

Moore, Mr. Ellison, Mr. Perlmutter, Mr. Donnelly of Indiana, Mr. Carson of Indiana, Mr. Himes, Mr. Peters, and Mr. Carney.

(5) COMMITTEE ON FOREIGN AFFAIRS.—Mr. Ackerman, Mr. Faleomavaega, Mr. Payne, Mr. Sherman, Mr. Engel, Mr. Meeks, Mr. Carnahan, Mr. Sires, Mr. Connolly of Virginia, Mr. Deutch, Mr. Cardoza, Mr. Chandler, Mr. Higgins, Mr. Murphy of Connecticut, Ms. Wilson of Florida, Ms. Bass of California, Mr. Keating, and Mr. Cicilline.

(6) COMMITTEE ON HOMELAND SECURITY.—Ms. Loretta Sanchez of California, Ms. Harman, Ms. Jackson Lee of Texas, Mr. Cuellar, Ms. Clarke of New York, Ms. Richardson, Mrs. Christensen, Mr. Davis of Illinois, Mr. Higgins, Ms. Speier, Mr. Richmond of Louisiana, Mr. Clarke of Michigan, and Mr. Keating.

(7) COMMITTEE ON THE JUDICIARY.—Mr. Berman, Mr. Nadler, Mr. Scott of Virginia, Mr. Watt, Ms. Zoe Lofgren of California, Ms. Jackson Lee of Texas, Ms. Waters, Mr. Cohen, Mr. Johnson of Georgia, Mr. Pierluisi, Mr. Quigley, Ms. Chu, Mr. Deutch, Ms. Linda T. Sánchez of California, and Ms. Wasserman Schultz.

(8) COMMITTEE ON NATURAL RESOURCES.—Mr. Kildee, Mr. DeFazio, Mr. Faleomavaega, Mr. Pallone, Mrs. Napolitano, Mr. Holt, Mr. Grijalva, Ms. Bordallo, Mr. Costa, Mr. Boren, Mr. Sablan, Mr. Heinrich, Mr. Luján, Mrs. Christensen, Mr. Sarbanes, Ms. Sutton, Ms. Tsongas, Mr. Pierluisi, Mr. Garamendi, and Ms. Hanabusa.

(9) COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM.—Mr. Towns, Mrs. Maloney, Ms. Norton, Mr. Kucinich, Mr. Tierney, Mr. Clay, Mr. Lynch, Mr. Cooper, Mr. Connolly of Virginia, Mr. Quigley, Mr. Davis of Illinois, Mr. Braley of Iowa, Mr. Welch, Mr. Yarmuth, Mr. Murphy of Connecticut, and Ms. Speier.

(10) COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY.—Mr. Costello, Ms. Woolsey, Ms. Zoe Lofgren of California, Mr. Wu, Mr. Miller of North Carolina, Mr. Lipinski, Ms. Giffords, Ms. Edwards, Ms. Fudge, Mr. Luján, Mr. Tonko, Mr. McNERNEY, Mr. Sarbanes, Ms. Sewell, Ms. Wilson of Florida, and Mr. Clarke of Michigan.

(11) COMMITTEE ON SMALL BUSINESS.—Mr. Shuler, Mr. Schrader, Mr. Critz, Mr. Altmire, Ms. Clarke of New York, Ms. Chu, Mr. Cicilline, and Mr. Richmond.

(12) COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE.—Mr. DeFazio, Mr. Costello, Ms. Norton, Mr. Nadler, Ms. Brown of Florida, Mr. Filner, Ms. Eddie Bernice Johnson of Texas, Mr. Cummings, Mr. Boswell, Mr. Holden, Mr. Larsen of Washington, Mr. Capuano, Mr. Bishop of New York, Mr. Michaud, Mr. Carnahan, Mrs. Napolitano, Mr. Lipinski, Ms. Hirono, Mr. Altmire, Mr. Walz of Minnesota, Mr. Shuler, Mr. Cohen, Ms. Richardson, Mr. Sires, and Ms. Edwards.

(13) COMMITTEE ON VETERANS' AFFAIRS.—Ms. Brown of Florida, Mr. Reyes, Mr. Michaud, Mr. Braley of Iowa, and Mr. McNERNEY.

Mr. LARSON of Connecticut (during the reading). Mr. Speaker, I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

## REPEALING THE JOB-KILLING HEALTH CARE LAW ACT

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, proceedings will now resume on the bill (H.R. 2) to repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act of 2010.

The Clerk read the title of the bill.

The SPEAKER pro tempore. When consideration was postponed on Tuesday, January 18, 2011, 5 hours of debate remained on the bill, with 30 minutes equally divided and controlled by the majority leader and minority leader or their designees, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means.

The Chair recognizes the gentleman from Minnesota.

Mr. KLINE. Mr. Speaker, I rise in support of H.R. 2, and I yield myself such time as I may consume.

Mr. Speaker, for 20 consecutive months more than 14 million Americans have been unemployed. As much as we would like to solve this problem, the Federal Government cannot legislate or regulate our way to job creation. We can, however, foster economic certainty that will encourage families, businesses, and entrepreneurs to spend, hire, and invest. And that is what we will try to do today.

Almost 1 year ago, Democrats launched a nearly \$1 trillion government takeover of health care that increases national health care spending by \$311 billion over 10 years and levies more than \$500 billion in new taxes on individuals, consumers, and businesses. The 2,700-page law has led to more than 4,000 pages of new rules and regulations, and the law is only 10 months old. The uncertainty of what this all means for individuals and businesses today, and in the months and years to come, is having a chilling effect on the country's job creators.

A number of provisions of the law will undermine job creation and economic growth, but perhaps none is as alarming as the employer mandate. For the first time in the Nation's history, employers with more than 50 workers are required to provide government-approved health care coverage. Those who do not or cannot afford to will be forced to pay a \$2,000 penalty for every worker beyond the first 30. If you are a small business owner with 50 workers and you cannot afford to provide government-approved health insurance for your workers, adding one additional employee to the payroll will result in a \$42,000 penalty.

□ 1040

Some refer to the employer mandate as shared sacrifice. They argue that ex-

panding coverage to every individual means everyone must pay, but the cost of this provision will result in more than lost dollars and cents. Hiring new workers will be more expensive, creating a disincentive for job creators to put Americans back to work.

The employer mandate isn't the only challenge facing employers. Last year the administration released a regulation on the so-called grandfather provision, a provision intended to protect current plans against the law's costly and complex requirements. It is also central to the President's promise that, if you like your current health care plan, you can keep it.

Unfortunately, the regulation falls far short of the President's promise. By the administration's own estimates, up to 69 percent of all employer plans and 80 percent of small business plans will be denied grandfathered status in just 2 years. One estimate indicates 87 million Americans will face changes to their current health care plans.

Instead of keeping what they already have, individuals and employers will have to pay more for something new and unfamiliar. The more costly it is for employers to provide coverage, the more likely existing health plans will be eliminated and the need for government assistance will grow. And as the rolls for government programs expand, the cost to taxpayers will skyrocket.

At a time when every job creator should be encouraged to grow and hire, the Democrats' health care law instead forces employers to choose between rising health care costs and government penalties. It is time to end the uncertainty facing families, employers, and workers. It is time to push ObamaCare aside so America's job creators, both large and small, can move forward with the confidence they need to hire new workers.

Mr. Speaker, I urge my colleagues to support the bill.

I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield myself 4 minutes.

Mr. Speaker, I rise in strong opposition to H.R. 2, the Republican Patients' Rights Repeal Act.

The question is just simply fundamental here, whether or not people will be able to have control over their health care needs and their health insurance needs, or whether or not we will go back to the chaos of the previous system that is dictated by the insurance companies where people are thrown off of policies willy nilly, where people are not reimbursed for costs willy nilly, given excuses, paperwork back and forth, where young people are thrown off their parents' policy when they graduate from high school, and whether or not they will have insurance or not, or whether people will have the freedom to make the choices, to have insurance that will cover them, that will get rid of the preexisting conditions that eliminate their coverage, that will get rid of the lifetime caps so that those people who contract cancer

or other chronic diseases find out they have run out of insurance at the exact moment they need it. No longer will that be the case under the current law.

