busybody bureaucrats employed. We have to keep them happy because of these hazardous fans.

Now, my friend, Joe “Cut Spending” McCutchen was recently talking to me about the big problem that is too much government, too much spending and interference in our lives. That is why today I supported the Ryan budget and yesterday the Republican Study Committee budget.

These budgets call for tax reform, for health care reform, for less spending and regulatory reform of job-killing regulations like the new 106-page document on ceiling fans.

Let’s hope the Senate passes a tough budget. But if they do not, with or without that, let’s continue to work on spending cuts, reducing the size of government and ending government interference in our lives.

GOP DOCTORS CAUCUS: THE ANNIVERSARY OF OBAMACARE

The SPEAKER pro tempore (Mr. LAMALFA). Under the Speaker’s announced policy of January 3, 2013, the gentleman from Texas (Mr. BURGESS) is recognized for as much time as he may consume.

Mr. BURGESS. I thank the majority leader for allowing me to participate in this hour this afternoon. I may well be joined on the floor by some people who wish to speak.

I wish to speak on the very important issue of the 3-year anniversary of the Affordable Care Act.

We have to ask ourselves: Why would employers stop hiring full time and now hire part time? It’s a simple answer. The Affordable Care Act makes it unaffordable for those employers to hire a full-time employee because they know, if they hire a full-time employee, they bring all the rules and regulations and mandates and taxes of the Affordable Care Act into their business. So what’s their solution? They don’t hire the 50th employee, and the employees they hire are part time.

We have to ask: Is that the way to get out of this economic mess we’re in and that we ought to be for job creation. We all know that the problem with the Affordable Care Act is that it has destroyed and it is continuing to destroy jobs. Honest, the jobs that it destroys the most are the jobs for the people who need them the most—for the people who are on that bottom rung or who are starting to get on that second rung of the ladder and are getting knocked off.

This isn’t the kind of recovery America deserves, but it’s a logical conclusion from a bill that was poorly thought-out. We remember what the passage of that bill looked like—the deals that had to be made in order to make it a single-party bill. Remember, this was not a bipartisan effort. This wasn’t the job creation this country deserves.

As the doctor from Texas, I’m sure, is going to talk about, it didn’t have to be this way. There are many other ways to solve the problems that we have.

Mr. Speaker, we have problems with health care in this country. We know that it costs more than other countries. We know that it doesn’t have a preexisting condition does have difficulty finding insurance coverage. Yet we also know that the majority of States solve that problem at the State level. They don’t need the big hand of Washington reaching into their States and the nation in their States that simply may not work—in this case, imposing a solution on these States and the businessmen
and—women in the States that is stran-
gling job creation in the United States, and we know the figures.

What has been unique about the last 3 years—and I’ll put it in quotes—of our “recovery” is that, for the first time in modern life and for the first time in many American lifetimes, it’s a jobless recovery. Sure, the stock market continues to rise, and businesses continue to do well; but that doesn’t trickle down to the people who need those jobs, because the Affordable Care Act destroys job-creating incentives and businesses continue to do well; but that doesn’t trickle down to the people who need those jobs, because the Affordable Care Act destroys job-creating incentives and the workforce, which is steadily going up in spite of the assurances of the President and of the Secretary of Health and Human Services.

Those costs are going up every year. They’re looking at those costs that are rising. They’re looking at the fine under the employer mandate. Some are doing some simple math and are saying, I could save a lot of money—I mean a lot of money—by simply mov-
ing my employees off employer-sponsored insurance and into the health exchanges; and that, as a consequence, would balloon the cost for the Federal Government for delivering on this legis-
lation.

We do hear a lot about the effect on the economy. The doctor was right to touch on the effects on the health pro-
fession, itself; but there is virtually no aspect of American life that will be un-
touched by this legislation. Every man, woman, and child that we use for the next three generations is going to be affected by, again, a law which became law as a result of the worst type of process.

We are very fortunate now to be joined by another person who, for the time that she has been in Congress, since 2006, has been a leader on the dangers and the peril of letting your government control your health care; otherwise they can control every as-
pect of your life. I am happy to yield to the gentlelady from Minnesota (Mrs. BACHMANN).

Mrs. BACHMANN. Thank you so much, Representative BURGESS, and I should say “Dr. BURGESS” as well. I was not aware you had an understanding of how devastating ObamaCare is in the lives of real people, and I thank Dr. HARRIS, who just gave his remarks as well.

