

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.

But his stories attracted legions of fans and high praise from critics, particularly his 1975 novel "The Architecture of the Arkansas Ozarks," and the 1972 autobiography "Some Other Place. The Right Place."

Donald Harington's talents were not limited to the written word. He also taught art history at Bennett College in Millbrook, New York, from 1960 to 1962; at Windham College in Putney, Vermont, from 1964 to 1978; and at the University of Arkansas from 1986 until he retired in 2008. In addition, he shared his talent and wisdom with students at the University of Missouri Rolla, the University of Pittsburgh, and South Dakota State University.

Mr. Harington passed away in Springdale, Arkansas, on November 7, 2009, at the age of 73. He is survived by his wife, Kim, along with three daughters from his first marriage, a stepson, a sister, and four grandchildren. Madam Speaker, let us take time to remember and honor Donald Harington for his great contributions to American literature. I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. JORDAN of Ohio. Madam Speaker, I would like to join my colleagues in recognizing the life and accomplishments of novelist Donald Douglas Harington and stand in support of H. Res. 1040.

Described by Entertainment Weekly as "America's greatest unknown writer" and by The Washington Post as "one of the most powerful, subtle and inventive novelists in America," Mr. Harington's contributions to modern American literature deserve to be recognized and applauded by all Americans.

Madam Speaker, I yield 2 minutes at this time to the gentlewoman from North Carolina (Ms. FOXX).

Ms. FOXX. I thank the gentleman for the time. I want to just say that our colleagues across the aisle have been lambasting insurance companies about what terrible things they have done to the American people. But I want to say that there is one insurance company they like very much, and that's the AARP. And it's probably because the AARP has come out so strongly in favor of this terrible so-called health care bill.

Let me explain to the American people why the AARP is an insurance company. Because their royalty fees in 2008, according to their own financial statements, totaled \$414 million, pure profit. And a higher amount of net revenue than that generated by such large insurers as CIGNA, which had \$292 million profit, or Health Net, a \$95 million profit during the same time period.

Even as premiums continue to rise for seniors, AARP's profits have skyrocketed in recent years, jumping 31 percent just from 2007 to 2008. Now, our colleagues across the aisle don't even mention that when they talk about the horrible insurance companies and how their rates have risen. We all know

that a big part of the reason that other insurance companies are raising rates is because we're not paying adequate amounts from the Federal Government, and yet we're going to put everybody into a Medicare-type plan.

Madam Speaker, I have a sheet about the AARP and the problems that we see with AARP having endorsed this plan and it being a conflict of interest for them, and I would submit that for the RECORD.

#### DEMOCRATS FIND AN INSURANCE COMPANY THEY LIKE . . .

This morning, deep in the bowels of the Capitol, Congressional Democrats are meeting with executives from one of the nation's largest insurers: AARP. According to its own Form 990 filings with the IRS, the AARP has a wholly owned "AARP Insurance Plan" that gives to AARP "a portion of the total premiums collected" from the sale of Medigap, Medicare Advantage, and Medicare Part D plans. In 2008, according to AARP's financial statements, those "royalty fees" totaled \$414 million—pure profit to AARP's bottom line, and a higher amount of net revenue than that generated by such large insurers as Cigna (\$292 million profit) or Health Net (\$95 million profit) during the same time period. Even as premiums continue to rise for seniors, AARP's profits have skyrocketed in recent years, jumping 31 percent just from 2007 to 2008.

It's also worth highlighting how the AARP Insurance Plan treats AARP members—and how, in drafting health care legislation, Democrats have bent over backwards to help the AARP Insurance Plan continue to rake in profits.

AARP currently denies access to individuals with pre-existing conditions by imposing waiting periods on its Medigap plans—and the Democrat legislation would allow them to continue this practice, even as it prohibits insurance companies who sell to the under-65 population from the same type of behavior.

AARP-sold Medigap plans are not subject to the same restrictions applied to all other forms of Insurance in the Democrat bill, which require at least 80 cents of every premium dollar to be spent on medical expenses.

AARP's then Chief Executive Bill Novelli received more than \$1,000,000 in total compensation from the organization in 2008—more than 78 times the average annual Social Security benefit of \$12,738—yet the amendment supported by 56 Democratic senators to place a \$500,000 cap on Insurance executive salaries somehow exempted AARP from its provisions.