Now, the choice is to repeal that law and to make it more difficult for small businesses to provide insurance. Since the enactment of the tax credit under this law, we now see that hundreds of thousands of employees have been extended health insurance by small businesses employing 50 workers or less because of that tax credit, a tax credit that is scheduled to increase.

So we already see the hundreds of thousands of employees that did not have access to insurance because they worked for small businesses today have insurance. That's not the reporting of the government. That's the reporting of the health insurance companies where people and businesses are making applications for insurance.

So what we see now is young people are once again covered and can have the security that they will have health insurance while they go to school or while they start a new job that may not have health insurance with that coverage. We now see that people who may have had a bout of cancer early on know that that will not disqualify them from having insurance as they go out and continue to work to provide for their families.

We now see that after 2014 when people change their jobs or they lose their jobs, they will have insurance so they will not have to go to the poor house because of the insurance costs that they will not be able to provide for because they are unemployed. They will not be locked into a job that they don't want. They will be able to be entrepreneurial and go out and seek a new job knowing that they will have health insurance. That's the certainty of this legislation.

We can now choose the chaos of the current insurance system. We can choose the chaos of people getting a letter saying you no longer have insurance, getting a letter saying your child is no longer covered, getting a letter saying your premium is up 59 percent, as they did last year in California. We have seen health insurance premiums jump dramatically over the cost of living over the last decade and over the last decade have seen more and more businesses shed coverage for their employees.

The Republicans want to believe that there is certainty in that. The Republicans want to believe that that's a comfort to the American working family. The Republicans want to believe that that's a comfort to grandparents who see their grandchildren thrown off their parents' policies.

That's not a comfort. What is a comfort is the freedom to know that never again will you have to contest the arbitrary rulings of an insurance company about your preexisting conditions, about the coverage of your child's health care. Never again will you have to contest whether or not you will get

help paying for your pharmaceuticals if you are a senior. Never again will you have to pay for preventive medical checkups to try to keep you healthy if you are a senior. That's the certainty that this legislation presents.

Last night I had a telephone town hall meeting with over a thousand seniors in my district, and all of them—almost all of them, I would say there were three or four in the call—almost all of them wanted the certainty of knowing they were going to get help with their pharmaceutical payments. They struggle with the doughnut hole.

They were appreciative of the \$250 check they got last year, and they were appreciative of the help they were going to get paying for their pharmaceuticals this year. That's the certainty that we ought to reject by rejecting repeal of the health care act.

Mr. KLINE. Mr. Speaker, I yield 1 minute to a member of the committee, the gentleman from Wisconsin (Mr. PETRI).

Mr. PETRI. Today I rise in support of H.R. 2, legislation which would repeal the health care law passed last year. Even if it is unlikely that this bill will pass the Senate, I think it's important for the House majority to state its position in the clearest possible terms to encourage a general reevaluation of the new law.

Make no mistake. My colleagues and I support health care reform which would ensure that all Americans, including those with preexisting conditions, have access to affordable coverage. However, the health care law that passed last year takes a fundamentally wrong approach to achieving that goal and will only make worse our skyrocketing health care costs and Federal deficits.

My State of Wisconsin is a leader in terms of providing efficient, high-quality care; and I have been meeting and will continue to work with medical providers in my State as well as my colleagues on both sides of the aisle to develop proposals which will reward high-quality, low-cost medical services instead of simply giving government more control over our health care.

Only by implementing proposals that rein in out-of-control health care costs will we be able to make affordable coverage available to all Americans. I look forward to working with my colleagues on this important issue.

Mr. GEORGE MILLER of California. I yield 4 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. I thank the chairman for yielding.

As we sit here this morning, there are millions of Americans sitting in front of computers or the want ads desperately looking for their next job, 15 million unemployed Americans. The question they are asking this Congress is why don't you work together to help small businesses and entrepreneurs create jobs for our country?

The answer the majority gives them is we will get to that someday. What they are doing today raises some real questions as well.

A mother has two 4-year-old twins who are diagnosed with leukemia and tries to buy health insurance. The insurance company says we won't sell it to you because your children have leukemia, or we will charge you five times as much.

We say that should be illegal and the law today the majority tries to repeal says differently. A "yes" vote for repeal means she is told, Sorry, no insurance.

A person who has faithfully paid his premiums for years and suddenly needs a quadruple bypass heart operation receives a letter from his insurance company that says, Sorry, we are rescinding your coverage. We say, and the law says, that should be illegal. But a vote for repeal says, Sorry, you are on your own.

A pregnant woman who has a very difficult pregnancy and gives birth to a child with severe impairments that cost hundreds of thousands of dollars each month, the law says, and we say, that the insurance company should be legally obligated to pay her bills as long as she and her baby need it, no lifetime policy limits.

□ 1050

But a vote for repeal says she's on her own.

A senior citizen who runs out of prescription drug coverage the Fourth of July or Labor Day, the law says, and the bill says, they should get some help to continue to buy their prescriptions for the rest of the year. But a vote for repeal says she's on her own. We're all on our own on paying the debt. Our President is meeting with the President of China today; and as we do that, the majority is adding over \$1 trillion to the national debt with this vote.

Ladies and gentlemen of the House, this bill doesn't create jobs for the middle class. It creates pain for the middle class. The right vote is "no" on this repeal. The right course is get back to the job of creating jobs for the American people. Vote "no."

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another member of the committee, the gentleman from South Carolina (Mr. WILSON).

Mr. WILSON of South Carolina. Thank you, Mr. Chairman, for your leadership.

Mr. Speaker, one of the many threats of this unconstitutional health care takeover is the unfunded State mandates. In my home State of South Carolina, newly inaugurated Governor Nikki Haley has correctly warned that the Palmetto State cannot afford the health care mandate. Governor Haley even went so far as to ask the President to opt out of this unfunded mandate. The reason is because the health care takeover calls for an additional \$1 billion in new State spending.

The takeover will cripple small businesses. A recent study by the National Federation of Independent Business, NFIB, America's largest organization of small businesses, has indicated that the mandate will lead to the elimination of 1.6 million jobs.

This law imposes burdens on all Americans. It's a threat to senior citizens in that it will lead to waiting lists, deferral services, and rationing. It's a threat to our Nation's youth in that it burdens them with excessive debt.

Mr. Speaker, the liberal health care takeover destroys jobs, limits freedoms, and expands Big Government.

Mr. GEORGE MILLER of California. I yield 2 minutes to the gentlewoman from California (Ms. WOOLSEY), a member of the committee.

Ms. WOOLSEY. Mr. Speaker, I rise to speak out in emphatic opposition to H.R. 2, the repeal of the Affordable Care Act.

Mr. Speaker, one of my sons, the father of two and a wonderful husband, came home last week to Petaluma from 6½ weeks in the hospital. He has many, many more weeks' recovery ahead of him, but I can tell you that this family that still has a huge challenge ahead of them would not have a chance without health care, the health care coverage that they have.

This bill, by the way, goes in precisely the wrong direction. Just when we should be strengthening the historic reform we passed last year, my colleagues on the other side of the aisle want to tear it apart. Have you never experienced another person that had the needs that my family has today even if it wasn't in your family?

Repeal, we know, would leave millions out in the cold, stripping them of access to affordable health coverage. In fact, Blue Shield of California recently announced a rate increase of as much as 59 percent—59 percent—for some 200,000 policyholders. Does the majority not see the problem with runaway costs that are passed on to middle class families already burdened by a deep recession? Do you want to return to the broken health care system that had people crying out for reform in the first place?

The claim that cutting government spending is the most important of all flies in the face of the CBO that has concluded that their bill would add \$230 billion—your bill, the Republican bill—\$230 billion to the Nation's debt by 2021. Do not vote for this.

Mr. KLINE. Mr. Speaker, I am pleased to yield 2 minutes to my friend and colleague, a member of the committee, the gentlewoman from North Carolina (Ms. FOXX).

Ms. FOXX. I thank my friend for yielding me time.

I rise today in support of H.R. 2, which repeals the job-destroying government takeover of health care.

Voters rejected the "government knows best" philosophy in November. In contrast, Republicans believe that

American innovation and reduced government control are keys to successful health reform that reduces health care costs. For instance, it's estimated that 1 percent of the most seriously ill account for more than 25 percent of all health care expenditures. What if we could improve the care of these patients and at the same time reduce costs?

