

Whitfield Wittman Young (AK)
Wilson (SC) Wolf Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1829

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING MILITARY AVIATORS WHO ESCAPED CAPTURE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 925, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 925, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 426, nays 0, not voting 4, as follows:

[Roll No. 164]

YEAS—426

Ackerman	Burgess	DeFazio
Aderholt	Burton (IN)	DeGette
Adler (NJ)	Butterfield	Delahunt
Akin	Buyer	DeLauro
Alexander	Calvert	Dent
Altmire	Camp	Diaz-Balart, L.
Andrews	Campbell	Diaz-Balart, M.
Arcuri	Cantor	Dicks
Austria	Cao	Dingell
Baca	Capito	Doggett
Bachmann	Capps	Donnelly (IN)
Bachus	Capuano	Doyle
Baird	Cardoza	Dreier
Baldwin	Carnahan	Driehaus
Barrett (SC)	Carney	Duncan
Barrow	Carson (IN)	Edwards (MD)
Bartlett	Carter	Edwards (TX)
Barton (TX)	Cassidy	Ehlers
Bean	Castle	Ellison
Becerra	Castor (FL)	Ellsworth
Berkley	Chaffetz	Emerson
Berman	Chandler	Engel
Berry	Childers	Eshoo
Biggert	Chu	Etheridge
Bilbray	Clarke	Fallin
Bilirakis	Clay	Farr
Bishop (GA)	Cleaver	Fattah
Bishop (NY)	Clyburn	Filner
Bishop (UT)	Coble	Flake
Blackburn	Coffman (CO)	Fleming
Blumenauer	Cohen	Forbes
Blunt	Cole	Fortenberry
Boccheri	Conaway	Foster
Bonner	Connolly (VA)	Frank (MA)
Bono Mack	Conyers	Franks (AZ)
Boozman	Cooper	Frelinghuysen
Boren	Costa	Fudge
Boswell	Costello	Galleghy
Boucher	Courtney	Garamendi
Boustany	Crenshaw	Garrett (NJ)
Boyd	Crowley	Gerlach
Brady (PA)	Cuellar	Giffords
Brady (TX)	Culberson	Gingrey (GA)
Braley (IA)	Cummings	Gohmert
Bright	Dahlkemper	Gonzalez
Brown (GA)	Davis (AL)	Goodlatte
Brown (SC)	Davis (CA)	Gordon (TN)
Brown, Corrine	Davis (IL)	Granger
Brown-Waite,	Davis (KY)	Graves
Ginny	Davis (TN)	Grayson
Buchanan	Deal (GA)	Green, Al

Green, Gene	Marchant	Roskam
Griffith	Markey (CO)	Ross
Grijalva	Markey (MA)	Rothman (NJ)
Guthrie	Marshall	Roybal-Allard
Gutierrez	Matheson	Royce
Hall (NY)	Matsui	Ruppersberger
Hall (TX)	McCarthy (CA)	Rush
Halvorson	McCarthy (NY)	Ryan (OH)
Hare	McCaul	Ryan (WI)
Harman	McClintock	Salazar
Harper	McCollum	Sánchez, Linda
Hastings (FL)	McCotter	T.
Hastings (WA)	McDermott	Sanchez, Loretta
Heinrich	McGovern	Sarbanes
Heller	McHenry	Scalise
Hensarling	McIntyre	Schakowsky
Herger	McKeon	Schauer
Herseth Sandlin	McMahon	Schiff
Higgins	McMorris	Schmidt
Hill	Rodgers	Schock
Himes	McNerney	Schrader
Hincheey	Meek (FL)	Schwartz
Hinojosa	Meeks (NY)	Scott (GA)
Hirono	Melancon	Scott (VA)
Hodes	Mica	Sensenbrenner
Hoekstra	Michaud	Serrano
Holden	Miller (FL)	Sessions
Holt	Miller (MI)	Sestak
Honda	Miller (NC)	Shadegg
Hoyer	Miller, Gary	Shea-Porter
Hunter	Miller, George	Sherman
Inglis	Minnick	Shimkus
Inslee	Mitchell	Shuler
Israel	Mollohan	Shuster
Issa	Moore (KS)	Simpson
Jackson (IL)	Moore (WI)	Sires
Jackson Lee	Moran (KS)	Skelton
(TX)	Moran (VA)	Slaughter
Jenkins	Murphy (CT)	Smith (NE)
Johnson (GA)	Murphy (NY)	Smith (NJ)
Johnson (IL)	Murphy, Patrick	Smith (WA)
Johnson, E. B.	Murphy, Tim	Snyder
Johnson, Sam	Myrick	Souder
Jones	Nadler (NY)	Space
Jordan (OH)	Napolitano	Speier
Kagen	Neal (MA)	Spratt
Kanjorski	Neugebauer	Stark
Kaptur	Nunes	Stearns
Kennedy	Nye	Stupak
Kildee	Oberstar	Sullivan
Kilroy	Obey	Sutton
Kind	Olson	Tanner
King (IA)	Olver	Taylor
King (NY)	Ortiz	Teague
Kingston	Owens	Terry
Kirk	Pallone	Thompson (CA)
Kirkpatrick (AZ)	Pascrell	Thompson (MS)
Kissell	Pastor (AZ)	Thompson (PA)
Klein (FL)	Paul	Thornberry
Kline (MN)	Paulsen	Tiahrt
Kosmas	Payne	Tiberi
Kratovil	Pence	Tierney
Kucinich	Perlmutter	Titus
Lamborn	Perriello	Tonko
Lance	Peters	Towns
Langevin	Peterson	Tsongas
Larsen (WA)	Petri	Turner
Larson (CT)	Pingree (ME)	Upton
Latham	Pitts	Van Hollen
LaTourette	Platts	Velázquez
Latta	Poe (TX)	Visclosky
Lee (CA)	Polis (CO)	Walden
Lee (NY)	Pomeroy	Walz
Levin	Posey	Wamp
Lewis (CA)	Price (GA)	Wasserman
Lewis (GA)	Price (NC)	Schultz
Linder	Putnam	Waters
Lipinski	Quigley	Watson
LoBiondo	Radanovich	Watt
Loeb sack	Rahall	Waxman
Lofgren, Zoe	Rangel	Weiner
Lowe	Rehberg	Welch
Lucas	Reichert	Westmoreland
Luetkemeyer	Reyes	Whitfield
Lujan	Richardson	Wilson (OH)
Lummis	Rodriguez	Wilson (SC)
Lungren, Daniel	Roe (TN)	Wittman
E.	Rogers (AL)	Wolf
Lynch	Rogers (KY)	Woolsey
Mack	Rogers (MI)	Wu
Maffei	Rohrabacher	Yarmuth
Maloney	Rooney	Young (AK)
Manzullo	Ros-Lehtinen	Young (FL)

NOT VOTING—4

Kilpatrick (MI)
Smith (TX)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. EDWARDS of Maryland) (during the vote). Two minutes remain in the vote.

□ 1841

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: "Expressing the sense of the House of Representatives regarding the meritorious service performed by aviators in the United States Armed Forces who, as a result of hostile action, mechanical failures, or other problems, were forced to evade or escape enemy capture, were captured but subsequently escaped, or were compelled to endure arduous confinement, retaliation, and even death as a result of their efforts to evade capture or escape."

A motion to reconsider was laid on the table.

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

The SPEAKER pro tempore. Pursuant to House Resolution 1203, it is now in order to debate the topics addressed by the Senate amendments to the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, and the topics addressed by the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010.

The gentleman from Maryland (Mr. HOYER) and the gentleman from Ohio (Mr. BOEHNER), or their designees, each will control 60 minutes.

The Chair recognizes the gentleman from California (Mr. WAXMAN) for 15 minutes as a designee of the majority leader.

GENERAL LEAVE

Mr. WAXMAN. I would like to ask unanimous consent that all Members have 5 days in which to revise and extend their remarks and insert extraneous material in the RECORD.

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

There was no objection.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the majority leader of the House of Representatives, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank my friend for yielding.

Today is March 21, 2010. On March 21, 1965, Martin Luther King, Jr., led a march across the Edmund Pettus Bridge. It was a march across that bridge for the vote in this democracy.

It was a march towards a greater freedom for many Americans. It was a march for a better quality of life for many Americans. Indeed, it was a march across the Edmund Pettus Bridge for freedom and a better realization of the promise of our democracy.

Today, March 21, 2010, we will cross another bridge. It is not a physical bridge, but it is a bridge that too many Americans find that they cannot cross; a river that separates them from the security of having available the best health care that is available in the world available to them.

We are here to conclude a day of debate, which concludes months of debate, in a national conversation that began more than a century ago.

□ 1845

But this much is beyond debate. American health care is on an unsustainable course. By the end of this debate, another family will have fallen into bankruptcy because someone had the bad fortune simply to be sick. More families will have joined them in paying more and more for less and less health coverage. More businesses will have weighted bankruptcy against cutting their workers' care and their workers will have lost.

We have before us a bill to change an unsustainable course. That is our choice this evening. It is a historic choice. It's a choice that all of us volunteered to be put in the position to make. It is a choice that we will be honored to make this evening. We stood in this Chamber tonight with JOHN DINGELL, JOHN DINGELL, who stood at that rostrum with the gavel that the Speaker will use tonight to gavel through Medicare, that ensured that millions and millions and millions of seniors would not be crushed by poverty and put into bankruptcy by the cost of health care.

Indeed, they will have been given the opportunity for a longer, better quality of life in America when JOHN DINGELL brought that gavel down on that desk and noted the passage of Medicare in 1965.

For more than 3,000 district events, more than 100 hearings, and almost 2 years of public debate, health insurance reform has stood up to the scrutiny, to criticism, indeed, to falsehoods. But this purpose is older than that. Before we were born, the task of bringing affordable health care to every American was on our Nation's agenda, waiting for this day. At the beginning of this decade in 2002, George W. Bush said, "All Americans should be able to choose a health care plan that meets their needs at affordable prices." George Bush was right.

In 1976, Gerald Ford spoke of "our effort to upgrade and perpetuate our total health care system so no individual in this country will lack help whenever or wherever he needs it." Gerald Ford was right.

And Richard Nixon said this, "Let us act now." That was in 1974, when there

were far fewer Americans who did not have health insurance and where health care was less costly. Richard Nixon was right in 1974 on this issue. Let us in 2010, in a bipartisan way, perhaps not a bipartisan vote, but recognizing that this has been a bipartisan objective, a bipartisan vision, for those Republican Presidents and Democratic Presidents whom I have not quoted but whom, as all of you know, were equally committed to that vision and that objective, affordable health care for all, for all Americans. It was embraced by both parties' nominees in the last campaign, Senator Obama and Senator MCCAIN.

But what a campaign of fear this bill has faced this last year. Its critics call it, without justification, and we will hear it tonight, a "government takeover." That's not true, but if you believe it's true, perhaps you think we ought to repeal veterans health care, which is clearly government-run health care. Perhaps we ought to repeal Medicare, government participated but private sector providers. Perhaps you believe Medicare should be repealed. I don't think you do; I hope you don't.

It is more control, however, for whom? For consumers, and less for insurance companies. It is the end of discrimination against Americans with preexisting conditions, and the end of medical bankruptcy and caps on benefits. It is coverage you can rely on whether you lose your job or become your own boss, coverage that reaches 95 percent of all Americans. Its critics call it tyranny. There is none.

It is a free, competitive, transparent marketplace where individuals and small businesses can pool together to buy private insurance at low rates. It is lower cost for the middle class and an end to the prescription drug doughnut hole that has faced too many struggling seniors. Its critics mock this as "out-of-control government."

In truth, it is the biggest definite-reduction bill any of us will have an opportunity to vote on in this Congress and, indeed, in other Congresses as well. Indeed, it's the deepest definite reduction since the Clinton budget of the 1990s that ushered in a budget surplus and historic prosperity.

According to the nonpartisan CBO, this bill is \$143 billion in savings in the first decade and more than \$1 trillion of savings in the second decade. We can add to those deficit savings real cost controls that bring down the price of the world's most expensive health care. Take those into account, says leading health care economist David Cutler, and America saves an additional \$600 billion in the first 10 years and even more in the second 10 years.

Yet there are some who hope for the bill's defeat. They would see that, I think, as the defeat of one party. One Senator made that observation and said this might be the President's Waterloo. If this bill fails, the Waterloo will be that of the people who are without health care insurance, the people

who are struggling to make sure that their children are healthy and well and safe. But it would be a defeat for them and for our country, for a healthy America is a stronger America.

They saw the same thing in 1993, my Republican colleagues, when to a person, as I believe will happen tonight, unfortunately, in 1993, to a person they did the same thing. My Republican friends voted without a single exception against the 1993 economic reform plan of the Clinton administration.

Congressman BOEHNER asked, "Who does this spending stimulate except maybe the liberal faculty at Harvard or Berkeley?"

Congressman Kasich said, "If it was to work, then I'd have to become a Democrat."

It did work, and he didn't change. It was a partisan vote, Mr. Speaker, a partisan vote that helped create 22.7 million new jobs, contrary to what so many of my Republican friends said that bill would do, and a record budget surplus of \$5.6 trillion, contrary to the assertion of Mr. Armey that it would create deep debt.

That bill passed through a gauntlet of slurs, hyperbole, and untruths, and so did Medicare, which Republicans called "brazen socialism," and so did Social Security, which a Republican Congressman called the "lash of the dictator."

I don't know whether there are any Republicans in this body tonight that believe that Social Security is the lash of the dictator. I hope not.

Those slurs were false in 1935, they were false in 1965, and, ladies and gentlemen of this House, they are false in 2010. Ladies and gentlemen of this House, this bill, this bill will stand in the same company, for the misguided outrage of its opposition and for its lasting accomplishment of the American people.

In closing, Mr. Speaker, I want to honor some of the "little punk staffers" who gave so much to help us bring this bill to the floor. I say to my friends on the other side of the aisle who did so much to bring your prescription drug bill to the floor, they need to be honored. They need to be thanked. They need to be respected for the work they do for this House, for each of us but, more importantly, for America.

From the Legislative Counsel's Office, Ed Grossman, Jessica Shapiro, Megan Renfrew, Warren Burke, Larry Johnston, Henry Christrup, Wade Ballou and Scott Probst.

I also want to honor, Mr. Speaker, the tireless staffs of the House Committees on Ways and Means, Energy and Commerce, Education and Labor, Rules, and the Budget, as well as the staff of the CBO, Doug Elmendorf, Holly Harvey, Phil Ellis, Kate Massey, Pete Fontaine and the whole CBO health care team, along with Tom Barthold, and everyone of the staff on the Joint Committee on Taxation, who contributed to their estimates.

Finally, two remarkable staffers in my office have made health reform the cause of their lives and just about every one of their waking hours for the past year, Liz Murray and Ed Lorenzen. Thank you very much.

Mr. Speaker, one of my staffers, my deputy chief of staff, has a 4-year-old daughter. She is a beautiful young girl, she is a smart young girl. Her name is Colette. A few days ago a neighbor asked Colette where her mom was, and I am told that she answered, She's at work making sure everyone can go see the doctor. Thanks, Mom. Thanks to all the moms throughout America who, when we pass this bill, will have a greater sense of security for their kids, for their families, for themselves.

I know this bill is complicated, but it's also very simple. Illness and infirmity are universal, and we are stronger against them together than we are alone. Our bodies may fail us; our neighbors don't have to. In that shared strength is our Nation's strength, and in this bill is a prosperous and more just future.

Unfortunately, much of this debate has been divisive, much of it has been irrelevant. We have seen angry people at the doorstep of the Capitol. Every President in this last century has said this is necessary for a great Nation to do.

My colleagues, how proud we must all be that our neighbors have elected us to come here in this, the people's House, to do this good work this night.

□ 1900

The SPEAKER pro tempore. The gentleman from Texas (Mr. BARTON) is recognized for 10 minutes as a designee of the minority leader.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Alabama for a unanimous consent request.

(Mr. ROGERS of Alabama asked and was given permission to revise and extend his remarks.)

Mr. ROGERS of Alabama. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from North Carolina for a unanimous consent request.

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

Mr. COBLE. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Minnesota for a unanimous consent request.

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

Mr. PAULSEN. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Georgia, the ranking member of the

Health Subcommittee, Mr. DEAL, for 1 minute.

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

Madam Speaker, it has been said that the problem with socialism is that you eventually run out of other people's money.

Despite billions of dollars in new taxes, despite billions of dollars in cuts to Medicare, and despite deceptive accounting practices to hide the true cost of this bill, it appears that we have run out of what money is here in Washington, because we are seeking to impose unprecedented and unconstitutional mandates on our States.

Tonight, as I cast what might be the last votes of my congressional career, I am pleased to say that as I pursue my full-time activity to become the governor of the great State of Georgia, that I will cast my vote in opposition to this bill.

If this bill becomes law and I am successful in my undertakings, I will devote my efforts to making sure that the people of my State are not subjected to the unconstitutional individual mandate and that my State is not subject to the unconstitutional mandate to expand our Medicaid rolls. I know that I am not alone. Yesterday, 38 States indicated that they would join in suing to challenge the constitutionality of this statute.

I urge my colleagues to join me on a "no" vote.

Mr. WAXMAN. Madam Speaker, I yield myself 2 minutes.

Today is a historic moment. We will take decisive votes to provide quality affordable health care for all Americans. This is a goal that Presidents of both parties have sought for 100 years. We must act. The status quo is unsustainable.

This bill provides all Americans the security of knowing they will always be able to afford health care for themselves and their families.

The bedrock foundation of the legislation is that it builds on what works today and reforms what doesn't, but we fundamentally reform the insurance company practices that are failing our families.

Americans with preexisting conditions can no longer be denied coverage. We abolish lifetime limits on coverage. And we ban the practice of rescission by insurance companies when people get sick.

We strengthen Medicare. Seniors who hit the donut hole for their drug coverage will get immediate help, a \$250 rebate this year, a 50 percent discount on their brand name drugs next year, and the donut hole will be completely eliminated within the decade. We provide coverage to 32 million uninsured Americans. We eliminate waste, fraud, and abuse. The American people will see immediate benefits.

Today we vote to make a profound difference for the betterment of the American people. Under the leadership of the President and our Speaker, we

are poised to provide access to quality health insurance for all.

Today is a historic moment.

We will take decisive votes to provide quality, affordable health care to all Americans.

This is a goal that Presidents of both parties have sought for a hundred years.

We must act. The status quo is unsustainable.

This bill provides all Americans the security of knowing they will always be able to afford health care for themselves and their families.

The bedrock foundation of this legislation is that it builds on what works today, and reforms what doesn't.

If you like your doctor and your current plan, you keep them.

But we fundamentally reform the insurance company practices that are failing our families:

Americans with pre-existing conditions can no longer be denied coverage.

We abolish lifetime limits on coverage.

And your health coverage can no longer be rescinded by your insurance company if you get sick.

We strengthen Medicare.

Seniors who hit the donut hole will get some immediate help: a \$250 rebate this year, and a 50 percent discount on their brand-name drugs next year.

And the donut hole will be completely eliminated within a decade.

We provide coverage to 32 million uninsured Americans—not just those without insurance today but many who would otherwise be expected to lose their coverage in the coming years.

We eliminate waste, fraud, and abuse and reduce the deficit by over a trillion dollars.

And we eliminate the special deal for Nebraska, providing all states equitable treatment under Medicaid.

The American people will see immediate benefits on enactment.

Starting this year: Your children can stay on your policy through age 26.

Preventive care under Medicare is free.

And children with pre-existing conditions cannot be denied coverage.

Today we vote to make a profound difference for the better for the American people.

Under the leadership of the President and our Speaker, we are poised to provide access to quality health insurance for all Americans.

I now want to turn to some specific provisions in the Senate bill, H.R. 3950.

SECTION 2304. CLARIFICATION OF DEFINITION OF MEDICAL ASSISTANCE

Section 2304 of H.R. 3590 as passed by the Senate clarifies the definition of medical assistance. This clarification is identical to that in section 1781(e) of H.R. 3962 as passed by the House and in section 1781(e) of H.R. 3200 as reported by the Committee on Energy and Commerce. The purpose of this clarification is set forth in H. Rept. 111–299, Part 1, at pp. 649–650.

SECTION 3301. MEDICARE COVERAGE GAP DISCOUNT PROGRAM

I, on behalf of myself and Chairman LEVIN, express our intent regarding this section. Section 3301 of this legislation provides for 50 percent discounts for brand name drugs in the Part D donut hole. It requires that manufacturers enter into an agreement to provide such discounts as a condition of participation in the Part D program.

This section adds to the Social Security Act new Section 1860D–43(c)(1), which provides a

limited exemption from the requirement to provide a discount if the Secretary makes a determination that the availability of the drug is essential to the health of beneficiaries under this part. This intent of this exemption, if it is used at all, is that it be used only in extraordinary circumstances, and that it be of limited duration. For example, if a new drug manufacturer without an agreement already in place receives a new drug application approval after the period in which annual agreements are supposed to be signed by the Secretary, the Secretary could find that the drug is essential to beneficiaries' health and provide a short-term exemption until an agreement with the manufacturer is in place. Any exemptions provided under this section are intended to be temporary in nature.

Moreover, nothing in this section requires the Secretary to make a finding that a given drug is essential to beneficiaries' health, or provides a right of action for any individual or organization to force the Secretary to make such a finding.

This provision also contains civil monetary penalties for manufacturers that fail to provide applicable beneficiary discounts. The civil monetary penalties specified in this provision are not the sole penalties that can be applied to manufacturers that violate requirements of this section or other provisions of law. For example, relevant CMPs that apply to Medicare fraud or misleading statements and False Claims Act penalties can also be applied to manufacturers that fail to provide required discounts.

Another provision of this section states that the Secretary "shall not receive or distribute any funds of a manufacturer under this program". This provision refers only to manufacturer funds, not to other funds or information. Section 1860D-43 contains no restriction on the ability of the Secretary, CMS, or the Inspector General to obtain (from any manufacturer, PDP or MA-PD plan, or other entity) any data or information necessary for the purposes of program compliance and integrity or audit purposes, or otherwise necessary to identify and eliminate waste, fraud, or abuse under this section.

SECTION 3403. INDEPENDENT MEDICARE ADVISORY BOARD

I wish to clarify certain aspects of legislative intent regarding the Independent Payment Advisory Board (IPAB), which is a new executive branch body created in the Senate passed health reform bill and charged with constraining Medicare spending. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 3403 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payments and thus should not be subject to "double jeopardy" by also being subject to IPAB recommendations which will further reduce spending. In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals in-

cluding payment reductions for indirect medical education under 1886(d)(5)(B), graduate medical education under 1886(h), disproportionate share hospital payments under 1886(d)(5)(F), and capital payments, as well as incentives for adoption and maintenance of meaningful use of certified electronic health record technology under 1886(n). As part of the effort to make improvements to the Senate-passed bill, Members of the House and Senate, along with the administration, were working on a number of improvements to the IPAB policy. Unfortunately, the Senate parliamentarian indicated that we could not modify IPAB in reconciliation. Since we were not able to make any changes to the IPAB as part of the reconciliation bill, I look forward to working on these improvements in the future.

SECTION 3512

I have spoken with several Members, including Congressman CUELLAR of Texas, that have expressed concerns about whether the language of these bills may be interpreted or construed as creating a new cause of action or claim or would modify or impair existing state medical malpractice laws.

It is not and never has been the intent of this legislation to create any new causes of action or claims premised on the development of guidelines or other standards.

Section 10201(j) of H.R. 3590, which was part of a manager's amendment adopted on the Senate floor and added Section 3512 to Subtitle F of title III of the Act, calls for the Comptroller General to conduct a study of whether the development, recognition or implementation of any guideline or other standards under a list of enumerated sections of the Senate bill would result in a new cause of action or claim.

Any guideline or standard created under the above enumerated sections should not be construed as creating any such new actions or claims, nor should the request for a study be construed to infer otherwise. This legislation should not be interpreted or construed as creating any inference or implication that any such guideline or other standard does create any new cause of action or claim.

It is also not and never has been the legislative intent of this legislation to modify, impair or supersede any State medical liability law governing legal standards or procedures used in medical malpractice cases, and this legislation does not have the authority to prohibit the states from implementing such laws.

SECTION 6111. CIVIL MONEY PENALTIES

The legislation we will pass today contains nursing home reforms that will make it easier to identify owners responsible for inadequate care, improve enforcement, and improve nursing home quality nationwide. These improvements represent a significant step forward. Nearly identical provisions were included in health care reform legislation that passed in the Energy and Commerce Committee, and in HR 3200 as passed by the House.

Section 6111 of the legislation makes collection of civil monetary penalties more timely by allowing funds to be escrowed after an independent informal dispute resolution process until other appeals are concluded.

A November 2009 GAO report found that understatement of deficiencies may result from "unbalanced" independent dispute resolution processes currently used. Over 40 percent of surveyors in four states told GAO that their states' independent dispute resolution proc-

esses favored nursing home operators over resident welfare.

In order to avoid these problems, the intent of this section is that independent informal dispute resolution processes should be conducted by an independent state agency or entity with healthcare experience, or by the state survey agency, so long as no entity or individual who conducts independent informal dispute resolution has a conflict of interest. The Secretary's implementing regulations may address the type and duration of the independent informal dispute resolution processes, as determined by the Secretary. As under current law, facilities may challenge only the factual basis of the deficiency; and states and the Secretary retain the right to reject independent informal dispute resolution processes recommendations, any person shall have the right to attend and participate in the conference.

I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Michigan (Mr. UPTON) for 1 minute.

Mr. UPTON. Madam Speaker, folks are scared. They are really scared. Debt is at a historic level, spending is out of control, the Nation's AAA credit rating is in jeopardy, and here we are.

We are going to spend \$1 trillion over the next 10 years for just 6 years of benefits. Only in Washington can folks stand here and claim spending \$1 trillion will actually cut the deficit.

And how did we get here? Well, we are going to start by raiding \$523 billion from the Medicare checks of older Americans. Shameful.

Whatever happened to tort reform? Not here. The lawyers are going to continue to get richer suing doctors and hospitals, and older Americans will see their benefits evaporate. Where are our priorities?

Yesterday I introduced an amendment that would delay the bill until we can guarantee Medicare's solvency for at least the next 30 years, but it was denied. I guess they would rather spend money that we don't have rather than uphold our commitment to seniors. Debt continues to soar beyond belief. Today, every man and woman will spend \$46,000 on the debt. Let's do better. We can.

Mr. WAXMAN. Madam Speaker, I am proud at this time to yield 2 minutes to the gentleman from Michigan (Mr. DINGELL), the distinguished dean of the House, who has championed the cause of health care in all of the time he has been in the Congress. And before that, his father called upon the Congress to adopt this legislation as well.

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

Mr. DINGELL. Madam Speaker, I thank my colleague, Mr. WAXMAN, for his leadership and for his gracious comments. And I want to thank and praise our Speaker, our majority leader, and the leader in the Senate for the great leadership that they have given us in this great undertaking.

Today is a day that is going to rank with the day we passed the civil rights

bill in 1964. Today we are doing something that ranks with what we did on Social Security or Medicare. This is the day on which we can all be proud if we vote for that legislation.

Facts are an intransigent hard thing. And let's look at this from the standpoint of the facts of what it does.

Thirty-two more million Americans are going to have health care. They don't now. America, which has health care of the best character in the world, does not make it available to 32 million people because they can't afford it, and Americans every day are losing their health care. Eighteen thousand Americans every year die for want of health care, and 44,000 Americans also go bankrupt because of it.

What does this bill do? It gives Americans the same health care that we here in the Congress have. It preserves their choice, and it sees that if those Americans want to change, they can do so.

It also fixes the insurance company. And as the President has said, this bill is the patient's bill of rights on steroids. And as my colleagues who worked on this bill when we passed it years ago will remember, that that is legislation which protects the rights of citizens and ratepayers.

And the reason that the insurance companies are so up in arms about it, and they are the ones that are opposing this bill, is because it is going to take care of their patients and because it is going to take care of their customers.

What is it going to do? No more pre-existing conditions. And, they can't cancel your policy while you are on the gurney riding into the operating room because you are sick.

I want to commend my colleagues for this.

Madam Speaker, I have much humility, joy, and pride in supporting H.R. 3590 and H.R. 4872.

Madam Speaker, all the arguments, for and against, have been made. There have been endless hours of debate in committees, on the floor of this House, and in meetings throughout the country.

We have heard innumerable stories that inspire us to act, and unfortunately stories that have caused us to question whether the civility of our discourse has reached irreversible lows.

As the historic vote draws near, I urge my colleagues to act on behalf of the American people.

Let us this day stand boldly to do what is right for the health and well-being of the our constituents, what is essential for the viability of American business, and what is necessary for our government.

Let us resolve to do what generations before us determined needed to be done to address one of the greatest needs in the history of our people.

When we do this, history will smile upon us. And generations to come will say on this day, this President and this Congress performed something worthy to be remembered.

For the sake of the American people, and in honor of my late father, I support the legislation before us and urge my colleagues to do the same.

Mr. BARTON of Texas. Madam Speaker, I yield for a unanimous consent request to a member of the committee from the Keystone State of Pennsylvania, Dr. MURPHY.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield for 1 minute to the gentleman from Florida (Mr. STEARNS).

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

Mr. STEARNS. Madam Speaker, this incredibly expensive \$1 trillion health care bill will hurt many individuals that currently have insurance. The bill will hurt veterans because it does not accept TRICARE as a qualified medical plan. It will hurt seniors by cutting Medicare advantage to fund these new government programs. Mr. STUPAK, no lawyer, will argue that an Executive order is law. So the Senate bill starts us on a path of government-sanctioned abortion-on-demand paid for by taxpayers. The U.S. has a \$1.5 trillion deficit, and now we are adding \$1.2 trillion over 10 years.

The President pledged no family making under \$250,000 would face tax increases, yet there are 12 new tax increases violating that pledge, and 46 percent of families making less than \$66,000 will be forced to pay the individual mandate.

The bill will expand the IRS by 17,000 auditors to enforce these new taxes. It will hurt businesses, create health care rationing, and move the United States of America to further fiscal instability.

Mr. WAXMAN. Madam Speaker, I am pleased to yield at this time to the chairman of the Health Subcommittee, who has played such an instrumental role in the legislation, the gentleman from New Jersey (Mr. PALLONE) for 1 minute.