A backroom deal cut in Sen. Harry Reid's office exempts AARP's lucrative Medigap plans from the new tax on health insurers (Section 10905(d), Page 2395 of H.R. 3590 as passed the Senate)—and the cuts to Medicare Advantage plans included in the Senate bill will doubtless encourage millions more seniors to buy Medigap supplemental coverage, where AARP plans consume the largest market share.

While insurance companies have responded positively, to Secretary Sebelius' request for additional transparency in their pricing policies, pricing AARP has publicly refused to disclose the exact amount of revenue it receives from the sale of its Medigap plans—even though the organization's board Chair made a public pledge to Congress to do so. Perhaps not surprisingly, Democrats have yet to comment on AARP's "stonewalling" tactics, as the ostensibly "non-profit" organization attempts to hide the exact amount by which its Medigap business will financially benefit if health "reform" is enacted.

Given these actions, It's worth asking whose side Democrats are on: The side of seniors, or the side of an advocacy organization that makes money from them?

Ms. SPEIER. Madam Speaker, I now yield for as much time as he may consume to the gentleman from Arkansas, and the author of this resolution, Mr. SNYDER.

Mr. SNYDER. Madam Speaker, I appreciate the opportunity to be here this afternoon to consider this resolution and will not add much to the good summary that the gentlelady from California gave.

I have to say that I believe Mr. Harington—and I had met Mr. Harington before his death—I think he would be delighted that this resolution is turning into a debate on the big issue facing this country this day, this year, perhaps this decade. I think he would probably be more delighted by the cast of characters that we all are, and he would see us all as that way, with all of our intricate motivations and complexities and life histories and would probably find this to be quite a glorious day. And I hope he is enjoying it from wherever his perspective is.

The gentlewoman from California mentioned the fact that Mr. Harington lost his hearing when he was very young. He was 12 years old. As you know, as we have seen America modernize, we all start talking more and more like Walter Cronkite did on TV, those of us who were born in the forties and fifties. And as we grew up, we started seeing this homogenization. The fact that Mr. Harington had lost his hearing, he always had in his mind that vivid recollection of what people spoke like in north Arkansas, and that comes out so well in his novels.

I did have occasion to meet him. He was a delightful man. He had a critical following in the country. But as was pointed out, some people did not know him very well, and some people consider him just the greatest novelist that America had that nobody knew anything about. Today we are doing our small part to acknowledge him to bring his legacy to a few more people, and perhaps a few more people will read his great books.

Now we can let this debate continue in whatever form it may take, knowing that Mr. Harington will enjoy the exchanges.

Mr. JORDAN of Ohio. Madam Speaker, I yield 2 minutes to my distinguished colleague from the State of Tennessee, Dr. ROE.

Mr. ROE of Tennessee. I would like to associate my remarks with Dr. SNYDER, the gentlelady from California, and the gentleman from Ohio. Madam Speaker, I, myself, have been in exactly the same position that the gentlelady from California spoke of when I ran for Congress and I left my medical practice with \$1,800 a month for my health insurance. I was fortunate I could pay that, as the ER physician was able to do that.

You can do a couple of things to make those rates go down immediately. One is letting an individual deduct their health insurance premiums just like huge corporations do. That would make it 30 to 35 percent cheaper tomorrow for every person out there trying to buy affordable health insurance. Number two, it speaks volumes for allowing you to buy insurance across the State line because that one single ER physician could group in an association health plan with numerous other physicians—perhaps hundreds or thousands of other physicians—and bring those costs down.

How do I know that? Because I started my medical practice with four physicians. We now have 70 physicians with 350 employees, and our costs came down. One of the ways we help keep our costs down was a health savings account which was about 30 percent cheaper than the regular insurance.

I am going to finish by reading a letter from Governor Bredesen, a Democrat from Tennessee, who wrote Senator CORKER and BART GORDON: "The problem that we're facing is simple: by 2013, we expect to have returned to our 2008 levels of revenue and will have already cut programs dramatically—over \$1 billion. At that point, we have to start digging out—we will have not given raises to State employees or teachers for 5 years, our pension plans will need shoring up, our cash reserves ('rainy day fund') will have been considerably depleted and in need of restoration, and we will not have made any substantial new investments in years. There will have been major cuts to areas such as children's services that we really need to restore. On top of these, there are all the unusual obligations to be met—Medicaid, for example, will continue to grow at rates in excess of the economy and our tax revenues. It's going to take at least a full decade to dig our way out and back to where we were prior to the recession."