We can. We can by harnessing the power of innovation and health research in fields like regenerative medicine. Regenerative medicine develops technologies to replace or regenerate organs and tissues using the patient's own cells. These treatments could reduce the cost of chronic diseases by \$275 billion a year. Consider the fact that Dr. Anthony Atala at the Institute for Regenerative Medicine at Wake Forest University has been able successfully to grow bladders for bladder replacement surgeries from the recipient's own cells. Yet despite several successful bladder transplants, the FDA insists he go through additional clinical trials on animals and spend millions of dollars in testing that is clearly unnecessary based on his success with the human transplant surgeries.

The Federal Government's regulatory burden is stifling innovation in America, and the government takeover of health care, passed by the ruling Democrats last year, will impose more job and innovation-destroying regulations on health research. Therefore, I urge my colleagues to vote in favor of investing in new health technology and research by voting "yes" on H.R. 2.

Mr. GEORGE MILLER of California. I yield 2 minutes to the gentleman from Texas (Mr. HINOJOSA), a member of the committee.

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

Mr. HINOJOSA. Mr. Speaker, I rise today in strong opposition to H.R. 2.

Over one-third of my constituents in the 15th Congressional District of Texas are currently uninsured. With passage of the Affordable Care Act, that number, which has risen year after year, is finally coming down. I project that the percentage of uninsured individuals could drop to only 10 percent.

Right now, thanks to the Affordable Care Act, children who are 26 and under can stay on their parents' policy as they finish school and search for a job. With the passage of health care reform in 2010, senior citizens who hit the doughnut hole are now going to receive rebates and small businesses have had their taxes cut, all the result of the Affordable Care Act. If the proposed health care act repeal were to pass, it will destroy this progress I have seen in my district and in my State.

The families and businesses in my district cannot afford more uncertainty. They cannot afford to go back to the old health care system that was not working for millions of Americans

and whose spiraling costs were driving our Federal budget into the abyss.

Right now, the Affordable Care Act is extending affordable health care insurance to millions of Americans. However, here in Congress, the majority party is asking the House to repeal the law we passed without holding hearings and without offering a meaningful alternative to the American people who are working, who are presently without insurance, or who have preexisting medical conditions. Those Americans were struggling to pay for hefty premiums to insurers. If there are some things that need to be fixed in the present law, we can fix them, but throwing out all the progress we have made is not the answer.

The focus of this new Congress should be reducing the staggeringly high 9½ percent unemployment rate. Instead, we have a bill before us today that makes it harder for businesses to provide benefits to the employees that eliminate the hundreds of thousands of new jobs that were being created in the health and medical fields.

The Affordable Care Act doesn't reduce jobs; it saves lives. I strongly urge my colleagues to vote "no" on H.R. 2.

Mr. KLINE. Mr. Speaker, I am pleased to yield 5 minutes to a physician on the committee, the gentleman from Tennessee, Dr. ROE.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Mr. Speaker, I rise today to support H.R. 2, the repeal of ObamaCare. For the past 30 years, I haven't been a politician but a physician treating patients and delivering babies in rural east Tennessee. And I can say without hesitation that we have the finest health care system in the world.

Health care should not be a partisan issue, and I personally have never operated on a Democrat or Republican cancer in my life. You can't spend \$1 trillion and have a bill that's over 2,500 pages long and not have something good come out of it. This bill is not, however, good medicine for our country.

The repeal of ObamaCare doesn't mean that we aren't for health care reform. Quite the contrary. What I discovered in my own practice of 30 years was health care was becoming more and more unaffordable for our citizens. And we had a group of patients, a group of citizens, who didn't have affordable health insurance coverage. This we need to address.

This bill does increase the number of people having insurance, but does nothing to control the costs. The other side says that if we repeal ObamaCare, it will increase the costs and decrease access.

□ 1100

Let's take a look at three government-run plans. One is TennCare, my State's Medicaid program; the Massachusetts Care; and Medicare.

In TennCare, we had a plan that had competing interests. It would compete

for your business. It was supposed to hold costs down. We saw our costs in Tennessee from 1993 until 2004 and 2005 go from \$2.6 billion to \$8 billion. It tripled. And what we found was that half the people who went on the government plan had private health insurance and dropped it and got on the government plan. This plan took up almost every new dollar our State took in. We balanced this on the backs of college students. We have less highway patrolmen in our State than we had 30 years ago, and we have 2 million more people. What our Democratic Governor did was rationed care by cutting the rolls of TennCare patients and also limiting the access to physicians to eight visits per year.

Let's look at Massachusetts Care where there is a mandate right now. You are required to buy a good or service and the government decides what the right good or service is, not you as the consumer. So what happens is it hasn't held the costs down there either. They have the highest private insurance premiums in America in Massachusetts. Emergency room visits are not down. And why is that? The same as TennCare. These plans don't pay for the cost of the care, shifting more cost over to the private sector, making it more and more expensive.

The second thing this mandate does is it empowers lobbyists. How it does that is you will see the lobbyists come to us, the politicians, and say, Hey, we want this medicine or this device on our plan. And these are the people that write the checks to the politicians, so you are empowering them.

Let's finally look at Medicare, a program that started in 1965 as a \$3 billion program. The government estimators at that time said in 25 years this will be a \$15 billion program. It was over a \$100 billion program. Today, it is over \$400 billion.

So we have three examples where costs are out of control in the government-run plans.

The senior citizens understand this. When you take \$500 billion out of a plan, and in the next 10 years we are going to add 36 million seniors, three things are going to happen when you have got more patients chasing fewer dollars: You will have decreased access, you will have decreased quality, and you will have increased costs. That is a given.

We had the President say last year, I will go over this bill line by line.

I have read this bill. I wanted to go over it. I wanted to have meaningful health care reform but was denied that privilege.

Without exception, our States are almost broke, every one of them. And we are adding another unfunded Federal mandate to require them to pay and implement a plan that is already breaking them, the expansion of Medicaid, which is an entitlement.

Businesses get it also. If this is such a great plan, why have, to date, 222 businesses opted out, including McDon-

ald's and, of all people, the SEIU, the government's employee union who fought for this and then opted themselves out? I find that ridiculous when you see that.

The doctors get it. The doctor fix, the SGR fix is not in this bill. It is a cost that was hidden. As doctors are squeezed, they cannot see patients that cannot pay the cost of the care.

Malpractice is not in this bill. I can tell you as an OB-GYN doctor, it is over the top. It is almost unaffordable for us.

So the American people get it. The people of Tennessee get it. And we as elected representatives get it. We got that in the election of November 2.

I want to encourage my colleagues to vote to repeal ObamaCare.

Mr. GEORGE MILLER of California. I yield myself 30 seconds.

I would just say to the gentleman from Tennessee it is universally recognized that there was no worse-designed health care plan than TennCare; that all you did was extend the benefits and no cost containment and no pay-fors, and it damn near bankrupted the State.

It is also recognized that nowhere have health care costs gone up faster than in the private sector, much faster than Medicare because, once again, there is not much in the way of cost containment. You just reimburse people for the cost.

This legislation has cost containment, and that is why CBO says, if you repeal it, you will drive up the short-term deficit to \$30 billion and long-term deficit to \$1.2 trillion. That is the difference.

I yield 2 minutes to the gentlewoman from New York (Mrs. MCCARTHY), a member of the committee.

Mrs. MCCARTHY of New York. I appreciate the gentleman's yielding me this time.

Mr. Speaker, I rise today in opposition to H.R. 2, a bill that would repeal the Patient Protection and Affordable Care Act.

The Affordable Care Act, signed into law in March of 2010, is an important first step in reforming our health insurance system, a system that everyone knows is broken. The Affordable Care Act provides access to the insurance market for millions of Americans, puts in place important consumer protections, and reduces our country's deficit.

This new Congress was elected promising a transparent process with input from all Members. This repeal bill, however, has not even been considered by a single committee in the House. Members are also being shut out of the process.

I cosponsored four amendments submitted to the Rules Committee; none were accepted.

I cosponsored an amendment to ensure that women continue to receive the protections provided by the Affordable Care Act. The Republicans did not allow this amendment to come up to the floor.

I cosponsored an amendment to ensure that all seniors will continue to receive the increased benefits in Medicare and that the doughnut hole will continue to be closed. The Republicans did not allow this amendment to come up for a vote.