Mr. PALLONE. Madam Speaker, I am amazed when I hear my colleagues on the other side of the aisle. They seem to ignore the fact that our health care system is in crisis. Millions of Americans are going without health insurance. Rising health care costs are bankrupting so many American families.

Now, Democrats today have proposed a bill that will lower health care costs, give almost all Americans quality health care coverage the same as Members of Congress—and I am going to repeat that—the same as Members of Congress, and put an end to insurance company abuses.

When we pass this bill, 32 million more Americans are going to be able to see a doctor on a regular basis. America's seniors are going to be able to get more help to afford their prescription drugs, which will keep them healthy and out of the hospital.

The bottom line is that Americans will be healthier, fewer people will get seriously ill and incur outrageous medical bills for hospital and nursing home care. And, healthier people save the

government and the health care system significant money even beyond the CBO projections.

Madam Speaker, passage of this bill will lead to a healthier and a stronger America, and I urge my colleagues to vote "yes."

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from the bluegrass State of Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Yesterday I read an article by Speaker PELOSI in which she said the health care bill they proposed would strengthen Medicare, reduce deficits, and bring the predatory practices of health insurance companies under control.

How can you strengthen Medicare when you take \$500 billion out of it, out of nursing homes, out of hospitals, and out of Medicare advantage?

How do you claim you reduce the deficit by \$138 billion when you include the taxes for 10 years and the expenditures for only 6 years?

And how do you say you are going to control the insurance companies, and act like you are throwing them in the briar patch, when in fact they support this bill? They went to the White House and helped write this bill. Why? Because this bill requires small businesses and individuals to buy health insurance, and, if not, they will be subject to civil penalties.

Health reform may be necessary, but this bill is the wrong bill.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentleman from Massachusetts (Mr. MARKEY), a very important member of our committee.

Mr. MARKEY of Massachusetts. On health care, the Democratic party is the "party of hope" and the Republicans are the "party of nope."

The Democratic health care bill lowers prescription drug costs for seniors, expands coverage to 32 million more Americans, reduces the deficit by \$143 billion over the next 10 years, and gives middle class families tax credits to help pay for health coverage.

What do the Republicans say to this plan? They say "nope." Nope to lowering prescription drug prices, nope to expanding coverage, nope to health insurance tax breaks.

GOP used to stand for Grand Old Party. Now, it stands for grandstand, oppose, and postpone. They grandstand with phony claims about nonexistent government takeovers, they oppose any real reform, and then they want to postpone fixing a broken health care system. GOP: Grandstand, oppose, and postpone.

Today we have a choice between change and more of the same, between "hope" and "nope." Ted Kennedy is looking down and smiling today. Vote "aye" for JOHN DINGELL, for Ted Kennedy, and for all of those Americans that need health care in our country.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Member from Massachusetts should heed the gavel.

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Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. SHADEGG).

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

Mr. SHADEGG. Madam Speaker, never before in the history of our Nation has such a massive change in policy been made on a purely partisan basis and in the face of such overwhelming opposition. Tragically, this bill will destroy freedom and do incredible damage to the very fabric of our society.

This bill is a bailout for the insurance companies. They get the individual mandate that they wanted all along—a mandate that is un-American and unconstitutional. Mark my words: The massive expansion of Medicaid in this bill will bankrupt our States. Premiums for average Americans will go up, taxes will go up, the deficit will go up, and the debt will go up. This bill is the epitome of Washington politicians telling the American people, We know better how to run your lives than you do.

We owe the American people much better than this. We owe them real health care reform. We owe them the kind of reforms that will bring down their premiums. We owe them across-State-line purchases. We owe them health care pooling so that the sick and the ill and those with preexisting conditions can get their health care paid for.

We owe America better than this.

Mr. WAXMAN. Madam Speaker, I'm honored at this time to yield 1 minute to a senior member of our committee, the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Madam Speaker, I feel so privileged to be part of a Congress that is on the threshold of making history. Since Teddy Roosevelt and all Presidents forward, we have struggled in our country to provide something for our people that has eluded them. As the Catholic sisters said as they urged us to vote for this legislation, they called it "life affirming."

I think the step that we take this evening will perfect the union in our country. Why? Because the human body holds the soul. And when we help to cure, when we help to heal, when we recognize the dignity of every single American, that they have first-class citizenship and that they should indeed have health care coverage.

This is a landmark piece of legislation. I feel privileged that my constituents have sent me here to cast a vote for it, and I urge everyone to do so.

Madam Speaker, I rise in support of the landmark comprehensive health care reform that is before us.

For the first time in history, Congress will pass legislation to finally insure all Americans. This legislation will reduce the deficit by \$143 billion over 10 years and \$1.2 trillion over 20; eliminate discriminatory insurance practices, and open the insurance market to millions of Americans who have been priced out.

More than a century has passed since Teddy Roosevelt first called for health care reform. Nineteen presidents later, we stand on the threshold of history as we prepare to vote on this historic legislation. The American people have been waiting for this. The American people deserve this, and the status quo is no longer affordable or acceptable.

To those who say we can't afford health care reform in the current economy, I say we can't afford not to. We spend more on health care than any other country in the world and the costs are crippling to our economy. If we do nothing, in 2015 health care spending will jump by 34 percent. By 2020, health care premiums will double and in 2010 alone, we're projected to spend more than \$2.6 trillion on health care.

A vote for this legislation is to stand on the right side of history. I feel privileged to serve in Congress and to participate in this historic effort. We stand on the shoulders of those who toiled for decades, including Senator Edward Kennedy, to bring us to this moment.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to please heed the gavel.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentlewoman from California (Mrs. BONO MACK).

Mrs. BONO MACK. Madam Speaker, I rise in very strong opposition to this flawed bill that imposes new taxes, increases costs to consumers, and adds to our already massive deficit. This bill and the outrageous abuse of process and all the backroom deals needed to secure passage is simply the wrong approach.

My father was a teaching physician at USC-LA County Medical Center. He would have been appalled that a massive new bureaucracy will now be making the health care decisions for his patients. In my district, thousands of seniors will lose their preferred Medicare Advantage coverage that serves them so well and has saved lives.

This bill is little more than a shell game that shifts costs, picks winners and losers, and does nothing to achieve real reform. The American people have resoundingly rejected this dangerous approach. True reform should be accomplished with bipartisan cooperation, not strong-arm tactics. The only thing that is truly bipartisan tonight is opposition to this deeply flawed bill. We can and must do better. I urge my colleagues to join me in voting "no."

Mr. WAXMAN. Madam Speaker, I yield for a unanimous consent request to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), who's played a very active role in this legislation.

(Mrs. CHRISTENSEN asked and was given permission to revise and extend her remarks.)

Ms. CHRISTENSEN. Madam Speaker, I rise in strong support of the Patient Protection and Affordable Care Act.

Madam Speaker, this morning the Congressional Black Caucus attended church together at the Mount Zion Baptist Church in Arlington, VA.

We left there blessed, inspired and claiming the victory we are about to have today for the American people.

As our Chair BARBARA LEE reminded us from the Book of Esther, we are all here, called to service, for "for such a time as this." And we are called to do what is right and best for the American people and for our country! We must pass H.R. 4872.

With the passage of H.R. 4872, The Patient Protection and Affordable Care Act, we begin to guarantee that health care will be a right to all and not a privilege for a few.

It has been a long road getting here, not just this past year but the past hundred years and thanks is due to Chairman Emeritus JOHN DINGELL, Speaker NANCY PELOSI, Majority Leader STENY HOYER, Majority Whip JAMES CLYBURN and Chairmen RANGEL, WAXMAN, MILLER and LARSON for their steadfast leadership, and commitment to making healthcare accessible, affordable and secure for all Americans across this country.

And we could not have arrived to this day without the leadership, commitment and determination of our President, Barack Obama.

We would have all wished for the perfect bill many of us envisioned when we started on this path. This is not it, but without question this bill will vastly improve the dysfunctional system we now struggle to be well in, and lay the foundation for the further work needed to achieve those things that are still needed but could not be included today.

I want to especially thank all of our Democratic leaders for ensuring that the people of the Territories were not left out and my Democratic colleagues—especially the Congressional Black Caucus and our TriCaucus partners for their support and encouragement.

They are all—including Senate Leader REID—to be thanked and applauded for answering our call for prevention, nondiscrimination, equity and diversity in the bill's provisions and for going beyond insurance reforms to include measures specifically to eliminate health disparities for African Americans, all people of color, the poor, those living in rural areas and the Territories and our LGBT community.

This is not only a historic day for our country, it is a great day.

Today we begin to end the "shocking and inhumane" injustice in healthcare that the Rev. Dr. Martin Luther King, Jr. spoke of. Today we continue the march to the full greatness that is our Nation's destiny!

I am proud to have been given the opportunity by the people of the Virgin Islands and our House leadership to be a part of this process, and though I am not able to cast a vote on this landmark legislation I support it fully, proudly and unreservedly.

When the vote is called, let's do it! The victory has already been claimed for us and for the people of the United States—all of us.

To God be the glory!

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentleman who's played a very influential role in this legislation, the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. I wish to engage the chairman in a colloquy, if I may.

Throughout the debate in the House, Members on both sides of the abortion issue have maintained that current law should apply. Current law with respect to abortion services includes the Hyde

amendment. The Hyde amendment and other similar statutes to it have been the law of the land on Federal funding of abortion since 1977 and apply to all other health care programs—including SCHIP, Medicare, Medicaid, Indian Health Service, Veterans Health Care, military health care programs, and the Federal Employees Health Benefits Program.

The intent behind both this legislation and the Executive order the President will sign is to ensure that, as is provided for in the Hyde amendment, that health care reform will maintain a ban on the use of Federal funds for abortion services except in the instances of rape, incest, and endangerment of the life of the mother.

Mr. WAXMAN. If the gentleman will yield to me, that is correct. I agree with the gentleman from Michigan that the intent behind both the legislation and the Executive order is to maintain a ban on Federal funds being used for abortion services, as is provided in the Hyde amendment.

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

Mr. WAXMAN. I yield the gentleman 30 additional seconds.

Mr. STUPAK. I thank the chairman. I'm seeking the chairman's commitment that our conversations on this issue, the abortion issue, will continue.

Mr. WAXMAN. I know that this is an issue of great concern to the gentleman from Michigan and many other members of the Energy and Commerce Committee. You have my commitment to work with you and other Members in the future.

PARLIAMENTARY INQUIRY

Mr. BARTON of Texas. Madam Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BARTON of Texas. It has been agreed to, I am told, by the Parliamentarian and others, that if I yield to Mr. SENSENBRENNER 2 minutes right now, it will come out of Leader BOEHNER's time.

The SPEAKER pro tempore. The Chair has been so advised of the minority leader's designation of that time.

Mr. BARTON of Texas. I yield 2 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER).

Mr. SENSENBRENNER. I have listened to this colloquy and, frankly, it doesn't state the law. The proposed Executive order, which I have a copy of, specifically states that nobody can force the Executive order in any court. So the Executive order is merely a piece of paper that certainly will not have any effect of law.

Earlier today, the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) was quoted on Fox News saying, Well, it can't be changed by Executive order because an Executive order can't change the law. She was right on in that respect. An Executive order can't change the law.

But even on a policy question, President Obama, at a campaign rally when

he was running for election, criticized the Bush administration's excessive use of Executive orders. Congress' job is to pass legislation. The President can veto it or sign it. Executive orders are not part of his power. The President also said, I'm not comfortable with doing something this significant through Executive orders, relating to trying terrorists in military commissions.

Now, finally, it is basic law, as reiterated by the Supreme Court as late as 2006 in the case of *Hamdan v. Rumsfeld*, that an Executive order cannot trump or change existing law. The Executive order that is being talked about now is a piece of paper. It will have no force and no effect. If one is concerned about preventing the exchanges that are established under the Senate bill that we will be voting on in a few hours, then the only thing that one can do is vote against that Senate bill to preserve the Hyde amendment from being expanded to programs that are created under the Senate bill.

I'm sorry, but the gentleman from Michigan and the gentleman from California have misstated the law. It is pretty clear. And even the President said it during the campaign, and the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) said it on TV earlier today.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to an important member of our committee who's played a very important role in this legislation, particularly as it relates to his State and other areas as well, the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank the chairman for yielding to me.

Madam Speaker, I'm proud to be a Member of Congress, but never as proud as I am tonight. Tonight we're finally going to pass comprehensive health care for the American people.

My friends on the Republican side of the aisle keep saying the bill is flawed. The only flaw was when they controlled Congress and had the President of the United States, not once did they try pass health care, not even incrementally, as they say we should do now.

No longer, when we get sick, will the insurance companies say, Sorry, we can't cover you. No longer, if you lose your job or change your job, can you not keep your health insurance. You will be able to keep it. If have you a preexisting condition, you won't be able to be denied it. If you're 26 years old, you can stay on your parents' policies. There's no annual cap or lifetime cap. We help seniors by closing the doughnut hole in Medicaid. We save money. It's CBO scored.

Everybody wins with this bill, but especially the American people. I'm proud that we're passing comprehensive health care. The current system is not sustainable financially, and what we're doing means that everybody wins.

Mr. BARTON of Texas. Madam Speaker, I would yield 30 seconds to

the gentleman from Oklahoma (Mr. SULLIVAN).

Mr. SULLIVAN. I'd like to thank Congressman BARTON for yielding me time.

Higher premiums, higher taxes, and cutting Medicare is not health care reform. Republicans care about health care, but we don't care for this bill. Unfortunately, the White House and congressional Democrats are still insisting on their massive 2,700-page bill that includes higher premiums, \$500 billion in higher taxes, and \$500 billion in cuts to senior Medicare.

My son, who's here this week, Tommy Sullivan, even can consider that that's not reform.

Mr. WAXMAN. Madam Speaker, I'm pleased to yield, at this time, 1 minute to someone who's been a very active member of the Health Subcommittee and the vice chairman of the full committee, the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Madam Speaker, when you build a house, you have to first put down a foundation. Today, we are laying a foundation for a health care system that will provide every American with access to high quality health care; a foundation that will immediately ban insurance companies from dropping people from coverage when they get sick, people like my childhood friend who lost his insurance when he got prostate cancer and later died too young; a foundation that will, beginning this year, give tax credits to small businesses so they can offer affordable coverage to their employees; a foundation that will now give parents of young adults the ability to keep their kids on their policies while they start their careers; a foundation that will finally give adults with pre-existing conditions the ability to buy affordable insurance. And starting right away, insurance companies cannot exclude children, like my own young daughter, Francesca, who have chronic conditions such as diabetes or asthma, from coverage.

Madam Speaker, this bill is just a foundation. We need to build on it, but it's a strong foundation.

Mr. BARTON of Texas. I'd like to yield 1 minute to one of our best pro-life leaders in the House of Representatives, the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. This bill violates the conscience of the American people. It violates the principle that we should not spend more than we have. This bill is not reform. It just makes our existing entitlement crisis even worse. This bill violates the belief held by more than 70 percent of Americans that money collected by the government should not be used to pay for abortion or abortion coverage, but that's what this bill does.

Regardless of the colloquy, an Executive order is not a statute. It doesn't trump a statute. The government will end up directly paying for abortions at community health centers. Taxpayer subsidies will, for the first time in decades, subsidize insurance coverage that

includes abortion. The bill and the accompanying Executive order turns over the protection of the unborn to the most pro-abortion President in our history.

This extreme legislation is being forced on an unwilling Nation. It is the most pro-abortion bill and the largest expansion of abortion in our history. No Member who votes for it will ever be able to claim again that they have always stood on the side of the unborn. I'm sad to say this. This is a career-defining vote. There will be no living it down.

I urge my colleagues to vote "no" on this terrible bill.

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Mr. WAXMAN. I yield 1 minute to my colleague from California (Mrs. CAPPS), who is a very active and influential member of the Health Subcommittee.

Mrs. CAPPS. I thank the chairman. Madam Speaker, we've been trying to reform health care in this country for decades, and I've been blessed to participate both as a health care provider and now as a Member of Congress. Passing this bill is not only the right thing to do; it is truly a matter of life and death for the millions of Americans who today lack health insurance coverage, and it is critical for all who suffer from diseases that could have been completely preventable or dealt with earlier had they had access to screenings.

One thing, our bill will now guarantee no more copays for preventive screenings for diseases like cervical cancer or heart disease. As a public health nurse with decades of experience, I know this is one of the most important steps we can take to improve the health of American families, and I stress this point because it's one that's not brought up all that often.

I underscore the importance of universal access to preventive care because this measure will improve the lives of millions of families and save us all billions in avoidable health care costs. I know my constituents are going to appreciate these important provisions which will improve health care in the United States. It's one of the many reasons I urge my colleagues to vote "yes" on this bill.

Mr. BARTON of Texas. Can I inquire as to the time remaining on each side for the Energy and Commerce Committee's control.

The SPEAKER pro tempore. The gentleman from Texas controls 2½ minutes, and the gentleman from California controls 3 minutes.

Mr. BARTON of Texas. I yield 45 seconds to the gentleman from Nebraska, the Cornhusker State, Mr. TERRY.

Mr. TERRY. We all want all people to have access to affordable health care, but this trillion-dollar tragedy is just bad medicine. Medical costs are high, but this bill does absolutely nothing to help reduce costs. It does take \$500 billion from Medicare, resulting in

cuts in service to seniors. It does raise taxes on many small businesses, including new mandates on businesses and actually increases premiums as much as 13 percent.

In committee, I introduced an amendment that gives people access to exactly the same care that we have as Members of Congress, but Mr. MARKEY and almost all the Democrats voted against it. All Republicans voted for that. Last, the clear language of this bill allows abortion, and I encourage all Members to vote against it.

Madam Speaker, I rise today in opposition to this unprecedented legislation that will affect one-sixth of our economy, saddle our children and grandchildren with trillions of dollars of debt, and lead to a government takeover of America's health care system.

As a member of one of the House Committees with jurisdiction over health care, I have had a front row seat to watch a legislative process that has had one over-riding theme—no reform idea, bill, or amendment on health offered by a Republican or even a moderate Democrat was given any consideration. From the start this has been a process that is best described as, "our way or the highway."

This bill will result in rising health care costs and premiums. The Congressional Budget Office, CBO, reported in December that if the Senate bill was passed, average premiums per policy would rise by 10 to 13 percent in 2016, resulting in annual premiums of \$5,500 for single policies and \$13,100 for families.

According to the Congressional Budget Office, CBO, the health care bill carries a price tag of \$940 billion over 10 years. Most revenue raisers come from new taxes on small business, individuals, and medical goods. Furthermore, the health care bill includes significant payment changes for Medicare Advantage and \$500 billion in cuts to both Medicare and Medicaid. A number of arbitrary cuts are made to skilled nursing facilities, hospice, home health, Medicaid DSH payments, and popular Medicare Advantage plans. Specifically, the bill reduces Medicare Advantage payment benchmarks over the next 7 years, resulting in reduced access for millions of beneficiaries currently on Medicare Advantage plans. The "savings" Democrats purport are truly cuts to services that our seniors need. I don't think we can afford this plan and it will, in time, hurt both our economy and beneficiaries.

The scoring used by CBO and our Democrat colleagues can best be described as "new math." For example, a 10-year fix for Medicare reimbursement to physicians will cost \$208 billion, yet that is not counted in the CBO score. But a separate deal has been struck with the doctors to do that later this year. So by my math, the real cost of health care reform is closer to \$1.3 trillion, not \$940 billion.

A recent New York Times article highlighted a growing trend of physicians dropping Medicaid patients because of low payments—and the Democrats' solution to our health care crisis is to expand Medicaid eligibility to an additional 16 million more individuals over the next 10 years? In a letter to Congress following the Health Care Summit, President Obama acknowledged the need to increase Medicaid reimbursement to ensure future services and yet, those anticipated additional costs are no-

where to be found in either H.R. 3590 or H.R. 4872.

Another "new math" trick being used by the Democrats is to tell the American people that the Medicare Part D drug benefit "donut hole" will be closed. Yes, the "donut hole" is partially closed by this legislation, but not closed entirely until the year 2020 which is after the scoring period used by the CBO. Again, this "new math" is being used as a gimmick to make it appear that this bill will reduce the deficit. But it will not. This bill costs more than Democrats claim.

Last year, one of my Democratic colleagues stated, "The fact of the matter is that some in the Republican party don't want these problems fixed because they're already doing just fine. They've got choice, they've got the federal plan, that's what I have. Well in the Democratic party we're saying something else, we want the American people to get at least as good as my friends in the Republican party have. We want at least the benefits that we have here in Congress—choice, affordability, lower cost and lower taxes for all Americans." I wholeheartedly agree with Congressman WEINER that Americans should have access to the same plans as their Members. Last year I offered two amendments to Speaker PELOSI's bill. The first was my alternative plan called Simple Universal Healthcare, SUH, which creates a new health insurance program similar to the Federal Employee Health Benefits Plan now available to the President, Vice President, Members of Congress and all federal government employees. The plan allows the uninsured and small businesses access to more affordable insurance with options, portability and no mandates. The other amendment I offered would require that the President, Vice President, and Members of Congress enroll in PELOSI's public plan. Both amendments were prevented from a floor vote by Speaker PELOSI's rules.

Yesterday, I attempted to offer the Simple Universal Healthcare plan as an amendment in the Rules Committee, however Speaker PELOSI ordered the nine Democrats on the Committee to kill all Republican amendments and therefore my bill did not survive.

Madam Speaker, there are some in this chamber who may consider this a momentous day. And that it will be if the House of Representatives votes to spend trillions of dollars and forwards the bill to future generations. While we ramp up spending, we have not dealt with the exploding costs of Social Security, Medicare or Medicaid. We are on a path of fiscal recklessness that threatens the future economic growth of America. So for me, this is a sad day, one that could have been avoided had the House worked together on a bipartisan basis to provide the American people greater access to health care that we can afford.

I urge my colleagues to vote "no."

Mr. WAXMAN. Madam Speaker, I am pleased to yield 1 minute to the gentleman from Pennsylvania (Mr. DOYLE), who has played a very significant role in bringing us all together and I think has a great deal of responsibility for getting this bill to the point where it is today.

Mr. DOYLE. Madam Speaker, my office got a call today from Mary Anne Ferguson, 91 years old from Point Breeze in Pittsburgh. She asked me to

vote for health reform because she wants everyone to get the coverage she has. She remembers before Medicare when half of our seniors worried about getting sick because they had no health insurance.

Today, millions of working Americans fear getting sick because they don't have health coverage. One of those was Bill Koehler from Garfield in Pittsburgh. His sister Kitty says that Bill was a loving and generous man to his friends, family, and those in need. When he lost his job, he lost his coverage. His new job as a pizza delivery driver earned too much to qualify for Medicaid, and private insurance wasn't going to cover his preexisting heart condition—the very reason why he needed health insurance. He died last year from a heart attack while driving home.

So when I'm called to vote tonight, I will stand on the side of Mary Anne Ferguson and Bill Koehler and the tens of millions of Americans who need us to pass this bill. "Yes" to health reform. "Yes" to Bill Koehler.

Mr. BARTON of Texas. I would like to yield for a unanimous consent request to Mr. ROGERS of Kentucky.

(Mr. ROGERS of Kentucky asked and was given permission to revise and extend his remarks.)

Mr. ROGERS of Kentucky. Madam Speaker, I rise in opposition to this flawed health bill.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentleman from Tennessee (Mrs. BLACKBURN), a member of the committee.

(Mrs. BLACKBURN asked and was given permission to revise and extend her remarks.)

Mrs. BLACKBURN. Madam Speaker, I rise in opposition to this flawed bill.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentleman from the Peach State of Georgia, Dr. GINGREY.

(Mr. GINGREY of Georgia asked and was given permission to revise and extend his remarks.)

Mr. GINGREY of Georgia. Madam Speaker, I rise in the strongest opposition to this flawed health care bill.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentleman from the Pelican State, Mr. SCALISE, another member of the committee.

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

Mr. SCALISE. Madam Speaker, I rise against this health care bill.

Mr. BARTON of Texas. And, finally, Madam Speaker, I yield 45 seconds to another member of the committee, the distinguished Mr. MIKE ROGERS from the great State of Michigan.

Mr. ROGERS of Michigan. Madam Speaker, if this bill is so great, why the

deception? The lying, the stealing, the cheating? I have never seen such behavior in my entire time in politics. "If you like your health care, you can keep it." Not true, if you read the bill. Ten years of taxes, 6 years of services, if you read the bill. They steal money from the Social Security trust fund and cut \$500 billion from Medicare.

And not only that, Madam Speaker, but this pits one American against another in the cost of health care for the first time in our history. If you're a Florida senior citizen, you get to keep your Medicare Advantage. If you're from the other 49 States, you do not. And there is dirty deal after dirty deal after dirty deal in the bill that this House will vote on. It is a disgrace. It's wrong. America deserves better.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois, JAN SCHAKOWSKY, a member of our committee and the Health Subcommittee.

Ms. SCHAKOWSKY. Tonight I want to express my profound thanks to the people of Illinois' Ninth Congressional District, the place where I was born and lived nearly all my life, for the privilege of being here tonight to cast my vote for this historic health care measure. My life's work has been to answer what is at bottom a moral question: Will the United States of America continue to allow our people to lose their lives, their homes and their fundamental sense of security, or finally decide that a proud and wealthy country like ours has an ethical obligation to provide access to health care for everybody? Is it even credible to think that a country as rich as ours in so many ways can't afford to do this?

I am so proud that today this House, under the leadership of perhaps the most effective Speaker in U.S. history, NANCY PELOSI, will say to all those parents agonizing over a sick child who is now excluded from insurance coverage because of a preexisting condition, Sleep well. Our courageous and visionary President Barack Obama, when he signs this law, that problem will end. This is a great day for America.

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

The gentlewoman from Illinois is reminded to please heed the gavel.

Mr. BARTON of Texas. How much time do I have remaining, please, Madam Speaker?

The SPEAKER pro tempore. The gentleman has 55 seconds remaining.

Mr. BARTON of Texas. I am going to yield to the gentleman from Texas, Dr. BURGESS, 15 of those precious 55 seconds.

Mr. BURGESS. I thank the gentleman for yielding. You know, it's really a shame we have this health care bill in front of us. We have provisions now for 17,000 new IRS agents but not one dollar for a new nurse or a new doctor. You know what, you'll have access, all right, but you may be getting your prenatal care from Turbo Tax.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings or other audible conversation is in violation of the rules of the House.

Mr. WAXMAN. Madam Speaker, for the purpose of a unanimous consent request, I yield to the gentleman from the State of Washington (Mr. INSLEE), a member of our committee.

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

Mr. INSLEE. Madam Speaker, I rise in strong support for this American health care bill.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. WAXMAN. Madam Speaker, for the purpose of a unanimous consent request, I yield to the gentleman from Texas (Mr. EDWARDS).

(Mr. EDWARDS of Texas asked and was given permission to revise and extend his remarks.)

Mr. EDWARDS of Texas. Madam Speaker, I rise in opposition to this bill.

Madam Speaker, Americans need and deserve health care reform. Without it, the quality of our health care system will go down and costs will continue to go up. The present trend of fast rising health care costs and increasing numbers of uninsured is unsustainable. If left unchecked, these problems will bankrupt more businesses, hard-working families, hospitals, and, ultimately, state and federal budgets.

This is why I had wanted to vote for health care reform, and this bill has a number of positive provisions in it that I support, such as providing tax cuts for small employers offering health insurance, creating a private health insurance exchange, helping seniors with their prescription drug costs and preventing discrimination against people with pre-existing conditions.

However, I cannot vote for this bill, because at a time of unprecedented federal deficits, we simply cannot afford all of its new spending. I believe it would have been better to have passed a less expensive bill and less expansive bill, one that could have united, not divided, our Nation. In the long run, for health care reform to work, it must have the support and confidence of the American people.

I realize it is easier to criticize than to write comprehensive health care reform legislation. I also realize that some of the criticisms lobbed at this bill are without merit, such as the false suggestion that it contains death panels. Nevertheless, I believe we could have passed a less complicated, more affordable bill this year that would have garnered widespread support across our country.

Over the past year I have listened to thousands of constituents from all walks of life across our district on the issue of health care reform. What I have heard is that people generally like the quality of their present health care and don't want big government or big insurance companies to stand between them and their doctors. They also believe we must do something to make health care more affordable for families and businesses. I agree.

Above all else, what I heard from my constituents is that they have to tighten their belts in this difficult economy, and they want the federal government to do a far better job of living within its means. There is great wisdom in that observation, and I believe we have a moral obligation to not drown our children and our economic future in a sea of national debt.

Unlike the Medicare prescription drug bill that was passed in 2003 without being paid for, I support the principle that health care reform should be paid for. I hope the Congressional Budget Office is right when it says this bill will reduce the deficit, but, frankly, I am skeptical that anyone can predict with absolute certainty the cost of such a complex, far-reaching bill over a period of 10 to 20 years.

That is why I had urged that this bill include a fiscally responsible trigger mechanism in it that would cut spending if actual costs exceed projections, if cost savings are not fully realized or if projected new revenues are overestimated. The President mentioned such a trigger in his address to Congress last year, and a trigger was included in some parts of the bill. However, I am disappointed that my common sense proposal for a trigger covering all of the bill's costs and revenues was not included. Today, most Americans simply do not believe this bill will reduce the deficit and health care costs. I hope they are wrong, but I fear that they are right.

A less expensive bill, with a fiscally responsible trigger in it, would have also reduced the need for the additional taxes and Medicare reductions included in this bill. Once the new revenues and Medicare savings have been used to pay for the new spending in this bill, it will be that much harder to find ways to reduce the massive federal deficits our Nation is facing for the foreseeable future.

If left unchecked I believe huge federal deficits will harm our economic growth and our children's future. Increasing interest payments on our \$12.7 trillion national debt will lead to higher taxes and crowd out vital education, health care, infrastructure, national defense and job training programs that are so important for hard-working families and our country.

Reining in massive federal deficits will require tough choices, the same kind of choices families and businesses have to make every day. Given this year's deficit will be approximately 1.3 trillion dollars, I simply believe we cannot afford all of the new spending in this bill.

If this bill becomes law, my hope is that Congress will protect its positive provisions but reduce its scope and costs to get our country back on track toward a balanced budget that can ensure economic opportunity for future generations of Americans.