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. JORDAN of Ohio. I yield an additional 30 seconds to the gentleman from Tennessee.

Mr. ROE of Tennessee. "In this environment, for the Congress to also send also along a mandatory bill for \$750 million for the health reform they've designed is very difficult. These are hard dollars—we can't borrow them—and make the management of our finances post-recession even more daunting." This is our Democratic Governor who's asking us not to pass this legislation.

□ 1530

Ms. SPEIER. Madam Speaker, I continue to reserve.

Mr. JORDAN of Ohio. Madam Speaker, I yield 2 minutes to the gentleman from Alaska (Mr. YOUNG).

(Mr. YOUNG of Alaska asked and was given permission to revise and extend his remarks.)

Mr. YOUNG of Alaska. I have listened to this debate, and rarely do I

come to the floor if it doesn't affect Alaska, but this also affects Alaska. I am one who believes in health reform, but if anyone can tell me from that side of the aisle, with 2,700 pages, and they say the new one is not quite that long, it is 2,000 pages, what is in the bill. They forget to say there are 160 new grant programs that never existed before. There are 110 new agencies, Mr. and Mrs. America, that can issue regulations. There are 13 health czars; we are making them legal under this bill. The big thing, there is about 1,200 pages of gobbledygook. I read one on the floor the other day, but this is page 1,181:

"(A) IN GENERAL. Subject to the succeeding provisions of this subtitle, in the case of an affordable credit eligible individual enrolled in an Exchange-participating health benefits plan—

"(1) the individual shall be eligible for, in accordance with this subtitle, affordability credits consisting of—

"(A) an affordability premium credit under section 243 to be applied against the premium for the Exchange-participating health benefits plan in which the individual is enrolled; and

"(B) an affordability cost-sharing credit under section 244 to be applied as a reduction of the cost-sharing otherwise applicable to such plan; and

"(2) the Commissioner shall pay the QHBP offering entity that offers such plan from the Health Insurance Exchange Trust Fund the aggregate amount of affordability credits for all affordable credit eligible individuals enrolled in such plan."

Over a thousand pages of gobbledygook. I have an old saying: KISS; keep it simple, stupid. Keep it simple. I can tell you, go through this bill, Mr. and Mrs. America, and read it and tell me what you understand. I happen to have read this bill. I don't understand it. I suggest, respectfully, Mr. and Mrs. America, we should not pass this atrocity.

Ms. SPEIER. Madam Speaker, I yield 3 minutes to the gentleman from New York (Mr. SERRANO).

Mr. SERRANO. Madam Speaker, everybody on that side is throwing numbers around. The numbers I would like to think about for a second are more dates than numbers. It seems that everything that could be going wrong in this country, according to that side, started on January 20 of last year when we had a new administration. The prior 8 years were wonderful years. We were not in a war, we had surpluses, everything was going great. At least that is their presentation. But everything starting January 20 of last year, Oh, my God, that is pushing the country down the road to socialism. We are going into a big, deep hole, and it is the end of America as we know it.

Well, the fact of the matter is this bill is a good bill. It is a very good bill for our country. I would like to share with you some good numbers, numbers that affect my congressional district in New York, in the Bronx, New York.

But I must tell you that these numbers are reflected throughout the country.

Listen to this: 86,500 uninsured residents of my congressional district will now have coverage extended to them; Medicare will be improved for 65,000 beneficiaries, including closing gaps that existed in coverage before; 201,000 families will be given tax credits and other assistance, as will 7,300 small businesses to help them afford coverage.

We are talking about the United States of America, the greatest country on the face of the Earth; still, we are close to 40 million people without health insurance. What are we talking about here? Trying to fill that gap and take care of these folks.

Now, what was the biggest accusation that we heard for the last year, year and a half: You are moving too fast. Too fast? President Roosevelt, Teddy Roosevelt was the first President to bring this issue up. That is over 100 years ago. Too fast? They have had all these years to do something about it, but still they wasted time looking for weapons of mass destruction in Iraq.

I will tell you, I found a weapon of mass destruction, and it is close to 40 million people uninsured. That's the real threat to our country. The cost, the cost of health care in this country, that is a weapon of mass destruction. That can destroy us.

Who is unhappy? Not seniors, with this bill. Not children. Not the working class. Not AARP, which is not known to be a great liberal organization. They endorsed it today. Not so many people we have mentioned.

Who are unhappy? The insurance companies. Well, that's too bad.

