

GYN, pediatrician without needing a referral from another doctor. Now, that's a good thing. You can choose your own doctor. That's great. You can use the nearest emergency room without paying a penalty. That's good.

One time I was trying to pull some weeds from under my lawnmower, and I stupidly let my hand drift up under the lawnmower. Cut my finger. I had to go to the nearest emergency room. What if I would have went there and they said, You know what? You need to go somewhere else. I was in serious pain—although my injury wasn't nearly as serious as other people who have been shot, who are in cardiac arrest, who've been sent to other emergency rooms. Now you can go to the nearest emergency room without paying a penalty. That's a good thing.

□ 1940

So, Madam Speaker, I just want to say tonight that the real Republican agenda isn't about smaller government, lower taxes. It's about bigger government and lower taxes for rich people. That's what they're about. That's the Republican agenda. More debt and lower taxes for the well-to-do. And, again, in America we don't scorn our well-to-do, we just want them to pony up and help out like everybody else. The real Republican agenda is really they'll be happy to get rid of a job if it would help a corporate executive save a buck or earn a buck. It's about blowing up the deficit by adding \$700 billion to the deficit to give tax breaks to the richest 2 percent of Americans.

The real Republican agenda is about putting insurance companies back in charge of your health care, which the Democrats took them away from. It's about privatizing and cutting Social Security, and it's about repealing Wall Street reform. This is not good. We need to change.

The progressive message tonight is about Democrats are working together with the President to provide tax cuts for middle class Americans. And the progressive message is about health care, it's about financial reform, it's about protecting you and your money with the consumer protection agency. It's about a lot of important things to help the quality of life for Americans, Americans of all colors, all cultures, and all faiths, Americans who serve in our Nation's military, who serve us as public employees, Americans who are looking out for us every day to live a high quality of life, to send their kids to school and have a chance at education, to have a decent, respectable retirement, to have some health care, to be able to earn a decent living. That's what the progressive message is all about. That's what the Democratic caucus is all about.

And I think, Madam Speaker, that Americans need to look really, really hard and ask some very tough questions of our Republican colleagues because that's not what they're about.

ADJOURNMENT FROM FRIDAY, SEPTEMBER 24, 2010, TO TUESDAY, SEPTEMBER 28, 2010

Mr. ELLISON (during his Special Order). Madam Speaker, I ask unanimous consent that when the House adjourns on Friday, September 24, it adjourn to meet at 10:30 a.m. on Tuesday, September 28, 2010, for morning-hour debate.

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

There was no objection.

PRAISING THE NORTH CAROLINA SCIENCE FESTIVAL AND 40 DAYS FOR LIFE CAMPAIGN

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

Ms. FOXX. Madam Speaker, today I want to pay tribute to the USA Science and Engineering Festival and the North Carolina Science Festival. The goal of these nonprofit, private sector-driven festivals is simple: present science to America's youth in a way that is hands-on, interactive, and inspiring.

From the Carolina coast to the mountains, scores of events will take place in the coming weeks to celebrate science. Winston-Salem's SciWorks, one of America's leading science museums, will also host several Festival events. Nationwide, organizers expect as many as 1 million people to participate in the Festivals' activities, a remarkable achievement.

These events are opening the doors of science labs and bringing science into the hands of America's youth. As a mother, grandmother, and former educator, I am well aware that inspiring greatness and encouraging education in science among our Nation's children is an important effort. I applaud the USA Science and Engineering Festival and the North Carolina Science Festival for working to achieve these goals and ensure America continues to be the world leader in innovation and scientific discovery.

Madam Speaker, I had the privilege this past weekend to speak with a group of committed and inspiring pro-life activists in Winston-Salem, North Carolina. This group is spearheading the local 40 Days for Life campaign in Winston-Salem, which brings pro-life citizens together in a 40-day prayer vigil and community outreach effort to stand up for the lives of the unborn. This week marks the beginning of the fall 40-day vigil in Winston-Salem, the fifth such campaign the group has led in the area, and one of hundreds happening in cities across the Nation.

In the short time that this 40 Days for Life group has been standing up for the rights of unborn children, at least 14 babies' lives have been saved. In my ledger, that makes this pro-life effort an incredible success. By involving

more than 25 local churches and scores of pro-life participants, 40 Days for Life is making a broad impact for the pro-life cause in the community.

But this is only part of the story. Nationwide, the 40 Days for Life movement is growing stronger with each passing year. To date, 11,500 churches and 350,000 individuals have gotten involved in the hundreds of local campaigns, and the lives of 2,811 babies have been spared from abortion thanks to the courageous and selfless efforts of these pro-life groups.

Madam Speaker, this is a committed group of people who are dedicated to the rights of the unborn. I am proud to support those in North Carolina who participate in this important event and who would spend 40 days in fasting and prayer on behalf of those who cannot speak for themselves.

HEALTH CARE LAW 6-MONTH ANNIVERSARY

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

Mr. BURGESS. Madam Speaker, I come to the floor tonight to talk about health care on this, the 6-month anniversary of the signing of the Patient Protection and Affordable Care Act in the East Wing of the White House, March 23 of this year. It's interesting because since the passage and signing of that bill into law, support has actually decreased rather than increased.

This bill came to the House in the most unusual fashion. And in fact, our Speaker, Speaker PELOSI, was quoted as saying, "We have to pass this bill so that you can find out what's in it." Well, that sounds pretty odd, doesn't it? It turns out the last 6 months have been just that, pretty odd.

On August 31 of this year, Secretary Sebelius, Secretary of Health and Human Services, said, quoting, "Unfortunately, there is still a great deal of confusion about what the reform law is and what it isn't. We have a lot of reeducation to do."

I don't know if that means they will be setting up reeducation camps for some of us, but nevertheless you have to wonder about the implications of that statement.

Now, it's interesting, I sit on a small little subcommittee on the Committee on Energy and Commerce. The committee is called Oversight and Investigations. Part of our jurisdiction is the Department of Health and Human Services, the Center for Medicare and Medicaid Services. You would think that our little subcommittee would perhaps have had some curiosity to have a hearing or two to talk about the implementation of this bill, to ask about how things are going, what's the future look like. It's been 6 months, maybe we could sit down and have a little talk. But we haven't done so.