The SPEAKER pro tempore. The gentleman has 55 seconds remaining.

Mr. WAXMAN. Madam Speaker, I yield the balance of my time to the gentlewoman from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. Madam Speaker, what this all boils down to is, Whose side are you on? Madam Speaker, I rise today on behalf of the 13,500 people in my district who will finally have access to health insurance because of this measure. I rise for the 1,000 families in south central Wisconsin who will be protected from medical bankruptcy this year because of this effort. And I

rise today because of the 539,000 constituents who will see their coverage improve because of the work we've done.

Madam Speaker, I rise with pride and hope in the promise of this health care reform bill. There is no doubt that powerful interests have strenuously opposed reform, and they've often resorted to tactics that could make no one proud. But nothing can sully the pride I feel today in taking this critical step to provide health coverage for all Americans. I've worked my entire career to achieve health care for all. Today we stand on the floor of the people's House ready to pass the bill.

The SPEAKER pro tempore. The gentleman from Texas has 40 seconds remaining.

Mr. BARTON of Texas. I yield myself the balance of my time.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. Madam Speaker, this bill will not last. It is based on a fatal assumption that one party acting unilaterally can dictate the entire will of the American people on one-sixth of the economy. That will not happen. It reignites the abortion debate. It is fatally flawed in its assumptions in terms of balancing the budget and deficit reduction, and it will take away coverage from millions of people if it gets as far as 2014 and you kick in the option that puts all these mandates on employers.

Please vote "no." Let's go back, start over. Let's start from scratch and do a bill that everybody can support. Vote "no" on this bill.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) is recognized for 15 minutes as a designee of the majority leader.

Mr. LEVIN. Madam Speaker, I yield myself 1 minute.

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

Mr. LEVIN. We come to the floor for thousands of votes each year, but no single vote comes with so many personal stories within our families and my own. In our districts, people have spoken out about the need for real reform.

The millions and millions that have health insurance now worry about losing it. The average premium for employer-based insurance has more than doubled in the last 10 years. And I heard from a woman that had worked for a large company, started her own franchise, and she writes, "I exhausted my COBRA, then joined a group health plan. Several years ago, I had open heart surgery. The group disbanded. No insurance company would touch me with a 10-foot pole. I am uninsured and was just diagnosed with my second episode of breast cancer, with no insurance."

I heard from a young man diagnosed with leukemia at the age of 17. His disease went into remission. He started to

work. He was laid off, uninsured, and when he started to get sick again, he had to turn to emergency rooms for care.

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

Mr. LEVIN. I yield myself 15 additional seconds.

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Mr. LEVIN. I yield myself 15 additional seconds.

Republicans have turned their back on the problems. Some of them have taken to saying health care reform makes us a different Nation; quite the opposite. Today, in the tradition of America, we will pass health care reform, and it will make our beloved America a still better Nation.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. CAMP) is recognized for 10 minutes as a designee of the minority leader.

Mr. CAMP. Madam Speaker, I yield myself 1 minute.

The American people have spoken. They do not want the tentacles of the Federal Government reaching into their lives and controlling their personal health care decisions. Yet that is exactly what will happen under the Democrats' health care bill. Federal bureaucrats will be making your health care choices for you and your family, and the IRS will be enforcing them.

The American people know that you can't reduce health care costs by spending a trillion dollars or raising taxes by more than half a trillion dollars. The American people know that you cannot cut Medicare by over half a trillion dollars without hurting seniors. And the American people know that you can't create an entirely new government entitlement program without exploding the deficit. They are right, and the nonpartisan Congressional Budget Office has confirmed it.

Simply put, the Democrats' bill will not only ruin our health care system, but the tax increases will ruin our economy and kill jobs.

I urge my colleagues to listen to the American people and kill the bill.

I reserve the balance of my time.

Mr. LEVIN. Madam Speaker, it is now my real privilege to yield 1 minute to the distinguished gentleman from New York (Mr. RANGEL) who has given decades and decades of service to this Congress, to New York, and to the people of America.

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

Mr. RANGEL. Thank you, Mr. Chairman.

Madam Speaker, my colleagues, one of the lowest points in my political career was when I asked for a leave of absence from the chairmanship of the Ways and Means Committee. I had thought at that time with my feeling about how important it would be for the entire Nation to have access to

quality health care that I did not want to do anything or be anywhere to distract from our leadership, NANCY PELOSI, our leader STENY HOYER or JIM CLYBURN, but most important, the great Members who worked so hard with me and our dedicated staff to get out the first bill on this very important subject.

When people ask how do you feel and how are you today, I can report that this has been one of the most historic moments of my life, to be privileged to serve in this great body and to be a part of this legislation that I know that, no matter how long anybody has been in this great legislative body, people will ask, Which side have you been on? And thank God I am on the right side.

Mr. CAMP. Madam Speaker, I yield 45 seconds to the gentleman from California (Mr. HERGER), a distinguished member of the Ways and Means Committee.

Mr. HERGER. Madam Speaker, the American people have spoken again and again. They do not want to spend nearly \$1 trillion on a new government health care program paid for by raising taxes, and raiding the Medicare trust fund. They don't want to force everyone to buy government-approved health insurance or subsidize health plans that cover abortion. And they don't want a 2,400-page bill riddled with backroom deals.

Madam Speaker, Americans are watching and know what is at stake. Let's reject this destructive legislation.

Mr. LEVIN. Madam Speaker, in terms of seniority and in recognition of all of his years of service, I would like to note that the gentleman from California (Mr. STARK) is going to be submitting a statement to the RECORD. And I am now pleased, it is a special privilege, to yield 1 minute to the very distinguished gentleman from Georgia, Mr. JOHN LEWIS.

Mr. LEWIS of Georgia. Madam Speaker, this may be the most important vote that we cast as members of this body. We have a moral obligation today, tonight to make health care a right and not a privilege.

There are those who have told us to start over. There are those who have told us to wait. They have told us to be patient. We cannot wait. We cannot be patient. The American people need health care, and they need it now. On this day at this hour, stand with the American people and not with the big insurance companies. On this day at this moment in this Chamber, answer the call of history, answer the spirit of history and pass health care. Give the American people a victory. Give health care a chance.

Mr. CAMP. Madam Speaker, I yield 45 seconds to a true American hero, the distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. SAM JOHNSON).

(Mr. SAM JOHNSON of Texas asked and was given permission to revise and extend his remarks.)

Mr. SAM JOHNSON of Texas. Madam Speaker, today's vote defines what kind of America we want to live in. I for one know exactly what that is; it is the America I fought and sacrificed for, and all the freedoms we hold dear. Freedom from a \$2.6 trillion Washington takeover of health care; freedom from skyrocketing taxes; freedom from bureaucrats coming between you and your doctor; freedom from Medicare cuts to seniors; freedom from exploding debt; freedom from the government forcing you to buy health insurance.

I ask my colleagues, what kind of legacy do you want to leave for your children and grandchildren? Will you cave to the demands of Speaker PELOSI, or will you listen to the pleas of the hardworking American people who elected you. Join me in this fight for freedom, vote "no."

Mr. LEVIN. Madam Speaker, it is now my privilege to yield 1 minute to the very distinguished gentleman from Massachusetts (Mr. NEAL).

Mr. NEAL of Massachusetts. Madam Speaker, this is a most significant day. Health insurance reform has been coming for a long time, and we are finally here. With passage of this bill, American families are going to take back control of their health care.

This bill bars insurance companies from discriminating based on pre-existing conditions. It caps out-of-pocket expenses. Half the bankruptcies in America are due to health-related matters. This bill allows individuals and small businesses to purchase affordable insurance from competitive marketplaces. It contains cost controls that will save the taxpayer \$138 billion over the next 10 years. And for parents that are watching tonight, your dependents can stay on your insurance until they are 26 years old.

Nobody has defended Social Security and Medicare the way I have in this institution. And I must tell you tonight, I can't believe anybody who is witnessing this debate would believe for 1 minute that our Republican friends have been better in history on Medicare than we have been. It is in our DNA. This is a defining moment. The exclusionary and discriminatory tactics that exist in our current system tonight become history as well.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to the gentleman from Texas (Mr. BRADY), a distinguished member of the Ways and Means Committee.

Mr. BRADY of Texas. The government promised you health care. When forced to buy the government-approved plan or face the tax man, you complied. But the cost didn't go down, it went up; it's the highest ever. It takes now 3 months to see a doctor. And when you need care, the government plan denies it four times more often than your insurance company. Now the government is short on money. They started rationing care, cutting hospital payments, withdrawing coverage from some families, and it has just been 3 years since it all began.

Folks, this isn't the future, this is Massachusetts today. Higher costs, slower care, and rationing. That is why Massachusetts said "no" to Obama care. America is saying "no" too because bigger government doesn't mean better health care.

Mr. LEVIN. Mr. Speaker, I yield to the gentleman from New York for a unanimous consent request.

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

Mr. MAFFEI. Mr. Speaker, I submit the remarks for the RECORD that I delivered at the American Cancer Society in East Syracuse on Tuesday of this week in support of this historic health care reform bill.

I have heard from thousands of constituents about the current health care reform debate. I've tried to listen to everything they've had to say—for and against health care reform. Their advice and their pleas and their stories and their criticisms have helped guide my advocacy on behalf of changes and improvements to proposals before Congress and my decision on the compromise legislation before Congress.

Now that the President's changes will be incorporated into the final legislation, I will support this historic health care reform effort.

I am voting in favor of this legislation not because I think it is perfect, but because I strongly believe it is in the best interests of my constituents—that it will make a positive difference in the lives of families, businesses, and hospitals in central and western New York.

First, I'm voting for this because we need to do something to control rising health care costs that keep taking a bigger and bigger bite out of the household budgets of upstate New York. Skyrocketing health care costs aren't just crippling the U.S. economy—they're emptying our pocketbooks. My entire life is filled with stories about how people—regular middle-class people—can't afford the health care they need. How insurance companies have denied needed care. How kids graduating from college can't find affordable coverage. How people with life threatening conditions need to hold bake sales and bowl-athons to pay health bills. Families go bankrupt not because they were irresponsible but because they trusted their insurance plans. More than 72 million adults currently have medical debt or problems paying their bills even though most of them have insurance. It has to end—and I honestly believe if we don't take action now it never will.

Second, I'm voting for this because if we don't fix health care, businesses that are struggling to compete in a global economy will fall further and further behind.

As premiums nearly double, employees in small firms will see offers of health insurance options almost cut in half. It is predicted the 41 percent of firms offering insurance in 2010 will drop to 23 percent in 2020. Not because they are bad employers but because they cannot afford it.

Every industrialized nation has figured out a way to get people affordable coverage—the United States can, too.

And finally, I'm voting for this bill because the county, state, and country are going broke due to health care costs. Sure, we could limp

along another few years but if we do, it will only be harder to control those long-term costs.

I know many people in my district will be encouraged that we are finally moving forward, that we are finally taking action on an issue that affects us all.

I know others will be unhappy. Many of my constituents have strong concerns about this legislation. In fact, I share some of those very same concerns. I worked very hard to improve this bill. I led the fight to hold down the tax on medical devices. I advocated for businesses with less than 25 employees to get subsidies for health insurance and for a reduced burden on other businesses. I fought successfully to raise the threshold on any benefit surcharge so that it won't affect middle-class people in my district.

This is not a perfect bill. But it is an important legislation that we need to pass to move this country forward.

There are several criticisms of the proposal that do come up certainly across the country and even here in my district that I feel compelled to address.

First, many argue that this is a government take-over of health care. That is simply not true. In fact, except for Medicare, Medicaid, the VA and other already existing programs, Americans would be covered by private insurance plans. A public option which I support is not even included in this plan. There are some additional regulations that give more rights to patients such as not allowing health plans to deny coverage due to preexisting conditions. But these are widely supported and necessary changes. To assert that these new patient rights are some sort of government take-over is absurd.

Second, some will say that large majorities of the American public are against the President's plan. The Post-Standard printed an AP poll this last weekend that did show slightly more respondents nationwide opposed rather than supported the health care reform plans—by two percentage points—43 to 41. But for many it's not that the plan went too far but that it did not change enough. In fact, fully 82% of the respondents to that same poll wanted to change the health system a moderate amount or more. Only 17 percent said it should be changed a little or not at all.

So this idea that Americans don't want change is simply wrong. In this region, it is particularly misguided. While it is true that my office has received many calls objecting to the health care debate, a vast majority of them have been from out-of-state—a purposeful and well-funded attempt to jam our lines so that my constituents cannot get through. And yet thousands did and while it is clear there are diverse opinions and that my constituents are more divided on this than any other major question we've faced so far, it is also clear from our office communications and our research that a majority of my constituents want me to work as hard as I can to improve health care proposal and support the changes we need. And I will do just that.

Third, that the President's proposed changes will increase costs to businesses and taxpayers. But I ask compared to what? The current trajectory is already bankrupting businesses, states, counties, cities, and right here in central New York leading to higher and higher property taxes. Under the current system, health care will consume one of every

three dollars in the U.S. economy—twice as much as it does today. The President's plan gets these costs under control by implementing nearly every idea suggested including Republican ideas on medical malpractice and increasing ability to buy insurance across state lines. It also over time implements real cuts in government spending on health care including eliminating some of the waste and subsidies.

I believe that many of these cost savers will work. I know that doing nothing will bankrupt our country and our families and our small businesses.

I know the Republicans in Washington have said that they want to make health care the central issue in the elections this coming November. Thousands and thousands of dollars have already been spent on ads running against me here in central New York. Some of these ads have been proven to be false.

Far from convincing me to oppose the health care reform, they have strengthened my resolve. Because when people who have that much money feel so strongly that they run attack ads on you, chances are that what you're doing is in the best interest of taxpayers and ordinary families.

So what's in this proposal?

People who have been denied coverage because of a pre-existing condition will finally have access to affordable coverage. Insurers will no longer be able to drop your coverage when you get sick and are in the middle of treatment.

Never again will you lose access to insurance if you get laid off or switch jobs.

Small businesses and employers getting crushed by soaring health care costs will see lower costs.

Never again will you be subject to annual or lifetime limits on what insurance companies will pay, protecting millions of Americans from the threat of medical bankruptcy.

Insurers will be required to offer free preventive care, lowering your out-of-pocket expenses and helping ensure that diseases or conditions can be caught early on.

Seniors who fall into the Medicare Part D donut hole will see lower prescription drug costs as immediate steps are taken to close the donut hole. Employers who cover their early retirees will receive temporary funds to help offset the cost of expensive claims for retirees' health benefits—lowering premiums and protecting coverage for early retirees.

Insurers are prohibited from charging women more than men for health insurance or discriminating on the basis of domestic violence as a pre-existing condition. Required maternity services as part of the essential benefits package in the exchange.

Young adults will now be able to stay on their parents' insurance much longer, through their 26th birthday.

And finally, health reform will guarantee access to quality, affordable health insurance for 31 million Americans who don't have coverage today, also eliminating the annual hidden tax of \$1,100 that American families pay to cover the cost of the uninsured. While the official health insurance exchanges are being created, a temporary insurance pool will be available for individuals with pre-existing conditions or chronic illnesses.

These benefits are all vitally important. But perhaps in the end it comes down to this: those opposed to health care reform are concerned that it will cost them more. This bill

saves money and the further out you go, the more it saves. But it also saves something more precious—it will save lives.

Mr. LEVIN. Mr. Speaker, it is now my real privilege to yield 1 minute to the distinguished gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. So very fearful of being held accountable, the giant insurance monopolies have spent millions spewing out anger and spreading fear of reform. We have not seen such outlandish, outrageous arguments raised since the same forces failed to block President Lyndon Johnson from securing approval of Medicare.

For Republicans, our bill is too long or it is too short. It is too thick or it is too thin. It is never just right because their true answer to health insurance reform is "never, never, never." Our determined efforts should not be derided as a four-letter word, but you can certainly sum up our many, many pages with four words: you've got health care.

With this reform, every insured American gets valuable consumer protections, and every uninsured American can become insured. Thirty-two million Americans will be protected from the risk of bankruptcy from health care.

The bill restrains soaring insurance premiums and reduces Federal deficits.

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

Mr. DOGGETT. My time has expired, but many Americans will not, as a result of this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SERRANO). The Chair will remind all Members to heed the gavel.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to the distinguished gentleman from Georgia, Dr. LINDER.

Mr. LINDER. Mr. Speaker, I feel rude trying to inject some fact into this kabuki theater, but I am going to try: 85 percent of America is insured; 95 percent of those people are happy with their insurance. The other 15 percent uninsured, they consume 70 percent on average as much insurance as those who are insured. They are cared for. The lady in Cleveland who has been referred to ad nauseam is being cared for at the Cleveland Clinic.

So what are we to do about those 15 percent? Why not take over 16 percent of the economy. A \$2.5 trillion program that will destroy health care for the 85 percent who are happy, to find health care for the 15 percent who are not insured. This has never been about health care. This is about government.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the very distinguished gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. Mr. Speaker, I have worked for access to quality, affordable health care from day one of my very first campaign, and every day since.

Today, with passage of this bill, we will be closer to that important goal

than ever before. When the President signs this bill into law, insurance companies won't be able to drop your coverage if you get sick. Kids won't be denied coverage because of preexisting conditions. Young adults will be able to stay on their parents' policy until they are 26. Small business owners will be eligible for a tax credit. Seniors will see the Medicare doughnut hole start to close, and preventive care will be covered without copay.

The bill is paid for and will reduce our debt. In my district, 63,000 uninsured residents will have access to coverage, and it will save my district \$70 million in uncompensated care costs. This bill is a great start toward health care reform and will help millions of Americans afford quality health care.

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Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from California (Mr. NUNES).

Mr. NUNES. Mr. Speaker, this debate is not about the uninsured; it's about socialized medicine. Today we are turning back the clock. For most of the 20th century, people fled the ghosts of communist dictators, and now you are bringing the ghosts back into this Chamber. With passage of this bill, they will haunt Americans for generations.

Your multitrillion dollar health care bill continues the Soviets' failed Soviet socialistic experiment. It gives the Federal Government absolute control over health care in America.

My friends, that is what this debate is really about. Today, Democrats in this House will finally lay the cornerstone of their socialist utopia on the backs of the American people.

Say "no" to socialism. Say "no" to totalitarianism. Say "no" to this bill.

Mr. LEVIN. It is now my privilege to yield 1 minute to the Chair of our caucus, the very distinguished gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. I thank the chairman, and it's my honor to yield my time to someone who's always understood whose side he's on in this debate, the gentleman from Michigan, MARK SCHAUER.

Mr. SCHAUER. Mr. Speaker, today I stand for the people of Michigan who lost their insurance when they lost their jobs—they've been dropped and denied coverage by insurance companies for preexisting conditions or because they got sick—and are going broke because of their medical bills.

I stand for the elderly in my district who fall into the doughnut hole and must choose between food and medicine, and I stand for small businesses who plead for help to put an end to double-digit premium increases that make them choose between jobs and health care. All of these things will end with the passage of this bill.

The question of the day is: Whose side are you on? I'm on the people's

side, not on the side of the powerful special interests who've spent millions to kill this bill. Cutting through all of the deception, misrepresentation, and lies, I stand with the people.

I urge you to do what's right and vote "yes."

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Ohio (Mr. TIBERI).

Mr. TIBERI. Mr. Speaker, I am for health care reform, but not this version. This is a bad bill. It does nothing to address the cost of health care. This bill increases taxes on individuals and employers. It cuts Medicare and adds debt to future generations.

But don't take my word for it, Mr. Speaker. My hometown newspaper, The Columbus Dispatch, has published three editorials this last week against the bill suggesting, and I quote, "It is incredible that a sixth of the U.S. economy and the health of every American could be subjected to massive government intervention based on such fiscal dishonesty and secrecy."

Mr. Speaker, this bill does nothing to reform our health care system. It adds people to a broken system.

[From Editorials]

ADD IT UP

ON HEALTH-CARE VOTE, LAWMAKERS SHOULD
PAY HEED TO THE PEOPLE

The Obama administration and Democratic leaders in Congress are pushing Democratic members of the House to pass the Senate health-care overhaul in the next week or two and to trust the Senate to agree to changes in follow-up bills that will make the plan more amenable to House Democrats.

This complicated approach is a parliamentary maneuver intended to deny Senate Republicans the opportunity to kill the bill with a filibuster.

Of the 11 Democratic members of Ohio's congressional delegation, one is opposed and eight say they are undecided about how they'll vote. Among Ohio's nine Republican members of Congress, there is no ambivalence. All nine plan to oppose it.

President Barack Obama is pressing hard for the overhaul because it is his signature issue. He is more than a year into his administration and has been handed setback after setback, despite the fact that the White House, House and Senate are in Democratic hands. The economy is stalled, unemployment remains at punishing levels and voters are angry at the lack of improvement. Not only that, but they are alarmed about the serious amounts of debt the government has run up in less-than-stimulating stimulus efforts. The "blame Bush" strategy that Obama has employed to date is now a dead horse, unresponsive to further lashing. In short, Obama is desperate for a win.

Ohio's Democrats must decide whether they were elected to give the American people the best health-care bill possible, or whether they were elected to save a president from a political morass.

The answer should be easy: they should vote for the American people. That means saying no to the health-care overhaul plans now before Congress. The plans so are have been sold under false pretenses using accounting gimmicks that lowball the costs. They contain no serious mechanisms for controlling the escalation in health-care costs. And extending health insurance to 31 million more Americans would place demands on

doctors and hospitals that will drive costs through the roof or necessitate rationing whether it takes the form of denying some treatments or making people wait longer for care.

The federal government already runs two of the biggest medical programs in the country, Medicare and Medicaid, and both are headed for insolvency. Consider that the health-care overhaul calls for putting half of the 31 million uninsured onto state Medicaid rolls at a time when Medicaid already is driving state budgets into the red.

If almost half of Ohio's congressional delegation is undecided, the American people are not. Recent opinion surveys find that half or more of Americans oppose the proposed overhaul. The number favoring the plan rarely tops 40 percent. No proposal to make over a sixth of the U.S. economy and to radically alter the health-care prospects of all Americans should be rammed through in the face of such opposition.

SHORT TAKES

Congressional Democrats celebrated on Friday after finally unveiling a Congressional Budget Office estimate of the cost of the latest version of their proposed health-care overhaul: \$940 billion over the first decade, with a deficit-reducing surplus of \$138 billion.

However, as with previous CBO estimates, the key is in the rules and assumptions Congress required the bean-counters to follow in preparing the estimate.

And, as before, the rules are gamed to lowball the costs with assumptions that are dishonest, such as the one that says that the overhaul will be financed in part by squeezing hundreds of billions of dollars in savings from Medicare.

Everybody in Washington knows that is never going to happen, and that this alone—never mind the other gimmicks in the estimate—pushes the plan into deficit.

The estimate is dishonest, as is the planned parliamentary dodge the House is likely to use to pass the overhaul without requiring members to directly cast a vote for the Senate bill that forms the core of the plan.

Meanwhile, President Barack Obama and his aides deny that he is telling balky Democratic House members that they must vote for the measure to save his presidency. But Obama's cancellation of his trip to Asia, which was to begin on Sunday, speaks volumes about what he thinks this vote means to his presidency.

The administration also denies that Obama has cut any special deals in dozens of private meetings with individual House members over the past week. But neither is the White House divulging many details about these closed meetings.

It is incredible that a sixth of the U.S. economy and the health of every American could be subjected to massive government intervention based on such fiscal dishonesty and secrecy.

To better render justice, courts should move at a deliberate speed. But justice delayed is justice denied.

So, understandably, Ohio Attorney General Richard Cordray is urging the Ohio Supreme Court to move quickly in settling a dispute that will decide whether the state can reclaim \$260 million in tobacco-settlement money.

The money, originally slated for anti-tobacco programs, became the center of a legal battle almost two years ago, when the governor and lawmakers sought to divert it for use in an economic-stimulus plan.

Officials of the Tobacco Use Prevention Foundation tried to thwart the governor by

transferring the money to the American Legacy Foundation in Washington, D.C. The governor and lawmakers retaliated appropriately by abolishing the Tobacco Use Prevention Foundation and ever since have been fighting in court for the money to be returned to the state.

Cordray quite properly argues that as the next biennial budget looms, with huge shortfalls anticipated, state and local officials need to know whether Ohio will be able to count on the tobacco money. Even if the answer is no, at least the decision will end the uncertainty and allow budget planning to proceed.

[From the Columbus Dispatch]

SAY NO

HEALTH-CARE OVERHAUL WON'T REDUCE COSTS,
WILL DRIVE UP U.S. DEBT

Democratic lawmakers in the House are under tremendous pressure to approve within days a massive overhaul of health care. If these members succumb to the pressure from President Barack Obama and Democratic leaders, they will be approving a major intervention into a sixth of the U.S. economy—a move driven by the president's need for a political victory, not by sound policy that serves the interests, wallets and health of the American people.

Approval of the proposed plan would guarantee that Americans pay more to get less health care. Care ultimately will be reduced, either by raising its cost, by limiting the amount and kind of care available or by making people wait longer.

Finally, the cost of the new government spending for health care will add to the annual federal deficits and increase the national debt, which already surpasses \$12 trillion.

Though the president claims that the overhaul will reduce the ever-mounting cost of medical care and reduce the federal deficit over 10 years, his numbers are based on accounting tricks, including gaming of revenue and spending estimates and double-counting of various federal revenues.

The vaunted Congressional Budget Office figures that Obama points to in claiming savings are bogus. The CBO is a by-the-books outfit, but it prepares its estimates based on the parameters and assumptions laid down by Congress. If the parameters are dishonest, then the resulting estimate will be, too. In its scoring of the Senate health-care bill, for example, the CBO was required to base its estimate on 10 years of tax revenues generated under the plan, but balance that against only six years of spending mandated by the plan. No surprise then, that the estimate shows the cost coming in at less than \$1 trillion over its first decade, with a modest surplus. The real question is what the program would cost over a period of 10 years when taxation and spending are fully under way. That number is \$2.3 trillion, by one estimate.

The plan proposes to pay for itself, in part, with \$500 billion to be cut from Medicare, but Medicare already is headed for insolvency, so money taken from it simply increases Medicare's \$38 trillion unfunded liability.

In December, the chief actuary for the federal Centers for Medicare and Medicaid Services reported that the Senate plan does nothing to curb increases in costs and actually would make those costs higher than they would be without the overhaul.

Adding 31 million people to health-insurance rolls, as the bill seeks to do, will increase the lines waiting to see a doctor or to enter a hospital for treatment. This massive increase in demand also will drive up the cost of care. The president has promised that those content with their current insurance coverage won't have to change it, but the

circumstances under which they exercise that coverage are going to change significantly. Expanding to vastly the pool of people with health insurance is going to mean sacrifices in affordability and access for everyone.

Half of the 31 million are to be enrolled in state Medicaid programs, at a time when Medicaid has become the Pac-Man of state budgets, swallowing billions in state revenues each year at an accelerating rate. Meanwhile, many doctors already refuse to take on additional Medicaid patients, so where will the millions of new Medicaid enrollees find care?

Under the proposal, medical costs, health-care premiums, annual federal deficits and the national debt would increase—the direct opposite of the president's promise that it would provide Americans with affordable health care that improves the government's bottom line.

The Senate bill that the House is being asked to approve also contains all the backroom political payoffs to favored lawmakers that so enraged the nation when the measure was passed by the Senate, such as the "Cornhusker kickback," negotiated by Nebraska Democratic Sen. Ben Nelson, which would have the federal government pick up the increased costs of Medicaid expansion in his state, while leaving Ohio and other states to squeeze more revenue out of state taxpayers.

Obama has proposed to eliminate the Nebraska giveaway and have the federal government provide more but not all the money states will need to cope with large Medicaid rolls. But even if the Nelson bribe ultimately is nixed, news reports say that more special deals were being cut this week to induce House members to vote yes.

Labor unions also have been promised a massive perk: Their members would be exempt from the bill's tax on high-end "Cadillac" health-care plans until 2018, saving unionized employees \$60 billion during that period. Meanwhile, nonunion workers will be stiffed for an estimated \$90 billion in new taxes.

Equally unsavory is the so-called "Slaughter solution," a parliamentary trick by which House members could approve the Senate plan without casting a direct vote for it. If, as the president says, the American people are clamoring for his health-care overhaul, why should Democratic lawmakers fear voting for it?

The answer is that lawmakers know that the majority of the American people are not clamoring for this particular overhaul, as one opinion survey after another shows. Americans want health-care reform, but not the sort that congressional leaders and the president hope to force down their throats in the next day or two.

Mr. LEVIN. It is now my real privilege to yield to another member, an energetic member of our committee, the gentleman from Wisconsin (Mr. KIND).

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

Mr. KIND. Mr. Speaker, I will never forget the pride I felt as a 6-year-old kid in Wisconsin watching Neil Armstrong and Buzz Aldrin walk on the moon. It was a deep and abiding belief that I live in a country that's capable of accomplishing anything once we put our mind to it. That belief is being tested throughout America today.

People are wondering if we're still capable of doing great things. I believe we can, and I want my two boys to feel

the same way. I believe our country, by working together, can ensure that all Americans have access to quality, affordable, and secure health care, regardless if they're young or old, whether they're rich or poor, and even whether they have a preexisting condition. And we can do this in a fiscally responsible manner by paying for this bill and finding savings that will reduce the deficit in future years.

That national achievement can begin today, this evening, with our vote. I encourage my colleagues to support this health care reform for all Americans.

The SPEAKER pro tempore. The Chair will note that the gentleman from Michigan (Mr. CAMP) has 4½ minutes remaining and the gentleman from Michigan (Mr. LEVIN) has 6¾ minutes remaining.

Mr. CAMP. Mr. Speaker, I reserve the balance of my time.

Mr. LEVIN. It is now my privilege to yield 1 minute to our vice Chair and the distinguished gentleman from California, XAVIER BECERRA.

Mr. BECERRA. Mr. Speaker, today is a day of history. Today we will accomplish what 100 years of Congresses could not. We will pass health care reform, not just for some, but for all Americans.

Today is also another day in America. That means that 123 Americans will die today because they do not have health insurance. Another 8,000 will lose their health insurance today, and our health care system will cost all of us \$6.8 billion this day and every day if we do not change, if we are content with doing nothing.

