes on the American people.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair reminds the House that if a unanimous consent request includes debate, the gentleman yielding time may be charged.

Mr. SESSIONS. Mr. Speaker, at this time I yield to the gentleman from North Carolina for a unanimous consent agreement.

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

Mr. COBLE. Mr. Speaker, I rise in opposition to this bill which is a major overhaul of our delivery of health care. We need a fine tune-up, not a major overhaul.

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

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 3 minutes to the gentlewoman from California (Ms. MATSUI), a member of the Rules Committee.

Ms. MATSUI. I thank the gentlewoman for yielding me this time.

Mr. Speaker, it is so appropriate that you are sitting in this Chair on this historic bill, considering that you have introduced a health care bill every Congress that you were here, so we really love having you in the Chair.

Mr. Speaker, I stand here on the House floor today, humbled by the fact that in the wealthiest country in the world that we have so many needs. The most pressing of these needs is for a reformed and strengthened health insurance system.

When I listen to my constituents, whether they are doctors, nurses, workers, business owners, or govern-

ment employees, they are united in their support for health insurance reform. They know that costs are skyrocketing with no end in sight. They know that more people are losing their insurance as they lose their jobs, making the burden of uncompensated care even harder to bear for hospitals and doctors. They know that the doors of our community health centers are in constant motion because of overwhelming demand for their low-cost and high-quality services.

For my constituents, for all of us as Members of Congress, but most importantly, for the American people, the Affordable Health Care for America Act is a major victory. It achieves a long-held goal of reforming our health insurance system so that it works for all American families. In Sacramento, that means 2,000 families who will not have to file bankruptcy due to unaffordable health costs.

This legislation also strengthens Medicare so that our country's seniors can continue to rely on this bedrock program for their health care. In my district alone, this means nearly 8,000 Medicare beneficiaries who will not fall into the doughnut hole.

It makes health insurance affordable again for businesses who want to provide coverage to their employees and for those who are buying coverage for the first time on their own. In Sacramento, this means affordability credits to help pay for coverage for up to 181,000 households.

Finally, the bill invests in prevention and wellness and public health, which are some of my highest priorities. Unless we help people live healthier lives, we can never get health costs under control.

In short, the provisions of this legislation build on all that is good in our current health system to strengthen it for the future. This is why we come to Congress, Mr. Speaker. We come here to improve people's lives, to recognize and address the needs of the people we represent. I know that today's bill does this, which is why I support it so strongly. I look forward to today's debate and to our historic vote.

I urge my colleagues to support this legislation.

Mr. SESSIONS. Mr. Speaker, at this time I yield 3 minutes to the distinguished gentleman from Miami, Mr. DIAZ-BALART, a member of the Rules Committee.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, it is clear that Congress needs to make reforms to expand health care coverage so that everyone in this great Nation has health insurance. The problem with the legislation the majority is bringing to the floor today is that it will seriously and unnecessarily hurt our economy. It will cause severe job losses, and that's most unfortunate.

The Republican alternative has some very good aspects. It will expand health care coverage to millions who currently do not have it, and it does

not include the fatal flaw in the Democrats' bill—massive tax increases on small businesses; tax increases and regulations that will kill jobs.

The Republican alternative allows small businesses to pool together, allows people to buy insurance across State lines. According to the Congressional Budget Office, it actually brings down the cost of health care premiums.

The Democrats' bill will raise taxes, according to the CBO by over \$700 billion and cut Medicare by approximately \$500 billion. It will make much worse our economic situation, increase unemployment, take the country in the wrong direction at a time when unemployment is already over 10 percent.

Especially, Mr. Speaker, when you consider that there is a bipartisan consensus in this Nation on the need to increase access to health insurance to those who do not have it today, it is sad that this destructive legislative product is being brought to the floor.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Maine (Ms. PINGREE), a member of the Rules Committee.

Ms. PINGREE of Maine. Mr. Speaker, I am honored to be here in your presence today and to be here with my colleagues. I thank the gentlewoman from New York for allowing me this time.

I am so proud to be here casting the vote that so many of my constituents have waited way too long for. There has been a lot of hard work, a lot of facts and figures that have gone into the discussion of this important piece of legislation before us, and certainly over the last 10 months that I've been here. I want to spend my time talking about the story that is always on my mind when I'm talking about health care and is certainly on my mind today.

As a young father, my brother was diagnosed with malignant melanoma, a disease that I hope no one else ever has to face or face in a loved one. He had recently left his job to stay home to take care of his 2-year-old son. His wife had better pay. His insurance, of course, was temporary and soon withdrawn, and he had no public option to choose. He did what so many young families did. They spent down their savings. They sold everything they had. They became poor so that they could qualify for Medicaid because no doctor would see him without insurance. The fact is, he passed away 14 months later, and I have often wondered would he have survived had he had the medical care that he needed.

That would be a very sad story if it had been 2 years ago, but in fact, my brother's death was 20 years ago, and back then we talked about the importance of making sure that no one was ever denied insurance because they had a preexisting condition. We talked about the fact that no one should have to go into personal bankruptcy or be poor because they don't have health care insurance.

I am here today, looking forward to casting my "yes" vote on this rule, on

this health care bill, in the memory of my brother and of so many of my constituents and their families who have suffered through exactly the same thing, because I believe that this bill moves us much closer to a time when no one can be denied health care coverage because of a preexisting condition; no one can be told you can't have health care coverage; no one will have to go into personal bankruptcy. I am here in the memory of my brother. There can be no more delay.

Mr. SESSIONS. Mr. Speaker, I appreciate the gentlewoman's story. The other side of the story is that it will be \$730 billion worth of taxes, that we will have a health care system where you will not be able to choose your own physician, where you will have to call someone to then find out which doctor you go to, and perhaps worst of all, the gentlewoman also needs to know—because we heard in the Rules Committee last night—if you willingly make the decision that you do not want to participate and you do not pay the tax to the IRS, there is a penalty and a fine that is a criminal penalty of up to 5 years in prison and up to a \$250,000 fine. That is not freedom.

Criminalizing this issue is a bad way. Mr. Speaker, the Democrats have it on the floor today. It is not in the Senate bill. It is in this bill. So to glorify this bill which has criminal felony penalties is a difficult way to have enforcement.

Mr. Speaker, at this time I would like to yield 1 minute to the gentlewoman from Miami Township, Mrs. SCHMIDT.

Mrs. SCHMIDT. Mr. Speaker, the American people are speaking, and we must listen. An overwhelming majority are against this bill. Americans know that health care costs won't be reduced because our Congressional Budget Office told all of us so. They fear their insurance premiums will rise, and they don't want their hard-earned tax dollars to go to pay for abortions. Our seniors do not want the \$500 billion cuts to Medicare or the cuts to Medicare Advantage, a program that 17,000 seniors in my district currently enjoy. Our youth do not want to spend the rest of their lives paying for the trillion-dollar costs embedded in this bill.

Mr. Speaker, the American people are speaking, and we must listen. We must say "no" to this trillion-dollar takeover of our health care. We can do better.

□ 1215

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Colorado (Mr. POLIS), a member of the Rules Committee.

Mr. POLIS. Mr. Speaker, today we make history. After months of hard work, my colleagues and I can make good on our promise to deliver meaningful health care reform.

Like most Members of Congress, I held over 50 town halls, tele-town halls, roundtables, and "Congress on Your

Corners," and listened to my constituents about health care reform. Every town hall in America from Virginia to Vail and Northglenn to North Dakota shed light on our broken health care system. And many Members of this body heard the same thing: We need health care reform now and No government takeover of health care.

We took their concerns back with us to Washington. We echoed their voices in these Halls, and we created the bill we have before us today: a stronger bill, a better bill, a bill that avoids a government takeover of health care, a bill that costs less and reduces the budget deficit by \$100 billion. A bill that we can be proud of.

We fought to protect Medicare, and we're giving our seniors a bill that immediately closes the Medicare part D doughnut hole and strengthens Medicare.

We heard stories from honest, hard-working Americans who were denied or lost coverage because of preexisting conditions when they needed it the most. Our bill ends that discriminatory process. The Republican bill, by their own admission, leaves more uninsured people in 10 years than we have today.

I personally took on the cause of small businesses, the economic engine of the American economy and job growth, many of which can't afford to provide coverage today. These businesses are the entrepreneurs and innovators on which the future of our economy depends.

I'm happy to say this new bill raises the threshold for the surcharge to a million dollars in income for most small businesses, significantly reducing any impact while giving small businesses access to the exchange which provides them the same buying power previously only enjoyed by large corporations. I remain hopeful that through the conference process, we can further reduce or eliminate the small business surcharge while preserving the savings for individuals and small businesses.

My constituents said to include tort reform and interstate competition, and their voices have been heard. And I'm proud to say this bill provides for insurance companies competing across State lines through interstate compacts and includes reforms to reduce defensive medicine.

This summer Americans in every district in this country spoke out about health care. We listened. We took their ideas to heart and brought them to Washington. This bill was written by patriots across our great Nation, and I urge my fellow Members to join me in proud support of this bill.

Mr. SESSIONS. Mr. Speaker, at this time I yield 1 minute to the distinguished gentleman from Fullerton, California (Mr. ROYCE).

Mr. ROYCE. Mr. Speaker, I think all in this Chamber agree that health care costs continue to weigh heavily on Americans. But, unfortunately, this trillion dollar government takeover will make matters worse.

Medicine will be rationed via politics under this act. The cost of private insurance for those not getting the government subsidy will undoubtedly skyrocket. It's going to potentially double for a lot of people.

Economists of all political affiliations will tell you that the greater government's thumb, the greater government's role in health care, the more the bureaucracy that's going to come out of it, the higher it's going to drive costs. And this bill would create a costly new entitlement.

It's going to centralize the decisions on what constitutes insurance. It's going to impose mandates on individuals, including up to 5 years' prison time for noncompliance if you're not in the scheme, and mandates on employers. And it adds hundreds of billions of dollars in new taxes all without regard to the fundamental problem.

We can take steps to bring greater choice and competition to health care. But, instead, this bill is about government dominating the market and it's about an unsustainable debt that's added to the future.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY of Virginia. I thank the distinguished chairwoman for yielding.

Mr. Speaker, I rise to address the issue of health care reform. H.R. 3962, this bill, has been a century in the making.

Teddy Roosevelt first called for comprehensive health care in the early 1900s. Some rush. A hundred years after that Republican's vision, T.R. has been vindicated. Americans need the reform he endeavored to achieve.

Today's vote will mark an epic turning point for our country for it enshrines national principles far more important than legislative pages: the principle of universal access and affordability; the principle of protection for American families against bankruptcy from the costs of catastrophic illness; the simple justice of shielding millions, including our children, from the caprice and devastation of health care benefits denied because of a pre-existing medical condition.

