

As we celebrate Women's History Month, I ask that you join me in thanking Ivonne Alexander for her contributions to the agriculture industry and honoring her work.

RECOGNIZING JEFFREY MICHAEL ROSS OF ROSEVILLE, CALIFORNIA

HON. TOM MCCLINTOCK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 25, 2010

Mr. MCCLINTOCK. Madam Speaker, I rise today to recognize Jeffrey Michael Ross of Roseville, California.

On July 12, 2009 Jeffrey witnessed a driver lose control of her vehicle and careen into the canal in Rancho Cordova. Running to the water's edge, Mr. Ross found the vehicle sinking quickly and the semiconscious driver trapped inside.

In a situation where some would feel helpless, Jeffrey took decisive action. He dove into the water and swam towards the car, forced open the window and started to pull the victim out. As water continued to rush inside the car, it slipped beneath the surface with the driver still inside. Ross continued to fight and freed the driver, bringing her safely to the surface.

Jeffrey's act of courage and kindness is an example of the highest values of citizenship, and a credit to himself, his family and our community. I am proud to rise today to honor Mr. Ross and recognize him for receiving the Congressional Medal of Honor Foundation's Citizen Service Above Self Honors award earlier today in a ceremony at Arlington National Cemetery.

IN RECOGNITION OF DR. DREW EDWIN MARSHALL'S 5TH ANNIVERSARY AS SENIOR PASTOR OF TRINITY MISSIONARY BAPTIST CHURCH

HON. GARY C. PETERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 25, 2010

Mr. PETERS. Madam Speaker, I rise today to recognize the leadership of Dr. Drew Edwin Marshall on the occasion of his 5th Anniversary in ministry to the congregation of Trinity Missionary Baptist Church. As a Member of Congress it is both my honor and privilege to recognize Dr. Marshall for achieving this milestone.

Trinity Missionary Baptist Church, which was founded as the City of Pontiac's first African-American church in 1917 with support from the Memorial Baptist Church in Pontiac, has a long, rich history as a pillar of spiritual fellowship in the community. Trinity's congregation and leadership, under Reverend Gulley, came together to endure turbulent beginnings in the face of a fuel shortage which initially closed the Church for a year, to continue their pursuit of spiritual well-being. Since its founding, Trinity's congregation and leadership have been devoted to creating a stronger, more vibrant Pontiac spiritual community. In its efforts to attain its goals, Trinity opened a child development center and a school in the early 1990s to provide better service to the Pontiac community.

This year marks an important milestone in the spiritual leadership Dr. Drew Marshall has provided as Senior Pastor to the congregation of Trinity Missionary Baptist Church. Dr. Marshall, a Pontiac native, has devoted over three decades of his life to the study and practice of divinity. Dr. Marshall heard the call to service over 35 years ago, accepting his first ministerial position with Trinity shortly before graduating with a Bachelor of Arts from the University of Michigan. Dr. Marshall's journey led him from Pontiac, to Colgate Rochester Divinity School, where he obtained his Masters in Divinity, to Texas, where he served as Minister of Christian Education at New Faith Church. It is only fitting Dr. Marshall's recognition comes for his service with Trinity Missionary Baptist Church, as it is the very place he heard the call to serve over three decades ago.

Madam Speaker, I ask my colleagues to join me today in recognizing Trinity Missionary Baptist Church's Senior Pastor, Dr. Drew Edwin Marshall, on the occasion of his 5th Anniversary as the Church's spiritual leader and wish him, his family, and the congregation at Trinity many more years of happiness, health and service to the Pontiac community.

SMALL BUSINESS AND INFRASTRUCTURE JOBS TAX ACT OF 2010

SPEECH OF

HON. JOHN B. LARSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. LARSON of Connecticut. Madam Speaker, I rise today in support of H.R. 4849, the Small Business and Infrastructure Jobs Tax Act of 2010. The passage of this bill will create jobs and continue to revive our economy.

In particular, I would like to highlight a portion of this bill that has proven itself as a job creator and with passage of this legislation will continue to put people back to work: the Temporary Assistance for Needy Families, or "TANF," Emergency Contingency Fund. Since its enactment as part of the Recovery Act, the TANF Emergency Contingency Fund has created or maintained 160,000 jobs and by extending the fund for an additional year it will create thousands more.

This is an effort that has broad bipartisan support. Kevin Hassett, a scholar for the American Enterprise Institute, has said that "Given the state of the labor market, it is hard to imagine how any sensible person could oppose such a move," and both Democratic and Republican Governors have supported extending the program.