I have sent letters to the chairman asking him to call the Secretary in. I have sent letters directly to the Secretary. I even gave an assistant Secretary a letter one day at one of our hearings and asked to please deliver it to the Secretary. We need to have some interaction with the Department of Health and Human Services in our little committee because the bill is complicated. The bill is complex. The bill is going to intimately touch the lives of every man, woman, and child amongst us for the next three generations.

And yet complete silence from the side of the administration, complete silence from the Democratic leadership of my committee, indeed the Democratic leadership of this House as to where is our oversight function in regards to the implementation of this bill.

This bill came about in the worst of any possible way. I don't know if people recall last summer our committee did work on a House product, a bill, a health care bill. It wasn't very good. I voted against it in committee. I voted against it again here on the floor in November when the Speaker of the House brought it up. But, nevertheless, we did at least go through some semblance of regular order here on the House side. Three committees of jurisdiction marked up the bill.

□ 1950

Amendments were to some degree allowed. The bill came then from the Speaker's office having doubled in size and came to the House floor, was debated all day one Saturday and then at the end of that Saturday evening passed by only one or two votes. But it's interesting. That was the end of the story for that health care bill, all 2,200 pages of it. It died that night shortly after it was passed.

What happened next between Thanksgiving and Christmas. The story shifted over to the Senate. The Senate took up a bill, H.R. 3590. This was a bill that had previously been passed by the House of Representatives in the summer of 2009. It was not a health care bill at the time. It was a housing bill. For the record, I voted against it; but it did pass the House and was sent over to the Senate to await action on a housing issue. This bill was picked up by the majority leader in the other body, dusted off and then said, "This will be our health care bill."

Now think for a minute. Why in the world would the other body decide to rework a housing bill that had been passed by the House and turn it into a health care bill? Well, I may have maintained from the beginning that this bill that the President signed, this law that the President signed in March of this year, was not anything to do with health care. This was a tax bill. And the majority leader in the other body recognizes full well that tax bills must originate in the House of Rep-

resentatives, so he took a House bill. It didn't have anything to do with health care. It didn't have anything to do with health care taxes. It had to do with housing.

So the bill was amended, stripping out the existing language and then beginning to add in the health care language that they so dearly sought. But part of this process between Thanksgiving and Christmas was the cumbersome process of getting to 60 votes to cut off debate. Now it shouldn't really be too much of a challenge because the ratio in the other body at that time was 60 Democrats to 40 Republicans. Well, technically 58 Democrats and two independents who vote with the Democrats, so they had a pretty solid lock on that 60-vote majority to pretty much do whatever they want. But, still, it was tough. And the leader in the other body had some difficulty in getting his Members to sign on and agree to vote "yes" on this now health care bill, and we all remember the stories and they were uncomfortable. They were uncomfortable for me to listen to these stories as they came up.

You remember at Christmastime we heard about the Cornhusker Kickback; you remember the Louisiana Purchase; you remember Gator Aid down in Florida. And these were all payoffs, if you will, to certain Members of the other body to get them to agree to vote in favor of the health care bill. And when they got to 60 votes, they brought the bill up and they passed it in the Senate. This was accomplished on Christmas Eve and it was done in a great hurry to get the Senators out of town because a very large snowstorm was bearing down on Washington, D.C. and they all wanted to get home for the holidays and not be trapped here in the city over Christmas and New Year's. And they accomplished that goal. Now it was a bad process and it was hard to watch and in many respects it was very ugly in the process and many people across the country watched that and said, This is not what we elected our legislative branch to do. This is not the kind of work product we want to see them engaged in.

And as a consequence in those days after the start of the new year, people, the backlash, the pushback against what had happened in the Senate was beginning to be felt across the country, and it was felt in some unusual ways. It was felt in a special election in a small little State up in the Northeast, Massachusetts, where they were replacing Senator Kennedy; and, as a consequence, a Republican won a seat that had not been in Republican hands since anyone could remember. This so severe was the angst and anger of the American people when they saw what had happened in the Senate to the process.

So now the Democrats in the other body have a real problem. Now they only have 59 votes. How in the world are they going to get to 60 votes? They decide they just simply cannot do it and the House will have to pick up and

pass the Senate bill, and since it originated in the House of Representatives and the House had already passed it, albeit it was a housing bill, not a health care bill but the House had already passed this legislation, it's a tax bill that originated in the House, went over to the Senate, it's being sent back to the House with the question, will the House now agree to the Senate amendments in H.R. 3590?

I didn't think there was any way. In fact the Speaker of this House said she didn't have a hundred votes for the Senate bill when it came back over. I thought she was right. I took her at her word. But then over the next 2 months they found a way to pass that bill. And late on a Sunday night, the third week in March, by one or two votes this bill was passed and immediately went down to the White House for a signature and a signing ceremony and thus you have the health care bill, the health care law, the worst of all possible worlds.

And is it any wonder with the way this legislation was drafted over in the other body that it is full of drafting errors. There are omissions of things, like a severability clause. At least in the House-passed bill as bad as it was—and again I voted against it—but in the House-passed bill we recognized that some of the things we were doing in that bill, some of the things that Congress was doing in that bill really skirted pretty close to being unconstitutional and if the Supreme Court actually found that to be the case and struck down a provision of the bill because we had a severability clause, only that section would be struck down by the Supreme Court ruling and the rest would be allowed to stand. The Senate bill lacks a severability clause. We hear a lot of stories about what are happening with 20 or 21 attorneys general across the country pressing a lawsuit because of the question of the constitutionality under the commerce clause of the individual mandate. Well, what if this were struck down by the Supreme Court? It is possible that the entire bill would fall because it lacked a severability clause. Simply an oversight, simply a drafting oversight, but at the same time a fairly significant one.