As we say in the south Bronx, the gig is up and it is about time they began to behave properly. We are catching them, and we are catching them strongly. I support this bill, and I support the efforts of my side to be able to bring it through.

Mr. JORDAN of Ohio. Madam Speaker, responding to the last speaker, I will tell you who is unhappy, and that is the American people. They don't want this bill, and they have spoken loud and clearly about that.

Madam Speaker, I ask unanimous consent to yield the balance of my time to the gentleman from Tennessee (Mr. ROE) and request that he may control that time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

Mr. ROE of Tennessee. I yield 2 minutes to the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. Madam Speaker, I am not from the Bronx, but I am familiar with the phrase "the gig is up." I'm from Chicago, and in Chicago they call it a hustle, and I think that is exactly what this bill is. I want to highlight something that was brought to the attention of the Ways and Means Committee just a couple of days ago,

Madam Speaker, and that is this: With this bill that is being foisted upon the American public at this time, the Internal Revenue Service is going to grow. In other words, this bill, in the words of our friend KEVIN BRADY from Texas, he pointed out this bill doesn't create physicians or nurses or physical therapists or a whole host of health care providers, oh, no.

What this bill does is it creates positions for Internal Revenue Service agents; 16,500 IRS agents are estimated to be able to carry out this bill to pursue the individual mandate tax, the individual mandate tax which the IRS is going to begin tracking. Individuals are going to be getting the functional equivalent of a 1099, and the IRS is going to be tracking that, not annually, but they are going to be tracking that monthly. Think about that. They are going to be watching month by month by month. And whoa, if you are an American and you don't have what Speaker PELOSI says and you don't have what they say in the other Chamber that you need to have, then you know what; you are going to get taxed. In order to enforce that tax, do you know what is going to happen? They are going to have more IRS agents.

Madam Speaker, we can do better. We need to be creating more opportunities for Americans to get health care and not have a heavy hand of government with 16,000 more IRS employees. We know what we need to do with this bill this weekend. Let's vote "no." Let's start over and let's do it the right way.

Ms. SPEIER. Madam Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. ELLISON).

Mr. ELLISON. Madam Speaker, wouldn't it be nice if we could continue honoring Donald Harington, a great novelist in America, but we can't because we have to counteract things that are not exactly accurate, which some of our friends are talking about on the subject of health care.

The fact is we are honoring a great American novelist, but we have to divert that important conversation to focus on the truth about health care. Now here is the truth about health care.

The truth is that the Republican caucus has been engaging in a campaign of fear to scare the American people from doing what is best for themselves. The fact is that this campaign, first they said there were death panels. Then they said there were community-based sex clinics. Now they are saying the IRS is going to come get you. America, this is not what is going on.

The truth is that 45,000 people a year die from the lack of health care, and that is what the Democratic caucus is going to address and that is what the American people will benefit from: being able to not go bankrupt because you have health care, being able to not have to lose a loved one because you have health care, being able to survive and thrive in America as a small busi-

ness person, provide a good benefit to your company because you can afford to offer a health care benefit. That is what is going on on Sunday.

I wish we could talk about the great novelist Donald Harington right now. He deserved it. He earned it and he is a great American and we honor him, but the fact is the Republican caucus wants to go toe to toe on health care. We can go toe to toe on health care because this is a good bill. It is going to improve this country. It is going to help small business. It is going to help people who are underinsured, and it is going to make this country stronger.

Why aren't our colleagues outraged about people being dropped for pre-existing conditions? Why don't they join us in our outrage in trying to fix it? Why don't our colleagues join us in saying, you know what; preventative medicine ought to be free? People shouldn't have to pay to be able to do preventative medicine. We are doing that right now. People ought to be able to get a good, decent health care policy for a good price, and they ought to be able to survive and do well in America. I wish we could get some support for that from the other side of the aisle; unfortunately, we won't.

Mr. ROE of Tennessee. Madam Speaker, I would like to yield 2 minutes to the gentleman from Minnesota (Mr. PAULSEN).

Mr. PAULSEN. Madam Speaker, this body is nearing what will be a defining vote for the future of our Nation. While the majority leadership continues the arm-twisting to sway enough votes to push the health care bill through the House, the American people are left wondering: Who is listening? Who is listening to us in Washington?

