



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 111th CONGRESS, FIRST SESSION

Vol. 155

WASHINGTON, TUESDAY, JULY 21, 2009

No. 110

House of Representatives

The House met at 10:30 a.m. and was called to order by the Speaker pro tempore (Mr. SALAZAR).

DESIGNATION OF SPEAKER PRO TEMPORE

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

WASHINGTON, DC,
July 21, 2009.

I hereby appoint the Honorable JOHN T. SALAZAR to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 30 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes.

CALIFORNIA'S THIRD CONGRESSIONAL DISTRICT'S PERSPECTIVE ON HEALTH CARE LEGISLATION

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

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, last night I had a telephone town hall with constituents in my district. As I made the call, I informed them that we were going to discuss any subject they wanted, but I wanted to concentrate on health care. As a result, I had one of the largest responses I ever had. Thousands of people

got on the line. Most times, there were no less than 1,400 people on the line. I didn't choose them by party. I didn't choose them by income. I didn't choose them by occupation. It was random, calling people in my district.

The response was overwhelming, overwhelmingly negative with respect to the plans they hear about that are coming from the White House, the Senate and the House. Why were they negative? They were negative because the people in my district were concerned about whether or not the government was going to dominate health care in this country, and those who were satisfied with their plans—even though they had some imperfections, even though they had some desire to have them improved, but by and large had made choices with respect to their plans—wondered whether their freedom of choice would be taken away by the government plan presented by the President and by the leadership in both the Senate and the House. It was interesting, they also were very concerned about the cost. When they hear the word \$1 trillion, they begin to think that this particular plan has real problems. As we discussed the various aspects of it, they referred me to the CBO, the Congressional Budget Office's report that disappointed the White House and the Democratic leadership in the House and the Senate because the report suggested that this program cannot pay for itself, that we're talking about at least \$1 trillion to be imposed on the American people.

The dialogue that I had with my constituents was very lively. They were also concerned about the fact that we have Medicare and Medicaid—as we call it in California, Medi-Cal—that is on an unsustainable path to bankruptcy. This has been pointed out by the director of CBO as well as many others outside the halls of Congress and outside the Federal Government. So the American people are trying to

tell us that they are concerned that we have an unsustainable program already that we have not faced up to; and on top of that, we're going to impose this new national health plan. It was interesting because the President and the Democratic leadership have said that, look, the public option is just that. It's not going to destroy the private sector. Yet constituents in my district were very, very clear as to their understanding of the necessary impact of this program. They also were concerned about the promises made in this plan. I guess you could sum it up in these words: First entitlement and then rationing. When government takes over a program like medical care, and when it promises everything, and when you see the track record with respect to Medicare and Medicaid, you understand that at some point in time, we're going to hit the fiscal wall, and government's only ability to control cost at that point in time—if you look historically at other government-centered health programs around the world—is through rationing.

You can look at it in Canada. You can look at it in Great Britain. You can look at it in every country around the world. And frankly, I do not want—and my constituents told me last night they do not want the imposition of a government bureaucrat between them, as patients, and their doctors.

Interestingly, last night in one of our committees marking up that case, that question was posed: Could we say in the plan that there would not be the intervention of a government bureaucrat to dictate to your doctor as to what your health care should be? That specific amendment was voted down almost on a party-line vote. Every Democrat on the committee, save one, voted against that prohibition; and every Republican voted for it. In other words, it

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

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



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was crystal clear. The amendment presented last night before that committee was: In this plan, can we at least promise the American people there will not be intervention by a Federal bureaucrat to dictate the care you will receive or not receive from your doctor? That specific public policy prohibition was voted down.

If you believe that health care delivered by the Federal Government is superior to what you get now, go to your local DMV and see if you'd like them making the decision with respect to your medical care.

PAYGO

The SPEAKER pro tempore. The Chair recognizes the gentleman from Maryland (Mr. HOYER), the majority leader.

Mr. HOYER. Mr. Speaker, ladies and gentlemen of the House, this week the House will debate legislation and give the principle of pay-as-you-go, or PAYGO, the force of law. Quite simply, supporting PAYGO means that we agree to pay for what we buy; and it can be one of the most important actions we take for fiscal discipline in this Congress. PAYGO is essential because America faces unprecedented debt and a fiscal year 2009 deficit of \$1.7 trillion. A New York Times analysis found that 90 percent of that deficit is attributable to the economic downturn, Bush administration policies, and the extension of those policies. However we got into this hole, it's imperative that we find a way out of it. PAYGO is not a cure-all, not a solution entirely to our deficits. But it is an important and valuable start, and it is a proven first step to deficit reduction.

In the 1990s, the Clinton administration turned record deficits, accumulated by the two previous Republican administrations, into record surplus; and the PAYGO rule, supported on a bipartisan basis by Republicans and Democrats, was a key part in that fiscal transformation. As President Obama has recognized, and I quote, "It is no coincidence that this rule was in place when we moved to record surpluses in the 1990s and that when this rule was abandoned, we returned to record deficits that doubled the national debt."

