

We pay our Medicare taxes to the Federal Government, and we should get it back. I am an original intent constitutionalist, and I understand that some people would say, well, Dr. BROUN, an HSA is not constitutional under Medicare, but we've got to fix Medicare. And it is a bridge to help Medicare patients start controlling their own costs and controlling their own money and controlling their own health care decisions. That is exactly what my bill, H.R. 3889, would do.

But I wanted to go back to this summit just in the last few minutes that we have. Actually, the mainstream media has written some articles that just came out today, and I wanted to read a couple of things from the mainstream media. The President has talked about he wants to reach out in a bipartisan way. The Wall Street Journal wrote today, Democrats have decided to give the voters what they don't want anyway. A San Francisco Examiner editorial said, Republicans publicly wondered if Obama's proposal represented a refreshing new attempt by the Chief Executive to display genuine bipartisanship and whether they should trust him to come to the summit with a truly open mind. And that is what we had hoped.

Going on with what they said: We now know the answer to both questions is a resounding "no."

The Washington Post said, President Obama's opening bid on health reform is not designed to entice Republicans to join the game.

And as we said earlier, I don't believe the President wants Republicans to join the game, he doesn't want the Governors to join the game. He doesn't want anyone to join the game because he has set the game rules himself, tilted towards just what he wants and what nobody else wants. It is just the leadership meeting in secret behind closed doors, with no input actually from our Democratic colleagues nor our Republican colleagues, nor Governors, nor health care providers, anybody except just the leadership has brought forth ObamaCare II.

And even in his hometown newspaper, The Chicago Tribune—not known to be a conservative newspaper—said this: Obama wants Republicans to approach the summit in a spirit of compromise. Too bad he's not leading by example.

So, Mr. Speaker, we've spent an hour with my colleagues talking about health care. Republicans are the party of k-n-o-w, know. We can lower the cost of health care. We can empower patients and doctors to make the decisions and start health care reform, health care financing reform, that makes sense economically, that will cover those that are uninsured, that will cover those who have preexisting conditions that can't get insurance today. We can do those things if the President and the leadership of this House and the leadership of the Senate would just listen to some of the pro-

posals that we have put forward. Doctors have not been enjoined in this process. The American people have not been in this process. And the American people need to say no to ObamaCare.

□ 2240

EXPRESSING APPRECIATION FOR REPRESENTATIVE DALE KILDEE

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

Ms. FOXX. Mr. Speaker, today on the floor, we had a rare occasion when we were able to congratulate one of our colleagues, Mr. KILDEE from Michigan, for casting his 20,000th vote.

It was a great opportunity for us to show our appreciation and affection for a Member who is extraordinarily well respected and, I would say, even loved by his colleagues.

It is unfortunate that so much emphasis in the media is placed on the partisanship that occurs here in the House. We do have strong philosophical differences, but on a personal level, we respect each other, and have genuine affection for each other. That extends even to our staff.

A few weeks ago, we had a similar situation when we had the unfortunate passing of Congressman BOEHNER's chief of staff. She was eulogized here on the floor by both Democrats and Republicans, and I am so pleased that we have been able to show, again, that we do care for each other personally in this House, because that is not the image that people have of us.

I want to go back to speaking some more about DALE KILDEE. There is nobody in this House, or very few people in this House, who feel any stronger about my philosophy than I do. I have the greatest respect and admiration for Mr. KILDEE. As Mr. JOHN BOEHNER said today on the floor, that is what he calls him, and that is what I have always called him. I have had the great pleasure to serve with him on the Education Committee as well as on the Page Board.

I want to say that I have learned a great deal from serving with Mr. KILDEE. He is a fabulous role model for us all. As was said today, he is always a gentleman. He is always very calm. He always gives the impression—and I believe it is a true impression—that he cares a great deal about the people he is dealing with and about the people he is serving. He loves the House, and he does his job with great thoughtfulness and diligence.

I want to say that he is, I think, a great role model for all of us. It has been my pleasure to be able to serve with him, again, on the Education Committee, on the Page Board and here in the House.

I think the comments that were made about Mr. KILDEE today were comments that we all agreed with.

There was great applause after each one of the sets of comments that were made, and I think that it was, again, a terrific example of how we may differ philosophically on issues but of how we care for each other on a personal level and of how we respect each other despite our philosophical differences.

I want to pay my tribute to Mr. KILDEE for the wonderful service that he has given to the people of his district and to his steadfastness in coming to this floor day, after day, after day and for voting and for missing only 27 votes in 33 years and for being in a very elite group of people who has served in the House of Representatives and has cast 20,000 votes.

Mr. KILDEE, we love you and respect you, and we hope you are going to be around to cast many more thousands of votes.

HEALTH CARE REFORM

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

Mr. PERRIELLO. Thank you, Mr. Speaker, for giving us this time tonight to talk about the important issue of health care reform and, specifically, about a simple idea on which we believe folks across the political spectrum should be able to agree, which is that the health insurance companies should have to compete like every business in my district and like every business around the country. So we come together on a two-page bill—front and back, only 24-lines' long—that does something very simple:

It removes the monopoly protections that our health insurance companies have enjoyed for 65 years. Enjoyed because of free market principles? No. Enjoyed because of the amount of money spent lobbying both political parties to protect that insurance monopoly.

One thing we should be able to agree on, which costs the government nothing, is that health insurance companies should not be protected as monopolies. The Consumer Federation of America estimates that this could save consumers \$10 billion. This is a simple American principle of competition, of the ending of health insurance monopolies.

I have been joined by several of my freshman colleagues tonight, who have not been stuck in Washington where the logic of protecting monopolies may make sense. We are coming from Main Street where people still believe in competition and accountability and in the kind of principles that will ensure consumers get a better deal. When they are forced to compete, prices come down, and quality goes up. It is a very simple principle.

My coauthor on this bill, BETSY MARKEY from Colorado, has been a great

champion of good, commonsense, pragmatic solutions to our Nation's problems.

With that, I recognize the gentlelady from Colorado.

Ms. MARKEY of Colorado. Thank you very much, Tom.

You know, for years, I operated two small businesses. One was a small Internet company, and the other one was a coffee shop. I remember years ago, before I sold one of my businesses, a national coffee chain came into town.