If we have common American values that include compassion and economic common sense, if we have some sense of commonwealth in which your need is also mine, if we can rise above partisan advantage and understand our responsibilities to our fellow countrymen here in this place, then we will seize this moment, this one transformative moment, to make America a better place.

I will vote for this bill.

Mr. Speaker, after months of spirited debate in thousands of meetings, letters, phone calls, and e-mails with my constituents, I am proud to stand here today and pledge my support for meaningful health insurance reform that will improve the quality of care and quality of life for virtually every family in my district, while reducing the deficit by more than \$100 billion.

This bill will: eliminate the insurance company practice of denying coverage based on pre-existing conditions; close the prescription drug donut hole and save money for our seniors; cap out-of-pocket expenses; and make insurance more affordable and accessible.

I was an early critic of the draft bill because it placed too much of the financial burden on families and small businesses in my district. I also heard from my constituents that it did not do enough to contain costs.

I have appreciated the opportunity to weigh in with those concerns, and I am pleased to see them addressed in the bill we have before us today. The thresholds for the income surcharge have more than doubled, saving thousands of working families and small businesses in Northern Virginia and elsewhere from higher taxes.

The legislation before us today will provide insurance coverage to 96 percent of all Americans, reduce long-term premium costs for families and small businesses, and bring down the federal deficit by more than \$100 billion. I will support legislation that does those things.

Mr. Speaker, with this vote we will deliver on a generations-old promise for meaningful health care reform that will endure for generations to come.

Mr. SESSIONS. Mr. Speaker, at this time I yield 1 minute to the gentleman from Tarkio, Missouri, the senior Republican member of the Small Business Committee.

Mr. GRAVES. Mr. Speaker, I rise today in opposition to this rule and the underlying bill.

Small businesses have struggled for years to obtain affordable health insurance for their employees. However, rather than embrace solutions that enjoy the unanimous support of the small business community, this bill takes a government-heavy approach that fails in its goal to make health insurance more affordable. What is more unfortunate is that the bulk of the funding for the health care bill is balanced on the backs of small business owners and entrepreneurs.

I offered an amendment to the Rules Committee to provide relief to these job creators by striking the mandate and tax on employers, but my fight fell on deaf ears.

The tax increases included in this bill are job killers, plain and simple. At a time when our Nation's unemployment rate exceeds 10 percent for the first time in 26 years, the first goal of this body should be improving the economy and creating jobs.

Real solutions exist to the problem of affordable health care. This bill is not that solution, and I would urge my colleagues to vote against the rule and this bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Ohio (Ms. KILROY).

Ms. KILROY. Mr. Speaker, I rise to address some of the claims made by the other side of the aisle that the Democratic health care bill will cost our country's economy jobs. In fact, as noted in the June 2009 Council of Economic Advisers' report, our legislation will most likely have a positive impact

on job growth, economic efficiency, standards of living, and the budget deficit.

Our bill will provide assistance to small businesses. Small businesses in my district have asked over and over again for help with the crushing cost of health care insurance and for the problems that small groups have in obtaining insurance. Small businesses will see a great deal of help and support in this bill, and large businesses as well because they will be able to contain the costs of their health premiums, which over the years, as employers know, keep increasing at double-digit rates of inflation.

Our bill has features that will improve efficiency in the labor market, improve workplace productivity, and lower the rates of disability.

We've heard how long our country has waited to get a bill like this. We've heard that it's been since Teddy Roosevelt and other Presidents, other Congresses have tried and failed to bring America up to the standard of making health care affordable and accessible for all of us.

You know, we've waited a long time, and there is such a thing as waiting too long. It's been too long for the 14,000 Americans a day who lose their health care coverage. Too long for the millions of us who are deemed uninsurable because we have a preexisting condition. Too long for people without insurance who cannot obtain the lifesaving medication or life-improving medications that will help them live a better life.

It is time now to pass the Democratic health care bill, time to finally make coverage accessible, affordable. Give people a choice of doctors and plans and emphasize wellness, prevention, primary care in a bill that reduces the deficit and improves our economy.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 1 minute to a favorite son from Sarasota, Florida (Mr. BUCHANAN).

Mr. BUCHANAN. Mr. Speaker, with unemployment over 10 percent, the worst thing we could do is raise taxes and expand government, but that's precisely what we're doing here today if we pass this bill.

People are fed up with Federal spending coming out of Washington, and they don't want higher taxes like the 8 percent job-killing tax increase on small businesses included in this bill, which create 70 percent of the jobs. This \$1.2 trillion bill would also cut Medicare by \$500 billion and extend health insurance to illegal immigrants. That's just plain wrong.

There's a far better approach, an alternative, which we will vote on today that will reduce costs without raising taxes or cutting Medicare. Now, that's a better prescription. It makes sense for America and Americans and a plan that we can afford.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from New Mexico (Mr. HEINRICH).

□ 1230

Mr. HEINRICH. Mr. Speaker, during the past few months, we have seen a vigorous and at times emotionally charged debate about how to fix our broken health care system. I spent the last several months conducting an aggressive and thorough health care listening tour across the First Congressional District of New Mexico. Just last week I held a telephone town hall with nearly 10,000 seniors in my district to discuss how reforming the health care system strengthens Medicare.

Six principles have guided my work and determined my vote on this legislation: health insurance reform must create stability, contain costs, guarantee choice, improve quality, cover everyone, and include a strong public option.

The Affordable Health Care for America Act delivers on each of these principles, and it does so without adding a penny to the deficit. This bill will provide greater competition for insurance companies, give Americans affordable coverage, choice, and stability that they can count on.

I urge my colleagues to vote in favor of H.R. 3962.

Mr. SESSIONS. Mr. Speaker, I know that Republicans in our districts are also telling seniors and other people that there will be a \$730 billion tax increase to pay for this massive government takeover of health care.

Mr. Speaker, at this time I yield 1 minute to the gentleman from Marietta, Georgia (Dr. GINGREY).

Mr. GINGREY of Georgia. I thank the gentleman for yielding.

Mr. Speaker, I rise in opposition to the rule and unequivocal opposition to the underlying government takeover of the American people's health care.

When I appeared before the Rules Committee last night, I heard the chairman designee say that the changes to bring us these 2,000 pages that were enacted in the middle of the night were de minimis changing. Going from a thousand pages to 2,000 pages is hardly de minimis. And what I noted, of course, was of the 20 Republican amendments that had been approved in committee, only five remained and none of mine.

So, Mr. Speaker, I've brought forth amendments that the American public has told me that they want, such as that every Member of Congress, if the government option is so good, they ought to sign up for it; amendments such as medical liability reform, and the CBO has told us, Mr. Speaker, that it would save \$54 billion; amendments such as no cuts to Medicare unless you keep that money in the Medicare system, which has a \$35 trillion unfunded mandate; and finally no individual mandates on our young people who can ill afford it. It is unconstitutional.

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

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 1 minute to the star of the Texas delegation from Dallas, Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, since the President and the Democrats took control of Congress, they have passed a \$1.1 trillion stimulus plan, a \$410 billion omnibus spending plan, they have passed appropriations bills that have increased spending 10, 20, 30 percent. They passed our first trillion-dollar deficit in our Nation's history. They passed a budget that will triple—triple—the national debt in the next 10 years. And now today, a \$1.3 trillion government takeover of our health care system.

Mr. Speaker, you cannot improve the health of a nation by bankrupting its children. There are a trillion reasons, a trillion reasons, to defeat this government takeover of our health care system. Let me give you one more: government control is the rationing of our health care.

Think about your loved ones. Think about your constituents. Think about your fellow countrymen. Reject this trillion-dollar takeover of our government health care.

Ms. SLAUGHTER. Mr. Speaker, may I inquire of my colleague how many speakers he has remaining?

Mr. SESSIONS. Mr. Speaker, I appreciate the chairman of the Rules Committee asking about our further speakers. We have several speakers left before I would close.

Ms. SLAUGHTER. Then I will continue to reserve.

Mr. SESSIONS. Mr. Speaker, if I may inquire upon the time that remains.

The SPEAKER pro tempore. The gentleman from Texas has 13¾ minutes remaining. And the gentlewoman from New York has 5¾ minutes remaining.

Mr. SESSIONS. Mr. Speaker, I yield 1 minute to the gentleman from Roanoke, Virginia (Mr. GOODLATTE).

Mr. GOODLATTE. Mr. Speaker, I rise in strong opposition to this unfair rule and the underlying bill, and in support of the Republican substitute.

This bill is a tragedy, and to be taking it up a day after the unemployment figures were released that showed 10.2 percent, 15.5 million Americans out of work, the highest number in American history, and when you add in those who are underemployed, one out of every six Americans is looking for more work.

That means that the average American can look out from their home, their neighbor to their left, their neighbor to their right, and in their own home, and they will see at least one person who is looking for more work or who is completely unemployed. And the same day a report came out showing that this legislation will cost up to 5.5 million more jobs. It is an outrage. That is why this legislation should be opposed.

Don't let this 2,000-page, 400,000-word, job-killing, tax-increasing, bureaucratic legislation fall on your job.

Ms. SLAUGHTER. Mr. Speaker, I continue to reserve.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 1 minute to

the gentleman from Savannah, Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, in January, with 8.5 percent unemployment rates, Speaker PELOSI passed an \$800 billion pork-laden stimulus bill. In May, unemployment goes to 9.5 percent, and we get an energy tax of \$1,500 per household. Now, November, unemployment is over 10 percent and we are about to pass a \$1 trillion government takeover of health care. It raises premiums, it raises taxes. It cuts Medicare.

Mr. Speaker, America does not need a government takeover of health care; we need jobs. If your kitchen sink is leaking, you fix the sink; you don't take a wrecking ball to the entire kitchen. This bill is a wrecking ball to the entire economy.

We need targeted, specific reforms to help people who have fallen through the health care cracks, and we have a lot of bipartisan support for that, and I am part of it. The only bipartisanship we have is against this monstrosity. Vote "no." Let's start all over and do it right.

Ms. SLAUGHTER. Mr. Speaker, I continue to reserve.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 90 seconds to the gentleman from Mesa, Arizona (Mr. FLAKE).

Mr. FLAKE. Mr. Speaker, there is so much wrong with this bill it is impossible to cover in 90 seconds, so let me focus on one aspect.

Yesterday we learned that unemployment has reached 10 percent in this country. Can you imagine being a small businessman and deciding whether or not you are going to hire new employees when you face the prospect of an 8 percent tax if you are not providing the kind of health care coverage that this bill envisions. An 8 percent tax. And depending on the kind of business you have, if you file as a Sub S corporation, for example, you could face an additional 5.4 percent surtax on top of that. Are you going to hire more people? Not a chance. Unemployment will get worse.