John F. Kennedy once said, "Change is the law of life, and those who look only to the past or present are certain to miss the future." I've heard it said another way: The only human institution which rejects progress is the cemetery.

Today this House, the people's House, is full of life. We will make history, but our sights are toward the future. To every hardworking, taxpaying American, we say today, We hear you. We see it in your eyes. You want control of your health care. You want to decide who your doctor is. You want to choose your health plan. We will deliver today to all of America.

Mr. CAMP. Mr. Speaker, at this time I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentlewoman from Florida (Ms. BROWN-WAITE).

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, the Democrats on the other side of the aisle believe that the American citizens can no longer be trusted to manage their own health care in the best way that they see fit. You must now do things in their socialistic way or face the wrath of the IRS.

Unfortunately, the size of the Federal Government isn't the only thing that's going to grow as a result of this bill. So will your insurance premiums, because the cost of insurance will

grow. That's right. The bill increases premiums for every American who has insurance. Our national debt will grow. Your taxes will grow.

The only thing that won't grow are the benefits that the seniors who are in the Medicare Advantage plan have. They will be losing their doctors because doctors are refusing to take Medicare patients and will once this bill becomes law.

Mr. Speaker, this bill cuts Medicare, raids Social Security, and we need to reject this bill.

Mr. LEVIN. I now yield 1 minute to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, many things are said across the aisle in the heat of a debate, and if it hasn't been said yet, maybe the reason is it has been said by everybody.

I believe that the ranking member is an honorable person. I believe my chairman is. * * * Even the President of the Vietnam Veterans of America said this is shameful.

* * * It's not right. Tell the truth and then let the chips fall where it may. It is utterly * * * to suggest, Mr. Chairman, that we are seeking to deny any soldier the health care they deserve and the benefits that nearly all Republicans and Democrats have spent our careers in Congress working to protect and prove.

Mr. DAVIS of Kentucky. Mr. Speaker, I ask the gentleman's words be taken down for the false statements that he made about this conference to me as an Army veteran among others in the Chamber.

The SPEAKER pro tempore. The gentleman from New Jersey will be seated. The Clerk will report the words.

Mr. PASCRELL. Mr. Speaker, I ask unanimous consent to remove any word or words that were taken as offensive.

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

Mr. DAVIS of Kentucky. I accept the gentleman's apology.

The SPEAKER pro tempore. Without objection, the words will be stricken.

There was no objection.

Mr. PASCRELL. Don't push me.

I include the following material for the RECORD:

VIETNAM VETERANS OF AMERICA,
March 21, 2010.

VIETNAM VETERANS OF AMERICA APPLAUDS PASSAGE OF SKELTON BILL ENSURING PROTECTION OF TRICARE, VA HEALTH CARE, AND CHAMPUS; DECRIES "SCARE TACTICS"

WASHINGTON, DC.—"We thank and applaud passage of H.R. 4887 yesterday in the House of Representatives, by a vote of 403-0. Passage of this bill ensures that health care programs for veterans, active duty military, retired military, and their families/survivors will not be affected negatively by the pending health care reform legislation," said John Rowan, National President of Vietnam Veterans of America (VVA).

"It is unfortunate that some continue to raise what is now is even more clearly a false alarm that is apparently meant to frighten veterans and their families in order to

prompt them to oppose the pending legislation. While there is legitimate debate as to whether or not the pending health care measures should become law, VVA does not appreciate spreading rumors that are not accurate by any political partisan from any point of the political spectrum," continued Rowan.

"Last summer there was a similar incident, also involving partisans in the health care reform debate that VVA soundly condemned. We said then: 'It is our hope that sane minds reject fear-mongering, and that veterans recognize these scare tactics for what they are,' Rowan said. Rowan concluded by saying 'VVA has always worked hard for justice for veterans of all generations, and their families. We have always, and will continue to, work with public officials representing all political parties and points of view. Issues affecting veterans and their families are not, should not, and must not become partisan footballs to bat around. VVA decries any effort, by anyone, that would do just that.'"

DEPARTMENT OF VETERANS AFFAIRS,

March 21, 2010.

STATEMENT FROM VA SECRETARY ERIC K.

SHINSEKI

As Secretary of Veterans Affairs, I accepted the solemn responsibility to uphold our sacred trust with our nation's Veterans. Fears that Veterans health care and TRICARE will be undermined by the health reform legislation are unfounded. I am confident that the legislation being voted on today will provide the protections afforded our nation's Veterans and the health care they have earned through their service. The President and I stand firm in our commitment to those who serve and have served in our armed forces. We pledge to continue to provide the men and women in uniform and our Veterans the high quality health care they have earned.

President Obama has strongly supported Veterans and their needs, specifically health care needs, on every major issue for these past 14 months—advance appropriations, new GI Bill implementation, new Agent Orange presumptions for three additional diseases, new Gulf War Illness presumptions for nine additional diseases, and a 16% budget increase in 2010 for the Department of Veterans Affairs, that is the largest in over 30 years, and which has been followed by a 2011 VA budget request that increases that record budget by an additional 7.6%.

To give our Veterans further assurance that health reform legislation will not affect their health care systems, the Chairmen of five House committees, including Veterans Affairs Chairman Bob Filner and Armed Services Chairman Ike Skelton, have just issued a joint letter reaffirming that the health reform legislation as written would protect those receiving care through all TRICARE and Department of Veterans Affairs programs.

CONGRESS OF THE UNITED STATES,

Washington, DC, March 21, 2010.

Hon. LOUISE SLAUGHTER,

Committee on Rules, The Capitol, Washington, DC.

DEAR CHAIRWOMAN SLAUGHTER: The House Democratic leadership asked our committees to review HR 3590 and HR 4872 to assess the impact of the bills on the health care provided by the Department of Defense and the Department of Veterans Affairs. Our reviews of HR 3590 and HR 4872 lead us to believe that the intent of the bills was never to undermine or change the Department of Defense and Department of Veterans Affairs operation of their health care programs or inter-

fere with the care that our service members receive under TRICARE. However, we commit to look into this issue further to ensure that no unintended consequences may arise and to take any legislative action that may be necessary.

HR 3590, as drafted, does not specifically mention that TRICARE coverage meets the individual responsibility requirement, but such coverage would satisfy the requirements of this bill. To affirm that this is the case, the U.S. House of Representatives unanimously passed HR 4887, the TRICARE Affirmation Act, which provides assurances to the American people that care provided to those in the military and their families, as well as military retirees under age 65 and their families, would indeed meet the requirement for coverage.

The members of our nation's military sacrifice much to defend us all. We commit to these dedicated service members and their families as well as our veterans that we will protect the quality healthcare they receive.

Sincerely,

BOB FILNER,

Chairman, Committee on Veterans' Affairs.

IKE SKELTON,

Chairman, Committee on Armed Services.

SANDER LEVIN,

Chairman, Committee on Ways and Means.

GEORGE MILLER,

Chairman, Committee on Education and Labor.

HENRY WAXMAN,

Chairman, Committee on Energy and Commerce

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair reminds all Members that any statements should be directed through the Chair and not to others in the second person.

PARLIAMENTARY INQUIRY

Mr. TIAHRT. Parliamentary inquiry, Mr. Speaker,

The SPEAKER pro tempore. The gentleman from Kansas will state his parliamentary inquiry.

Mr. TIAHRT. Is it true that in the course of comfortable debate that we not question another Member's motives?

The SPEAKER pro tempore. The Chair will affirm that Members must maintain proper standards of decorum.

Mr. TIAHRT. Is it against the House rules to question another Member's motives?

The SPEAKER pro tempore. A Member's remarks should avoid personalities toward other Members.

Mr. TIAHRT. I thank the Speaker.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, an Army Ranger, Mr. DAVIS of Kentucky.

Mr. DAVIS of Kentucky. My heart is heavy with grief tonight at this turning point for our Nation, Mr. Speaker. This vote will define the America we will have in the future: massive tax burdens, rationed care, and intrusive bureaucracy.

Democrats are thwarting the will of the American people, taking them on a headlong rush toward socialism. This is

based on a false premise that every need a person could have on Earth can be met by government. Almost like worshipers, they carry the heart of our Constitution, bought in blood, and sacrifice it on the altar of political expediency. It raises taxes, violates your privacy, is policed by the IRS, intrudes on free choice, and hurts seniors.

I stand firm in my opposition to this exercise in idolatrous statism, a true tyranny that is the largest legislative transfer of power to the executive branch in the history of this Republic.

Vote "no" on this bill. Start over with real reforms that Americans want.

Mr. LEVIN. It is now my pleasure to yield 45 seconds to the very distinguished gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. Mr. Speaker, I rise in support of the Patient Protection and Affordable Health Care Act, a historic measure that will put families first when it comes to accessing health care coverage.

American families need this bill now more than ever. In the past decade, the cost for health care for American families has skyrocketed. If we do nothing, it's only going to get worse. If we do nothing, in 10 years small businesses will shell out \$29,000 in medical costs per employee. If we do nothing, the costs of an employer-sponsored health insurance plan will increase 84 percent by 2016. And if we do nothing, the American economy will break under the weight of mounting debt.

Americans may very well be tired of the endless media coverage regarding this debate. But they know as we do that we have a serious problem in our health care system that must be fixed. We on this side of the aisle are ready to deal with it.

Simply put, health care reform is good medicine for America and good medicine for American businesses.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind both sides to heed the gavel.

Mr. CAMP. Mr. Speaker, at this time I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Washington (Mr. REICHERT).

Mr. REICHERT. Mr. Speaker, the American people have spoken loud and clear. They don't want a government takeover of health care. The Democrats' latest plan is still a government takeover. Billions of dollars in new taxes on small businesses, over a trillion dollars in new spending, and it hurts our seniors and special-needs population by taxing hearing aids, pacemakers, wheelchairs.

We've heard, "If you like it, you can keep it." Not according to this President, who said recently, "I think some of the provisions that got snuck in might have violated that pledge."

We need to start over, and today I stand with Americans who want the

freedom to choose their own health care.

Mr. LEVIN. I yield for the purpose for a unanimous consent request to the gentleman from North Carolina (Mr. ETHERIDGE).

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

Mr. ETHERIDGE. Mr. Speaker, I rise on behalf of a young man by the name of Will Privitt who tonight will be able to get insurance for the first time. He was born with a preexisting condition.

Mr. Speaker, I rise today in support of health reform. I have said all along that there are several goals that our efforts must meet to improve security and stability for North Carolinians. We need to reform health insurance to reduce costs for people who have insurance and those who have been priced out of the market. We need to increase consumer choices and make sure that insurance companies do not deny coverage because of pre-existing conditions or technicalities. We need to shore up Medicare to improve security for seniors, reducing costs for medications and eliminating copayments. We need to make insurance affordable for businesses, so that they are not faced with the choice of providing coverage for their employees or making payroll. Finally, we must put discipline back in the budget and bring down the budget deficit. I rise in support of H.R. 4872, the Health Care and Education Affordability Reconciliation Act of 2010 and H.R. 3590, the Patient Protection and Affordable Care Act because together they meet these goals.

The working families of the Second District need solutions, not more fear, neither the real fears of rising cost nor the false fears spread by special interests. We cannot continue to allow the current system to kill jobs and bust the budgets of our families and our Nation. After reading the legislation carefully, I have concluded that it will save lives and save money. This is the best chance we have to reduce sky-rocketing health care costs for North Carolina families.

North Carolinians know that the current system is broken and that we need common-sense reform. For me, the effort to fix our health care system has always been about people not about politics. Our effort is about North Carolina families. We need reform for folks who are struggling with unbearable health care costs, rapidly rising premiums, bureaucratic meddling, and arbitrary denials of coverage and a system that is driving our Nation deeper and deeper into debt.

Throughout this process, I have heard from thousands of folks from the main streets and country roads of North Carolina who are crying out for help. At numerous town hall meetings in North Carolina and over the telephone, as well as in other opportunities, I have spoken directly to North Carolinians. I read thousands of messages that come in by phone, email, fax, or letter every day. The vast majority say that change is needed.

When North Carolina families are hurting, doing nothing really isn't an option for me. I have heard from thousands of my North Carolina neighbors who are suffering under the current system.

Folks like a nurse from Sanford, North Carolina, who says that insurance industry bureaucrats are keeping her from providing her patients the care they need.

Folks like a woman from Raleigh, who fears she will suffer the same fate as her sister who died from asthma because she could not get insurance coverage.

Folks like a man from Louisburg, who cannot start a new business because he needs the insurance his current employer provides. His mother pleaded with me that they are not looking for a handout; just a fair playing field.

Folks like a woman from Rocky Mount, who notes that the working poor, self-employed, part-time workers and others on the margins need relief. She called on me to not let the insurance companies win this time.

These are the real people that convinced me that voting for these bills is the right thing to do. A lot of folks are afraid, both of the current system and of potential changes. Thousands of families without insurance, and individuals with pre-existing conditions, are an illness away from financial ruin. Reform needs to provide them security.

Mr. Speaker, as we continue to address America's financial situation, health reform is absolutely necessary to get our economy growing again. This bill will reduce the stranglehold that insurance costs have on our small businesses and eliminate the threat of bankruptcy due to medical costs that hangs over so many North Carolina families. It will strengthen our rural communities, supporting the training of doctors and providing incentives for them to work in underserved areas. And the bill is fully paid for, so that not only will it bring down costs for individuals and businesses, but for the taxpayer and future generations.

Mr. Speaker, making sure every American has access to affordable health insurance and high-quality health care is one of the most important challenges of our time. If we can afford to provide health care to Iraqi citizens, as we have over the past decade, we can afford a fiscally responsible reform that puts health care in reach for all Americans. The health reform debate is about saving money and saving lives. At its core, health reform is all about ensuring that American families and businesses have more choices, benefit from more competition, and have greater control over their own health care, while bringing down costs for individuals, our families and businesses, and for the Nation.

These bills are fiscally responsible and will improve the health and health care of people across my district, North Carolina, and the country. I am pleased to be able to vote in favor of this historic legislation.

The SPEAKER pro tempore. The gentleman from Michigan will be charged time.

Mr. LEVIN. I yield to the gentleman from Pennsylvania (Mr. FATTAH) for a unanimous consent request.

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

Mr. FATTAH. I rise in support of the health care reform bill in honor of a friend of mine, Linda Taylor, who died because of the lack of insurance in a breast cancer illness that she faced.

The SPEAKER pro tempore. The gentleman from Michigan will be charged time consumed.

Mr. LEVIN. I yield 45 seconds—I wish I could yield more—to our distinguished colleague from Maryland (Mr. VAN HOLLEN).

Mr. VAN HOLLEN. Mr. Speaker, they called it “a dangerous device invented in Nazi Germany” and a “method of imposing Stalinism.” Those were the statements made by the opponents of Medicare, Medicare that now provides health coverage to 45 million Americans.

This legislation will ensure that 32 million more Americans have access to affordable health care and that no American is held hostage to the abusive practices of the insurance industry.

As in 1965, we have the rhetoric of mass distortions. This morning, Republican Leader BOEHNER even said this bill means Armageddon. The day after this legislation is signed by President Obama, Americans will see the world is not coming to an end, that there are no death panels. They will begin to see a system that works for them, not the insurance industry who is spending millions of dollars to kill the bill.

Mr. CAMP. At this time, Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, Dr. BOUSTANY of Louisiana.

Mr. BOUSTANY. Mr. Speaker, we all have compassion for families struggling, those who have lost jobs, those who lack access to health care. We all want to do what's right for our country. We all want to solve these problems. But as I look at this massive, complex and partisan bill, I see premiums continuing to rise for families and abject failure to control health care costs for families and businesses.

I see huge tax increases coupled with irresponsible cuts to Medicare services, all to expand new coverage entitlements where physician access will worsen, continuing to burden our strapped emergency rooms.

Mr. Speaker, frankly, I see a sequel to the modern Greek fiscal tragedy unfolding before us with a potential for default. We have a duty to reform health care, but an obligation to get it right.

Mr. LEVIN. I now yield 45 seconds to a very senior member of our committee, Mr. McDERMOTT of Washington.

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

Mr. McDERMOTT. Mr. Speaker, there are times in history that action is demanded. In 1935, we needed Social Security and unemployment insurance. The Democrats answered. In 1965, we needed health care for senior citizens. The Democrats answered. In 2010, the country needs health care reform, and the Democrats will answer tonight.

It was never in doubt. Business wanted a change, the medical profession wanted a change, and labor wanted a change. And the Republicans brought an economic collapse to make it clear to everybody that we all are in danger if we don't change the health care system in this country.

For me and many of my colleagues, passing a national health care reform bill is the cul-

mination of a long process. In the late 1950s and early '60s, when I was going to medical school in Chicago, Canada's Tommy Douglas was beginning a national health care plan in the province of Saskatchewan. As I came to the end of my medical training, doctors began to strike in Canada because they didn't want to practice medicine under any system that was not totally free enterprise in nature. But as a new physician at the time, it seemed to me that the benefits of extending health coverage to everyone in Canada far outweighed the benefits of a free enterprise system. Between 1963 and 1970, while I got my training in adult and child psychiatry and served 2 years in the United States Navy, I had the opportunity to observe the American healthcare “nonsystem” firsthand. Every day, I watched as people fell through the cracks. When I entered politics in the Washington state legislature, I knew that it was my obligation to do all that I could to bring about a national system that would provide coverage for everyone. And during my campaign for governor in 1972, I made my first speech declaring my support for a single-payer system similar to Canada. Each year that I served in the state legislature, I faced the institutional resistance to the creation of a more orderly system. Yet people complained they couldn't get care. Hospitals complained about uncompensated care. People complained about cost shifting of the expenses of the uninsured onto the policies paid for by the insured.

In the early 1980s, I began trying to establish an uncompensated care fund that would be paid into by all hospitals and the receipts would be given to those hospitals that took care of those in the community who had no health insurance. But hospitals resisted. I did a study to find out how many people in the state of Washington either were not covered by a government program or didn't have insurance through their employment. Unsurprisingly, we found that it was a huge number. So in 1983, I began the process of trying to do in Washington State what Tommy Douglas had done a few hundred miles away in the province of Saskatchewan.

As I tried to get universal coverage in the state of Washington, I ran into numerous obstacles. The medical establishment was more interested in capital investments than they were in ensuring that medical coverage was available to everyone in Washington. Large businesses were reluctant to accept any responsibility beyond what they were already doing for their employees. Any mandate was out of the question because under a technical loophole, big employers are exempt from many regulations that deal with insurance. So instead, I ended up authoring the Washington State Basic Health Plan, which is a subsidized health insurance program to help lower-income families afford coverage. But I wasn't able to get universal coverage.

This experience taught me that it was going to be incredibly difficult to create a health care plan in one state that could be replicated across the country as had been done in Canada. I wrote the plan originally when the governor of the state of Washington was a Republican, so it didn't get anywhere until Democrat Booth Gardner was elected governor of Washington in 1984. The process was so frustrating and the final legislation so modest that I decided I'd go back to medicine. I went to work for the State Department in Africa, where

I saw the beginnings of the AIDS epidemic in 1987.

One day my brother called me when I was in Africa and told me there was a seat open in Congress. He suggested that I return to the U.S. to run for the seat and work on getting universal health care. The dream was not dead, it has just been dormant. So I returned, ran for Congress and was elected in 1988. I made the decision to get on the Ways and Means Committee because I thought that was where I could be most effective in getting a national plan established. I was appointed to the committee in 1991 and began working with 95 other members who were dedicated to a single player plan. In 1993 President and Mrs. Clinton came to Washington to enact a national health plan, but we were unsuccessful.

The years between 1994 and 2006 were a painful period as we watched Republicans try to dismantle the only national health care program we have, Medicare. We breathed a great sigh of relief at the 2008 election of President Barack Obama, who stated that he wanted to enact a national health plan. The President was determined not to repeat the errors of the Clinton administration, and the process of writing the bill has been long and tortuous. Over the course of many months, we've watched this bill wind through three committees in the House and two committees in the Senate, which brought us to where we are today.

I still believe that a single-payer model is the most effective to achieve both cost control and universal coverage. But 40 years of experience prevent me from being ideological about the solution to the problems of universal coverage. Rather than establishing a single-payer system, Congress has designed a less desirable model that would more tightly regulate private insurance companies much in the same way that we do with utility companies. Members of Congress have opted for a model that provides for insurance regulation at the national level, rather than the state level as it is today. It has much in common with the French system which provides universal coverage to the French people at half the cost of what we spend here in the United States. Their system provides a quality of care that is considered the best in the world according to the World Health Organization.

I know that this bill is far from perfect and will require continued efforts to adjust and improve it in the years to come. But today we began. As the Chinese adage says, “every journey of 1,000 miles begins with a single step.” Today we have taken that step.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Nevada (Mr. HELLER).

Mr. HELLER. I thank the gentleman for yielding.

Thousands of Nevadans have been surveyed and an overwhelming number oppose the government takeover of health care. Yet two-thirds of Nevada's delegation will defy their constituents and vote with their leadership instead.

This \$2.6 trillion legislation will raise Nevada taxes, kill Nevada jobs, remove Nevada seniors from Medicare, and saddle the State of Nevada with budget-busting mandates. I urge my colleagues from Nevada to speak for Nevada—not their Beltway benefactors—when casting their vote today.

Mr. LEVIN. I now yield 45 seconds to the gentleman from Oregon, a member of the committee, Mr. BLUMENAUER.

Mr. BLUMENAUER. Today's victory for health care reform and coverage for 32 million Americans is not just the culmination of 15 months of hard work in this Congress. It represents the historic accomplishments sought by Presidents and Members of Congress dating back to Teddy Roosevelt. That the accomplishment was achieved in the midst of difficult economic times, a toxic political environment without any bipartisan support, makes it all the more remarkable.

Passage tonight will start making a difference for our families this year and, most important, the bill is fully paid for. We're reforming Medicare, we improve the quality of health care in this country and reduce the deficit. Tonight's victory starts America on the road to better health and economic security.

Mr. CAMP. Mr. Speaker, before I yield, I would like to remind the Chair that Medicare and Social Security passed with large bipartisan majorities.

With that, I yield 45 seconds to the distinguished member of the Ways and Means Committee, the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. I thank the gentleman for yielding.

Mr. Speaker, just because it's historic doesn't mean it's good. I think we've got to be reminded of that. I think back to history for something that actually was good, and that was when Alexander Hamilton said regarding our Constitution, "Here, sir, the people govern."

We would be wise to listen to the American people. The American people have said "no" to the ABCs of PelosiCare. They have said "no" to the arrogance of this bill. They have said "no" to the budget-busting nature of this bill. And they have said "no" to the crippling of the economy of this bill.

In Illinois, a manufacturer called Caterpillar said that next year alone it will cost the company a hundred million dollars. What does that do to a State that is left roughshod by over-promises and underdelivering on a stimulus that failed?

The SPEAKER pro tempore. The Chair will note that the time of the gentleman from Michigan (Mr. CAMP) has expired. The gentleman from Michigan (Mr. LEVIN) has 1½ minutes remaining.

Mr. LEVIN. I now yield 45 seconds to the distinguished gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, as I was growing up, our parents always taught us that right was right if nobody was right and that wrong was wrong if everybody was wrong. Well, I can tell you it would be wrong to deny

32 million additional Americans the right to health insurance coverage. It would be wrong to keep people cooped up in institutions when they could live at home. It would be wrong to keep senior citizens struggling to try and pay for their prescriptions.

Let's do the right thing. Let's vote for this legislation. Give 32 million people the right to have insurance coverage. Let's do the right thing.

Mr. Speaker, when I was growing up my parents taught us that right was right if nobody was right and that wrong is wrong is everybody is wrong. It would be wrong to deny 32 million people health insurance coverage. It would be wrong to deny millions of people with pre-existing conditions the right to have insurance coverage.

It would be wrong to keep filling up the emergency rooms of hospitals because people don't have regular doctors. It would be wrong to keep senior citizens struggling to pay for their prescriptions. It would be wrong to keep people with disabilities cooped up in institutions when they could live at home. It would be wrong to deny people health coverage because they have lost their jobs. It would be wrong to deny health coverage to people who work in small businesses.

It is right to provide coverage to as many people as we can. It is right to reduce the deficit and save as much money as we can. It is right to save lives. It is right to do the right thing. It is right to vote to pass this bill and provide health coverage for 32 million additional Americans.

It is right to do the right thing.

Mr. LEVIN. I now yield to the gentlelady from New York for a unanimous consent request.

(Mrs. MALONEY asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY. I thank the gentleman for yielding and for his leadership.

I rise in support of the health care bill.

Mr. Speaker, this is an historic vote. With passage of these health care reforms, 32 million people without insurance will get it—including almost 2.5 million uninsured in New York State.

It will end discrimination for preexisting conditions, make progress on cutting high medical costs, and reduce the deficit by over \$1 trillion over the next two decades.

This package of reforms that will make a real difference in the lives of Americans, over their entire lives:

If you're 21 and just graduating college, you'll now be included on your parents' coverage until your 26th birthday.

If you're self-employed in your thirties or forties, you'll be able to shop for more affordable coverage on exchanges set up by states or the Federal Government.

If you're 56 and have taken early retirement, you can continue to be covered under your employer's plan until you sign up for Medicare.

And if you're a senior with Medicare Part D Drug Coverage, the so-called "donut hole" has been closed.

The Senate version penalized states like New York which were already doing more than most to provide care to the needy. And that's one of the things this House is fixing.

The impact on the New York State Medicaid budget went from a projected increased cost of over \$700 million to increased aid of \$1.3 billion in just the first year. That's a "swing" of over \$2 billion.

Finally, these reforms will do more for women's health despite the restrictive language on reproductive health services contained within the Senate bill—than any other legislation in my career.

I am grateful for the opportunity to be a part of this momentous reform and urge my colleagues to remember that today we will make a lasting difference in people's lives. Today we change the overall health of our Nation.

Mr. LEVIN. I yield to the gentleman from Minnesota for a unanimous consent request.

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

Mr. ELLISON. I rise in support of universal health care.

Mr. Speaker, there was a time in our country's past that the enactment of a comprehensive civil rights law was deemed merely a dream.

There was a time in our country's past that enactment of Social Security to guarantee the retirement security of our seniors was deemed merely a dream.

There was a time in our country's past that enactment of the Medicare law to guarantee the health care for our nation's senior was deemed merely a dream.

We now take all three—civil rights, retirement security for our seniors and health security—for granted in our society.

They are all assumed as a given and as a right in our society.

Well, Mr. Speaker, I believe when we leave this chamber tonight after passing this health care bill, we will forget how hard it was to pass this bill. And in another generation, our grandchildren will also assume that universal health care is a right and a given in any modern society.

Mr. Speaker, tonight marks the beginning of the dream of universal health care becoming a reality in our society.

It is an important beginning—

When 40,500 uninsured Fifth District residents will have access health care coverage to health insurance.

When 9,700 Fifth District residents with pre-existing conditions can no longer be denied coverage.

When 57,000 Fifth District young adults can obtain coverage on their parents' insurance plans.

When insurance coverage for 358,000 Fifth District residents is improved—and when the cost of uncompensated care for hospitals and other health care providers is reduced by \$101 million—that is positive change.

And when thirty-two million more Americans have health insurance it is a good beginning. At the same time, when \$1.3 trillion in deficit spending (accumulated over the past eight years) is reduced, it is a good start.

I look forward to enthusiastically casting my "yes" vote tonight for this historic legislation.

Mr. LEVIN. I yield to the gentlelady from California for a unanimous consent request.

(Ms. RICHARDSON asked and was given permission to revise and extend her remarks.)

Ms. RICHARDSON. I rise in support of this health care reform legislation.

□ 2030

Mr. LEVIN. I now yield the balance of my time, 45 seconds, to the very distinguished gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise today to cast my vote to end abusive insurance company practices that put doctors and patients in control of their health care.

And when I do, I will cast it for the small business owner in my district whose health insurance premiums shot up more than 100 percent last year simply because one employee got sick. I will cast it for the 135,000 people in my district who don't have health care coverage. On a personal note, I will cast it for the 2.5 million breast cancer survivors like me, who have a pre-existing condition that make it next to impossible to obtain health insurance.

Finally, I'll cast it for all of the moms in America with beautiful children like mine, but who don't have the security of health insurance and who die inside every time their child gets sick. Our current system is broken. It's un-American. The nightmare ends tonight.

The SPEAKER pro tempore. All time has expired.

The gentleman from California (Mr. GEORGE MILLER) is recognized for 15 minutes as a designee of the majority leader.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS), a member of the committee.

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

Mr. ANDREWS. I thank my chairman for yielding.

Mr. Speaker, the ladies and gentlemen of the House should respect our constituents who are against the bill, who are for the bill, and those who are undecided; but we should respect them enough to give them an accurate record of what's in the bill, and I think it's time for some accuracy.

We have heard repeatedly tonight that there are cuts to Medicare in this bill. There is not one cut to not one beneficiary anywhere in this bill. Medicare benefits expand for prescription drugs and expand for preventive care. We heard someone say that the bill increases premiums for Americans.

Section 1001 of the reconciliation bill says that for a family making \$45,000 a year, if you look at their premiums, their copays and their deductibles, which is what real people have to do, the bill saves them \$7,000 a year. We have heard that the special interest provisions, that I think are an abomination, are in the bill. They are not. If you read section 1201 of the reconciliation bill, it says goodbye to the so-called Cornhusker kickback and other special interest provisions.

We heard that there is taxpayer funding for abortions. Read section 10,104 of

the underlying bill. There isn't. We have heard that this is going to add to the deficit and the debt of the country. Don't listen to what the Democrats say. Don't listen to what the Republicans say. Listen to what the non-partisan Congressional Budget Office says, which is this: the bill will save \$138 billion off the deficit in the first 10 years and \$1.2 trillion off the deficit in the next 10 years.

Finally, we hear the bill will kill jobs. When the Clinton economic plan was on this floor, a gentleman named Dick Armey, a leader of the anti-movement on this bill, said it would be "a recipe for disaster." He was wrong. That bill created 23 million new jobs and we should vote—

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

Mr. GEORGE MILLER of California. I yield the gentleman 15 additional seconds.

Mr. ANDREWS. Finally, I heard one of our colleagues say this bill will create a socialist utopia. No, Mr. Speaker, it won't. It will create a decent society that every man, woman, and child in this society and this country so richly deserves. Vote "yes" on this bill.