There was another oversight where physician-owned hospitals across the country that were under construction could not expand. They were allowed to continue construction but they could not expand beyond the number of beds that they had in operation as of the bill's signing. I had a hospital in my district that fell into this category, it's under construction, it's being built, the day of the bill signing it's not quite finished so zero beds are occupied. That hospital under a strict interpretation of the rules would not be allowed to expand the number of beds beyond zero. Well, that clearly was not the intent of the people who drafted the bill, but that's the way that the legislative language could be interpreted, and it took

several months working with CMS to try to get clarification. I'm not sure that we have the final report on that even to this day, but the hospital has been allowed to open and it has been allowed to open at least the initial 100 beds. But this is in a very vibrant and growing community in north Texas, and do you think the population in that area is going to increase, such that a 100-bed hospital will be sufficient from now and forevermore, or will perhaps someday they have to add some additional beds to that hospital? It's surely a possibility. And under the way the bill is drafted and drawn, the expansion of those hospital beds will not be permitted. But at least we were able to get clarification on the rule to allow that hospital to open.

Many people as the whole health care debate was going forward were insistent that Members of Congress take whatever health insurance we were forcing upon the rest of the country. Certainly a valid and legitimate request that the American people made of their Congress. So final passage of the Senate bill as it came over here did include the fact that all Members of Congress and their personal staff would be covered under the exchanges. They would have to purchase their insurance in the exchanges after they are set up in the year 2014. It is a little unclear what happens between now and 2014 since those exchanges do not exist, but nevertheless the language was written so that Members of Congress have to purchase their insurance in the exchanges. Staff has to purchase their insurance in the exchanges.

Oh, except for a couple of exceptions. We excepted leadership staff, so the staff of the Speaker of the House is not bound by this requirement. The staff of the committee that drafted the bill over in the Senate, not bound by this commitment. Staff in the White House, not bound by this commitment. Political appointees at the Federal agencies, not bound by this commitment. It seems like this must have been an oversight. Well, I'm not so cynical as to believe this would have been done on purpose. Surely this was just an oversight and surely that's one of those things that should be corrected.

□ 2000

Well, here we are 6 months later, the half-year anniversary of ObamaCare, if you will. The bill was signed, and what do you know? What Americans were promised didn't happen. And it's important that people understand what has happened and what didn't happen.

We were told by the President early in his administration that if you like what you have, you can keep it. How many times did you hear that repeated? But the reality is nothing could be further from the truth. And we actually got a glimpse of this almost on the day the bill was signed.

There were several companies that restated or had to restate their earnings because of some of the immediate

effects of this bill as it was signed. Now, that was a point of some contention. Now, let me just quote a couple of paragraphs from a CNN story that was up on the Internet. The story is from CNN Money. The title of the story is "Documents Reveal AT&T, Verizon, Others Thought About Dropping Employer-Sponsored Benefits." Digging into the story, "In the days after President Obama signed the bill on March 24, a number of companies announced big write-downs due to some fiscal changes it had ushered in."

"The announcements greatly annoyed Representative HENRY WAXMAN, who accused the companies of using the big numbers to exaggerate health care reform's burden on employers. Mr. WAXMAN, chairman of the House Energy and Commerce Committee, demanded that they turn over their confidential memos, and summoned their top executives in for hearings."

"But Chairman WAXMAN didn't simply request documents related to the write-down issue. He wanted every document the companies created that discussed what the bill would do to their expenses and to their health care costs."

The result was 1,100 pages of documents from four major companies and the realization by the chairman's staff that the write-downs were—I am quoting here—"proper and in accordance with SEC rules." The committee also stated that the memos took a generally sunny view of the new legislation. The documents "... show that 'the overall impact of the health care reform on large employers could be beneficial.'"

But nowhere—I am continuing to quote from the CNN Money article here. "Nowhere in the 5-page report did the majority staff mention that not one, but all four companies, were weighing the costs and benefits of dropping their coverage."

I am continuing to quote from the CNN Money article from March of this year. "Indeed, companies are far more likely to cease providing coverage if they predict the bill will lift rather than flatten the cost curve." One company said, "We do expect double-digit health care increases as most Americans will now have insurance and providers try to absorb the 15 percent uninsured into a practice."

Well, we can begin to see, internally at least, in some of these organizations that they were having some serious discussions. From the final paragraphs of the article, "if 50 percent of people covered by company plans get dumped, the Federal health care costs will rise by \$160 billion dollars a year"—a year; not a 10-year window, but a year—in 2016, in addition to the \$93 billion in yearly subsidies already forecast by the Congressional Budget Office.

Finally, I'm continuing to quote, "Of course, as we've seen throughout the health care reform process, it's impossible to know for certain what the unintended consequences of these actions will be."

So here we see a fairly significant disruption on what many Americans, probably 60 to 68 percent, rely upon for their health insurance, and that is employer-sponsored insurance. Could it go away as a result of this bill? It doesn't have to. But to answer the question honestly "could it go away?" the answer is companies will look at that from a cost benefit analysis. And when you consider for one of those companies the \$1.8 billion a year that they would save by letting their employees buy insurance from the government exchanges and simply paying the fine, certainly those companies may have to make a choice that is uncomfortable for them. But certainly if you like what you have, it's going to be difficult to keep it.

Now, some additional things have come up since the signing of the bill into law in regards to what is called grandfathering. And it turns out, if a copayment increases by more than just a small amount or a deductible increases by more than just a small amount, the grandfathering clause will not be allowed, and those companies will not be allowed to keep their insurance. Once again, "if you like what you have, you can keep it" may become extremely problematic.

What about patients on Medicare? Over the next year, nearly 1.5 million seniors on Medicare Advantage could lose their benefits, if not lose their plan altogether, because of changes that came about as a result of passing this legislation. President Obama said, "If you like your doctor, you can keep your doctor." But what does that really mean? A Houston Chronicle article, May 17, 2010, says, "Texas Doctors Are Opting Out of Medicare at Alarming Rate."

"This new data shows that the Medicare system is beginning to implode," said Dr. Susan Bailey, president of the Texas Medical Association. "If Congress doesn't fix Medicare soon, there'll be more and more doctors dropping out and Congress' promise to provide medical care to seniors will be broken."

Just for a moment let me display an ad that was run in some of the local papers up here on Capitol Hill. This was an ad produced by the AMA that does a good job of showing how expensive it becomes to fix the reductions in reimbursement to physicians under the Medicare system. Cost to fix today, \$210 billion; in 3 years, it will cost \$396 billion; in 5 years, \$513 billion. These are indeed staggering sums.