This is an issue that impacts every single American who is watching us right now, Mr. Speaker; and I hope there are people all across the country who have tuned in to hear what’s hap-
pening on the House floor, because this is really an update of sorts.

It has been 3 years since the Presi-
dent of the United States signed this devastating bill. Let’s just remind the American people of what President Obama said that we could take to the bank. Again, this bill was voted on right here in this Chamber. It was about midnight when it happened. It was midnight on a Sunday night, and I think it was on March 21 the night that it was signed. The President told all of the American people, in fact, that we’ve got to hurry, hurry, hurry and the poorest children who are going to be hurt, and I want to tell our constituents, the poorest children who are going to be hurt, and I want to tell you how just very briefly, and then I will yield back after that.

We have found out in this bill that if an employer offers health insurance to their employee who, let’s say, is the best paid in the job, and he offers health insurance to that husband, the employer doesn’t have to offer that insurance to the wife and the children. I’d vote for that. That would be a great thing to do. I want every Amer-
ican to save money on his health insur-
ance; but, Mr. Speaker, just the oppo-
site happened.

People have been having increases in their health insurance premiums of $2,000 a year, and the President was off by a factor of about $5,000. That also doesn’t take into account the fact that, under President Obama’s leadership, the average American household has actually lost almost $5,000 of in-
come.

So if you couple both the loss of in-
come under this President’s leadership and the fact that the President, with all due respect, didn’t tell the Amer-
ican people the truth about how much they would save on health insurance premiums, that has a devastating im-
 pact on American households. Particu-
larly, this is really hurting the senior citizens whom we love and whom we care about. Why? Dr. HARRIS told us. He used an interesting phrase. Now, think of that. In Maryland, that’s in seven hospitals in the United States. For for so many years, it looks like and employees across this country is 21,000, and those below 50 employees who un-
able to—unable to—unable to afford the Affordable Care Act may shut down one of the few or six hospitals. What neighbor-
hoods are going to be willing to say, Yeah, take my hospital?

This is unaffordable. It’s unaffordable to our health care system; it’s unaffordable to our workers; and it’s certainly unaffordable to our economy, because jobs ought to be “job one” of this legislature. And if we really felt that, we would either stop the Affordable Care Act right now or at least delay its implementation way into the future when we can have a discussion about how to do this right.

Mr. BURGESS. I thank the gen-
tleman, the doctor from Maryland, for participating with us today.

He used an interesting phrase. Now, instead of the trickle-down economics that Republicans have been criticized for for so many years, it looks like we’ve got bubble-up poverty that is coming. The Affordable Care Act and its devastating effect on employers and employees across this country is certainly something I hear about every time I go home to the 26th District in north Texas. In fact, 2 weeks ago, I was on a panel in Irving, Texas, with a variety of busi-
ness owners, hospitals, insurance inter-
est. They were talking about the com-
ing implementation of parts of the Af-
fordable Care Act. We’ve heard all along from the people who run the small shops—the restaurants, the fran-
chises—of the difficulty that this oner-
ous bill is going to place upon their shoulders, but I was hearing from peo-
ple that I had not heard from before—
car painters, metal shop fabricators, those people who have those shops at between 40 and 60 employees, those who are above 50 employees who are looking for ways to reduce their workforces, and those below 50 employees who un-
derstand that they must never do so.

Those who have brought the “49ers,” the businesses that will not go above 49 employees. There are also the “29ers,” the employers who will not keep somebody on the payroll for longer than 29 hours lest it trigger all of the other requirements of them under the Affordable Care Act. Then you’ve got the employers on the other side of the question, the large employ-
ners, who are looking at a cost of pro-
viding insurance for their em-
ployees, which is steadily going up in spite of the assurances of the President and of the Secretary of Health and Human Services.

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We have found out in this bill that if an employer offers health insurance to their employee who, let’s say, is the best paid in the job, and he offers health insurance to that husband, the employer doesn’t have to offer that insurance to the wife and the children.
He can fulfill his obligation to the Federal Government just by offering health insurance to the husband. Today the wife and children are also getting that health insurance. So once he makes that obligation, then the wife and children are on their own. But do you know what the wife and children have to do under the law? They have to buy the very expensive health insurance, not what they want, Mr. Speaker, but what the government tells them they're forced to buy.

How are they going to buy that health insurance? Well, we're told, gee, they can go to a health care exchange. No, they can't. They can't go to a health care exchange because the health care exchange subsidies won't be available to the wife and children because the husband is covered. Isn't that a sneaky deal to pull on American women and on their children.