I cosponsored an amendment to ensure that small businesses continue to receive the tax cuts provided for in the Affordable Care Act. The Republicans didn't allow this amendment to come up for a vote.

I cosponsored an amendment to ensure that we are responsible stewards of our Federal budget and to prevent this repeal bill from adding to the deficit. The Republicans did not allow the amendment to come up for a vote.

This new Congress ran on a campaign of lower taxes on small businesses and reducing the Federal budget deficit. This bill, however, would raise taxes on small businesses and individuals and add a trillion dollars to the deficit.

Just to be clear, a vote for this bill will be a vote for higher taxes and increases in the deficit. Although there is an effort to bring this repeal bill to the floor today, what is being proposed in place of affordable care? Nothing.

My office has dealt with this for years. Please, vote "no" on this bill.

Mr. KLINE. I yield 30 seconds to the gentleman from Tennessee (Mr. ROE) to respond to the gentleman from California's comments.

Mr. ROE of Tennessee. Mr. Speaker, just to address my colleague from California, I would argue that Tennessee has thought this plan well out; and the problem with this plan is, when you have more services chasing fewer dollars, you are going to create waits in a situation where you shifted the cost.

You talked about the private health insurance costs going up. That is true. There is innovation, liability. There are a lot of reasons for that, Congressman, but one of the main reasons is an overpromise by government programs that shifts costs. We saw that in our State. We can do better.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Michigan (Mr. WALBERG), a member of the committee.

Mr. WALBERG. Mr. Speaker, I rise today in support of the repeal of the government's takeover of health care.

We are well aware of how the health care law created hundreds of billions of dollars in new taxes while doing little to drive down costs and causing millions to lose access to health coverage. Even more troubling is how dramatically this law grows government and constricts individual freedom and American exceptionalism.

When this laws was passed, the Democrats said it would create 4 million new jobs. Instead, we got over 2,000 pages of job-killing new taxes and less choice. This law was clearly an overreach of government control.

In place of government-run health care, true reform can be achieved through multiple patient-centered alternatives, including expanding HSAs,

association health plans, and allowing the purchase of health insurance across State lines.

Americans agree. A Gallup/USA Today poll this week confirms that only 13 percent of Americans support the current law. Simply put, the American people want this law repealed, and so do I, as I promised.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Speaker, my mother always told me that if you have your health, you have everything, which is why I have always believed every American should have access to the care they need to be healthy.

Now my colleagues want to repeal health care without an alternative. Well, it is easy to say you are against something, but it is much harder to come up with solutions. Americans deserve to know how my colleagues' plan will protect patients.

Specifically, women shouldn't get denied care based on gender or have to pay hundreds more in insurance premiums than men, nor should they need a permission slip to see an OB-GYN.

The 32 million Americans without insurance need access to coverage.

Insurers shouldn't deny children coverage because they have been sick.

□ 1110

Medicare must be kept solvent over the long term, and seniors should have access to affordable prescriptions. Americans shouldn't face outrageous annual premium hikes, such as the 59 percent increase many of my own constituents are looking at today.

The health care reform bill addresses each of these problems and many more. It is irresponsible to repeal without a plan to fix the issues in our health care system. Further, thanks to Governor Schwarzenegger's efforts before leaving office, California is leading the way in implementing reforms already authorizing health insurance exchange marketplaces to buy affordable insurance. Repeal will cripple health reform efforts in my State and leave it without direction going forward.

I can't support legislation that does not offer solutions and goes backward. Let's focus on creating jobs and not taking away health care from patients.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to a new member of the committee, the gentleman from New York (Mr. HANNA).

Mr. HANNA. Mr. Speaker, I rise today in support of H.R. 2 so that we may replace the well-intentioned but ill-conceived health care law signed last year with reforms that increase access to care and lower costs.

We know that the current law raises premiums. We know that it cuts Medicare by more than \$500 billion. That's unacceptable to the over 120,000 seniors in my district who rely on Medicare benefits. We know it raises taxes, im-

poses costs on small businesses, and will substantially burden New York taxpayers.

Tomorrow I will vote to instruct committees, including the Education and Workforce Committee, to produce thoughtful and improved legislation. I look forward to supporting reforms that lower premiums through competition; allow folks with preexisting conditions access to affordable health care; reform the medical liability system; preserve a patient's ability to keep their own plan; and expand incentives to encourage personal responsibility for health care coverage and costs.

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

Mr. HOLT. Mr. Speaker, I rise in strong opposition to the budget-busting legislation that fails to create one new job and returns our health decisions to insurance companies rather than doctors.

Repealing the health reform law would be a big mistake. Instead of focusing on job creation or retirement security or fair taxes, we're debating repealing a law that protects Americans from insurance company abuses and provides fairer and more accessible health care for children, for veterans, for seniors, for employees, for employers. The law saves the average taxpayer money, and it saves the insured money.

On Monday, we celebrated Dr. Martin Luther King, Jr. Day. Dr. King fought for an America where everyone regardless of race or class background had access to the American opportunity. He said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Today, the new majority is trying to repeal the health reform law that we enacted just one year ago. That historic law provides secure health insurance coverage to almost all Americans and lowers the deficit. The days of "you're on your own" are past now. The law ensures that health insurance companies actually have to provide health insurance, not just in name, but it requires that they spend your premium dollars on actually providing health care.

If this reform law were repealed, Anna's 24-year-old son in Kendall Park, New Jersey would become uninsured; Todd from Eatontown would not be able to get insurance due to his preexisting condition; and thousands of seniors on Medicare, like Howard from Monroe, would not be able to afford his lifesaving prescriptions.

Matthew from West Windsor wrote me to say, "I just graduated from college, and I'm working at a job with no health care." He's grateful now that he can be on his parents' health insurance plan, but he's concerned if this is repealed. He says, "I have a preexisting condition, and shockingly, I truly would be without insurance and in deep trouble if this law were reversed."

I urge my colleagues to vote no on repealing the health care reform law.

Mr. KLINE. Mr. Speaker, I am very pleased to yield 1 minute to another new member of the committee, the gentleman from Indiana (Mr. ROKITA).

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

Mr. ROKITA. I thank the gentleman from Minnesota for yielding me time.

Mr. Speaker, I rise in support of freedom for every American and against the expansion of government. The people of Indiana sent me to Washington, D.C. with very specific instructions: Get the government out of our lives.

Therefore, I will be voting yes on H.R. 2. Every honest person in this debate knows that this law doesn't solve the problems in our health care system. Its solution, to destroy the best health care system in the world and replace it with even more inefficiencies, government controls, loss of personal freedom and trillions in new costs to the taxpayers, will fail.

And let's not forget that there are programs already in place that are supposed to do many of the things the President has talked about his law doing. We should start with reforming those. Also, health savings accounts, insurance across State lines, covering preexisting conditions, and even subsidizing the poor's purchase of a private policy should all be implemented.

Health care is not a right, and if we are not careful, the feel-good, empty promises made in this law will bankrupt our country and leave our grandkids to pay for it.

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

Mr. GRIJALVA. Thank you, Mr. MILLER.

I rise today in opposition to a regressive and unfair piece of legislation, H.R. 2. We must protect the American people from the Republican NoCare agenda. Their agenda for America is simple:

NoCare if you lose your job.

NoCare if you or your child has a preexisting condition.

NoCare if you are a senior in the doughnut hole.

NoCare if you're under 26 and on your parents' plan.

NoCare if you get sick and your insurer drops your coverage.

NoCare if your insurer hikes your premiums higher than you can afford.

NoCare for Indian health care services reauthorization.

NoCare for community health centers.

NoCare for closing the disparity gap in America's health care delivery system.

I urge my colleagues to vote against this repeal that would take away the progress that we are making to protect our constituents. I urge my colleagues to stop protecting insurance companies

and, finally, finally, take a step toward empowering the American people.

Mr. KLINE. Mr. Speaker, I am very pleased to yield 1 minute to another new member of the committee, a physician, the gentleman from Indiana, Dr. BUCSHON.

Mr. BUCSHON. Thank you, Chairman KLINE.

