

could never happen again in the United States of America. And next fall our friends on the other side of the aisle are going to say, no, no, we want to repeal that ban. We want to continue that practice of the insurance industry being able to kick people off of their insurance because they got sick.

We're going to be saying, hey, your kid that just went on the insurance rolls because they were 24 years old and we allowed that to happen because of the health care reform bill. Our friends on the other side are going to be saying they want to repeal that provision that allows young people to stay on their parents' insurance until they're 26 years old.

Very clear. The family in my district, your district in New York, your district in California, your district in California, all across the country, those families of four making \$50,000 a year who are going to get a \$5,800 tax cut that we put in because of this reform, our friends on the other side are going to say we want to run this election about repealing that tax cut.

Same with the 35 percent and then up to 50 percent tax cut for small businesses. Our friends on the other side are going to say, we want to repeal that. This is a referendum on health care reform. I say I want to have that debate day and night for the next 6 or 7 months because that is a debate, Mr. Speaker, we can win and we shall win. The only issue now is a lot of people do not know all of these benefits that have been itemized here tonight. They will know in the next 6 months.

I yield back to my friend.

□ 2115

Mr. GARAMENDI. We've got about 6 minutes left, so let's each take about 2 minutes.

Mr. TONKO.

Mr. TONKO. Thank you very much for bringing us together.

There is so much to talk about with this bill, but you know, as what has been mentioned with Representative RYAN, a family living on an annual income of \$50,000 gets the \$5,800 tax credit. Well, you know, it doesn't end there. It goes all the way up to the threshold of \$88,000 for annual household incomes whereby families are going to receive some sort of benefit.

This is an extraordinary opportunity to provide for middle-income America, to provide income for them so that they can promote wellness within their individual families. Absolutely tremendously strong idea. It empowers the middle class, the working families of this country.

It empowers our small businesses. Representative WATSON talked about the benefits in her district to small businesses. In my district, between 14,000 and 15,000 businesses will be given the opportunity for tax credits to help purchase the employer-based plans for their given employees. And don't they prosper from a sound and well workforce? I think that is impor-

tant. They also will have the benefits of shopping within an exchange if they so choose.

So there is all of this effort made to make certain that we advantage people in a way that will promote wellness, provide health care in an affordable and accessible fashion.

We also do know that the benefits to our senior community, with all of the strengthening of Medicare without reducing those benefits, promoting their pharmaceutical needs being addressed fully in the near future so that they are not avoiding those pharmaceuticals simply because they cannot afford them; that is bad policy.

So what we have here is freedom galore, freedom galore to be able to stay well, to stay strong, to grow and prosper, to be hopeful. This is a golden moment. This is a wonderful moment that we will share tomorrow as we come out to this floor and address this health care reform measure.

And thank you Representative GARAMENDI for bringing us together. Thank you for the opportunity.

Mr. GARAMENDI. I appreciate your passion on this no less than Mr. RYAN's.

Ms. WATSON. And very quickly I, too, want to add my thanks to my colleagues for providing this time.

I want to remind our country that in this legislation, we have community health centers. And I remember in the beginning some people were very disturbed because their districts—and they feel that they have areas that are so remote, how will this health insurance plan cover them.

They need to know that nationwide the legislation will provide \$11 billion in new funding for these health clinics. And they'll be in rural areas; they will be in suburban areas. Those people who are not in the urban core will be provided with health care. And if the community health centers in the district, your district, receive the average level of support, these centers will receive millions of dollars in new assistance so that we can cover as many of the uncovered as possible.

And I want to remind the viewers that if you have insurance and you like your insurance, you can keep your insurance. If you love your doctor or your health care provider, government does not come in between that relationship. And I want the viewing public to know that.

And then I want to end by saying there is no deficit spending. I sat in my office and heard the opposition say, It's going to rob my children, you know, and, it's going to wreck their children, and it will rob them because they'll have to pay off the deficit.