□ 2250

And we weren't given any special Federal protection. When you're faced with competition, you do what any small business does. You know what you need to do. You know how to compete and lower price or serve a better product. And I don't know why the insurance industry for over 60 years has been afforded this special exemption from antitrust laws.

There are only two industries in the United States that enjoy this exemption: It's the insurance industry and Major League Baseball. Okay, I can understand Major League Baseball. It is our national pastime. But why they have been able to have no competition in the industry, it also affords no innovation in the industry because there is no competition.

Over the past 14 years, there have been over 400 mergers in the insurance industry so that now 95 percent of the insurance market is considered highly concentrated. There are States that have one or two insurance companies that are serving them.

Again, when we had a small computer business, we had several employees who were across State lines, and we had the availability of one insurance company. The prices were expensive. It wasn't necessarily what my employees wanted to do, but there was no competition in the industry.

This is commonsense regulation. It's, as Congressman PERRIELLO noted, two pages long, easy to understand, and, again, it does what we want to do with health insurance reform, which is, number one, bring competition to lower prices and still maintain affordable health care in this country.

With that, I would like to turn it over to my colleague Representative TONKO.

Mr. TONKO. Thank you, Representative MARKEY.

It is so important for us to underscore the value of competition that drives the American economy. We've seen it in so many industries and where competition provides choice for consumers. I think it's very interesting to note that over the last decade, as average households have stayed flatlined and as insurance premium costs have more than doubled, the consumers have had no choice in some situations. They have had to tolerate price fixing or insurance groups dividing up territories amongst themselves or certainly just subterfuging any of their competition out there.

I think that it's time for us to make certain that there is the competition. Certainly by moving with this reform to McCarran-Ferguson, we now can hope for a better day for America's insured. It is so important for us to make certain that this 65-year-old prohibition is undone. And as Representative PERRIELLO said, this costs government nothing. It is the sort of reform that I believe can drive wonderful benefits for the people of this country as they have looked at these exorbitant prices where we've seen huge increases, where there's a need for a stronger bed of oversight, of regulation, making certain that the double-digit percentage increases are not tolerated, are not just rubber-stamped in a way that really engages the price fixing, that engages the efforts out there of greed that with that monopoly power have enabled them to really sock it to our health care consumers. We need reforms. We need them now. And I think this is a wonderful effort.

I want to applaud Representative PERRIELLO and you, Representative MARKEY, for putting forth this initiative. I think it's going to be something that meets with success in this Chamber, and then we're hopeful that we can continue to march forward for that progress to be struck.

Mr. PERRIELLO. Before I turn it over to the gentleman from California, I just want to say I'm new to Washington and I understand that it's a city where a lot of things are gray rather than black and white, but this is a bill that really seems to me like it's a clear situation of black and white. A two-page bill, 24 lines long that does one thing: removes the monopoly protection of the health insurance companies. There are no carve-outs. There are no exceptions. There are no loopholes. It is a clean bill.

And it's interesting to go back as voters have rightly been frustrated at all of the special deals that have been cut on the other side of this building to understand this is not a new thing. Sixty-five years ago the reason we were stuck with this problem was the insurance lobby came in in 1945 and was able to get this carve-out of monopoly protections that no other industry enjoyed. And it was supposed to be a 3-year phaseout. And what happened at the last second? A special deal was cut that removed that 3-year phaseout. Since then, the insurance industry has spent billions and billions of dollars buying their monopoly protection in this town of Washington. They spent \$400 million last year while they were jacking up rates, premium rates, and out-of-pocket expenses for consumers, for patients around this country. They spent \$400 million lobbying to protect their monopoly protections.

Sometimes there's a very clear choice. Do you stand with patients or do you stand with the profiteering of the health insurance companies? This is that clear choice. Do you stand for competition and accountability or do

you stand for protecting special interest groups?

We have a chance tomorrow, hopefully on a bipartisan basis, to come together and do this one thing. While we can agree or disagree on the overall health care approach, can't we agree that removing the monopoly protections that make no sense to ensure competition and accountability is a good thing we can all agree on, we can all read over a single cup of coffee, and we can all move forward with the American sense of competition and accountability?

With that, I yield to a gentleman who spent much of his career understanding the insurance industry in his State and around the country. I yield to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. Thank you, my colleague. I look forward to your continued pushing of this issue.

It was a century ago that Teddy Roosevelt established an effort, the progressive effort, to push back against the rapacious greed of Wall Street and those who were raping the American environment and began the progressive movement. Competition was at the heart of that effort to bring about justice and an opportunity for the small guy to actually make it.

Right now here in Washington, those of us who care about individuals, who care about small business, who care about the future of this economy are pushing back against those very same forces who over the last 65 years have been able to embed themselves firmly in the American system in a way that has created greater profits for them at the expense of people. The health insurance industry has clearly put profits before people, and it's time for us to end that.

With this bill, we force that industry into the same competitive market that we want all of American industry to be in, that is, in the free market competitive system, and to no longer be able to monopolize the health insurance marketplace.

Let me give you an example of what happens in California where WellPoint, Blue Cross of California, has 80 percent of the individual market. Last year, in 2009, they raised their rates an average of 30 percent in that individual market. The result of that was that their fourth quarter profit year to year, 2008 to 2009, increased some 700-fold from 300-plus million dollars to over \$2.7 billion. How did they do that? They did that by controlling the marketplace, having a virtual monopoly on the market.

Now, that wasn't enough for them. Because of their market control, they have been able to institute, although it's been delayed, a 39 percent, up to 39 percent and a 30 percent average increase in this same marketplace. It is time, it's absolutely essential, that this two-page, 24-line bill that establishes the antitrust law in this field of health insurance be enacted.

Later, when we come back around with another comment, I will tell you

how it worked in California in 1991 when we instituted proposition 103 that eliminated the ability of the property casualty market, automobiles, homeowners, similar products, limited their ability to monopolize and to take advantage of being outside of the anti-trust laws.

Let me congratulate you and our colleague from Colorado for putting forth this bill. It is essential.

Mr. PERRIELLO. Not to jump to the end of that story, but before we go on, I do believe when you instituted those reforms in your State, the premium rates increased at one-fifth, one-tenth of the rate of the rest of the country; is that correct?