There was an opportunity to fix this when the health care bill was done. We'll talk about that more in just a moment. But this is an important point that people need to bear in mind. There's a lot of anxiety right now. People are calling their doctor's offices and finding that if they are a new Medicare patient, their doctor may not be able to see them because the doctor simply cannot afford to allow any more Medicare patients into their practice,

and that is indeed a very uncomfortable position to place upon both patients and doctors.

One of the most startling things we heard about this legislation as it went through and this new law after it was signed that health care reform will create 4 million jobs, 400,000 jobs almost immediately, well, this really was one of the most hollow promises made during the run-up to the passage of this legislation. Health care law has not created a single job, much less 400,000; and, in fact, the growing costs on businesses associated with the law may cause many businesses to lay off workers.

Now, we talked just a little bit about large businesses, multi-State corporations that provide employer-sponsored insurance. What about the smaller business? What about franchise businesses in your community that may have several locations and employ 100, 150, 200 people? I am hearing from those individuals literally every day. They do not know what to do. They do not know where to turn. They provide jobs that might be thought of as entry-level jobs. Yes, they pay the minimum wage. Yes, their benefits are not generous and some of them do not have benefits. So, great. These workers now will have the ability to buy insurance in the exchange. But if a worker purchases insurance in the exchange, whether the employer provided the option for insurance or not, that employer is now fined \$2,000. Extrapolate that to a 100-person workforce and a 150-person workforce, and it's not long before you have eliminated any possibility of profitability for those businesses.

So I have people in my office all the time talking to me, asking me about this, talking to me about the problems that they are seeing on the horizon, the immediate horizon. And over and over again, I hear the same thing: I will tell you what I'm not doing right now; I'm not expanding. Any position that comes open, I'm thinking long and hard before I fill it. In fact, I think I will reduce my workforce significantly.

No H.R. director in the country right now wants to be responsible for hiring that 51st employee in a business because that triggers a whole host of new requirements as brought about by the law.

From the White House, the health care czar, Nancy-Ann DeParle, said the law will make health care more affordable for Americans. Is that a fact? What's really happening? This law is causing health care insurance prices to increase. The Wall Street Journal reported the reform is causing rates to increase up to 20 percent, 20 percent for some buyers. In Connecticut, rates are increasing at 18 percent for small businesses and 14 percent for the self-employed. Early retirees and others who buy their own coverage also see that same 14, 14½ percent increase, who are buying their own coverage as of the beginning next month, October 1, 2010.

Further, Secretary Sebelius of the Department of Health and Human

Services actually sent out a letter detailing the fact that insurance companies were misleading people and that they were to remain silent on these issues of increased prices.

Now, I don't know about you, but that is disturbing. We've had the Secretary talk about reeducation, and then we've had the Secretary talk about you are not allowed to exercise your free speech rights when it comes to talking about the cause for price increases in your insurance product.

□ 2010

The fact is nobody knows right now; and again, I would stress, we have not had oversight hearings. Our chairman has not called oversight hearings in our committee. I am troubled by the increases I hear people talking about in their insurance. When I talk to groups of doctors back home, it is no longer discussion about how am I going to be able to do the medical treatment of my patient. Most of the questions I get even from doctor groups now are: How am I going to keep up with the new taxes? How am I going to provide health insurance for my employees because of all of these new regulations, and because of the fact that the cost is going up so fast that no company can even give me a quote on what my insurance costs will be next year?

Now, if insurance companies are simply pricing in what they see as a premium because they are worried about the effect of this bill in the future, maybe we should talk about that in committee. Maybe we should have some actual information about that. If insurance companies are indeed increasing prices because they are having to price in some of these new benefits that were mandated and come into effect essentially today at the 6 month anniversary of the signing of this bill, maybe we should have that discussion. The fact is, we don't know. No one knows. Insurance costs are going up. There is some suspicion that they may be inappropriate rises, but there is some suspicion that these may be elevations in costs that are occurring because of the unintended consequences of the new mandates that are put upon insurance companies.

Surely this is important enough for us to ask these questions on behalf of our constituents and our families back home. And surely this is important enough that the Secretary can spare a few moments from her photo-op tour on the 6-month signing of this bill to come into our committee and discuss this with us.

We had numerous hearings on how insurance companies were overcharging for their product leading up to the run-up of the passage of this bill. Maybe we ought to have a few of those companies in and say, well, Congress passed a bill that was going to hold the costs down and now the costs are going up, and we want to know why. It is a fairly simple question to ask, and I don't understand why we have yet to ask it.

What about this one: When the President ran, when the President talked about health care, all during last summer he said: These negotiations will be open. They will be transparent. I will have everyone around a big table, and we will have it on C-SPAN. You will be able to watch it until you are sick of watching it.

What about the promise of being the most transparent administration ever? The President said negotiations would not be performed behind closed doors, but on camera in front of the American people on C-SPAN for all to see. And what really happened? This law was written behind closed doors by committee staff. Those very same committee staff who, by the way, are exempt from the changes that were brought about in this bill.

On May 9, 2009, there was a big, secret meeting in the White House, a big meeting. Who was there? Well, the AMA was there. American Health Insurance Plans, AHIP, was there. PhRMA, the big Pharmaceutical and Research Manufacturers Association was there. The Service Employees International Union was there. Why they were there I don't know, but they were represented. AdvaMed, the medical device manufacturer, was there. The American Hospital Association was there. The President emerged from that meeting that morning, that bright May morning, and said, All of the stakeholders have come in and around the table we have all agreed to savings of \$2 trillion in our health care system. Wow, \$2 trillion, that is pretty significant.

It did raise some questions in my mind, but I am okay with that if they can extract those kinds of savings from those various interest groups. That is great. Let's see the data. No luck on that. I wrote to the White House repeatedly. I wrote during the summer, and I wrote during the fall. I asked for the information. I got nothing.

In December of 2009, I filed what is called a resolution of inquiry in the House of Representatives asking the White House to produce documents, emails, written notes of meetings. A resolution of inquiry has to be heard within 15 legislative days in the committee otherwise it proceeds directly to the floor as a privileged resolution. Obviously, the chairman does not want that to happen, so my bill was brought up, interestingly enough, on the same day as the President delivered the State of the Union message this year, so that day late in January. The resolution of inquiry was brought up, and I was informed that my resolution was overly broad, and I really could not have those things.