A few weeks ago in Connecticut I met with leaders in the state government, the business community and the non-profit community to discuss their efforts to utilize the Emergency Contingency Fund. The extension that we are passing today will allow them to take full advantage of this program as they have committed to putting together a plan to use this funding to create jobs in the state.

I want to thank Chairman LEVIN for his hard work on this bill as well as the Caucus Jobs Task Force—particularly Dr. JUDY CHU, JIM McDERMOTT, and Co-Chairs ALCEE HASTINGS and BETTY SUTTON. Each of these members

has made a tremendous commitment to putting Americans back to work and I urge my colleagues to support this legislation.

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 3590, SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009, AND PROVIDING FOR CONSIDERATION OF H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

SPEECH OF

HON. JEB HENSARLING

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. HENSARLING. Mr. Speaker, I rise today in strong opposition to this rule and the underlying health care legislation it is attempting to impose upon the American people. Despite the claim often made by my friends on the other side of the aisle, Republicans agree that we must reform health care in America. The current system is unsustainable, and simply doing nothing is not an option.

While I strongly oppose the underlying legislation and the direction it proposes to take health care in America, I do not support inaction to reform health care. Simply doing nothing is not an option. My vision of health care reform will ensure that Americans can get the health care that you need, when you need it, and at a price you can afford. I want to provide all Americans with access to health care that is affordable, portable, accessible, of high quality, and preserves choice for Americans.

In the health care reform debate, I believe it is critical that we remember the Hippocratic Oath: first, do no harm. Health care reform should also respect the sacredness of the doctor-patient relationship and ensure that the federal government does not interfere with the ability of patients and their doctors to make decisions about care. Health care reform should also lower costs for patients, and bend the overall health care cost curve downward. Health care in the United States represents one-sixth of our economy, and ultimately affects every man, woman, and child. Any health care reforms made will have an impact that is far and wide throughout America. It is critical that we ensure the reforms we pursue are the right reforms that will improve health care, because the wrong reforms could have devastating and long-lasting consequences for the greatest health care system in the world. As important as it is to reform health care quickly, it is more important to reform health care correctly.

I believe five principles should guide any health reform effort. One, every American, regardless of health or financial status, should have access to affordable health care coverage of their choice. Nobody should go bankrupt because they get sick. Two, health care in America should be family-focused and patient-centered. It must put patients, in consultation with their doctors, in control of their health care. Your health care decisions should not be made by your employer, a health care plan selected by your employer, or the government. Three, people should own and control their health care plan, and it should be personal and portable. Four, Americans who are

happy with their current plan should be allowed to keep it. Five, forcing Americans into a government health care program will not solve America's health care challenges.

There are many ideas that I truly believe will help bring down the cost of health care for Americans without a government take-over. However, the only way to truly lower costs is to empower a competitive health care market for health care. Despite what you think we don't have a competitive marketplace today. To help spur the creation of one, several ideas stand out. First, Congress should pass meaningful medical liability reform. I have cosponsored legislation that would provide meaningful medical liability reform, the Help Efficient, Accessible, Low-cost, Timely Health Care Act (H.R. 1086), and medical liability reform was included as part of the Republican substitute I voted for when the House debated its health care legislation in November 2009. Precious health care resources are wasted because physicians have to over-utilize health care and practice defensive medicine when treating patients in order to protect themselves from junk lawsuits pursued by trial lawyers. Enacting medical liability reforms would lower health care costs by cutting down on the practice of defensive medicine. Additionally, medical liability reform would help bring doctors back to those areas where junk lawsuits and high malpractice insurance has chased them away. Since 2003, when Texas enacted medical liability reform, the state has been flooded with applications of new physicians seeking to practice in Texas. In areas where specialists, such as OB/GYN physicians, had long ago quit practicing, you now have an OB/GYN delivering babies once again.

Additionally, I believe that Americans should be able to shop across state lines to find the health care plan that best suits their needs. Why can Americans buy car insurance across state lines, but they can't buy health insurance across state lines. By forcing health plan providers to compete, not only within their respective states for customers, but across the nation, competition will force insurers to deliver health care plans at competitive costs or see business go elsewhere. I have cosponsored legislation that would permit Americans to purchase health insurance across state lines, the Health Care Choice Act (H.R. 3217), and this commonsense reform was included in the Republican substitute considered during consideration of the House-passed health care bill.