Mr. GARAMENDI. Well, what happened in proposition 103—and I was the newly elected Insurance Commissioner in 1991 responsible for implementing the law. The insurance industry had the ability to work together to set rates and to monopolize the market in a way that was in a pattern to be able to have a uniform rate system using what was called rating bureaus. We simply outlawed rating bureaus and forced each company to use its own statistical analysis to set rates. The result was, over a 10-year period, a \$30 billion reduction in costs to homeowners and automobile insurance consumers in the State of California.

□ 2300

I will tell you this, when you force these companies to compete, when you eliminate their protection from the antitrust laws, you will see a significant rate decrease. And when you have a company such as Blue Cross, that dominates a segment of the market, that is what is outlawed under the normal antitrust laws of this Nation.

Ms. MARKEY of Colorado. Thank you. And you're right. The rate increases that families are experiencing right now are absolutely unsustainable.

I was home in Colorado last weekend. I spoke to one woman, she had gotten an increase in her premiums for next year of 35 percent.

Another small business owner in Greeley told me he got a rate increase of 39 percent. How can you afford that?

And this is at the same time we're hearing on the news that the insurance industry, as a whole, has realized an over 50 percent increase in their profit in 2009 and 2008. And yet insurance premiums are going through the roof.

Now, this is not anything new. We have seen the Ford Commission, anti-trust commission, recommend that Congress take action on eliminating this exemption. President Bush's Anti-trust Modernization Commission, just a couple of years ago, recommended that Congress take action.

And in 2007, Republican Senator Trent Lott and Democrat Pat Leahy got together and proposed legislation that was actually more sweeping than this that affected more parts of the insurance industry. And at that time,

Senator Lott said, I cannot, for the life of me, understand why we have allowed this exemption to stay in place for so long. He testified in 2007 in front of the Judiciary Committee for that, with that statement.

This has broad appeal with many organizations as well. The repeal of this exemption is supported by the American Hospital Association, the American Dental Association, and the National Association of Attorney Generals. They met 2 years ago, because right now the States are responsible for monitoring this, and they just don't have the resources to do this. Forty-seven out of 50 of our Attorney Generals around this country have said Congress needs to take action to repeal the antitrust exemption from insurance companies. The other three were not in attendance, but they voted no. Not a single State Attorney General supports having this exemption for the insurance industry. It's high time.

Now, I don't like to demonize one particular industry. There's nothing wrong with the notion of profit in this country. We are a capitalist Nation. But the fact is that we also, here in Congress, need to be guided by the fundamental notion of fairness. And the simple fact is that, one, one industry in this country has had an unfair competitive advantage, and that needs to end.

Mr. PERRIELLO. This is a year when there's a lot of demand for bipartisanship. And bipartisanship is a wonderful thing. We already have bipartisan support for this bill. Now, bipartisanship can't be defined by those who want to hold Congress hostage and prevent us from getting anything done. We already have the unanimous support of the Attorneys General in 2007 as you mentioned, not a single dissenting voice in saying this needed to be repealed. This is not a Federal takeover. The Attorney Generals both want the resources to fight this, and they want the expanded jurisdiction.

We have 95 percent of our health care markets highly concentrated. President Bush called a bipartisan blue ribbon commission together to look at the issue of antitrust exemptions, and they came back and said there is no justification for these antitrust exemptions to exist. Any arguments that are being made are anachronistic, or are simply ones that only make sense inside the Washington Beltway.

This is something where we need Main Street values, not Washington collusion, to go and challenge these monopolies and get competition back in the market. I yield back.

Mr. TONKO. Representative PERRIELLO, you know, I earlier heard Representative MARKEY speaking of the 400 mergers, and you talked about that resulting in 95 percent of the markets being concentrated. That simply states, no choice, no choice for the consumer. That means a runaway with costs that are going to be so inflated.

When you look at some of the stats out there, the large five, the big five

insurance companies, you know, we look at that profit column, at some \$12-plus billion, a 56 percent increase from calendar year 2008 to 2009. \$12-plus billion. You know, those are benefits that could be shared.

As you said, you know, we understand it's a capitalist society. There are efforts out there, obviously, to be productive and be profitable. But 12 billion, a 56 percent growth, when average household incomes are flatlined, is very difficult to absorb for our constituents, for consumers out there.

And then to even look at the track record over the last decade from 2000 to 2009, to know that 250 percent increase was the outcome for profits. The time is more than past.

And as all these commissions had indicated, the Association of Attorneys General, all speaking out in defense of this. It's no wonder everyone is promoting this reform.

And I, again, want to congratulate the two of you for putting this measure out there, bringing it to the floor so that we can now make a statement, in a bipartisan fashion. We hope that tomorrow when this vote is taken there will be this effort to speak in defense of consumers who have taken it on the chin. These profit margins are cutting away at their own doability as a household. We can stretch that household budget by reducing those insurance premium costs, and that's what this effort is about: Accountability, affordability, accessibility, quality of care.

This is a major cornerstone of reform that is outside that package that we have been trying to assemble, but this is something we can do immediately, and as has been stated so many times over, without any cost to government. So this is a win for the consuming public out there. And they deserve this sort of effort because they've gone far too long where this injustice has been allowed to occur time and time again because of that exemption for an industry, when all other industries out there are covered by the forces of the antitrust legislation from McCarran-Ferguson's Act of 65 years ago. So it's time for change. It's time for reform, and I believe this brings balance to the equation and is the right thing to do.

Mr. PERRIELLO. As my coauthor from Colorado mentions, this isn't about being anti-insurance. This is being pro-competition and pro-consumer. It is well past time to put the patient first in the health care system.

We heard during the last hour some of our colleagues from the other side of the aisle talking about the need to protect the doctor-patient relationship. What decade are they living in? The doctor-patient relationship has been invaded for decades now. My sister who is a pediatrician many days spends more time on the phone with the insurance company than she spends with patients, insurance companies whose profit motive is based on denying people care, not providing people with care.

In a good, competitive market, the insurance companies will profit based on providing quality insurance and coverage to patients, not by highly concentrated markets. This is about putting that doctor back in control of care, instead of that insurance company back in control of care, because through the free market, we can ensure that consumers are moving towards the insurance companies that provide that kind of quality care. So this is about being pro-consumer and about being pro-patient and pro-competition. With that I yield.