The SPEAKER pro tempore. The gentleman from Minnesota (Mr. KLINE) is recognized for 8 minutes as a designee of the minority leader.

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself 1½ minutes.

I came to Congress 7 years ago to do my part to make this country better. Every vote I cast and every policy I help shape must be judged by whether it achieves what my constituents sent me here to accomplish. As each Member of this, the people's House, prepares to vote "yea" or "nay" tonight, we should all take a moment to remind ourselves of why we are here.

Our job is to ensure American employers have the tools and the freedom they need to sustain jobs and create jobs. Instead, this bill will destroy jobs at a time when we need them the most.

Our job is to ensure freedom, security and prosperity for future generations. Instead, this bill will be paid for by our children and our grandchildren and our great grandchildren. Our job is to legislate openly with integrity and fairness. Instead, this bill is full of back-room deals negotiated behind closed doors.

This bill is not what the American people want. They are imploring us to start over with reforms that will bring down health care costs while preserving the relationship between patients and their doctors. This is our last chance to stand up for the people who sent us here and display the courage to prove that we can do better.

I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Connecticut (Mr. COURTNEY), a member of the committee.

Mr. COURTNEY. Mr. Speaker, tonight we are going to answer a question which the tea party on the right to reformers on the left ask constantly,

which is, Why can't the American people have access to the same type of benefit that Members of Congress have?

It's a good question. Some of the most hysterical voices in opposition have access to a purchasing exchange through the Federal employee benefits plan that has comprehensive benefits, choice, no rescissions, no lifetime caps. And this bill is going to give the American people exactly what Members of Congress have. And in case there is any question about that, section 1312 will make sure that starting in 2014, Members of Congress have to use exactly the same purchasing exchange that the American people will have to use.

No more haves and have-nots. No more tax-paying Americans who don't have health insurance, underwriting the health benefits of Members of Congress who would deny them access to quality, affordable health care. It is time to answer that question tonight in the affirmative by passing this legislation.

Mr. KLINE of Minnesota. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Georgia, the ranking member of the Health, Employment, Labor, and Pensions Subcommittee, Dr. PRICE.

Mr. PRICE of Georgia. Mr. Speaker, health care decisions that we make for ourselves and for our families are some of the most important and personal in our lives. As a physician, early in my career of caring for tens of thousands of patients, I recognized that there were more folks in Washington who affected what I could do for and with my patients than anybody I ever met in residency or in medical school and that that was wrong.

Health care, taking care of people, is a moral endeavor and should be grounded in principle. And if the principles that we hold dear for health care are applied to this debate and to this bill, the picture is not pretty: accessibility, being able to receive care; affordability, being able to afford care; quality, receiving the best care available; responsiveness, having a system that works for patients; and innovation, being certain that we have the newest and the best treatments and choices, patients being able to choose their physicians and how and where they are treated.

All of these are harmed by this bill. All of these principles are violated. None of these principles are improved by the further intervention of the Federal Government.

So you see, Mr. Speaker, mostly this is bad for patients, for all Americans. The trust that is necessary between caregiver and care receiver, between patients and their doctors, to believe that your health is not being undermined by the system will be permanently eroded, permanently damaged; and it is that trust that is the foundation of the morality of health care.

So this is a sad day, yes, because there are so many wonderful and positive and patient-centered solutions

that we could have enacted. You see, we trust patients and families. They trust government.

As a physician, I know that when patients and their families and their doctors are not allowed to decide what they receive, we lose more than our health care system. We lose our morality. We lose our freedom.

The positive vote, the patient-centered vote, the bipartisan vote on this bill is a "no."

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from California (Ms. WOOLSEY), a member of the committee.

Ms. WOOLSEY. Mr. Speaker, the whole Nation desperately needs health care reform, but no group of Americans needs it more than women who face discrimination and insult at the hand of the broken status quo every single day. We all know that the current system allows insurance companies to deny coverage based on preexisting conditions.

But I wonder how many of my colleagues realize that essentially being a woman is a preexisting condition. Pregnancy, for example, or C-sections, can be deemed preexisting conditions. Most unbelievable of all, insurance companies can legally turn their backs on women who suffered injuries due to domestic violence because that, too, can be defined as a preexisting condition. We should all be ashamed of a system that puts healthy insurance company profits ahead of healthy American women.

This weekend, today, tonight, we will make history by passing a health care bill that will correct these injustices, and no longer will female be considered a preexisting condition.

Mr. KLINE of Minnesota. Mr. Speaker, at this time it is my pleasure to yield 2 minutes to the gentleman from Kentucky, the ranking member of the Higher Education, Lifelong Learning, and Competitiveness subcommittee, Mr. GUTHRIE.

Mr. GUTHRIE. Mr. Speaker, I have always liked to describe the process I have seen in the last few weeks of trying to put a bill together like putting a puzzle together, but forcing pieces together and trying to make them fit. And in the end, the puzzle doesn't have a complete picture. And one of the pieces they are trying to make fit to keep this under \$1 trillion, is what the score is; but what we are not mentioning is the incredible unfunded mandate that we were placing on our States.

Just a couple of years ago I was a State senator. And tonight, State senators in Kentucky, my former colleagues, are meeting together to try to close a billion-dollar budget gap. And what does this bill do? This bill puts a \$30 billion unfunded mandate by CBO estimates onto our States.

To the south of Kentucky, Phil Bredesen, a very respected Democratic Governor of Tennessee, says this is the mother of all unfunded mandates. And

just to the north of me in Indiana, Governor Mitch Daniels said a half a million more Hoosiers will be on Medicaid, costing the State taxpayers billions of dollars.

It's going to cost my State, according to the Heritage Foundation, \$303 million from 2014 to 2019. So that's what our next budget session-mates will be budgeting for 2014. So the State legislators tonight who are hoping the economy will turn around, maybe there will be a light at the end of the tunnel, are now having to deal with the \$303 million freight train that's the light at the end of that tunnel.

But on top of that, this proposed bill also takes student loan money to finance this bill. The government has taken over the student loan business; they have lower interest rates. Instead of lowering the rate our students are going to be paying back on our interest, we are going to take part of that money and fund this bill on the backs of our students.

Mr. Speaker, it's unfair to put these burdens on our States and on our students.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Arizona (Mr. GRIJALVA), a member of the committee.

Mr. GRIJALVA. Mr. Speaker, today I rise in full support of the legislation to reform health care before us. It is, indeed, a historic opportunity for the American people to begin the necessary process of fixing a failing and broken health care system that is costly and denies basic health care to many, to 48 million Americans in this country.

It is also a tremendous building block for the care of people in this country in the future and to begin to rein in the greed of private insurance companies that continue to raise premiums at the expense of the American people. This legislation has very good aspects in it. One of them is, finally, after 10 years of neglect by a Republican majority and administration, Indian health care is part of this legislation, and this health care brings necessary and increased resources to Indian Country.

We begin to deal with health disparities in this legislation, which we have not done in the past. I am proud to support this legislation. It is not just a step forward; it is a historic leap into bringing to the American people a necessary reality, which is health care.

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

□ 2045

Mr. KLINE of Minnesota. Mr. Speaker, could I inquire as to the time?

The SPEAKER pro tempore. The gentleman from California has 9¼ minutes remaining. The gentleman from Minnesota has 3 minutes remaining.

Mr. KLINE of Minnesota. Mr. Speaker, then at this time I am pleased to yield 1 minute to the gentlewoman from Illinois, a senior member of the Education and Labor Committee, Mrs. BIGGERT.

Mrs. BIGGERT. Mr. Speaker, I rise today deeply troubled, not just by this bill, but by the historic opportunity this body has squandered. We had so long to get this right, so many chances to take a step back and listen, really listen, to what the American people were asking us.

Instead, true leadership was cast aside in favor of backroom deals, partisan games, and legislative gimmicks. The best intentions on both sides of the aisle never had a chance to turn good ideas into great policy, and we were left with a bill that is so poorly crafted that we are voting to overhaul it the same day it is going to the President.

But the American people still have a choice. It is not between this partisan bill and nothing. We can work together to deliver the commonsense reforms that the American people want.

Mr. Speaker, I know many colleagues have been struggling with this vote. I urge them to vote "no" and work with us to pass reforms we can all be proud of, that we can all vote for.

Mr. Speaker, I vote "no."

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from California (Ms. SHEA-PORTER).

Ms. SHEA-PORTER. Tonight I vote for the middle class.

I have heard the desperation of parents whose kids were kicked off their plan before they even had a job. This bill allows 30 percent of young Americans currently without coverage to stay on their parents' plans until age 26.

I have listened as New Hampshire small business owners told me they were embarrassed they could no longer insure faithful employees. This bill is their remedy.

I heard those who lost homes because they got sick or hurt, lost their insurance, and then could not pay medical bills. I listened as hospitals discussed the uninsured's costs to New Hampshire taxpayers. Here is the cure.

For the late Donald Long of Raymond, who told me he paid \$500 for prescriptions every 3 months because of the doughnut hole, thank you. I heard you and all seniors.

I heard Sandra Gagnon of Manchester, who has a chronically ill daughter. Now, no more preexisting exclusions.

For the families in New Hampshire and across America, I vote "yes" for you.

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore. The gentleman is recognized for 2 minutes.

Mr. KLINE of Minnesota. Mr. Speaker, earlier this month President Obama said, "Everything there is to say about health care has been said, and just about everyone has said it."

Perhaps he is right. Perhaps everyone in Washington has said all there is to say. The lines have been drawn, and the number of undecided votes is dwindling. But perhaps it is time for Washington to stop talking and start listening.

I am listening to the calls coming into my office, 13-1 against this legislation. I am listening to residents of Minnesota's Second Congressional District, who told me during a town hall last week 72 percent of them are opposed to this bill. I am listening to small business owners in my State and around this Nation who are paralyzed by the fear of new mandates, job-killing taxes, crushing Federal deficits, and more government control.

I am listening to the thousands of citizens who traveled to our Nation's capital this weekend to tell us in no uncertain terms they want us to kill the bill. I am listening, and what I am hearing is the American people shouting "stop."

They want us to start over. They want health care reform we can afford. They want reform that will bring down costs without sacrificing quality or personal freedom. Mr. Speaker, they want us to say "no" to this bill today so we can come back and do better tomorrow.

There is no question that there are Members in this body, Republicans and Democrats, who are ready to go to work on a much improved bill.

The die has not yet been cast. It is not too late. I urge my colleagues: Listen to the American people. Vote "no." Vote "no."

I yield back the balance of my time.

Mr. GEORGE MILLER of California. I recognize the gentlewoman from Nevada (Ms. TITUS), a member of the committee, for 1 minute.

Ms. TITUS. For over 1 year, I have listened to the voices of District 3 and heard heartbreaking stories of children denied coverage because of a pre-existing condition, small business owners who can't afford to insure their employees, and single moms who have lost their jobs and their insurance. They are the reasons I am voting for reform.

In District 3 alone, reform will improve coverage for more than 600,000 people. It will strengthen Medicare for 120,000 seniors and close the prescription drug doughnut hole. It will create health care tax breaks for over 200,000 families and 17,000 small businesses, and lets 72,000 young adults stay on their parents' policy.

Insurance companies and others opposed to reform have spent over \$1.3 million in southern Nevada, but I won't be intimidated. Today, as I have always done, I am standing up for what I believe is in the best interest of my constituents. As has been said, it is the price of leadership to do the thing you believe has to be done at the time it must be done. Now is the time to get it done and pass health care reform.

The SPEAKER pro tempore (Mr. PASTOR of Arizona). The gentleman from Wisconsin (Mr. RYAN) is recognized for 10 minutes as a designee of the minority leader.

Mr. RYAN of Wisconsin. I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from

Texas (Mr. HINOJOSA), the Chair of the Higher Ed Subcommittee.

Mr. HINOJOSA. Mr. Speaker, I rise today in full support of this reconciliation legislation, to say that we have an extraordinary opportunity today to improve the quality of life for millions of Americans, for the 32 million children and families who are uninsured, and for students and workers who dream of pursuing higher education and acquiring the skills needed to access 21st century jobs.

As subcommittee chair for Higher Education, I am proud to say that today Congress will invest billions of dollars to increase accessibility and affordability in higher education for our Nation's students and workers. This landmark legislation provides \$36 billion in Pell Grant scholarships over 10 years. It provides \$2 billion of moneys for our Nation's community colleges, and \$2.55 billion for our minority-serving institutions of higher learning, including HSIs and HBCUs. By moving to the Federal Government's direct loan program, we will put the best interests of students first and make college loans more reliable and affordable for students and families.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Massachusetts (Mr. TIERNEY), a member of the committee.

Mr. TIERNEY. Mr. Speaker, today is an opportunity for this body to stand up for middle class families and small businesses.

Today, by passing this bill, no family will have to worry that their 20-something-year-old child will have a serious condition and not be covered or ever be refused coverage in their lifetime due to a preexisting condition. Insurance companies will no longer be able to limit coverage annually or over a lifetime just when serious conditions require care. They won't be able to rescind coverage in the middle of cancer or diabetes care, and they will have to spend a reasonable portion of premium dollars on actual health services.

We will be able to see our seniors affording both their groceries and their prescription medicines because we will close the so-called doughnut hole in their current coverage, and we will extend the life of Medicare for 9 years even as we improve its coverage.

Small business employers and employees will be better able to afford health care and will pay less in administrative costs while having the choices large companies and Federal employees have now.

All this, Mr. Speaker, and we will be making the largest pay-down on the Federal deficit in quite some time, reducing our debt by over \$1 trillion in the next two decades.

No bill is perfect, but this bill is an enormous improvement of the status quo.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Speaker would remind Members to heed the gavel at the expiration of their time.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentlewoman from the District of Columbia (Ms. NORTON).

(Ms. NORTON asked and was given permission to revise and extend her remarks.)

Ms. NORTON. For the tax-paying residents of the District of Columbia, I rise in strong support of the health care reform bill before us today.

Mr. Speaker, if I could cast a vote on behalf of the residents of the District of Columbia, on final passage of the health care bill before us today, I would cast a critical "aye." Unfortunately, however, the D.C. Voting Rights Act, like most bills this year, is in line behind health care reform. Fortunately for me, however, the most important point of contribution to a bill is usually not when the work is done, and all that needs to be done is to register your vote for the majority. The most critical point in this legislation was when it was being crafted. I believe that the many hours I have put into the health care bill to ensure that it served D.C. residents have been more than worth it. For example, beyond the many benefits for all Americans in the bill, D.C. will be relieved of the \$50 million it has generously used to fund its D.C. Health Alliance for people who do not qualify for Medicaid, but cannot afford health insurance, a cost seldom picked up by other states.

Mr. Speaker, this bill specifically benefits my constituents in many ways, particularly the following:

For the 62 percent of D.C. residents who already have private health insurance, but are facing soaring insurance costs and could be dropped at the whim of an insurance company, the bill will reign in insurance costs by restricting administrative expenses, profits, and overhead; prohibit insurance companies from denying coverage based on pre-existing conditions; prohibit annual and lifetime benefit caps; and prohibit insurance companies from dropping coverage when a person becomes sick.

For the 134,000 uninsured families and 17,300 small businesses, the bill will provide tax credits to buy affordable insurance at group rates through the new health insurance exchanges that will be established, or for individuals with incomes below 133 percent of the poverty line, through expansion of Medicaid.

For the 75,000 seniors receiving Medicare, the bill will add free preventative and wellness care, improve primary, coordinated, and nursing home care, and provide a \$250 rebate this year and 50 percent discounts on brand name drugs beginning next year to the 3,300 seniors who have fallen through the donut hole and are forced to pay the full cost of prescription drugs, while closing the hole within 10 years.

For 67,000 young adults in the District, the bill will allow them to stay on their parents' plan until age 26 and allow them to purchase affordable policies until age 30.

For the 5,600 D.C. individuals with pre-existing conditions, the bill will ensure they are not denied affordable coverage.

Families who purchase insurance through the health insurance exchange or are insured by small businesses will no longer face bankruptcy due to health care costs not covered by insurance, because the bill will cap out-of-pocket costs at \$6,200 for individuals and \$12,400 for families.

For District of Columbia health care providers, the bill will provide up to \$54.6 million for 42 D.C. community health centers, and will reduce the burden on uncompensated care by \$69 million at the District's hospitals and other health care facilities.

I am particularly pleased about the benefits that will be available to my constituents as soon as the bill is signed. For individuals, there will be coverage for early retirees, 55–64; coverage for young adults up to age 26 on parents' policies; preventative care for those receiving Medicare and for others, now under private plans; first steps to close the donut hole, coverage for residents with pre-existing conditions; and tax credits for small business employees. For many of my constituents, the elimination of abuses will be the most important parts of the bill, including no more cancellation of policies when residents get sick; no discrimination against children with pre-existing conditions; no lifetime coverage limits; no annual limits on new plans; and requiring 80 percent of premiums for individuals and small groups, and 85 percent of large plan premiums, to be spent on the insured. Other critical provisions that will benefit many D.C. residents are the funds to double the number of patients the city's 42 community health centers can accommodate, and funding for training more primary care doctors.

The SPEAKER pro tempore. The gentleman will be charged time.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentlewoman from California (Ms. ZOE LOFGREN).

(Ms. ZOE LOFGREN of California asked and was given permission to revise and extend her remarks.)

Ms. ZOE LOFGREN of California. Mr. Speaker, I rise in support of the bill.

I'm proud to stand on the floor of the House of Representatives today to cast my yes vote for this historic bill. I vote yes for the nearly 50,000 currently uninsured residents of the 16th California Congressional District who will now be eligible for health insurance. I vote yes for the 6,000 seniors in my district who will no longer be subject to the donut hole in Medicare Part D. I vote yes for the 55,000 young adults in the 16th District who will now be able to extend their coverage under their parent's existing insurance. I vote yes for the roughly 15,000 small businesses in the 16th District who will be able to extend coverage to their employees because of the tax credits in this bill. I vote yes for the 800 families in the 16th District who every year are forced to file for bankruptcy due to medical bills. I vote yes because this legislation will reduce the deficit by \$130 billion over the next 10 years and by some \$1.3 trillion over the second decade. Simply put, I vote yes because it is the right thing to do and because my constituents overwhelmingly demand it.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentleman from California (Mr. SCHIFF).

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

Mr. SCHIFF. Mr. Speaker, I rise in support of this historic health care reform legislation.

Two years ago, during a telephone townhall with my constituents, one of my neighbors in Burbank told me that her young daughter had become ill. Our children played together in preschool, and they lived just a few doors down. When her daughter became sick, they were able to get her the health care she needed through a program called Healthy Families. She was now, thankfully, all better.

But now, my constituent told me, she herself was ill. She and her husband were both self-employed and could not afford health insurance, and she was scared to death to get her illness treated at the emergency room. Her question to me that night was: "Is there any hope for families like mine?"

The answer tonight is "yes." There is now hope for millions of self-employed Americans who cannot afford health care, and millions more who are small business people struggling to provide health care for themselves and their employees. And there is hope for millions of others who have pre-existing conditions and cannot obtain health insurance. And for millions of seniors who have fallen through the donut hole in their prescription drug coverage. Because tonight's bill will address the needs of each and every one of these Americans who are struggling to afford the coverage they have, or find health insurance when they are without.

Our health insurance system is intrinsically linked to our Nation's and California's economic recovery. There are now more than 30 million American citizens who do not have health insurance coverage, and every day, 14,000 Americans lose their coverage. In fact, Californians are more likely to be uninsured than most Americans—over 7 million Californians are uninsured this year.

Millions of Americans now receive their care at the emergency room, and millions more must make the difficult choice of whether to pay their medical bills or pay their mortgage because they cannot afford to do both; two-thirds of all bankruptcies and half of all foreclosures are a result of a health care crisis in the family.

This recession has highlighted wide and growing gaps in our health care system. Families lose their insurance coverage when a parent in the household becomes unemployed, and too many parents without employment are falling through those widening cracks—unable to afford COBRA, ineligible for public coverage, and precluded by high premiums and/or pre-existing conditions from obtaining private insurance.

Collectively, as a Nation, we spend almost twice as much per person on health care as any other country, or about 17 percent of our gross domestic product, and this number is growing every year far faster than inflation.

Tonight, I'm voting to pass legislation that will substantially reform the health insurance industry and practices, extend quality coverage to millions of Americans, and hold down national, public, and private health care costs. This bill will help provide stable coverage that cannot be taken away and won't be lost when you change jobs, and will provide additional insurance choices in an invigorated and competitive marketplace.

In my district alone, this bill will provide tax credits and financial assistance to over 135,000 families and 15,000 small business owners in order to help them afford coverage, and extend coverage to 80,000 uninsured resi-

dents. This bill will close the "donut hole" for 94,000 seniors, and extend the life of Medicare. Further, we act tonight in a fiscally responsible manner, reducing the deficit by over \$1.3 trillion during the next two decades.

Tonight, we make it illegal to deny health coverage to the 15,000 constituents in my district with pre-existing conditions. We ensure that the costs of health care won't threaten their family's finances, that their doctor is paid for making them well and not ordering unnecessary tests, and that their health care premiums are spent on actual care, not paying for paperwork and red tape.

I have two young children, and I cannot imagine the dread that a parent must feel who has a sick child for whom they cannot provide care. That is an agony no parent should ever know. Not here. Not in America. I have had one steady guide through my years in Congress, and it is my two children. When they are old enough to know of my work in Congress, I want them to be proud of what their father did when he had a chance to serve this great Nation. And I believe they will be proud of me for casting my vote to provide health care for millions who do not have it, just as I am proud of the generation who went before and provided health care for millions of seniors when they had the courage to pass Medicare.

I strongly believe that access to affordable, quality, stable health care is the key to a productive work force, small business innovation, and the economic as well as health security of our families and Nation, and I'm proud to vote for this bill.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Speaker, I rise in support of health care reform—finally.

When people are asked why they chose their profession, so many say it's because they wanted to make a difference.

We have the unique opportunity and honor to do just that.

Passing healthcare reform will impact our constituents in almost all aspects of their lives.

Good health is one of the most important things a person can have—there is truth in the saying that it is more valuable than all the riches in the world.

The bill we're passing isn't just about reducing sky-rocketing premiums or putting patients ahead of insurance companies—it's about the total outlay for families when it comes to providing for both basic and high risk care.

Having affordable and certain health insurance translates not only to better health care but to better financial security so people can save money and use it for the betterment of their families.

It means Americans can take the job they want, not just the job with healthcare.

And it means they can strike out on their own and start the new businesses that spur our economy.

We are making a difference as we do this for the American people.

I truly appreciate my constituents whether they are for or against this measure, and I thank all of them for sharing their stories with me.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the vice ranking

member of the Budget Committee, the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, the vote we take tonight very well may unalterably change the role of government in a society whose most cherished birthright is that of personal freedom.

There are so many reasons to oppose this legislation. Taxpayer-funded abortions, the sleazy backroom deals that brought us the Cornhusker kickback, the Louisiana purchase, the pharmaceutical payoff, one-half trillion dollars in tax increases on an economy where millions have lost their jobs and can still find no gainful employment.

As a member of the House Budget Committee, let me give you one more: We can't afford it. Our government can't even pay for the promises it has made current generations, much less future generations.

After giving us the largest deficits in American history, after proposing to triple the national debt in the next 10 years, Democrats today want to add \$2.6 trillion of new spending to the Federal budget, costing every household \$22,000. That is more money to borrow from the Chinese, more bills to send to our children and grandchildren. Mr. Speaker, you cannot improve the health care of a Nation by bankrupting its children.

I have seen the Democrats' Congressional Budget Office letter about cost. Garbage in, garbage out. When you put facts in, you get facts out. My Congressional Budget Office letter says the program will add to the deficit.

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

In America, we must never confuse the social safety net with the slippery slope to socialism.

When it comes to the health care of my family, when it comes to the health care of my country, I reject the hubris and arrogance of government social engineering, and I embrace the affordability and portability that comes by preserving the liberties of the American people.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from New York (Mr. BISHOP), a member of the committee.

Mr. BISHOP of New York. Mr. Speaker, over the course of this long and passionate debate, amidst the angry and at times even hateful rhetoric, amidst the misinformation of scare tactics, there exists one simple truth, and that truth is that the current system is unsustainable. It is a system that

threatens to bankrupt the Federal Government and every other level of government, and it is a system that is already bankrupting businesses, families and individuals.

Those who stand in the way of reform are protecting this system. To do nothing is to ensure a future of ever escalating rates, slashed benefits, and, most tragically, illness and disease that go untreated.

The bill before us is not perfect, but it does enable us to begin to take action on the most pressing issues that affect the hardworking families we represent.

In my district alone, 24,000 uninsured individuals will get coverage, 97,000 families will receive tax credits to defray the cost of coverage, 20,000 businesses will receive tax credits to provide their employees with coverage, and 49,000 young adults will be able to remain on their parents' policies.

On behalf of these people and the millions like them, let's pass this bill tonight.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE of Wisconsin. As a member of the Budget Committee, I have had the opportunity to hear the most specious, inaccurate, contradictory, and downright laughable arguments against health insurance reform.

Take, for example, the argument that we need to start over because the Congressional Budget Office score had been done 17 months earlier and now was old and stale. And, oh, by the way, the debate has dragged on for 17 months. Yet, the minority simultaneously complains that somehow we are hurrying and ramming the bill through.

Once the CBO score was recalculated demonstrating phenomenal deficit reduction, the complaint became that the CBO is playing number tricks. Of course, the minority trusts CBO when the scores work for them.

The minority's plan is to allow insurance premiums to rise unregulated by government intervention, let a family of four's premiums double every decade, and end Medicare as we know it.

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If the health insurance reform debate wasn't so serious, these arguments would be laughable.

Mr. RYAN of Wisconsin. At this time, Mr. Speaker, I'd like to yield 2 minutes to gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. Mr. Speaker, I rise in strong opposition to this bill for two very important reasons. First, I believe that this bill fundamentally violates the U.S. Constitution and it will be found unconstitutional once it gets its way through the courts.

While Congress is given the power under the Constitution to regulate interstate activity, never before have we had to be required to purchase a pri-

vate product—government approved—as a price of U.S. citizenship. This moves far beyond regulating economic activity into the realm of regulating inactivity.

If we allow that Congress has this authority under the Constitution, then there is no limit whatsoever of Washington's ability to micromanage our lives. In the future, if Congress feels our car industry needs a boost again, they can require us all, once again, to purchase a car from GM. That is not exactly what our Founding Fathers had in mind.

Thirty-seven States have already filed legislation to challenge this bill. Two States have already passed laws threatening lawsuits if this bill passes tonight. One State lawmaker has pointed out that that's two-thirds of the States of this great country, enough States to change the Constitution.

In addition, there's another reason it should be rejected. It's because it puts us hopelessly in debt. Democrats assert that their bill would reduce the deficit over the next 10 years, and more thereafter. Utter nonsense. As the ranking member has repeatedly pointed out, there are budget gimmicks in here and double counting galore. Your very own actuaries from the HHS, what do they say about that? They say that the bill is "unrealistic." Furthermore, it would "jeopardize access to care" for seniors citizens.

So, then, what can we count on after this massive program passes and we have \$2.5 trillion in additional spending at an 8 percent growth rate? Think about it. We can't even pay our own debts today. Please, don't add another unconstitutional, economic burden to this and future generations.

Vote down this bill.

Mr. GEORGE MILLER of California. I yield to the gentleman from Texas (Mr. GENE GREEN) for the purpose of a unanimous consent request.

(Mr. GENE GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in support of H.R. 3590 and also H.R. 4872.

Mr. Speaker, I rise in strong support of H.R. 3590, the Patient Protection and Affordable Care Act and H.R. 4872, the Reconciliation Act of 2010.

We are in desperate need of health care reform in the 29th District in Texas. We have one of the highest number of uninsured individuals in our country where nearly 43 percent of the residents are uninsured. If enacted, H.R. 3590 and H.R. 4872 would provide insurance coverage to 95 percent of all Americans and for 223,500 currently uninsured residents in the 29th district.

It will also improve the employer based coverage for 217,000 residents in my district. Also, approximately 177,000 families and 14,600 small businesses will receive tax credits and other assistance to help them afford health insurance coverage under these bills.

The legislation before us today will give all individuals the ability to access quality affordable health insurance, and approximately

34,500 residents in our district will no longer be denied coverage for preexisting conditions and their coverage cannot be capped or dropped when they get sick.

The legislation before us today also ensures no more co-pays for preventive care, no more yearly caps on what the insurance company will cover, and provides premium subsidies for those who need them.

We will also improve Medicare benefits for 56,000 seniors in our district by closing the Part D donut hole over time and immediately provide seniors who are in the donut hole with a \$250 credit in 2010.

The legislation also improves seniors' benefits under Medicare by providing free preventive and wellness care, improving primary and coordinated care, and enhancing nursing home care. The bill also strengthens the Medicare Trust Fund, extending its solvency from 2017 to 2026.

H.R. 3590 and H.R. 4872 will rein in rising health costs for American families and small businesses—introducing competition that will drive premiums down, capping out-of-pocket spending.

According to the Congressional Budget Office, CBO, this legislation is fully paid for by eliminating waste, fraud, abuse, and excessive profits for private insurers. Nationwide, these health reform bills will reduce the deficit by over \$130 billion over the next 10 years and by about \$1.2 trillion over the second decade.

Texas will also benefit from the legislation before us today. The Texas Department of Health and Human Services, TDHHS, released estimates that H.R. 3590 and H.R. 4872 will cost the State \$24 billion over the next 10 years—this is inaccurate.

These estimates are incorrect because they do not include the federal expansion and 100 percent contribution of Medicaid payments until 2018. Right now Texas accounts for 7 percent of Medicaid spending nationally. If those levels stay the same after the State-based exchanges are set up, the cost to the State of Texas would be \$1.4 billion and not \$24 billion. Additionally, the bill will reduce the expenses related to uncompensated care in our State by \$15 million annually.

Currently, there are 5.9 million uninsured individuals in Texas. Under H.R. 3590 and H.R. 4872 nearly all of those individuals will have health insurance and most of it will be funded at federal expense—not at the expense of Texas. In fact, given the size of the State it is entirely possible that Texas will receive the largest amount of federal investment of any other State and create many new jobs in the health care sector.

The time for health reform has come. Health insurance premiums are growing three times faster than wages and last year, more than half of Americans postponed medical care or skipped their medications because they couldn't afford it.