To further empower a competitive marketplace, individuals should be given the same tax incentive to go out into the marketplace to purchase their own health insurance that businesses are to provide health care for their employees. This current disparity in our tax laws leaves individuals tethered to employer-provided health care plans and the jobs that provide them. By empowering individuals to purchase individual health coverage and have the same tax-advantaged basis as employer-provided coverage, we can free employees to shop around for coverage that best suits them, instead of simply taking what their employers offer.

Additionally, I have cosponsored Representative PAUL RYAN's Roadmap for America's Future Act (H.R. 4529). This sweeping piece of legislation takes our nation's toughest fiscal challenges head on and solves them. In addition to making both Medicare and Social Security solvent for future generations, this legis-

lation would also reform our health care system in a patient-centered manner that harnesses the power of the marketplace—not government—to provide Americans with access to high-quality, affordable health care. It does so without raising taxes or inserting a federal bureaucrat between you and your doctor.

When it comes to health care reform, the American people want a tune-up, they don't want repossession. The massive power grab that the underlying health care legislation represents will fundamentally change the relationship between the government and its citizens. For example, the Senate-passed health care legislation requires all Americans to have bureaucrat-approved health insurance or else be subject to criminal penalties. I believe such a requirement to be unconstitutional to begin with. However, even if it is one day ruled constitutional by our nation's judiciary, if the federal government requires you to buy health insurance today, what is it going to require you to buy tomorrow? Such a provision significantly moves us towards waking up one day and finding that the sovereign power in our nation rests not with "we the people" but with "we the government."

I also oppose the underlying health care legislation because of its blatant disregard for the sanctity of human life. Despite the fig-leaf attempts to cloud the issue, fundamentally, this is the most pro-abortion piece of legislation to be considered by Congress since the tragic Supreme Court decision of *Roe v. Wade*. The Senate-passed bill does nothing more than set up an accounting gimmick for government-subsidized health care plans that cover elective abortions participating in the exchanges. If the legislation truly embodied the principle that no federal funds would be used to subsidize elective abortions, the Stupak-Pitts amendment that this House approved as part of the House-passed health care bill on November 7, 2009 would be in the legislation today.

To the glaring absence of the Stupak-Pitts language, my friends on the other side of the aisle are now pointing to the promise of an Executive Order from President Obama. While such an Executive Order may seem to be a protection for the unborn, it is nothing of the sort. First, the underlying Senate-passed bill that will become law if passed by this House and signed into law by President Obama contains provisions that specifically set up mechanisms whereby federal taxpayer money could be used to subsidize or pay for elective abortions. Supreme Court decisions have reaffirmed that an Executive Order cannot override a statute in law. Secondly, just as easily as an Executive Order is given, an Executive Order can be taken away. Even if you believed that President Obama's Executive Order protected the rights of the unborn, it would have no lasting permanence. To overturn this Executive Order, a future president—or even President Obama himself—need only issue an Executive Order canceling it, leaving the protection of the unborn up to the stroke of a pen.

I also oppose the underlying legislation for the provisions that threaten the health care of our seniors and the future of Medicare. The underlying legislation contains over one-half trillion dollars in Medicare cuts. Within those cuts, Medicare Advantage plans are particularly hit hard. Medicare Advantage plans are

currently providing quality health care coverage to millions of American seniors. These plans have grown in popularity over the years, demonstrating their appeal as seniors have voted with their feet to enroll in them. The cuts to Medicare Advantage in the Senate-passed bill would endanger the current health care coverage of seniors who have it, breaking a fundamental promise made by Democrats throughout this debate that if you like your current health care coverage, you could keep it.

The Medicare cuts are also troubling to me because, instead of being reinvested in the Medicare benefit to improve the solvency and future of Medicare, they are used to help pay for the new health care entitlement created in the underlying legislation. Medicare is already on the road to insolvency in the near future. According to the 2009 Medicare Trustees Report, Medicare has \$38 trillion in unfunded liabilities—promises made already that we can't pay for—and the Medicare Trust Fund will go broke in 2017. Since we will already have challenges paying for the Medicare benefits we've already promised, why are we taking money from Medicare and spending it elsewhere, instead of working to increase the solvency of Medicare to protect it for future beneficiaries?

On top of the reasons I've stated previously, I also oppose this legislation because it contains jobs-killing tax increases. The underlying legislation also includes approximately one-half trillion dollars in tax increases. While I believe that raising taxes is never the solution, how can anyone believe that raising taxes during our current economic troubles is a good idea? Despite the unprecedented spending spree that President Obama and Congressional Democrats embarked upon in February 2009, the United States continues to have an unemployment rate that is near double digits and the economy continues to shed jobs. At the outset of this year, the majority announced that jobs were their number one legislative priority. Yet, how can jobs be the number one priority when legislation that contains jobs-killing tax increases is being brought before us today?