Mr. GARAMENDI. Well, there is absolutely no doubt that it's an axiom of American business, and the American economic system, that competition leads to good things, lower prices and better product. But in the case of health insurance, as we've seen over these last decades, we've seen an increasing concentration and less and less competition. This bill will put competition back into the health insurance sector, and it is desperately needed.

Right now, in California, with Blue Cross of California, where they have 80 percent of the market, they don't need to compete for the customers. The customers are desperate to get coverage, and they've got to take whatever is being offered by a company that has 80 percent of the market. So let's get some competition back in there.

This is also an issue that affects individuals. I know a 23-year-old girl who's no longer on her parents' health insurance, cannot get health insurance, even though she's applied to Blue Cross, because she had acne. And the list of pre-existing conditions is three pages long. So if we have competition, by eliminating this antitrust exemption and forcing and ending the monopoly, then I think companies are going to have to go out and search for customers, and that would help us all.

And let us also be very, very aware. I've spent 8 years of my life regulating the insurance industry, and I know this about that industry: It's about profit. It's not about people.

Now, in the property casualty business, it's important to pay attention to people. But it's not life or death, in most cases. In the case of health insurance, it is about a human being's life. It's about the young lady that I saw at a town hall meeting this last week, a 12-year old girl, born with a heart condition, whose father cannot leave the job, cannot go to a better job for fear of losing his health care, knowing that if he lost his health insurance, this young lady would not survive. She would lose her life. That's wrong, and that's got to end.

This bill is one small piece of the larger puzzle that we're working on to put in place in America a health care bill where people come before profit. We can do that. We can do that with this bill, and it'll be very clear in this House tomorrow where we stand.

□ 2310

Do we stand with families who need health care? Do we stand with individuals? Do we stand with young Gloria and her parents and say: End the monopoly. Put the antitrust laws in place so that the health insurance industry has to compete? That's our choice. And we'll see tomorrow where we stand.

Do we follow the tradition of Teddy Roosevelt, a Republican who went after the big corporations and said that in America, competition must be there, who fought back and pushed back against Wall Street? Or do we stand with the health insurance industry? That's our choice tomorrow, and it's there because two Members of this House have put forth a bill: my colleague from Virginia and my colleague from Colorado. I thank you for bringing this before us so that we can identify with the individuals who need health care or, on the other hand, with the insurance industry.

Mr. TONKO. This dynamic of competition, as the gentleman from California makes mention, competition is what drives the benefit for the consumer. Competition is stymied by the fact in my home State of New York three companies, three insurers, have asked for or have sent dividends to corporate parents out of State that fell just shy of a billion dollars last year. Just three groups. Now, would they have the luxury to do this if they were pressured to compete, to hold on to their market? I don't think so.

This year, those same three companies are looking to send \$1.2 billion outside of the State to corporate parents. This is the sort of action that takes hold where you're not encouraging anybody to compete to hold on to their market and we're exporting these billions of dollars. My State, I am certain, is not alone in that phenomenon, and it is hurting the consumers of New York State simply because there is this mass exodus of dividends that are being paid out to the corporate parent firm.

So you look at the record in New York and what has happened over a 10-year stretch from 1999 to 2009, and that amassed to some \$5 billion worth. This is a pattern that is becoming more and more pronounced, that is again not putting pressure on the system to respond in competitive measure. And that dynamic being pulled out of the equation then causes hardship for the very people that we need to hold down costs for health care insurance; \$1.2 billion requested this year from just three groups to send those dividends out of the State.

These are reports that are disturbing, these are the forces that are driving this thinking to bring about the reform that is introduced in the Perriello-Markey legislation.

Again, to our Representatives here who have thought in such progressive terms, I say "thank you" because this will be a major piece of reform that brings instant benefit, that induces

competition into the process, and it doesn't cost government a dime.

I am very happy that this effort is being made in this House, and I applaud the sponsors. I applaud all who are working to make this happen.

Mr. GARAMENDI. If I might, Mr. TONKO just reminded me of two cases. One, a New York case last year in which the New York Attorney General brought action against 11 insurance companies in your State of New York who had conspired not only against consumers but against doctors and hospitals to artificially lower their rate of reimbursement to those hospitals.

Now, that followed on the heels of another national case in which insurance companies, the largest insurance companies in this Nation, also conspired against doctors in reducing their rates in a conspiracy. Those kinds of conspiracies are specifically outlawed by the antitrust laws of this Nation and this bill. I thank you so very much, Mr. PERRIELLO and Ms. MARKEY, for bringing this to our attention, bringing this bill here, because the kind of conspiracy that we have evidence that exists in America today will be outlawed at the Federal level.

These other cases were brought in State courts where there are antitrust laws that prohibit these kinds of conspiracies to harm the consumers or the providers of services.

Ms. MARKEY of Colorado. I want to thank my colleague from California who has unique experience with the industry and in this field for your perspective on this.

My colleague from New York has talked about competition. And it has been competition that has made this country great. I want to expand on that a little bit as well to talk about innovation. We have always been a country of entrepreneurs and innovators, and when you have an industry, an entire industry that can set prices, can collude with their partners, you have no innovation in the industry.

Some of our Republican colleagues were talking just a short while ago, and one of them was talking about health savings accounts. I am a supporter of health savings accounts as well. My sister and her husband wanted to get a health savings account with catastrophic health care, but because of their age and because of where they live, they could not find an insurance company that would offer that type of product for them, which would help them to save money and to really bring transparency to the system to know what they were spending their health care dollars on; and many people want that option. They weren't able to get it because it was not available in their part of the country.

Why? Because there is no need to. There is absolutely no incentive for our insurance industry to innovate, to change the system, to offer new products, to compete on prices. This is what the heart of this bill gets to. It

gets to competition and innovation in the system, which again is going to lower prices and, as we have all noted, doesn't cost the government a dime.

We should be able to get bipartisan support on this legislation tomorrow.

Mr. PERRIELLO. The gentlelady from Colorado spoke about the issue of fairness as a basic principle. One of the things I hear so often back home is why should there be one set of rules for the people who write checks to politicians and another set of rules for our businesses back home who are working so hard just to keep people employed?