We are in a deep economic hole, Mr. Speaker, and the first rule should be, stop digging. Yet here we have doubled down, and we are trading in our shovel for a backhoe, and we are saying we are going to dig faster and deeper. To what effect? What are we saying to people out there? That jobs aren't important? That we don't care because we just have to pass this legislation?

We ought to have more responsibility than that.

Ms. SLAUGHTER. I continue to reserve, Mr. Speaker.

Mr. SESSIONS. Mr. Speaker, the gentleman from Arizona is correct. This bill is as much about health care as the stimulus package was about jobs. It is to bust the free enterprise system and for all of the control of health care to go to the Federal Government. I get it, and I assure you, the American people get it, also. And we

will give our friends, the Democrats, all of the credit for what they are doing.

Mr. Speaker, at this time I yield 1 minute to the distinguished gentleman from Florida (Mr. STEARNS).

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

Mr. STEARNS. Mr. Speaker, let me ask the Democrats, why did you do this in a health care bill: In section 340N, called Public Health Workforce Loan Repayment Program, it is going to cost the government taxpayers \$283 million over 5 years because you are forgiving loans for veterinarians. So the real question I have for you folks: Why are veterinarians part of this health care bill?

When you go to section 555, Second Generation Biofuel Producer Credit, you remove the eligibility for tax credits for biofuels. My question again: What do biofuels have to do with health care?

I would like the gentlelady from New York to answer why veterinarians are included in this bill in terms of loan forgiveness and why you are creating a brand new tax on biofuels when it is not necessary. In fact, this is a gift for trial lawyers as it lacks real tort reform, and also it establishes Health Czars to oversee all health plans and dictate coverage options.

If you are happy with the health care system today, then you won't be happy with the new Health Care Czar described in this bill. This is a bad bill for the American people. Vote against the rule.

Ms. SLAUGHTER. Mr. Speaker, I am going to yield myself 30 seconds because I need to answer Mr. STEARNS.

Mr. STEARNS asks why are the veterinarians covered. Have you ever heard of swine flu? Have you ever heard about food safety? Have you ever heard that 70 percent of all of the antibiotics produced in the United States are given to cattle and poultry even though they are not ill? But swine flu should make you worry a little bit, don't you think?

I want to spend the rest of my 30 seconds saying this morning we have heard all kinds of nonsense about the dire things that will happen from this bill. This bill does not add one cent to the deficit certified by the CBO. In fact, it reduces it.

Mr. SESSIONS. Mr. Speaker, I yield 1 minute to the distinguished gentlewoman from Nashville, Tennessee (Mrs. BLACKBURN) a member of the Energy and Commerce Committee.

Mrs. BLACKBURN. Mr. Speaker, I thank the gentleman from Texas, and I rise in opposition to this rule, and I encourage my colleagues to stand in opposition to this rule.

The reason is this is not what the American people want to see in health care reform. It is not what my constituents want to see in health care reform. There are some very valid, tangible reasons. This is a wrong step for

America. This bill costs too much. It is too expensive to afford.

Look at what happened to my home State of Tennessee with the test case for public option health care. The cost not only doubled, not only tripled—it quadrupled, and it nearly broke the State. Our State was on the verge of bankruptcy. We had a 4-year battle over a State income tax to pay for this.

Who do you think is going to pay for this bill? This is too expensive to afford. What you are doing is sacrificing the future of our children, our grandchildren, and our great-grandchildren to pay, to pay for federalizing, nationalizing government control of health care.

Let's oppose the rule and take it down.

Ms. SLAUGHTER. Mr. Speaker, 68 percent of Americans want this bill very seriously, and I am pleased to yield 1 minute to the gentleman from Wisconsin (Dr. KAGEN).

Mr. KAGEN. Mr. Speaker, I thank Chairwoman SLAUGHTER for this opportunity to speak on behalf of this rule, a rule that will guarantee that we will get an opportunity to pass legislation to help everyone in Wisconsin that I represent; a rule that will help everybody that I have cared for as a physician for the past 33 years.

What are we doing? We are fixing what is broken, we are improving on what we already have, and making certain it is at a price we can all afford to pay. We are putting patients first. We are putting patients first so no longer will a family lose their home and go bankrupt simply because their children become sick and they can't afford their health care bills.

We are putting patients first by reforming the rules, reforming the rules by making sure that we are going to close the doughnut hole in Medicare part D, and making certain that we are going to reform the medical malpractice rules to guarantee that patients and their doctors can decide their decisions amongst themselves. We are putting people first because people are more important than corporate profits.

Mr. SESSIONS. Mr. Speaker, I would like to yield 1 minute to the distinguished gentleman from Beaumont, Texas (Mr. POE).

Mr. POE of Texas. Mr. Speaker, we debate this great legislation about health care, but we forget the obvious. This massive government takeover of our health care still allows the 20 million people in this country that are illegally here to get one of those fake Social Security cards without benefit of even a photo ID and get some of that free government health care that everybody else has to pay for.

We need to fix that problem, and we need to fix some other problems, but don't turn the Federal Government loose on the health care of America. This bill costs too much, \$700 billion in new taxes, and citizens and legal immigrants are going to get stuck with the

bill with poor health quality and health care.

And that's the way it is.

Ms. SLAUGHTER. Mr. Speaker, that's not the way it is. There are no illegal aliens in this bill who get anything at all.

I am pleased to yield 30 seconds to the gentleman from Georgia (Mr. JOHNSON).

Mr. JOHNSON of Georgia. Mr. Speaker, I speak in support of the rule and the underlying legislation. I want everybody to look into their heart of hearts, their conscience, the loneliness of the recesses of their consciousness, and in that moment you know that all Americans deserve health care, not just the rich and wealthy. What we are doing today is giving that to the average American.

I support the rule and the underlying legislation.

Mr. JOHNSON of Georgia. Mr. Speaker, I rise today to support the rule and the underlying legislation, H.R. 3962, the Affordable Health Care for America Act. I would like to thank Chairman RANGEL and Chairman WAXMAN for their leadership and hardwork in bringing this important legislation swiftly to the floor. Your efforts are commendable and will benefit all Americans.

Mr. Speaker, today I and many of my colleagues will take a historic vote in favor of extending quality affordable health insurance to millions of Americans. This is a moral question as well as a financial question. When this bill becomes law, 96 percent of Americans will have access to primary care doctors, prescription drugs, and preventive health services. When this bill becomes law 96 percent of Americans will no longer have to worry about choosing between their or their children's health and other essentials like food and shelter. If that were not enough then I remind my colleagues that the Congressional Budget Office says that this bill will reduce the national debt. The status quo is no longer acceptable.

I urge my colleagues to stand today on the right side of history as this Congress takes the first step in bringing the security of affordable health insurance to millions of people.

Congress and the public have had ample opportunity to review, comment on, and improve upon the health reform legislation that we will vote on today. During the month of August many Members of Congress, including myself, held town hall meetings. During my town hall meetings I heard testimony from constituents across the Fourth District and from across the political spectrum. I considered the views of everyone who wishes to share their opinion and I came to the consideration that the thousands of my constituents—and the millions of Americans—without health insurance could no longer wait. I ran for Congress on a pledge to take care of home and I believe that there is no better way to take care of home than to ensure that all of my constituents and all Americans have access to quality affordable health care.

I have advocated—consistently and strongly—for the inclusion of a public option in health reform legislation. While my preference remains the more robust version of the public option, I am proud that H.R. 3962 contains a public option that will create competition in the insurance market to drive down costs for everyone, including the Federal Government.

I worked hard to make this the best bill that it could be. In addition to advocating for the public option, I worked to ensure that the recommendations of specialty medical associations, patient advocacy groups, and scientific societies are considered as part of the minimum benefit package by the Task Force for Clinical Preventive Services. Currently, when the task force has insufficient evidence to recommend a service, it provides an "I" or insufficient evidence grade. Many valuable preventive interventions do not yet have the evidence base needed to obtain a positive recommendation. Others can never be evaluated using the gold standard of a randomized clinical trial because a trial would be too expensive, recruiting participants is not feasible, or investigator interest or funding is lacking. I am pleased to report that H.R. 3962 contains report language which clarifies that the benefits commission can look beyond Task Force recommendations to other sources of evidence and that the commission can consider the recommendations of specialty medical associations, patient advocacy groups, and scientific societies as part of the minimum benefits package.

Additionally, I worked with my colleague, Mr. GREEN of Texas, on sec. 2587 of the bill which requires a report to Congress on the current state of parasitic diseases that have been overlooked among the poorest Americans. A 2008 study identified high prevalence rates of parasitic infections in the poorest areas of the United States—potentially up to 100 million infections of Acariasis, Chagas Disease, Cysticercosis, Echinococcosis, Toxocarriasis, Toxoplasmosis, Trichomoniasis, or Strongyloidiasis. These diseases disproportionately affect minority and impoverished populations, producing effects ranging from asymptomatic infection to asthma-like symptoms, seizures, and death. These diseases receive less financial support than they deserve with a mere \$231,730 of research funding allocated by NIH since 1995. This discrepancy in funding is known as the "10/90 gap"; a mere 10 percent of global health research funding is directed towards diseases affecting 90 percent of the global population. For example, between 1995 and 2009, the National Institutes of Health funded a mere \$231,730 of Toxocarriasis research. The report required by this section would provide an up-to-date evaluation of the current dearth of knowledge regarding the epidemiology of these diseases and the socioeconomic, health and development impact they have on our society. The Secretary of Health and Human Services will report to Congress on this as well as the appropriate funding required to address neglected diseases of poverty, including neglected parasitic diseases. I look forward to the completion of this report so that Congress can take appropriate action in the future to address these diseases.

Finally, the goal of health reform is to expand access to quality affordable health care. The underlying bill makes commendable strides to expand access but I believe that we must go further to ensure that Americans can afford the care they need. Many Americans—our friends and neighbors—suffer from debilitating and chronic illnesses such as multiple sclerosis or severe arthritis. The medications available to them are so expensive that insurers create so-called "specialty tiers" within their formularies for these medications. People

living with chronic conditions incur heavy financial burdens for treatment and prescription drugs—and they are at the breaking point. High out of pocket costs limit access to care and ultimately reduce their chances of living healthy lives. In a recent study of medical bankruptcies, out-of-pocket medical costs averaged \$17,749 for the privately-insured, and \$26,971 for the uninsured. Patients with neurologic disorders such as multiple sclerosis faced the highest costs, at an average of \$34,167. I believe it is time to put a limit on these outrageous costs. Last night in the Rules Committee I waited over 4 hours to offer two amendments to do just that.

My first amendment would cap out-of-pocket prescription drug costs at \$200 per monthly prescription and \$500 per month, total. This would apply to all insurance plans, including Medicare Part D. My amendment would also amend the current Medicare Part D exemption process so low-income beneficiaries can request an exemption for specialty tier drugs that would lower their costs. The amendment would also request two MedPAC studies of discrimination and cost-sharing. This amendment is supported by the Arthritis Foundation and the Lupus Foundation of America.