The cost of health care reform under the legislation proposed is fully paid for in large part by eliminating, and you mentioned it, waste, fraud, and abuse and excessive profits for private insurers.

The legislation will reduce the deficit by over a hundred billion dollars over

the next 10 years and by about \$1 trillion over the second decade.

So thank you, Representative GARAMENDI for allowing us this time to set the record straight.

Onward to victory.

Mr. GARAMENDI. Thank you very much, Representative WATSON. It has been a joy to work with you these 35 years and work with you this evening.

This is a historic moment. This is something you and I and many others have worked to try to provide health insurance for all Americans. Some 32 million Americans will receive health insurance as a result of this. There will be the incredible tax cuts for working men and women. For small businesses, they, too, will receive significant tax credits so that they can provide insurance for their employees. And there will be programs to promote wellness. There will be programs to create better information technology so that we don't have to waste money every time you present yourself with a different doctor. And you have the freedom to choose your own health insurance company, and your health insurance company no longer has their freedom to deny you benefits and coverage. There are serious insurance reforms in this.

Finally, I just want to add, I have seen this sign so many times around the Capitol, so many times, and it says, "We the people." Those are the first three words of the preamble of the United States Constitution. And it goes on to say, "We the people of the United States, in order to form a more perfect union." That is what we're doing here. A more perfect union within our families so that we don't have to fear bankruptcy and the loss of health because we have no health insurance; a more perfect union in our communities so that everyone in our communities has health care and access to health insurance.

It establishes justice.

Thank you so very much.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. MAFFEI). Members are reminded that it is not in order to address remarks to those outside the Chamber.

#### TEXAS SAYS "NO" TO HEALTH REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes as the designee of the minority leader.

Mr. BURGESS. I came to the floor of the House tonight because I want to share with the House a letter I received from the Texas Medical Association.

The letter says, "On behalf of the nearly 45,000 physician and medical student members of the Texas Medical Association—and on behalf of our 25 million patients—we are writing to express our opposition to the health reform bill (H.R. 3590) that will be before

the U.S. House of Representatives this weekend. Please vote 'NO.'

"Unlike the American Medical Association, we do not believe that passage of H.R. 3590 and the accompanying reconciliation bill are steps in the right direction. Our position on health reform remains steadfast: Keep what's good in the health care system and fix only what's broken.

"To repeat what we said in December when the U.S. Senate passed this bill, the bill is bad medicine for our patients, and TMA cannot support it. The legislation:

"Does nothing to correct the flawed Medicare payment formula that Congress created in 1997."

The legislation "would increase the cost of health insurance for our patients and deliver even less in return."

It "would dramatically enhance Federal Government interference."

It "would create incentives for patients to pay a fine for not having insurance rather than to pay an unrealistic amount for insurance coverage."

It "would not protect Texas' liability reforms and does even less to expand those protections to patients and physicians in other States."

It "would impose untested and arbitrary treatment standards that do not improve the quality of patient care."

"In addition, this bill could be a budget buster for Texas. According to the Texas Health and Human Services Commission, the current proposal would cost the State of Texas up to an additional \$24 billion in increased Medicaid spending over the first 10 years of its implementation.

"Please note that our position is not based solely on the personal opinions of the TMA leadership. In a recent survey of nearly 3,300 TMA members, almost 70 percent said if a new health care bill becomes law, it will make the U.S. health care system worse than it is now in the long run. Six out of 10 said the quality of patient care will get worse, patients' cost for care will go up, and patients' health care coverage will go down if a new bill becomes law.

"Please work with your Texas colleagues on both sides of the aisle to develop and pass a rational Medicare physician payment system that automatically keeps up with the cost of running a practice and is backed by a fair, stable funding formula. No more Band-Aids. It's time for a permanent Medicare fix.

"Thank you for your consideration of our requests."

And I will insert the letter from the Texas Medical Association into the RECORD.