Mr. Speaker, I rise today in support of H.R. 2, the repeal of the Affordable Care Act. I consider this one of the most crucial votes in this Congress. As a cardiothoracic surgeon, I can speak from the perspective of a physician who has dealt with the growing need for health care reform in our country.

We all know there are too many uninsured; too many underinsured. But a government solution is the wrong approach. This law does nothing to address the critical issue in health care today, and that's the rising cost of health care.

Now let's touch on my patients. Sixty to 70 percent of my patients are in Medicare. A \$500 billion cut in the funding of Medicare and decreasing reimbursement for physicians, for hospitals and other providers over the course of time will lead to what it has led to in every other country that has a government health care system—rationing of health care for some of the most vulnerable people in our society, our American seniors.

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

Mr. BUCSHON. Thank you.

Mr. GEORGE MILLER of California. I yield 2 minutes to the gentleman from Virginia (Mr. SCOTT), a member of the committee.

Mr. SCOTT of Virginia. Thank you.

Mr. Speaker, it is important that we focus attention on the substance of the debate on health care. Some think that just calling repealing health care reform ObamaCare or calling it a job killer when it will actually create jobs, or even calling it a government takeover when it doesn't even include a public option constitutes the discussion.

But we need to talk about what is actually in the bill and what is actually going to be repealed, because we need to talk about what's going to happen to those under 26 that are now able to stay on their parents' policies. Repeal will kick them off of those policies.

We need to talk about what's going to happen to those with preexisting conditions. We need to talk about what is happening to those who can now get checkups, annual checkups and preventive care with no copays and deductibles.

□ 1120

We need to talk about the fact that we are digging senior citizens out of the doughnut hole and that repeal will keep them in the doughnut hole.

Insurance reform: No rescissions, no cutting off insurance in the middle of a treatment.

We need to talk about what we are doing as to unreasonable increases.

That's what you're going to be repealing if you repeal health care reform.

Affordability: All Americans under health care reform in 2014 will be able to afford health care. We will be giving tax credits to businesses to encourage them to provide health care.

This bill will create jobs. You will be destroying jobs. And you say nothing about the deficits. The CBO has already calculated that you will significantly increase the deficit if this bill passes.

Mr. Speaker, health care reform is a matter of life and death. If Republicans want to repeal health care, they ought to be clear and tell the public what will actually happen to young adults, those with preexisting conditions, seniors, what is going to happen to the doughnut hole or insurance abuses or the future of the affordability of health care.

We should not just be resorting to labels and slogans. We have to be clear as to what we are doing to the public.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another new member of the committee, the gentleman from South Carolina (Mr. GOWDY).

Mr. GOWDY. Thank you, Mr. Chairman.

Mr. Speaker, the Constitution of the United States has limits.

Surely one of those limits must be that Congress cannot compel a private citizen to engage in a private commercial transaction.

Surely the Congress of the United States cannot compel a person to purchase life insurance, because generational debt is a bad thing.

Surely the Congress of the United States cannot compel someone to purchase vision insurance or dental insurance.

The Constitution of the United States places limits on Congress, and it is time that this body honored those limits envisioned by our Forefathers. To ask for self-restraint or respect for the Constitution should not invite challenges to our humanity or accusations of moral acquiescence.

I am from the upstate of South Carolina; and every time I go home, I hear about the need for health reform and about the fear that people have with respect to preexisting conditions; but I support a solution that is patient centered and not government centered. I support a solution that is affordable and not generational embezzlement, and I support a solution that is consistent with the Constitution.

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

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

Mr. TIERNEY. Mr. Speaker, it is deeply disappointing that, following last week's near universal calls for unity and cooperation and amidst all of the calls to lower the temperature of

political discourse and to move to working together to solve America's pressing issues, the new Republican majority is moving full steam ahead with an attempt to repeal the Affordable Care Act.

The health care law may not be perfect—that prospect would always certainly be open to debate and suggestions on how it might be improved might also be open to debate—but instead of working together and building on the work that has been done and the progress that has been made, we find ourselves here today, debating and voting on a bill, which, while it may pass the House, most certainly will never become law—nor should it.

Some may call it political catharsis. Others may call it pure theater, plain and simple; but let's be clear: the positive impact the existing health care reform law is having on millions of residents and families in all of our districts is very real, and the law's important, commonsense consumer protections are very popular.

Specifically, this misguided legislation will spell the end of one meaningful consumer protection which I and others fought to get into the law. This protection, the medical loss ratio requirement, holds insurance companies accountable and ensures consumers are receiving the health services for which they are paying top dollar.

In 1993, many private companies routinely spent 95 cents of every dollar on health services. By 2008, in the absence of regulation otherwise, many had reduced their spending on health services to below 75 percent, some to even less than 60 percent of those premium dollars. That meant that companies could spend up to 43 cents of your premium dollar on executive salaries, advertising, lobbyists, bonuses, dividends, and other administrative costs instead of using it for what you had contracted for—health care.

To keep their excessive profits up, you may have been charged ever-higher premiums or may have been denied care through a number of anticonsumer gimmicks. You might have been denied coverage because you or your family member had a preexisting condition or because you had coverage capped annually or in a lifetime, stopping coverage when it was most needed, or, as a parent, you were refused coverage for your children under 26 even if they were still unemployed or were working someplace where coverage wasn't available.

All of these injustices are addressed in the bill. Its repeal would reverse that. I ask that this misguided bill fail, and I ask my colleagues to vote against it.

Mr. KLINE. May I inquire of the Speaker how much time is remaining on each side.

The SPEAKER pro tempore. The gentleman from Minnesota has 26½ minutes remaining. The gentleman from California has 22 minutes remaining.

Mr. KLINE. Mr. Speaker, at this time I am very pleased to yield 1 minute to

another new member of the committee, the gentlelady from Alabama (Mrs. ROBY).

Mrs. ROBY. Thank you, Mr. Chairman.

Mr. Speaker, I rise today to stand with my colleagues in support of H.R. 2 that will repeal the Health Care Reform Act.

Sadly, this law is less about providing health care for all citizens and more about expanding Federal Government.

It translates into substantial cost, over \$500 billion, that must be paid for by hardworking, tax-paying Americans. In economic hard times, it is our responsibility to ensure that this does not occur. If we do not repeal this law, our inaction will serve as nothing less than gross fiscal irresponsibility. This must not happen.

I want to tell you about the owner of the Pizza Hut in Headland, Alabama, who will be forced to close his doors due to the costs associated with this law. Then there is the gentleman who owns pharmacies throughout the Southeast, who told me he has the ability to create two jobs but who cannot do so because he doesn't know what the Federal Government is going to do to him next.

Just like our forefathers answered the call to right wrongs, we too must answer a call. The citizens in our districts have spoken, and in their words, We must repeal this law.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. BISHOP).

Mr. BISHOP of New York. Mr. Speaker, I believe it is time that this Congress does what President Obama called on Americans to do last week: approach our debates and our differences with civility and honesty.

We appear to be doing reasonably well with regard to civility, but less so with honesty. Once again, we tackle health care, and the debate is sliding back to one-line attacks and misrepresentation instead of the new health care law's merits or its actual impact on real Americans.

The Affordable Care Act has been referred to as a "job-crushing law." This is simply not honest as my colleagues across the aisle disregard the fact that, since it was signed into law last March, over 1 million private sector jobs have been added to the economy, with 207,000 of those jobs coming from the health care sector.

Some speak of the repeal as if eliminating health care reform would have no meaningful fiscal consequences. This, too, is not honest. The Congressional Budget Office has estimated full repeal would increase the deficit by \$230 billion over 10 years and another \$1.2 trillion in the following decade.

Some argue that repeal will, in fact, reduce the deficit. If this is true, why have we yet to see a positive score that affirms such a point?

Repeal does nothing, absolutely nothing, other than leaving families

with real health issues no place to go for help.

What do I tell the parents of the 9,000 children in my district with pre-existing conditions who will be unable to access coverage when the ban on discriminating against children with pre-existing conditions is repealed?

When insurance companies can claim cancer or pregnancy as a preexisting condition, what will survivors and mothers do for health coverage?

What will the 126,000 so affected individuals on eastern Long Island do?

What will the 2,400 young adults who have been able to stay on or to rejoin their parents' health insurance on eastern Long Island do if repeal is successful?

What will the 112,000 Medicare beneficiaries who can now receive free cancer screenings and other preventive care do?

