

of America

Congressional Record

Proceedings and debates of the 111^{th} congress, second session

Vol. 156

WASHINGTON, MONDAY, MARCH 15, 2010

No. 37

House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Ms. HIRONO).

DESIGNATION OF SPEAKER PROTEMPORE

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

Washington, DC, March 15 2010

I hereby appoint the Honorable MAZIE K. Hirono 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.

HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Thank you, Madam Speaker.

This week marks the homestretch of the health care debate. Reform will pass if people focus on the facts and the opportunities. No more outsourcing our analysis to the talking heads. Now, facts matter and the American people should find them.

Health care is in crisis not just because we pay more for mediocre results in our health care system. The number of uninsured Americans is increasing, soon to reach 50 million Americans. And health insurance is getting worse for those who already have it. It's getting more expensive, people will have higher co-pays, higher premiums. Then people will have to fight to get their health bills paid. The United States is the only industrialized country where people go bankrupt from health care. This year, a thousand people that I represent back in Oregon will go bankrupt from health care costs—and most of them will have health insurance.

Medicare is a great success story. Most of us recognize that. It was enacted 45 years ago over many of the same objections that we are now hearing from my Republican colleagues 45 years ago. Medicare has been responsible for our senior citizens getting the health care outcomes that people in most other developed countries enjoy.

Opponents attack government-paid insurance in France, Germany, Switzerland, and Canada. But most American families would welcome the health care results in those countries where people get sick less often, they get well faster, and they live longer, and they pay far less than Americans.

We have a huge problem because Medicare is at risk. It's on an unsustainable financial path while it penalizes low-cost, high-value States like mine—Oregon—and others such as Wisconsin and Iowa. The House bill shows how to make those important re-

Finally, part of the problem today is that there continues to be brutal political attacks that are unfettered by the truth and history. I take some of this a little personally because my bipartisan legislation to help families make sure that their end-of-life decisions are respected morphed into the Sarah Palin's "death panel"—which I am pleased to report was judged the lie of the year by Politifacts.com.

The mandate to buy insurance, which has been an object of attack, was in

fact a Republican idea that was introduced in the early 1990s as an alternative plan to the approach that was offered by the Clinton administration. And now we are having people fight to prevent any change in Medicare despite the fact that they admit it's on an unsustainable path, and they themselves have proposed some of the most Draconian efforts to cut—some would say gut it—in the past.

Is the legislation that we will be considering this week perfect? No, it's not. Of course, I have only been here 14 years and I've not yet seen a "perfect bill." And the sad decision that was made to follow Republican Leader BOEHNER's admonition to not legislate but to communicate, to talk and argue, actually made it harder to make good legislation.

Is this the final word in health care reform? Not by a long shot. We will be working to refine and improve this legislation for months, and indeed, years to come. But is it worth doing? Absolutely. This is a critically important step, the most important since Medicare was created 45 years ago.

This legislation passed the Senate 10 weeks ago. A month before that, the House passed its legislation. The facts are clear. The legislation is available. If the public and Congress focus on the facts, this bill will pass and a sick American health care system will start to get better.

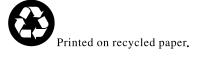
HEALTH CARE RECONCILIATION

The SPEAKER pro tempore. The Chair recognizes the gentleman from Florida (Mr. STEARNS) for 5 minutes.

Mr. STEARNS. Madam Speaker, in 1974, Congress passed the Congressional Budget Act. This law created an optional procedure we know as the budget reconciliation process. The chief purpose of the reconciliation process was to enhance Congress' ability to change current law in order to bring

 \Box This symbol represents the time of day during the House proceedings, e.g., \Box 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.



revenue and spending levels into alignment with the budget resolution. That is a definition of a reconciliation bill, to control government spending; not to enact new policies.

The last reconciliation bill passed by Congress was in the year 2007. This process was first used in 1980, and in 1985, Senator ROBERT BYRD had the Senate adopt a temporary rule to curb the practice of using reconciliation as a vehicle to move extraneous materials outside of the budget process. This rule is known today as the Byrd Rule. The Byrd Rule has been extended and modified over the years and in 1990 was made permanent when Congress amended the Congressional Budget Act of 1974.

Now, under the Byrd Rule, a senator who is opposed to the inclusion of extraneous material in the reconciliation bill may offer an amendment or a point of order to strike that provision. The Byrd Rule defines six provisions of what constitutes extraneous matter. The three most important provisions are, one, the bill language must produce a change in outlays or revenues; two, the bill cannot increase the deficit for fiscal years beyond the budget window; three, the provision is a nonbudgetary component that has a fiscal effect outside of the Treasury.

So today, Madam Speaker, the House Budget Committee will be meeting to markup a Budget Reconciliation Bill. Despite the House not having done a budget for the fiscal year 2011, the Budget Committee is going forward with reconciliation authority from last year's budget. The reconciliation process is being used to pass a Senatepassed health care bill in the House and to get the Senate to amend the reconciliation bill or law without fear of a filibuster.

Now, the press is reporting that the Rules Committee will report a rule that will deem the Senate health care bill as passed with the adoption of the rule and we only have a chance to debate and vote on the budget reconciliation. This is outrageous and absurd. The majority will claim that they will only be voting on the rule, when in fact they will be voting on accepting the Senate bill. Last year, the House was passing bills without reading them. This year, they're passing bills without voting on them.

This 2,309-page document makes a mockery of the entire budget reconciliation process. This monstrosity will be used to force a Senate health care bill reform on the American people who have spoken up loudly and spoken up to reject its backroom deals and special interest giveaways. Yet the Democratic leadership will ask its members to vote for the rule which will selfenact the Senate bill, the entire health care bill, in the hope that the Senate Democrats will vote later for reconciliation that the Senate parliamentarians will uphold the provisions inside the reconciliation bill which includes a self-enacting rule vis-a-vis health care bill.

Now, this is my understanding. There is no precedent for what the Democrats are doing with this deception. There has never been a reconciliation process as corrupt as what is happening this week. We have never written a reconciliation bill to amend a law that does not exist. We have never had a reconciliation bill with so far a reaching scope. This bill would seek to alter one-sixth of our economy permanently.

Thomas Jefferson, the Founding Father and author of the first Senate rules, states, "The minority possess their equal rights, which equal law must protect, and to violate would be oppression." The Democrats are violating the minority rules by this procedure. If the Byrd Rule applied to the House, we would never be able to pass the budget reconciliation.

This bill, these tactics being used, goes way too far. It undermines the process of creating laws, the right to offer amendments, and the right to vote on a bill. It may not be politically safe for the majority, but we should have a proper vote, up-and-down, on this health care bill and an ability to amend the Senate bill. As legislators, we were sent here by our constituents to vote, not to hide. The proposed rule and the Budget Reconciliation Bill undermine our rights enumerated within the Constitution.

So I urge the Democrat majority to rethink the whole procedure for bringing up the Senate health care bill. Enacting a rule which includes health care will mean that once it passes the House it will go directly to the President. It will not return to the Senate. The President will sign it and it will become law. This is what they intend contrary to the transparency they promised.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 41 minutes p.m.), the House stood in recess until 2 p.m.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. Woolsey) at 2 p.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer: Lord, our God, at times we seem to lose our way. Personal problems so consume us we find it difficult to look around and face squarely larger issues which touch us all.

You have told us You are the way, the way to freedom, the way to gain proper perspective, the way to follow, if only we keep our eyes and fix our expectations on You.

Lord, guide us in Your own way that we may seek only truth and love life. Both now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Texas (Mr. BURGESS) come forward and lead the House in the Pledge of Allegiance.

Mr. BURGESS led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God. indivisible, with liberty and justice for all.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

House of Representatives. Washington, DC, March 12, 2010. Hon. NANCY PELOSI.

The Speaker, the Capitol, House of Representa $tives,\ Washington,\ DC.$

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on March 12, 2010 at 2:33 p.m.:

That the Senate passed S. 1147. With best wishes, I am,

Sincerely,

LORRAINE C. MILLER. Clerk of the House.

FINAL THROES OF GOVERNMENT TAKEOVER

(Mr. BURGESS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURGESS. Madam Speaker, we are in the final throes of the government takeover of America's health care system. We have a shell bill that was posted on the Budget Committee site last night. This shell bill will give rise to a phantom bill. The phantom bill goes over to the Rules Committee, and that is where we get real reconciliation. We probably have one day or two to look at the shell bill, one day or two to look at the phantom bill, and virtually no time to see what is in the real reconciliation bill. My committee, the Committee on Energy and Commerce, is completely bypassed in this process. No respect for the oldest standing committee in the United States House of Representatives.

And speaking of no respect for the oldest standing committee in the