TEXAS MEDICAL ASSOCIATION,

March 19, 2010.

DEAR MEMBER OF TEXAS' CONGRESSIONAL DELEGATION: On behalf of the nearly 45,000 physician and medical student members of the Texas Medical Association—and on behalf of our 25 million patients—we are writing to express our opposition to the health reform bill (HR 3590) that will be before the U.S. House of Representatives this weekend. Please vote "NO."

Unlike the American Medical Association, we do not believe that passage of HR 3590 and the accompanying reconciliation bill are steps in the right direction. Our position on health reform remains steadfast: Keep what's good in the health care system and fix only what's broken.

To repeat what we said in December when the U.S. Senate passed HR 3590, this bill is bad medicine for our patients, and TMA cannot support it. The legislation:

Does nothing to correct the flawed Medicare payment formula that Congress created in 1997. That formula is directly responsible for the slow erosion of access to care for seniors and the poor.

Would increase the cost of health insurance for our patients and deliver even less in return.

Would dramatically enhance federal government interference, bureaucracy, and red tape for patients and physicians.

Would create incentives for patients to pay a fine for not having insurance rather than pay an unrealistic amount for insurance coverage.

Would not protect Texas' liability reforms and does even less to expand those protections to patients and physicians in other states.

Would impose untested and arbitrary treatment standards that do not improve the quality of patient care.

In addition, this bill could be a budget buster for Texas. According to the Texas Health and Human Services Commission, the current proposal could cost the State of Texas up to an additional \$24 billion in increased Medicaid spending over the first 10 years of its implementation.

Please note that our position is not based solely on the personal opinions of the TMA leadership. In a recent survey of nearly 3,300 TMA members, almost 70 percent said if a new health care bill becomes law, it will make the U.S. health care system worse than it is now in the long run. Six out of 10 said quality of patient care will get worse, patients' cost for care will go up, and patients' health care coverage will go down if a new health care bill becomes law.

Finally, regardless of whether HR 3590 becomes law, we strongly urge you to take swift action to stop the implosion of our Medicare system. Since its inception, the Sustainable Growth Rate Formula (SGR) has not worked. Annually, it has forced physicians to limit access for our patients, pushing patients into higher-cost areas like emergency rooms. Every year for a decade, we have faced steep cuts that jeopardize our ability to care for patients. You and your colleagues have recognized this glaring problem—this gaping wound in our health care system—but have been willing to address it only with Band-Aids. We need more than Band-Aids. We need more than sutures. We need a complete transplant. Congress created this disease, and only you, as a current member of Congress, can cure it.

We note that HR 3590 creates a physician payment board—independent of and not answerable to Congress—with the authority to unilaterally determine physicians' Medicare payments. Even if Congress were to fix the flawed SGR formula, your action could be, and likely would be, ignored by this board.

Please work with your Texas colleagues on both sides of the aisle to develop and pass a rational Medicare physician payment system that automatically keeps up with the cost of running a practice and is backed by a fair, stable funding formula. No more Band-Aids. It's time for a permanent Medicare fix.

Thank you for your consideration of our requests. Please feel free to contact us at any time if we can be of any assistance in this process.

Sincerely,

WILLIAM H. FLEMING III,  
MD,

President, Texas Medical Association.

SUSAN RUDD BAILEY, MD,  
President-Elect, Texas Medical Association,  
Chair, Texas Delegation to the AMA.

I also want to share a letter I received from the American College of Surgeons. Again, this is similar language.

"On behalf of the more than 75,000 members of the American College of Surgeons, I write to restate that the College shares your commitment to make quality health care more accessible to all Americans. Over the past year and a half, the College has consistently sought to serve as a constructive voice of reform, guided by the College's principles of providing quality and safety, improving patient access to surgical care, while enacting meaningful liability reform, and reducing health care costs."