What about the 8,500 part D prescription drug plan recipients who can no longer count on the doughnut hole being closed and who will, once again, face higher drug costs if repeal is successful?

Mr. Speaker, simply replacing the positive impact the Affordable Care Act has had on American families with inaccurate arguments does not solve our problem. I urge my colleagues to vote "no" on the legislation.

Mr. KLINE. Mr. Speaker, I am very pleased to yield 2 minutes to another new member of the committee, a physician, the gentleman from Nevada, Dr. HECK.

Mr. HECK. Mr. Speaker, increasing access to high-quality health care while reducing costs, that was the goal of the recently enacted health care law. But no matter how well-intentioned, very few now stand by that law in its entirety. The new health care law will cost money that taxpayers don't have, and it will cost jobs we can't afford to lose.

Now is the time to reexamine this misguided law before young families are forced to buy something they can't afford or face fines from their government, before seniors are forced to find new doctors or lose the kind of insurance plans they enjoy now, before small businesses shed jobs or are forced to close their doors due to budget-busting regulations.

□ 1130

More access, lower cost. It's safe to say that every American supports that idea. As an emergency medicine doctor, I know that I do. And working on the front lines of health care I've seen what works and what doesn't. Forcing people to buy insurance or fining them, eliminating seniors' access to Medicare Advantage, and burdening small businesses with onerous taxes don't work.

What the American people want are solutions that don't cost more taxpayer money and don't prevent small businesses from hiring new employees; making sure people don't lose their coverage once they get sick; letting de-

pendent children stay on their parents' insurance until they turn 26; making sure anyone who wants to buy insurance can purchase a policy regardless of preexisting condition; and allowing consumers choice while creating incentives to purchase insurance that fits their needs works. Some of these solutions are there, but there is more wrong with this bill than there is right.

So let's repeal this law that doesn't work. Let's repair those pieces that could work. Let's replace it with patient-centered solutions that will work. And let's give the American people the health care they deserve.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentlewoman from Hawaii (Ms. HIRONO), a member of the committee.

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

Ms. HIRONO. Mr. Speaker, Democrats' top priority is creating jobs. We want to work with Republicans to achieve this goal, but instead of focusing on jobs and growing the economy the new leadership has decided to start by debating H.R. 2, which will repeal patients' rights, put insurance companies back in charge, and add to the deficit.

Yesterday, the Democratic Steering and Policy Committee held the only hearing the new Congress will have on this bill. We heard from families from Maine to Florida, from Rhode Island to Missouri, real people, real stories. Freedom was a common thread in their stories. Because of health care reform, these families are free from worrying about being denied coverage because of a preexisting condition and free from worrying about escalating medical debt because of lifetime caps on their insurance plans. These families now have a sense of security and peace of mind.

For over 37 years, thanks to Hawaii's landmark Prepaid Health Care Act, our families have largely been protected from some of the most unfair insurance company practices, but health care reform is still helping thousands of families and small businesses across my State. A mother in Kailua, Hawaii contacted me to tell me that she can now add her 21-year-old son and 24-year-old daughter to her work-sponsored insurance plan. This mom used to pay \$900 a month for just her daughter's health insurance and prescription drugs. Now she pays \$300 a month to cover both of her children under her company's plan. This family used to spend \$10,800 a year for health care for one child; now they spend \$3,600 a year for health care for the entire family.

I recently heard from a senior in Waimea on Hawaii Island who referred to her \$250 Medicare doughnut hole rebate check as a blessing in these tough economic times. Let's be clear: The Patients' Rights Repeal Act will hurt, not help, middle class families and small businesses in Hawaii and across our Nation.

I urge my colleagues to join me in voting against H.R. 2.

Mr. Speaker, listen to Stacie Ritter's story. Stacie is the mother of twin daughters, Hannah and Madeline, now 11, who were diagnosed with leukemia at the age of 4. Stacie has always worried about her daughters' health and having health insurance to cover the stem cell transplants and other cancer treatments. Because of health care reform, Stacie doesn't have to worry about the twins being denied coverage because of a pre-existing condition. This repeal bill will allow insurance companies to deny Hannah and Madeline health insurance for the rest of their lives. The 19.4 million children in our country with pre-existing conditions would face the same fate.

Listen to Dr. Odette Cohen, from Willingboro, New Jersey, a small business owner. The small business tax credits in the health care reform law not only lower the cost for her to provide good health insurance for her employees, but they also give her the flexibility to hire another nurse practitioner. She'll be seeing more patients and growing her business and helping the economy.

According to Forbes Magazine, major health insurance companies around the country are reporting a significant increase in small businesses offering health care benefits to their employees. Repeal would either force small businesses to drop their employees' coverage or businesses would bear the full cost of insurance themselves.

Speaker BOEHNER has pledged to listen to the people. Because of Hawaii's landmark Prepaid Health Care Act of 1974, which mandates that employers provide insurance coverage for their full-time employees, Hawaii's families have largely been spared from some of the most unfair insurance practices. But health care reform still helps thousands of families across our state.

A mother in Kailua, Hawaii contacted me to thank us because she could now add her 21-year-old son and 24-year-old daughter to her work-sponsored insurance plan. This mom used to pay \$700 a month for her daughter's health insurance and \$200 a month out-of-pocket for her prescription drugs.

Now, this mother pays just \$300 a month to cover both of her children under her company's health plan. This family used to spend \$10,800 a year for health care for one child. Now, they spend \$3,600 a year for health care for the whole family. This family is using the money saved on health insurance for other household needs, including paying down past medical debt.

Middle class families are saving money because of health care reform. Young adults, many of whom are having a hard time finding jobs, now have health insurance. Under H.R. 2, thousands of young adults will lose their insurance coverage, including 2,500 in Hawaii.

Here's what else repealing health care reform will do to the people of Hawaii:

193,000 seniors in Hawaii who have Medicare coverage would be forced to pay a co-pay to receive important preventive services, like mammograms and colonoscopies.

Medicare would no longer pay for an annual check-up visit, so 193,000 seniors in Hawaii who have Medicare coverage would have to pay extra if they want to stay healthy by getting regular check-ups.

In Hawaii, 17,959 Medicare beneficiaries received a one-time, tax-free \$250 rebate to

help pay for prescription drugs in the "donut hole" coverage gap in 2010. I recently heard from a senior in Waimea on the island of Hawaii who referred to this check as a blessing. She was able to use that money to pay for her other medical bills.

Medicare beneficiaries who fall into the "donut hole" in 2011 will be eligible for 50 percent discounts on covered brand name prescription drugs. Closing the Medicare donut hole is an especially critical issue for Hawaii as we are home to the Nation's largest percentage—36 percent compared to 26 percent—of Medicare beneficiaries that fall into this gap of prescription drug coverage. Without repeal, the burden of high prescription drug costs would hurt millions of Medicare beneficiaries across the country.

An estimated 28,700 small businesses in Hawaii would no longer be eligible for the new federal tax credits that will help make providing health care coverage for their employees more affordable.

Let's be clear, the Patients' Rights Repeal Act will hurt, not help middle class families in Hawaii and across our Nation. That's bad enough. But this repeal also expands the federal deficit. The non-partisan Congressional Budget Office reported that repealing the health reform law would increase the federal deficit by \$230 billion over the next ten years and more than \$1.2 trillion in the following decade.

At a time when our focus needs to be on jobs, bills should pass the following 3-pronged test: 1) Does it create jobs? 2) Does it strengthen America's middle class? and 3) Does it reduce the deficit? On all counts, H.R. 2 is a resounding failure. I urge my colleagues to join me in voting against H.R. 2.

Mahalo nui loa (thank you very much).

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another new member of the committee, the gentleman from Florida (Mr. ROSS).

Mr. ROSS of Florida. Mr. Speaker, today I rise in support of repealing and replacing the recently enacted health care law that nationalizes nearly one-sixth of our country's gross domestic product.

This past November, the American people sent a resounding message to Congress and to this administration that they do not want to pay higher taxes for a one-size-fits-all health care system that replaces doctors with bureaucrats. Instead, the American people want complete control of their health care dollars and health care decisions, and they want to be able to take their policies with them from job to job without being penalized by the Federal Government.