I urge my colleagues to vote in favor of the legislation today not only for my constituents, but for all Americans.

Mr. GEORGE MILLER of California. I yield for the purpose of a unanimous consent request to the gentleman from Missouri (Mr. CARNAHAN).

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

Mr. CARNAHAN. Mr. Speaker, I rise in support of this important health care package for America.

Mr. Speaker, today, history was made.

Today was for Sharon, from St. Louis, whose husband has Parkinson's Disease, and whose medication costs quadruple every May, when he falls into the donut hole.

Today was for Mary, whose has lived in fear of losing her coverage because she knows her son will be refused coverage because of his preexisting condition.

Today was for Michelle, who can't afford health coverage for the employees in her small bookstore.

Today was for Stacy, whose grandmother died because she didn't have access to preventative care, leaving her family devastated and her grandfather broke from medical debt.

An American President once said, "There has long been a need to assure every American financial access to high quality health care. As medical costs go up, that need grows more pressing. Now, for the first time, we have not just the need but the will to get this job done."

That President was Richard Nixon in 1974.

Indeed, the effort to make sure quality, affordable health care is available to all Americans dates back nearly 100 years, when Teddy Roosevelt called for reform, a call echoed by Democratic and Republican Presidents alike—Eisenhower, Kennedy, Nixon—and even Missouri's own Harry S. Truman.

Today, we have finally fulfilled this century-old mission.

No longer will older Americans face financial ruin because they can't afford to purchase life-saving medicine.

No longer will parents fear that their children will be denied coverage because they have a preexisting condition.

No longer will small businesses be forced to choose between health care or hiring additional employees.

And no longer will people die, in the wealthiest country in the world, simply because they cannot afford care.

That all ends today, with the passage of this bill to stop the insurance companies from denying care to people who are sick and rein in rising costs to make health care more affordable for families and small businesses, giving everyone access to the kind of health care choices available to Members of Congress.

It's about time. We have a healthier America. A healthier America means a stronger, more productive, more competitive America.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Today we answer the clarion call from the American people to fix our Nation's broken health care system. Today is the day we deliver on that promise with a vote as historic as the creation of Social Security and Medicare.

Today I will cast my vote in favor of putting the control back into the hands of American families and small businesses and their doctors. No longer will insurance companies be able to hold people hostage by raising rates and abuse sick people by dropping and denying coverage. Small businesses will no longer see their premiums skyrocket and will not have to make the painful decision to stop offering health insurance to their employees because the costs have climbed too high.

Indeed, this bill is about freedom. Every American will now have the freedom from control of insurance companies and their record profits and will have the freedom to access the care they need, when they need it. Our seniors will have the freedom to enjoy Medicare for years to come, and they will have the freedom from worrying about the cost of their prescription drugs.

The bottom line for me, Mr. Speaker, is whether the people in the capital region of New York will be better off with these reforms, and my answer is yes. Absolutely, yes.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield to the gentleman from Texas (Ms. JACKSON LEE) for the purpose of a unanimous consent request.

(Ms. JACKSON LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. In the name of my mother, Ivalita Jackson, I affirmatively support this bill for all of America.

Mr. Speaker, I have the great honor and privilege to rise in strong support of H.R. 4872, "The Health Care & Education Affordability Act of 2010," a bill that will make health care affordable for the middle class, provide security for seniors, and guarantee access to health insurance coverage for the uninsured—while responsibly reducing the federal deficit over the next decade and beyond. I would like to thank President Obama and the leadership in the House and Senate for guiding us through this journey.

Mr. Speaker, when I stand here today and reflect upon what we are about to embark upon, I cannot help but think of some of the last words that the Great Senator Edward Kennedy shared in his letter to President Obama. The Senator said, "And so because of your (Obama's) vision and resolve, I came to believe that soon, very soon, affordable health coverage will be available to all, in an America where the state of a family's health will never again depend on the amount of a family's wealth. And while I will not see the victory, I was able to look forward and know that we will—yes, we will—fulfill the promise of health care in America as a right and not a privilege. Well, Senator, your life's work shall today be proven to not be in vain."

Though it has been a long journey to get to this place and many have suggested that we need to start over and wait until some other time in the future to address the health care crisis. In the words of the great civil rights leader, Dr. Martin Luther King, Jr., that "we have also come to this hallowed spot to remind America of the fierce urgency of now." We cannot wait. We will not wait any longer to provide the citizens of this great Nation access to affordable, quality health care.

Today when we pass this bill, it will be a historic day not only for tens of millions of uninsured Americans, but also for our great Nation. As Speaker PELOSI has reiterated, we as Members of Congress, are "humbled to stand here at a time when we can associate ourselves with the work of those who passed Social Security, those who passed Medicare, and now we will pass health care reform."

Many parallels exist between that time in history and today. Throughout this journey, we

have listened to a parade of Republicans warn that this bill will bring the downfall of American society, of the American way of life. This, however, is not the first time that the Republicans have been on the wrong side of history. In an interview in 1975, David L. Kopelman, who played a prominent role in the early administration of the Medicare Program, remarked that his colleagues were often criticized by Republicans. "Communist," he recalled, "was the designation all too liberally applied to anyone with a progressive idea. Well, after all, when we went around making contact with employers in those early years that was the designation not delicately applied by many, if not most of them, to the social security program. It must be some communist scheme foisted on the American people." Alf Landon, the Republican candidate for President in 1936, even campaigned on the fact that not a dollar in social security benefits would ever be paid.

Mr. Speaker, unfortunately, such ad hominem attacks are as prevalent as ever. The Republicans want you to believe that our country is descending into an abyss of socialism, but nothing could be further from the truth. Today, I am proud to support a bill that is distinctly American. We the people, Thomas Jefferson wrote in the Declaration of Independence are endowed "with certain unalienable Rights that among these are Life, Liberty and the pursuit of Happiness.—That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed . . ." I believe that it is no coincidence that life is listed first—for without it, the Founders realized, no other rights can be realized. Over many years, the millions of Americans who could not access medical services were denied their right to life—a life with access to quality and affordable health care.

Let me set the record straight, this bill is good for the American people and will go a long way to ensuring access to quality and affordable care to those millions of Americans who for far too long have been left out of the health care equation. This health insurance reform legislation (the Senate bill as improved by the Reconciliation Bill) that the House is considering today will not only ensure that Americans have access to quality, affordable health care, but will also significantly reduce long term health care costs. The non-partisan Congressional Budget Office (CBO) has determined that it will provide coverage to 32 million more people, or more than 95% percent of Americans, while lowering health care costs over the long term. This historic legislation will reduce the deficit by \$138 billion over the next ten years, with \$1.2 trillion in additional deficit reduction in the following 10 years.

In the words of the great President John F. Kennedy, "the voters selected us, in short, because they had confidence in our judgment and our ability to exercise that judgment from a position where we could determine what were their own best interest, as a part of the nation's interest."

Mr. Speaker, while my colleagues on the other side of the aisle claim that this bill will harm Americans, nothing could be further from the truth. This bill will:

Make health insurance affordable for middle class and small businesses—including the largest middle class tax cuts for health care in history—reducing premiums and out-of-pocket costs.

Strengthen consumer protections and rein in insurance company abuses.

Give millions of Americans the same types of private insurance choices that members of Congress will have—through a new competitive health insurance market that keeps costs down.

Hold insurance companies accountable to keep premiums down and prevent denials of care and coverage, including for pre-existing conditions.

Improve Medicare benefits with lower prescription drug costs for those in the "donut hole"; it also provides better chronic care, free preventive care, and nearly a decade more of solvency for Medicare.

As President Obama says, "we must act now" and put American families and small businesses, not health insurance companies, in control of their own health care. This bill will do exactly that. Many of my colleagues on the other side of the aisle claim that we are passing a bill that nobody really knows what is in it. Well, Mr. Speaker, let me just take a minute to list a few things that are in the bill.

The bill provides quality, affordable health care for all Americans that a:

Bars insurance companies from discriminating based on pre-existing conditions, health status, and gender.

Provides Americans with better coverage and the information they need to make informed decisions about their health insurance.

Creates health insurance exchanges—competitive marketplaces where individuals and small business can buy affordable health care coverage in a manner similar to that of big businesses today.

Offers premium tax credits and cost-sharing assistance to low and middle income Americans, providing families and small businesses with the largest tax cut for health care in history.

Insures access to immediate relief for uninsured Americans with pre-existing conditions on the brink of medical bankruptcy.

Creates a reinsurance program in support of employers who offer retirees age 55–64 health coverage.

Invests substantially in community health centers to expand access to health care in communities where it is needed most.

Empowers the Department of Health and Human Services and state insurance commissioners to conduct annual reviews of new plans demanding unjustified, egregious premium increases.

Expands eligibility for Medicaid to include all non-elderly Americans with income below 133 percent of the Federal Poverty Level (FPL).

Replaces the so-called "Cornhusker" deal with fair assistance for all states to help cover the costs of these new Medicaid populations.

Maintains current funding levels for the Children's Health Insurance Program (CHIP) for an additional two years, through fiscal year 2015.

Increases payments to primary care doctors in Medicaid.

The bill improves medicare by:

Adding at least nine years to the solvency of the Medicare Hospital Insurance trust fund;

Filling the Medicare prescription drug donut hole. In 2010, Medicare beneficiaries who go into the donut hole will receive a \$250 rebate. After that they will receive a pharmaceutical manufacturers' 50 percent discount on brand-name drugs, increasing to a 75% discount on

brand-name and generic drugs to close the donut hole by 2020;

Providing new, free annual wellness visits, and eliminates out-of-pocket copayments for preventive benefits under Medicare, such as cancer and diabetes screenings;

Providing better chronic care, with doctors collaborating to provide patient-centered care for the 80 percent of older Americans who have at least one chronic medical condition like high blood pressure or diabetes;

Improving Medicare payments for primary care which will protect access to these vital services;

Reduces overpayments to private Medicare Advantage plans. Medicare currently overpays private plans by an average of 14 percent. This legislation reins in those overpayments to ensure a fair payment system that rewards quality;

Encouraging reimbursing health care providers on the basis of value, not volume. The bill includes a number of proposals to move away from the "a la carte" Medicare fee-for-service system toward paying for quality and value while reducing costs for America's seniors.

The bill prevents chronic disease and improves public health that promotes preventive health care at all ages and improves public health activities that help Americans live healthy lives and retrain the growth of health care costs over time. The legislation eliminates cost-sharing for recommended preventive care, provides individuals with the information they need to make healthy decisions, improves education on disease prevention and public health, and invests in a national prevention and public health strategy.

The bill improves health care workforce by making key investments in training doctors and nurses and other health care providers. Currently, 65 million Americans live in communities where they cannot easily access a primary care provider. An additional 16,500 practitioners are required to meet their needs. The legislation addresses shortages in primary care and other areas of practice by making necessary investments in our Nation's health care workforce. Specifically, it will invest in scholarship and loan repayment programs through the National Health Service Corps to expand the health care workforce. The bill also includes incentives for primary care practitioners and for providers to practice in underserved areas.

The bill provides for transparency and program integrity by providing consumers with information about physician ownership of hospitals and medical equipment companies, as well as nursing home ownership and other characteristics. The bill also includes provisions that will crack down on fraud, waste, and abuse in Medicare, Medicaid, SCHIP and private insurance. It establishes a private, non-profit entity to identify priorities in patient-centered outcomes research that will provide doctors with information on how to best treat patients and end wasteful overspending.

This bill also improves access to innovative medical therapies and establishes a regulatory pathway for FDA approval of biosimilar versions of previously licensed biological products.

The bill also provides community living assistance services and support that makes long-term support and services more affordable for millions of Americans by providing a

lifetime cash benefit that will help people with severe disabilities remain in their homes and communities. CLASS is a voluntary, self-funded, insurance program provided through the workplace. For those whose employers participate, affordable premiums will be paid through payroll deductions. Participation by workers is entirely voluntary. The Congressional Budget Office confirms that the program, which has been revised from earlier versions, is actuarially sound.

The bill provides revenue provisions that:

Reduce the deficit in the next ten years and beyond. The bill is fully paid for with revenue provisions that focus on paying for reform within the health care system.

Tighten current health tax incentives, collect industry fees, institute modest excise taxes, and slightly increase the Medicare Hospital Insurance (HI) tax for individuals who earn more than \$200,000 and couples who earn more than \$250,000. The taxable base of the HI tax is also broadened by including net investment income. The HI tax increases will not only help fund health care reform, but, when combined with other provisions in the bill, will also extend the solvency of the Medicare Trust Fund by at least nine years to 2026.

Include a fee on insurance companies that sell high cost health insurance plans. The fee is designed to generate smarter, more cost-effective health coverage choices. The reconciliation bill delays this new fee until 2018 so that plans have time to implement reform and begin to save from its efficiencies.

Change health care tax incentives by increasing penalties on nonqualified distributions from HSAs, capping FSA contributions, and standardizing the definition of qualified medical expenses. The industry fees and excise taxes reflect responsible contributions from health care stakeholders who will benefit from the expanded coverage of millions of additional Americans under health care reform. The bill also assesses a small excise tax on indoor tanning services.

In total, the revenue provisions in the bill represent a balanced, responsible package of proposals that bend the health care cost curve by putting downward pressure on health spending, close unintended tax loopholes, and promote tax compliance.

Mr. Speaker, who among us can say with sincerity that the quality of one's life, which certainly includes one's health, is not heavily dependent upon the access to quality, affordable health care. According to the National Academy of Sciences, Institute of Medicine, there is a "consistent and statistically significant relationship between health insurance coverage and health outcomes for adults. These factors, in turn, improve the likelihood of disease screening and early detection, the management of chronic illness, and the treatment of acute conditions" Recently, a study published in the *American Journal of Public Health* by researchers at Harvard University Medical School concluded that nearly 45,000 excess deaths of Americans can be linked each year to lack of health insurance.

According to the U.S. Census Bureau, 27 million Americans live without health insurance, and an additional 1.1 million part-time workers lost their health insurance in 2008. Implementing this legislation will instantly improve the life expectancy of millions of Americans of all ages. It is impossible to put a price on that. When we talk about the right to

healthcare, we are actually talking about the right to life—a life that includes access to quality health care.

The bill contributes to reducing health disparities. Minority communities are particularly vulnerable to being left uninsured and underinsured. In our current system, most people do not choose to be uninsured but, instead, are priced out of insurance. These people cannot, as free market proponents often argue, "Pull themselves up by their bootstraps." Instead, they and their families are too often cyclically and systemically trapped in their economic situation. As a result, minority communities suffer grave health disparities that would otherwise be limited but for lack of access to affordable and quality care.

According to a 2003 National Health Disparities Report released by the Agency for Research Quality and Care:

Minorities are more likely to be diagnosed with late-stage breast cancer and colorectal cancer compared with whites.

Patients of lower socioeconomic position are less likely to receive recommended diabetic services and more likely to be hospitalized for diabetes and its complications.

When hospitalized for acute myocardial infarction, Hispanics are less likely to receive optimal care.

Many racial and ethnic minorities and persons of lower socioeconomic position are more likely to die from HIV. Minorities also account for a disproportionate share of new AIDS cases.

The use of physical restraints in nursing homes is higher among Hispanics and Asian/Pacific Islanders compared with non-Hispanic whites.

Blacks and poorer patients have higher rates of avoidable hospital admissions (i.e., hospitalizations for health conditions that, in the presence of comprehensive primary care, rarely require hospitalization).

This historic bill is particularly important for minorities and women—who have gone without health care coverage for too long. In 2007, only 49 percent of African-Americans in comparison to 66 percent of non-Hispanic whites used employer-sponsored health insurance, according to the Department of Health and Human Services. During the same year, 19.5 percent of African-Americans in comparison to 10.4 percent of non-Hispanic whites were uninsured.

Hispanics have the highest uninsured rates of any racial or ethnic group within the United States. In 2004, the Centers for Disease Control and Prevention reported that private insurance coverage among Hispanic subgroups varied as follows: 39.1 percent of Mexicans, 47.3 percent of Puerto Ricans, 57.9 percent of Cubans, and 45.1 percent of other Hispanic and Latino groups.

Health care reform also is critical to ensure that women have access to affordable health care coverage. An estimated 64 million women do not have adequate health insurance coverage. About 1.7 million women have lost their health insurance coverage since the beginning of the economic downturn. Nearly two-thirds lost coverage because of their spouse's job loss. And nearly 39 percent of all low-income women lack health insurance coverage. Women also are more likely to deplete their savings accounts paying medical bills than men because they are more likely to be poor. This bill gives women access to the health care that they need and deserve.

Passage of this bill will be a critical first step in helping to reduce such health disparities. This bill will:

1. Lower costs for minority families and preventive care for better health. Racial and ethnic minorities are often less likely to receive preventive care. Vietnamese women, for example, are half as likely to receive a pap smear, and twice as likely to die from cervical cancer as are Whites. Obesity rates are also high among certain minority groups. By ensuring all Americans have access to preventive care and by investing in public health, health insurance reform will work to create a system that prevents illness and disease instead of just treating it when it's too late and costs more.

2. Provide greater choices and more affordable choices and competition. African Americans, Hispanics, and Asians are all more likely to need a referral in order to see a specialist and they are less likely to get coverage for seeing a doctor outside of the insurance network. Health insurance reform will create a health insurance exchange so you can compare prices and health plans and decide which quality affordable option is right for you and your family. It will include a competitive public option that increases choices and holds private insurers accountable.

3. Allow for quality, affordable health care for minorities and eliminates discrimination in obtaining health insurance. Health insurance reform will prevent any insurance company from denying coverage based on a person's medical history, including genetic discrimination which can disproportionately hurt minority populations.

4. Make health care accessible to everyone. African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population. By providing health insurance choices to all Americans and providing premium assistance to make it affordable, health insurance reform will significantly reduce disparities in accessing high-quality health care.

5. Control chronic disease. Nearly half of African Americans suffer from a chronic disease, compared with 40 percent of the general population. Chronic illness is growing in other minority communities as well. Health insurance reform includes a number of programs to prevent and control chronic disease, including incentives to provide medical homes and chronic disease management pilots in Medicare.

6. Promote primary care. By providing health insurance choices through a health insurance exchange and investing in the primary care workforce (including scholarships and grants to increase diversity in health professions), health reform will make sure that all Americans have access to a primary care doctor so they stay healthier, longer. It will also strengthen the system of safety-net hospitals and community health centers to ensure high-quality, accessible care.

Health reform legislation will require any health care program to report on race, ethnicity, gender, and socioeconomic status in order to better understand health disparities, and devote funding to addressing these issues.

The uninsured in Texas. The people of my home state of Texas, in particular, with 6 million uninsured persons, and 26 percent uninsured in my district, the 18th Congressional District, have been hit especially hard when it

comes to lack of access to quality, affordable care.

And just what causes such a massive loss of health care coverage? Job layoffs are partially to blame especially in the face of the economic downturn. Yet, we know that the uninsured problems existed way before the devastating recession. Many Americans continue to be forced from their health care plans due to decisions by insurance companies to put profits over people. Policy cancellations rather than paying for expensive yet necessary medical treatment is just one of the many techniques used by large insurance companies to rack up huge profits annually.

According to the latest figures analyzing the profits of health insurance companies, 10 of the country's largest publicly traded health insurance companies enjoyed a rise in profits of 428 percent, from 2000 to 2007. From filings with the U.S. Securities and Exchange Commission, it was revealed that in 2007, these insurance companies alone generated \$12.9 billion in profit. That same year, the chief executive officers at these companies collected combined total compensation packages of \$118.6 million—an average of \$11.9 million each. That is 468 times more than what an average American worker made that year.

Since 2007, there has been a 10 percent increase in the uninsured rate in Texas alone. Today, 6,240,000 Texans are without even basic health insurance. And this broken health insurance system has cost the Texas economy dearly. This year, Texas lost \$30 billion in productivity as a result of its millions of uninsured residents.

Those in our state who are blessed to have insurance coverage have in some ways been losers as well. Specifically, the average Texan family pays insurance premiums of over \$1000 a month. This figure is set to nearly double to \$1920.75 per month by 2019, that is, unless we succeed in passing health care reform legislation. Today, when we pass this bill, the people of Texas and all over this nation become winners.

We know that many of our colleagues in this body do not want to reform the health care system and are on the side of the big insurance companies. We choose to stand on the side of the Americans who need our help. President Franklin D. Roosevelt said it best when he said, "the test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have little."

While the state-wide numbers are shocking, on the local level, the health care figures are even worse. The 18th Congressional District and the rest of Houston, account for 1.1 million of the state's uninsured residents. Nationally, more than 15 percent are uninsured. In Texas it's nearly 24 percent. Here in Harris County, it's 30 percent, according to state figures, the highest rate among the nation's top 10 metropolitan areas.

So how do the million plus Houston residents without insurance company get health care—emergency rooms of course. Emergency rooms have become the health care providers of last resort for well over 100 million Americans annually. Over a 10 year period from 1994 to 2004, ER visits on a national level saw an 18 percent jump, according to the Centers for Disease Control and Prevention. The Texas Hospital Association reports that ERs in the state experienced a 33 percent

increase; in the Houston area, it was more than 50 percent. During this ten year period, the number of hospital emergency departments dropped by more than 12 percent nationally.

Emergency rooms in Houston hospitals are routinely overcrowded and overused as throngs flock seeking care for ailments that may range from a heart attack or gunshot wound to an ear infection or toothache. Ambulances pile up outside emergency rooms before unloading their patients. It's reported that a wait of an hour or two to move a patient from the ambulance to the ER is common in Houston. David Persse, the Houston Fire Department's medical director, confided with a reporter recently that the record wait to unload an ambulance at Houston area hospital is six hours.

Ben Taub, the Houston area's pre-eminent trauma care facility, has seen the brunt of the problem. In a recent USA Today article, one Ben Taub nurse reported arriving to work one morning to find ER patients waiting to be seen who arrived the day before, over 24 hours earlier. ER overcrowding is so bad in the Houston area, that patients have called 911 from one ER to get to another, according one report. When we pass this bill tonight, these Americans who have been flocking to emergency rooms for primary care will have another option—affordable and accessible health care.

The benefits to the 18th congressional district: In my district, the health care bill will:

- Improve coverage for 279,000 residents with health insurance.

- Give tax credits and other assistance to up to 186,000 families and 14,600 small businesses to help them afford coverage.

- Improve Medicare for 70,000 beneficiaries, including closing the doughnut hole.

- Extend coverage to 180,500 uninsured residents.

- Guarantee that 27,600 residents with pre-existing conditions can obtain coverage.

- Protect 500 families from bankruptcy due to unaffordable health care costs.

- Allow 62,000 young adults to obtain coverage on their parents' insurance plans.

- Provide millions of dollars in new funding for 20 community health centers.

- Reduce the cost of uncompensated care for hospitals and other health care providers by \$27 million annually.

As we reach this great milestone today, I am still reminded of the unfinished work that is left to do. We must ensure that physician-owned hospitals are allowed to maintain operations that allow them to serve the most vulnerable and underserved communities. I am committed to working with the Speaker's office and Senatorial leadership now that we are taking the first step in stemming the rising tide of the many uninsured. The protection of physician-owned hospitals is an issue of national interest. We have a lot of work to do as we move toward the Senate and to the conference. I was gratified to meet with the Speaker to discuss the continued protection of the very viable physician-owned hospitals and believe that we have a real opportunity to address this issue in the very near future.

I offered three amendments that would have gone a long way to save physician-owned hospitals. My first amendment would have preserved physician-owned facilities that have a greater percentage of Medicaid inpatient admissions than the state average in operation

and allows them to expand. My second amendment is extremely critical for minority communities and high poverty. This amendment would prevent physician safety-net hospitals from closing and preserves critical care access for impoverished communities and the disabled.

My third amendment, supported by Physician Hospital Association of America, would effectively prevent the closure of 230 existing hospitals, save \$2.9 billion in total payroll, \$608 million in federal taxes, \$3.5 billion in trade payables, and preserves 62,000 full- and part-time jobs by striking all language that prohibits grandfathered facilities from expanding.

During the ongoing healthcare debate, discussions about physician ownership of hospitals have ignored the positive impact these facilities have had on minority communities and minority physicians. Physician-owned general acute care hospitals, who have unprecedented amounts of minority owners, have allowed Hispanic, Black, and Asian Americans to enter into the field of hospital ownership. The largest physician-owned hospital, Doctors Hospital at Renaissance, is over 50 percent minority owned.

To help my colleagues understand what is at stake, I would like to highlight some of these success stories:

In Houston, St. Joseph's Hospital, a full-service general acute care center, is the only hospital that serves one of the most income-challenged and African-American sections of the city. Within the last few years, a for-profit corporation abandoned this hospital and the surrounding community. Physician ownership provided an avenue for it to stay open and prevent a critical loss for the neighborhood.

In South Texas, out-of-state corporations forced over 700,000 Texans to travel more than 250 miles to receive life-saving medical procedures. Decisions not to offer needed services by out-of-state healthcare conglomerates and the lack of public or county hospitals, left patients with two options: go without or to transfer to another facility up to 350 miles away. Income-challenged families who could not afford the travel were placed in great peril. Physician ownership enabled a group of local doctors to open a new hospital with advanced medical capabilities that reduced the need for travel to seek care. Doctors Hospital at Renaissance, a 506-bed premiere general acute care center, now provides some of the best care in the Nation and consistently has been recognized by Thompson Reuters as a Top 100 Hospital in the Nation.

In the Chinatown section of Los Angeles, California, the Pacific Alliance Medical Center (PAMC), a 142-bed full-service hospital, has been the community's main hospital for 140 years. This facility was purchased by a group of physicians 20 years ago after the existing hospital board planned to close and demolish the facility. Physician ownership once again provided an avenue for the hospital to stay open and serve an at-risk community.

I will continue to work on behalf of these Americans and to save physician-owned hospitals that are currently treating patients or under significant development, to ensure that Americans can continue to receive healthcare at the local hospitals they have come to depend upon. Physician-owned hospitals take care of patients covered by Medicare and Medicaid, as well as patients who are uninsured or cannot pay for their care. They also provide emergency departments access for

their communities. At a time when we are concerned about the shortage of hospital beds in the face of epidemics like the swine flu, my amendment to this landmark bill will make sure no hospital is forced to shut its doors or turn away Medicare or Medicaid patients. The benefits that will come from our efforts to protect physician-owned hospitals are far reaching and will prevent any further losses to local economies. Not only do physician hospitals deliver high-quality medical care to the patients they serve, they also provide much needed jobs, pay taxes, and generate significant economic activity for local businesses and communities. Existing physician-owned hospitals employ approximately 51,700 individuals, have over 27,000 physicians on staff, pay approximately \$2,421,579,312 in payroll taxes and \$512,889,516 in other federal taxes, and have approximately \$1.9 billion in trade payables. Hospitals currently under development would employ approximately 21,700 more individuals. With approximately 50 physician-owned hospitals, Texas leads the Nation in the number of physician-owned hospitals. The Texas economy could lose more than \$2.3 billion and more than 22,000 jobs.

In my district, the 18th Congressional District of Houston, Texas, St. Joseph Medical Center is a general acute-care hospital that treats all patients. In fact, its 40 percent Medicaid patient population is double the average hospital's patient population in the entire State of Texas and is one of the highest in the country. St. Joseph's was operated by the Sisters of Charity for many years until it was scheduled to be closed because the order could no longer support it. The hospital was offered to for-profit and not-for-profit hospital systems but no one would accept responsibility for operating St. Joseph's. A plan was developed to convert the hospital into condominiums. I refused to allow that to happen. It was only at that point that the physicians who had practiced there for many years came together to buy the hospital to save it from closing.

St. Joseph's takes care of patients covered by Medicare and Medicaid, as well as patients who are uninsured or cannot pay for their care. The emergency departments of many physician-owned "specialty hospitals" have been criticized for not having a true emergency department. St. Joseph's has a department which is open 24 hours per day, 7 days per week, providing an access point for patients in need of emergency services. In fact, St. Joseph's admissions through the emergency department are double the State average;

St. Luke's hospital in Houston, which is church-owned, has three new facilities under development; the nonprofit religious mission has the controlling interest. One full-service hospital has one phase already operating, but would be under the growth restrictions; the hospital cannot be completed if the new restrictions apply. The hospital brought approximately 300 new jobs to the community; and

Baylor Health Care System, based in Dallas, has found that their partnership with physicians has increased measurable quality, increased patient satisfaction, and decreased the cost in the delivery of their excellent care. This joint venture model has produced a heart hospital that has the lowest readmission rate in the entire United States. And yet this bill would deny Baylor Health Care System the

right to add a single operating room or procedure room to meet its community's need. During the moratorium on physician-owned hospitals some years ago, Baylor wanted to add a badly needed OB/GYN service at its Frisco, Texas, hospital. This service is a money-losing service, but there was no such service within many miles for those people—Baylor fulfilled the need. It was prohibited from adding this service simply because the hospital had physicians holding a minority of the ownership of the hospital. After the moratorium was lifted, the service was added and is currently working at its capacity.

Mr. Speaker, can we imagine witnessing an impact, of no patient beds, 6- to 8-hour waiting times, to extend even to 10-hour waiting times, turning emergency patients away at the door? Can we imagine the dramatic case, when patients are not able to have access to quality care? This is true of the most serious trauma, of the most serious medical cases. Physician-owned hospitals serve in many cases at least 40 percent of the city's population. I don't just mean the city's population. We are discussing a population that is between 500,000, which is the indigenous population, and the population of 1.5 million that's in the city every day.

When a hospital downsizes in a particular city, it extends beyond the boundaries of that city, and in doing so, with this hospital being downsized, it's impacting all of the hospitals, not only in the city, but those hospitals in nearby jurisdictions. We're seeing the epicenter of a catastrophic event, and unless we realize the importance of this one medical facility, but look at it not from the perspective that it serves this city, but we have to realize that it serves the world. It serves the Nation. At the very least, it serves the Nation; at the very most, it most serves the world. So when you start looking at it from those perspectives, then it becomes more than just a problem of Houston, Texas, but a problem of this Nation. And it should be addressed in that manner.