"The College's principles underscore our commitment to health care reform that will extend coverage and improve access to quality health care for more Americans. Without addressing these fundamental concerns, the College believes that H.R. 3590 will undermine quality and threaten patient access to surgical care. Therefore, the College opposes the Patient Protection and Affordable Care Act of 2009." But we do "remain steadfast in our role as champions for meaningful health care reform that is in the best interest of patients."

I also have a letter from the Texas Association of Home Care & Hospice. They conclude by saying, "The Texas Association for Home Care & Hospice again respectfully requests that Congress reject the notion that reductions in Medicare home health and hospice reimbursement rates equates to health care reform and long-term cost containment and ask that you vote no on the current health care proposal."

I also wanted to share some insights from the Texas Attorney General regarding the constitutionality of the individual mandate.

According to Greg Abbott, "The individual mandate is constitutionally suspect because it does not fall within any" of the normal categories. "The mandate provision of H.R. 3590 attempts to regulate a nonactivity. The legislation actually imposes a financial penalty upon Americans who choose not to engage in interstate commerce—because they choose not to enter into a contract for health insurance.

"In other words, the proposed mandate would compel nearly every American to engage in commerce by forcing them to purchase insurance, and then use that coerced transaction as the basis for claiming authority under the commerce clause."

Seems a little tortuous to get to that point.

Finally, a letter from the Governor of the State of Texas, Rick Perry, who also delineates concerns about the cost of the program. He ends up, "While Washington argues, Texans wait for real reform that results in everyone to have the opportunity to live a healthier life without adding trillions of dollars of debt that we and our children will" end up having to pay.

Thank you for the consideration.

□ 2130

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes.

Mr. GINGREY of Georgia. Mr. Speaker, I'm very pleased to have been on the floor and heard from my colleague, my physician colleague from Texas, in fact, my OB-GYN colleague from Texas, who talked about the opinion and read the letters from the Texas Medical Society and also the Governor of Texas in regard to their opposition to this bill that we are going to be voting on tomorrow, H.R. 3590. In fact, I don't have any letters tonight from the State of Georgia, Mr. Speaker, but indeed, it was the Georgia Medical Association and the Texas Medical Association that came together months and months ago, an organized effort in many, many other State medical societies and special societies across this country, I think, representing some 500,000 physicians who are in opposition to this legislation, in contrast, Mr. Speaker, to the support, I'm still quite astounded by that, the support of the American Medical Association.

But it is important to know, while I respect the American Medical Association and their leadership, they represent probably less than 20 percent of the physicians in this country. And so I think we need to always put that in perspective. And again, I'm glad to hear from Congressman Dr. MICHAEL BURGESS from the State of Texas regarding that.

Mr. Speaker, as you know, the Democratic majority had the previous hour. I had an opportunity both while at home a few minutes ago and here on the floor in the more recent moments to hear some of the discussion. And it's real interesting to hear some of the comments. And I jotted down quickly some of those, and I would like to go over it a little bit so my colleagues can understand and get maybe a different, more possibly, in my opinion, Mr. Speaker, more accurate perspective on some of that.

The gentlelady from California indicated in her remarks that in this bill, in this health care reform, that there is absolutely no deficit spending. In fact, she talks about something like \$100 billion savings in the first 10 years, I guess it's calculated by the CBO. Of course, Mr. Speaker, we all know the

CBO can only work on the numbers given to them. And they do a great job. And we are not here to denigrate the hardworking men and women of the CBO. They've been working hard for over a year and a half now. Every time there's a change, they have to re-crunch numbers.

It's kind of interesting from the historical perspective of our colleagues on both sides of the aisle. Remember when Medicare, the program, was passed in 1965? The CBO and the number crunchers at that time said by the year 2010, based on all of the information that we have, demographics and how long people live and that sort of thing, by the year 2010, this program, although not nearly as costly in 1965, will cost about \$60 billion in 2010. Well, Mr. Speaker, you and, I think, everybody in this Chamber and everybody listening knows that we are in the process now on an annual basis in the Medicare program of spending about \$480 billion, \$480 billion a year. We are spending more on Medicare than we are spending on our national defense, \$480 billion.