The fact is there shouldn't be a different set of rules for the insurance companies just because they've been lobbying for 65 years in this town. Competition should apply. Monopoly protection should apply. People will hear this week, as this debate plays out, fancy words about safe harbor and this exemption and that exemption. They're sick of Washington providing safe harbors for those who have contributed the most to political parties.

Four hundred million dollars in lobbying just last year alone. Now that \$400 million in lobbying from the health insurance industry didn't come because they said, You know, those politicians are on tough times. They just aren't getting enough money. There's not enough money in Washington. We feel like we should offer them \$400 million. They were doing it because they want to protect their monopolies.

I just got back from a week in South Side, Virginia where we've seen job loss after job loss. One of the things that I heard from workers so often was—I was talking to a guy who just got laid off from Stanley. He was saying, I nearly made \$40,000 back 20 years ago. Then I was down to \$30 an hour and then down to \$20 an hour. And now I just got fired from a job or laid off from a job for \$11 an hour.

Now, there are many things. We need to look at our trade policy. We need to see "Buy America" not to be a bad word or a bad phrase in this country anymore. But I also hear from workers all the time with this issue saying, you know, I remember when I used to go in at the end of the year and ask for a raise. Now I don't even ask for a raise. I just ask to hold on to my health care benefits. That's not because these business owners are bad people; they're great people. They're bending over backwards to try to ensure that they're able to keep their workers on the payroll and keep them with health care.

The reason they haven't offered a raise to their workers in so many years is because that money that would have gone to a raise is going to the increased premiums for their health insurance just to keep people insured. There is a direct correlation where people aren't seeing that increase. Not only are they seeing their out-of-pocket health expenses go up, but that amount they don't see that their employer is paying has been going through the roof as well.

□ 2320

So we are crushing the competitiveness of American business because we aren't forcing the health insurance companies to compete. This is a basic principle that gets back to that purchasing power of working class and middle class Americans who are so often coming up to me and saying, Who is looking out for us? It seems like everything is going to the big guys. Who is still fighting for working class and middle class Americans?

Well, here is a two-page bill, 24 lines long, that stands up for working class and middle class Americans by saying we are going to force the biggest health insurance companies in this country to compete for your business. And that competition is going to mean lower costs and higher quality. We need to put working and middle class folks ahead of the health insurance lobbyists and the health insurance companies.

And with that, I yield to the gentleman from New York.

Mr. TONKO. Thank you, Representative PERRIELLO.

When we start talking about this competition, we wonder about the benefits that are so drastically needed because we see now that some companies are looking at charging a 39 percent increase for the premium; 39 percent. That is a gross, gross, difficult outcome for consumers in this country.

What is driving it? Well, yeah, there is lack of competition, but that lack of competition, that allows for a rather comfortable zone to increase CEO salaries. And when we look at the big five again, the largest insurers, the data shows that the CEOs were compensated up to \$24 million in 2008. That is, I think, an outcome driven by a lack of competition. That pressure isn't there to respond, and so you just easily pass it over to the consumer. And without any sort of reform here, this will continue to grow.

I know that there had been many suggesting from studies that are very much respected that the average family plan will be increased by about \$1,800 per year. Today, that is an average of \$13,000, I believe, for a family plan. Well, in a short decade, we are just going to transpose those numbers, so 13 grows to 31. 31,000 is a train wreck waiting to happen. It is unsustainable. It is the sort of outcome we get when we don't take the bull by the horns and say, look, there is a simple reform. It is straightforward. It is basic. It calls for the all-American sense of competition, the all-American quality of competition, a good thing.

If you are a strong business, you welcome competition. It is good for the soul. It is good for the consumer. And so let's open this process to competition. Let's avoid some of these hefty increases in CEO salaries, or profit margins that are record breaking, and all sorts of insensitivities, gross insensitivities to the quality of care and the affordability of care for individuals and families out there.

The time has more than come. It is an important measure that we take before us tomorrow in this House. It will be a moment in history, I am convinced, so as to move forward and respond in compassionate measure, in reasonable terms, to bring those scales of justice back into a balance that speaks to a favorable outcome, a progressive path that we will follow.

Mr. GARAMENDI. My colleague from New York, thank you for bringing to our attention, did you say \$24 billion for the executives of the five largest?

Mr. TONKO. Million.

Mr. GARAMENDI. Five biggest.

Mr. TONKO. The five largest insurers being compensated \$24 million.

Mr. GARAMENDI. That ought to be enough. In fact, that ought to be about a hundred times too much. Competition.

You also brought out the word "progressive." It was Teddy Roosevelt, in the early part of the last century, that really created the early progressive movement and the trust busters, recognizing that companies like Standard Oil and others had dominated the market and were squeezing, driving down and harming small businesses and individuals, and tried to set about a better balance. And they did.

That long tradition of standing up for families, working men and women, is a tradition that we now hold on the Democratic side of this House. It is what we are trying to do in so many different ways here with this bill, ending a 65-year opportunity that the health insurance industry has had to monopolize, to engage in conspiracies to set prices, and to harm the public not just in their economics and in their family income, but in their ability to sustain their life.

We have a chance tomorrow to follow a long tradition of righting the balance, of pushing back against those forces that would dominate us economically, socially, and, in this case, in our very health. So tomorrow is a very, very important day. But it is also a day when we can continue the process that we have seen this last year in this Chamber, where the Democratic Party is pushing back against those forces.

In December, we put forth a health care bill that would move us towards accessibility, towards accountability from the health insurance industry, and to affordability. We pushed back. Here is one more push that we are making tomorrow.

We also pushed forward on regulating Wall Street. There are those over here I heard earlier this evening that said that this thing began in 2009. It didn't. It began because the previous administration refused to push back against the rapacious greed of Wall Street, and we wound up with the collapse of the financial industry. We need to right that.

We are doing that with the bill that we put out here in December on regulating Wall Street, and now following

up with taking money back from Wall Street that was put out there by the TARP and sending it to Main Street in our jobs bill; righting the balance in America so that young families, hard-working Americans have a chance, in this case, to get health care, to get a job in the case of Jobs for Main Street. And for Wall Street, the days of unbridled opportunity for greed are over. And it is time for them to also hew to the lines of correct American competition, not greed—greed has never been good—but, rather, to provide the financial services that this economy needs.