Now, what about if that wife, let's say, lost her job, as Dr. Burgess said, because of seeing people who were working over 30 hours a week pulled down to 29 hours a week. So let's say the woman, the mom, lost her job and she's on unemployment. If you're on unemployment, are you relieved of the burden of paying the tax for health insurance? No. So she has to continue to pay a health insurance tax. While she is on unemployment, she can't go to the State-subsidized exchange and get her health insurance.

What's her option, Mr. Speaker? She has to take her aftertax income, which is much reduced because she first has to pay taxes on that income, and then she has to go out and buy health insurance without any government subsidy in the market. Well, isn't this interesting. Government tells her what policy she has to get.

The cheapest policy, under the bronze plan, under these subsidies, is $29,000. So, tell me, Mr. Speaker, and I should ask the President of the United States, who came up with this brilliant idea, where, Mr. Speaker, where are poor women supposed to go to buy health insurance they can afford? Not in the ObamaCare regime.

Where is she supposed to go with her very sick child who's lost his health insurance from the employer, that his daddy provided for him because his daddy had a job, his daddy had health insurance? That young child had health insurance. That child was very sick with a disease, and he could count on insurance because his daddy had a job. His daddy provided health insurance. But now under ObamaCare, that employer may no longer give that health insurance.

So I'm telling you, Mr. Speaker, this is devastating for moms across America, for children across America, for senior citizens across America. I wish it wasn't so. I wish we were standing here with a better story. The fact is, we tried.

Dr. Harris is on this floor. We now have been joined by Dr. Roe from Tennessee. We have three doctors here in this Chamber. He tried to provide better health care for the people in Tennessee and the people in America. Dr. Burgess has tried all over this country to say there's a better way. We can get more women and children covered. We can get those covered who are not covered. We can do this thing. Preexisting conditions, we can solve it. But no, that wasn't good enough for our President. It wasn't good enough.

So you see, CMS mandated and insisted upon that the government have 100 percent control over health care. One hundred percent control? The American people lose control? What did they get? They get health care, health insurance, I should say, that's more expense than anything they've ever paid for before, and they get less for it. Well, what a deal, Mr. Speaker.

What a deal. The American people, especially vulnerable women, vulnerable children, vulnerable senior citizens, now all are going to get less.

That's why we're here, because we're saying let's repeal this failure before it literally kills women, kills children, kills senior citizens. Let's not do that. Let's love people. Let's care about people. The American people can afford to do that, and instead, do what Dr. Burgess has been trying to do for years, what Dr. Roe has been trying to do for years.

Dr. Harris has been trying to do for years; get the highest possible quality health insurance to the greatest number of American citizens at the lowest possible price, especially to vulnerable women and vulnerable children and vulnerable senior citizens.

As people of faith—I'm a born again believer in Jesus Christ, and I believe that as part of my duty as a believer in Christ and what He has done for me, that we should do for the least of those who are in our midst. That's my personal belief and my personal conviction and my government to create the space so that we can help people. Because I guarantee you one thing, Mr. Speaker: this doesn't help people. But the good thing is, Dr. Burgess, we can. And that's why I want to thank you for your leadership in the Health Care Caucus. I want to thank Dr. Harris for his leadership in the Health Care Caucus, and I want to thank Dr. Roe for his leadership in the Health Care Caucus, and all of the other doctors and all of the other Americans who were waving a big red flag before ObamaCare passed, because don't anyone ever forget: this was not a bipartisan effort. This was President Obama. This was the Democrat-led Senate and the Democrat-led House. This was one party that gave us this terrible bill.

Now let it be both parties that come together to help women, help children, and help senior citizens. And God bless you for what you're doing. Thank you so much. And, Mr. Burgess, I thank the gentlelady from Minnesota for coming and participating. You have a way of saying these things that none of the rest of us are capable of, and your voice is an important one in this debate.

Thank you for recognizing that there were alternatives and there were suggestions. There were ideas that were emanating from the Republican side of this Chamber. We were encouraged to discuss for debate the Affordable Care Act.

Mrs. Bachmann. And if I recall, you wrote a book called "House Calls" just exactly on that topic by Dr. Burgess.

Mr. Burgess. Well, I tried to get the word out there. The fact of the matter is, those of us who were here remember the summer of 2009. For most of us, it is indelibly etched on our memories because we went home that summer to augment town hall, and they were unlike anything anyone had ever seen.

