

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’s 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 60 minutes as the designee of the majority leader.

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 on the very important occasion of the 3-year anniversary of the signing into law of the President’s takeover of American health care, the so-called, inappropriately titled, Patient Protection and Affordable Care Act. I’d just point out that I did attempt to have the word “affordable” stricken from the title 3 years ago, but I was overruled in that endeavor.

It was indeed 3 years ago, March 21, the first day of spring of 2010. The first 3 months of 2010 had seen some pretty unusual activity here in Washington as this bill ground to its eventual rendezvous with destiny in the east room of the White House on the 21st of that month.

Many may recall that during the year of 2009, there was, in fact, at least what gave the semblance of some debate over here in the people’s House, over here in the committees of the House of Representatives. But when this bill got over to the Senate, it was drastically changed, all debate was concluded, and then it was simply a matter of convincing enough Democrats to vote for the Senate bill, and it was eventually signed into law.

I do want to spend some time going through the history of how we got here because I do feel that that is important and people need to understand how a very bad process, a very flawed process gave rise to a very flawed law, which now, 3 years later, we see right on the cusp of the full implementation of this thing, is really going to have a profound and detrimental effect on our country from the standpoint of our economy, our workforce and our job-

creation situation with small businesses. Certainly the practice of medicine itself is going to be negatively impacted by the many pages of regulation that are now proceeding in a torrent from the Federal agencies since the President’s reelection.

First, I want to take a moment and recognize someone who has been a leader on trying to bring to the surface some of the problems contained within the President’s Affordable Care Act, a fellow physician, an anesthesiologist from Maryland. I want to recognize the gentleman from Maryland for as much time as he may consume.

Mr. HARRIS. Thank you very much, and I appreciate you yielding some time to me on this important occasion.

As the doctor from Texas has said, Mr. Speaker, we are going to “celebrate”—and I put that in quotes—the third anniversary of the passage of the Affordable Care Act.

I will tell you a lot of things haven’t changed in the past 3 years unfortunately, even though we were promised that things would. For instance, as many Americans know, we were promised that premiums were going to go down magically. What did we find? Premiums went up. They continued to rise. The Affordable Care Act was the wrong solution if the problem was rising health care premiums.

Now, other things have happened in the past 3 years that really haven’t changed much. One is that the American people still don’t like the Affordable Care Act. We know that in poll after poll after poll, a clear majority of Americans wish this bill just simply didn’t exist, yet it still does.

More seriously than even that, over the past 3 years we’ve had a jobless recovery, and a large part of the blame has to be on some of the policies that were put in place 3 years ago, the cornerstone of which was the Affordable Care Act.

We know, for instance, that there’s a new term in the United States now. We thought the 49ers were a team that played in the Super Bowl. No. Now the 49ers are those small businesses that don’t have 50 employees yet, created by people who want to grow businesses, who want to employ people, but they know if they hire that 50th employee, a whole lot of the Affordable Care Act and its mandates and regulations and costs and taxes kick in. So they’re going to be stuck at 49 employees.

As some of them say, instead of hiring that 50th or 51st or 60th employee, they’ll buy a piece of equipment, they’ll find some other way, they’ll stop growing that business rather than bring upon themselves the effect of the Affordable Care Act.

Now, we know that it doesn’t stop there. America is the land of opportunity. This is why people strive to come to this country. There is a ladder of opportunity. You get on that bottom rung and you keep on climbing in this country, and the sky is the limit.

Mr. Speaker, one problem with the Affordable Care Act is it’s knocking

people off the bottom rung. They’re trying to get on, and they’re on that bottom rung and they’re getting knocked off. What do I mean by that?

□ 1120

Last year, the President, for instance, bragged on 230,000 new jobs. What the President didn’t mention is there were actually over 300,000 part-time jobs created and about 100,000 full-time jobs lost. We created jobs. We created part-time jobs. I don’t know about you, Mr. Speaker, but, for me, that’s not economic recovery. That’s not economic growth. That’s not the job creation this country deserves.

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 businesses. So what’s their solution? They don’t hire the 50th employee, and the employees they hire are part time.

Now, I would offer that’s not 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. Honestly, 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 was not getting everybody together—all Americans of all political parties and all ideas—and saying, How do we solve this problem in the best way that can unite us? This was a bill to advance a political agenda; and, unfortunately, it caught up the American economy in that agenda.

