

the people of her State, and all those who had the great privilege of knowing her.

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

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

THE NATION IS READY FOR IT: REPEAL "DON'T ASK, DON'T TELL" NOW

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

Ms. WOOLSEY. Mr. Speaker, 69 years ago today, the U.S. naval base at Pearl Harbor was attacked. In the epic 4-year war that followed, millions of Americans served with honor and courage, and more than 400,000 lost their lives. I can assure you, Mr. Speaker, that many of them were gay.

Nearly seven decades later, it appears we are finally prepared to acknowledge publicly what we have known for so long: That gay and lesbian Americans have been part of the military, making invaluable contributions to our Nation's security, for as long as there has been a Nation to secure. We appear to be finally on the cusp of repealing the Don't Ask, Don't Tell policy that has asked those who wear the uniform to lie about their very identities as a precondition of their service. As if we don't ask enough of them already.

Those who have continued to back this dreadful policy said earlier this year that they wanted to see the results of the Pentagon review before reconsidering their position. Well, that sober and empirical review was released last week, and it quite clearly concluded that repealing the policy would have minimal impact on military readiness or cohesion. But guess what, Mr. Speaker, that wasn't enough for the small minority of Don't Ask, Don't Tell supporters. Clinging to a fringe, reactionary, extremist position, they are unmoved by the Pentagon's findings. They say repeal would be premature, that to do anything but maintain the discriminatory status quo would be an irresponsible rush to judgment.

A rush to judgment? Gay soldiers have been forced into the closet for the entirety of American history. How much longer do we need to wait for fundamental fairness and equal treatment? How much longer must we endure a policy damaging our national security and hostile to American values?

Repeal of Don't Ask, Don't Tell is anything but premature. It's long overdue. Repealing Don't Ask, Don't Tell is also overwhelmingly popular. The President of the United States, the chairman of the Joint Chiefs of Staff, a

bipartisan congressional majority, veterans groups, not to mention most of the American people all support repeal. And now we know from the Pentagon report that 92 percent of servicemembers say the presence of a gay person would not affect their unit's ability to work together. And that last fact really shouldn't be surprising. I don't imagine that every single member of our Armed Forces is unambiguously enthusiastic about changing the policy, but I don't think every single member of our armed services is unambiguously enthusiastic about the meal they were served last night or this morning.

□ 1930

My point is these men and women are dedicated professionals. They are sworn to protect the Nation. They follow orders and do their jobs as they did during the desegregation of the military. And they do this without regard to their personal values.

We can do this. We must do it. It will be far less daunting than President Truman's desegregation of the military. The Nation was far more racist in 1946 than it is homophobic in the year 2010.

It's time to repeal, Mr. Speaker, Don't Ask, Don't Tell. The Nation is ready for it. The military can handle it. Justice demands it.

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

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

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

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

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

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

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

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

GOP DOCTORS CAUCUS

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

minutes as the designee of the minority leader.

Mr. GINGREY of Georgia. Mr. Speaker, thank you for your patience as we tried to get our act together here this evening, not realizing of course that here it is almost Christmastime, that our pages have all gone home. It reminds me of what a great, great job these young men and women do for the Members in so many ways, not the least of which is of course helping during these Special Order hours. But, Mr. Speaker, thank you for your patience.

I want to of course thank my leadership on the Republican side for allowing me and my colleagues in the House GOP Doctors Caucus to lead this Special Order for the next hour. And we are going to do that, Mr. Speaker, on health care and on the recently passed—I say “recently”; 10 months ago, March of this year—the passage of ObamaCare, now, I know, formally referred to as the Patient Protection and Affordable Care Act.

But this is a piece of legislation, Mr. Speaker, that the American people, at the 60 percent plurality level, opposed and have remained here 10 months later, as certainly was seen in the results of the election on November 2. The American people felt that this was something that was forced upon them against their wishes, although they had a 2-year period of time to let not just our Democratic majority and President Obama, but every Member of Congress in both the House and the Senate understand not only that they were opposed to this bill but why they were opposed to it.

And, in fact, during this campaign, our Republican Party made a pledge to America on many things, not the least of which, of course, was to repeal this bill, this 2,400-page monstrosity that has done hardly any of the things that President Obama had hoped, wished, promised that it would effect. So we said to the American people, you give us an opportunity, you give us an opportunity to elect, to choose, to have John Boehner as the next Speaker of the House and give the Republicans an opportunity to lead, that we will repeal this bill.

So, Mr. Speaker, this evening I am very proud, as the cochairman with my colleague from Pennsylvania, Dr. TIM MURPHY, to chair the House GOP Doctors Caucus. There are about 11 current active members. That includes medical doctors, psychologists, dentists, people that were involved in health care before they came to this body as a profession. And I am telling you, I think most of our colleagues know, Mr. Speaker, that the number of years of clinical experience among this group is something like 350 years. Several of us have got a little gray hair around the temples.

But I think we have served a great purpose for our colleagues on both sides of the aisle to make sure that everyone understands from a health care perspective what this bill has done, the

harmful effect that it's had—harmful effect on individuals, harmful effect on the practice and profession of medicine, harmful effect on companies across this country. We will talk about that tonight, the burden that is placed on small business men and women trying to abide by these provisions of ObamaCare. Last but not least, of course, Mr. Speaker, the harmful effects that it's had on the entire Nation in regard to our economy, the lack of recovery, the joblessness rate.

