

Staff Sergeant Bryan Hoover dreamt of joining the Army even as a child. He enlisted in the Army National Guard in 2005 and previously served in the Marines. Bryan served a total of four tours overseas: two in Afghanistan, one in Iraq, and one in Kuwait. He truly lived to serve our Nation.

To his fellow soldiers, he was one of them, but to the students of Elizabeth Forward High School in Elizabeth, Pennsylvania, he was known as Coach Hoover. Bryan was the assistant cross country and track coach at his alma mater, where he had graduated in 2000. Bryan loved sports, and was a talented athlete himself who particularly enjoyed hockey. He earned a degree in sports management from California University of Pennsylvania.

For his bravery in the field, Sergeant First Class Bryan Hoover was awarded the Purple Heart.

Bryan is survived by his father Melvin Hoover; his brothers, Richard and Ben; his sister, Samantha; his grandfather, Ray Bradford; his stepmother, Elaine Evans; and his fiancée, Ashley Tack. His mother, Debra Jean, preceded Bryan in death.

It is my sad duty to enter the names of Sergeant First Class Robert Fike and Staff Sergeant Bryan Hoover in the RECORD of the United States House of Representatives for their service, sacrifice, and commitment to our country and to our freedom.

While we struggle to express our sorrow over this loss, we can certainly take pride in the examples Robert and Bryan set as soldiers and friends. Today and always, they will be remembered as true American heroes, and we cherish their legacies.

May God grant strength and peace to all those who mourn, and may God be with all of you, as I know he is with Robert and Bryan.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-

woman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. FORBES) is recognized for 5 minutes.

(Mr. FORBES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

(Ms. ROS-LEHTINEN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GOHMERT) is recognized for 5 minutes.

(Mr. GOHMERT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. PAULSEN) is recognized for 5 minutes.

(Mr. PAULSEN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

(Ms. FOXX addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. MACK) is recognized for 5 minutes.

(Mr. MACK addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FRANKS) is recognized for 5 minutes.

(Mr. FRANKS of Arizona addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE DOCTORS CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the minority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I thank you and I thank my leadership on the Republican side, Leader BOEHNER, and our leadership team for giving me the opportunity this evening before this packed House Chamber, of course, Mr. Speaker, with the exception of those few names that you just read off, but on this occasion of the 3-month anniversary, if you will, the 3-month anniversary of the signage into law of the health care reform bill, better known as the Patient Protection and Affordable Care Act of 2010, sometimes referred to, with no disrespect, as ObamaCare, not unlike HillaryCare of 1993, which never became law.

And, Mr. Speaker, indeed, when I say ObamaCare, I do not mean any disrespect, although I consistently, along with my colleagues on this side of the aisle, voted against the passage of that legislation. I would hope, Mr. Speaker, I would hope when we on my side of the aisle, on behalf of the American people who overwhelmingly continue, 3 months after passage of this bill, continue in all polls taken oppose this legislation, so when my Republican colleagues and I, Mr. Speaker, regain the majority and control this Chamber and we repeal ObamaCare and we replace it with legislation that I am going to talk a little bit about tonight, I would not be offended in the least, Mr. Speaker, if they called it GingreyCare, or maybe even better Dr. GingreyCare. I would be very proud of that.

Mr. Speaker, the concerns I think of the American people and their continued opposition to this reform is not that they are opposed to certain health insurance industry reforms. No, not at all. Nor are we in the loyal minority for things like the rescission of a policy after the fact. So many of our colleagues in their own families, or maybe their distant relatives, extended families, have seen situations like that where health insurance industry abuse directly affected their families.

I have a grand-niece who went into the hospital, Mr. Speaker, to have a gall bladder removed. It was an emergency situation. And after the fact, she was told that the health insurance that they had had for a number of years—her family, of course, her mom and dad, that covered the children—was not going to cover, would not be applicable because somewhere in filling out that policy, 8, 10, 12, 14 pages worth of minutiae, they failed to dot one I or cross one T. Fortunately, as a Member of Congress, and this is what we do in regard to helping not just our constituents but our family members as well when we can work with other Members of Congress in their district, we were able to get the insurance company to pay that claim.