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, for instance, that someone who has 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 the States and imposing a solution 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 strangling 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 my life and for the first time in many Americans' lives, it is 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 destroyed jobs and is continuing to destroy jobs in this country.

I am a physician. I won't even get into the effect it's having on our health care delivery system, because I could talk for hours on that and on what physicians tell me and hospitals tell me. Mr. Speaker, most people don't realize that the changes that are going to come with the Medicare cuts in this Affordable Care Act may shut down one in seven hospitals in the United States. Now, think of that. In Maryland, that's five or six hospitals. What neighborhoods 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 the way we deliver the best medical care in the world to our citizens; 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 gentleman, 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 from 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 business owners, hospitals, insurance interests. They were talking about the coming implementation of parts of the Affordable Care Act. We've heard all along from the people who run the small shops—the restaurants, the franchises—of the difficulty that this onerous bill is going to place upon their shoulders, but I was hearing from people 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 understand that they must never do so.

The gentleman also brought up 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 employers, who are looking at a cost of providing health insurance for their employees, 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 moving 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 legislation.

We do hear a lot about the effect on the economy. The doctor was right to touch on the effects on the health profession, itself; but there is virtually no aspect of American life that will be untouched by this legislation. Every man, woman, and child amongst us 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 perils of letting your government control your health care; otherwise they can control every aspect 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 thank you for your first-class 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 happening on the House floor, because this is really an update of sorts.

It has been 3 years since the President 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 pass this bill because, if we do that, then the average American household will save about \$2,500 a year on its health insurance premium.

I'd vote for that. That would be a great thing to do. I want every American to save money on his health insurance; but, Mr. Speaker, just the opposite happened.

People have been having increases in their health insurance premiums of well over \$2,500 a year, so 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 income.

So if you couple both the loss of income under this President's leadership and the fact that the President, with all due respect, didn't tell the American people the truth about how much they would save on health insurance premiums, that has a devastating impact on American households. Particularly, this is really hurting the senior citizens whom we love and whom we care about. Why? Dr. HARRIS told us. Dr. BURGESS told us: President Obama took over \$700 billion out of—where?—Medicare.

□ 1130

Over \$700 billion has come out of Medicare. And where has it been shifted? Into ObamaCare. Who does that hurt? That hurts the people we love, that hurts the senior citizens of this country.

Let me tell you, Mr. Speaker, about who else is devastatingly impacted by ObamaCare. We were all told that we're going to get 30 million new people free health care. Gee, whoop, that sounds great. Let me tell you who's not going to get health care. Let me tell you what ObamaCare has deep in its pages, and nobody read this bill. Why didn't they read it? It isn't because Members of Congress were too lazy to read it, it's because, unfortunately, the Democrats that controlled the House of Representatives, the Democrats that controlled the Senate, didn't even bother to give the Members the bill in enough time to even read the bill. In the Senate, they had maybe a couple of hours. Here in the House, we had very little time to read the bill. Nobody could read the bill. Maybe that's why the former Speaker of the House, NANCY PELOSI, said, famously: We have to pass the bill to know what's in it.

Well, now we know what's in it. And we also know who's going to be hurt. And more than anyone in this bill, it is women who are hurt by ObamaCare. It is children who are hurt by ObamaCare. And even worse, Mr. Speaker, it is the poorest women and 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 husband in the home, 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 now we're 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? This mom, is she 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 exchanges 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 \$20,000 a year. So where, 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 Ten-

nessee. 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 make sure more seniors are 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.

You see, what he demanded and insisted upon was 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 expensive 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 get to pay more and they 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. Let's repeal it now while we can, and instead, do what Dr. BURGESS has been trying to do for years, what Dr. ROE has been trying to do for years, what Dr. HARRIS has been trying to do for years: get the highest possible quality health care 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 that's why I want our 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 Members who were busy 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, Dr. BURGESS.

Mr. BURGESS. I thank the gentle-lady from Minnesota for coming and participating. You have a way of say-

ing 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 the aisle during this entire what passed for debate on 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 our August town halls, 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 high-fiving all around 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 under the August sun in Texas on a platform, on a riser with a handheld microphone and a little portable speaker because people wanted to be heard.