The final reason that I oppose this rule and the underlying legislation is that, simply put, the United States cannot afford this new entitlement. Do my friends on the other side of the aisle know that our country is going broke? Before President Obama took office, America was headed toward a fiscal cliff. However, instead of working to improve our fiscal situation, President Obama and Congressional Democrats have stepped upon the accelerator hastening the day of fiscal reckoning. Overall, under honest accounting standards, this legislation will cost \$2.6 trillion—or over \$22,000 per household. It is a bill that is filled with budget gimmicks, and the true cost obfuscated by smoke and mirrors accounting that would make Bernie Madoff blush. This legislation takes the half-trillion in Medicare cuts and uses them to pay for the new spending in the bill. Yet, somehow it also claims to use the savings from Medicare to increase Medicare's solvency. How can one set of Medicare savings be used twice?

The underlying legislation also raids the Social Security Trust Fund to the tune of \$53 billion, taking funds that would be destined to pay future Social Security benefits and instead uses them to reduce the overall cost of the bill. The benefits those funds were supposed

to pay for will still have to paid for eventually, requiring taxpayers to make up the difference.

This legislation also creates a new entitlement program known as the CLASS Act, which is supposed to be supported by premiums. However, to help bring the cost of the underlying legislation down, Democrats take the premiums from this program and spend them elsewhere. Thus, premiums that should be supporting this program are used elsewhere, leaving taxpayers to make up the lost funds in the future. This accounting gimmick is so bad, that even Senate Budget Committee Chairman KENT CONRAD has called this “a ponzi scheme.”

This legislation is also fiscally dishonest because it attempts to hide its true cost through manipulation of congressional scoring procedures. The underlying legislation will collect 10 years of revenues to pay for 6 years of spending. By delaying the onset of benefits, Democrats are attempting to hide the cost of their health care legislation. Do Democrats intend for the health care bill to be turned off every decade for 4 years? Certainly not, but this setup is not by chance, as its purpose is to get the 10 year cost of the bill down.

In order to draw attention away from the fiscal flaws with this legislation, Democrats have been waiving estimates from CBO claiming their bill reduces the deficit. The dirty Washington secret is that CBO estimates are based on what is put in front of them. If you give CBO garbage on one side, garbage comes out the other. For instance, the underlying legislation assumes that physicians will receive a 21 percent Medicare reimbursement cut later this year. However, prior to today, Speaker PELOSI has already announced her support for passing what Washington calls the “doc fix.” Yet, the underlying bill assumes a 21 percent physician reimbursement cut. Instead of putting the “doc fix” in the underlying legislation, it was left out to ensure that the overall cost of the bill officially was lower. However, this does nothing to lower the overall cost to the American people. In fact, when you assume the “doc fix” will occur as well, CBO says the deficit will actually be increased as a result of passing the underlying legislation. In a March 19, 2010 letter to Representative PAUL RYAN, CBO writes, “You asked about the total budgetary impact of enacting the reconciliation proposal (the amendment to H.R. 4872), the Senate-passed health bill (H.R. 3590), and the Medicare Physicians Payment Reform Act of 2009 (H.R. 3961). CBO estimates that enacting all three pieces of legislation would add \$59 billion to budget deficits over the 2010–2019 period.” Democrats are either going to cut physician payments by 21 percent, or they’re not going to and increase the deficit. They can’t have it both ways.

Despite the protests of my friends across the aisle, the bill before us today cannot be mistaken for anything other than what it is: a government take-over of our health care. This legislation takes health care in our nation in a fundamentally different direction as it puts a federal bureaucrat or politician between you and your doctor by empowering the federal government to substitute its decision-making regarding your health care decisions in place of that of you and your doctor. If you love the way the federal government has run AIG, our banks, and our auto companies, you’ll love the way they run your health care.

But even more than cost, this is really a debate about who will control the health care resources of this Nation and who will control the health care decisions of our families. If we pass this bill, we will wake up one day only to find that when our loved ones become ill, they will wait weeks, perhaps months, to see a mediocre doctor of the government’s choosing, only to be told by that same doctor that he cannot help because his treatment must be limited by the government protocol.