I went to Denton, Texas, the town where I grew up. Normally if I can get three dozen people there, the staff is happy. We had a good crowd because we got the word out and we got a good turnout for the town hall. I had 2,000 people show up that morning. We weren't ready for 2,000 people. I had to move the entire event outside and stand there on a platform, on a riser with a handheld microphone and a little portable speaker because people wanted to be heard.

They didn't want to hear from me. They didn't care what my ideas were. They wanted me to know what they thought. And they thought: do not do this, do not take a system that is arguably working for 60 to 70 percent of the country and destroy it, because then we will have nothing. So keep the system as it is working and don't trouble those waters because it's not necessary. But if you really have to do something, if you just have to do something, would you have to do it at a cost, because we're concerned about cost. We see cost going up every year. We do wonder at some point if we will be priced out of the system.

So they sent us back here at the end of the August recess with a very clear message: don't mess up the system that's working and help us with cost.

So the President comes to the House of Representatives that September—many of you will remember that—and he was going to lecture us on why we needed to do his plan and his bill. I honestly thought when the President asked for time to come and address a joint session of the House and Senate here in the well of the House, I thought maybe he was going to say: Okay, I heard the American people, let's hit the pause button, let's hit the reset button, let's do something differently from what I've been talking about.

But, no, we doubled down on it. He said: Let's go faster, we've got to get this through. And, therefore, because we have to have control over you, Mr. and Mrs. America, because otherwise we're afraid we'll never get it. Because,
do not forget, at the time the President’s chief of staff said: Do not let a good crisis go to waste. The country was in economic turmoil. We got a great crisis out there. Let’s just take everyone’s health care while we’re at it, and this is what I have that control established, and the people will never get it back once we’ve taken it.

But the people told us: Don’t mess up the system that works. And when you stop and look at it and you take a step back, you actually had a system of employment insurance, where you liked it or not, that was working arguably well. Polls showed that 66 to 67 percent of people said: Okay, this is what we’ve got, I like this, I can deal with it, I understand it, it’s what I’ve always had.

You also had people who did not have those large-group employer policies. They were the small-group market, the individual market. That’s where we should have focused our energy. Those were the people who needed the protections in the marketplace that, perhaps, they lacked.

The President made a big deal of 12 million to 18 million people in this country with preexisting conditions. How many people signed up to the Federal preexisting program right before the Supreme Court ruled on the Affordable Care Act? 65,000.

That, as the gentlelady from Minnesota points out, was a manageable problem. That could have been dealt with in an afternoon. The best way to deal with it was to help those States that already had a preexisting program or reinsurance, help them fund those programs that they historically have had trouble funding. Those States that just cannot or will not do one, provide them an alternative stream to bring those patients into their Medicaid system, or even the system that’s provided for State employees. But it was doable.

Instead, we have a new Federal program that, guess what, today if you try to sign up because you’ve got a preexisting condition, you’re turned away. They ran out of money. They didn’t plan enough.

So before the exchanges kick in January 1 for the next 8, 9, 10 months, those people are out in the cold, the very people that the President said he was setting out to protect. The population was small; it was manageable. It could have been handled without the Federal takeover of health care from everything in your roll box to your Band-Aid box.

So we’ve been joined by one of the outspoken leaders on this issue, the doctor from Tennessee, Dr. ROE. Dr. ROE, I appreciate your service in the Congress, and we’re anxious to hear your thoughts on the third anniversary of, Dr. ROE, of this.

Mr. ROE of Tennessee. I thank the gentleman for yielding. I appreciate the opportunity to speak again here on the House floor about health care, something that I’ve dedicated my life to, as many of us have here on the House floor—Dr. BURGESS, Dr. HARRIS, and others.

I think the thing that has bothered me so much about this, and the reason I’ve made a choice to come to Congress, is to work on health care. There are many other things I wanted to work on, but this was primary. And I’ve had experience from our State that tried health care, a program called TennCare, where we reformed our Medicaid program in the ’90s and then re-reformed it in the mid-2000s when we realized it didn’t work.

What happened? What was the argument? Well, the argument and the promise. What was the promise that the President and the opposing party made during the health care debate? We want to include everyone, which is a good thing—more people in health care, provide coverage for more people.

As Dr. BURGESS just pointed out, we had 160 million people in the private insurance market that needed a little help. That was the case. But the case was blown up, as we are seeing has happened right here. We have our Medicare patients, 47 million of them, already covered.