□ 1140

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 help us with 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 done. And, again, it was 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 then we will 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 employer-sponsored insurance, whether you liked it or not, that was working arguably well. Polls showed that 65 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 individuals who actually needed the most help. 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 pill box to your Band-Aid box.

I see 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, If You Like What You Have, You Can Keep It.

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 brought a wealth of 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—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 tweaking, but didn't need to be 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 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 \$8.5 billion, over three times what we started out. 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, is that right now we don't have enough primary care people, and you 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 out with MICHELE BACHMANN at midnight outside 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 want it reformed. They want health care reform; they do not want this plan.

I appreciate the opportunity to be down here and speak on this extremely important issue on the third anniversary of ObamaCare.

Mr. BURGESS. 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 physician 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 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, I think 60 percent of the 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 ER visits were going to go down. 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 at the emergency room. It is the highest delivery point cost. They're the ones that are driving up the cost of care. I heard this in the Supreme Court

the second morning in the oral arguments. The Solicitor General made this very point. It's the free riders that are driving the cost up.

Listening to you, it almost sounds as if patients for whom Medicaid is provided as the point of coverage, if there are no providers to provide that coverage, they do what they've always done. They go to the emergency room, the highest cost point for the access for care. How are we solving that problem by increasing that population?

□ 1150

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 bureaucracies 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 produce, 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 public programs that are the biggest problem there, that are forcing those shifts in costs, and hospitals are caught in a dreadful situation.

They agreed to take the cuts in Medicare because they thought they were going to get an increase in insured people. It turns out what Congresswoman BACHMANN brought up about how can you lose your private insurance, there may be as many people that lose their private insurance as we increase in Medicaid, which is a failed program now.

How bad is that when you take people who had insurance they liked, and they lost it, and now they are forced to no program or a Medicaid program that is fading?

Mr. BURGESS. As the gentleman also points out, no, members of the Physicians Caucus, the Doctors Caucus, were not frequently or ever consulted on this issue. But I know people—and I know, Mr. Speaker, I must refer my comments to you—who might just be casual observers of the conversation this morning and would say, Well, the two doctors are self-serving. Of course you want to be in charge, because that's the way you are.

But the Governors have a big footprint in the delivery of health care in this country. Where were the Governors? Why were the Governors not down in the East Room of the White House? Why weren't the special interests, why wasn't Pharma, why weren't the insurance companies, why wasn't the Service Employees Industrial

Union down at the White House making these decisions and not the Nation's Governors? That's one of the great mysteries that may never be answered, but it's a question the American people should ask themselves. Because in all 50 States in this country, the Governors have an enormous health care footprint. They're the ones that administer the State Medicaid programs. They administer the programs for their employees' health insurance. They have their State prison programs. They have an enormous interest in the cost of health care. The Governors should have been invited from the get-go. It is a travesty that they never were. It's 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 Governor elected to take care of this. 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 decisions 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? 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 the 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 I'm happy to 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—yourself, Dr. HARRIS, Dr. ROE, Dr. GINGREY. 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 doctors, 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, does harm to people having insurance, avoiding these kind of disastrous Federal intrusions, filling out all of this staff. 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 deepest secrets. I'm glad I don't have 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 1 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 Cyprus was 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 robbing these bank accounts is 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 printing massive amounts of 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 what this administration is 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.

So on top of all of this suffering and the disastrous 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, I don't think 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.

□ 1200

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 say that. Then I had a meeting over at the Fed and I found out, Oh, no, we couldn't possibly print all the money we create every day; we're just adding numbers into the system. So I am correct, though, that we're still printing a little more, but we're just adding numbers. We don't even bother to take the paper anymore.

Mr. BURGESS. I thank the gentleman for his participation. Being as he's from Texas, I also feel compelled to add that that 0.1 percent growth, you subtract out the jobs created in Texas this year—somewhere between 200,000 and 300,000—we're in a recession without the State of Texas as a part of the Union. I know the gentleman is grateful for the service of the Governor and State legislature, as am I. They've done a great job in the State.

I'd like to recognize another fellow physician, Dr. GINGREY, a member of the committee, outspoken leader on this issue, and one who never ceases to have great ideas on the right ways to do things if we are going to talk about health care and health care delivery in this country.