To see what health care in America could look like in the years to come, we need only look to those systems in the United Kingdom and Canada that the underlying health care legislation before us today tries to take us in the direction of. After hearing the stories of how those systems provide health care, I can’t imagine any American who would want our health care experiences to be like those of the British and Canadians.

Would you want you or your loved ones to have the experience of Linda O’Boyle from Great Britain? Linda was a 64 year old mother of 3 and grandmother of 4 who was fighting cancer. After weeks of chemotherapy, doctors told her there wasn’t much they could do for her. However, her consultant suggested a new drug called Cetuximab, which he applied for permission from the National Institute for Health and Clinical Excellence (NICE) to treat her with this drug, but was denied. Linda and her husband decided to pay for the drug themselves out of their savings. However, this was a violation of National Health Service policy and Linda was denied the “free” treatment by the NHS because she had privately paid for a cancer medication that prolonged her life. The NHS completely withdrew treatment, including chemotherapy. Linda died in March 2008. The Southend University Hospital NHS foundation trust, where Linda was getting her treatment said in a statement: “A patient can choose whether to continue with the treatment available under the NHS or opt to go privately for a different treatment regime. It is explained to the patient that they can either have their treatment under the NHS or privately, but not both or in parallel.”

Would you want you or your loved ones to have the experience that David Malleau of Canada did? David was a 44 year old truck driver who was in a bad car accident in 2004. Doctors were forced to remove a fist-piece size of bone from his skull to relieve pressure on his brain. After the swelling subsided, he was ready for surgery in March 2005. He was sent home and placed on a waiting list for surgery to replace the removed portion of his skull. Because of the threat of something hitting the exposed side of his brain, David was confined to his home while waiting on the surgery. Ultimately, he waited nearly a year for skull replacement surgery.

Would you want you or your loved ones to have the experience of Lindsay McCreith? Lindsay is a man in his 60s who went to the ER and a CT scan showed a large wedge-shaped brain tumor. He was discharged from the hospital 4 days later with a diagnosis of a stroke and given anti-seizure medication. Wanting to see if the tumor was cancerous, Lindsay wanted an MRI. He was given an appointment for one 4 months later. Not wanting to wait that long, Lindsay came to the United States and paid \$494.67 for the MRI. He took the results to his Canadian family doctor, who

referred him to a neurologist. He was examined by the neurologist and referred to a neurosurgeon. However, to see the neurosurgeon, Lindsay would have to wait 3 months. Not wanting to wait that long to determine if he had cancer, Lindsay returned to the US and a biopsy found the tumor was malignant, and the tumor was subsequently surgically removed.

My friends on the other side of the aisle think that won’t and can’t happen in America. If the underlying bill becomes law, I hope and pray they are right. Unfortunately, I have low expectations that the experiences of patients in the United Kingdom and Canada can be avoided in the United States if this health care legislation becomes law.

I think another indication of the future of health care in America can be found in career paths that current physicians recommend to their own children. Since the health care reform debate began in 2009, I had the opportunity to meet with dozens of physicians throughout the Fifth Congressional District of Texas, which I have the privilege to represent. In my discussions with these physicians, I asked them whether or not they would recommend to their children a career in medicine as a physician. With very few exceptions, these physicians told me that they have encouraged their children to seek careers elsewhere, as they believe physicians in the future will not be able to provide the care that is right for their patients, but will be limited to providing the care that is approved by the government. This anecdotal evidence is of great concern to me, because if current physicians won’t even encourage their own children to practice medicine, will Americans continue to see our best and brightest students continue to choose medicine? My fear is that we will not, and in the future you will be seeing the doctor who was a “C” student, instead of seeing a doctor who was an “A” student, like you can today.

In America, we must never confuse the social safety net with the slippery slope to socialism. When it comes to the health care of my family, when it comes to the health care of my country, I reject the hubris and arrogance of government social engineering, and I embrace the affordability and portability that comes by preserving the liberties of the American people.

Mr. Speaker, if this legislation passes and becomes law, Americans will not stop being Americans. Each generation of Americans before us has passed on a legacy of more freedom and opportunity than the one it was left. We owe it to our children and our grandchildren to make their pursuit of happiness easier than our own. This legislation takes us in the exact opposite direction.

But despite the obstacles that Washington places along their paths in pursuit of their own happiness, Americans will continue to work hard, think hard, and employ the exceptionalism that has made our nation the beacon of freedom that we are today. Americans will find a way, Madam Speaker, to overcome the new taxes, the new spending, and the new mandates that are contained in this legislation. They will find a way—they must find a way—if we are to keep the Republic that we inherited from our forefathers.