Americans need privatized health care that forces competition in order to achieve affordability, choice, and innovation. As a small business owner, I understand that adding \$104 billion in taxes and compliance costs to our unstable job market creates a massive burden on our taxpayers and is not the best way to encourage economic growth.

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

Mr. KLINE. I yield the gentleman an additional 15 seconds.

Mr. ROSS of Florida. Imposing new regulations on small businesses by mandating employers provide health insurance stifles economic growth and makes it difficult for businesses to survive.

We can bring down costs and increase affordability by allowing the free market to create robust competition. One commonsense reform is to allow for the interstate sale of health insurance. By breaking down the barriers to the sale of health insurance, American citizens will have the ability to choose the plan that best fits their needs at a rate that is affordable to them. By allowing competition, we bring costs down and provide the best possible product for the American people.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, in 1986 over 66 percent of America's employers provided retiree health insurance. In 2009, that number had collapsed to 29 percent. What the health care bill did was use a tried and true method of setting up a reinsurance program that we use for flood insurance, terrorism insurance, and to insure the nuclear energy industry.

This fund, which will cost-share and cost-spread the high claims of older 55-plus Americans, is a program that employers have stamped into. Over 4,700 employers have entered into this program. Over half the Fortune 500, many whose corporate logos are right here—something that Coke and Pepsi and AT&T and Comcast can come together on—are voting with their feet because this is a program that works.

Mr. Speaker, public employers are also taking advantage. This map shows yellow States who have not entered the program. If you notice, no yellow States have not entered the program. All 50 States with Republican governors and Democratic governors have entered into this program, States who are suing the Federal Government to overturn the health care bill—they know a program that's going to work to make sure that their health care costs are going to be controlled and spread. This means that police officers, teachers, people working in corporations who are 55 and up can retire with confidence, opening up opportunities for young Americans which clearly the prior system was not going to allow.

Mr. Speaker, this bill will blow up this program, which employers who are voting with their feet say will work. That is not creating jobs. This program creates jobs. It lowers costs for employers and provides an avenue for young people to have a future in this country.

We should vote "no" on this legislation. Let's grow America's economy. Let's preserve the Early Retiree Reinsurance Program.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to another physician, the gentleman from Louisiana, Dr. FLEMING.

Mr. FLEMING. I thank the gentleman from Minnesota.

Mr. Speaker, repealing ObamaCare is an imperative for four reasons. First, while it increases the numbers under coverage, it will ultimately sharply reduce access to care. Like Canada and Britain, socialized medicine will mean carrying an insurance card that will entitle you only to less choice, longer waits, and rationing.

Second, while the health care system is now hard to navigate, under ObamaCare it will be a nightmare. With over 150 new mandates and agencies controlled by unelected, unaccountable bureaucrats and IRS agents, to whom will we turn when the system fails us?

Third, as yet another entitlement program financed through a Disney fantasy of accounting, it will add to the current entitlement fiasco in Washington, exploding the budget for many generations to come.

And finally, with higher taxes and more restrictions on businesses, employed Americans will continue to decline or become an endangered species altogether.

Let's repeal the worst legislation in a generation, ObamaCare.

Mr. GEORGE MILLER of California. Can I just say to the gentleman from Minnesota, I think I'm starting to understand the physician shortage in the country; most of them are in the Congress, apparently.

Mr. KLINE. And we're so happy to have them.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from New York (Mr. TONKO).

□ 1140

Mr. TONKO. Mr. Speaker, I am committed to working with my colleagues to create jobs. But here we are, debating repeal of health care reform instead of focusing on job creation. In fact, health care reform was a good start. Since enactment in March of 2010, private-sector job growth has grown by some 1.1 million jobs. Among those, over 200,000 jobs were created in the health care sector alone. That is why my top priority remains job creation and growing our economy—not obsessing on repealing a bill that is working.

If my friends on the other side of the aisle are successful, then seniors, young people, and small businesses in the capital region of New York would be hurt. Take my constituent Tim from Albany, New York, for example. Tim is forced to dig into his pocket to pay for prescription drugs even though he is a retired pharmacist on Medicare. However, health care reform provides Tim extra assistance in paying for his prescriptions and ensures that the so-called doughnut hole payment will be no more in the very near future.

Mr. KLINE. Mr. Speaker, I am really pleased, following the comments of the gentleman from California, to yield 1 minute to another physician, a new

member of the committee, the gentleman from Tennessee, Dr. DESJARLAIS.

Mr. DESJARLAIS. Mr. Speaker, I rise today in support of H.R. 2. As a practicing physician for nearly two decades in Tennessee, I stand before you as an expert witness to failures of a government-run health care model. ObamaCare takes the problems I've seen in my home State and expands them to a national level.

This bill raises taxes, increases spending, and will add \$701 billion to the Federal deficit. Most importantly, ObamaCare will ultimately end up restricting patients' access to quality health care by placing Washington bureaucrats between patients and their doctors.

Moving forward, we do offer solutions. We must work towards reducing waste, fraud, and abuse in Medicare, instituting meaningful tort reform—thus reducing the practice of defensive medicine. We can accomplish these goals without the creation of a giant, new Federal bureaucracy.

By voting to repeal this unnecessary health care bill we will effectively put a stop to the creation of a massive entitlement program that we did not want, we do not need, and we cannot afford.

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

Ms. BASS of California. Mr. Speaker, I rise in opposition to H.R. 2.

In survey after survey, the number one issue facing our country is jobs. Last year, my colleagues on the other side of the aisle said the number one issue we should be working on is jobs. Well, the health care reform act is a jobs bill.

In the seventies and eighties I worked in several hospitals in the Los Angeles area. During those years, there was such a severe shortage of health care providers that hospitals recruited nurses from Canada and the Philippines. Right now, there is an estimated shortage of 400,000 nurses nationally. Right now, there is an estimated shortage of 50,000 doctors. Right now, there are waiting lists of several years to get a slot in nursing schools and other allied health professions.

So if there is a shortage of medical personnel right now and health care reform expands coverage to 30 million people, then can someone explain to me how health care reform is not a jobs bill?

Mr. KLINE. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Indiana (Mr. PENCE).

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

Mr. PENCE. Mr. Speaker, I rise in strong support of H.R. 2, repealing the government takeover of health care passed by the 111th Congress.

Now, I know my colleagues on the other side of the aisle and many of their supporters in the mainstream

press don't like us to use that term, but let me defend it for a moment. When you order every American to buy health insurance—whether they want it or need it or not—that's a government takeover of health care. When you order almost every business to provide government-approved health insurance or pay higher taxes and send their employees to government-run health exchange programs, that's a government takeover of health care. When you pass legislation that makes it all run with hundreds of billions of dollars in higher taxes, mandates, bureaucracy, and even public funding of abortion against the wills of the overwhelming majority of the American people, that's a government takeover of health care—and the American people know it.

Last year, House Republicans pledged that if the American people gave us a second chance to lead this Congress, we would repeal and replace their health care reform with health care reform that focuses on lowering the cost of health care insurance without growing the size of government. And we're keeping that promise today.

Now, some in the cynical political class are saying this is a gimmick, it's an empty gesture. Well, we have another term for it on our side of the aisle—it's a promise kept. And House Republicans are here to stand with the American people and say with one voice, We can do better. We can do better than their government takeover of health care. We can pass legislation that will be market-based, patient-centered. But it all begins with today.

So I urge my colleagues to join us in repealing this government takeover of health care before it ever takes effect and then work with us as we build health care reform that is worthy of the American people.

Mr. GEORGE MILLER of California. I yield 30 seconds to the gentleman from New Jersey (Mr. ANDREWS).

Mr. ANDREWS. Mr. Speaker, I wanted to explore one of the aspects of this repeal promise that's being kept.

Thus far, there are hundreds of thousands of seniors who have gotten \$250 rebate checks to help them pay for prescription drugs. I would ask anyone on the other side, what does the legislation say about whether or not the seniors will have to repay those checks to the government?

I would yield to anyone who can answer.

Mr. KLINE. I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1½ minutes to the gentleman from New Jersey (Mr. PAYNE).

Mr. PAYNE. Mr. Speaker, I rise in strong opposition to the Patients' Rights Repeal Act.