My second amendment would build on the underlying legislation by reducing the cap on out of pocket medical expenses from \$5,000 annually to \$1,250 quarterly. People whose care results in high out of pocket costs could easily reach the \$5,000 limit in a one or two month span. This is potentially unaffordable for people with chronic disease and dividing the cap quarterly would achieve the same policy outcome while increasing its affordability. This amendment is supported by the Arthritis Foundation and the Lupus Foundation of America.

According to a 2008 study by the Commonwealth Fund, more than half of chronically ill patients did not get recommended care, fill prescriptions, or see a doctor when sick because of costs. My amendments would have reduced out of pocket costs for the most expensive prescriptions, making health care affordable for some of our county's neediest citizens.

While my language was not ultimately included in this legislation, I support the underlying bill and I would urge my colleagues to do likewise for the benefit of all Americans.

Mr. Speaker, in my district, the Fourth Congressional District of Georgia, the Affordable Health Care for America Act will: improve employer-based coverage for 349,000 residents; provide credits to help pay for coverage for up to 166,000 households; improve Medicare for 65,000 beneficiaries, including closing the prescription drug donut hole for 5,400 seniors; allow 15,400 small businesses to obtain affordable health care coverage and provide tax credits to help reduce health insurance costs for up to 14,200 small businesses; provide coverage for 153,000 uninsured residents; protect up to 2,200 families from bankruptcy due to unaffordable health care costs; and reduce the cost of uncompensated care for hospitals and health care providers by \$98 million.

I urge my colleagues to support the rule and the underlying bill and I thank you for your consideration.

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Mr. SESSIONS. Mr. Speaker, at this time, I yield 1 minute to the distin-

guished gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. I thank the gentleman from Texas for yielding.

Mr. Speaker, I would first say, as the gentleman from Georgia stated, all Americans deserve health care, that all Americans have health care, every single one. Eighty-five percent of us are insured and 85 percent of us are happy with the policy that we have.

The President has made two arguments. One of them is that health care in America costs too much money. What's your solution? Spend another \$1.5 trillion. Too much money, throw another \$1.5 trillion at it. That's upside down. What is the simplest part of logic that you don't understand?

Second thing, too many people in America are uninsured, 47 million. Well, subtract from that 47 million illegal aliens which will be funded under this bill, immigrants, those that qualify for Medicaid and other government programs, employer programs that make over \$75,000 a year, now you're down to really only 12.1 million Americans who are without affordable options. That is less than 4 percent of America. And for that you would throw out the liberty of America, throw out the baby with the bathwater of the best health insurance industry in the world, the best health care delivery system in the world, destroyed by a desire to create a dependency society to steal our freedom.

Ms. SLAUGHTER. Mr. Speaker, I yield to the gentleman from New York for a unanimous consent request.

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

Mr. ACKERMAN. Mr. Speaker, I rise in support of the rule and in strong support of the bill.

Mr. Speaker, I rise on this historic day in strong support of the Affordable Health Care for America Act, H.R. 3962.

Let me be absolutely clear: every single American should have access to affordable and quality health-care coverage. For too many years, drastically needed health-insurance reform has been delayed. I'm happy to say the long overdue reform of our health-care insurance system has finally begun. The status quo is unsustainable and costly: Without health insurance reform, the insurance premium for an average family is expected to rise from \$11,000 to \$24,000 in less than a decade. Americans want reduced costs and more choices.

Mr. Speaker, I support this landmark legislation because it changes the way that insurance companies ration medical care: The measure would require all plans to eliminate coverage denials because of a pre-existing condition, eliminate dropping coverage when individuals become sick, eliminate annual and lifetime caps on how much can be spent on care, and eliminate exorbitant out-of-pocket expenses. All Americans deserve these basic protections from their health-insurance plans, and these important guarantees will improve the coverage for nearly all those who already have insurance—even those Americans who are extremely satisfied with their current plans.

The act starts with what works well in today's health care system and fixes the parts that are broken. No one has to discard the health care they enjoy today—everyone can keep their current health plan, doctors and hospitals. A new marketplace will allow individuals to shop among a large number of private plans or choose a public insurance option. For the first time ever, American families—even those who keep their current health insurance—will benefit from no longer having to worry about losing health coverage because of a new or lost job. The bill finally brings the type of health insurance reform that Americans need and deserve.

I also strongly support this bill because the 47 million uninsured Americans, the 2.6 million uninsured New Yorkers and the 78,000 uninsured neighbors in my congressional district will have access to affordable, secure and quality health-care coverage instead of having to rely on the local hospital emergency room. Most recent administrations never acknowledged the moral or economic costs we pay every day for our failure to fix this problem. Fortunately, President Obama has made comprehensive health-insurance reform his top priority. I am proud to be voting today to make sure that health-care reform contains costs and is affordable; puts our country on a clear path to universal coverage; provides portable coverage; ensures choice of physicians and health plans; promotes prevention and wellness; improves the quality of care, and is fiscally sustainable over the long-term. Putting these principles into action is not only doable; it is absolutely essential.

So, Mr. Speaker, I urge all my colleagues to support the Affordable Health Care for America Act so that all Americans will have access to health care.

Ms. SLAUGHTER. Mr. Speaker, I yield 1½ minutes to the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. I thank the gentleman.

The Republican record defies their rhetoric. Remember their so-called "prescription drug benefit" for seniors passed in the dark of the night, no one read the bill, didn't know what was in it? It cost \$700 billion because that was subsidizing the pharmaceutical and insurance industry. But now they're worried about costs that gave the seniors a doughnut hole. Now their concern is not about what they're stating; it's about their patrons in the insurance industry.

This bill has real reforms of the worst abuses of the insurance industry. It takes away their unfair antitrust community so they can no longer collude to drive up premium prices or restrict coverage. The Republicans would continue the antitrust exemption.

This bill outlaws the unfair pre-existing condition restriction. The Republicans would continue that for the insurance industry.

This bill would not allow the industry to cancel your policy even though you've been paying your premiums when you get sick. It's called rescission. The Republicans allow that abuse to continue.

This bill on our side outlaws the small print that limits your lifetime

coverage which bankrupts families every day in America. The Republicans allow it to continue.

And that's not enough. They open up a new loophole, their so-called "national plan." A company would only be regulated by the laws of the State in which it was based when it sold you a policy. If you live in Oregon but you bought a policy that was written in—oh, and by the way, they expand the definition of States to include the territories and the Mariana Islands. So if you've got a problem, call the Mariana Islands insurance commissioner. That's the Republican plan: Profits for the insurance industry.

Mr. SESSIONS. Mr. Speaker, I yield to the gentleman from Texas (Mr. NEUGEBAUER) for a unanimous consent request.

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

Mr. NEUGEBAUER. Mr. Speaker, I rise in opposition to this job-killing bill that cuts Medicare, piles debt on our children, raises health care costs, and raises taxes on the American people.

Last week, Speaker PELOSI introduced the long-awaited final draft of her health care reform bill. H.R. 3962, combined with the 42-page manager's amendment, comes in at over 2,000 pages.

A preliminary analysis by the nonpartisan Congressional Budget Office estimates that the true cost of the bill is \$1.3 trillion. Buried within this bill are details that would add massive Federal involvement in the health care of every American, including the following: creation of a government-run insurance program that could cause as many as 114 million Americans to lose their current coverage; elimination of the private market for individual health insurance; taxes on all Americans who purchase insurance, individuals who don't purchase insurance, and millions of small businesses; and cuts to Medicare Advantage plans that will result in higher premiums. Yet with all these taxes, mandates and cuts, the majority party still maintain somehow this bill will lower the cost of health care to Americans.

For months, Americans have been telling Congress they want real solutions for the health care crisis in America but they are also telling us there is a big difference between the right and wrong way to reform health care. Republicans listened to the American people and have produced a commonsense, fiscally responsible health reform proposal—not Speaker NANCY PELOSI's 2,000+ page government takeover of one-sixth of our Nation's economy.

Republicans' alternative solution focuses on lowering health care premiums for families and small businesses, increasing access to affordable, high-quality care, and promoting healthier lifestyles—without adding to the crushing debt Washington has placed on our children and grandchildren. Even the nonpartisan Congressional Budget Office, CBO, confirmed that the Republican health care plan would lower health care premiums by up to 10 percent and reduce the deficit by \$68 billion over 10 years without imposing tax increases on families and small businesses. The Republican alternative contains no tax increases, no

cuts to Medicare, no health care rationing, no deficit spending, and no huge intrusion of government into your personal health care choices. Instead, our plan recognizes that health care reform must be based on competition, preserving the relationship between doctors and patients, and reducing health care costs for American families without a massive government intrusion.

Health care solutions are badly needed in this country, but we need to get it done right. Republicans have listened to the American people and put forth commonsense health care legislation that reduces the deficit, lowers premiums, and improves coverage options for those with preexisting conditions.

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

The Chair will ask for a simple statement of unanimous consent or the gentleman from Texas will be charged.

Mr. SESSIONS. Mr. Speaker, the Rules Committee did a great job; they held a 12-hour meeting yesterday.

I would like to say to the American people that everybody understands what's in this bill, they have a chance. No unintended consequences with this. Republicans have laid out what we believe will happen.

Mr. Speaker, lots of groups around the country also know what would happen, and I would like to insert into the RECORD the list of people who would say vote "no" on this bill. They are business organizations all across this country.

H.R. 3962—THE AFFORDABLE HEALTH CARE FOR AMERICA ACT

GROUPS KEY VOTING "NO"

American Bakers Association; American Conservative Union; American Council of Engineering Companies; American Hotel and Lodging Association; American Rental Association; Americans for Tax Reform (Double Rating); Associated Builders and Contractors, Inc (ABC); Associated Equipment Distributors; Associated General Contractors of America; Automotive Recyclers Association; Brick Industry Association; Club for Growth; Concerned Women for America; Council for Citizens Against Government Waste; Family Research Council; FreedomWorks.

Independent Electrical Contractors; International Foodservice Distributors Association; International Franchise Association; National Association of Manufacturers; National Association of Wholesaler-Distributors; National Federation of Independent Business (NFIB); National Lumber and Building Material Dealers Association; National Ready Mix Concrete Association; National Retail Federation; National Taxpayers Union; North American Die Casting Association; Printing Industries of America; Small Business & Entrepreneurship Council; U.S. Chamber of Commerce.