But people across the country are rightly outraged about health insurance abuse. And we need to change

that. We need, indeed, to make sure that people with preexisting conditions have a way to be able to get affordable health insurance. And certainly that can be done and was being done even before this bill, Mr. Speaker, in a number of States where they have these high-risk pools. And the health insurance companies that are licensed to sell their product in those specific States, like my State of Georgia, are required to participate in these high-risk pools and are not allowed to charge, say, an arm and a leg—that really gets medical, doesn't it—but you know what I mean, my colleagues, way over and above four, five times what a standard policy premium would be. Well, that's a de facto denial of coverage. So we all agree that that needed to be changed and the American people would like to see that changed. Of course they would.

But their concern, and I see this, Mr. Speaker, every time I go back home. And I go home, as most of my colleagues do. As soon as we get out of here, we head to the airport so we can get back in our districts and have those town hall meetings and those tele-town hall meetings and, you know, go see folks at senior centers and church and Rotary clubs and Kiwanis clubs and wherever our constituents are, ballparks with their children on Saturdays. And we talk to them about these things and we listen to them. More importantly, we listen to them.

And what I have heard from day one, Mr. Speaker, I am talking about a year-and-a-half ago, was: Why are we doing this? Why are we doing this when 15 million of us are out of work? The unemployment rate in Georgia is 10 percent—a little higher in my 11th Congressional District of northwest Georgia. We need to go back to work. Why are you men and women in Congress, you Democratic majority, Republican minority, why aren't you all working together in a bipartisan way to stimulate this economy and to put us back to work? Many of us have been out of work for 6 months or more and we don't have health insurance but, you know what, we don't have a job either. And we will take our old job back even if we don't have health insurance. Eventually, we will be concerned about that, but right now we can't put groceries on the table. We can't clothe our children. We can't pay our taxes. We cannot pay the mortgage on our home. We are going to lose the roof over our head. And you guys are spending a year-and-a-half trying to figure out how to come up with a trillion dollars. We know how you're doing it. You're doing it by slashing the Medicare program to the bone, \$500 billion worth, and you are raising taxes \$575 billion worth. How is that going to create jobs?

So, Mr. Speaker, that's why the people were opposed to this. That's why the people in the Commonwealth of Massachusetts, the Bay State, elected SCOTT BROWN to replace Teddy Ken-

nedy, a Senate seat I guess held by the Kennedy family going back to our former President JFK, all those years. And the whole delegation in Massachusetts is totally Democrat. But the people in the Bay State, when SCOTT BROWN was campaigning, Mr. Speaker, what was his main point to make on behalf of his candidacy? I am going to go to Washington, if you give me this opportunity over Ms. Coakley—a decent candidate in her own right. You give me this opportunity, and I am going to be the 41st vote in the United States Senate, and you know what that means. That means that stops this bill dead in its tracks under regular order, under normal operating procedures.

□ 1945

The people of Massachusetts understood that. They understood that very clearly. They were, Mr. Speaker, very concerned, weren't they, about Commonwealth Care? They had had about 2, 2½, 3 years of that, and they knew that the cost of health insurance with that kind of approach, those premiums didn't go down; they went up. They wanted no more of that. They wanted SCOTT BROWN—the Honorable Senator SCOTT BROWN now—to go to Washington and be that 41st vote, so that cloture could not be invoked, the filibuster could not be overridden, and this bill could be stopped dead in its tracks.

And it would have been, Mr. Speaker. It would have been, except for smoke and mirrors, hook or by crook, promise them everything, anything you have to to get a vote, and then this arcane, strange stuff called reconciliation. And really, Mr. Speaker, what was done here 3 months ago, we celebrate this 3-month anniversary, a bill, a massive 2,500-page bill, was crammed down the throats of the American people.

Now they ain't done. I will say this, Mr. Speaker. It ain't over—it isn't over—it isn't over until the people win. And I tell them, I tell them in Georgia and my colleagues tell them all across the country, you resist. You continue to resist. Don't roll over and say, it's done, it's a fait accompli, it's passed, there's nothing we can do about it.

Yes, there is. Yes, there is. We can resist, we can resist, we can resist right up until November 2; and then we can make some changes. We can't change hearts, so we change faces, Mr. Speaker. And then we repeal. And then we start over. And we do this in the right way. We do it indeed by making sure that health insurance companies don't continue to literally abuse their clients by rescission of policies, by denying coverage.

All of these things we can take care of, and we could do that probably in six or eight pages' worth of legislation. It doesn't take 2,500. It doesn't take the creation of 130 new bureaucracies. It doesn't take 15,000 new IRS agents to go over with a fine toothed comb everybody's return to make sure they not only have a health insurance policy

but the one the government dictates to them; and, lo and behold, if they don't, they get to pay a fine, eventually of up to something like \$695. And if they don't pay the fine, Mr. Speaker, John Q. Public gets to go to jail, spend a little time in the crossbar hotel, as my father used to call it.