The unemployment numbers came out just this past November, 9.8 percent, creeping a little higher, not getting better, despite a trillion dollar stimulus package, which hasn't saved jobs. But this bill, and the reason we were so opposed to its passage even 2 years ago when it was first introduced in the Energy and Commerce Committee in the House, was Members on our side of the aisle understood very clearly that the number one priority for this country was to put people back to work, to jump-start this economy. And yet we spent literally 2 years, these first 2 years of President Obama's administration, on passing—trying to pass an energy bill. Thank God, Mr. Speaker, in my perspective, it did not pass, the so-called ominous cap-and-trade, which would have increased the energy costs for every family in this country approximately \$3,000 a year. Thank goodness this bill, after passing in the House, became bogged down in the Senate. And hopefully, it will remain there quietly dying.

But unfortunately, ObamaCare did pass, and the economy is no better. We just got our priorities a little bit backwards. But I am pleased to say that a couple of our colleagues in the GOP Doctors Caucus, House GOP Doctors Caucus are with me tonight to discuss this issue: Congressman JOHN FLEMING, a family doctor from Shreveport, Louisiana, and Congressman PAUL BROWN, my colleague from Georgia, also a family practice doctor. I will call on them. I am going to defer to them as much time as they want to take, Mr. Speaker.

We will basically have a colloquy and talk about some of these issues tonight in regard to ObamaCare and what we Republicans, the new Republican majority in the next Congress, the 112th Congress, have pledged to the American people that we will do. Our pledge was to repeal this bill. And first and foremost, we are going to make every effort to be faithful to our pledge and to try to repeal this bill. Understanding, of course, and I think the American people do understand this, that President Obama is the President, and he will be President for the next 2 years. The Democrats do have a continuing majority in the United States Senate, and they will have for the next 2 years.

So while we feel very confident that we can lead the charge, the House GOP Doctors Caucus lead the effort of repeal in this body, the House of Representa-

tives, we will succeed in doing that and fulfill our pledge to America and make every effort to do the same thing in the Senate, although we know that we don't have the votes. But maybe we can persuade some of our Democratic colleagues, especially some of those that are up for reelection in 2012, Mr. Speaker, to understand finally, at long last, what the American people said on November 2.

□ 1940

Then, of course, the hurdle of getting a bill passed, a repeal bill passed, by President Obama. He has the veto pen, there is no question about that.

But, you know, hope springs eternal. I think the negotiations with the Republican leaders a couple of days ago in regard to keeping the tax rates the same for every American taxpayer for the next 2 years sheds a little light on maybe the President's attitude of working with the heretofore minority and soon-to-be majority in the House and kind of moderate his stance on some of these things. Because, as the President himself said, Mr. Speaker, elections have consequences. And this election on November 2 certainly would tell President Obama that people do not like this bill and they want it repealed.

So maybe he won't veto. But in the likely event that either we are not able to get the bill of repeal passed through the Senate, or if we do, that President Obama, indeed, would use his veto pen, then, of course, the options that we have are a couple that I want to talk about. I know my colleagues will get into that as well.

But there are so many provisions in this bill that we will have the opportunity in this House to defund, to absolutely pull the plug on some of this spending so that this bill will not go forward. And, again, in the meantime, there are a number of parts of the bill that we will have individual pieces of legislation that will strip that away. And these are the things, Mr. Speaker, that we will be talking about tonight.

I would like, at this time, to call on my colleague from Louisiana, Representative JOHN FLEMING.

Mr. FLEMING. Well, I thank the gentleman, Dr. GINGREY, and, of course, Dr. PAULX BROWN, my other colleague who is here tonight, both gentlemen from Georgia. I want to thank you both and state my appreciation for your leadership and for holding these Special Orders.

You know, we did a ton of these Special Orders back here in the health care debate, and I've got a feeling we are going to be doing a bunch more. Because, in my opinion, my humble opinion—I am just ending my first term up here—but I have a feeling that the health care debate has just begun, that this thing is far from over.

As a preface to my discussion about health care, I want to point out and remind everyone, certainly, Mr. Speaker, the fact that we are in desperate need

of reviving our economy, 9.8 percent unemployment.

And as I travel around the country, and particularly in my district, there are three main reasons for that given to me by employers. "Why aren't you hiring people?" and this is what they tell me.

Number one, our tax situation is so uncertain, we don't know what to expect, and hopefully soon we are going to put certainty back into our tax policy by not raising taxes a single dime on any individual in this country.

Number two, they tell me that banks are just not lending money. There are many reasons for that. We are not going to get into that tonight, but the bottom line is credit is not available to businesses.

Then, finally, and I think most importantly, is the ObamaCare. ObamaCare has thrown such a monkey wrench into the machinery of the economy of this country, creating such uncertainty and difficulty of planning, that employers are just frozen with fear. We know that as soon as it was passed, immediately, companies began to come out and talk about how it was going to immediately eat into their earnings. We get continuous reports of how the premiums are going to go up for the employees as well as the employers, all things that were guaranteed to us by the President would not happen.

But I will just give you a quick story. I spoke to a gentleman who owns a small company in my district. The name of it is Explo, and they have a very unique kind of business. What they do is they have the responsibility to take that explosive charge that's normally used in a cannon that has, for some reason, grown too old and no longer useable, they actually recycle that. They tear it down and they take the various parts. And, of course, it is an explosive, so they do have some risk in all of this. They have a 5-year contract to dismantle thousands, tens of thousands, hundreds of thousands of these explosive charges that actually propel the shell from the cannon to go to its destination.