Well, the number crunchers didn't miss it too much, did they? They only missed it by \$420 billion, just a little small accounting error, I guess, you round it off maybe in government speak. So, for the gentlelady from California, and I respect my colleagues on both sides of the aisle, but no deficit spending indeed, and to suggest that there will be \$1 trillion worth of savings in the second 10 years, don't hold your breath, colleagues. Don't hold your breath.

Well, it has been interesting today. It has been real interesting. I told the men and women on the west steps and the Mall earlier today, I don't know how many were there, Mr. Speaker, but thousands, maybe 25,000, people from all across the country, who came, I had an opportunity to ask some of them how they got here. Some drove, some came on buses, some flew, indeed, yes, there were even some from California. But God bless them, Mr. Speaker. The Member of the majority party in the previous hour referred to them as "tea baggers." He called them "tea baggers." I found that highly insulting, Mr. Speaker, to these men and women who made that effort to be here. "We, the People," another gentleman in the majority party talked about "We, the People," and referred to "We, the People" and talked about the Declaration of Independence in order to form a more perfect union and that this is a result, this bill, was going to give us a more perfect union.

And, Mr. Speaker, I know you have many on your side of the aisle who say we have been trying to pass comprehensive health care health care reform for 40 years, 50 years, 60 years. President Theodore Roosevelt tried to do it. President Woodrow Wilson tried to do it. President Franklin Roosevelt tried to do it. President Kennedy and President Johnson tried to do it. More recently, of course, President Clinton

back in 1993 tried to do it. We almost did it, they said, Mr. Speaker. We almost got there, and now here we are right on the cusp of victory, as they describe, and tomorrow we are going to get over the finish line, we are going to do it for We, the People.

Well, Mr. Speaker, let me suggest to you and my colleagues why we have never done it over the past 40, 50 or 60 years, because We, the People don't want it. We, the People hate it. They did then, and they do now. We, the People have rejected this in every poll that has been taken for the last year and a half. And the Democratic majority and the Democratic leadership and the President of the United States, they know that. They know that. We, the People don't want it. We, the People don't want what Otto Von Bismarck had to offer 150 years ago. We don't want Western European socialism for this country. We, the People like what is written in the Constitution, and that is what we want. And we want to make sure that We, the People know that there are some sensible men and women in this Congress, in both the House and the Senate, that will continue to stand up, right to the 11th hour, with our last breath, to stand up for We, the People and to fight off this socialism that this administration and this majority is insisting on.

With that, Mr. Speaker, I want to recognize some of my colleagues who are on the floor with me tonight that I think feel just as strongly as I do. And We, the People would like to hear from them as well. At this point, I would like to yield some time to my colleague from Georgia, my good friend from the Third Congressional District of west Georgia, the Honorable LYNN WESTMORELAND.

Mr. WESTMORELAND. I want to thank my fellow Georgian for taking this hour so we can come straighten out some of the things that have been said in the previous hour. And I listened to them with great interest. And I believe that they believe in Santa Claus, the Easter Bunny and the Tooth Fairy. I was going along with them pretty well until they got down to the "free" part, free wellness screening, free preventative and free test.

I want to ask the people, Mr. Speaker, of America, have you ever gotten anything free from the government? The American people pay for everything that this government does with their taxes or with penalties or interest. What every American pays is what pays for everything this government does. There are no free lunches here. And for our colleagues on the other side of the aisle to get up and say that these things were free, they've got to believe in the Tooth Fairy. They've got to believe in Santa Claus or the Easter Bunny to believe that.

The gentleman, our colleague from Ohio, is talking about the things that he will campaign for in November, and what we will be campaigning for and