Medicaid, which we tried to reform in Tennessee, is an entirely different issue because Medicaid doesn’t provide, in my opinion, the best quality of care for lower-income people.

There are studies out there. I read one this morning: 900-and-something thousand patients and people who were uninsured actually got better health care outcomes than those patients covered by Medicaid. There is something wrong with a plan that you’re expanding that doesn’t work now. So I think that was one of the things.

What did we find out in Tennessee? What did we discover? Well, we found out we were spending $2.5 billion a year on TennCare in our State; 10 years later we were spending $5 billion, over the next three times that got cut. Half the people that got on TennCare had health insurance and dropped it. This is exactly what you are going to see in the market.

And quality of care went down. Why did it go down? Because when Medicaid paid less, doctors saw less, patients lost access. That is one of the great concerns I have here now, that right now we don’t have enough primary care, that people are going to see access lost in this State.

I certainly think we have a plethora of ideas about how to improve the health care system. Three years ago, I stood up with MICHELE BACHMANN at this Capitol with thousands of people who passionately did not want the Federal Government making their health care decisions. They’re still out there. When you go home, you will find out that 55 percent of the folks do not want this and they don’t want it reformed. They want health care reform; they do not want this plan.

Mr. BURGESS of Tennessee. I’m so glad that you came to the floor because you bring up an important point. I actually want to ask you a question on one of the things that you brought up.

Many people forget that access to an insurance policy, access to a Federal program, is not the same as access to a physical or access to care. In other words, you can show up with a card, and if there’s no office open that takes that card, you’re about in the same shape you were before the card was produced. Is that not correct?

Mr. ROE of Tennessee. There’s no question, Dr. BURGESS. What we saw happen in our State was—the way governments always fix their problem when they overpromise—is they put a plan out there, more people sign up than they thought, as will happen in the health care exchanges and the subsidies and so forth; and when that happens, the way they balance the budget is they cut the providers—the doctors, the nurse practitioners, the hospitals, the home health care. The people that actually give the care get cut.

They finally cut it enough that it doesn’t cover the cost of the care. And when that happens, the providers can no longer afford to see you, which means if you lose access, even if you’ve got the prettiest looking card in the world but you can’t get a doctor to see you, the quality of your health care goes down, and ultimately it increases the cost because the severity of your problem which goes undiagnosed, untreated, is more severe to take care of. And then you show up in the emergency room, which is exactly the wrong place. We saw this over and over in our State.

For instance, in New Jersey right now, think 60 percent of all primary care providers don’t take Medicaid. What good does it do to expand Medicaid in a State when you don’t have providers that will see those patients.

Mr. BURGESS. If the gentleman would yield for a further question.

Then where do those patients go for their care? You just said it, but I would love for you to repeat it.

Mr. ROE. If you look at Massachusetts, we were told that the number of ERs were going to go way up. They didn’t. They went up. That’s exactly where they end up. They end up in the emergency room for primary care, which is where they should not be.

Mr. BURGESS. Well, if the gentleman will yield, Doctor, if I recall correctly, on the floor of this House we heard over and over again the problem with the cost of health care in this country is those people who are uninsured. Those free riders who won’t bother to buy insurance, they show up in the ER, they don’t pay the highest delivery point cost. They’re the ones that are driving up the cost of care. I heard this in the Supreme Court.
Mr. ROE of Tennessee. Dr. BURGESS, one of the great frustrations I've had in my short 4-year political career here—this is my third term—was there were nine of us in the Physicians Caucus when I showed up here. Not one of us was asked about this bill. I spent my life out there in the private world, 31 years, practicing medicine, providing care for patients, not bureaucrats, and this, but actually seeing one patient right after another, delivering their babies, operating on them.

And what happens is, when you have a public program that promises more than it can deliver, guess what? You get that patient in the hospital, and because it doesn't pay for the cost of the care, what happens? You shift that cost to the private sector, not only taking in inflation, but that cost shifting, to force it up. And you were led to believe it was the "free riders." It's the political malpractice that the Governors were not involved in the development of this policy.

Mr. ROE of Tennessee. Will the gentleman yield?

Mr. BURGESS. Yes.

Mr. ROE of Tennessee. One of the things I noticed with our Democratic Governor, Phil Bredesen, who is a health care specialist and was the Governor of our State of Tennessee 8 years during the 2000s, the Obama administration would have been well-served to pay attention to Governor Bredesen, because Governor Bredesen was forced with a situation where he had to balance a budget. The health care costs were eating up this budget, and he had to cut the rolls. That's how the Governors were able to make those decisions. After they cut the providers until there weren't any providing, he then had to cut the rolls from the TennCare program. That was very painful and hard to do.