Just for a moment indulge me. I want to go back to that CNN Money article from last spring. I want to remind this body of Chairman WAXMAN's words when he thought the private companies were simply raising their prices because they didn't like the President's health care bill. Again, quoting from

the article, Chairman WAXMAN, chairman of the House Energy and Commerce Committee, demanded that they turn over their confidential memos and summon their top executives. But Chairman WAXMAN didn't simply request documents related to the write-down issue; he wanted every document the companies created that discussed what the bill would do to their most uncontrollable expense, health care costs.

Well, our request was not even as broad as Chairman WAXMAN's request was to legitimate American businesses. Yes, we asked for emails, communications, memos, minutes of the meetings. We got nothing. At the end of the day, Chairman WAXMAN, to his credit, did say of the 11 things I requested, I should receive some information on 6 of those 11. And Chairman WAXMAN and Ranking Member BARTON did write a letter to the White House asking for the same. We got a couple of press releases and we got some reprints of White House Web sites, but really no significant documents. And I was told that there really wasn't anything written down. There really weren't notes made of these meetings.

Well, wait a minute. You have six major stakeholders of cost drivers in health care down at the White House, you come out and announce \$2 trillion in savings, and nobody wrote anything down? Two trillion dollars in savings, and no one scratched that number in the margin of a big yellow legal pad and made a note of it? No one emailed a colleague and said, We just saved \$2 trillion, yea for us! I am asked to believe nothing was written down at these meetings and that all of the documents that I have received are all that I can expect to receive.

Well, okay, then we passed the bill, and remember, we were told that it would save \$142 billion over 10 years. President Obama himself came to the floor of this House and said he had a plan that would result in a net savings to the American people. And what really happened? We passed the bill. The House passed the bill. Again, I must stress that I voted against it, but the House passed the bill in March. And a month later we get an amended report from the chief actuary's office at the Center for Medicare and Medicaid Services which said, Oh, by the way, the cost of this bill is \$318 billion more than what you were told it was going to be.

Well, that concerned me. Getting this actuarial report from the Center for Medicare and Medicaid Services raised a question in my mind: Did the Department of Health and Human Services know their report would reveal higher costs? Was this information that was in fact available when the House voted on this bill? Or were we so misled, was this House so misled by its leadership, that it voted on a bill knowing full well that we did not have adequate cost data in order to make this type of determination.

□ 2020

Remember, we are talking about restructuring almost one-fifth of the American economy in this legislation. Is it possible that the leadership of this House—the Speaker and the majority leader—would have brought to the floor, in front of Members of their side and our side, a bill for consideration when they didn't even know the cost this was going to place on the American people?

So I asked for information. I asked for information from the Secretary of Health and Human Services. I asked for information from the chief actuary. I did not get a response. So, in July of this year, I filed another resolution of inquiry, this time dealing with the actuarial report from the Centers for Medicare and Medicaid Services. After filing the resolution of inquiry, I finally got a response. On August 3, Secretary Sebelius wrote to me.

It reads: "Thank you for your letter regarding recent reports by the Centers for Medicare and Medicaid Services' chief actuary. For your review, I have enclosed an August 2 memorandum from CMS Chief Actuary Richard Foster to CMS Administrator Donald Berwick about the timing and process for the Office of the Actuary's preparation of financial coverage and national health expenditure estimates for the Affordable Care Act. I wanted to send it to you immediately as it addresses many of the questions and concerns raised in your letter."

Well, again, I did not get this response until after I had filed the resolution of inquiry. Dr. Foster's memorandum, indeed, says that he received the reconciliation bill for the health reform legislation when it was publicly issued on March 18, which was 3 days before the House vote took place on March 21. Because of the complexity of the legislation, it was not possible to estimate the bill's financial and other impacts before the House or the Senate voted. We began to work on the estimates right away, but were not able to finalize them until the afternoon of April 22.

Well, obviously, it would have been helpful to have received this information when I had first requested it. It would have been helpful to have received this information before filing the resolution of inquiry, but it doesn't answer the broader question. Okay. I accept the chief actuary's version of the events. He has got no reason to tell me anything other than what is factual and truthful; but if what he says is factual and truthful, the legislation was publicly issued on March 18. Three days later, the House took a vote on March 21, and he didn't know what the cost was until April 18.

Did the Speaker of the House know that it was going to be another month before she would actually have the cost data? Is it okay for this body to vote on a piece of legislation that, again, is one-fifth of the American economy and that is going to affect every man,

woman and child amongst us for the next three generations? Is it okay to do that with a price tag that is simply a question mark? It's unknown. It's coming next month. What's the rush? Why don't we have that information before we vote?

I still have not received the information that I've requested. Again, the documentation, the emails, the meeting notes, they do raise questions because it was so hard to get this information. I'm not a suspicious person by nature; but when no information is forthcoming, it raises questions in my mind.

Is there something here that someone is trying to hide? What did they know, and when did they know it? You know the scenarios. You've heard them before. Why was it so difficult to get this information from Secretary Sebelius and the Department of Health and Human Services? Why did it take an act of Congress—literally, an act of Congress—to get a simple response to a fairly straightforward request?

Then most disturbing and most importantly, why would the House leadership, why would the Democratic leadership of this House, bring before this body late on a Sunday night a bill, again, that is going to affect every man, woman and child amongst us for the next three generations, without knowing what the cost of that legislation would be? It's shocking when you stop and think about it.

Again, I reference Chairman WAXMAN. He asked for every jot and tittle of information from legitimate private companies in this country that were doing their required SEC filings. He wanted to know everything about how they came to their decisions, and I can't have the simplest of documents from the Department of Health and Human Services and from the Centers for Medicare and Medicaid Services? What is wrong with my having that information?

Now, the resolution of inquiry came up for a vote today in my committee. It was reported without recommendation on, basically, a party-line vote. There were a couple of Democrats who voted with me on that. Reporting a resolution of inquiry out without recommendation means that it's essentially killed. That's the end of it. It's not coming to the floor for a privileged resolution. There is no action that must be taken by the Department of Health and Human Services or by the Centers for Medicare and Medicaid Services.