And he said, you know, I have got a good contract. I don't have a big margin, but I do have a margin that I can make profit. But he said, You know what? With ObamaCare, that margin is totally wiped out. If I stay in business, I am likely to go out of the business and go bankrupt.

So just that uncertainty, just that one little factor can make the difference in a company from maybe \$100,000, \$200,000 a year profit to losing \$200,000 or \$300,000, which a small business owner can do maybe 1 year, maybe 2 years. Maybe he can borrow money to get by.

But this is the reality that faces Americans around the country, 700,000 small businesses, when you enter this unknown about ObamaCare, and it just simply freezes the businessman. So I can say FDR, President Roosevelt, had

it right when talking about the Great Depression that the only thing we have to fear is fear itself.

Right now, small businesses, businesses across the land are in desperate fear. They are afraid to make those valuable investments because they just don't know what next week, next month, next year is going to be like. I would say that the largest cause of this is health care, the health care reform.

So just to kind of reiterate that again, Mr. Speaker, we have three things that businesses identify as roadblocks to success and to hiring. One is lack of credit, number 2 is uncertainty about taxation, and health care reform. We are about to tackle the taxes. I think the banks are going to be turning the credit around. So that one thing we have ahead of us is ObamaCare, which is, I think, a big stumbling block to recovery.

I join with my colleagues this evening calling for a repeal to ObamaCare and a return to commonsense reform methods, which we will do with piecemeal legislation one step at a time, incremental reform, testing and listening to the American people, to what they want, rather than forcing it down the throats of those who have to pay for this thing.

Mr. GINGREY of Georgia. Dr. FLEMING, thank you for being with us this evening.

Before I defer to my colleague from Georgia, Dr. PAUL BROWN, I just wanted to mention something, Mr. Speaker, that Congressman FLEMING just said in regard to the taxes, the tax situation that we have and hopefully the compromise, obviously, the compromise worked out between President Obama, his administration, and the Republican leadership in the House and the Senate. All of that has to be approved, Mr. Speaker, as you know, by the entire Senate and by this entire House before it becomes law. I hope that we will be able to do that before we leave here for any kind of a break, even a Christmas break.

But as part of that compromise, there is to be this cut in the payroll tax for a full year to literally cut the employee portion of the Social Security payroll tax from 6.2 percent down to 4.2 percent. I think, Mr. Speaker, that's a good thing, just as keeping the tax rates that currently exist, and have for almost the last 10 years, to keep them all in place, not to raise any, especially not on the job creators, the small business men and women, the so-called rich.

But the ironic thing about this, my colleagues, is in this bill, Patient Protection and Affordable Care Act, ObamaCare, it called for raising the payroll tax, for raising the payroll tax on Medicare for anybody that makes above a certain dollar amount of income, by 3.7 percent. That is going into effect right now, by 3.7 percent, to increase the payroll tax.

□ 1950

And that's why, Mr. Speaker, we're here on the floor tonight as representa-

tive of our leadership to try to point out some of these things and say, gosh, you know, that really makes no sense at all to say that we need to cut payroll taxes and we're going to do it on Social Security for the next year for everybody. No matter what their income might be, we're going to cut it by a third, in fact.

And then on this bill to raise the Medicare taxation 3.7 percent, it doesn't make a lot of sense—as a lot of things about this bill don't make a lot of sense.

Before I call on Dr. BROWN again, I want my colleagues to look at the easel to my left, to your right, on the number one priority, as I mentioned at the outset, our Republican priority and our Pledge to America is to repeal and replace ObamaCare.

Now, on this second slide, and I talked a little bit about that—and we'll get into that as the hour progresses—but priority number two, in the event that we're not able to repeal because we just don't have the votes or that President Obama uses bad judgment and vetoes our repeal bill, we're going to have the opportunity—and Dr. BROWN will talk about this—to defund certain provisions in this bill.

And with that, I'll yield to my colleague from Athens, Georgia, and my great friend, Dr. PAUL BROWN.

Mr. BROWN of Georgia. I greatly appreciate you yielding, and I appreciate you doing this tonight so that we can inform the American public about how bad this bill is and what the Republicans are going to try to do in this next Congress.

We heard all during the discussion on ObamaCare as well as through the last two Congresses since I've been here—I'm finishing up my second term—that Republicans are the party of "no." We are the party of k-n-o-w because we know how to lower the costs of health care. And we can do it in a bipartisan manner.

And in fact, during the discussions about ObamaCare, I challenged individual Democrats to introduce a bill, that I would give them the legislative language, all they had to do was write their name in a blank, introduce it, and it would be a Democratic bill. They could call it ObamaCare. And I was told by Democrats over and over again that this makes a whole lot more sense, Paul, what you're proposing here than this ObamaCare bill that we dealt with here in the House, the Pelosi original bill, and the one we finally passed that came from the Senate.

And in fact, two colleagues on our side, Republicans JOHN SHADEGG from Arizona and Congressman CHARLIE DENT from Pennsylvania, and I wrote an op-ed that was published in The Washington Times newspaper challenging Democrats to introduce the bill. And it would do four things, commonsense solutions, that I told the Democrats individually if they would introduce the bill, it could be their bill, a Democratic bill; they could take

credit for it. I'm concerned about policy, not whose name's on the bill. And they could take credit for it.

Mr. GINGREY of Georgia. If the gentleman will yield?

Mr. BROWN of Georgia. Yes, I will.

If you would call attention to that poster because I think that our colleagues need to focus in on that.

Mr. BROWN of Georgia. Absolutely. In fact, I was going to do that. I appreciate my colleague, Dr. GINGREY, for reminding me.