And I would certainly warn Governors out there, when you massively expand these rolls, let me tell you, politically that was very difficult for the legislature and for our Democratic Governor. My hats are off to him for the discussion he had to make. Those were not easy for him to make, and you're absolutely right, the Governors are really the thought processes and the experiments in the local governments and State governments that you can actually do something and see whether it works instead of this massive mess that we have.

I just got a schematic of this yesterday. It's a 21-page—and I should have brought it down here on the House floor—schematic about trying to figure out whether you qualify for health insurance.

Let me tell you how it was when I hired somebody in my office. When I hired a new employee, guess what I did? I hired a new employee, guess what I did? They came in said, Dr. ROE, do you have health insurance? I said, Yes, we provide health insurance; go sign up on the way out. It took 5 minutes.

This thing is going to take you a week to go through to figure out whether you belong in the Medicaid box, whether you belong in the private insurance box, whether you're going to get it at all, whether you get the subsidy or you don't. It's maddening. And it provides nothing to increase the quality of the care that we are required to do to give to our patients.

Mr. BURGESS. I thank the gentleman for his participation.

The gentlewoman from Minnesota mentioned the effects on the economy, and the effects of this law on the economy are profound. We just passed a budget for the next fiscal year in the House of Representatives. I'm grateful that the budget didn't allow space for the reformation of this health care law, the removal of this health care law.

But I think we're also joined by another gentleman from Texas who wanted to speak briefly about some of the economic effects, and they yield to my friend, Mr. GOHMERT, from Tyler, Texas, to speak on the economic effects.

Mr. GOHMERT. Thank you. I'm so proud of the doctors in our caucus—my fellow doctors, filling out all of this staff, Mr. BURGESS. We've got so much knowledge and wisdom when it comes to health care, and we had those resources not consulted at all, but, rather, dictated to by people that didn't have a clue what they were doing.

And all those promises that were made, such as you can keep your insurance, we now know millions have not, will not. You were told if you like your doctor, you can keep them. I have talked to doctors as, I know you all have, who say, because of the Obamacare bill, they're going to go ahead and retire early. Their patients will not get to keep their doctor. Obamacare ensures that they will not get to see the doctor that they wanted.

The Obama overlay does harm to people getting to see their doctor. It also harms to people having insurance, avoiding these kind of disastrous Federal intrusions, filling out all of this stuff. That's one of the big problems with Obamacare. It allows the Federal Government to have all of your medical records. They'll know all of your diseases, all your secrets, everyone will know any. But people should have a right to privacy. All these left-wingers that are always out there—and often we side on the same side when it comes to privacy—all of a sudden where are they? They're not making noise about the violation of privacy.

With all of that overlay on everything else, this happens at a time when our economy is still struggling. Yes, the report was unemployment went down one-tenth of a percent but that was because a far greater number didn't even look for work, they're so depressed financially, mentally, and psychologically.

And then this week we hear that Cyber Monday, just going to siphon off 6, 9, 10 percent of people's bank accounts, just siphon it off as a tax, taking people's money. This is like a bank robbery. They go into the banks and rob them, and the only reason they don't go to prison for robbery is that they make the laws and say it's going to be legal for us to rob people of their bank accounts.
But I’ve heard over and over. Could what is happening in Cyprus happen here in the United States? And I just wanted people to think, as we finish today, and understand it has been happening every day. This President’s Federal Reserve Chairman helped him get reelected by adding more money, creating massive amounts of money. They’re not printing; they just add the numbers. Every day they are taking from people’s bank accounts by printing more money, creating more money, devaluing the money they have in their bank account. They create 10 percent more in money by adding those numbers. They’ve just taken that right out of their bank accounts. They devalued their home values; they devalued their bank accounts.

So as people wonder this week if what happened in Cyprus could happen here, they need to know it’s already happened. What happened in Cyprus was not only the euro; they would be doing an administration that’s doing, just printing money like crazy to get themselves out of debt. That allows them to keep spending, run up the cost of health care, but we’re printing more money to deal with it.

On top of all of this suffering and the effect on health care, you have this financial overlay of this administration taking money out of every bank account every day.

Mr. BURGESS. If the gentleman actually will yield, for a technical correction, it’s necessary any longer for the Fed to print money. They created an electronic transaction. So no trees are harmed; no ink is wasted in the process of this activity.