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 health care 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 on that. But the thing that is even more egregious is in the rules and regulations of that process that's been ongoing 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.

The gentlewoman talked about the fact that an employer could give full coverage and meet the requirements of 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 than they are for these young 28 and 27-year-old, 10-foot tall, bullet-proof healthy young men and women, for whom the premiums should be much lower.

But ObamaCare comes in and says, oh, no, they can't be more than three times higher, when traditionally every State it's been a 5:1 ratio. What it's going to mean is young people—the 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 this age banding rule, a young lady, 27 years old, making \$33,500 a year, her health insurance premium goes up \$800 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? Is it a done deal? 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. That 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 fund. 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 by Republicans; this was a pretty bipartisan vote. I think it had 320 votes at the end of the voting period. But this reduction is seen, in a bipartisan fashion, as being important because the gentleman is right: the torrent of regulations that has come out since 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 for. The 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've got another month. 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.

So 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 darn deal" down at the White House, but—third anniversary of a big darn deal.

The gentlelady from Minnesota is recognized for her comments.

Mrs. 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 the socialized medicine 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 want 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 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 unhealthy citizens will be stuck in 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.

Here's the other thing: About 2.5 times as many women than men get their coverage through their husband's coverage. For all of these people who are going to lose their employer-sponsored health coverage, it's more likely to have 2½ times more women. If they're unemployed and out of the labor force, they're in trouble; they're up a creek without a paddle. Because the problem here is going to be that women and children are in jeopardy of not having an option. Even if they make 400 percent more than the poverty line—which really sounds like a lot of money—you're not going to have the availability of getting on the health care exchange. You may not even get in the Medicaid ghetto. So, in other words, you have to pay the tax—which they call a fee—you have to pay the big tax as a woman and as a mother of these children, but you're not getting any health insurance for it.

□ 1210

It is a bad deal, and that's why I thank you, Dr. BURGESS, for what you've done.

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 you're paying a tax on 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 after 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 gentlelady for her comments.

Where 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 showed up for 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 understand it anyway. Why do I have to be involved? You have to be involved. As the gentlelady 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. The 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 all the language out. So he amended it: strike all after the enacting 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.

NANCY PELOSI said, What is this thing? It's garbage. I haven't got 100 votes for this over in the House. But over the next 3 months, they twisted enough arms and they broke enough knees that this thing finally got the votes 3 years ago yesterday, and 3 years ago today it was signed into law. It was signed into law to the detriment of the entire country.

I thank the gentlelady for joining me. I thank all the other Members who are here.

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

CONGRESSIONAL PROGRESSIVE CAUCUS HOUR

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from Wisconsin (Mr. POCAN) is recognized for 60 minutes as the designee of the minority leader.

Mr. POCAN. Mr. Speaker, I rise on behalf of the Congressional Progressive Caucus to recognize our Special Order hour not only to talk a drop about the budget plans we had this week, but more importantly, this is an hour to honor organized labor in this country and what organized labor has done for the middle class and for so many millions and millions of people across this country.

This week, the Congressional Progressive Caucus put the Back to Work budget before this body. The Back to Work budget is based on a simple concept: the number one problem facing this country is not the deficit, it's the need to improve the economy and create jobs, and the single best way you can address the deficit is to get people back to work. The Back to Work budget did just that. It would have created 7 million jobs, it would have brought unemployment down to 5 percent within 3 years, and it still would have trimmed \$4.4 trillion from the deficit.

What it did is it invested directly in the very things that create jobs—in infrastructure, in police and fire, and in teachers and in other services that are vital to this country—because we've been told by the Congressional Budget Office, the single entity that is a non-partisan agency that both parties rely heavily on, that this year one-half of our deficit is caused by economic weakness, and three-quarters of the deficit in 2014 is caused by economic weakness.

Now, what is economic weakness? That means unemployment and underemployment. If you get the people of this country back to work, you will solve most of our problems in trying to deal with the deficit. So rather than make the end-all goal solving the deficit but completely ignoring the economy—and as the Republican budget, we saw that, on the floor today, actually could cost 2 million jobs in this country in the next year—we need right now to be investing in those jobs so that people are getting back to work