The American people have said loud and clear they don't want this bill; they want health care reform, but they don't want this bill. My constituents, by a margin of 3:1, have been contacting me saying they don't want this approach, and with good reason. The bill will cost nearly \$1 trillion in the next decade alone. That is more Washington spending, that is more Federal borrowing, and it is more debt for our children and grandchildren, and it is surely going to go higher as entitlement spending soars as other provisions of the bill are phased in.

The bill is loaded with job-killing tax increases. An Associated Press analysis has even said that health care premiums will actually increase, will actually go up under this plan. The bill will also allow the IRS, for the first time, to charge up to 2 percent of income and confiscate tax refunds if Americans do not seek what is actually government approved, minimum insurance coverage. The bill will cut \$500 billion from Medicare and, in turn, use that money for new entitlement spending. History has certainly shown us that entitlement spending goes up, not down.

Finally, this bill hits my district in Minnesota especially hard with a \$20

billion tax increase on medical devices and medical technology. Shouldn't we be enhancing and giving opportunities for encouraging innovation in these technologies rather than taxing them and pushing these jobs offshore?

Given these provisions are out there, it is no wonder that we have seen a process that is riddled with special favors to gain votes. And it's no wonder that the ultimate passage of this bill may only come through procedural tactics rather than having an up-or-down vote on the bill.

Madam Speaker, simply put, if this bill was good policy, you wouldn't have to resort to those types of moves and tactics to actually pass it.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ROE of Tennessee. I yield the gentleman an additional 30 seconds.

Mr. PAULSEN. If we want real health care reform in this country that the American people and many of us in Congress believe in on a bipartisan level, this bill should be set aside and replaced with commonsense approaches that lower the cost for everyone in America.

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

Mr. ROE of Tennessee. Madam Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. LANCE).

Mr. LANCE. Madam Speaker, I believe on a bipartisan basis Members of the House of Representatives favor health care reform, and I certainly want to be a voice of reason in that regard. Nobody in America is satisfied with the current situation. I am part of a group of House Republicans, the Tuesday Group, that has put forth an eminently sensible proposal, Madam Speaker: purchase of policies across State lines; making sure no one is denied coverage based upon preexisting conditions; coverage of young people on their parents' policies until age 26; and most important of all, medical malpractice insurance reform, not contained in the proposal we will be voting on this weekend or at the beginning of next week.

Number two, Madam Speaker, the proposal on which we will be voting, over the next 10 years is a proposal where there is only 6 years of benefits, but we begin paying for it in tax increases immediately. Regarding the scoring by the Congressional Budget Office, Madam Speaker, what is not in calculation is roughly a quarter of a trillion dollars, the so-called doctors' fix, that will clearly be a cost associated with this because we need to compensate physicians appropriately.

□ 1545

Let us review commonsense alternatives, and please let's not vote on this bill based upon procedure instead of an up-or-down vote that is, I believe, required constitutionally.

Ms. SPEIER. Madam Speaker, the gentleman from New Jersey (Mr. LANCE) just spoke rationally about the



bill. He spoke about wanting to make sure that insurance would be available across State lines. I think he referenced, or someone else on the other side referenced having high risk pools available, that we should address pre-existing conditions, and we should offer coverage to children of families up to the age of 26. What is so interesting is that all of those proposals, each and every one of those proposals, are included in the health care reform measure that we will all have the opportunity to vote on this weekend.

Mr. LANCE, if he has the courage to vote with the Democrats, would be improving coverage for over 500,000 residents in his district. He would be giving tax credits to 74,000 families and 18,000 small businesses. He would be improving Medicare for 96,000 people in his district. Those are the kinds of figures that speak to the American people.

I reserve the balance of my time.

Mr. ROE of Tennessee. I yield myself as much time as I may consume.

Madam Speaker, I have spent the last 31 years before I came to Congress in the real world practicing medicine. So I know from where I speak. I have seen it, seen patients. I am probably one of the only people in this Chamber right now that has actually gone to an emergency room at 3 o'clock in the morning and seen someone without health insurance coverage and treated them, and treated numerous patients over the years without coverage. So I know that from a personal basis as a physician and just as a citizen.

Obviously what we are dealing with now is we are dealing with a very complex issue, health care. It is not easy. There is no question about that. I think the difference that we have, the gentlelady from California just pointed out some similarities, and that is where I think the American people would like us to start instead of this incredibly complex bill that the gentleman from Alaska read just a minute ago, only a portion of, that is incomprehensible.