Mr. GOHMERT. If the gentleman would yield, yes, actually, I used to say just exclusively “they’re printing more money”—and there are commercials that are now coming out on television that are exclusively “they’re printing more money.” They’re not printing; they just add numbers. We don’t even bother adding numbers into the system. So I think, in the original bill, and we’re finding out new stuff every day, Mr. Speaker.

The gentlewoman talked about the fact that an employer could give full coverage, and what we’ve got is, ObamaCare and not get fined, but not offer any coverage for spouse and children. They’re just kind of left flapping in the breeze with no care.

Another thing that just recently came to my attention in reading the rules and regulations is in regard to something called “age banding,” colleagues. This age banding rule that typically health insurance companies use—their actuaries, after all, study the risk of a policy to a policyholder. Obviously older people in their late fifties, early sixties, with multiple system diseases in some instances, to be able to pay their bills and honor those claims, the premiums are going to have to be higher. They are for these young 28 and 27-year-old, 10-feet tall, bullet-proof healthy young men and women, for whom the premiums should be much lower.

But ObamaCare comes in and says, oh, the time higher than three times higher, when traditionally every State it’s been a 5:1 ratio. What it’s going to mean is young people—very ones that we wanted to have health care—the CBO just came out and said 7 million of them now have no health insurance at all because they’re either unemployed, underemployed, don’t live with mom and dad, are not poor enough for Medicaid, not old enough for Medicare, and what in the world are they going to do?

Because of the age banding rule, a young lady, 27 years old, making $33,500 a year, her health insurance premium goes up $900 a year. So these are some of the things that we’re talking about. I’ll conclude my remarks by saying this: The people in the 11th District of Georgia—which I’ve proudly represented now for going on 11 years—they say to me, Phil, what are you going to do? We know January of 2014 is fast approaching. Should we just give up and give in? And I say to them, and they say to me: Don’t quit on us, doctor. Don’t quit on us. We know that you know there are things that you can do as a Member of Congress, whether it’s defund, take—not a paring knife, but a hacksaw to certain sections of this bill. And with every breath in you, we want you, as long as you are a Member of Congress, to keep fighting this monstrosity. This is my pledge to the people of my district, and the people of Georgia, and the people of this great country.

Mr. BURGESS. I thank the gentleman for his participation. I’d like to point out that the continuing resolution just passed by this House a few moments ago to fund the government for the rest of the year actually contained an almost $1 billion reduction in the implementation of this law. It also contained a $360 million reduction to the Department of Treasury for their implementation of their rules.

So there were some serious blows dealt to the implementation side—not another year. They said a couple of years ago that the President’s reelection has been nothing short of just astounding.

No wonder the Governors wouldn’t participate. The administration hid the ball until Election Day, and then said, oh, now we’re going to give you the rule for essential health benefits. In other words, they wouldn’t tell the Governors what you are going to be required to cover, what you are going to be required to pay. Governors had no way of knowing until 2 days after Election Day. And then they said: You’ve got to be nuts; we’re not going to sign up for that. So Health and Human Services said, okay, you’re going to be required to pay. Governors had no way of knowing until 2 days after Election Day. And then they said: You’ve got to be nuts; that’s Christmas, Thanksgiving. Everybody’s on vacation, nobody can evaluate it. So they gave them another month, and then they finally said time’s up.

26 States said: We’re not going to do an exchange. The Governors just flat refused. You wouldn’t be honest with us about what was going to be required, so we’re not playing ball with you. And that is the right decision for them to make. I applaud that decision.

We’re closing down on the final moments of the hour. I do want to point out to people this is not a filibuster; this is a regular activity of the House of Representatives. We can come to the floor and talk about a topic that the majority leader and the leadership allowed us the time to talk about—the 3-year anniversary of the signing of the Affordable Care Act. Who could ever forget the Vice President standing up and saying “this is a big, big deal” on the White House, but—third anniversary of a big damn deal.

The gentle lady from Minnesota is recognized for her comments.

Mr. BACHMANN. Dr. BURGESS, thank you so much.

I just wanted to add this point to the whole debate that we’re having today.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from Texas, my physician colleague and co-member of the House GOP Doctors Caucus, for giving me just a few minutes.