Can you imagine in this country that that could happen under the ruse of the commerce clause? Indeed, what does the commerce clause of our Constitution say? I know I have it here somewhere in my pocket. I try to keep that with me all the time. In fact, I tell folks in my district, if you catch me without it, the first person that catches me, I'll have a \$5 bill in my pocket to hand to them.

But when you look at the commerce clause, it doesn't mandate commerce; it regulates commerce. And that's so important, Mr. Speaker, for our colleagues to remember. You can't mandate to someone that they engage in commerce, that they buy something against their will. If they're involved in commerce and it's interstate, and I realize most commerce is interstate, then the government's heavy hand is always involved, to regulate. But to mandate? To tell a young man or woman who has just graduated from college or maybe had a nice job opportunity straight out of high school, and they're making less than \$25,000 a year, they take care of themselves, they're healthy, they were an athlete in high school or college, they don't smoke, they don't drink, they're not obese, they don't have a family history of heart disease or cancer. Indeed, their family seemed to have the Methuselah gene. They have grandparents in their late nineties. Those people that decide, even though maybe their employer offers health insurance and pays 60 percent of the premium or 50 percent of the premium but they've got to pay the other half, and they can't afford it. They just can't afford it. So they opt to take a chance and hope that that healthy living will serve them well, and it will be many years before they'll have a need to spend a great deal of money on health insurance.

You tell me, Mr. Speaker, my colleagues on both sides of the aisle, that they should not be allowed to do that in this country? To continue to forever be able to make that choice? I'm not as a physician Member going to stand up here and say that that's what I would advise them to do. No. I would be glad to do a public service announcement, if somebody would pay for it, saying, folks, don't take that chance now. It's kind of like riding a motorcycle without a helmet. It might look cool with your sideburns flapping in the breeze, but there's a tree up ahead, or somebody is going to run a stop sign, and you don't have much protection.

I would encourage them to try to economize and maybe have a health insurance policy that has a very low monthly premium and a high deductible. That deductible, let's say, is \$3,000

or \$4,000. In other words, they're going to have to pay the first \$3,000 or \$4,000 each and every year of health care expenditures out of their own pocket. But in return for that, their monthly premium is low, very affordable, and it gives them catastrophic coverage so that if they do hit that tree on that motorcycle without that helmet and they have a massive head injury and they're not dead but they're in a coma for a long, long time, that they're not financially totally wiped out and forced into bankruptcy. They have that kind of protection. That's called a health savings account combined with that low monthly premium, high deductible with catastrophic coverage.

Those plans, Mr. Speaker, have gotten so popular. They were limited by Teddy Kennedy back when they were first proposed a number of years ago, but since then they have been expanded and are very popular with young people. So, so many of these folks that are so-called "uninsured," they're really not uninsured; they have some coverage, and it is good coverage. But under this bill—now I know people will say, well, that doesn't kick in until 2014, 2013.

Hey, Mr. Speaker, it seemed like yesterday when I walked off the campus of St. Thomas Aquinas High School in Augusta, Georgia, in 1960, and I thought I was done learning and grown up. And it seemed like that was yesterday. By golly, it's been 50 years ago. So the time flies. It will be like a blink of an eye, we'll be at 2014, 2015, and all these horrendous requirements in this bill, ObamaCare, will kick in: like the requirement under penalty of law with those IRS agents, 15,000 of them, looking over your returns and, ah, we caught another one. I don't know, maybe they get a bonus every time they catch some poor, young individual who's not poor enough to be eligible for Medicaid or PeachCare or SCHIP, that's taking a chance, and even those that have the insurance but it's not adequate because the Federal Government said, oh, that's not good enough, we want first-dollar coverage, we've cut this deal with the insurance company for them to go along with ObamaCare, and we're going to require first-dollar coverage.

That's the kind of thing that really, Mr. Speaker, is appalling to me as a physician Member. I am honored to be cochair of the GOP Doctors Caucus along with my good friend from Pennsylvania, psychologist TIM MURPHY, child psychologist, author of several books, and now a lieutenant commander in the Naval Reserves. These are the kind of folks on my side of the aisle.