There are two things you can do that would cover 20 million people, and we can do it on one sheet of paper and not have however many new bureaucracies and czars and agencies and IRS agents and all of that. And that is, which I wholeheartedly agree with, is allow young adults, I have had three in my only family do this, who graduated from college and didn't have insurance right after they got out, let those folks stay on, pick your number, 26, 27 years of age, on their family's health insurance policy. Simply sign up and adequately fund SCHIP, the State Children's Health Insurance Plan, and Medicaid. By doing those two things, you can cover 20 million people. This bill, as complex as it is, covers presumably 31 million people.

My concern with the cost is that one of the things that this bill does not do, it does not address costs. And let me just give you an example. When Medi-

care was established in 1965, the government estimates at that time was that in 25 years that bill would cost \$15 billion. The actual cost of that bill, \$90 billion. That was in 1990. The actual cost today, Madam Speaker, is over \$500 billion. And we know that this bill is going to remove \$500 billion, or approximately \$500 billion from this plan.

Let me just tell you what begins to happen, and I have watched it in my own practice, in 2011. The baby boomers hit. Seventy-eight million baby boomers in the next 20 years, 35 million or more in the next 10 years, and you're going to provide the care they need with 500 billion less dollars. I don't think you get that math. The way I read that is that three things happen: Number one, you decrease access. Number two, if you don't get the access, you get decreased quality. And number three, you are going to increase costs because people are going to pay, if they can afford to, for the care that they are receiving.

As my friend Mr. LANCE brought out, malpractice reform is desperately needed. I am an obstetrician. I know that all too well, about how many of my colleagues have left the practice of delivering babies, one of the most fulfilling things. I have delivered almost 5,000 babies. And when I left my practice to come to Washington, I never felt like I had a job. It was a privilege to take care of patients and bring those young people in and watch them grow up and flourish in the community I lived.

Young doctors are not able to do that now because of the cost. And it is not in here at all. In our own State, where we have a mutual company, an insurance company, State Volunteer Mutual Insurance Company, which insures the doctors of Tennessee, since the inception of that company, over half the malpractice premium dollars have gone to attorneys, not to the injured party. Less than 40 cents on the dollar. Many of my good attorney friends have said, we need to do something about this. I agree.

So we don't disagree about what needs to be done; it's the method to get there. We are going to have a large government bureaucracy that is expanding a plan that is not working, which is Medicaid. And I have some very good ideas about what we should do for that. We shouldn't treat our Medicaid patients different than we treat other patients. I absolutely agree with that. Therefore, I would argue also we have the insurance industry—I am not going to sit up here and be a shill for them. I have argued with them for 20 years, 30 years about care. But I will point out one thing.

You can take all the profits, that is what I have heard for the last 3 weeks up here is the evil insurance companies, you can take every nickel that they make and it will run our health plan in America, our health, for 2 days. So what are you going to do the next 363 days? Only 2 days. Take them all

and put them out, you only cover people for 2 days. So that is not the solution. It is just demonizing them. They need to shape up, there is no question about that. And competition will help that happen.

I know this is a great vote. I think it is one of the biggest votes that we have had in the last 45 years in America. The people in my district overwhelmingly oppose this bill by about 8-to-1. I am going to vote against this bill for the reasons that I have stated, and certainly would be willing to work with the other side, and asked to do that.

One of my great frustrations in coming to Washington, D.C., was to have spent over 30 years in the practice of medicine and not be included in the decision. The physicians caucus on our side, 10 doctors, 14—we have other folks other than M.D.s in that caucus—and the two Senators who are M.D.s, none were included in this discussion about health care. I think that was wrong. I think it was a mistake on the other side, and would have certainly liked to have brought over 300 years of experience to the table and discuss with them real solutions, positive solutions for health care.

I yield back the balance of my time.

Ms. SPEIER. Madam Speaker, in closing, I wish that the gentleman from Tennessee would have returned to the resolution that is before us in concluding his comments. We are here, as you know, to recognize the life and work of Donald Harington. And while we were trying to recognize the great work of an American novelist, we find ourselves drifting into a discussion of health care. But in any case, we are going to conclude this particular discussion by urging our colleagues to recognize the life and work of Donald Harington 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 resolution, H. Res. 1040.

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.

#### CLARENCE D. LUMPKIN POST OFFICE

Ms. SPEIER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4840) to designate the facility of the United States Postal Service located at 1979 Cleveland Avenue in Columbus, Ohio, as the "Clarence D. Lumpkin Post Office".

The Clerk read the title of the bill.