My colleague from Minnesota, the gentlewoman, Mrs. BACHMANN, earlier talked about the Governor’s law and the just few days that we had—I think it was maybe 3 days in the House and a matter of hours in the Senate—to read the bill. She is absolutely correct that that is even more egregious is rules and regulations of that process that’s been on going over these past 3 years by the Secretary of Health and Human Services, and what they have done in the interpretation of the law—probably five times as many pages as the 2,700. I think, in the original bill, and we’re finding out new stuff every day, Mr. Speaker.

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Mr. BACHMANN. Dr. BURGESS, thank you so much.

I just wanted to add this point to the whole debate that we’re having today.
that the unintended consequence of all of this is that we’ve now created a class system in America for health care. We can’t overstate this enough. Before, we just had health care in America, and you tried to find the best doctor, and you tried to find the best possible care. But, now what ObamaCare creates is this: it’s a class-based health care system where we segment patients into three different classes.

Here’s one. Here’s the one that no American wants to be in. It’s the Medicaid ghetto. That’s where the lowest possible care, where very few doctors will be available to offer this kind of care, the Medicaid ghetto. Then there’s going to be a class system in health care, and all right—senior citizens, women, and children. I need to explain just briefly how that will be.

You see, 56 percent of the people that are unhealthy today in America are in households that make less than 133 percent of the poverty level. So if you’re sick, you’re stuck in the Medicaid, and without employer coverage—and employers, as was stated before by Dr. GINGREY, about 7 million people are going to be thrown off their very good coverage they have now. Over half of our low-income citizens will be stuck in the exchanges. Then, finally, there’s going to be concierge care for those who are going to be at the top of the heap.

So it won’t be the same type of medicine that’s available for everyone. We will have different class systems in health care. And guess who’s going to get hurt the most? You’re exactly right—senior citizens, women, and children. I need to explain just briefly how that will be.

Here’s the other thing: About 2.5 times as many women than men get their coverage in a lower-income household, and without employer coverage—and employers, as was stated before by Dr. GINGREY, about 7 million people are going to be thrown off their very good coverage they have now. Over half of our low-income citizens will be stuck in the Medicaid, and that doesn’t provide adequate access. I can tell you from my State of Minnesota, people who are on that scale have to go from rural Minnesota, maybe travel a couple hundred miles to the Twin Cities—which they can’t—to find anyone who will offer them the care they need.

What has the press been on this? Can you imagine if 500,000 children lost their health insurance under a Republican President? That would be the headline. We wouldn’t hear anything else out of the press for a week. If people still support the Federal pre-existing program and the President said, “No, no more, we’re out of money,” if it were a Republican President, that’s all we’d hear about: the Republican President has prevented people from signing up to his own pre-existing program that he started.

People need to be aware of what is happening. These things have been insidious. It’s been 3 years. There’s been a lot of information. It’s complicated. I don’t know why that’s the way it has to be. I have to be involved? You have to be involved. As the gentle lady just said, it is going to affect you and your family. Every man, woman, and child in this country for the next three generations is going to be affected by this very bad bill.

It was the worst of processes. This was a bill that came over here from the Senate. The House really never debated this thing. House passed a bill, H.R. 3590, in July of 2009, but it was a housing bill. H.R. 3590 got over to the Senate. HARRY REID said, I need a bill number for my health care bill. Here’s H.R. 3590. What does it do? Oh, housing. Strip it. He amended it: strike all after the enactment clause and insert. And what was inserted? The rest of the health care law.

The Senate had to digest it and pass it in a few days’ time right before Christmas Eve. A big snowstorm was bearing down on Washington. They all voted for it to get out of town—60 votes in the Senate. It passed.

Mr. BURGESS. Not only are you not getting health insurance, you’re fined on top of it. You pay a fine, and you’re still uninsured. At the end of the day, you’re still uninsured.

Ms. BACHMANN. That’s right. So, Mr. Speaker, it’s the worst of all worlds. Your husband is having to pay for this very expensive insurance for himself, and the employer may be having a match on that, but you’re out in the cold, your kids are out in the cold, and people are paying top of it to add insult to injury. Women are going to suffer, children are going to suffer, and seniors are going to suffer.

Mr. Speaker, there are going to be people who die because of this. In this body, let it be said today that we don’t want to see anyone die or anyone hurt or anyone denied. That’s exactly what this bill is going to do, which is why we have to repeal it.

The day this bill was passed, I introduced a bill to repeal, and every single one of the Republicans in this House has voted to repeal ObamaCare. Now, hopefully, we’re going to have another vote again soon because we love people, we care about people, and we want them to have the health care they need.

Mr. BURGESS. I thank the gentle lady for her comments.

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