I have a poster here with these four commonsense solutions. And actually I introduced the bill when my Democratic colleagues wouldn't take up my offer to introduce it after ObamaCare was actually passed into law.

I introduced the bill that does actually five things. It repeals ObamaCare and puts in place these four commonsense solutions. It's not a comprehensive bill because it doesn't really deal with Medicare and the problems that we have with that or Medicaid, and we'll mention that in a minute or two.

But the four things are to allow all individuals to deduct 100 percent of their health care costs—including the cost of the insurance—off the income taxes. This in itself would change the dynamics of health care for everybody in this country. In fact, this eventually would take care of the problems that we as physicians have with managed care because it would put patients in control of their health care decisions but allow everybody to deduct all their health care costs.

Second thing it would do is it would strengthen and expand new avenues for affordable health care for sick Americans through high-risk pools that are set up on a Statewide basis. There are several States like Colorado that have already done this very successfully. Multiple States have already done so. We would stimulate that.

The third thing it would do, as the chart right here says, it would expand choice and competition by allowing consumers to shop for health care insurance across State lines. Now, I'm an original intent Constitutionalist. The Commerce Clause is one of the clauses that's been perverted so much to allow the great expansion of the size and scope of government. The Commerce Clause is actually supposed to expand commerce, not to control it. And it is to allow people to shop for all goods and services across State lines.

So by the original intent of the Commerce Clause, we're just doing exactly the opposite. And when States lock up the insurance pools just within their State borders, they're actually doing an unconstitutional control of commerce.

And the fourth thing: Just create association pools so anybody in this country could join a huge pool. And this would allow people to buy insurance at a much lower cost than they have today. And it would actually allow people who not only cannot afford to buy health insurance but those

people who have preexisting conditions to be in association pools so that they actually could buy health insurance at an affordable rate.

And these four commonsense solutions have been introduced—I introduced the bill—to repeal ObamaCare and to do these four things. And I'll be introducing this same bill in the next Congress.

The bottom line is the Republicans are the party of k-n-o-w. We know how to lower the costs of health care. We, as physicians, have been dealing with all of these problems like our patients—particularly us, like Dr. FLEMING and I in family medicine, we deal with the insurance company. We try to find our patients good, quality care at the lowest price, which includes trying to find them insurance, medicines, all health care products at the lowest prices—it's what we do as family doctors. And it's something I've been dealing with for almost four decades of practicing medicine. And it's something that the American people desperately need.

ObamaCare is going to—the experts tell us—is going to put 5½ million people out of work.

Dr. FLEMING talked about the uncertainty it creates in employers. I hear that all the time. I've got a small businessman that wants to do a \$31 million expansion of his business in my district, but he's scared to and he's not going to because, Dr. FLEMING—he doesn't have the problem with the banks because he has \$31 million in the bank right now, cash money. So he doesn't have to go to the bank to get the money. But he's scared of those taxes. He's scared of the energy tax, particularly. That scares the willies out of small businessmen and women in my district. He's very frightened about ObamaCare.

So we must repeal ObamaCare and replace it with some commonsense solutions.

Mr. GINGREY of Georgia. Reclaiming my time just for a second from Dr. BROWN.

Dr. BROWN, if you don't mind holding that poster up again because I wanted to enter, Mr. Speaker, into a colloquy with the gentleman, my colleague from Georgia.

In the four points on his poster, addressing that first one, allowing individuals to deduct 100 percent of health care expenses, including the expense to purchase health insurance—whether it's first dollar sickness coverage or long-term care, which people, when they get our age, need to start thinking about.

But under current law, and I want my colleagues to correct me if I'm wrong on this, but I think under current law, an individual in filing their tax return if they itemize their deductions, they can only deduct health care expenses that are more than 7.5 percent of their adjusted gross income. And hardly anybody reaches that threshold.

And I think what Dr. BROWN, Mr. Speaker, is suggesting in regard to this

change in the IRS Code—of course this would have to come through the House Ways and Means Committee—but what a novel and a great idea that he and Mr. SHADEGG and Mr. DENT have proposed during this Congress.

□ 2000

I am refreshed to know that Dr. BROWN will introduce this bill in the 112th Congress, but the point he was making is not only that bullet point, Mr. Speaker, but on his poster, the three others with regard to purchasing health insurance across State lines for an individual, for a group of individuals sometimes referred to as an association, to be able to avoid, Mr. Speaker, the mandates that so many States have passed in regard to what a health insurance policy has to cover.

Every time you add a little mandate, a little test here, a little test there, then the cost of the cheapest health insurance in the individual State goes up. So that is why this idea of someone who needs a policy in Georgia being able to go online and see what is offered in Louisiana, as an example, is a great idea.

What Dr. BROWN was saying, we had some ideas. We are the party of K-N-O-W, he likes to say, not the party of N-O; and President Obama knows that. And the Democratic majority knew that, knows that. And they ignored it; and as a result, they are soon to become, at least in this body, the Democratic minority.

I yield to Dr. BROWN for other comments before I call on Dr. FLEMING.

Mr. BROWN of Georgia. Thank you, Dr. GINGREY for yielding.

In fact, this first bullet about 100 percent deductibility will solve the problem with portability. Right now, 85 percent of America gets their health insurance through their employer. It is because employers can deduct the cost of their health insurance that they provide to their employees as a regular business expense, and the employee can get that money as a nontaxable benefit. But if we make it 100 percent deductible for everybody, then the employer can give that money in increased wages to the employee. It is still a deductible amount. It won't cost the employer any more money out of their bottom line, but they can give it to the employee, and then the employee can take those dollars and instead of having to be saddled with whatever insurance policy that the employer provides for them, the employee can go buy the insurance wherever they want with whatever kind of coverage that they want.

In fact, Dr. GINGREY brought up something about the mandates that the States have put on. My friend, Neal Boortz, who has a radio program that is syndicated all over this country, keeps talking about him and his wife, who are beyond the age of having any babies, have to buy maternity coverage. There are insurance policies that mandate that people have to pay

for sex change operations or hair transplants and a whole lot of other things. Everybody in that pool has to pay, whether they want a sex change operation or hair transplant or maternity benefits, and that drives the cost up for everybody. The across-State-lines purchasing and the association pools will help stop that.

We have managed care today because the employers want to have some finite amount of money for their own budgeting process so they know what they are dealing with in their business so they go and buy managed care policies for their employees so they have some finite number, and it is not just a blank check.

That makes sense from a business perspective, but it doesn't make sense for a lot of the employees who want to be able to choose their doctor and they want to be able to go to the hospital that they desire. They don't want to be dictated to about what kind of coverage that they can have. And the first point where everybody has 100 percent deductibility of all expenses will take care of the portability problems. It will empower the patient and the doctor to be able to make the best decisions for their patient. Those things are just commonsense solutions.

Mr. GINGREY of Georgia. Dr. BROWN, thank you. Your four commonsense solutions are great. Keep that poster handy, we may want to refer back to that.

We are going to get into the subject of Republican priority No. 3, and that is on my poster to my left, attack key components of ObamaCare until the bill can be repealed. So in the next 15-20 minutes or so, we will be talking about some of these key components of ObamaCare that we can legislatively attack.

I am going to yield to the gentleman from Louisiana (Mr. FLEMING) to begin that discussion or any other comments that he wants to make before we get into that.

Mr. FLEMING. I did want to enter in a couple of ideas before we move right into that.

You know, Mr. Speaker, the other side of the aisle oftentimes says to us: well, now, you Republicans, you want to repeal ObamaCare. You mean to say you want to stop what is in it in terms of increasing insurance coverage up to age 26? Do you mean to say that you want to bring back preexisting conditions that would prevent some from getting health care coverage because of chronic disease? Do you mean that you don't want to see insurance expanded? Well, of course not. We don't want to see those things return. That is to say we don't want to see once again that kids up to age 26 for some reason can't get insurance covered by their parents. Of course we don't want to see that. And certainly we don't want to bring back preexisting illnesses to somehow block people from getting care. Those are all things that both sides of the aisle can agree on.

The problem is that the structure of ObamaCare that is so steeped in bureaucracy and so costly and so, I guess, handcuffing if you will of health care in general, health care decisions made by doctors, by the patients themselves, that is so difficult that what you are really getting is a situation where you are throwing the baby out with the bath water. The few benefits that are in ObamaCare are certainly way outweighed by all of the problems.

So of course we would love, after repealing ObamaCare, to bring back some of the things that we on this floor may have unanimous agreement on, and that is never again would we see preexisting conditions that would block people from getting health care coverage.

Mr. GINGREY of Georgia. With regard to the last comment that the gentleman made with regard to preexisting conditions, and Dr. BROUN referenced it on his four commonsense solutions, in regard to those high-risk pools that the States can create, can set up, can say to health insurance companies, whether it is the Blues or Aetna or Cigna or smaller companies, there are literally 3,000 health insurance companies across the country offering policies, not these big, huge mega-companies, but to say to the ones that are doing business in your State, to have to abide by a requirement of a State insurance commissioner or a Governor of a State, like our Governor-elect in Georgia, Nathan Deal, who spent 18 years in this body and left here as chairman of the Health Subcommittee on Energy and Commerce, these Governors know. We will get into a little bit of their concern about the Medicaid expansion in a few minutes, but they know.

Like Representative FLEMING was saying, these high-risk pools can be set up in States, and we won't spend \$6 billion of the taxpayers' money doing it. And that won't even be enough with the Federal bureaucracy trying to run these high-risk pools.

I appreciate that, and I yield back to the gentleman. If you want to engage in a colloquy with Dr. BROUN, certainly he may want to ask you about that as well.

Mr. FLEMING. I thank the gentleman.

Yes, indeed, the bottom line, what we are saying here is that we can achieve all of these laudable goals without the complex bureaucracy of ObamaCare. We can expand health care to many more millions of people without creating an individual mandate and an employer mandate.

□ 2010

Certainly, there are far more efficient ways, as Congressman BROUN points out, that we can provide coverage to people who may have preexisting illnesses, ways that are already in place in many States—excellent programs. I would like to inject just two more possible solutions to this

and then segue again into the dismantling of ObamaCare that you, the other gentleman from Georgia, referred to.

No. 1: Health Savings Accounts.

HSAs grew by 25 percent in 2009 to a total of 10 million Americans. Americans love health savings accounts. They are working. We implemented it in my own companies back home 6 years ago, and it has totally flattened out our premiums. The problem with it is that ObamaCare begins to tax it as much as 10 to 20 percent.

Believe it or not, today, of course, pre-ObamaCare, you can go and buy aspirin or any type of over-the-counter medication—cold medication—you want, and you can pay for it with your health savings account. However, beginning in January, in order to do that, you've got to get a prescription from a doctor for a nonprescription drug.

Now, how is that going to play in our offices back home when we have hundreds and maybe thousands of citizens and patients calling, saying, I need a prescription for Tylenol so I can get it on my health savings account? So you can see just how ridiculous that is going to be. People are not going to be willing to come in and certainly pay for a doctor's visit just to get a prescription for Tylenol. So that is No. 1.

I introduced H.R. 5126, the Helping Save Americans' Health Care Choices Act, which would restore flexible savings accounts and health savings accounts. I'd love to see us follow through on that.

The second point: the gentleman, Congressman GINGREY, Dr. GINGREY, and I worked on H.R. 5690—and the gentleman showed great leadership on that—which is the Meaningful End to Defensive Medicine and Aimless Lawsuits Act of 2010.

Once again, President Obama promised us that he would reform medical malpractice in ObamaCare; and, of course, that was left on the cutting room floor. Once again, real solutions are being ignored in favor of bureaucracy and mandates.

So, with that, I'll segue back.

Mr. GINGREY of Georgia. If the gentleman will segue back to me, I'll yield additional time to Dr. BROUN.

I just wanted to comment, Mr. Speaker, on Representative FLEMING's last remark in regard to the medical liability reform that he and I have worked very hard on. In fact, this is my fourth term; and every year that I've been here—even before Dr. FLEMING and Dr. BROUN joined us and joined the House GOP Doctors Caucus—I have introduced medical liability reform legislation, sometimes referred to as "tort reform."

I won't go into the details of it; but, basically, it is a fair and balanced approach for people who are hurt by practice below the standard of care, whether it's by the physician, the hospital or by anybody associated or affiliated with their care, who would certainly have to answer for that. These people would have an opportunity to have

their redress of grievances. So, when we say "tort reform," we don't mean taking away anybody's individual rights.

I will tell my colleague that the incoming chairman of the Judiciary Committee in the House, Representative LAMAR SMITH, has already informed me that he will be having hearings on our legislation, Representative FLEMING, and on other pieces of legislation regarding this type of reform that the CBO says very conservatively would save \$54 billion over 10 years. The RAND Corporation says it would save more than that on an annual basis. So I did want to let my colleague know that hope is on the way, and we will continue to work hard on either our legislation or on anybody's legislation.

Maybe, Mr. Speaker, one of our colleagues who is on the Democratic side of the aisle would like to work with us in a bipartisan way. Maybe they've got an even better idea in regard to that.

I would like to yield back to the gentleman from Georgia (Dr. BROUN).

Mr. BROUN of Georgia. Thank you, Dr. GINGREY.

Let's go ahead and jump into some of the key components and some of the things that we can do. What I would like to focus on is your No. 3 bullet point on your chart there: Medicaid expansion.

The Medicaid expansion of ObamaCare is going to break the budgets of States, which are already suffering, because it is going to drastically increase the people in this country who are going to qualify for Medicaid.

Again, the Republican Party is the party of "know," K-N-O-W, because we know how to deal with this in a better manner.

In fact, as the gentleman from Georgia, Dr. GINGREY, knows, I've been trying to get on the Energy and Commerce Committee. One thing that I will do—and I know that there are others who are on the committee today who will—is push for dealing with Medicaid in a block grant to the States. Let's just send the Medicaid money, with no strings attached, to the States. Let the States, which is what our Founding Fathers believed to be the best laboratory of public policy, figure out the best way to deal with people who desperately need Medicaid or State Child Health Insurance Programs. Let's send those back to the States, as they should be. Even under the Constitution, those functions should be dealt with by the States, not by the Federal Government. Let's let the States have the money so that they can deal with this and find the best solution instead of our generating all the policy, the regulations and all the things that drive up the cost. The Medicaid expansion that ObamaCare has put in place is literally going to break the bank in State, after State, after State.

Mr. GINGREY of Georgia. Mr. Speaker, I have put up an additional poster

that I want to call my colleagues' attention to in regard to this very important point that Dr. BROWN is discussing.

So far, 34 States and the District of Columbia have had to cut funding for K-12 education, which is 5 years old—kindergarten—through the 12th grade. Mr. Speaker, we all know that education has always been near and dear to the hearts of our Democratic colleagues. It is near and dear to the hearts of, hopefully, all of us on both sides of the aisle; but it has been a signature issue for the current majority Democratic Party. In doing something like this, in putting a Medicaid expansion mandate on the States, all of which have a constitutional requirement to balance their budgets, they can't just print money. Treasury Secretary Geithner and chairman of the Federal Reserve Bernanke want us to come up with another \$600 billion worth of money. They can't do that. They have to balance their budgets.

So, if they have to expand Medicaid because of this requirement that Dr. BROWN and Dr. FLEMING are talking about, what do they do? They cut money for public defenders, first responders or education. It's just so counterproductive and counterintuitive. Thirty-four States already, plus the District of Columbia, have had to cut that funding.

I yield back to my colleague.

Mr. BROWN of Georgia. Well, you're exactly right, Dr. GINGREY. Thanks for bringing that up.

With ObamaCare, the States are going to have to cut more. In fact, we already see first responders—fire departments, police departments—being cut in their funding. In State after State, there are educational funding cuts across the board. In our own home State of Georgia, they have had to markedly cut the educational budget because of all of these mandates that are put on them by the Federal Government and because of the requirement by the State constitutionally to have a balanced budget.

I introduced a balanced budget amendment to the Constitution here in Congress; and, hopefully, we are going to do that, too. It has been part of our pledge to America, and I will continue to fight for a balanced budget. I think the Federal Government also needs to live within its own means.

Just on the Medicaid expansion, we should just do block grants back to the States and let them be the laboratory of public policy, as our Founding Fathers talked about and believed in very firmly—and I believe in those same things—for Medicaid as well as for SCHIP. In Georgia, we call it PeachCare. If we send those dollars back to the States, don't tie any strings to them and let the States utilize those funds in whatever way best suits their State budgets and their State needs, we will be a whole lot better off. The States will be better off. The Federal Government will be better

off. The taxpayers will be better off. The Medicaid recipients will be better off. We will actually be able to cover more patients.

So, back again, the Republican Party is the party of K-N-O-W.

□ 2020

We know how to solve these problems and we're going to try to do that the next time.

I yield back.

Mr. GINGREY of Georgia. I thank my colleague.

Mr. Speaker, reclaiming my time—in fact, I will yield back to Dr. FLEMING because I would, on this poster, again, that's here for my colleagues to peruse, this first item, the individual mandate—Mr. Speaker, there are probably 12 different line items, bullet points on these next two posters. We may not have time to get to all of them tonight, but we will continue this in another hour. But I want to hear what my colleagues have to say about individual mandate, employer mandate. Dr. BROWN has already talked about the Medicaid expansion, but the cuts in Medicare? So I will yield to my colleague from Louisiana.

Mr. FLEMING. Thank you. I appreciate you throwing number four to me, because that's the one that I think gets my gall the most, quite frankly.

Mr. Speaker, you realize that in ObamaCare half a trillion dollars is taken from Medicare. And this is not just window dressing; this is real cuts that are occurring actually as we speak, are actually being scheduled, starting with psychiatric care, including care for assisted living, home health care. Virtually nothing is being touched.

And that so-called half a trillion of savings that's being taken out of Medicare is being used to do two things: Number one, to tack on the end of Medicare because it's running out of money in 6 years, to extend the life. And I still, after a year, cannot get an explanation on how you take the money out of something and add it back in and make it last longer. I know I could try that budget at home and it would never work. Secondly, the same money is being counted again in this bookkeeping scam that will subsidize the middle class, lower-income class in terms of their private health care. So this is just more gimmicks, more Washington gimmicks that is going to hurt a lot of people.

Mr. GINGREY of Georgia. If the gentleman will yield to me just for a second.

Mr. FLEMING. Yes, sir.

Mr. GINGREY of Georgia. Mr. Speaker, I just wanted to—and I know the gentleman from Louisiana and the gentleman from Georgia know this—to remind my colleagues, that cut to Medicare that Dr. FLEMING is talking about, Mr. Speaker, is \$528 billion over 10 years. It's about a 10 to 12 percent a year cut annualized, and it includes cutting Medicare Advantage \$160 bil-

lion. It includes hospital cuts, cuts to hospice—that organization that takes care of people that are dying of cancer—cuts to nursing homes, home health cuts.

But again, it's kind of embarrassing almost to see these television ads, Mr. Speaker, about Medicare, or get some flier, some glossy flier in the mail—those of us who are on Medicare—touting the benefits that ObamaCare has brought to the program and how it's going to make it so much better, and yet it cuts \$528 billion out of the program.

I agree with the gentleman from Louisiana, and I yield back to him.

Mr. FLEMING. I thank the gentleman.

But even before we get to those cuts, it's already steeply increasing the premiums of average, everyday citizens. There is no way that you can cover an additional 32 million Americans—I mean, this is an empirical fact: There is no way you can increase the coverage, add to the coverage of 32 million Americans, and raise, through special interests, all the additional bells and whistles into those plans and not see the costs go up. And why in the world the American people could ever get hoodwinked into believing that I don't know. And I don't think they did, which is, frankly, why they want, by a vote of 60 percent in the polls, they want us to crush ObamaCare and replace it with something that is common sense, free-market based, that leaves the decisionmaking up to the patient, and that is efficient rather than, again, some government-controlled program.

We know that, also, finally—just kind of a final comment because I know we're getting close to the end, but increased coverage does not mean increased access to care. We know this. There are countries around the world—our neighbor to the north, Canada, has 100 percent coverage but they do not have 100 percent access to care. They have to wait often well past the time frame in which it takes to actually adequately treat a condition; therefore, no access. So what good is coverage when you don't have access? And we're going in that direction.

So I suggest, Mr. Speaker, that we repeal ObamaCare and replace it with something that will properly match the efficiencies of the system, allow it to be patient driven, and that people get timely care at an affordable cost.

Mr. GINGREY of Georgia. Mr. Speaker, reclaiming my time, and I thank the gentleman from Louisiana.

And my colleague from Georgia may want some last few seconds of comments, and I yield to him.

Mr. BROWN of Georgia. Thank you, Dr. GINGREY.

I just wanted to mention the employer mandate. An employer is mandated to provide coverage for their employees. They have a lot of mandates. And those employer mandates are going to mean that people are going to lose their jobs.

Dr. FLEMING and I talked a little bit ago about how employers are scared. I've got a lady who runs a small business. She has eight employees. She desperately needs to hire another one or two, but because of the employer mandates of ObamaCare, she's not going to hire anybody. She's just going to try to struggle along herself and is not going to expand her business. She could hire two new people, and the employer mandate is going to prevent these two people who need jobs today from going to work for this small business.

I already mentioned the guy who wants to do a \$31 million expansion. He's not going to do that, not going to hire the 100 or so new employees that he would hire because he's afraid of ObamaCare and the employer mandates.

One other thing—and then I will yield back to Dr. GINGREY—is that, to kind of go along with these cuts to Medicare, in the stimulus bill a lot of Americans don't realize that they put in something called “comparative effectiveness research.” In medicine, we compare the effectiveness of one treatment versus another. Breast cancer, is it just taking a tumor out? Is it giving chemotherapy? Is it radiation therapy? Is it a combination of all this? That's not what this is all about. It's to compare the effectiveness of spending a dollar. And it's age related, which means that those people on Medicare, comparative effectiveness is just going to mean that they're just not going to get the care.

And I yield back.

Mr. GINGREY of Georgia. If the gentleman will yield back to me for maybe a concluding remark.

And yes, the gentleman, Mr. Speaker, has brought up the “R” word, “rationing,” and that's exactly what we're talking about with regard to all of these bureaus and boards and agencies, I don't know, something like 40—I wish I had brought that chart with me—but comparative effectiveness is research, is Medicare, payment board—this new board, IPAB. These things are going to lead to rationing. And the folks, Mr. Speaker, that we are most concerned about are our precious senior citizens, our parents, our grandparents, who are the ones that we fear, because of this legislation, are going to get pushed under the bus.

Mr. Speaker, thank you very much. And as I predicted, we wouldn't get to all the bullet points that we wanted to discuss, but this colloquy, this Special Order is to be continued.

And I yield back.

□ 2030

TAX CUTS

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

Mr. GARAMENDI. Mr. Speaker, I thank you for the privilege of the floor and the opportunity to share some thoughts with my colleagues on the Democratic side.

I was going to go to the tax issue which is before the American public. The President has cut a deal with the Republicans. And I know that on our side, we have some concerns about this, but I really think we need to spend just maybe a couple of minutes about what we just heard. We just heard the gutting of the health care reform program. Have no doubt about this, general public and the people out there: The program that was put together last year on health care is an effort that will be successful to provide health insurance for the 40 million to 50 million Americans that don't have health insurance and for the thousands each and every day that lose their job and lose their health insurance.

The Republican Party is committed to gutting the health care program, and it's stage one. When they come into power in this House next January, they are going to begin a concerted effort of moving more and more wealth to the highest and the richest men and women in America that have already seen a quintupling of their wealth in the last 20 years.

So let's have a very clear understanding of this. By gutting the health reform program, you will see stage one of the Republican effort to shift money away from the working men and women to those who are already fabulously wealthy. Not in the last 70, 80 years has America seen such an accumulation of wealth among the very, very few and a disproportionate holding down of the great middle class in America. The health reform program was an effort to provide one of the most critical things that every person and every family needs, and that is access to health care. We'll put that aside. We'll come back to that.

But the issue of the day today on everybody's mind, the President doing his press conference, saying he's cut a great deal with Republicans. We don't think it is. Last week, this House passed a very, very important piece of legislation that laid out a significant tax cut for the working men and women in America, those people who get on a bus in the morning, get in their car, commute to work, spend their 8, 9, 10 hours working, come home and take care of their family. That tax package that this Democratic House passed last week is a good, solid tax package in it provides a reduction in taxes for the working men and women, the middle class of America, and it is simultaneously one of the most important stimuli that we can provide to get this economy up and moving. When coupled with the unemployment insurance, it is a very, very strong package.

What's been negotiated with Republicans is a real serious problem for America. If you care about the deficit, then you'd better be paying attention,

because the proposal that's before us, as negotiated by the President and the Republicans, is going to significantly increase the deficit. The program that we put forward will stimulate the economy and, in the out-years, significantly reduce the deficit.

Let's just take a look at the difference. I put this one up last week when I was talking about this issue and we laid out the Obama tax proposal, which no longer is the case. Obama and the Bush tax cuts have come together. But on the Obama tax proposal, every working family in America that earns an after-adjustment—that is, the adjusted gross income—of less than \$250,000 will receive a significant tax reduction in the range of some \$6,000 for those at the top end and downward for those who are earning just \$10,000, a very small tax cut, but nonetheless, a very significant one at 53.

So this is what we voted on last week, one that put the working men and women, the middle class, to an advantage. Now, what's been cut, the deal that's been cut is one that puts this one aside and instead substitutes the Bush tax cuts. In other words, the Republicans have won the day with their supporters. We're talking about the filthy rich in America. We're talking about the billionaires who are going to receive an enormous benefit for the next 2 years. Average, for those who have an adjusted gross income over \$1 million, the average tax cut for them is over \$100,000 a year. So what are they going to do with it? Well, I guess they can go out and buy a Mercedes-Benz E-Class, one each year under the proposal that's made.

But what is the cost to the economy? The cost to the economy is \$150 billion, \$150 billion that will have to be borrowed—probably from China—to finance a tax cut so the very, very wealthy in America can go out and buy two Mercedes-Benz in the next 2 years, or maybe they want a new villa in the South of France. Is this going to stimulate our economy? We think not. We think this proposal's a bad deal for America.

Now let me just show you one other piece of this, and that is that this tax cut also will cause America to go further in debt. The deficit is a very serious problem, but this tax cut proposal has already been proved to not work, and the proof is in the decade 2001 to 2010. During the Clinton period, with taxes higher—these cuts were not in effect—22.7 million jobs were created. The proposal to give to the wealthy \$150 billion additional tax relief generated 1 million jobs in the decade 2000 to 2010. So right there is historic proof that these tax cuts don't necessarily create economic growth. And the only economists that will say they do are the Republicans, who happen to have used the money from these very same corporations and individuals to finance the most scurrilous, secretive campaigns ever in America's history. That was the Citizens United case that