GROUPS OPPOSING H.R. 3962

Aeronautical Repair Station Association; Air Conditioning Contractors of America; American Academy of Facial Plastic and Reconstructive Surgery; American Apparel & Footwear Association; American Architectural Manufacturers Association; American Association of Neurological Surgeons; American Benefits Council; American Center for Law and Justice; American Electric Power; American Family Insurance; American Farm Bureau Federation; American Foundry Society; American International Automobile Dealer Association (AIDA); American Petroleum Institute; American Society of General

Surgeons; American Staffing Association; American Veterinary Medical Association; American Wire Producers Association; America's Health Insurance Plans (AHIP); AMT—The Association For Manufacturing Technology; Arizona-New Mexico Cable Communications Association; Arkansas Medical Society; Association of Ship Brokers and Agents.

Association of Washington Business; AT&T; Automotive Aftermarket Industry Association; Best Buy Co., Inc.; Blue Cross Blue Shield; Blue Cross Blue Shield of North Dakota; Bowling Proprietors' Association of America; Business Roundtable; Caterpillar, Inc.; CIGNA; Congress of Neurological Surgeons; Corporate Health Care Coalition; Deere & Company; Eastman Kodak Company; Electronic Security Association (ESA); Florida Chamber of Commerce; Florida Medical Association; Food Marketing Institute; Goodrich Corporation; Heating, Air-conditioning & Refrigeration Distributors International; HR Policy Association; HSBC North America; Illinois State Medical Society; Independent Insurance Agents & Brokers of America.

Independent Office Products & Furniture Dealers Association; Indiana Chamber of Commerce; Indiana Manufacturers Association; International Association of Refrigerated Warehouses; International Housewares Association; International Sleep Products Association; Kansas Medical Society; Land O'Lakes, Inc.; Maine Chamber of Commerce; Marathon Oil Corporation; Marine Retailers Association of America; MeadWestvaco Corporation; Medical Association of Georgia; Medical Society of Delaware; Medical Society of New Jersey; Medical Society of the District of Columbia; Minnesota Chamber of Commerce; Missouri Chamber of Commerce and Industry; Motor & Equipment Manufacturers Association; NAMM, International Music Products Association.

National Association of Convenience Stores (NACS); National Association of Health Underwriters; National Association of Mortgage Brokers; National Association of Theatre Owners; National Automobile Dealers Association; National Business Group on Health; National Club Association; National Coalition on Benefits (440 Associations and Companies); National Council of Chain Restaurants; National Funeral Directors Association; National Grocers Association; National Newspaper Association; National Roofing Contractors Association; National Rural Electric Cooperative Association; National Teachers Associates Life Insurance Company; National Tooling Machining Association; National Utility Contractors Association; North Carolina Chamber; North Dakota Chamber of Commerce; Northeastern Retail Lumber Association.

Nursery and Landscape Association; Ohio Chamber of Commerce; Ohio State Medical Association; Pennsylvania Chamber of Business and Industry; Pharmaceutical Research and Manufacturers of America (PhRMA); Plumbing-Heating-Cooling Contractors Association; Precision Machined Products Association; Precision Metalforming Association; Professional Golfers Association of America; Republican Jewish Coalition; Retail Industry Leaders Association (RILA); Self-Insurance Institute of America (SIIA); Small Business Coalition for Affordable Health Care; Society for Human Resource Management; Society of American Florists; Society of Chemical Manufacturers & Affiliates; South Carolina Chamber of Commerce; South Carolina Medical Association; Specialty Equipment Market Association (SEMA); SPI; The Plastics Industry Trade Association.

Tennessee Chamber of Commerce & Industry; Texas Association of Business; The

Black & Decker Corporation; The Business Coalition for Fair Competition; The Business Council of New York State, Inc.; The Dow Chemical Company; The ERISA Industry Committee; The Louisiana State Medical Society; The Medical Association of the State of Alabama; Tire Industry Association; Triological Society; Tyco International; UAM Action Network; United Parcel Service, Inc.; United States Steel Corporation; Universal Health Network; Utah Manufacturers Association; Verizon Communications; Virginia Chamber of Commerce; Wedding & Event Videographers Association International; WellPoint, Inc.; Western Growers Association Wisconsin Manufacturers & Commerce; Wood Machinery Manufacturers of America (WMMA); Xerox Corporation.

Mr. Speaker, we understand \$732.5 billion worth of tax increases. Once again, let's get this right. No unintended consequences here. This is a job killer.

I will insert into the RECORD a list of the tax increases that are proposed in this bill.

TOP TEN TAX INCREASES INCLUDED IN H.R. 3962

(As scheduled for consideration on the House Floor on November 7, 2009)

1. Small business surtax (Sec. 551, p. 336): \$460.5 billion.
 2. Employer Mandate tax* (Secs. 511–512, p. 308): \$135.0 billion.
 3. Individual Mandate tax* (Sec. 501, p. 296): \$33.0 billion.
 4. Medical device tax* (Sec. 552, p. 339): \$20.0 billion.
 5. \$2,500 Annual cap on FSAs* (Sec. 532, p. 325): \$13.3 billion.
 6. Prohibition on pre-tax purchases of over-the-counter drugs through HSAs, FSAs, and HRAs* (Sec. 531, p. 324): \$5.0 billion.
 7. Tax on health insurance policies to fund comparative effectiveness research trust fund* (Sec. 1802, p. 1162): \$2.0 billion.
 8. 20% Penalty on certain HSA distributions* (Sec. 533, p. 326): \$1.3 billion.
 9. Other tax hikes and increased compliance costs on U.S. job creators: \$60.2 billion.
- IRS reporting on payments to certain businesses (Sec. 553, p. 344): \$17.1 Billion.
- Repeal implementation of worldwide interest allocation rules (Sec. 554, p. 345): \$6.0 billion.
- Cellulosic Biofuel Credit/deny eligibility for "black liquor" (New Sec. 555, inserted on p. 346): \$23.9 billion.
- Override U.S. treaties on certain payments by "insourcing" businesses (Sec. 561, p. 346): \$7.5 billion.
- Codify economic substance doctrine and impose penalties (Sec. 562, p. 349): \$5.7 billion.
10. Other revenue-raising provisions: \$2.2 billion.

Total tax increases: \$732.5 billion.

* = Violates President Obama's pledge to avoid tax increases on Americans earning less than \$250,000.

Mr. Speaker, also, last night at the Rules Committee we found out—which is very devastating and I believe unwise—the Senate does not have this provision. They removed it. But the House keeps in this bill the failure to comply with individual mandates in this bill could lead to a \$250,000 fine and 5 years in jail, criminal penalties that are a felony if you willingly choose not to participate, if you willingly choose then not to pay the fine in your taxes. Mr. Speaker, what we are

going to do is criminalize Americans who choose not to join in this government-run health care system.

There are not unintended consequences. The Members need to know that this is going to raise premiums, it is going to raise taxes, and perhaps worst of all, we are going to criminalize with felony penalties non-compliance. Mr. Speaker, this is not a way to run a bill.

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

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. Mr. Speaker, the rule being debated makes in order the Stupak-Ellsworth-Pitts-Smith-Kaptur-Dahlkemper pro-life amendment that would apply the longstanding Hyde amendment, which states no public funding for abortion.

I appreciate the willingness of Speaker PELOSI to work with all Democrats through the day and night Friday to reach an agreement on language. Ultimately, the agreement we reached fell apart, and the only appropriate consideration was to make our amendment in order.

The Speaker recognizes that Members deserve the chance to vote their conscience and have their voices heard on this most important matter.

There are a number of critical reforms in this bill, such as a repeal to the health insurance industry's anti-trust exemption to inject competition into the industry, a prohibition on insurance companies discriminating against people with preexisting conditions, elimination of the practice of rescission, except in the cases of fraud, and a transition to a health care reimbursement system that addresses geographic disparities and rewards quality of care over quantity of procedures performed.

Now is the time to pass health care reform and provide quality, affordable health care for all Americans. I urge my colleagues to support the rule and to support the Stupak amendment later today.

I thank the gentlewoman for yielding.

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

Ms. SLAUGHTER. Mr. Speaker, I yield 30 seconds to the gentleman from Rhode Island (Mr. LANGEVIN).

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

Mr. LANGEVIN. Mr. Speaker, I rise today in strong support of this rule and the underlying bill which finally puts us on the path to solving our Nation's health care crisis.

Since coming to Congress, I have heard from countless constituents in Rhode Island struggling with the failures of our health care system. I have heard from constituents forced to make unconscionable choices between seeing a doctor or their next meal, paying their mortgage or losing their coverage, and families facing bankruptcy due to catastrophic medical costs.

The time for inaction is over. This bill represents an historic opportunity to enact reforms that will allow constituents who lose their jobs to keep their health care coverage, eliminates preexisting conditions, and protects people by abolishing lifetime insurance caps.

Every American deserves the promise of quality affordable health care, and this is our moment to fulfill that promise.

Mr. SESSIONS. Mr. Speaker, I spoke just a second ago about the mandates that would be criminal penalties. I would like to enter a letter from the gentleman, Mr. CAMP, that is from the Joint Committee on Taxation that outlines this part of the law.

CONGRESS OF THE UNITED STATES,
JOINT COMMITTEE ON TAXATION,
Washington, DC, November 5, 2009.

Hon. DAVE CAMP,
House of Representatives,
Washington, DC.

DEAR MR. CAMP: This is in response to your request for information relating to enforcement through the Internal Revenue Code ("Code") of the individual mandate of H.R. 3962, as amended, the "Affordable Health Care for America Act." You specifically inquired about penalties for a willful failure to comply.

TAX ON INDIVIDUALS WITHOUT ACCEPTABLE
HEALTH CARE COVERAGE

H.R. 3962 provides that an individual (or a husband and wife in the case of a joint return) who does not, at any time during the taxable year, maintain acceptable health insurance coverage for himself or herself and each of his or her qualifying children is subject to an additional tax. The tax is equal to the lesser of (a) the national average premium for single or family coverage, as applicable, as determined by the Secretary of Treasury in coordination with the Health Choices Commissioner, or (b) 2.5 percent of the excess of the taxpayer's modified adjusted gross income over the threshold amount of income required for the income tax return filing for that taxpayer. This tax is in addition to both regular income tax and the alternative minimum tax, and is prorated for periods in which the failure exists for only part of the year. In general, the additional tax applies only to United States citizens and resident aliens. The additional tax does not apply to those who are residents of the possessions or who are dependents, nor does it apply to those whose lapses in coverage are de minimis or those with religious conscience exemptions. The additional tax does not apply if the maintenance of acceptable coverage would result in a hardship to the individual or if the person's income is below the threshold for filing a Federal income tax return.

RANGE OF CIVIL AND CRIMINAL PENALTIES FOR
NONCOMPLIANCE

You asked that I discuss the situation in which the taxpayer has chosen not to comply with individual mandate and not to pay the additional tax. The Code provides for both civil and criminal penalties to ensure complete and accurate reporting of tax liability and to discourage fraudulent attempts to defeat or evade tax. Civil and criminal penalties are applied separately. Thus, a taxpayer convicted of a criminal tax offense may be subject to both criminal and civil penalties, and a taxpayer acquitted of a criminal tax offense may nonetheless be subject to civil tax penalties. In cases involving both criminal and civil penalties, the IRS

generally does not pursue both simultaneously, but delays pursuit of civil penalties until the criminal proceedings have concluded.

The majority of delinquent taxes and penalties are collected through the civil process. In determining whether a penalty applies along with an adjustment to a tax return, the examining agent is constrained not only by the applicable statutory provisions, but also by the written policy of the IRS not to treat penalties as bargaining points but instead to develop the facts sufficiently to support the decision to assert or not to assert a penalty. The goal is consistency, fairness and predictability in administration of penalties.

If the government determines that the taxpayer's unpaid tax liability results from willful behavior, the following penalties could apply.

CIVIL PENALTIES

Section 6662(a)—an accuracy related penalty of 20 percent of the underpayment attributable to health care tax, based on negligence or disregard (the former includes lack of a reasonable attempt to comply and the latter includes any intentional disregard of rules or regulations) or substantial understatement, if the understatement of tax is sufficiently large.

Section 6663—a fraud penalty of 75 percent of the underpayment, if the government can prove fraudulent intent to avoid taxes by clear and convincing evidence.

Section 6702—a \$5,000 penalty for taking a frivolous position on a tax return, if the underpayment is intended to delay or impede tax administration and the return on its face indicates that the self-assessment is substantially incorrect.

Section 6651—delinquency penalty of .5 percent of the underpayment, each month, up to a maximum of 25 percent of the underpayment.

CRIMINAL PENALTIES

Prosecution is authorized under the Code for a variety of offenses. Depending on the level of the noncompliance, the following penalties could apply to an individual:

Section 7203—misdemeanor willful failure to pay is punishable by a fine of up to \$25,000 and/or imprisonment of up to one year.

Section 7201—felony willful evasion is punishable by a fine of up to \$250,000 and/or imprisonment of up to five years.

APPLICATION OF PENALTIES UNDER CURRENT
PRACTICE

The IRS attempts to collect most unpaid liabilities through the civil procedures described above. A number of factors distinguish civil from criminal penalties, in addition to the potential for incarceration if found guilty of a crime. Unlike the standard in civil cases, successful criminal prosecution requires that the government bear the burden of proof beyond a reasonable doubt of all elements of the offense. Most criminal offenses require proof that the offense was willful, which is a degree of culpability greater than that required in a civil penalty cases. For example, a prosecution for willful failure to pay under section 7203 requires proof beyond a reasonable doubt both that the taxpayer intentionally violated a known legal duty and that the taxpayer had the ability to pay. In contrast, in applying the civil penalty for failure to pay under section 6651, the burden is on the taxpayer: the penalty applies unless the taxpayer can establish reasonable cause and lack of willful neglect with respect to his failure to pay.

Criminal prosecution is not authorized without careful review by both the IRS and the Department of Justice. In practice the application of criminal penalties is infre-

quent. In fiscal year 2008, the total cases referred for prosecution of legal source tax crimes were as follows.

Investigations initiated: 1,531.
Indictments and informations: 757.
Convictions: 666.
Sentenced: 645.
Incarcerated: 498.

Percentage of those sentenced who were incarcerated: 77.2.

Of the 666 convictions reported above for fiscal year 2008, fewer than 100 were convictions for willful failure to file or pay taxes under section 7203. Civil penalties outnumber criminal penalties imposed. For example, in fiscal year 2008, compared to the 666 convictions, approximately 392,000 accuracy related penalties were assessed on individual returns. Also in fiscal year 2008, the IRS assessed 5,502 penalties under section 6702 for frivolous positions taken on returns.

I hope this information is helpful for you. If I can be of further assistance, please contact me.

Sincerely,

THOMAS A. BARTHOLD.

Mr. Speaker, at this time, I would like to yield for the close for the Republican Party, the distinguished gentleman, the ranking member of the Rules Committee, the gentleman from San Dimas, California (Mr. DREIER).

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

Mr. DREIER. Mr. Speaker, I thank my friend for yielding.

The American people have spoken very loudly and clearly. They do not want the Federal Government to control one-sixth of our Nation's economy, and they believe that we should be able to scrutinize legislation. We have over 2,000 pages here. Many of the changes were made late last night, Mr. Speaker, and we have not had what the American people said we needed to have following the debate on the cap-and-trade bill when we had a 300-page amendment dropped on us at 3 o'clock in the morning; that is an adequate amount of time to look at this legislation.

My friend from Dallas has talked about unintended consequences. Obviously in those 2,000 pages there are things that none of us want to have happen that we don't know about now, but we've had reported here on the floor a wide range of things that we believe will happen.

Now, Mr. Speaker, it is very unfortunate that the debate on health care reform has been cast on those who are in favor of reform and those who are opposed to reform. We have continued to hear that over and over and over and over again, unfortunately. There is no Member of this House, Democrat or Republican, who does not want to ensure access to quality health insurance and quality health care for our seniors, for our veterans, for our families, for individuals across this country. So let's make it very clear, we all want that to happen.

We all want to do what we can, Mr. Speaker, to increase accessibility. We all want to increase accessibility. How do we do that? Well, I believe very fervently that increasing affordability will increase accessibility. If we can

make health insurance more affordable, more people in this country will have access to quality health insurance. The substitute that we have offered does just that. It says that the opportunity to have access to the best quality product at the lowest possible price is a right that every American should have. They are denied that today by virtue of the fact that they can't buy insurance across State lines.

If you look at our goal of trying to bring about meaningful liability reform, doctors today engage in, as we all know, defensive medicine. They recommend a wide range of tests simply because of their fear of being sued. In my State of California, we have a very, very viable package that deals with that. If we were to take the California model and apply it here at the Federal level, the Congressional Budget Office has estimated that we will save \$54 billion. \$54 billion will be saved.

I believe that we need to do everything we can to allow small businesses to come together so that they can, in fact, as large entities do, get lower insurance rates. And, Mr. Speaker, I believe that we can also ensure that we address the challenge of preexisting conditions so that Americans with those preexisting conditions are not denied access to quality health insurance and health care. We can do that, and that is exactly what our substitute does.

Unfortunately, Mr. Speaker, we have continued to have this characterization that if we don't support this measure, if we don't support this measure which takes control of one-sixth of our Nation's economy, we are not committed to reform. That is outrageous. We believe that a step-by-step approach is the proper route for us to take.

I like very much what our friend from North Carolina earlier said: We don't need a complete overhaul. We need to fine-tune this system to ensure that every single American does have access to quality, affordable health care.

Vote "no" on this rule. We can do better.

It is truly unfortunate that the healthcare debate has come to be cast as a fight between those who favor and those who oppose reform. There is not a single Member of this House who does not support the idea of improving the accessibility and the quality of healthcare in America. We all want to expand access to coverage for the individuals, working families, seniors and veterans who are worried about their healthcare.

I am a strong proponent of reforming our healthcare system in a way that enhances the affordability and availability of quality healthcare options, without limiting patient choice. There are a number of steps we can take to reduce costs for working families without rationing care or raising taxes. Lowering costs is central to expanding coverage, because affordability enhances accessibility.

For example, we must implement medical malpractice reform and redirect resources from trial lawyers to patients. My state of California has been a leader in medical liability re-

form. We have realized substantial savings, simply by limiting exorbitant trial lawyers' fees, as well as speculative, noneconomic damages.

Without limiting economic damages, medical expenses or punitive damages, the state of California has been able to save consumers tens of billions of dollars. The limit on trial lawyers' fees alone has saved nearly \$200 million over 7 years. As a result, we have some of the lowest medical malpractice rates in the country. The nonpartisan Congressional Budget Office determined that nationwide implementation of reforms similar to California's would result in savings of up to \$54 billion over 10 years.

This isn't just about companies' bottom lines or state budgets, these cost savings have a real impact on working families, especially during these difficult economic times. As I said at the outset, affordability and accessibility go hand in hand. One independent study showed that partially reversing the reforms that California has implemented would raise healthcare costs for families of four by over \$1,000 a year. That is a tremendous burden that families cannot bear. And it underscores the reality that excessive costs are the biggest impediment to access to healthcare.

Furthermore, medical liability reform has proven to not only reduce costs, but to increase quality as well. States with lower medical malpractice premiums tend to have more doctors per capita, including surgeons and specialists. For example, Texas implemented reform 6 years ago, and subsequently saw an increase in doctors of nearly 18 percent. Twenty-four counties that previously had no ER doctors now have emergency services.

We must also address the challenge of overlapping government programs. The cost of providing services for those who qualify for both Medicare and Medicaid is nearly \$250 billion every year. And yet, there is no comprehensive effort to coordinate these programs to ensure that overlap does not result in wasteful spending. As Governor Schwarzenegger proposed, states could be given the authority and flexibility to coordinate these programs, as well as the opportunity to share in the cost savings.

We also need to empower small businesses to provide more affordable healthcare options.

They should have the ability to band together, to achieve the economies of scale that large corporations and labor unions have. Small businesses and individuals should also be able to purchase insurance across state lines. And we can provide tax incentives to make coverage more accessible. Finally, we must eliminate the rampant waste, fraud and abuse that are dramatically and needlessly driving up costs.

Each of these proposals would significantly reduce costs for individuals and families without diminishing the quality of care. In fact, they would enhance the quality of healthcare in this country. Greater competition and greater accountability in the healthcare industry would provide Americans with more choices—and better choices.

Some have made the very dubious claim that expanding options for consumers would somehow diminish the quality of our healthcare. They have said that reforms, such as giving small businesses and individuals the flexibility to purchase insurance across state lines, would spark a race to the bottom.

But increasing competition and accountability would have precisely the opposite effect. When patients have more choices and more flexibility, the result will be higher-quality care. And by addressing the root issue of affordability, we can effectively expand access for all, including those with pre-existing conditions.

The commonsense reform measures we are proposing would accomplish this without raising taxes or diminishing coverage for a single American. And we would expand access while allowing those who are happy with their current coverage to keep it. Perhaps most important of all, these straightforward yet significant reforms would keep patients and doctors at the center of healthcare decisions—without the interference of government bureaucrats.

This is a positive, workable, effective reform proposal, and it is the reform agenda that Republicans are pursuing.

If we'd had a collaborative, bipartisan process from the beginning, I believe this is the kind of reform proposal that could have gained widespread support from both parties here in Congress. Certainly these are solutions that are widely supported by the American people.

So it is extremely unfortunate that the Democratic Majority has chosen to put forward a divisive, unworkable, enormously expensive proposal that will improve neither accessibility nor the quality of healthcare. In fact, I believe this legislation would accomplish precisely the opposite of its stated goals. A dramatic expansion of the government role in our healthcare system is an utterly nonsensical way to try to enhance efficiency, cut costs or improve quality. Furthermore, government bureaucrats are the last people that Americans want to have making their healthcare decisions for them.

Our national unemployment rate sailed past 10 percent last month, as we just found out on Friday, while California's is at 12.2 percent.

As our economy continues to struggle on its road to recovery, now is the worst possible time to impose significant new taxes on the American people. And with the announcement of the Democratic Majority's \$1.4 trillion deficit, we simply cannot afford to enact more than a trillion dollars in new government spending—an estimated figure that would be sure to balloon if implemented.

The Democratic Majority's so-called reform bill is a fiscal disaster that will make our healthcare system—already in need of reform—substantially more inefficient, wasteful and costly, and make quality care even less accessible. Today's vote is not a vote to reject or support healthcare reform. Today's vote is about the path we will choose as a nation to pursue better and more affordable healthcare.

Republicans have put forth solutions that will cut costs while improving care, and we can achieve this without raising taxes or further crippling our nation with even more debt.

The Democrats have put forth a proposal that would take us in precisely the opposite direction—higher costs, lower-quality care, new taxes and a bigger deficit. I urge my colleagues to support real reform.

Ms. SLAUGHTER. Mr. Speaker, this is a wonderful, exciting day for us and the culmination of nearly 100 years of work that we will join the community of nations that believe that the people who live within them are deserving of decent health care, all of them, regardless of their financial situation.

□ 1300

This is such a step that I am proud that my life has brought me to this moment today; and I am sure, Mr. Speaker, that you share with every fiber of your being the same idea that we have finally reached the day when we will all brace ourselves to meet the duty ahead and will say to the future that this was our finest hour.

I request a “yes” vote on the previous question.

Mr. ACKERMAN. Mr. Speaker, I rise on this historic day in strong support of H. Res. 903—the rule providing for consideration of H.R. 3962—the Affordable Health Care for America Act.

Let me be absolutely clear: every single American should have access to affordable and quality health-care coverage. For too many years, drastically needed health-insurance reform has been delayed. I’m happy to say the long overdue reform of our health-care insurance system has finally begun. The status quo is unsustainable and costly: Without health insurance reform, the insurance premium for an average family is expected to rise from \$11,000 to \$24,000 in less than a decade. Americans want reduced costs and more choices.

Mr. Speaker, I support this landmark legislation because it changes the way that insurance companies ration medical care: The measure would require all plans to eliminate coverage denials because of a pre-existing condition, eliminate dropping coverage when individuals become sick, eliminate annual and lifetime caps on how much can be spent on care, and eliminate exorbitant out-of-pocket expenses. All Americans deserve these basic protections from their health-insurance plans, and these important guarantees will improve the coverage for nearly all those who already have insurance—even those Americans who are extremely satisfied with their current plans.

The Act starts with what works well in today’s health care system and fixes the parts that are broken. No one has to discard the health care they enjoy today—everyone can keep their current health plan, doctors and hospitals. A new marketplace will allow individuals to shop among a large number of private plans or choose a public insurance option. For the first time ever, American families—even those who keep their current health insurance—will benefit from no longer having to worry about losing health coverage because of a new or lost job. The bill finally brings the type of health insurance reform that Americans need and deserve.

I also strongly support this bill because the 47 million uninsured Americans, the 2.6 million uninsured New Yorkers and the 78,000 uninsured neighbors in my congressional district will have access to affordable, secure and quality health-care coverage instead of having to rely on the local hospital emergency room. Most recent administrations never acknowledged the moral or economic costs we pay every day for our failure to fix this problem. Fortunately, President Obama has made comprehensive health-insurance reform his top priority. I am proud to be voting today to make sure that health-care reform contains costs and is affordable; puts our country on a clear path to universal coverage; provides portable coverage; ensures choice of physicians and health plans; promotes prevention and

wellness; improves the quality of care, and is fiscally sustainable over the long-term. Putting these principles into action is not only doable; it is essential.

So, Mr. Speaker, I urge all my colleagues to support the rule for the Affordable Health Care for America Act, H. Res. 903, so that all Americans will have access to health care.

Mr. SENSENBRENNER. Mr. Speaker, this past weekend I held two town hall meetings in Wisconsin’s Fifth District that had record turnout. The headline in the local paper summed up the meeting well: “Health Reform Bill Gets Thumbs Down in Elm Grove.”

Very few people in Wisconsin’s Fifth District believe a program costing more than a trillion dollars can be deficit neutral. My constituents were overwhelming opposed to any government takeover of health care.

I believe the right way to improve health care is to prioritize spending and be careful with taxpayer dollars.

The wrong way is to raise taxes even higher and dig our debt even deeper to pay for more wasteful programs that don’t work.

This health care overhaul bill will likely make Cash for Clunkers look like a Black Friday door buster item!

Before we raise taxes to pay for yet another program, we owe it to our constituents to cut out the waste, fraud, and abuse of government programs.

One size does not fit all when it comes to health care. A patient and their physician should be in charge of their health care decisions, not politicians.

I too, give this bill a thumbs down.

Mrs. BIGGERT. Mr. Speaker, I rise in strong opposition to this rule and the underlying bill.

Over the month of August, I spoke with over 20,000 of my constituents about health care, and one subject in particular kept surfacing over and over—the skyrocketing cost of insurance premiums. In fact, a recent survey filled out by over six thousand residents of the 13th District showed that, at nearly 47 percent, rising costs were far and away the number one concern when it comes to health care. Families in my district simply cannot keep pace with ever-mounting health care bills. And it’s no wonder when over the past year, health care costs rose at twice the rate of inflation.

Unfortunately, this bill would do absolutely nothing to address this pressing concern. Instead, it cuts seniors’ Medicare benefits, taxes small businesses struggling to stay afloat, and places government bureaucracy between you and your doctor.

Fortunately, we’re offering a better, commonsense alternative to increase competition, improve portability for those between jobs, and expand coverage for pre-existing conditions—without job-threatening tax increases.

That is why I am very pleased that according to experts at the nonpartisan Congressional Budget Office, or CBO, our Republican alternative will reduce your premiums by as much as 10 percent. In addition, the bill would save the government \$68 billion. You heard that right—it would save the government—your tax dollars—money.

And this bill doesn’t have any complicated budgetary gimmicks that will inflate numbers or circumvent accurate analysis. This bill has real reforms like association health plans for small businesses, allowing the purchase of health insurance across state lines, and medical malpractice reform.

In addition, the bill would change current law to ensure that insurance companies can’t drop Americans who play by the rules just because they get sick. And no one can be denied treatment because of annual or lifetime benefit caps.

Mr. Speaker, we need reform, not revolution. I urge my colleagues to join me in supporting an alternative that will provide real help to struggling Americans.

Ms. SLAUGHTER. 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.

RECORDED VOTE

Ms. SLAUGHTER. Mr. Speaker, I demand a recorded vote.

A recorded vote was 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 a 15-minute vote on adoption of House Resolution 903, if ordered, and a 5-minute vote on the motion to suspend the rules on House Resolution 892, if ordered.

The vote was taken by electronic device, and there were—ayes 247, noes 187, not voting 0, as follows:

[Roll No. 881]

AYES—247

Abercrombie	Davis (IL)	Hoyer
Ackerman	Davis (TN)	Inslee
Adler (NJ)	DeFazio	Israel
Altmire	DeGette	Jackson (IL)
Andrews	DeLahunt	Jackson-Lee
Arcuri	DeLauro	(TX)
Baca	Dicks	Johnson (GA)
Baird	Dingell	Johnson, E. B.
Baldwin	Doggett	Kagen
Barrow	Donnelly (IN)	Kanjorski
Bean	Doyle	Kaptur
Becerra	Driehaus	Kennedy
Berkley	Edwards (MD)	Kildee
Berman	Edwards (TX)	Kilpatrick (MI)
Berry	Ellison	Kilroy
Bishop (GA)	Ellsworth	Kind
Bishop (NY)	Engel	Kirkpatrick (AZ)
Blumenauer	Eshoo	Kissell
Bocchieri	Etheridge	Klein (FL)
Boswell	Farr	Kosmas
Boucher	Fattah	Kratovil
Boyd	Filner	Kucinich
Brady (PA)	Foster	Langevin
Braleley (IA)	Frank (MA)	Larsen (WA)
Brown, Corrine	Fudge	Larson (CT)
Butterfield	Garamendi	Lee (CA)
Capps	Giffords	Levin
Capuano	Gonzalez	Lewis (GA)
Cardoza	Gordon (TN)	Lipinski
Carnahan	Grayson	Loebsack
Carney	Green, Al	Lofgren, Zoe
Carson (IN)	Green, Gene	Lowe
Castor (FL)	Grijalva	Lujan
Chandler	Gutierrez	Lynch
Chu	Hall (NY)	Maffei
Clarke	Halvorson	Maloney
Clay	Hare	Markey (CO)
Cleaver	Harman	Markey (MA)
Clyburn	Hastings (FL)	Massa
Cohen	Heinrich	Matheson
Connolly (VA)	Hersteth Sandlin	Matsui
Conyers	Higgins	McCarthy (NY)
Cooper	Hill	McCormack
Costa	Himes	McDermott
Costello	Hinchee	McGovern
Courtney	Hinojosa	McIntyre
Crowley	Hirono	McMahon
Cuellar	Hodes	McNerney
Cummings	Holden	Meek (FL)
Dahlkemper	Holt	Meeks (NY)
Davis (CA)	Honda	Michaud

Miller (NC) Rahall
 Miller, George Rangel
 Mitchell Reyes
 Mollohan Richardson
 Moore (KS) Rodriguez
 Moore (WI) Ross
 Moran (VA) Rothman (NJ)
 Murphy (CT) Roybal-Allard
 Murphy (NY) Ruppertsberger
 Murphy, Patrick Schauer
 Murtha Ryan (OH)
 Nadler (NY) Salazar
 Napolitano Sánchez, Linda
 Neal (MA) T.
 Oberstar Sarbanes
 Obey Schakowsky
 Olver Schauer
 Ortiz Schiff
 Owens Schrader
 Pallone Schwartz
 Pascrell Scott (GA)
 Pastor (AZ) Scott (VA)
 Payne Serrano
 Perlmutter Shea-Porter
 Ferriello Sherman
 Peters Shuler
 Peterson Sires
 Pingree (ME) Skelton
 Polis (CO) Slaughter
 Pomeroy Smith (WA)
 Price (NC) Snyder
 Quigley Space