We have a choice tomorrow. One more step along a policy of righting the ship of this Nation's economy, pushing back against the greed, pushing back against the rapacious attitudes that have dominated the American economy for the last decade.

Ms. MARKEY of Colorado. We, as Members of Congress, we come here to look at all sides of an issue. That is our responsibility, to look at the pros and cons of legislation. Most of the issues that we deal with are very, very complex. Oftentimes, we are voting on a bill. We may like some parts of the bill, we may not like other parts of the bill, but you can't say, I will vote "yea," but let's change this. You have to vote "yes" or "no."

And I have looked—I think we all have—on all sides of this piece. We have talked to people in the industry. This seems pretty straightforward to me. The only argument that I have heard against this antitrust exemption is from the insurance industry themselves, who have said, well, the States can do it. The States have been doing it for 60 years. That is sufficient. Let the States do it. But yet the States are saying we can't do this. This is unfair to put this burden on us, as the State attorney generals have noted. And this is a Federal issue.

And why, why have we singled out just one industry in all of the United States except for Major League Baseball, which pays a luxury tax, some of the more successful teams, to keep some of the smaller teams going when they are not having a good season? I get that. I cannot understand why for 60 years we have singled out one industry in the United States for this exemption from antitrust laws. It is wrong. It is simple to fix, and we are going to do that tomorrow when we pass this legislation. This is not a Democratic bill or a Republican bill. This is for the American consumer.

Mr. PERRIELLO. I think one of the reasons why Ms. MARKEY and I have enjoyed working on this bill together so much is that we both are home in our districts every weekend. We have done a lot of town hall meetings. We have done a lot of roundtables with doctors and nurses and patients. We both come from districts that have a lot of Republicans, Democrats, and a whole lot of Independents as well. And I think we heard a lot of things. We hear a lot of things over and over again.

One is, What happened to common sense? Well, this bill is a simple, pro-competition, get rid of the monopoly protections, make them play by the same rules bill. It is common sense. People say, Why the partisanship? Why can't we get together? As you said, the attorneys general from all of the States, not a single dissenting vote, said they want this. They want this increased power to go after the monopoly. And they know that they need some of the resources and support to get this done.

□ 2330

President Bush's bipartisan commission came back and said there is no longer any reason why this should exist if ever such a reason existed. So this is a bipartisan idea. You mentioned former Senator Trent Lott as well. People said, what about a bill we can read and understand? Two pages, front and back, 24 lines, simple English. Lots of attempts to water this down, to add lots of legalese. No, this is a commonsense bill.

People say to us, why is it that the special interests seem to win out over working and middle class families? Why can't we get a victory for working and middle class families over the special interests? Well, that \$400 million the insurance lobby spent last year was to protect this monopoly, and we are saying no to that lobbying influence, we are saying we are going to put working and middle class people ahead.

Finally, we have a simple choice, not one of these gray-area D.C. decisions. Tomorrow there will be a simple choice: Do you stand with patients and do you stand with competition, or do you stand with the profiteering and monopolies of insurance companies? It's a simple choice. Sometimes in this city it can get as muddled up as bad as the traffic, the logic and the morality, but it's a simple choice: Do you stand with patients, or do you want to protect the monopoly profiteering of the insurance companies?

Now, not all insurance companies are bad. There are lots of great companies out there. If you are not engaged in monopolistic practices, you have nothing to worry about. But if you are sticking it to consumers and colluding, beware, because common sense is going to win out here with a simple two-page bill that is going to repeal those monopoly protections and put patients and consumers first.

Mr. TONKO. I think the special interests are so glaringly obvious, my colleagues; the fact that they can escape these Federal investigation and enforcement measures, measures of antitrust laws that make them subject to Federal prohibitions against bid rigging or price fixing or dividing up market territories.

These are tools in the tool kit that don't serve consumers well. And as if the escaping isn't egregious enough, they can then move to prejudice against by not insuring because of pre-

existing conditions. We have talked about some of those more easily recognized or imagined conditions—heart disease, diabetes, high blood pressure, cancer—but it gets into the realm of the very loosely defined preexisting conditions—acne, domestic violence, overweight for toddlers, or what have you, obesity in toddlers. It is all set up in their favor. And I believe that there needs to be balance. And as Representative PERRIELLO said, there are undeniably sound players, good, good behaviors out there that respond well. But for those who are taking advantage of this exemption that has allowed to continue for far too long, the time has come to put up the stop sign and say it's over, it's a new set of rules come your way.

And the Attorneys General of this country obviously know something, they see it front and center, they see it in cases that they have to defend for the people in their respective States. And so they're advising us, in bipartisan fashion, they are advising us that a better day can be had, and here is the opportunity. A simple vote—hopefully a bipartisan vote—on a very succinct measure, one easily understood. It is time to end a 65-year stretch of what is I think a special response to an industry.

We talk about the deep pockets, we talk about the special interests, we talk about the force that they have had on this process as an industry. Well, when I think about the recent Supreme Court decision to allow for open-spigot season and pour more dollars into the process to influence legislative outcomes, to have more pressure on the process, to perhaps deny progress, I get very worried about this measure hanging around for far too long. I think the time has more than passed to get this done. Let's get it done in the sort of way that acknowledges that we have tough work to do here. We have people hurting across this country, not being able to afford health care coverage, not being able to sustain what are these ever-spiraling increases for health care premiums. Let's do them the big, big benefit of changing this law and voting "yes" tomorrow in the activities that will take place in the House.

Mr. GARAMENDI. Mr. TONKO, as I was listening to you, several thoughts came to mind. You were listing a series of activities that are clearly contrary to the normal competitive marketplace, price fixing and the like. There is also an issue in this health insurance sector called vertical integration, in which these large companies not only monopolize the market, but they have now reached into the various other aspects and vertically integrated, owning consulting companies, actuarial companies that provide them with the basic data where they can more easily manipulate that data, now moving into the pharmacy benefit programs and gaining control over the entire marketplace. That is one of the activities that would be able to be attacked by the

Federal Attorney General if this law were to go into place.