At some point in the future, I hope the committee will have the wherewithal to ask the Secretary and to ask the actuary, Donald Berwick, in to talk about the troubling time around the passage of this bill when this House voted on altering one-fifth of the economy of this country with incomplete data, with insufficient data, to actually make a determination.

Again, remember, one of the selling points of the Patient Protection and

Affordable Care Act that was brought to us time and again was: we save money; over the next 10 years, we're going to save \$142 billion. False. Wrong. Not true. In fact, over the next 10 years, not only is there not a savings, but there is a net deficit; there is a net addition to the deficit of \$318 billion.

Would anybody have voted differently? I don't know the answer to that. I was a "no" when it started. I was a "no" when it ended. If it had cost another \$318 billion, I would have been a "no" because there wasn't a stronger negative vote for me to cast.

How about someone who was wavering—someone who voted "yes" and who thought, I'm really not sure if I should vote "yes," but everyone tells me it's going to save money, and I want to save money, so I'll vote "yes"? Would that person have voted differently? I don't know. I don't know, Mr. Speaker.

It would be interesting, as people go home during the month of October to petition their constituents for reelection, if perhaps that question might be asked: Would you have voted the way that you did if you knew that this bill, in fact, cost an additional \$318 billion?

This health reform legislation remains secretive, hidden, behind closed doors. It is probably one of the most secretive things that this Congress has ever done in its history.

We were told that this reform would make it easier for small businesses to provide health insurance for their workers. One thing I heard over and over again all summer long from small businesses across my district is that complying with the new 1099 provision will be time-consuming and costly. It's expected to cost an additional \$74 an hour to complete. And if not done correctly, guess what? That's a monetary fine. Due to the strict compliance, only a small fraction of businesses will be able to apply for any tax credits that are contained within the bill. Yes, there is an expiration date on those tax credits.

The 1099s have been particularly onerous. In fact, there have been bills introduced by both sides. Both sides have said maybe we ought to do away with the 1099. Republicans had a motion to recommit that contained a repeal of the 1099. Some Democrats have offered similar legislation. I say that's fine. I'd like to see the entire bill repealed, but you know what? If it has to be piece by piece, that would be a good piece to start with, wouldn't it? Let's repeal that. Let's stop putting that additional burden on our small businesses.

Today is the sixth-month anniversary. There are some new changes that are coming about as a result of the health care law. Today, young adults can remain on family health plans until they turn 26. No one disputes that that's a good thing. In fact, that was taken from a piece of Republican legislation, from a bill that was offered by the gentleman from Missouri, from a Republican Member of Congress, to

allow youngsters to stay on their parents' plans until—I think his level was age 25. We could have argued. We could have debated about: Is 25 or 26 the right number there?

The fact of the matter is that could have happened a year and a half ago. It is happening today. Arguably, it's a good thing, but at the same time, was it necessary to turn the entire health care system in this country on its head in order to accomplish that goal?

Immunizations for kids: it's not the first time that has been brought up, and it's not the last time. Arguably, it's a good position, but let's face it: we could have done that without disrupting the whole health care system in this country. We probably could have done that without it costing \$1 trillion. Why didn't we do that a year ago? Why didn't we do that a year and a half ago?

□ 2030

Some other things, preventive care, cholesterol screenings. But I would stress, as great as these benefits are and as important as it is for kids to have coverage until age 26, nothing happens in a vacuum. This doesn't happen for free somewhere. Someone somewhere is going to have to pay for it. Will that pay-for be some of the dollars that we saw in the higher premiums that insurance companies are charging now? Again, we don't know. It would be a great question to ask; bring your books in, let's talk about this. You raised your rates; was part of it because you have to cover kids up until age 26?

Some companies that I've talked to have explained to me that that is an additional cost that they are now taking on. Some others have told me that perhaps we will just stop covering children altogether so we don't get faced with that. But nevertheless, we ought to have those oversight hearings. We ought to have people who deal with this every day in to talk to us about how this is going. Maybe there are some ways we can improve it. Maybe there are some ways we can keep it from costing so much. We don't know because we don't ask.

All of the things that kick in today that are arguably good things, any one of those could have been done without disrupting the entire health care system and without costing \$1 trillion. Many were ideas that were introduced by Republicans over the last several years. Existing legislation was out there, could have been picked up and passed at any time, but the fact of the matter is it was not. The bottom line is the bill does disrupt the health care system for everyone in this country, and it does cost, as we know now, well north of \$1 trillion. That is going to be problematic for some time to come.

One of the other things about the implementation of this law is the deadlines that were missed, and it is important to pay attention to those dead-

lines. These were bits and pieces of legislative language that were included in the bill, presumably for a reason, presumably for a good reason, and for whatever reason the Department of Health and Human Services has decided that they don't matter, so we're not going to do them right now.

Required by April 22, shortly after the bill was signed: requiring the Department of Health and Human Services to publish a list of its new authorities, an action described as complying with an important transparency-in-government provision. Well, what actually happened on that date was the Department of Health and Human Services just simply reproduced the table of contents from the bill; hardly, hardly complying with the spirit or the intent of that language in the bill.

The law required, by May 7, 2010, proposing methodology and criteria for designating what qualifies as "medically underserved populations" and "health profession shortage areas." Again, maybe the determination was made by Health and Human Services that this was not important. Someone thought it was important enough to include it in the bill. We should at least be given an explanation as to why that deadline was allowed to expire without action.

Required by May 7, 2010: establishing a government task force to develop a strategy to improve government health care programs in Alaska. Again, this was important to someone and included in the bill for some reason. Perhaps we are owed an explanation as to why that deadline has lapsed and when we might expect to see compliance with that.

Here is an ironic one. Required by May 22, 2010, to comply with what's called the Early Act: establishing an advisory committee to assist in creating and conducting an advertising campaign to educate young women about breast cancer and breast health, including early detection. Again, this language was important to a Member of this body, important enough to have it added to the bill. I believe this language was, in fact, important to a Democratic Member of this body. Why was it not thought important enough to meet that deadline? And if the Secretary is going to have difficulty meeting that deadline, perhaps she owed an explanation to Congress about why that deadline was allowed to lapse and when we might be expecting to see compliance with that deadline.

Required by June 1, 2010: that the National Association of Insurance Commissioners was supposed to provide technical guidance to the Secretary to what is known as the Medical Loss Ratio, the MLR. That didn't happen. The deadline was much too tight.

Now, this was interesting because lots of places in the bill it says "the Secretary shall," which means there's going to be rulemaking over at the Department of Health and Human Services and a new rule is going to be introduced by the Department of Health and

Human Services. But this one, the rule-making was kind of outsourced, if you will, to the National Association of Insurance Commissioners, certainly a fine group who have a lot of expertise and a lot of knowledge in this area. It turned out that they said they were unable to comply with this deadline and, as a consequence, were given an extension on that until the end of July. I don't think we're quite there yet, though we are getting close. And the Secretary is reviewing the documents that were provided to her by the National Association of Insurance Commissioners, but if she is having difficulty deciding on the validity of the documents that they provided her, whether or not what has been recommended is the correct course, perhaps we could have a hearing in committee and have that evidence presented, have those documents presented to the committee so we might understand something about it.

I do want to just briefly mention that there will be, Madam Speaker, a hearing—not in the hearing room. This will be a forum on the Medical Loss Ratio conducted by the Congressional Health Care Caucus, healthcaucus.org. This will be Tuesday of next week at 1 p.m. eastern time. At healthcaucus.org, you will have the ability to watch a Webcast or a simulcast of this forum. And the forum will be preserved in the archive section of the Web site, so people who are interested in learning about the Medical Loss Ratio, here will be an opportunity to do so. Unfortunately, we're not going to have that in our committee, but I thought this was important enough to bring to people's attention, and so we will be having that discussion next Tuesday on the Health Caucus Web site.

There certainly was some imprecision about how this bill was crafted, some imprecision coming out of the Department of Health and Human Services. According to The New York Times, the new high-risk pool program is so underfunded that it will cover fewer than 10 percent of those who are denied health insurance because of preexisting medical conditions. Remember, that was just one of the selling points of this legislation. The President stood right here in the well of this House in September of last year and said never again will you be denied insurance because of a preexisting condition. It turns out that's not exactly true. This law provided \$5 billion to help people with coverage for preexisting conditions. It turns out, when the money is spent, the money is spent, and until the exchanges are set up in 2014, no additional help will be forthcoming. A good idea, an idea that was actually talked about by Senator JOHN McCAIN during his Presidential campaign in 2008. The fact of the matter is the Congressional Budget Office estimated that it would cost \$20 billion to do that.

Former Member Nathan Deal and I introduced legislation to cover just

this situation, H.R. 4019 and H.R. 4020, that would provide for preexisting coverage. Those bills are still available. They could have been passed instead of turning the entire health care system on its head, instead of spending north of \$1 trillion. For \$25 billion—because we added an additional \$5 billion because we weren't sure that \$20 billion would cover the number of people who needed to be covered. For \$25 billion, we could have had one of the main features that has been promoted as to why this health care bill, why this health care law was necessary.

Deadline after deadline has been missed, but in spite of that, the administration has found time and the resources to send brochures to seniors on Medicare highlighting the benefits that they will receive and, in fact, even hiring a spokesperson in the form of Sheriff Andy Griffith to talk about the new health care bill, the new health care law.

Just going back for a moment to the chart that was produced by the American Medical Association about what's called the sustainable growth rate formula, the health care reform debate and time was the perfect opportunity to address this. Let's be honest; there were significant cuts in Medicare to pay for these new entitlements. The American Medical Association was supportive of this legislation as it came through. I would just simply offer the observation, since this sustainable growth rate formula is so onerous and preventing patients from having access to doctors, wouldn't it have been nice to at least have a down payment on solving this problem with the sustainable growth rate formula when this bill was discussed, when this bill was passed?

□ 2040

December 1 of this year physicians across the country face a 23 percent reduction in Medicare reimbursement. An additional 6.1 percent has been proposed by the Centers for Medicare and Medicaid Services. Doctors face an almost 30 percent reduction in Medicare reimbursements starting January 1 of next year.

It's even worse than it sounds. Many private insurance companies in this country peg their reimbursement rates to Medicare. So if Medicare is reducing 30 percent, guess what happens to some of the private insurance companies? They reduce 30 percent their reimbursement rates also. This is an extremely onerous burden that we've placed on our country's physicians, physicians that we've asked to take care of some of our most sickest and most vulnerable patients, those with multiple medical conditions, those covered under Medicare.

Medical liability reform. We had the opportunity to do it. We didn't do it. It needs to happen. We're asking doctors to be our partners in this brave new world of health care. The least we could have done was provided them a

little bit of respite from some of the burdens they face with medical liability and oh, by the way, we might be able to reduce the cost of defensive medicine, which is one of the cost drivers that's driving up the cost of health care.

From an oversight perspective I've called for hearings to examine the implementation of this massive bill. My subcommittee has the jurisdiction to call in the secretary of HHS, the administrator at the Centers for Medicare and Medicaid Services. Chairman WAXMAN has refused to do so. I don't know what will happen next year. Perhaps we will have an opportunity to actually question some of those individuals.

In fact, the stimulus bill that this body passed in February of 2009 contains some money for helping physicians in hospitals purchase information technology that everyone recognizes as important for going forward in implementing any type of health care change in this country. But the reality is that the rule that was produced in January of this year regarding meaningful use was so difficult that most hospitals and most doctors will not be able to live with that.

We tried to alter that. We tried to get CMS to understand some of the difficulties that people would have in the real world dealing with this. Some relief has been achieved, but we're still a long way from an actual solution there.

This law, this bill, when it was passed on the floor of this House late on a Sunday night in March of this year, 55 percent of the public opposed this bill. Fifty-five percent of the public supported repealing the bill on March 25, 2 days after its enactment. Six months later, what has happened to that figure? It has increased. Over 60 percent of the American people believe that this bill ought to be repealed.

The Department of Health and Human Services has spent millions on television commercials featuring people like Andy Griffith and brochures sent to Medicare beneficiaries.

The audacity of the administration to disregard the opinion of the majority of Americans is unacceptable. Remember, we are government by the consent of the governed. The governed did not consent to this. The governed did not want this. The governed are now rejecting this legislation.

There was a better way. There are dozens of bills that would lower costs and increase access. Many of them have been covered on the health caucus Web site that I referenced a moment ago.

The fact of the matter is, this Congress, whether we like it or not, is faced with this massive health care law. In my opinion it should be repealed. The law is so massive, the structure, the reordering of structure is so onerous on our medical system that it's almost as if it were designed to fail. It's like building a bridge to the

Moon. You will collapse of your own weight before you get only a fraction of the way there.

It's hard to know whether the difficulties encountered in this bill, this law, are the result of incompetence or malevolence, but it doesn't matter which.

The time to repeal this bill is now. I urge the leadership of this House to recognize the mistake. Don't wait for another Congress. Let's do this today.

CONSTITUTIONAL REPUBLIC

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

Mr. KING of Iowa. Mr. Speaker, I appreciate the privilege to be recognized to address you here on the floor of the United States House of Representatives, this formally most deliberative body that has such a long and deep tradition that goes back two centuries and a generation or more.

And here in these Chambers and the Chambers that have preceded these across the capital throughout the years have come the discussions and deliberations that have helped direct the destiny of America. Times of wars have been declared here. And there have been many State of the Union addresses delivered and heads of state that have come here to stand here at the rostrum and tell America, to the United States House of Representatives—accompanied often by the United States Senate and the Cabinet members and the Supreme Court, representatives from the Pentagon and others—to address the destiny of America and help direct our destiny.

And it has been true that the voices of America have been heard in these Chambers over and over again throughout the generations. And it's what it was designed to do by the wisdom of our Founding Fathers. Our Founding Fathers understood—and I believe that God put them to work on our behalf—our rights come from Him. We know. And it is a matter of fact that's clearly delineated in our Declaration of Independence. It's been carried out by many of the words of the leaders that we have had that have emerged over the years, over the centuries, and over the generations.

Our rights that come from God, debated here in the United States House of Representatives, in this American destiny which is the product of His Providence and the product of the collective judgment of the American people and the vision and the wisdom of this Republic. The Constitution guarantees us not a democracy but a republican form of government. That means a government that's established by representatives of the people. And those of us here that are the products of the elections that have the privilege to represent the 435 congressional districts in America, we aren't the prod-

ucts of a democracy. We're the products of the votes by the citizens of America that direct us to carry out our duty as representatives in a republic.

That means that we owe our constituents our best efforts and our best judgment.

And part of that best judgment is to spend a lot of time back in our districts listening to our constituents, carrying out our arguments, using them as a sounding board because they're busy in real lives. They're busy going to work every day, raising their families, living the American dream in many cases. And they have asked us, directed us, hired us, and we've asked for the privilege to represent them here with our best judgment, here in the center of the capital of the greatest Nation on Earth, the unchallenged greatest Nation in the world, the United States of America.

You hear this magnet of Washington, D.C., which is the center for information that comes in the world, and it's available to us. Each of our offices is a magnet for information. And through our office comes the wisdom of our constituents and the wisdom of America. It's our job to hear the pleas of the people and understand the arguments that they make, and evaluate them, the empirical data, evaluate the urgency that they deliver it to us with, and sort out the highest priorities and bring those priorities into this body.

And we're also here gathering data from around the world and from around the country that comes directly into our office, and we're to evaluate all of that and bring out of it a rational, prioritized solution for the destiny and the direction of America. That's the vision and the wisdom of this constitutional Republic known as the United States of America. The vision and the wisdom.

And I note that in Texas when they went through the effort to establish the textbooks that would be delivered and often go all the way across America, they made sure that they changed the language in the books so that it is clear that the students in Texas know, and soon it will be clear that the students all across America know, that this is a constitutional republic.

So here we are, Mr. Speaker, on the floor of the United States House of Representatives, a place where we're to gather and bring to this floor the wisdom of America, coming out of the mouths of 435 Members of the United States House of Representatives. And that, brought up to and compared to the wisdom that's collected out of the 50 States from the 100 Senators, from that's to come the policy of the United States of America over to the desk of the President, where he has the opportunity to sign and ratify or veto the legislation that we send to him.

□ 2050

And here we are today with a Congress that's dysfunctional, Mr. Speaker, a Congress that over 200 years of

tradition and history and practice has provided for open rules that allowed for any Member of Congress to bring an amendment to an appropriations bill. Maybe even at the last minute. Maybe an amendment that was written not on a piece of parchment—that was a little bit before my time anyway, but possibly it could have been. Could have been written on a napkin. Could have been written on a place mat. It could have been produced on a computer in an office or typed out now on a BlackBerry and sent down here. But introduced to the Clerk of the House as an amendment even at the last minute. And any Member could, under those circumstances of an appropriations bill, bring that amendment up, require a debate and force a vote on the subject matter that was before this Chamber.

That practice had taken place for over 200 years, Mr. Speaker, and now it's gone. It's been taken away by Speaker PELOSI. The first year that she held the gavel of the Speakership we still had the semblance of an open rule that went on for about half of that appropriations cycle, and then it was shut down. No more open rules to appropriations bills. Shut down. During that period of time, my staff advises me that I was successful in passing more amendments than anybody else in the United States Congress. It wasn't my goal to rack up more amendments, but it was my goal to make sure that my constituents were heard.

And we brought those amendments to the floor in 2007, many of them successfully. But in the aftermath of that abbreviated appropriations season, what we saw happen was a change in the rules that restricted Members from bringing amendments and eventually became the de facto closed rule system that shut down and shut off the input that came from all of these Members of Congress, who had been out reaching out and gathering information and becoming the repository for the collective wisdom of their congressional districts. Added to that their judgment, their research, their analysis, all of that shut down and shut off by order of the Speaker of the House.

No more amendments on appropriations bills unless the Rules Committee up there in the hole in the wall committee where very seldom does any press go and very rarely is there a television camera in there. And they meet often in the middle of the night. And they write a rule such as a rule that deems a bill to have passed. It's pretty infamous that the chair of the Rules Committee, LOUISE SLAUGHTER, advocated that they not bring ObamaCare to the floor of the House for a debate and a vote, just simply deem it as passed. Deem a bill as passed.

Can you imagine, Mr. Speaker, how the Founding Fathers would shudder at the thought that they could create this great deliberative body and this constitutional Republic that could be reduced down into the chair of the Rules