NOES—187

Aderholt Franks (AZ)
 Akin Frelinghuysen
 Alexander Gallegly
 Austria Garrett (NJ)
 Bachmann Gerlach
 Bachus Gingrey (GA)
 Barrett (SC) Gohmert
 Bartlett Goodlatte
 Barton (TX) Granger
 Biggert Graves
 Bilbray Griffith
 Billirakis Guthrie
 Bishop (UT) Hall (TX)
 Blackburn Harper
 Blunt Hastings (WA)
 Boehner Heller
 Bonner Hensarling
 Bono Mack Herger
 Boozman Hoekstra
 Boren Hunter
 Boustany Inglis
 Brady (TX) Issa
 Bright Jenkins
 Broun (GA) Johnson (IL)
 Brown (SC) Johnson, Sam
 Brown-Waite, Ginny
 Buchanan Jordan (OH)
 Burgess King (IA)
 Burton (IN) King (NY)
 Buyer Kingston
 Calvert Kirk
 Camp Kline (MN)
 Campbell Lamborn
 Cantor Lance
 Cao Latham
 Capito LaTourette
 Carter Latta
 Cassidy Lee (NY)
 Castle Lewis (CA)
 Chaffetz Linder
 Childers LoBiondo
 Coble Lucas
 Coffman (CO) Luetkemeyer
 Cole Lummis
 Conaway Lungren, Daniel
 Crenshaw E.
 Culberson Mack
 Davis (AL) Manzullo
 Davis (KY) Marchant
 Deal (GA) Marshall
 Dent McCarthy (CA)
 Diaz-Balart, L. McCaul
 Diaz-Balart, M. McClintock
 Dreier McCotter
 Duncan McHenry
 Ehlers McKeon
 Emerson McMorris
 Fallon Rodgers
 Flake Melancon
 Fleming Mica
 Forbes Miller (FL)
 Fortenberry Miller (MI)
 Foxx Minnick

Speier
 Spratt
 Stark
 Stupak
 Sutton
 Tanner
 Teague
 Thompson (CA)
 Thompson (MS)
 Rush
 Tierney
 Titus
 Tonko
 Towns
 Tsongas
 Van Hollen
 Velázquez
 Visclosky
 Walz
 Wasserman
 Schultz
 Waters
 Watson
 Watt
 Waxman
 Weiner
 Welch
 Wexler
 Wilson (OH)
 Woolsey
 Wu
 Yarmuth

Moran (KS)
 Murphy, Tim
 Myrick
 Neugebauer
 Nunes
 Olson
 Paul
 Paulsen
 Pence
 Petri
 Pitts
 Platts
 Poe (TX)
 Posey
 Price (GA)
 Putnam
 Radanovich
 Rehberg
 Reichert
 Roe (TN)
 Rogers (AL)
 Rogers (KY)
 Rogers (MI)
 Rohrabacher
 Rooney
 Ros-Lehtinen
 Roskam
 Royce
 Ryan (WI)
 Sanchez, Loretta
 Scalise
 Conyers
 Cooper
 Costa
 Costello
 Courtney
 Crowley
 Cuellar
 Cummings
 Dahlkemper
 Davis (CA)
 Davis (IL)
 Davis (TN)
 DeFazio
 DeGette
 Delahunt
 DeLauro
 Dicks
 Dingell
 Doggett
 Donnelly (IN)
 Doyle
 Driehaus
 Edwards (MD)
 Edwards (TX)
 Ellison
 Ellsworth
 Engel
 Etheridge
 Farr
 Fattah
 Filner
 Foster

□ 1327

Messrs. LUCAS and LAMBORN changed their vote from “aye” to “no.”
 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.

RECORDED VOTE

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

A recorded vote was ordered.
 The vote was taken by electronic device, and there were—ayes 242, noes 192, not voting 0, as follows:

[Roll No. 882]

AYES—242

Abercrombie Frank (MA)
 Ackerman Fudge
 Adler (NJ) Garamendi
 Andrews Giffords
 Arcuri Gonzalez
 Baca Gordon (TN)
 Baldwin Grayson
 Barrow Green, Al
 Bean Green, Gene
 Becerra Grijalva
 Berkeley Gutierrez
 Berman Hall (NY)
 Berry Halvorson
 Bishop (GA) Hare
 Bishop (NY) Harman
 Blumenauer Hastings (FL)
 Boccieri Heinrich
 Boswell Herseth Sandlin
 Boucher Higgins
 Boyd Hill
 Brady (PA) Himes
 Bradley (IA) Hinchey
 Brown, Corrine Hinojosa
 Butterfield Hiron
 Capps Hodes
 Capuano Holden
 Cardoza Holt
 Carnahan Honda
 Carney Hoyer
 Carson (IN) Inslee
 Castor (FL) Israel
 Chandler Jackson (IL)
 Chu Jackson-Lee
 Clarke (TX)
 Clay Johnson (GA)
 Cleaver Johnson, E. B.
 Clyburn Kagen
 Cohen Kanjorski
 Connolly (VA) Kaptur
 Conyers Kennedy
 Cooper Kildee
 Costa Kilpatrick (MI)
 Costello Kilroy
 Courtney Kind
 Crowley Kirkpatrick (AZ)
 Cuellar Kissell
 Cummings Klein (FL)
 Dahlkemper Kosmas
 Davis (CA) Kucinich
 Davis (IL) Langevin
 Davis (TN) Larsen (WA)
 DeFazio Larson (CT)
 DeGette Lee (CA)
 Delahunt Levin
 DeLauro Lewis (GA)
 Dicks Lipinski
 Dingell Loebbeck
 Doggett Lofgren, Zoe
 Donnelly (IN) Lowey
 Doyle Luján
 Driehaus Lynch
 Edwards (MD) Maffei
 Edwards (TX) Maloney
 Ellison Markey (CO)
 Ellsworth Markey (MA)
 Engel Massa
 Etheridge Matheson
 Farr Matsui
 Fattah McCarthy (NY)
 Filner McCollum
 Foster McDermott
 McGovern McHenry
 McIntyre
 McMahon
 McNerney
 Meek (FL)
 Meeks (NY)
 Michaud
 Miller (NC)
 Miller, George
 Mitchell
 Mollohan
 Moore (KS)
 Moore (WI)
 Moran (VA)
 Murphy (CT)
 Murphy (NY)
 Murphy, Patrick
 Murtha
 Nadler (NY)
 Napolitano
 Neal (MA)
 Nye
 Oberstar
 Obey
 Olver
 Ortiz
 Owens
 Pallone
 Pascrell
 Payne
 Perlmutter
 Perriello
 Peters
 Peterson
 Pingree (ME)
 Polis (CO)
 Pomeroy
 Price (NC)
 Quigley
 Rahall
 Rangel
 Richardson
 Rodriguez
 Ross
 Rothman (NJ)
 Roybal-Allard
 Ruppertsberger
 Rush
 Ryan (OH)
 Salazar
 Sánchez, Linda
 T.
 Sarbanes
 Schakowsky
 Schauer
 Schiff
 Schrader
 Schwartz
 Scott (GA)
 Scott (VA)
 Serrano
 Sestak
 Shea-Porter
 Sherman
 Sires
 Slaughter
 Smith (WA)
 Snyder
 Space
 Speier
 Spratt

Stark
 Stupak
 Sutton
 Tanner
 Teague
 Thompson (CA)
 Thompson (MS)
 Tierney
 Titus
 Tonko

Towns
 Tsongas
 Van Hollen
 Velázquez
 Visclosky
 Walz
 Wasserman
 Schultz
 Waters
 Watson

NOES—192

Aderholt
 Akin
 Alexander
 Altmire
 Austria
 Bachmann
 Bachus
 Baird
 Barrett (SC)
 Bartlett
 Barton (TX)
 Biggert
 Bilbray
 Billirakis
 Bishop (UT)
 Blackburn
 Blunt
 Boehner
 Bonner
 Bono Mack
 Boozman
 Boren
 Boustany
 Brady (TX)
 Bright
 Broun (GA)
 Brown (SC)
 Brown-Waite,
 Ginny
 Buchanan
 Burgess
 Burton (IN)
 Buyer
 Calvert
 Camp
 Campbell
 Cantor
 Cao
 Capito
 Carter
 Cassidy
 Castle
 Chaffetz
 Childers
 Coble
 Coffman (CO)
 Cole
 Conaway
 Crenshaw
 Culberson
 Davis (AL)
 Davis (KY)
 Deal (GA)
 Dent
 Diaz-Balart, L.
 Diaz-Balart, M.
 Dreier
 Duncan
 Ehlers
 Emerson
 Fallon
 Flake
 Fleming
 Forbes
 Fortenberry

Foxx
 Franks (AZ)
 Frelinghuysen
 Gallegly
 Garrett (NJ)
 Gerlach
 Gingrey (GA)
 Gohmert
 Goodlatte
 Granger
 Graves
 Griffith
 Guthrie
 Hall (TX)
 Harper
 Hastings (WA)
 Heller
 Hensarling
 Herger
 Hoekstra
 Hunter
 Inglis
 Issa
 Jenkins
 Johnson (IL)
 Johnson, Sam
 Jones
 Jordan (OH)
 King (IA)
 King (NY)
 Kingston
 Kirk
 Kline (MN)
 Kratovil
 Lamborn
 Lance
 Latham
 LaTourette
 Latta
 Lee (NY)
 Lewis (CA)
 Linder
 LoBiondo
 Lucas
 Luetkemeyer
 Lummis
 Lungren, Daniel
 E.
 Mack
 Manzullo
 Marchant
 Marshall
 McCarthy (CA)
 McCaul
 McClintock
 McCotter
 McHenry
 McKeon
 McMorris
 Rodgers
 Melancon
 Mica
 Miller (FL)
 Miller (MI)
 Miller, Gary

Minnick
 Moran (KS)
 Murphy, Tim
 Myrick
 Neugebauer
 Nunes
 Olson
 Paul
 Paulsen
 Pence
 Petri
 Pitts
 Platts
 Poe (TX)
 Putnam
 Radanovich
 Rehberg
 Reichert
 Roe (TN)
 Rogers (AL)
 Rogers (KY)
 Rogers (MI)
 Rohrabacher
 Rooney
 Ros-Lehtinen
 Roskam
 Royce
 Ryan (WI)
 Sanchez, Loretta
 Scalise
 Schmidt
 Schock
 Sensenbrenner
 Sessions
 Shadegg
 Shimkus
 Shuler
 Shuster
 Simpson
 Skelton
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Stearns
 Sullivan
 Taylor
 Terry
 Thompson (PA)
 Thornberry
 Tiahrt
 Tiberi
 Turner
 Upton
 Walden
 Wamp
 Westmoreland
 Whitfield
 Wilson (SC)
 Wittman
 Wolf
 Young (AK)
 Young (FL)

□ 1344

So the resolution was agreed to.
 The result of the vote was announced as above recorded.
 A motion to reconsider was laid on the table.

RECOGNIZING CONGRESSMAN JOHN D. DINGELL FOR HIS LIFE-LONG CONTRIBUTIONS TO HEALTH CARE

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

Mr. HOYER. Ladies and gentlemen of the House, this is obviously an historic