If we do not work closely together to look deeper at this issue, we will face a number of medical facility closures that is a disservice to the American people. So, we see that there seems to be a phasing-back or cutback in all of the major services, but the most important of those services, which directly affect the health and well-being of the citizens, or again, those 1.5 million people who visit and work in the city every day. So, we hear the same thing time and time again, even though individuals are saying that the patient caseload can be handled by the surrounding hospitals. You need but step into any emergency room on any day, at any time, and just see the impact of this one hospital being downsized. The impact will reach out throughout the city of Houston.

Mr. Speaker, through all the debate, name-calling, threats, and fear-mongering, we will once again be on the right side of history and put the American people first. In the midst of it all, some of my colleagues have been called derogatory names, including racial epithets; have been spat on and have been threatened that there will be blood in the streets. But there is something that I must say to my fellow Americans as we stand on the threshold of the door that opens up to access to quality and affordable care and, in turn, a better quality of life for all Americans. Heeding one of this country's greatest leaders in history, Dr. Martin

Luther King, Jr., I urge us to remember that "in the process of gaining [life, liberty, and the pursuit of life], we must not be guilty of wrongful deeds. Let us not seek to satisfy our thirst for freedom by drinking from the cup of bitterness and hatred. We must forever conduct our struggle on the high plane of dignity and discipline . . . we must rise to the majestic heights of meeting physical force with soul force."

Mr. Speaker, I urge my colleagues and I to stand strong, support this bill on behalf of all Americans.

Mr. GEORGE MILLER of California. I yield myself the balance of my time.

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Speaker, I rise in support of this truly historic and great legislation that addresses two of America's greatest troubles: the crushing cost and high obstacles of obtaining both quality health care and a quality college education. Our Nation has suffered from our longstanding failure to make health care and college accessible to all American people. Americans have waited a long time for health insurance reform, nearly a hundred years.

Today, Congress and President Obama will deliver on a central promise, a dream deferred, and on a crucial demand. Because of this legislation, for the first time in America's history, never again will Americans have to worry about losing their health insurance if they change or lose their job. The insurance companies will not be able to jack up premiums or deny coverage because of preexisting conditions. They will not be able to drop people's coverage when they get sick—when they need it the most. Our reforms will improve the lives of every single American, those with insurance today and those without.

We're also pairing this historic health reform with another opportunity that cannot be missed, the chance to make the single largest investment in college affordability ever, at no cost to the taxpayers. We're going to take \$61 billion of wasteful subsidies that have gone to the banks and student lenders and instead recycle that money on behalf of students, their families who are trying to pay for education, to make that education more affordable and pay down the deficit of this country.

We now face a very simple choice. We can side with America's families and make health insurance and college more affordable and accessible while creating millions of jobs and reducing the deficit, or we can side with the insurance companies and the banks. It's a very simple choice. One is to stand with the families and the students of this country, to stand with our future, to modernize our education system, to make it more affordable, and to modernize and make more affordable our health care system.

I suggest all my colleagues should stand with American families in this country.

Mr. Speaker, I rise in support of this truly historic legislation that addresses two of America's greatest troubles—the crushing costs and high obstacles of obtaining both quality health care and a college education.

Our Nation and its economy have suffered from our longstanding failure to make health care and college accessible and affordable to all of the American people.

Americans have waited a long time for health insurance reform—nearly 100 years.

Today, Congress and President Obama will deliver on a central promise, on a dream deferred, on a crucial demand.

Because of this legislation, for the first time in America's history, never again will Americans have to worry about losing their health insurance if they change or lose their job.

Insurance companies will not be able to jack up premiums or deny coverage because of a pre-existing condition.

They will not be able to drop people's coverage when they get sick—and need it most.

There is no other plan on the table today that offers Americans these vital assurances.

Our reforms will improve the lives of every single American—those with insurance today and those without it.

They will improve our economy by reducing the deficit, creating up to 4 million jobs over the next decade, and unshackling innovative business decisions from crippling health insurance costs.

Our legislation offers families and employees of small businesses access to choices of affordable health plans; security and control over their health care; vital federal and state consumer protections; accountability for insurance companies; and coverage for 32 million Americans who don't have insurance today.

This legislation also intends to lessen and eventually eliminate the loopholes and inconsistencies in our current system. More specifically, it seeks to begin the creation of a joint national and state health care system. Currently, we have a fragmented and unfair set of rules.

If you are poor you may or may not be covered by Medicaid and your benefits will vary depending on the state you live in.

If you are employed, you may or may not be offered benefits by your employer and those benefits vary from employer to employer. As providers continue to increase costs year after year, insurers, employers and states have been unable to effectively negotiate and responded by cutting benefits and increasing costs for individuals and families.

This bill will help change this unsustainable and unfair dynamic. Under this legislation, every American will have an obligation and an opportunity to enjoy meaningful health benefits. The Secretary of Health and Human Services will establish an essential benefits package that will provide a basic but comprehensive set of benefits for all Americans. Although existing employer plans are not required to provide this level of benefits, it is our hope that employers will meet or exceed this standard. However, the bill does end a wide series of abuses that all health plans, including employer provided plans, must comply with.

These include an end to all pre-existing condition exclusions, limits on waiting periods for coverage, and elimination of annual and lifetime caps on benefits.

In order to make health care more affordable for workers and employers, the bill estab-

lishes exchanges that will negotiate with insurers to offer health coverage to individuals in a given area or state. These government-sponsored exchanges will establish a level playing field market place that will make health benefits fairer to all parties.

Insurers will get organized access to large pools of individuals who are required to purchase insurance with lower income individuals receiving federal subsidies to afford essential benefits. Employers will be relieved of their current burdens of designing and negotiating for health benefits under this new health system. Employers will simply facilitate the enrollment and payroll deduction of their employees in exchange health plans with no other responsibilities. Employers may select a plan level to which any employer contribution will be limited, but employees are free to choose plans in that or a more favorable level.

The health plans offered through the exchange are state licensed (with the exception of the national plans) and are not ERISA plans. States have full authority to protect their residents and enrolled individuals have state law rights and consumer protections. There is no federal preemption of any state law that does not prevent the application of any of the rights and responsibilities included in Title I of this bill.

Small employers that choose to offer health coverage may be eligible for tax credits and cannot offer health benefits that discriminate in favor of highly compensated employees. For employers who use employee payroll and similar organizations (i.e. Professional Employee Organizations), I expect that the U.S. Department of Treasury will issue rules to make clear the circumstances by which the small employer may take the tax credit and satisfy the prohibition against discrimination.

The bill contains an individual mandate to either obtain health insurance or pay a penalty. This provision is grounded in Congress's taxing power but is also necessary and proper—indeed, a critical linchpin—to the overall effort to reform the health care market and bring associated costs under control throughout interstate commerce. For example, without this requirement, some reforms may create the opportunity for moral hazards, such as the prohibition on pre-existing conditions.

Without an individual mandate, individuals could wait to purchase health insurance until they are sick—thereby driving up insurance costs and undermining the bill's efforts to bring health care costs and costs to the broader economy under control. This requirement spreads risk to ensure lower costs for everyone, prevents adverse selection, helps end overpayment by the government and other consumers for the uninsured, and makes health care reform overall sustainable.

I also would like to address a few other important provisions in the bill:

I am pleased that the essential benefits in the Patient Protection and Affordable Care Act include rehabilitative and habilitative services and devices, as these benefits are of particular importance to people with disabilities and chronic conditions.

The term “rehabilitative and habilitative services” includes items and services used to restore functional capacity, minimize limitations on physical and cognitive functions, and maintain or prevent deterioration of functioning. Such services also include training of individuals with mental and physical disabilities to enhance functional development.

The term “rehabilitative and habilitative devices” includes durable medical equipment, prosthetics, orthotics, and related supplies. It is my understanding that the Patient Protection and Affordable Care Act requires the Secretary of Health and Human Services to develop, through regulation, standard definitions of many terms for purposes of comparing benefit categories from one private health plan to another. It is my expectation “prosthetics, orthotics, and related supplies” will be defined separately from “durable medical equipment.” I also expect that durable medical equipment will not be limited to “in-home” use only.

Pursuant to employer requests, this bill codifies the use of wellness programs. Wellness programs are proving to be an emerging area of health care reform that holds both great promise and potential for abuse. The Departments of HHS and Labor will need to issue regulations to assure that employer wellness programs meet established standards of medical treatment and patient protection. It is my understanding from discussions with my colleagues in both the House and Senate that the design and implementation of voluntary wellness programs, including the issuance of policies and procedures and the adoption of practices and methods of administration, shall not have the purpose or effect of mandating participation in such programs or punishing, denying, limiting or curtailing any rights, privileges, and protections under the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, the Health Insurance Portability and Accountability Act, the Family and Medical Leave Act, and Title VII of the Civil Rights Act of 1964.

In order to ensure existing civil rights and privacy protections, regulations related to wellness programs promulgated by the Secretary of Health and Human Services should include standards and criteria developed and certified by the Attorney General, the Secretary of Labor, and the Equal Employment Opportunity Commission. I expect that nothing in the Patient Protection and Affordable Care Act shall limit the independent authority of the Attorney General, the Secretary of Labor, and the Equal Employment Opportunity Commission to issue regulations, interpretations, and guidance regarding the applicability of the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, the Health Insurance Portability and Accountability Act, the Family and Medical Leave Act, and Title VII of the Civil Rights Act of 1964 to the design and implementation of wellness programs. I urge the Department of Labor and other agencies to monitor and ensure that health plans properly comply with the standards established by this Act. I also urge the Congress to continue to review and revisit this developing area of health care.

The Senate bill includes provisions that would provide for a “level playing field” between private health insurance issuers and a competing Consumer Operated and Oriented Plan (“CO-OP”), a community health insurance option, or a nationwide qualified health plan. These provisions would prevent unfair competition within a state where these plans compete.

For example, if a CO-OP is established in New York State, it would have to be subject to all the same federal and state laws enumerated in these level playing field provisions as private health insurance issuers in New York

State are. Or, for example, if a CO-OP were established in Florida and was exempted from a state law relating to licensure, private health insurance issuers in Florida would also have to be exempted from the same state law.

The bill we are passing contains protections for employees who are retaliated against for reporting violations involving health insurance regulation and the operation of exchanges, and provides recourse for workers who are fired or otherwise discriminated against because they participate in the exchange and the employee receives a tax credit or a subsidy to purchase health insurance through an exchange. Under this legislation such employees can bring a complaint to and receive assistance from the Department of Labor.

Section 2951 of H.R. 3590 makes an amendment to section 511 of Title V of the Social Security Act to require states to conduct statewide needs assessment and to coordinate such assessment with other appropriate assessments, and cross-references section 640(g)(1)(C) of the Head Start Act. This should not be interpreted to provide states with any new authority over Head Start grantees or entities applying for Head Start funds.

Now, we're pairing these truly historic health insurance reforms with another opportunity that cannot be missed: The chance to make the single largest investment in college affordability ever—and at no cost to taxpayers.

We are going to take tens of billions of dollars that for decades has gone to banks in the student loan program and instead give that money to students and to pay down the deficit.

For decades, banks have enjoyed a sweetheart deal: They receive taxpayer money to make virtually risk-free loans to students.

As we speak, the federal government is now funding 88 percent of all federal student loan volume.

It has proven to be a more stable lender for students through shaky financial markets and a more cost-effective lender for taxpayers.

Ending these subsidies is not a radical idea.

President Clinton first identified these subsidies as wasteful in the 1990s.

President Bush eyed them in three of his budgets.

And President Obama has correctly proposed ending this boondoggle once and for all by originating all loans through the federal direct lending program—saving taxpayers \$61 billion over 10 years.

And that's what our legislation accomplishes.

Our reforms are good for students, taxpayers and American jobs.

We will help low and middle-income students pay for college and invest in the support they need to graduate.

We will be more responsible with taxpayer dollars by using \$10 billion of these savings for deficit reduction.

And we will end the practice of banks shipping lending jobs offshore.

This bill makes unprecedented investments to expand high-quality educational opportunities to all Americans. It invests in the Pell Grant scholarship award, strengthens Historically Black Colleges and Universities and minority serving institutions, and provides more resources to states for college access and completion efforts through the College Access Challenge Grant program.

Further, these investments are paid for without increasing our nation's deficit, through key

reforms in the federal student loan programs designed to provide a stronger, more reliable, and more efficient student loan system. The legislation directs \$10 billion of the savings generated under this legislation to paying down the country's deficit.

The education provisions of this legislation will convert all new federal student loans to the Direct Loan program starting in July 2010, saving \$61 billion over the next 10 years. These changes will also upgrade the customer service borrowers receive when repaying their loans and promote jobs. The legislation will maintain jobs by maintaining a robust role for the private sector, allowing lenders and non-profits to get contracts with the Department of Education to service Direct Loans.

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The legislation significantly increases the federal Pell Grant award; the cornerstone of need-based federal student assistance since its creation in 1972. Investments in this program are essential to ensuring educational access and making college more affordable for students and families. Both the House and Senate authorizing and appropriating committees have made significant investments in increasing the maximum Pell Grant award in the past few years—32 percent since 2006. The investments in this legislation build on these commitments by indexing the maximum Pell Grant award to the Consumer Price Index beginning in the 2013–2014 academic year, to reach an estimated maximum of \$5,975 in the 2017–2018 academic year.

The legislation invests additional resources in the College Access Challenge Grant program created under the College Cost Reduction and Access Act of 2007 to assist states working in partnership with institutions of higher education, non-profit philanthropic organizations, and other organizations with experience in college access, to ensure that students have access to high-quality, affordable higher education.

It is the intent of Congress that states receiving grants under the College Access Challenge Grant program should partner with entities, including guaranty agencies (including their non-profit subsidiaries), to provide financial literacy, delinquency and default aversion activities, and other loan counseling activities for borrowers.

While this legislation seeks to ensure increased access and success for all students, we intend for the Secretary to work with states to address the unique access issues faced by underserved communities, including: low-income individuals, individuals with disabilities, homeless and foster care youth, disconnected youth, nontraditional students, members of groups that are traditionally underrepresented in higher education, individuals with limited English proficiency, veterans (including those just returning from active duty), and dislocated workers.

The legislation also includes a continuation of funding for investments in Historically Black

Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges, Alaska and Hawaiian Native, Predominantly Black Institutions, institutions serving Asian American and Pacific Islanders, and institutions serving Native Americans, first made under the College Cost Reduction and Access Act of 2007, recognizing the critical role these institutions play in serving the nation's emerging majority populations.

Concerning the servicing contracts with eligible not-for-profit servicers, this legislation recognizes that not-for-profit servicers play a unique and valuable role in helping students in their states succeed in postsecondary education and that students should continue to benefit from the assistance provided by not-for-profit servicers, including customer service, financial counseling, and college access and success programs.

In addition, by including more high-quality servicers in the contracting process, competition will be increased thereby delivering better quality for student borrowers. Under the bill, not-for-profit servicers will be allocated a minimum of 100,000 borrower loan accounts. With sufficient loan volume and competitive servicing rates, eligible not-for-profit servicers can individually or collectively generate sufficient revenue to continue the valuable services they provide to borrowers. Because of the significant increase in loan volume as all federal loans are moved to the Direct Loan program, additional servicing capacity will be needed and is provided for through the contracts provision. I encourage the Secretary to implement these provisions so that many local not-for-profit servicers will continue to play a role in the student loan program.

As more students become increasingly dependent on loans, the Department of Education must increasingly focus on the assistance, information, and repayment tools that assist students in successful loan repayment. When evaluating the resources and services available to student borrowers and schools under the Direct Loan program, I encourage the Secretary to use existing contracting authority to contract, when appropriate, with state-designated guaranty agencies for the delivery of services that increase student loan repayment and decrease default. Such agencies shall include those non-profit subsidiaries of guaranty agencies that were established, pursuant to State law, on or before January 1, 1998.

Community colleges serve an instrumental role in both our educational and workforce systems, providing post-secondary education and job training, particularly to individuals and families hardest hit by difficult economic times. This includes workers eligible for training under the Trade Adjustment Assistance program for communities and for individuals who are, or may become eligible for unemployment compensation. To ensure that these institutions have access to the resources they need to develop and improve educational and career training programs designed to meet the needs of these communities, the legislation directs the Secretary of Labor to award Community College Career Training Grants especially to struggling 2-year public community colleges, (as defined in Section 101 of the Higher Education Act of 1965). As the legislation ensures that all States benefit from these resources with the inclusion of a state minimum, I also encourage that the Secretary strive to

ensure a diverse geographical representation of community colleges in both urban and rural areas.

I'd like to thank RUBÉN HINOJOSA, our higher education subcommittee chair, TIM BISHOP, and all of our committee members for their tireless work on student loan reform.

Along with all the members of our committee, I'd like to especially thank ROB ANDREWS, our health subcommittee chair, for his backbreaking work over the last year on health reform.

And I would like to thank the many members of my staff for their long hours and tremendous work over the last year on these two pieces of reform: Mark Zuckerman, Danny Weiss, Alex Nock, Michele Varnhagen, Jody Calemine, Denise Forte, Ruth Friedman, Megan O'Reilly, Julie Radocchia, Jeff Appel, Ajita Talwalker, Celine McNicholas, Meredith Regine, Lillian Pace, Kara Marchione, Helen Pacjic, Rachel Racusen, Aaron Albright, Melissa Salzmanowitz, Andra Belknap, Betsy Kittredge, Mike Kruger, Amy Peake and Courtney Rochelle.

Their commitment and expertise has been invaluable.

We almost didn't get here today. You know that.

Opponents of health care reform have said anything and done everything to distort the facts, delay the process, and try to put off what Americans have asked for and needed for generations. They have tried to sow fear into the American people.

They cannot win on the merits. And they will continue to lie and distort the facts going forward. But we have made it to the final step in this process—despite all that noise.

And now we face a simple choice.

We can side with America's families and college students and make health insurance and college more affordable and accessible—while creating millions of jobs and reducing the deficit.

Or, we can side with insurance companies and banks.

That's it.

That's the choice.

I'm siding with the American people.

I urge each of my colleagues to join me.

The SPEAKER pro tempore. The gentleman from South Carolina (Mr. SPRATT) is recognized for 15 minutes as a designee of the majority leader.

Mr. SPRATT. I reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I'd like to yield 2 minutes to the gentlewoman from Wyoming (Mrs. LUMMIS).

Mrs. LUMMIS. The world is begging America to get its financial house in order. This Congress responds by doubling the debt in 5 years and tripling it in 10.

Americans are begging for jobs, careers, and stability. This Congress responds by hiring 17,000 people at the IRS to enforce on Americans government-approved health insurance.

Small business entrepreneurs beg Congress to empower them to create jobs. Congress responds with 20 new taxes in this health care bill, amounting to half a trillion dollars.

Our military families beg us to leave TRICARE alone. This bill transfers

TRICARE out of the Department of Defense.

Americans are fed up with government takeovers of business, like the auto industry that closed dealerships and threw Americans out of work. This health care bill includes a government takeover of the student loan business, throwing 31,000 more Americans out of work.

We Republicans implored the majority for a bipartisan health care reform bill. The majority party responded with special deals cut behind closed doors to garner votes for its most reluctant members.

America deserves better than this. America is better than this. Let's listen to America. Kill this bill. Start over with health care we can afford. Create jobs and save our economy.

Mr. RYAN of Wisconsin. Mr. Speaker, at this time I'd like to yield myself the remainder of our Budget Committee time.

Mr. Speaker, there's a lot wrong with this bill. We know the problems with its costs. We know it doesn't really reduce the deficit. We know premiums are going to go up. The CBO has given us all this information and it's clear that we have a bill that is chock full of gimmicks and hidden mandates. I'm not going to get into all of that again, but what I want to ask is this: Why has this decision become so personal to our constituents? Why are so many people swarming the Capitol today? Why have we received a hundred thousand calls an hour from around the country? It's because health care affects every one of us. And yet, here we are, debating whether the government should have a bigger role in making those personal decisions.

So make no mistake about it. We are not just here to pass a health care bill. We are being asked to make a choice about the future path of this country. The speakers to my left are correct: this is history. Today marks a major turning point in American history. This is really not a debate about prices, coverage, or choosing doctors. This is ultimately about what kind of country we are going to be in the 21st century.

America is not just a nationality. It's not just a massive land from Hawaii to Maine, from Wisconsin to Florida. America is an idea. It's the most pro-human idea ever designed by mankind. Our Founders got it right when they wrote in the Declaration of Independence that our rights come from nature and nature's God—not from government.

Should we now subscribe to an ideology where government creates rights, is solely responsible for delivering these artificial rights, and then systematically rations these rights?

Do we believe that the goal of government is to promote equal opportunity for all Americans to make the most of their lives, or do we now believe the government's role is to equalize the results of people's lives?

The philosophy advanced on this floor by this majority today is so paternalistic and so arrogant. It's condescending, and it tramples upon the principles that have made America so exceptional.

My friends, we are fast approaching a tipping point where more Americans depend upon the Federal Government than upon themselves for their livelihoods, a point where we, the American people, trade in our commitment and our concern for individual liberties in exchange for government benefits and dependences.

More to the point, Mr. Speaker, we have seen this movie before, and we know how it ends. The European-style social welfare state promoted by this legislation is not sustainable. This is not who we are and it is not who we should become.

As we march toward this tipping point of dependency, we are also accelerating toward a debt crisis; a debt crisis that is the result of the politicians of the past making promises we simply cannot afford to keep. *Déjà vu* all over again. It's unconscionable what we are leaving the next generation.

This moment may mark a temporary conclusion of the health care debate, but its place in history has not yet been decided. If this passes, the request to reclaim the American idea is not over. The fight to reapply our founding principles is not finished. It is just a steeper hill to climb, and it is a climb that we will make.

On this issue, more than any other issue we have ever seen here, the American people are engaged. From our town hall meetings to SCOTT BROWN's victory in Massachusetts, you have made your voices heard and some of us are listening to you.

My colleagues, let's bring down this bill and bring back the ideas that made this country great.

Mr. SPRATT. Mr. Speaker, I first recognize the gentleman from California (Mr. BACA) for a unanimous consent request.

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

□ 2115

Mr. BACA. Mr. Speaker, I rise in strong support of this legislation.

Mr. SPRATT. I yield to Mr. ISRAEL of New York to make a unanimous consent statement.

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

Mr. ISRAEL. Mr. Speaker, I rise in support of this bill.

Mr. Speaker, I rise in support of this bill for one fundamental reason. It is simply the right thing to do. Not for my Party, not for the President, not for the Speaker, not for me. But for the people I represent. The middle class and working families; the backbones of our economy—small businesses—challenged by rising health costs.

Few debates have been as long and as passionate as this one. Since last August I

have heard the strong voices on both sides of this issue. I have listened to the angry chants of opponents of the bill at Town Hall meetings. I have read the mail from people who insist this is a march towards socialism, that it is a dangerous experiment, that it involves government death panels who will deny senior citizens the life-saving health care they need. I have watched protesters march outside my district office on Long Island. I have seen the repugnant signs here in Washington comparing health care to the Holocaust.

I have seen and heard it all. But I have also heard others. They are the average Long Islanders—not rich, not poor, but usually somewhere in between—who live in quiet desperation and concern.

The small business owner on Long Island who told me he just received a 22 percent increase in health insurance premiums and agonizes at the prospect of either scaling back the care he provides his workers or scaling back the workers he pays. Under this bill, his business will receive a tax credit to help him provide insurance to his workers. And he will be able to shop for competitive rates and services in a new market-driven “Health Insurance Exchange.”

The woman who thought health care worked pretty well for her, until her daughter was diagnosed with breast cancer. She’s been forced to deal with high medical costs to care for her daughter. But, under this bill, she will not have to worry about an insurance company that refuses to pay for her chemotherapy.

The middle class family with two kids just out of college who are having trouble finding a job that provides health insurance. Under this bill, those young adults can get coverage on their parents’ plans until they turn 26.

The retired plumber on the block where I live. One day he came to my house. I thought he wanted to debate this bill with me. Instead, he said: “I wish you would pass this now. Don’t these people know that if they lose their jobs they lose their health care?”

And just yesterday, Mr. Speaker, a small business owner called me with concerns and plentiful questions about the legislation we will vote on today. After I explained it, he said: “There’s been too much confusion about this bill. I wish it had been explained.”

He is right. This bill has changed in over a year of debate. Sometimes in an effort to accept bipartisan recommendations. Sometimes to reduce its cost. While one side has had the responsibility to improve the bill, the other side has taken the opportunity to brand it with mischaracterizations. But now the ink is dry, Mr. Speaker. And the dry ink of this bill represents the best hope to protect the middle class and working families I represent. The small business owner in East Northport who now has a level playing field when shopping for insurance. The family in Sayville who can now keep a child insured until the age of twenty-six. The senior in Deer Park whose drug costs will be covered. The accountant in Huntington who lost his job but will be able to shop for affordable health care.

This bill will improve coverage for 485,000 of my constituents with coverage through their employer, give tax credits to as many as 81,000 families and 21,000 small businesses to make health care affordable in my district, and extend coverage to 29,000 uninsured residents of the towns I represent.

This bill will reduce our debt. Yesterday, the Congressional Budget Office certified that the

bill is fully funded and will actually reduce federal deficits by \$143 billion in the first 10 years and over a trillion dollars in the next 10.

This bill is an urgent reversal from 8 years of ignoring the crisis. Between 2000 and 2008, health insurance premiums doubled, insurance company profits quadrupled, and an additional 6 million Americans became uninsured. As a result, the leading cause of personal bankruptcy today is unpaid medical bills. Without action, these trends will grow worse.

These are the middle class families and businesses that have always expanded our economy. But rising health costs and insecurity have undermined the middle class. This bill will provide them with the basic security they need to do what they’ve always done: build our economy.

This vote is no different than the 1965 vote for Medicare. Back then, when one quarter of American seniors were living in poverty and wracked with unpayable medical bills, there were loud voices that said, “do nothing” and “start over” and “vote no.” Public opinion was skeptical then. Had I been in Congress in 1965, and the choice was voting for Medicare and risking my seat, or voting against Medicare and saving my seat, I would have voted for Medicare. It became the backbone of economic security for our senior citizens and helped build a middle class with economic security. This is no different. No less necessary. No less historic.

Mr. SPRATT. Mr. Speaker, I yield to the gentlewoman from Ohio for a unanimous consent request.

(Ms. SUTTON asked and was given permission to revise and extend her remarks.)

Ms. SUTTON. I rise in support of this historic legislation.

Mr. SPRATT. Mr. Speaker, I yield myself 2 minutes.

Congress cleared the way for health care reform in the budget resolution. And when we did, we stipulated that reform had to be deficit-neutral. We can now say that the House, Senate and President have all abided by this principle. The bill put before us has been scored by the Congressional Budget Office. In this case, CBO found that the 10-year cost of all the covered changes in the bill put before us amount to \$788 billion. But the bill before us also includes reductions, savings, and new revenues which total \$931 billion.

When the \$931 billion is netted against the \$788 billion, the result is a net savings, which reduced on-budget deficits over the next 10 years by \$143 billion. That’s CBO’s estimate of the first 10 years under these reforms, a reduction in the deficit of \$143 billion. What about the next 10 years? CBO estimates that these two bills together will save around .5 percent of GDP over the second 10 years. Now that may sound minimal, but during that period of time, GDP cumulatively is \$272 trillion, so .5 percent of that easily equals more than \$1.2 trillion.

You will hear numbers of all sorts in this debate, but remember these because they come from a disinterested source with a well-proven record. This is what CBO estimates as the effects of

these bills on the deficit: a reduction of \$143 billion over the next 10 years and a reduction of \$1.2 trillion over the following years. We have kept the promise we made at the outset by keeping health care reform deficit-neutral, and that’s one more reason to vote for this bill.

I reserve the balance of my time.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. CAMP) is recognized for 20 minutes as a designee of the minority leader.

Mr. CAMP. Mr. Speaker, at this time I yield 3½ minutes to the distinguished gentleman from Indiana (Mr. PENCE), our conference chairman.

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

Mr. PENCE. This is truly a remarkable moment in the life of this Nation. Some say we’re making history. I say we’re breaking history. We’re breaking with our finest traditions—limited government, personal responsibility and the consent of the governed. The first principle of public service in a free society is humility. The arrogance we’ve witnessed in this institution is breathtaking. Only in Washington, D.C., could you say you’re going to spend \$1 trillion and save the taxpayers money. Only in Washington, D.C., could you exchange the pro-life protections enshrined in the law for 30 years for a piece of paper, signed by the most pro-abortion President in American history.

Despite overwhelming public opposition today, this administration and this Congress is poised to ignore the majority of the American people. Let me say, Mr. Speaker, this is not the President’s House. This is not the Democrats’ House. This is the people’s House, and the American people don’t want a government takeover of health care. Now I know they don’t like us to call it that. But when you mandate every American to have government-approved insurance, whether they want it or need it or not, when you create a government-run plan, paid for with job-killing tax increases, and you provide public funding for abortion, that’s a government takeover of health care, and the American people know it.

The American people want to face our challenges in health care with more freedom, not more government. And this really is about freedom. The more I think about this debate, the more I think about what Ronald Reagan said in 1964. He said then and now, It’s about whether we abandon the American Revolution and confess that a little intellectual elite in a far distant capital can plan our lives better than we can plan them ourselves.

You know, today we gathered in the old House Chamber for a time of worship and prayer. Members of Congress have been doing that for about 200 years. It’s a Chamber filled with statues of great Americans: Sam Houston, Lew Wallace, Robert Fulton, William Jennings Bryan, soldiers, heroes and

heroiners of freedoms past. As I sat there, I thought of that Bible verse that said, "We are surrounded by such a great cloud of witnesses." Standing here tonight, I believe we are as well. And I mean, not just those that are looking in tonight from here and around the country, but those who have gone before. Men and women who did freedom's work in their time who persevered, who made this the greatest Nation on Earth possible.

Now it's our turn. We can reform health care without putting our country on a pathway towards socialized medicine. We can reform health care by giving the American people more choices, not more government. So I say to my Democratic colleagues, stand with those who have gone before and made the hard choices to defend freedom in their time. Stand with us. Stand for freedom, and the American people will stand with you.

Mr. SPRATT. Mr. Speaker, I yield for a unanimous consent request to Ms. FUDGE of Ohio.

(Ms. FUDGE asked and was given permission to revise and extend her remarks.)

Ms. FUDGE. Mr. Speaker, I rise in support of this health care legislation.

Mr. Speaker, I rise today to vote for my constituents. Ohioans want health care reform and they want it now. They told me: "Now is the time to stand for change. Now is the moment to fight for quality care."