The monopolization of the market, as I described in California where Blue Cross has 80 percent of the individual market, leads to a terrible situation. And I would just like to bring us back to why we are doing all of this, why we are doing the health care reform that is now going to be taken up in the summit on Thursday of this week, why we are doing this particular bill. It is really about Gloria, that 12-year-old girl that I talked about who was born with a heart condition and also has diabetes. Her father is desperate to hang on to his job and the insurance policy that comes with it because they know—the mother, the father, and Gloria—know that should he lose that job, that family is uninsurable. And that young girl who has had to fight for every treatment in her 12 years to sustain her life is an opera singer, a Class A student, and has a future ahead of her. But if they have no health insurance, she is going to die because she needs constant care.

I can talk about a carpenter who retired because he couldn't continue to work who I saw on his deathbed saying, I just want to live long enough so that my wife can turn 65 and get Medicare, because if I die before that, she has no insurance, and she has a preexisting condition.

There is hurt upon this land. People are suffering for lack of a job, and they know that if they lose that job, they will lose their health care and they will lose their wealth and they may very well join the 40,000-plus Americans that lose their lives for lack of health insurance.

This side of the aisle, the Democrats, are pushing back against these situations. And tomorrow, one step, one more step, one more pushback and saying, in America, the present system is wrong, and tomorrow there will be an end to the ability of these insurance companies to monopolize the market, to engage in anticompetitive activities, price setting, vertical integration, and the rest.

I want to congratulate, I want to thank Mr. PERRIELLO and Ms. MARKEY for what you are doing tomorrow in your legislation.

Ms. MARKEY of Colorado. And I would like to thank my colleague from California for sharing those personal stories of people that you know who are unable to switch jobs because they will not be able to get health insurance, people who can't afford health insurance or get health insurance because of a preexisting condition. We have all heard the stories about the auto industry—the most important part of making a car is the health insurance for the workers who put that vehicle together, that the most important line item expense for companies like Starbucks is not coffee, but it is health insurance. I saw that in my own business as well. My husband and I, every year it was double-digit in-

creases. And every year we, as small business owners, had to cut back on how much we could afford to pay. We started out paying 80 percent of our employees' health insurance. We went down to 70 percent. Now it is 60-40, because we just cannot afford to keep up. We cannot be competitive, particularly in a global economy where you are doing business overseas, your partners overseas don't have that enormous cost of health care that they are paying for their employees.

□ 2340

It's a real business decision to decide, Well, gee, can I afford to hire somebody new? Can it maybe be a contractor, and I won't be paying health insurance for him because I can't afford that extra, you know, \$16,000–\$17,000? So it is a difficult issue for everyone, and the competition is not there.

As I mentioned, when you've got employees in one or more States, it is virtually impossible to find more than one company. That's all we could find—one company across the United States which would offer insurance to people in several different States. That is just wrong.

We have all talked a little bit about the State attorneys general, and I want to read to you a quote from one of those attorneys general at their meeting when they all voted unanimously, really, for a repeal of this antitrust exemption. One of the assistant attorneys general noted:

"The most egregiously anticompetitive claims, such as naked agreements, fixing prices or reducing coverage, are virtually always found immune from prosecution under the law. They are always found immune."

We have a very simple choice tomorrow: Do we stand for the insurance industry or do we stand for the American consumer?

It is not an issue of what is good for one industry. It is what is good for competition and innovation. What they have is wrong and unfair, and we have a chance to undo that tomorrow.

Mr. TONKO. I know that we are coming close to the end of our hour. I just want to state that perhaps, if this unfairness were not being levied upon, thrust upon American families, maybe this moment of reform wouldn't be happening, but because there is that unfairness, the propensity to push for this reform has now reached a very solid height.

I think that, as we go forward, as we are waxing anecdotally, what comes to mind for me is a couple whom I know who was hit with a catastrophic illness—a husband and wife team. Their premiums increased by 37 percent over the course of 2 years, and they are left now with one wage earner in the family. Both had been working. As the wife of this couple was impacted by catastrophic illness, they are now left with one wage earner and with a pile of debt that is \$18,000 worth of uncovered medical expenses.

So that's what this is about. That's what feeds the passion of this debate.

I have to commend the leadership of this House. Speaker PELOSI has been vigilant about pushing the reforms, along with our respective Chairs from Education and Labor, from Ways and Means, from Energy and Commerce, and about really making it happen, about moving forward to make certain that the people's voices are heard here in this debate.

When we talk about some of the unfairness, about some of the imbalance in the outcomes, what about the medical loss ratio? Fewer and fewer premiums collected, percentage-wise, are returned to direct care for consumers. It was 95 percent a decade-and-a-half ago. Today, it's below 80 percent. So there is a reason for a number of these issues to come forward. There are a number of reforms to be advanced.

This bill, the Perriello-Markey bill, hopefully, will be approved tomorrow in a bipartisan vote. I am pleased to stand here in support of this measure. I want to thank all of my colleagues for the input that they are providing for this historic moment to happen.

I thank you very much.

Mr. PERRIELLO. We can make a difference tomorrow. We can make a difference in forcing competition in the health care market. We can also make a difference in starting to restore some of the trust in this body and in Washington. People across this country do not trust Congress, and that's for good reason. They always hear about the special interests coming out ahead. Here is a simple, simple thing:

Two pages, 24 lines long, which simply say that health insurance companies, which are some of the biggest companies in the world, should have to play by the same rules.

If the plumbers in my district got together and started to set prices, they'd go to jail. Why is it that the health insurance companies should be able to play by a different set of rules? People are always saying there are these commonsense reforms out there. Why can't we get them done?

Well, Ms. MARKEY and I have come together and have taken that idea. It's not our idea. It came from the people in our districts, from conservatives and liberals alike, who agree that restoring competition and removing monopoly protections make sense. When we have seen premiums double in the last 10 years, crushing the purchasing power of working and middle class Americans, that's real for people. When you don't have to compete, the consumer loses.

So people ask, Why can't you get these basic things done? Well, this is a chance not just to do something good in the health insurance market but to show the American people we can come together. We already know this is a bipartisan bill. All of the attorneys general, without a single dissenting vote, have said this is something we support. We want to be able to go after these monopolies.