Today we can once again use PAYGO to begin rolling back the dangerous fiscal situation that confronts us. Under statutory PAYGO, Congress will be required to find savings to balance the dollars we spend. On the one hand, it will constrain unnecessary spending and subsidies. On the other, it will force those in favor of tax cuts to explain exactly what they want to go without in return. In other words, pay for them. Of course none of those choices are easy, but it is exactly the avoidance of hard choices that saddles our children and grandchildren with the debt that confronts us. In addition, deficit reduction will mean fewer interest payments on our debt which, in

turn, will help us make sustainable entitlements in the priorities that matter most to the American people, including education, clean energy and health care.

The PAYGO law would apply to new policies that reduce revenue or expand entitlement spending. It will exempt extensions of current policy on the alternative minimum tax, the estate tax and middle-income tax cuts passed in 2001 and 2003 and Medicare payments to doctors. Some would criticize these exemptions, but I see them as an important way of keeping PAYGO credible and enforceable. It is clear that there is bipartisan support in Congress for extending those policies without offsets. Now, very frankly, I would vote for offsets; but we have seen that that does not happen in the United States Senate; and there is an inclination not to do it here. A PAYGO bill that does not exempt them would have to be waived again and again, turning the cause of fiscal discipline into an empty promise.

I find it much more sensible to make a fiscal discipline promise we can keep. I would also note that the exemptions in the House legislation are narrower than those sent to us in the President's original proposal. Most notably, they only apply to the middle-class tax cuts passed in 2001 and 2003 and not to tax cuts generally.

Mr. Speaker, pay as you go cannot remove us from our deficit hole in a single stroke, nor will it. That will take much hard work. PAYGO is not enough in and of itself, but it is absolutely necessary because it keeps us from digging the hole any deeper. It is tested and proven. We adopted this policy in a bipartisan way in 1990. We reaffirmed that policy in a bipartisan vote in 1997, with Speaker Gingrich and President Clinton reaching agreement on that proposition. Yes, it's tested and proven, as I said. I hope that all of my colleagues, Democrats and Republicans alike, will support it when it comes to the House floor later this week.

RUSHING INTO A HEALTH CARE PLAN

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

Ms. FOXX. Mr. Speaker, I'm sorry I don't have the time to respond to the majority leader's comments about PAYGO. But I would just simply say that the Democrats passed a PAYGO policy when they first took over, and we're getting deeper and deeper into debt. If that's what PAYGO does, then woe be unto us if we sign on to it.

The President, the Speaker and the majority leader are all in a rush to pass legislation here. So much in a rush, they will not even give Members a chance to read the bills. Why is that? It's perhaps because they don't want people to know what's in the bills. But the American people want to get

health reform right, not just fast. Artificial deadlines for passing legislation serve a political purpose, not a legitimate purpose. I have promised that I will not vote for any health care legislation that is not publicly available in its final form for at least 72 hours in advance of a vote. Every Member of Congress should have time to read the health care bill they are asked to vote on, and the American people should be given this same common courtesy. Let's give them significant time to fully understand the details of a health care proposal rather than steamrolling partisan legislation through Congress. We should make August a national health care awareness month so that Americans can let their Member of Congress know where they stand before voting because we already know of many problems in the proposals that are being put forward. Number one, the bill contains zero savings from eliminating or even reducing waste, fraud and abuse. In an attempt to correct this egregious lack of oversight, Ways and Means Republicans offered six amendments during the committee's markup to reduce wasteful spending. All of them were rejected by the Democrats.

We know that the House Democrats' health care plan will increase Federal spending significantly, that coming directly from the CBO, appointed by the Democrats. We know that it's going to raise taxes on small businesses through surtax increases. Of taxpayers who file in the top brackets, more than half of them are small businesses. The Democrat plan, according to a study by the Tax Foundation, would raise the top tax rate in 39 States to more than 50 percent.

□ 1045

Significantly, it includes fines of up to \$500,000 on employers who make an honest mistake thinking they had provided what the government deemed "sufficient" coverage. It will impose an 8 percent payroll tax on employers who can't afford to offer health insurance to their employees, and on employers who do the right thing and offer health coverage to their employees but it is deemed insufficient by the government, and employers who are not paying at least 72.5 percent of an employee's premium or 65 percent for family coverage.

What they plan to do is take over more aspects of our life. Every piece of legislation that is passing out of this House this session is aimed at putting the government more in control of our lives and giving us less freedom. The health care bill is the worst of those. Cap-and-tax was horrible; this is even more horrible.

We must not rush into passing health care legislation. We must slow down and get things right. The American people are hurting. We know they are hurting. Unemployment is going up dramatically under this Congress and under this President, and we need to be