I'm voting for Vera—a former nurse who lost her insurance after a divorce, despite a lifetime of caring for others. She has over ninety thousand dollars in medical debt, as a result of her 3 strokes.

I'm voting for "Mary's" mom, who faced cancer without health coverage. "Mary's" mom died in her daughter's arms in pain and without medication because she had no insurance.

I'm voting for the father in my District, who is forced to choose between maintaining his child's health insurance or meeting his monthly bills. He shouldn't have to choose between treating his son's sickle cell disease and putting food on the table.

As a pastor said this morning:

I'm voting like unborn children depend on me.

I'm voting like a single mom in East Cleveland depends on me.

I'm voting like seniors in Warrensville Heights depend on me.

I'm voting like foster youth are waiting on me.

I'm voting for the person in Euclid who died too soon.

I'm voting like I don't have health care insurance myself.

I'm voting for justice and equality.

I'm voting for health care reform, so that I can hold my head high, look my neighbors in the eye and tell them: "I voted for you, and you, and you."

Mr. SPRATT. Mr. Speaker, could I inquire as to the remaining time?

The SPEAKER pro tempore. The gentleman from South Carolina has 13½ minutes, and the gentleman from Michigan has 16½ minutes.

Mr. CAMP. Mr. Speaker, at this time I yield 2 minutes to the distinguished

gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY of California. Mr. Speaker, this is the people's House, and we were sent here to represent people throughout America. Some are actually in the gallery, some have been marching around this building, some are sitting at home watching on TV. Or they're in their car driving back from church, and many of them have been calling this Congress. And they've been asking one thing, Why does Washington refuse to listen? They see what many on this side of the aisle see, the arrogance of Washington. We are here to represent our constituents, which is why we are asking, Why are we voting on a health care bill today that empowers government instead of the people?

Survey after survey demonstrates the great unpopularity of today's bill. Not only the substance of it, but the trickery, the deals and the shortcuts that led us to where we are today. But this bill is being pushed through because the majority in this Congress refused to listen to the people. The Speaker has even said that she believes that we have to pass this bill so people can find out what's in it. The logic here is, Washington knows better than the people.

All this at a time when Washington is borrowing 43 cents out of every dollar it spends, adding to our national debt, mortgaging our children's future. And this \$2.4 trillion bill will steal even more money from our children's futures at a time when this administration and Congress are poised to run up the debt more than any other administrations combined. It doesn't have to be this way. We could have easily found a positive bipartisan agreement on commonsense health care reforms that reduce the costs, increase competition and increase access, all without raising the debt. Today is a legacy vote for Members of this people's House, and I urge my colleagues to start over and craft the bill to solve the problem.

Mr. SPRATT. Mr. Speaker, I yield to the gentleman from North Carolina (Mr. WATT) for a unanimous consent request.

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

Mr. WATT. Mr. Speaker, I rise in support of the 32 millions Americans who will get insurance under this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore. Under clause 7 of rule XVII, Members may not refer to the occupants of the gallery.

Mr. SPRATT. I now take pleasure in yielding 3 minutes to my colleague from South Carolina (Mr. CLYBURN), the majority whip.

Mr. CLYBURN. I thank the gentleman for yielding me the time. Mr. Speaker, we have come to a defining moment in our Nation's history. Tonight I am thinking about the woman who called in to a talk radio program that I appeared on last August. She called in to take issue with the gen-

tleman who had just called in earlier to say that he did not support our efforts to reform the health care system because he liked the insurance he had. The caller shared her experiences of having been dropped from coverage by an insurance company she thought she liked just as she started her second treatment for breast cancer. She said to the gentleman that maybe he liked the insurance he had because he had never tried to use it.

With these reforms, dropping people from coverage when they are diagnosed with catastrophic illnesses will no longer be allowed, and denying insurance to children with diabetes and other preexisting conditions will end immediately. These reforms will allow children to remain on their parents' insurance policies until their 26th birthday. This bill will immediately begin closing the doughnut hole for prescription medications for seniors and eliminating burdensome copays or deductibles for their preventive care.

Despite deafening protests from the other side, the nonpartisan Congressional Budget Office says that the reforms included in this bill will reduce our deficit by \$143 billion in the first 10 years and \$1.2 trillion in the second 10 years. This bill will also create jobs, 400,000 good-paying jobs, reliable jobs for every year and for small businesses. Small businesses will get a tax break on their health care premiums that will free up money for them to hire 80,000 more employees.

Mr. Speaker, we have debated this issue for several generations. The time has come to act. This is the Civil Rights Act of the 21st century, and tonight we will take a significant step to move our country forward.

Mr. CAMP. Mr. Speaker, at this time just for the purpose of a unanimous consent request, I yield to the gentleman from Pennsylvania.

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

Mr. DENT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Undeniably, health care reform is needed. Families and businesses are struggling to keep up with rising insurance premiums. Thousands of constituents in my district do not have access to affordable insurance because of skyrocketing costs. An increasing number of Americans are impacted by policies that preclude individuals with pre-existing conditions from securing insurance. Patients are frustrated with the difficulty of navigating the health care system and insurance bureaucracy. We have all experienced our doctors practicing defensive medicine—ordering unnecessary tests and procedures in an effort to ward off frivolous lawsuits. Poor reimbursement rates mean that doctors cannot afford to place an emphasis on prevention and wellness.

The consequences of reform are profound for families, our economy and the future of our country. Reform policies will have a direct impact on the lives of all Americans and the budgets of every household. These changes will affect one-sixth of our economy. Done

right, we will lift burdens that are holding employers back from growing and revitalizing our economy. Done wrong, jobs will be lost and 10 percent unemployment will become the norm rather than the exception. Health care expenditures make up an increasing percentage of state and federal spending. Addressing health care costs is vital to the long-term economic health of the United States.

I support reform. I have advocated for deliberate policies that will reduce the cost and increase the quality of health care, provide all Americans with the opportunity to obtain affordable health insurance, give patients more control over their health care decisions, and promote innovations and wellness initiatives that lead to cures.

I oppose the bill before us today because it will increase health care costs for Americans and bend the curve of health care spending in the wrong direction; it will create a new trillion dollar entitlement program that the bill does not realistically address how we will afford; and it will impede economic growth, particularly in our district.

Above all else, health care reform must address the escalating health care costs that are crippling American families and overall, slow our nation's healthcare spending. This bill does not accomplish those critical objectives. According to an analysis by the Congressional Budget Office (CBO), premiums will increase by 10 to 13 percent for families who are purchasing health insurance in the individual market. This amounts to more than \$2,000 a year for a family. In addition, the CBO indicates that H.R. 3590, which will be the law of the land if we pass it today, will increase the federal budgetary commitment to health care by more than \$200 billion over the next decade. If the reconciliation package (H.R. 4872) is also signed into law, the combined budgetary impact on health care spending will be \$390 billion. American families can't afford that increase and neither can our country.

Moreover, this bill creates an unsustainable new entitlement program at the expense of seniors who will be impacted by more than half a trillion dollars in Medicare cuts and all Americans who will pay higher health care costs and more than half a trillion dollars in increased taxes, fees and penalties. The bill uses ten years of taxes and Medicare cuts in order to pay for six years of programs. Overall, in the first 10 years of full implementation (2014 to 2023), the health care package will result in more than \$2.6 trillion in spending. Although the CBO estimated the overall deficit reduction will be \$124 billion over 10 years, in its analysis the CBO cautioned that its long-term deficit projections "reflect an assumption that the key provisions of the reconciliation proposal and H.R. 3590 are enacted and remain unchanged throughout the next two decades, which is often not the case for major legislation. For example, the sustainable growth rate mechanism governing Medicare's payments to physicians has frequently been modified to avoid reductions in those payments, and legislation to do so again is currently under consideration by the Congress."

House Leadership has already said it will consider a bill to address the physician payment issue. Just that policy alone will cost \$200 billion, which is not reflected in the CBO score.

Finally, this bill will have an immediate impact on economic growth. New taxes and reg-

ulations will lead to lower wages, lost jobs and decreased investment. Employers with more than 50 employees who do not provide health insurance coverage that is deemed "acceptable" by federal standards will be saddled with a tax of up to \$2,000 per employee. The bill will levy a tax of as much as 2.5 percent of household income on Americans who do not comply with the individual mandate, which requires all Americans to maintain acceptable coverage. Many investors will face a new tax of 3.8 percent on capital gains, dividends, interest, rents, royalties and other investment income. This tax coupled with scheduled rate increases will lead to a top rate of 23.8 percent for capital gains and 43.4 percent for dividends.

We will feel the impact close to home. A 2.3 percent medical device tax will increase the cost of medical devices—everything from tongue depressors to wheelchairs—and discourage the development of critical new medical innovations. Specifically, this tax will impact businesses in our district imperiling jobs; curtailing advanced research and innovation; reducing purchasing from Pennsylvania vendors; and hampering investment in capital equipment. The ripple effect on our economy and on working families will be far greater than the sum of the tax. And ultimately, patients will see increased costs as a result.

Just yesterday, I offered two amendments to the Rules Committee that would have reduced the negative impacts of H.R. 3590. The first amendment would have inserted common-sense medical liability reforms. Specifically, the amendment would enact nationwide reforms aimed at ending the costly practice of defensive medicine and encourage states to adopt effective alternative medical liability laws that will reduce the number of health care lawsuits that are litigated and the average amount of time taken to resolve lawsuits, and reduce the cost of malpractice insurance. The provisions would save our country billions of dollars and reduce national health care spending. The second amendment would have struck the ill-advised medical device tax that a company in my district has dubbed the "death tax" because it will increase their tax burden by 77 percent, raising their effective tax rate to over 73 percent. This is an innovation tax that will mean less investment in research and development that leads to medical innovations. Unfortunately the leadership of the House would not allow these important amendments to be debated on the House floor today.

I regret very much where we are today and wish that bipartisan efforts to address the shortcomings of our system—access and affordability—while building on our strengths—choice, quality and innovation had prevailed.

Mr. CAMP. At this time, Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Washington (Mrs. McMorris Rodgers).

Mrs. McMORRIS RODGERS. Mr. Speaker, I know that some of my colleagues on the other side of the aisle are still undecided, and I sincerely urge you to vote "no." This is the wrong bill at the wrong time. At a time when 15 million Americans are out of work, this is the wrong time to hit small businesses with more taxes and more requirements. At a time when premiums are surging for working families is the wrong time to pass a bill

that everyone acknowledges is actually going to increase premiums.

At a time that we have a \$3.8 trillion budget, 40 percent of which is deficit spending and is being put on the credit card, this is the wrong time to pass a new massive government spending program. And at a time when Americans are losing trust in Congress, it is the wrong time to strike backroom deals and pass a bill over the will of the people.

Everybody in this body acknowledges the need for real health care reform. But this health care reform will make things worse, not better, for the people we serve. We should not let the hunger to do something—anything—trick us into passing a bill that will cripple free enterprise and permanently diminish the freedom of the American individual.

Today I'm reminded of a quote by President Ford: "A government that is big enough to give you everything you want is a government big enough to take it all away." This is a time for courage and clear thinking. I urge my friends on the other side of the aisle to join in standing with the American people and vote against this bill.

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Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentlewoman from Pennsylvania (Ms. Schwartz).

Ms. SCHWARTZ. Mr. Speaker, health care reform represents the largest deficit-reduction measure in nearly a generation while controlling the rising cost of health care for families and businesses, and improving access to and quality of coverage for 95 percent of Americans.

This plan strengthens coverage and health care for all Americans, including provisions that I have fought hard for: prohibiting insurance companies from excluding coverage for pre-existing conditions for children and adults; prohibiting insurers from dropping coverage when you get sick, or placing annual or lifetime limits on benefits; insuring that all insurance policies use plain, easy-to-understand language so that consumers know what they are buying and can honestly compare their choices; allowing young adults up to the age of 26 to stay on their parents' policies; offering tax credits to small businesses so they can afford to provide insurance coverage for their employees; eliminating copayments for preventive care for seniors; closing the Medicare prescription drug coverage known as the doughnut hole, making sure that we close that doughnut hole; promoting the important education and research missions of our Nation's teaching hospitals and academic medical centers which train the next generation of doctors and nurses; focusing on primary care by better ensuring Americans, particularly those with chronic diseases, have access to ongoing primary care; investing in American innovation and technologies

by creating new incentives for the development of new cures and treatments; and incentivizing collaboration among health providers through new payment reforms that promote high quality, efficient delivery of care.

These provisions, and others, in health reform ensure new consumer rights and protections for those with insurance. It contains costs for families, businesses and for our Nation. And it extends affordable, meaningful coverage to 32 million Americans. Health care reform is vital to the health of Americans and the health of our economy. The status quo is unacceptable and unsustainable. I urge a "yes" vote.

Mr. CAMP. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from California (Mr. McKEON).

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

Mr. McKEON. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. CAMP. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from West Virginia (Mrs. CAPITO).

Mrs. CAPITO. Mr. Speaker, for a moment let's think of this bill as a blanket, a blanket of health care legislation that may be draped across America and its population in the coming years. Unfortunately, this blanket is woven not from all hands working together, but is the handiwork of strong-arm, political deal-making, and, perhaps most disheartening, a resistance to listen to the American people.

Its cloth has been cut behind closed door, and its color is tinged by partisan hands. It is too short in some areas, and too long in others, woven to cover the winners and to leave out the losers. Once this blanket of legislation is laid out, those that huddle beneath it will find that it does not provide the real health care reform they need for their families. In fact, it will become a wall of government between them and their doctor.

Its huge holes will not protect the cold wind of job loss, new taxes, government bureaucracy, and increased health care costs. And though we hear of coming patches in the future, in all likelihood they will be made of the same flimsy fabric of broken promises.

All of America will feel the weight of this uncomfortable burden. The real cost of the \$2.6 trillion bill will only increase in the future. States like mine, West Virginia, will feel the weight in huge budget shortfalls caused by millions of dollars in unfunded mandates. States must balance their budgets and will be forced to absorb the massive increase in Medicaid spending demanded by this bill.

But, the full burden will be paid by those who enjoyed this beautiful spring day, playing outside in backyards across America. Little do they know as they play that we are on the cusp of burdening them with generational debt. The Speaker and her team will

draped this legislation across citizens, ignoring their pleas against it. And America will again shake its head in disbelief and ask how Washington can turn a deaf ear and be so disconnected from the American people.

If we stand here in obedience to our purpose, the Congress will be an effective representation of the people of the United States. We should stop this unfortunate endeavor, take a step back and listen, listen to the heartbeat of America, the beat that yearns for true health care reform, the beat that asks for bipartisan government committed to solving America's problems, the beat that asks that we put America's families first. America deserves this. America deserves to be heard.

Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BOYD).

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

Mr. BOYD. Mr. Speaker, I thank my friend, Mr. SPRATT from South Carolina.

Mr. Speaker, ladies and gentlemen, I heard a wise man once say that you never saw a great country with an uneducated and unhealthy population. We are headed there. Sixty-seven thousand uninsured in the congressional district that I represent will be helped by this bill. We all know the statistics about the spiraling cost of insurance and the ever-increasing percentage of uninsured within our own districts and across this Nation. We all agree this is an unsustainable path. I have heard you say it many times. So I ask you, How high do these numbers have to go before we act?

Earlier I heard the gentlelady from Washington State say it is the wrong time. For 22 years in my legislative service, as I have been trying to find solutions, I have heard it is the wrong time. I know many of you have been trying to find those solutions, too, from time to time; solutions for those high costs, the spiraling high costs, the ever-increasing number of uninsured on an annual basis, solutions that would do it in a fiscally responsible way and use the good parts of our private-sector delivery system. Ladies and gentlemen, this bill does all four of those things.

Mr. Speaker, if we fail to act now, the path we are on will create a society of haves and have-nots based solely on one's ability to purchase health insurance.

I know this bill isn't perfect. There are some things in it that I don't like; but seldom are bills perfect the first time around. The other side has brought us no viable alternatives. So then I ask you, ladies and gentlemen, if not this, then what? If not now, then when?

Mr. Speaker, I urge my colleagues to vote "yes" for the health of our people and the strength of our economy.

Mr. CAMP. For the purposes of a unanimous consent request, Mr. Speaker, I yield to the gentleman from Nebraska (Mr. SMITH).

(Mr. SMITH of Nebraska asked and was given permission to revise and extend his remarks.)

Mr. SMITH of Nebraska. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. CAMP. Mr. Speaker, at this time I yield 3 minutes to the distinguished gentleman from Tennessee, Dr. ROE.

(Mr. ROE of Tennessee asked and was given permission to revise and extend his remarks.)

Mr. ROE of Tennessee. Mr. Speaker, today we debate and vote on the most important piece of social legislation in decades, a massive expansion of government unparalleled in our Nation's history, with the potential to bankrupt future generations by lowering the standard of living for our children and grandchildren.

For the past 30 years, I haven't been a politician, but a physician, treating patients and delivering babies in rural east Tennessee. And I can say without hesitation that we have in this country the highest quality of health care in the world. But I will also say that this care is too expensive for an increasing number of people.

Health care should not be a partisan issue. I have never operated on a Republican or a Democrat cancer in my life. We have heard about how this is going to save money and reduce the budget deficit. Seventeen years ago in Tennessee we tried a plan called TennCare. It was an idea where different companies were going to compete and we were going to cut costs. What happened in that? Just 10 budget years later, our costs had tripled and we had to cut the rolls in Tennessee because the State was literally going bankrupt. And this year for the first time, we have had to limit patients' visits to 8 doctor visits per year, and this plan will only pay \$10,000, I don't care what the cost of the care is, and those costs are shifted to private insurers. Also the physicians are not taking TennCare because it pays them less than 60 percent of their costs of actually providing the care. That approach, which is pretty much the same approach we are voting on here today, failed, and I know because I am a physician who worked in that system.

Mr. Speaker, I have one question for every Member of this body: If we have seen how this Big Government scheme doesn't work, why would you vote for it again? Well, the States know. They are already well ahead of the Federal Government. Thirty-seven States, including Tennessee, are now proposing legislation to opt out if the ObamaCare plan should pass.

So the States get it because they can't afford it. The seniors get it because they understand \$500 billion will be cut from this program. And let me tell you, in the next 10 years we are going to add 35 million people to the Medicare rolls in this country when the baby boomers hit. Three things will happen when that occurs: you will decrease access; you will decrease quality

because you can't see your doctor; and costs will go up. So seniors get it.

The doctors get it. They are going to work harder and get paid less. Also, there is no meaningful tort reform, and without that, you cannot reduce the cost of care. The American people get this. The people of Tennessee don't want this plan. The people of the United States don't want this plan; but the politicians who vote for it are not listening.

I choose to listen to the American people and vote "no," and urge my colleagues to do the same.

Mr. SPRATT. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from New York (Mr. MEEKS).

(Mr. MEEKS of New York asked and was given permission to revise and extend his remarks.)

Mr. MEEKS of New York. Mr. Speaker, I rise in support of this historic legislation.

Mr. Speaker, I rise in support of Affordable Care for America.

I am proud to stand with my colleagues in the U.S. House of Representatives in support of this critical legislation to ensure that each and every American has access to affordable, quality healthcare. This bill will put Americans and small businesses back in charge of their health care choices and make coverage affordable for everyone. Premium tax credits and cost-sharing assistance will be offered to low- and middle-income Americans, which will be the largest tax cut for health care in the history of this nation.

My constituents in the Sixth Congressional District and across the country will be provided the opportunity to make informed decisions about their health insurance and purchase the plan of their choice.

It is extremely important that every hard working American receives affordable high quality healthcare. This critical legislation will extend coverage to 95 percent of all Americans when passed. For the Sixth Congressional District this means that 54,000 residents who currently do not have health insurance will receive coverage.

By passing this historical legislation we will be able to provide the people of the United States the proper healthcare they deserve. No American should be denied the right to better and affordable health care coverage. No American should be discriminated against by insurance companies based on pre-existing conditions, health status and gender. No American should be forced into medical bankruptcy because their Medicare access was terminated. I urge my colleagues in the House of Representatives to vote "yes" so no American is told "no" again.

Mr. SPRATT. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentlewoman from California (Ms. ROYBAL-ALLARD).

(Ms. ROYBAL-ALLARD asked and was given permission to revise and extend her remarks.)

Ms. ROYBAL-ALLARD. I rise in strong support of this bill.

Mr. Speaker, I rise in support of the Senate Amendments to H.R. 3590—the Patient Protection and Affordable Care Act. This legislation represents a milestone in our Nation's his-

tory. Building on the promise that was begun with the passage of Medicare in 1965, we take an historic step today toward acknowledging health care as a universal right for everyone.

The people of America have suffered far too long from a health care system that is unaffordable, discriminates on the basis of gender, disability, and pre-existing conditions, and frequently denies coverage for lifesaving services and treatments. While we pay more than any other country in the world for health care, we die younger with the highest rate of preventable deaths among 19 industrialized nations. Obviously this status quo is unsustainable and the time for change is now.

The bill we are voting on today reflects many long months of discussion and compromise. Clearly it is not perfect, and many of us would have preferred to see the bill go much further towards granting universal access to health care for every man, woman and child in this country. But with an issue that impacts so many stakeholders, and involves so many competing interests, it is doubtful that any single legislative effort could ever satisfy everyone and address all the problems we face in our current system.

So while this bill falls short of what many of us had hoped would be included in a final bill, I believe it is critical that we move forward today in response to a crippled health care system that has been failing our country. With the passage of this bill we will improve the quality and affordability of health services, prioritize prevention and the reduction of health disparities, and take the necessary albeit difficult steps to rein in the escalating costs of health care in this country.

I will be voting for this bill today for the people in my 34th Congressional District of California. Over 23 percent of my constituents live below the federal poverty level, and 40 percent of them are uninsured. In 2008, over 1100 of my constituents faced health care-related bankruptcies caused primarily by health care costs that were not covered by their insurance. This bill will extend coverage to 185,000 of my constituents, and will guarantee that 28,500 residents with pre-existing conditions can obtain coverage while protecting those who do have insurance from bankruptcy due to unaffordable health care costs.

I will be voting for this bill today for the small businesses in my District. With its passage, over 16,000 small businesses in my district that have 100 employees or less will be able to join the health insurance exchange, benefiting from group rates and a greater choice of insurers. H.R. 3590 will also help make small businesses more competitive by providing tax credits that will make it more affordable for them to offer health insurance to their employees. In my district approximately 15,000 small businesses would qualify for these credits.

As chair of the Congressional Hispanic Caucus Health Task Force, I will be voting for this bill today for Hispanic communities all across the country. It is of great concern to me that this segment of the population continues to face the highest uninsured rate of any racial or ethnic group within the United States. In fact, a recent report found that 42 percent of Hispanic adults lacked health insurance compared to the national average of 16 percent.

This legislation will provide access to affordable health care to the millions of uninsured Latinos in this country through Medicaid ex-

pansion. The legislation will also provide access to health insurance exchanges and subsidies to help low- and moderate-income families. Additionally, the bill expands Community Health Centers which have been a cornerstone of primary care services in communities of color, and expands coverage for preventive care which has been disproportionately inaccessible to minorities.

Finally, I will be voting for this bill today for the women and mothers in this country who have long managed the health care of their children, their spouses, and the elderly in their families. This legislation will mandate coverage for maternity care, so all women will be able to give their babies the healthiest start in life.

By preventing insurance companies from dropping coverage for extended illness or denying coverage for pre-existing conditions, it will give moms the peace of mind knowing that their children and spouses will have the health coverage they need if they become ill or suffer from a genetic condition or disability. As their young adult children start out in life they can protect them by keeping them on their family insurance policy until their 26th birthday.

And who among us will not be more secure knowing that our parents will be protected from the Medicare Part D donut hole which has made life saving medications so unaffordable for those that need them most?

Mr. Speaker, I thank you for your courage, tenacity and leadership throughout this year of deliberation on Health Care Reform. We owe you, the Majority Leader, and the Leadership team of this House a debt of gratitude for bringing this House to this historic day. I am proud to cast my vote for the passage of the Senate Amendments to H.R. 3590—the Patient Protection and Affordable Care Act.

Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT of Virginia. Mr. Speaker, America has been debating health care for over 100 years, and during this debate we have heard complaints and blame and misrepresentations, slogans, even name-calling. But today, we finally get to discuss the bills.

The bills will provide affordable health care insurance to over 30 million Americans who are uninsured today, including those with preexisting conditions. These bills will provide security for those who have insurance because 14,000 Americans will no longer lose their insurance every day, and others will no longer have to watch the cost of their insurance skyrocket every year.

Insurance companies will no longer be able to cancel policies or stop making payments in the middle of an illness. No longer will those with health care have to make copayments for preventive services, or go bankrupt, because the bills provide affordable limits on copays and deductibles.

And because the legislation will provide affordable insurance to virtually all Americans, families with insurance will not have to pay an extra thousand dollars a year to offset health care costs for those who show up at hospitals without insurance.

Seniors will no longer fall into the doughnut hole.

Our youth will be able to stay on their family policies until they are 26. And small businesses will see significant savings in health insurance costs because they will purchase insurance with the same price advantages as large businesses. And many small businesses will receive temporary tax credits.

That's what is in the bill, and it is more than paid for. The CBO projects significant savings for the first 10 years, and huge savings for the next 10 years.

Mr. Speaker, future generations will look back at the votes we cast today, just as today we look back at the votes on Social Security and Medicare. Those future generations will see that

we proudly voted in favor of health care for all.

Mr. CAMP. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from Colorado (Mr. LAMBORN).

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

Mr. LAMBORN. Mr. Speaker, I rise in opposition to this flawed health bill.

NOTICE

Incomplete record of House proceedings. Except for concluding business which follows, today's House proceedings will be continued in Book II.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6713. A letter from the Secretary, Department of Commerce, transmitting a report in accordance with the provisions of Section 1512 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999; to the Committee on Foreign Affairs.

6714. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — Migratory Bird Permits; Control of Muscovy Ducks, Revisions to the Waterfowl Permit Exceptions and Waterfowl Sale and Disposal Permits Regulations [Docket Number: FWS-R9-MB-2007-0017] (RIN: 1018-AV34) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6715. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — Migratory Bird Permits; Control of Purple Swamphens [Docket Number: FWS-R9-MB-2007-0018] (RIN: 1018-AV33) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6716. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — Migratory Bird Permits; States Delegated Falconry Permitting Authority [FWS-R9-MB-2009-0071; 91200-1231-9BPP] (RIN: 1018-AW98) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6717. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Grand Junction, CO [Docket No.: FAA-2009-0941; Airspace Docket No. 09-ANM-17] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6718. A letter from the Assistant Chief Counsel for General Law, Department of Transportation, transmitting the Department's final rule — Pipeline Safety: Administrative Procedures, Address Updates, and Technical Amendments [Docket No.: PHMSA-2007-0033] (RIN: 2137-AE29) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6719. A letter from the Paralegal Specialist, Department of Transportation, trans-

mitting the Department's final rule — Airworthiness Directives; PIAGGIO AERO INDUSTRIES S.p.A. Model P-180 Airplanes [Docket No.: FAA-2009-1081; Directorate Identifier 2009-CE-058-AD; Amendment 39-16187; AD 2010-03-04] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6720. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bell Helicopter Textron, Inc. Model 205B and 212 Helicopters [Docket No.: FAA-2010-0065; Directorate Identifier 2009-SW-01-AD; Amendment 39-16186; AD 2010-03-03] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6721. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Model 747-200C and -200F Series Airplanes [Docket No.: FAA-2009-0608; Directorate Identifier 2008-NM-215-AD; Amendment 39-16188; AD 2010-03-05] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6722. A letter from the Assistant Chief Counsel for Hazardous Materials Safety, Department of Transportation, transmitting the Department's final rule — Hazardous Material; Miscellaneous Packaging Amendments [Docket No.: PHMSA-06-25736 (HM-231)] (RIN: 2137-AD89) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. RICHARDSON:

H.R. 4897. A bill to amend the Internal Revenue Code of 1986 to allow a deduction for interest paid on indebtedness incurred in connection with the purchase of a new automobile or light truck; to the Committee on Ways and Means.

By Ms. RICHARDSON (for herself, Ms. NORTON, Ms. JACKSON LEE of Texas, Ms. CLARKE, and Ms. KILROY):

H.R. 4898. A bill to authorize the Secretary of Homeland Security to establish a competitive program to make emergency preparedness planning and implementation grants to local educational districts/agencies located in areas under a high threat of ter-

rorist attacks, natural disasters, or public health emergencies; to the Committee on Transportation and Infrastructure, and in addition to the Committees on Homeland Security, and Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. OBEY:

H.R. 4899. A bill making emergency supplemental appropriations for disaster relief and summer jobs for the fiscal year ending September 30, 2010, and for other purposes; to the Committee on Appropriations, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 949: Mr. MICHAUD.
H.R. 959: Mr. ELLSWORTH.
H.R. 1017: Ms. CORRINE BROWN of Florida.
H.R. 1822: Mr. DEAL of Georgia.
H.R. 1879: Mr. TIM MURPHY of Pennsylvania.
H.R. 2067: Mr. ARCURI.
H.R. 2254: Mr. BERRY, Mr. BISHOP of Georgia, and Mr. ENGEL.
H.R. 2360: Mr. MATHESON.
H.R. 3217: Mr. BILBRAY.
H.R. 3365: Mr. TONKO.
H.R. 4404: Mr. SESTAK and Mr. ETHERIDGE.
H.R. 4405: Ms. FUDGE, Mr. RUSH, and Mr. BLUMENAUER.
H.R. 4684: Mr. HODES.
H.R. 4710: Mr. KAGEN.
H.R. 4874: Ms. RICHARDSON.
H.R. 4894: Mr. KLINE of Minnesota, Mr. WAMP, and Mr. TIAHRT.
H.J. Res. 76: Mr. TANNER.
H. Res. 1116: Mr. LEWIS of Georgia, Mr. HODES, Ms. CORRINE BROWN of Florida, Mr. LEVIN, and Mr. FILNER.
H. Res. 1199: Mr. CONAWAY.

DISCHARGE PETITIONS

Under clause 2 of rule XV, the following discharge petition was filed:

Petition 10, March 15, 2010, by Mr. WALTER B. JONES on H.R. 775, was signed by the following Members: Joe Wilson and Adam H. Putnam.