Jury after jury, juries of the American people, have found this has been going on only to be overturned by the judges who say, Sorry. Because of McCarran-Ferguson, those basic monopoly rules do not apply. The anti-trust rules do not apply.

This is a chance for us to do a simple two-page bill that puts patients ahead of the profiteering of the insurance companies. It doesn't say the insurance companies can't continue to make lots of money. They can. We're just saying you can't do it by colluding, by price-fixing and by doing the sorts of things that, since Teddy Roosevelt, we've put our foot down in this country and have said are anticompetitive behaviors.

It should be a great chance for everyone in this body to show the people back in their districts: I'm here to represent you, not to represent the lobbyists who write the checks, not the \$400 million that the insurance lobby spent last year in this city. It's a chance to say, I'm going to stand up for patients.

This is not going to fix the entire health care problem, but why wouldn't we start with this? We know it has bipartisan support from the attorneys general. We know it has that bipartisan support from the President Bush commission that came out and said this needs to be done. It moves us in the right direction to put patients and doctors back in the driver's seat. It allows us to restore the basic sense of competition in this country. It says, for once, working and middle class families are going to come out ahead of the special interests. Consumers are going to come out ahead of the greed mentality that you talked about before.

We can do this. The American people sent us here to do this—to listen and to find ideas which are not Republican or Democrat but which are fundamentally American ideas and to institute them. We will need to continue to have a debate about health care reform beyond tomorrow, but let's show the American people tomorrow, on the eve of this health care summit, that there are ideas we can come together on. We have that chance.

So I come in to tomorrow with a great hope, with a great hope not only that we will get this bill passed but that it will restore a basic sense of competition and that it will put patients first. Maybe this could be the first step towards coming together in the health care debate to get things done, because people are in pain out there right now. We have lost millions of jobs. Yes, we took bold action a year ago to help stabilize the economy, but that's not enough. I'm not satisfied. We need economic growth.

So I appreciate the work that Ms. MARKEY has put into this, that Chairwoman SLAUGHTER and that Congressman DEFAZIO have put into this, and I thank the others who have fought this good progressive fight for so long. I look forward to seeing this through to completion tomorrow, and I thank you

all for being part of this important, important fight.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CULBERSON (at the request of Mr. BOEHNER) for today on account of personal business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. SPACE) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. SPACE, for 5 minutes, today.

Mr. MCDERMOTT, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

(The following Members (at the request of Mr. SHIMKUS) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, March 2.

Mr. JONES, for 5 minutes, March 2.

Mr. MORAN of Kansas, for 5 minutes, March 2.

Mr. TURNER, for 5 minutes, February 26.

Mr. BOOZMAN, for 5 minutes, today.

Mr. POSEY, for 5 minutes, today.

Ms. FOXX, for 5 minutes, today.

Mr. TIM MURPHY of Pennsylvania, for 5 minutes, today.

Mr. BRADY of Texas, for 5 minutes, today.

(The following Member (at his request) to revise and extend his remarks and include extraneous material:)

Mr. GARAMENDI, for 5 minutes, today.

ADJOURNMENT

Mr. PERRIELLO. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 48 minutes p.m.), the House adjourned until tomorrow, Wednesday, February 24, 2010, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6129. A letter from the Chief, Regulatory Analysis & Development, Department of Agriculture, transmitting the Department's final rule — Change in Disease Status of the Republic of Korea With Regard to Foot-and-Mouth Disease and Rinderpest [Docket No.: APHIS-2008-0147] received January 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6130. A letter from the Under Secretary, Department of Defense, transmitting a re-

port of a violation of the Antideficiency Act by the National Geospatial-Intelligence Agency, Case Number 08-03, pursuant to 31 U.S.C. 1517(b); to the Committee on Appropriations.

6131. A letter from the Secretary, Navy, Department of Defense, transmitting notification of both an Average Procurement Unit Cost (APUC) and a Program Acquisition Unit Cost (PAUC) breach for the enclosed program, pursuant to 10 U.S.C. 2433(e)(1); to the Committee on Armed Services.

6132. A letter from the Principal Military Deputy, Department of Defense, transmitting notification that the Department proposes to donate the battleship ex-WISCONSIN (BB 64) to the City of Norfolk, Virginia; to the Committee on Armed Services.

6133. A letter from the Assistant to the Board, Board of Governors of the Federal Reserve System, transmitting the System's final rule — Home Mortgage Disclosure [Regulation C; Docket No.: 1379] received December 23, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6134. A letter from the Regulatory Specialist, LRAD, Department of the Treasury, transmitting the Department's final rule — Community Reinvestment Act Regulations [Docket ID: OCC-2009-0019] (RIN: 1557-AD29) received January 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6135. A letter from the President and Chairman, Export-Import Bank, transmitting a statement with respect to a transaction involving U.S. exports to Federative Republic of Brazil, pursuant to 12 U.S.C. 635(b)(3)(i); to the Committee on Financial Services.

6136. A letter from the President and Chairman, Export-Import Bank, transmitting a statement with respect to a transaction involving U.S. exports to Israel, pursuant to 12 U.S.C. 635(b)(3)(i); to the Committee on Financial Services.

6137. A letter from the Deputy Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Extension of Filing Accommodation for Static Pool Information in Filings with Respect to Asset-Backed Securities [Release No. 33-9087; File No. S7-23-09] (RIN: 3235-AK44) received December 17, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6138. A letter from the Secretary, Department of Health and Human Services, transmitting renewal of the October 1, 2009 determination of a public health emergency existing nationwide involving Swine Influenza A (now called 2009 — H1N1 flu), pursuant to 42 U.S.C. 247d(a) Public Law 107-188, section 144(a); to the Committee on Energy and Commerce.

6139. A letter from the Secretary, Department of Energy, transmitting a report entitled "The Effect of Private Wire Laws on Development of Combined Heat and Power Facilities"; to the Committee on Energy and Commerce.

6140. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting the Department's final rule — Energy Conservation Program: Certification, Compliance, and Enforcement Requirements for Certain Consumer Products and Commercial and Industrial Equipment [Docket Nos.: EE-RM/TP-99-450 and EE-RM/TP-05-500] (RIN: 1904-AA96 and 1904-AB53) received January 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6141. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation