

their support team accomplished. This resolution is meant to inspire us with the example of Don Walsh and Jacques Piccard and reinvigorate the commitment of our Nation and this Congress to unlocking the secrets of the oceans of this Earth, of which we know so little.

Mr. Speaker, Mr. Piccard passed away in 2008. But Don Walsh is still alive, and he remains in every way an adventurer. Next month in a series of events, we will honor Mr. Walsh and the memory of Mr. Piccard here in Washington. There will be a dinner at the National Geographic Society, a reception at the Smithsonian, and press tours of the Trieste herself, which is housed just down the street from the Capitol at the U.S. Navy Yards. These events were scheduled for April, not January, because Don Walsh has only just returned home from working and exploring in Antarctica.

I encourage my fellow Members of the House to add to the honors that will be accorded Captain Don Walsh next month by passage of House Resolution 1027.

I also want to thank my colleagues, Ms. BORDALLO and Mr. FARR, for their cosponsorship of this resolution. Even more, I want to recognize their continuing leadership in the protection of our oceans and the advancement of the scientific understanding of our marine environment.

Finally, Mr. Speaker, I would like to call attention to the newly designated Mariana Trench National Monument. This monument not only contains the Mariana Trench where the Trieste descended, but also three islands of my district—Uracas, Asuncion, and Farallon de Pajaros—as well as a multitude of undersea volcanoes, upwellings of liquid carbon dioxide, and other features believed unique in all the world.

The people of the Northern Mariana Islands are proud of this environmental treasure and are committed to its protection so that it may be a source of wonder to those who visit and of knowledge to those who come there to explore and discover as Don Walsh and Jacques Piccard did 50 years ago.

□ 1430

Mr. OLSON. I yield back the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, let me express my appreciation to all of the staff as well as the Members who brought this forth.

I recommend that we support this resolution and pass it.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) that the House suspend the rules and agree to the resolution, H. Res. 1027.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

#### NATIONAL DAY OF RECOGNITION FOR LONG-TERM CARE PHYSICIANS

Ms. SPEIER. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 244) expressing support for the designation of March 20 as a National Day of Recognition for Long-Term Care Physicians, as amended.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

#### H. CON. RES. 244

Whereas a National Day of Recognition for Long-Term Care Physicians is designed to honor and recognize physicians who care for an ever-growing elderly population in different settings, including skilled nursing facilities, assisted living, hospice, continuing care retirement communities, post-acute care, home care, and private offices;

Whereas the average long-term care physician has nearly 20 years of practice experience and dedicates themselves to 1 or 2 facilities with nearly 100 residents and patients;

Whereas the American Medical Directors Association is the professional association of medical directors, attending physicians, and others practicing in the long-term continuum and is dedicated to excellence in patient care and provides education, advocacy, information, and professional development to promote the delivery of quality long-term care medicine; and

Whereas the American Medical Directors Association would like to honor founder and long-term care physician William A. Dodd, M.D., C.M.D., who was born on March 20, 1921: Now, therefore, be it

*Resolved by the House of Representatives (the Senate concurring), That Congress—*

(1) supports the designation of a National Day of Recognition for Long-Term Care Physicians; and

(2) supports the goals and ideals of a National Day of Recognition for Long-Term Care Physicians.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. SPEIER) and the gentleman from Ohio (Mr. JORDAN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

#### GENERAL LEAVE

Ms. SPEIER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. SPEIER. I now yield myself such time as I may consume.

Mr. Speaker, I rise in support of H. Con. Res. 244, a bill recognizing the

work of our Nation's long-term care physicians. Millions of Americans with disabilities or chronic illnesses require long-term medical care. The medical professionals who provide this care commonly address multiple chronic conditions and develop strong, compassionate, and trusting relationships with their patients. Long-term care is often required by Americans in advanced age; and as this population increases, the demands for these services will obviously be increasing as well. However, all of us of any age are susceptible to illnesses, injuries, and conditions that require long-term care, so we all have a stake in this. All Americans should be grateful for the hard work of these dedicated professionals.

In particular, H. Con. Res. 244 recognizes the work of the American Medical Directors Association, the professional association for long-term care physicians officially chartered in 1978.

H. Con. Res. 244 was introduced by my colleague, the gentleman from Georgia, Representative PHIL GINGREY, on March 2, 2010. The measure was referred to the Committee on Oversight and Government Reform, which reported it favorably by unanimous consent on March 18, 2010. The bill enjoys the support of over 50 Members of the House.

Mr. Speaker, I urge my colleagues to join me in supporting this measure, and I reserve the balance of my time.

Mr. JORDAN of Ohio. Mr. Speaker, I would like to yield myself just a few minutes here and then yield to our colleague from Georgia.

Long-term care physicians deserve to be commended for their expertise and devotion to their line of work. As such, it is my great pleasure to support the designation of a day to honor their committed and faithful service to the population of truly needy individuals in our Nation. And so I support H. Con. Res. 244.

I would like to yield to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Mr. Speaker, I want to thank the gentlelady from California (Ms. SPEIER) and the gentleman from Ohio (Mr. JORDAN). I want to thank also my colleague in the Senate, Senator SAXBY CHAMBLISS, who is introducing the companion legislation.

Mr. Speaker, indeed, I do rise in proud support of authoring H. Con. Res. 244, expressing support for March 20 as a National Day of Recognition for Long-Term Care Physicians. And I want to give a loud shout-out to one of my best friends. In fact, he calls, he says we are pallbearer friends—now that's serious—Dr. Steve Jordan, who is a long-term care physician in Statesboro, Georgia, and one of my classmates in medical school.

Yet I support this resolution, Mr. Speaker, with a heavy heart because I fear that the Democrats' health reform bill will harm seniors and their long-term care. Seniors and patients all across this country have been telling our Congress that their health will suffer, their health will suffer if this bill,

ObamaCare, passes, \$500 billion in cuts to Medicare when the program is already going broke. Seniors in my district know their health care costs will go up if this bill, bought with backroom deals, is passed.

This Democratic majority, while promising the American people they will reform insurance, will bring in billions of new profits to private insurance companies and for liberal bureaucrats. Let me be very clear about this, Mr. Speaker. If the Democratic majority jams this bill down the throats of American patients, our health care, their health care will suffer. It will not get better; it will get worse. And to top it all off, the majority party wants to negate the votes of 300 million patients in this country by not even allowing an up-or-down vote by their Members on this backroom-deal bill. And that, Mr. Speaker, is the worst deal of all.

Yes, of course, I stand in proud support of this resolution, and I thank my colleague for making it possible to bring it to the floor.

Ms. SPEIER. Mr. Speaker, I yield myself such time as I may consume.

And I would like to just say to the gentleman from Georgia, as much as we are talking about the great work of long-term care physicians, it is important to note, as he expresses his disdain for the health care reform measure, that the American Medical Association, made up of thousands upon thousands of physicians across this country, stands in strong support of the health care reform measure.

I reserve my time.

Mr. JORDAN of Ohio. Mr. Speaker, I would yield 2 minutes to my distinguished colleague from the State of Illinois, Congressman SHIMKUS.

(Mr. SHIMKUS asked and was given permission to revise and extend his remarks.)

Mr. SHIMKUS. Mr. Speaker, I want to thank my colleagues for bringing down this resolution. Long-term care is very, very important, as are the physicians involved in taking care of our seniors. The primary payer of long-term care is Medicaid. And regarding the Democratic health care bill, what happened to Illinois is that the mandated increase in Medicaid forces a \$2 billion additional cost in the State of Illinois, another unfunded mandate in a State that is already \$11 billion in debt. And I think my colleague from California would understand that because of the indebtedness in the State of California. We are both, our States are both, in serious problems.

The Medicare cost cuts in this bill, in the Democratic health care bill, is \$463 billion for Medicare, which means that doctors are going to stop providing and giving access. My colleague talked about the AMA. We have physicians here on the Republican side who are members of the AMA who are adamantly opposed to the health care bill.

The third thing is that in this economy we cannot afford a \$569 billion tax increase to pay for this. Caterpillar

today just announced that this health care bill will add another \$100 million of cost to their service. Now how are we going to increase jobs in the economy by increasing taxes that much? And I would like to end with this quote from the Catholic bishops: "Notwithstanding the denials and explanations of its supporters, and unlike the bill approved by the House of Representatives in November, the Senate bill deliberately excludes the language of the Hyde amendment. It expands Federal funding and the role of the Federal Government in the provision of abortion procedures. In so doing, it forces all of us to become involved in an act that profoundly violates the conscience of many, the deliberate destruction of unwanted members of the human family still waiting to be born."

Ms. SPEIER. Mr. Speaker, as we again debate this health care reform measure, which is not the measure that is before us presently, but a resolution to promote long-term care physicians, I would just like to point out that while the bishops may not support the language in the Senate bill, the network which is comprised of tens of thousands of Catholic nuns across the country does support the language. So maybe it's the nuns versus the priests, and I would side with the nuns.

Mr. SHIMKUS. Would the gentleman yield?

Ms. SPEIER. I yield.

Mr. SHIMKUS. The true response to that is that 55 nuns signed that letter, 10,000 nuns have come out against this position by those 55.

Mr. JORDAN of Ohio. Mr. Speaker, I recognize my distinguished colleague, Dr. BROUN from Georgia, for 2 minutes.

Mr. BROUN of Georgia. I thank the gentleman for yielding. I rise today in support of H. Con. Res. 244 expressing support for the designation of March 20 as the National Day of Recognition for Long-Term Care Physicians and to honor an esteemed long-term care Georgian physician, Dr. William A. Dodd. As a primary care physician for almost four decades, I understand the important role long-term care physicians play for an ever-growing elderly population.

We as a body have spent the last year debating health care reforms. It appears that a weekend vote on government takeover of the entire health care system is the best Congress can come up with. It is a shame that we have lost an opportunity to debate real reforms that will help millions of Americans either continue with or obtain affordable, quality and accessible health care for their families, reforms that many in Congress can agree on, such as allowing the purchase of health care insurance across State lines, developing associations and State high-risk insurance pools to help lower insurance premiums, allowing medical providers to receive tax credits for providing free services for those who are unable to afford care and for full deductible of health care costs, tax fairness.

We in Congress can do much better than what the current discussion is yielding. For the sake of all long-term care physicians, as well as all Americans, the health care debate needs to move away from our current path and start over with commonsense reforms.

Ms. SPEIER. Madam Speaker, I reserve the balance of my time.

Mr. JORDAN of Ohio. Madam Speaker, I would like to recognize the distinguished colleague from Alabama, Dr. GRIFFITH, for 2 minutes.

□ 1445

Mr. GRIFFITH. Madam Speaker, the long-term care physicians of America are unsung heroes. Many of you have never seen them, many of you have never met one, but yet they work with some of the most difficult patients in the world.

Imagine, if you will, walking into a room of 20 or 30 Alzheimer's patients, walking into a room of 20 to 30 young men or women with closed-head injuries who will live in a vegetative state for 20 to 30 years. Imagine, if you will, a physician who has three to four nursing homes to take care of, patients on five and six medications. Very, very difficult medicine and very, very hard to find these individuals. Less than 2 percent of our medical school classes are going into primary care; 35 percent of our physicians are trained overseas.

The health care bill that is being proposed for America today is going to accentuate the physician shortage. We will have a very difficult time finding long-term care physicians. We have a hard time even today having people be seen who have Medicare coverage but still no access, Medicaid coverage but still no access. And our long-term physicians, long-term care physicians who are unsung and our heroes in medicine will become a fewer and fewer number under this present bill. We are very concerned about that. Because of that, we have voiced our opposition, but we are proud to sponsor this resolution.

Ms. SPEIER. I reserve the balance of my time.

Mr. JORDAN of Ohio. Madam Speaker, I yield an additional 2 minutes to Dr. GINGREY, our colleague from Georgia.

Mr. GINGREY of Georgia. Madam Speaker, I thank the gentleman for yielding to me, and of course I continue to support this great resolution recognizing March 20 as National Long-Term Care Physician Day.

As my colleague from Alabama, the gentleman from Huntsville, Dr. PARKER GRIFFITH, just spoke, Madam Speaker, as a medical oncologist he knows of what he speaks. And he talked about the long-term care physicians, many of us who have not yet needed their services but indeed we will. We will.

As I said earlier, Madam Speaker, I have great concerns. I have great concerns about their ability should this H.R. 3590, patient protection health care reform bill—I call it ObamaCare.

Should that pass, I have great concern about our long-term care physicians and what they can do, how they can help, how much in control they will be of the health and well-being of our senior citizens.

You know, the economic stimulus package of last year talked about shovel-ready projects. Well, that didn't have much effect, I don't think, on our senior citizens. But if this bill passes, if ObamaCare passes, Madam Speaker, then all of a sudden these senior citizens in our country will become shovel ready, and this bill will concern them. My great fear is they will be first in line to get thrown under the bus when we start rationing health care.

So as I support this resolution, as I said earlier, I have a very heavy heart and much concern. When you cut \$500 billion out of a Medicare program that has \$35 trillion, Madam Speaker, of unfunded liability over the next 50 years, and you are going to cut it 10 percent a year, Madam Speaker, for the next 10 years? How is that good for our senior citizens?

Ms. SPEIER. Madam Speaker, as we discuss this resolution on recognizing the long-term care physicians, my colleagues on the other side of the aisle keep wanting to debate the health care reform measure, so I feel it is incumbent on me to at least shed some light from our perspective on why this is so very important to the American people. And as we look at the health care professionals who are supporting the health care reform measure, I would like to just list a few of them.

The American Medical Association, the AARP, the Catholic Health Association, the Federation of American Hospitals, the National Association of Public Hospitals and Health Systems, the American College of Physicians, the National Hispanic Medical Association, and the list goes on and on. All of these health care professionals can't be wrong.

I reserve the balance of my time.

Mr. JORDAN of Ohio. Madam Speaker, I would just respond to the comments from the gentlelady from California that one group she left out was the American people. Every single poll done over the last year shows the American people don't want the health care legislation. She can name every group she wants—I am sure she has got a longer list—but go talk to the American people. Time and time again, they have said they don't want this bill.

So while you have every special interest group that she wants to lay out there, that is fine. Think about it. They were going to pass this bill in September; the American people said "no." Oh, we are going to pass it in October; the American people said "no." We are going to pass it by Thanksgiving; the American people said "no." We are going to get it done by Christmas, we promise; the American people said "no." We are going to get it done by the State of the Union; the American people said "no." And now, they

are going to try to get it done by Easter.

What part of "no" don't they get?

So sure, there are all kinds of special interests who want this special deal, but the American people know what it is about, and that is why they are opposed to it.

And I yield an additional 2 minutes to the gentleman from Georgia (Mr. BROWN).

Mr. BROWN of Georgia. I thank the gentleman for yielding.

Mr. JORDAN is exactly right; the American people are not being taken into consideration. They are being overlooked. But I want to remind the gentlelady from California, and the American people for that matter, the AMA only represents a very, very small fraction of physicians in this country, a very small group. All these groups that she named off have cut their own special little deals with the President and with the leadership here in the House and the Senate. They have cut out their special deals for their own parochial interests, but they haven't considered the American people.

I will tell the gentlelady from California, the vast majority of medical doctors who are practicing medicine, like I have for almost four decades, deplore this government takeover of the health care system, the vast majority, and what it is going to do if it is passed into law. It is going to mean that patients can't make health care decisions for themselves; doctors can't make health care decisions for their patients. Government bureaucrats here in Washington, DC, will be making those decisions.

And the people who are going to be hurt most are those people on Medicaid and Medicare, the poor people in this country and the senior citizens. The reason that they are going to be hurt the most, we already see it happening as doctors are having to not accept any more Medicaid patients, any more Medicare patients because of reduced reimbursement; and that is going to get much worse if this bill is ever passed into law.

So they may have an insurance card provided for them by the Federal Government in their pocket, but that insurance card is going to be worth the same amount that a confederate dollar was after the war between the States, worth nothing, because they can't get access. And that is exactly where the Democratic leadership is taking us. Access is going to be much worse than it is today. But we have some commonsense solutions.

The SPEAKER pro tempore (Ms. WATSON). The time of the gentleman has expired.

Mr. JORDAN of Ohio. I yield the gentleman an additional 1 minute.

Mr. BROWN of Georgia. We have some solutions. I have challenged Democrats to introduce a bill that would do four things: across-State-line purchasing for businesses and individ-

uals, association pools to give people multiple options, develop State high-risk pools, and have tax fairness so everybody could deduct 100 percent of their health care costs and insurance off their income taxes. I've had many Democrats say they would love to support it but their leadership won't let them. We can have some commonsense solutions that would give people what my Democratic colleagues keep asking for—lower costs, more accessibility.

But the program we are seeing on the floor and that is going to be forced down the throats of the American people is actually going to be adverse to the people who can afford it the least, the poor people and the senior citizens in this country. It's going to put millions of people out of work. The cost is going to skyrocket. It is going to be disastrous.

We can find commonsense solutions. We can do some things that will be in the best interests of patients, doctors, businesses, and everybody, if we just do it.

Ms. SPEIER. Madam Speaker, I would like to yield to the gentlewoman from California (Ms. WOOLSEY) such time as she may consume.

Ms. WOOLSEY. Madam Speaker, I was just doing a crossword puzzle waiting for my turn, because I am going to work with Congresswoman SPEIER on the next resolution, and there was a clue. I was doing a crossword puzzle, and the clue was "emotion evoked by pathos." The answer was "pity." And I thought, oh, my gosh, that is exactly what I am feeling about what I am hearing from other side of the aisle.

It is such a pity that for 8 years the Republicans did nothing to fix health care. It is such a pity that you must be so afraid of what is going to come out of the health care bill when we pass it this weekend, that it is going to be so popular when 32 million people will be covered, because 38 million people in this country have no coverage right now. And what did you do about it over the last 8 years? Nothing. What a pity.

What a pity that you have to say that we are rationing care when there is absolutely no question that American care is not going to be rationed. But care will be rationed today if we do nothing by the insurance companies, which are rationing care every day as I speak. They are making the coverage of care based on their profits. It is being rationed for those who have insurance but can't afford the care, and those who have lost insurance because it simply cost too much. Those who want to defeat reform are essentially defending rationing care.

Under the House and Senate bill and the President's proposal, there is not one provision that gives the government the ability to determine what treatments an individual can receive. More specifically, the comparative effectiveness research provisions in the House and Senate bills that are supported by the administration have been

funded by the Federal Government—already funded by the Federal Government for years.

This research has absolutely nothing to do with rationing. This research is to improve quality of care, it is to give doctors information they need and what they want so that they can treat patients better. That is what we are looking for. We are looking for treatment. We are looking for coverage. We are looking for access.

And what a pity that you folks couldn't work with us so we could get where we are getting this weekend, so we can bring care to the people of this country that is affordable, that they won't have to fear losing their coverage if they get sick. If they are sick, they get sick, they lose their jobs, they will still be able to be covered. That is what the people of America want.

You ask them point blank with these scare tactics—what a pity that you need them on the other side of the aisle. You ask anybody if they like those scare tactics. Of course they will say “no.” You ask them about the individual parts of this health care reform bill, they are absolutely glad to embrace it.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

Mr. JORDAN of Ohio. Madam Speaker, the gentlelady said the Federal Government won't be influencing the type of care Americans get. There is not a person outside this town who believes that statement. This is a 2,700-page bill, more boards, commissions, panels, bureaucrats between you and your doctor than you can imagine. No one outside of Washington believes that statement. Of course the Federal Government is going to be influencing the type of care you get. That is why it takes 2,700 pages of legislative language in this bill.

With that, Madam Speaker, I yield 2 minutes to the gentlelady from North Carolina (Ms. FOXX).

Ms. FOXX. Madam Speaker, we have to respond to those comments that are being made.

Republicans did nothing? We did a lot. We opened up HSAs, health savings accounts, for Americans. We passed three bills in my first 2 years here that would allow for associated health plans. But what happened? They get over to the Senate and they can't get passed because the Democrats bottled them up.

The Democrats have over 250 Members in this body. Republicans never had more than 232. They are trying to blame us for this health care bill not passing?

If it is such a wonderful bill, how come you are having to break arms and bribe people to vote for it? That is the problem. The Democrats themselves can't agree on this bill.

We set up HSAs so that people aren't tied to their employers to keep their insurance. You all have ruined the

economy and you are destroying jobs. People are losing their jobs; they are losing their health care. That is what is happening. And Medicare rations more health care than the worst of the insurance companies does.

□ 1500

Look at the chart. Medicare turns down more people with preexisting conditions than the insurance companies do. And what's going to happen is you're spreading Medicare out. You're forcing people into Medicaid. They will have no choice as to whether to be in Medicaid or have private insurance. That's what the majority is doing here.

Don't talk to us about our doing nothing and about your giving access to people and coverage. You're raising the cost of health care. You're going to destroy at least 5 million jobs with this bill because of the taxes on businesses. This is not the way to go. This is not what Americans want. Americans deserve a better life. Americans deserve their freedom.

Ms. SPEIER. I yield such time as he may consume to the gentleman from Kentucky (Mr. YARMUTH).

Mr. YARMUTH. I thank the gentlewoman. Madam Speaker, this is getting to be like a broken record. And I know there are a lot of people out there younger than I am who don't know what a broken record is, but it used to be something we played music on, and when it got a scratch on it, it skipped, and you had the same notes time after time after time.

Well, we've been listening now for a year to the same talking points that Frank Luntz wrote a year ago and handed out and said, This is the recipe for defeating health care reform. And we need to defeat health care reform because if we don't defeat it, and the Democrats succeed and President Obama succeeds, then we will be in the minority for the foreseeable future. That's been the strategy from day one, and things like government takeover and job killing and rationing are the same words we have heard time and time again. The reason we keep hearing those is because our colleagues from across the aisle don't want to discuss the substance. They don't want to discuss the benefits. They don't want to discuss the protections and the security that we're providing for virtually every American.

Now I've heard a lot of this stuff about the burden on small businesspeople and job-killer. Well, I don't know how many of my colleagues from the other side have a lot of experience in the business world. I was a small businessman. I have two brothers who run considerable-sized businesses. I have a sister who runs a small business. And my father was an entrepreneur who developed a business. Not once, not once, did ever any of them, or I, my father included, ever say the tax rate, their personal tax rate, made a difference in how they operated. And you know why? Because entrepreneurs

aren't in it just to make money. They're in it because they want to be their own bosses and they're doing something they love. If the tax rate goes up, they just say, Hey, that's okay. I may have to work a little bit harder, but that's not why I'm in it. That's not going to change my business strategy, particularly when you're talking about a 2 or 3 percent tax increase on somebody who makes over a quarter of a million dollars a year.

Let me tell you what that means. Let's say you're making a million and a half dollars. Small business person, entrepreneur, making a million and a half dollars, and this bill is enacted. Now here's the way I look at it. Somebody comes to me and says, I'm going to make you a deal. You're a charitable guy. For \$30,000 I'm going to allow you to say that you insured 32 million people; that you saved 18,000 lives a year; that you prevented 700,000 bankruptcies in this country; that you allowed small businesses to provide insurance for your employees and employees of small businesses around the country, because they are 60 percent of all the uninsured in the country. And I'd say that's a pretty good deal. I make charitable contributions that were a lot less effective than that.

This is a good deal for small business people. And let me tell you why. A small businessperson right now is facing premium increases across the country, 20, 30, 40 percent. Those are the types of things that really impede a small business—not a small incremental tax increase on their personal income. When you're talking about premium increases of 30 and 40 percent, you're dramatically changing the way you do business. Plus, you're being put in the position of forcing your employees to pay more for their coverage or else dropping their coverage altogether, which means some of those employees aren't going to be able to continue to work for you. They're going to have to find a job with a big company that has a group plan. No. This is the greatest step forward for small businesses in the country's history.

I tell you, I was in a small business with about 25 employees. We had a very young, very healthy group of employees, except for one person. We had a woman who had cancer. What happened to our insurance premiums? Every year, 15, 20 percent, because of her misfortune. Everybody else in the company suffered. That's what we face now.

I talked to a businessman in my district not too long ago. He has 110 employees. I said, What's going on with your health insurance? He said, Well, funny you should ask. Last year, we had two people that had pretty serious illnesses. Our first quote for renewal was a 75 percent increase. We negotiated that down to 38 percent, but we had to increase everybody's copays and everybody's deductibles, and we had to ask everybody to come out of pocket a little more money.

So here's the situation. Two employees get sick and 108 others have their standard of living diminished. That shouldn't happen in America. That's not the law of supply and demand which we rely on in many other areas. This is the problem with our health care system. These are the problems that we're trying to solve in our health care reform. This is a great step forward for small business, it's a great step forward for America, and I urge all my colleagues to support it. I know it will be the best vote I've ever cast in Congress.

Mr. JORDAN of Ohio. Madam Speaker, can I inquire of the amount of time on each side?

The SPEAKER pro tempore (Ms. PINGREE of Maine). The gentleman from Ohio has 2½ minutes. The gentleman from California has 7½ minutes.

Mr. JORDAN of Ohio. We'd like to reserve, if we could, Madam Speaker, the balance of our time.

Ms. SPEIER. Madam Speaker, I find this discussion somewhat hypocritical, to say the very least. We are here discussing the long-term care physicians and elevating them and talking about how necessary they are for the aging population in this country, and many of my colleagues on the other side of the aisle took the opportunity to start talking about the health care reform measure. Well, guess what, my colleagues on the other side of the aisle? The long-term care physicians of America have endorsed health care reform. So don't use them as some means by which you can debate health care reform when they're the very physicians that support this legislation.

I reserve the balance of my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

Mr. JORDAN of Ohio. Madam Speaker, if the majority party has additional speakers, in the interest of keeping time relatively equal, we would continue to reserve the balance of our time.

Ms. SPEIER. Madam Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. I thank the gentlelady, and I appreciate the opportunity to come here. My friend from Ohio, we have been through this routine before. We were in the State Senate many years ago together, except I was arguing against his proposals and he was passing them. This time, he's arguing against ours and we're going to pass ours.

The issue really, here—and I think the gentlelady from California brought it up. Our friends on the other side, Madam Speaker, like to say, Well, seniors are against it. But then AARP endorses it. Our friends on the other side say doctors are against it. But the American Medical Association endorses it. You say that this is pro-abortion, and you have 59,000 Catholic nuns

from across the country endorsing this bill, 600 Catholic hospitals, 1,400 Catholic nursing homes endorsing this bill. So you're not calling anybody over here pro-abortion. You're calling 59,000 Catholic nuns pro-abortion, which I think really brings this debate to a head.

We are doing something that we've not been able to do in this country for a hundred years. We all go back to our districts and with this bill alone we're going to make sure—I know in my congressional district—that over 9,000 people can go back on the rolls because they've been denied because of a pre-existing condition. We had 1,700 families in my congressional district last year go bankrupt.

I know this is difficult. And nobody on this side is saying that this hasn't been a difficult process. It has been. But nothing good happens without it being a little bit difficult and challenging. And that's the point we are at now in our country. We cannot get to the point where we are afraid to do bold things in our country. We have to do this.

Small businesses all over our State—to the gentleman from Ohio—all over our State can't get enough money to reinvest back into the capital, the technology, the wages that we need in order to get our businesses jump-started because it keeps going over to health care. If you're a small business, you're going to get a tax credit up to 50 percent of your health care costs. This is a tax cut for small businesses. And we're going to make sure that people are healthier and more productive.

I know our friends on the other side want to say, Well, let's start over. Let's get the blank piece of paper out and let's start all over. Let the insurance industry start all over. Let them go back to 1993 and 1994, revoke all of their increases that they gave to the American people over the last 15 or 20 years. Let them start over. Put all the people who have been denied because of a preexisting condition back on the insurance rolls; all the people who got sick when they had insurance and were kicked off insurance. Put them back on, and then maybe we'll consider starting all over. But we've got to make this bold move to make sure that everybody's in the tent. This is a moral issue on so many levels. We can't keep telling citizens in the wealthiest country that this globe has ever seen that we have the ability to care for you, but we can't afford it. It's time to pass this bill. We're going to do it this weekend. And we're going to look back, just like on Medicaid, Medicare, Social Security, and civil rights. We did the right thing, the moral thing.

Mr. JORDAN of Ohio. I would yield 90 seconds to a good friend and colleague, the gentleman from Louisiana (Mr. FLEMING).

Mr. FLEMING. Madam Speaker, let me get to the point here. In this bill we have the other side says there's \$500 billion that's going to be taken out of

Medicare without one word of explanation how they're going to do it. They're going to take it to extend the life of Medicare. And they're going to count it to subsidize private insurance. Totally dishonest.

Now I have here a memo from the Democratic Caucus, and just to quote in talking about this giddy CBO score that's supposed to show savings: Do not allow yourself to get into a discussion of details of CBO scores and textual narrative. Instead, focus only on the deficit reduction and number of Americans covered. Do not give them ground by debating details. For example, the March 11 letter has some estimates of discretionary cost not accounted in the total. Again, instead focus only on the deficit reduction and number of Americans covered.

Finally, with regard to SGR, we know that that was carved out of this bill, \$250 billion, so let's add that to the trillion that's not being accounted for, and I quote: "Most health staff are already aware that our health proposal does not contain a 'doc fix' . . . The inclusion of a full SGR repeal would undermine reform's budget neutrality. So, again, do not allow yourself . . . to get into a discussion of the details of CBO scores and textual narrative. Instead, focus only on the deficit reduction and number of Americans covered."

" . . . Leadership and the White House are working with the AMA to rally physicians' support for a full SGR repeal."

So now we understand why the AMA is supporting this.

Ms. SPEIER. I yield 1 additional minute to the gentleman from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. I would like to respond to that, Madam Speaker, because if we want to talk about memos, let's talk about the memo that the pollster and the consultant for the Republican Party put out last spring saying, No matter what you do, do not let President Obama pass health care. It will put you in the minority for another decade or two. It will make his Presidency. That was before we had any bill ready to go. It was socialism, it was this—the other side, Madam Speaker, was told by their consultants not to support this bill. And as for the Medicare costs, why are we going to save \$500 billion? Because there is waste in the Medicare program, and this is something that they've proposed on the other side for a long, long time. In addition to that, if those people 55 to 60, before they go onto Medicare, actually have health insurance, they're going to cost less when they get into the Medicare program because they're not going to be as sick.

□ 1515

When you come from an old industrial area like ours, there are sick people who have lost their jobs, don't have health insurance. They wait until they get into Medicare. They are chronically ill, and they cost more money. That's how we're going to save money.

Mr. JORDAN of Ohio. Madam Speaker, I yield the remainder of my time to our distinguished colleague from Tennessee, Dr. ROE.

Mr. ROE of Tennessee. Madam Speaker, I rise in support of this resolution to designate tomorrow as National Day of Recognition for Long-Term Care Physicians. And ironically the same weekend we're honoring these physicians, House Democrats are simultaneously destroying their ability to practice medicine by enacting a Washington takeover of the patient's decision-making power.

Let me just give you the short and sweet of it. We started health care reform in Tennessee 17 years, and I know what I am talking about here because we've experienced this. We wanted to control cost and increase access, and we began a plan called TennCare. What's happened during that plan is that it has decreased our access because of the payment to physicians and to providers. This year our plan has begun to ration the care. And how it's done that is, it's limited the number of patient visits and the amount of money that TennCare will pay for a hospitalization, no matter how much money the bill is. So those costs are shifted over to the private sector. I've seen this with my own eyes, as I have paid \$10,000 for a visit to the hospital, no matter what the bill is.

Ms. SPEIER. Madam Speaker, you know, there's something very ironic about the fact that when we are honoring long-term care physicians, that they have become the pawn by the Republicans to have a discussion on health care reform and—oh, by the way, the long-term physicians that they want to applaud are endorsing the health care reform legislation.

I have a story I want to share with my colleagues. It's about a constituent who has two children, a family of four. Their health insurance premium was \$560 a month 4 years ago. Their health insurance premium today is \$2,008 a month. The irony of this particular story is that the father is an emergency room doctor, and he gets his health insurance from Anthem Blue Cross. And, oh, by the way, Anthem Blue Cross negotiated a contract with him as an emergency room doctor where they require that he take a 60 percent discount in the fees that he was charging.

So what that should say to all of us is that the Anthem Blue Crosses of the world aren't spending the money on health care. They're spending the money on CEOs' salaries and bonuses and Wall Street; and that's why health care reform is so critical today. So I urge my colleagues to join me in recognizing the work of our Nation's long-term care physicians who endorse health care reform by supporting this measure.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms.

SPEIER) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 244, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. SPEIER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

#### HONORING DONALD HARINGTON

Ms. SPEIER. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1040) honoring the life and accomplishments of Donald Harington for his contributions to literature in the United States.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

#### H. RES. 1040

Whereas Donald Douglas Harington was born on December 22, 1935, in Little Rock, Arkansas;

Whereas at age 6, he attempted to write his first novel, "The Adventures of Duke Doolittle";

Whereas at age 12, Harington contracted meningococcal meningitis and as a result lost most of his hearing;

Whereas Harington graduated from the University of Arkansas with a bachelor's degree in art in 1956, a master's degree in printmaking in 1959, and from Boston University with a master's degree in art history in 1959;

Whereas Harington taught art history at Bennett College in Millbrook, New York, from 1960 to 1962, and at Windham College in Putney, Vermont, from 1964 to 1978;

Whereas Harington had short-term teaching appointments at the University of Missouri Rolla, the University of Pittsburgh, and South Dakota State, and taught art history at the University of Arkansas from 1986 until he retired in 2008;

Whereas Harington's first novel, "The Cherry Pit", was published in 1965 and over the course of his literary career he also published "Lightning Bug" (1970), "Some Other Place. The Right Place" (1972), "The Architecture of the Arkansas Ozarks" (1975), "Let Us Build Us a City: Eleven Lost Towns" (1986), "The Cockroaches of Stay More" (1989), "The Choiring of the Trees" (1991), "Ekaterina" (1993), "Butterfly Weed" (1996), "When Angels Rest" (1998), "Thirteen Albatrosses (or, Falling off the Mountain)" (2002), "With" (2003), "The Pitcher Shower" (2005), "Farther Along" (2008), and "Enduring" (2009);

Whereas in 1999, Harington was inducted into the Arkansas Writers' Hall of Fame;

Whereas in 2003, Harington won the Robert Penn Award for Fiction, and in 2006 received the first lifetime achievement award for Southern literature from Oxford American magazine;

Whereas writer Kevin Brockmeier expressed that "the signal feature of Donald Harington's novels is their tremendous liveliness. His books are not blind to suffering, featuring as they do murder, poverty, kidnapping, loss, and betrayal. Yet the mood of his stories is overwhelmingly one of celebra-

tion. He extends his sympathies so widely that even the trees and the hills, the insects and the animals, the criminals and the ghosts seem to sing with the joy of existence. He brings a tenderness and a brio to the page that prevents his characters from sinking beneath the weight of their troubles, and one finishes his books above all else with an impression of a robust, loving comic energy. You feel as if you have been immersed in life, both your own life and the particular lives of his characters, and that life, for all its misfortunes, is a pretty good place to be";

Whereas Entertainment Weekly called Harington "America's greatest unknown writer";

Whereas Harington was described in the Washington Post as "one of the most powerful, subtle, and inventive novelists in America";

Whereas Harington once said that his philosophy of writing was that literature, that all art, is an escape from the world that makes the world itself, when you return to it, more magical, bearable, or understandable; and

Whereas, on November 7, 2009, at age 73, Harington died in Springdale, Arkansas, from complications of pneumonia: Now, therefore, be it

*Resolved*, That the House of Representatives honors the life and accomplishments of Donald Harington for his contributions to literature in the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. SPEIER) and the gentleman from Ohio (Mr. JORDAN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

#### GENERAL LEAVE

Ms. SPEIER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. SPEIER. I now yield myself such time as I may consume.

Madam Speaker, I rise in support of H. Res. 1040, recognizing the life and work of Donald Harington. This resolution was introduced by our colleague, the gentleman from Arkansas, Representative VIC SNYDER, on January 26, 2010. The measure was reported to the Committee on Oversight and Government Reform, which reported it out favorably by unanimous consent on March 18, 2010, and the measure enjoys support from over 50 Members of the House.

Mr. Harington was born December 22, 1935, in Little Rock, Arkansas, where he spent much of his childhood. It was there as well as in the town of Drakes Creek that he drew inspiration for his novel, set in the fictional town of Stay More. Though he lost most of his hearing at the age of 12, he had a strong memory of the local voices, accents and intonations he had heard as a boy and incorporated them to great effect in his works.

Mr. Harington's daring experiments with literary styles made him hard to pigeonhole in the world of literature.