There are about 15 of us. Most are MD's. We have probably 375 years' worth of clinical experience. The whole spectrum of specialties: whether it's OB-GYN, my specialty; or family practice, the specialty of Dr. JOHN FLEMING; gastroenterology, the specialty of Dr. BILL CASSIDY; psychology, the spe-

cialty of TIM MURPHY; cardiothoracic surgery, the specialty of Dr. CHARLES BOUSTANY; OB-GYN, again the specialty of MIKE BURGESS and PHIL ROE; orthopedic surgery, the specialty of my colleague from Georgia, TOM PRICE; family practice, indeed, house-call medicine, the specialty of my colleague again from Georgia, Dr. PAUL BROWN. I could go on and on.

These are Members on our side of the aisle who were just begging, calling, writing letters to the White House: let us participate. We know about that sanctity of the doctor-patient relationship. We know what rationing will do and the fear that our seniors have of being rationed because they're too old to have taxpayer dollars spent on their hip replacement. So you just say, no, take a couple of Advil and we'll buy you a walker, maybe even a wheelchair, although that's debatable as well.

And, Mr. Speaker, to compound this problem, ObamaCare, now our President has named the new director of CMS, Centers for Medicare and Medicaid Services, Dr. Donald Berwick. Dr. Berwick may be a fine human being, I'm sure he is, I don't know him personally, but I have read quotes and I know that he's written a book. And one of those quotes, and I'm not going to be able to give it verbatim, but basically, Mr. Speaker, says, it's not if we need to ration; it's that we need to ration with our eyes wide open. It's not if we need to ration care, but that we ration with our eyes wide open.

I'm looking forward, as a member of the Energy and Commerce Committee and the Health Subcommittee, to having Dr. Berwick soon after his appointment as director of CMS to come before the committee and explain to us just what he means by that. So that the seniors who are relying on Medicare, like my mom, my 92-year-old mom, is she going to be able to, as she did last year, to have her knee operated on? Or is she just going to get a walker and a bottle of Advil and told, you're just too old? We can't afford it. We're going to ration care.

Again, this is what people are concerned about. Mr. Speaker, when half of the pay-for, the trillion dollars, to be able to get an additional 15 or 20 million people into some kind of health care coverage, whether it's these State exchanges, or eventually I'm convinced that the real plan is to go to a U.K.-type system, Canadian-type system and have national health insurance; the Federal Government to take over one-sixth of our economy, one-sixth of our entire gross domestic product, \$2.5 trillion a year, the Federal Government controlling this, lock, stock and barrel.

□ 2000

Madam Speaker, the American people don't want that. The American people didn't want the Federal Government to completely take over the student loan industry, but they did. This

President did. This majority did, Madam Speaker. The American people don't want a cap-and-trade bill, an energy bill, that results in a \$1,500-a-year minimum increase in the cost of electricity in this country. The American people don't want that.

The American people want our borders secured, Madam Speaker—ask any of them—and not just the people in Arizona. Ask the people in Georgia. Ask the people in Michigan. They want our borders secured. They don't want amnesty. That was tried in 1986, and I think something like—I don't know—6 million, maybe, were granted amnesty, and now we've got 12 million to 14 million illegals in our country.

So it is just a fact, as I said, Madam Speaker. It's not that people don't want to have more affordable health care, lower insurance premiums, and better coverage. They want that—of course they want that—but they don't want the Federal Government to take it all over and to literally come between a doctor and her patient in an exam room:

No, no, Doctor. You can't do that. It says here in the manual that bureaucrat No. 128 of the 131 new ones is over that, and you can't order that test because there is a cheaper way to do it.

The doctor says, Well, yeah, but you know, for this patient, I know this medication will work. We tried the other, and it didn't work for my patient. In fact, she had a bad reaction to it.

Well, you're going to have to get a waiver then, Doctor.

But, Madam Bureaucrat, the patient needs care today.

Well, you know, we'll probably have an answer for you in a week or two.

That is the kind of stuff that we are talking about. So I'm going to tell you this, Madam Speaker. That is the reason there are physicians all across this country, on both sides of the aisle, who are seeking the nomination of their party to come join us, to become one of the 435 or one of the 100 in the other body. I've never seen so many running for office, giving up, you know, more lucrative careers financially than what you earn as a Member of Congress.

They want to make a difference. They want to make a change. They are, I'm sure, pretty frustrated and disgusted about their lot, about their wonderful medical profession that many of them devoted 25, 30 years of their lives to. They probably didn't even get started until they were in their early thirties and had \$200,000 worth of student loans to pay off.

They went through all of that, and now we're going to come along and say, Well, you doctors work for us now. You work for the President. You work for Ms. Sebelius. You work for Dr. Barwick. We are going to call the shots. Not only are we going to set your salary—and, indeed, until today, you were facing a 21 percent cut, a 21 percent cut over last year in what we reimbursed you for anything: seeing a

patient, doing a consultation in your office, making a diagnosis, taking out an appendix, delivering a baby, seeing someone at 2 o'clock in the morning in the emergency room—but, if they are Medicare, we are going to pay you 21 percent less.

Actually, Madam Speaker and my colleagues, that went into effect last Friday. So, for any claims that Medicare was holding, the doctors will be reimbursed. Now, yeah, okay. In this bill we passed today, they will be able to hire, I guess, a new employee who will spend the next several months re-submitting those claims. Maybe, within a year, they will get that 21 percent cut back.

Though, do you know what we did here today? It's amazing. We should have done this months ago. We certainly should have done it last Thursday so that this effect, this cut, this 21 percent cut, would not have been allowed to go into effect.

Madam Speaker wanted to hold that up so that these other things could get done and could be attached to it. In other words, kind of using this as an incentive to pass some other things that—yes, you guessed it—involved more government spending, more deficit, and more debt. Thank goodness our colleagues on the other side of the aisle, and especially our Republican colleagues, said, no, we will not vote for that. We are \$13 trillion in debt, and our deficit for the year is \$1.6 trillion. If you look at it over a 10-year period, it is going to average to about \$850 billion worth of red ink each and every year over the next 10 years. We are not going to spend another dime on whatever you want to call it—Stimulus I, Stimulus II, Stimulus III. The first one hasn't worked. Yet our Speaker wanted to hold out for the passage of that and, really, figuratively, wanted to hold a gun to the heads of the doctors.

Well, we finally did pass it, as a stand-alone measure, to mitigate those cuts, but do you know what? Colleagues, you know what. Of course you do. We mitigate it until the end of November—barely 6 months. Then, all of a sudden, they are hit with it again. If we don't permanently fix this problem, then next year the cut will be 25 percent.

With ObamaCare, with the Patient Protection and Affordable Care Act, we had an opportunity, and the President promised the doctors at the convention of the American Medical Association in Chicago, his hometown, that tort reform would be in there, that payment reform would be in there—"in there," the bill, the Patient Protection and Affordable Care Act—but, oh, no, it was stripped out because it cost too much. Yet we gutted Medicare of \$500 billion, and \$130 billion of it was taken from the Medicare Advantage program.

Fully a fourth of our seniors on Medicare get their care from a Medicare Advantage plan. Why? Because screening procedures are offered and paid for. Annual physical examinations are offered

and paid for. Nurses call the patients to make sure that they are taking their medications—and the medications are paid for.

Yes, it costs a little bit more, and our majority party said, Well, you know, we shouldn't be paying more for those programs, but look how much more you're getting if you believe in wellness rather than in just treating episodes of illness?

That's why you came up with this program, for goodness sakes. That's why we passed Medicare part D, the prescription drug part. This was when you criticized us so severely back in 2003 and said, Oh, you're not paying for that. It's going to cost another \$450 billion on the Medicare program to provide these seniors with coverage for their prescriptions.

Well, Madam Speaker and my colleagues, you know that many of these seniors—I know. I'm one of them—are taking four, five or six medications a day to lower their cholesterol, to lower their blood pressure, or to get their blood sugar in line to make sure they don't end up on renal dialysis, to make sure they don't end up having their coronary arteries bypassed or stented.

□ 2010

In the long run, this cost of Medicare part D will be a savings because we won't be spending as much money paying cardiothoracic surgeons to crack people's chests; we won't be paying nursing homes for all these folks that couldn't take medication for the blood pressure that end up with massive strokes and, God bless them, they didn't die and they are in a nursing home for the rest of their lives, which may be another 20 years. So in the long run, that bill was a good bill, and we will save money because we will shift costs from Medicare part A and part B to part D, the prescription drug part. And isn't it a more compassionate way to treat a human being?

Madam Speaker, I'd like to suggest that we have a lot of good ideas that were ignored. But it ain't over. It ain't over.

I've got a couple of posters here I wanted to show my colleagues. I don't know how much more time I have. Maybe I will ask the Speaker how much longer we have.

The SPEAKER pro tempore (Ms. MARKEY of Colorado). The gentleman has 26 minutes remaining.

Mr. GINGREY of Georgia. Madam Speaker, thank you very much.

Well, I said, colleagues, that I'm representing the Republican minority tonight during what we call the Leadership Hour. Our Democratic colleagues will have the second hour. They may refute every word I've said, Madam Speaker. I hope not, but they could. But that's what we do up here. And it's important that we try to bring, as honestly as we can, from our own perspective our views so we can learn from each other. But, again, as representing the leadership and as cochair of the

Doctors Caucus, as you can see on this first slide, this just says: Yes, today, ObamaCare. Three months later.

I'd like for my colleagues to pay attention to the easel, if you would, because I want to go through a few important things—quotes and promises. What we were promised. And this is a quote, "Health care reform that will provide access to quality, affordable health care for all Americans is now law. The enacted reforms will help bring down costs for American families and small businesses. It will give all people the security of health insurance that can't be taken away." The majority leader, the distinguished gentleman from Maryland (STENY HOYER) said that on June 23, 2010. I believe that was Wednesday. That was yesterday that STENY HOYER made that quote, that statement.

Well, that's part of what we were promised. Here's what we got. My colleagues, again, I refer you to the easel: ObamaCare hurts small businesses. And these three bullet points. Small businesses were promised a tax credit to help with compliance with ObamaCare. On paper, the credit seems to be available to companies with fewer than 25 workers and average wages of \$50,000, but in practice, a complicated formula that combines the two numbers, that works against companies that have more than 10 workers and \$25,000 in average wages.

I will give you an example on this same slide, the last bullet point. An Illinois furniture supply store owner, Zach Hoffman, he ran the math. And his small business with 24 employees and \$35,000 average wages would get—listen carefully, colleagues, if you can't see it—zero help because he created too many jobs and he paid them too much. And he's got 24 employees and an average salary of \$35,000, and he's not going to get any help. So much for the promises.

More of what we got. More of what we got. ObamaCare hurts all employees. Increased costs. The majority of employers anticipate health care reform will increase health costs. Most say they plan to pass on increases to their employees—they have no choice—or reduce health benefits and programs. Some say that less benefits will be available for retirees.

Now, I want to elaborate on this a little bit. More than three in four employers—85 percent—believe health care reform will reduce the number of large organizations offering retiree medical benefits, and 43 percent of employers that currently offer retiree medical plans plan to reduce or eliminate them. Well, let me explain that to my colleagues.

Shortly after ObamaCare became law, a number of companies—IBM was among the companies; Caterpillar. I can name several others that would be recognized, I guess, by everybody in the Chamber as Fortune 500 companies—companies that employ a lot of people, companies who have a lot of retirees who were promised that they

would have a health care benefit, and if they retired at age 50, they could rely on that company providing them health care until they became eligible for Medicare, and then I guess it would become secondary to Medicare. But what a great benefit. But after all, when you work for a company—I guess a lot of people don't do that today, Madam Speaker. But if you spend 25 or 30 years, 5 days a week, 365 days a year being loyal to that company, you have earned it. It's not a gift. It's something that you have earned.

And when Medicare part D was passed, a lot of concern on the part of the Federal Government that these companies would just say, Well, okay, we'll just drop the coverage for our retirees and they can, when they get eligible agewise for Medicare, they'll just pick up their health care then.

Well, a tax break was given to these companies on that cost that they incurred in providing the health care benefit for their retirees, and indeed it did include prescription drugs for many of these companies. And all of a sudden with this new law, ObamaCare—ObamaCare, Patient Protection and Affordable Health Care Act—that tax break was taken away. I really didn't realize it. I'm on the Energy and Commerce Committee and very involved in all the markups and back-and-forth that went on for a year, but I wasn't aware of that provision. But in the aggregate, something like \$6 billion worth of tax advantage to incentivize these companies to continue to pay the health insurance for their retirees was taken away.

Well, they were required, the companies, as this was a cost to their bottom line, the SEC requirement was that they immediately let the SEC know, to make a filing to that effect. And what they did, they were literally threatened to be drug before the Energy and Commerce Committee with the threat of subpoena to come and prove they weren't lying.

Madam Speaker, my colleagues, and the American people, that is a pretty scary scenario, is it not? Is it not? It's unbelievable is what it is. But these companies submitted all the required documents that the committee demanded and then the committee realized that the companies were right and they were wrong. This indeed was an unintended consequence. And this bill is riddled with stories like that. It's been 3 months and we're finding something new like that almost every day.

Here's also what we got, as I refer you back to the easel. ObamaCare hurts all employers. Independent Mercer Survey on ObamaCare: 97 percent of employers responded that the legislative changes would cause premiums to rise. And indeed they have.

□ 2020

The survey also examined business' fears about the law's new employer mandate penalties. More than one in four employers, 26 percent, and nearly

two in five retailers, 39 percent, may not be in compliance with provisions requiring coverage of all employees working over 30 hours per week. And finally, of those, a majority, 59 percent, said they would consider changing their business practices so that fewer employees work 30 hours or more per week.

So what we're talking about, again, is that this bill, while it may get a few more people health insurance, it's going to cause so many more people to lose their jobs, to add to that 16 million. And, Madam Speaker, as I said earlier, these people, once they've been out of work a while, they want health insurance, but they also want a paycheck because they have to support their families. And they'll do everything they can to protect their health.

You know, they won't let them walk to school on a busy highway, and they'll make sure they're wearing their helmets when they get on their bicycles. But, you know, food is not free, clothes are not free, mortgage payments are not free.

So, again, this is why the American people said, you know, we're in a rut. We're in a ditch, and we think it's time for you to stop digging. You are making it worse. You are digging the hole deeper, borrowing all of this money and us being \$13 trillion in debt. You cannot spend your way out of debt. It's impossible. It can't be done. It's never been done. Let's get this country back on its feet and get people back to work, get that unemployment rate down to 6 percent again; and then we can do the things that we need to do.

Madam Speaker, I could talk about a number of Republican alternatives. WALLY HERGER, my good friend from California who is the ranking member of the Health Subcommittee on Ways and Means, just introduced a bill within the last couple of days that does all the things that we need to do. And I can assure you, Representative WALLY HERGER's bill is not 2,500 pages long. And that's a commonsense sort of thing.

I am going to mention one other thing to my colleagues, and then I'm going to wrap up this evening. I was so disappointed, and my physician colleagues were so disappointed, Madam Speaker, when the President did not follow through on his promise to do something about medical liability reform, so-called tort reform. We've tried to many times pass that in this Chamber under a Republican majority, but we couldn't get it through the Senate. I have given a lot of thought to that. And particularly when the CBO says that we could save \$54 billion over 10 years, I think it's probably closer to \$100 billion a year. I have seen many other studies that suggest that.

But I think that the bill that I am introducing right now—it's called MEDMAL Act of 2010. MEDMAL is an acronym. It stands for Meaningful End to Defensive Medicine and Aimless Lawsuits. Doctors all across this coun-

try are ordering all of these unnecessary tests. They're getting criticized for getting a CAT Scan on everybody that comes into an emergency room with a headache. But I'm telling you, they're doing it not to gin up their own revenues. They're doing it because they're scared to death that if that one in a million situation where the person has a brain tumor or an impending stroke is missed, they will be sued and not only lose all of their assets, they would lose their profession. We can't continue that way. And I would think Republicans and Democrats alike, if we could join hands can do something about that.

So I have introduced a bill, and, Madam Speaker, I think that it will really make a difference. And I will be talking about that a lot as we go through these remaining 6 months of the 111th Congress and trying to work my colleagues on both sides of the aisle to make sure it's something that's fair, that our trial attorneys who, for the most part, are great people and are very skilled in what they do, and they're representing their clients who have been injured maybe by some doctor or hospital practicing below the standard of care, they deserve their day in court. We don't take that away. That would not be right.

But we also try to end this frivolous jackpot justice that exists today. And I think this bill will do that. So while I don't have too much time to talk about it tonight, Madam Speaker, I certainly do plan on sharing it with my colleagues maybe as we come back next week.

Well, let me thank you for your attention tonight. I thank my leadership for giving me the opportunity. I probably needed another hour to really go over everything that I wanted to talk about. But I think it's important for us to know that the American people are not done with this. As I said, it's not over until the American people win because that's why we're up here. We're up here to win for the American people, not for the special interests, not for ourselves. We're public servants, and we're obligated to continue to work to try to do what's right for the American people. And I think we can and will do that.

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the 5-minute Special Order of the gentleman from Texas (Mr. GOHMERT) is vacated.

There was no objection.

TOPICS OF THE DAY

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