Proponents of this bill contend that the current health care law will destroy jobs, but CBO estimates of \$230 billion support the fact that it is the repeal being debated today, not the health care law, that would harm jobs

and drain funds from potential job-building appropriations.

Essentially what is being repealed are the protections afforded to taxpayers through the recently enacted health care legislation, the relief given to American taxpayers who were for so long paying the bills for uncompensated health care costs—which we never hear mentioned over there—and the progress our country made last year to come out of the dark ages as one of the only three developed countries in the world that do not provide universal health care.

Forty-eight hundred seniors in my district and over 1 million seniors in the country were relieved last year by the doughnut hole rebate. But repeal would reintroduce that stress. Nearly 44 percent of non-elderly constituents in New Jersey and 134 million Americans nationwide have preexisting conditions.

Repeal would reintroduce the hopelessness these Americans felt in the past as health coverage denied and stole their ability to access quality health care. Repeal would remove nearly 1.2 million young adults from their parents' health care plan—including my grandson who's 23 and is on his mother's plan—and remove their ability to take preventative measures now to avoid becoming a burden to the system.

I urge defeat of this bill.

Mr. KLINE. Mr. Speaker, before I yield to the gentleman from Pennsylvania, I'll take about 10 seconds to respond to my friend, the gentleman from New Jersey, about the \$250. It's not contemplated in the legislation, nor is it our understanding of the scoring that there is any intention of that \$250 being brought back from those seniors.

I yield 2 minutes to the gentleman from Pennsylvania (Mr. THOMPSON).

Mr. THOMPSON of Pennsylvania. Mr. Speaker, as a health care professional for almost 30 years, I actually sat down and read all 2,000 pages of the health care bill. And as I read through the measure, I became increasingly alarmed at the level of control over an individual's health that would be vested in the Federal Government.

I've spent my life working with those facing life-altering disabilities and diseases. And I've been quick to point out that while we have the best health system in the world, there must be improvements. That is why I am supporting the repeal of the Patient Protection and Affordable Care Act—and I believe there are plenty of reasons for my colleagues to join me.

The law mandates purchase of a government-defined insurance plan, a mandate that the President opposed on several occasions when running for office. As a result of failing to live up to this promise, the Justice Department is now attempting to defend the mandate on the grounds that it is a tax.

According to the nonpartisan Medicare Actuary, because of the law, na-

tional spending will increase by more than \$310 billion over the first 10 years. The law will not lower health care costs, despite numerous claims that we've heard.

According to a Congressional Budget Office analysis, health insurance premiums could rise by an average of \$2,100 per family. This increase comes despite promises of lower premiums.

□ 1150

Mr. Speaker, if this law remains in place, up to 35 million people could lose health care access. According to the former CBO Budget Director, the health care law, quote, "provides strong incentives for employers, with the agreement of their employees, to drop employer-sponsored health insurance for as many as 35 million Americans."

The National Taxpayer Advocate issued a report that suggests 40 million businesses will be impacted by the new IRS 1099 filing requirements. This will require vendors and small businesses to do paperwork on any transaction over \$600. In addition, the Taxpayer Advocate does not believe that this will result in improved tax compliance. This provision is so unrealistic that even the President's Small Business Administrator has called for its repeal.

Mr. Speaker, we must repeal and replace this law and continue together as the entire Congress, not just two parties, and move forward with common-sense ideas that will include better access, affordability, quality, and promote patient choice. I encourage my colleagues to join me and vote for repeal.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. I am going to cite two Republicans who give good reasons to oppose this legislation and keep health care reform. One of the new Republicans, when he didn't think he was going to get his insurance immediately, said, "What am I, not supposed to have health care? It's a practicality. I'm not going to become a burden for the State because I don't have health care, and God forbid I get into an accident and I can't afford the operation. That can happen to anyone." He succinctly summed up the reason why everyone should have the same opportunities as Members of Congress have to have health care.

But more importantly, in a more intentional way, one of the most revered doctors in the world, former Republican majority leader, Senator Bill Frist, said yesterday that he urged the Republicans to drop the charade and build on the legislation. He said if he would have been here, he would have voted for the bill. And it was important to consider the bill the "law of the land" and move on from there. "It is the platform, the fundamental platform, upon which all future efforts to make the system better for the patient and the family will be based." And that

is a fact. It has strong elements. I support Dr. Frist.

Mr. KLINE. Mr. Speaker, I yield 1 minute to a member of the committee, the gentleman from Pennsylvania (Mr. PLATTS).

Mr. PLATTS. Mr. Speaker, I appreciate the gentleman yielding.

I rise today in support of House Bill 2. This simple two-page bill seeks to repeal the new unconstitutional health care law that will create a massive new entitlement program, cost taxpayers more than \$2 trillion per decade, increase taxes, and impose job-destroying mandates on businesses, cut Medicare by hundreds of billions of dollars, and further increase health care premiums for individuals by more than 10 percent.

The goal is not only to repeal the new health care law, but also to replace it with real reforms, debated openly through the ordinary legislative process, that are truly about reducing health care costs—reforms such as allowing small businesses and individuals to join together in national group plans to cut premium costs; allowing individuals to purchase health insurance across State lines, thereby increasing competition for their businesses; and enacting medical malpractice liability reform legislation.

I will continue to push for common-sense reforms that are focused on truly reducing health care costs for all Americans. I urge my colleagues to support H.R. 2.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Michigan (Mr. PETERS).

Mr. PETERS. Mr. Speaker, with unemployment in Michigan at over 12 percent, I am not going to support a bill that raises taxes on small businesses. Let us be clear. Voting for the Patients' Rights Repeal Act will eliminate the Small Business Health Care Tax Credit. Small businesses have faced outrageous increases in their health care costs over the past decade. This tax credit helps reduce that burden and is already making a real difference.

The L.A. Times reported that small businesses are signing up for health care coverage for their employees, despite the bad economy, since the tax credit took effect. Among firms with three to nine employees, there has been a 46 percent increase in the number offering health benefits. But this bill would put a stop to that.

The Detroit News reported that last week more than 126,000 small businesses in Michigan would lose the tax credit under this bill. The last thing that small businesses in Michigan and across the country need right now is higher taxes. But that's exactly what this bill would deliver.

Mr. Speaker, I urge my colleagues to vote "no" and join me in standing up for our small businesses.

Mr. KLINE. Mr. Speaker, I yield 1 minute to a new member of the committee, the gentleman from Pennsylvania (Mr. BARLETTA).

Mr. BARLETTA. I thank the chairman for yielding.

Mr. Speaker, I rise today in support of repealing the health care law. I believe everyone should have access to affordable, quality health care. However, the law passed last year does the contrary. It makes health care less affordable; it diminishes the quality of care; it forces seniors out of their Medicare drug coverage, and it prevents small businesses from getting Americans back to work.

In my district, we have the highest number of seniors in Pennsylvania, and the \$206 billion in cuts in Medicare Advantage will cause 7.5 million seniors to lose their retiree drug coverage by 2016. Small businesses face a \$2,000 fine per employee if their plans do not meet a bureaucrat-approved standard.

At a time when the unemployment level in my district is over 9 percent, Congress must not discourage job creation by placing mandates and levying penalties on those who will get us back on track towards a more prosperous Nation.

I urge my colleagues to vote "yes" on H.R. 2.

Mr. GEORGE MILLER of California. I yield 1½ minutes to the gentleman from Oregon (Mr. WU).

Mr. WU. Mr. Speaker, while America desperately wants more and better jobs, Washington Republicans want to waste time today debating a health care repeal charade. But let's look at what health care reform repeal would actually do.

In my congressional district alone, repealing this law would allow insurance companies to deny coverage for up to 360,000 individuals with preexisting conditions, including up to 45,000 children. Let's mend this act, don't end it.

A repeal would eliminate health care tax credits for up to 19,000 small businesses and 164,000 families. Mend it, don't end it.

A repeal would eliminate new health care coverage options for 3,100 uninsured young adults. It is time to mend it and not to end it.

In 50 years, Mr. Speaker, health care reform will stand beside Social Security, the GI bill, and Medicare as a pillar of American health care and humane values. The people of that time will not understand why it was hard to pass in the first place or why we are spending time today rehashing old business. It's time to fix health care reform's remaining deficits and to mend it, not to end it.

Mr. GEORGE MILLER of California. Mr. Speaker, may I inquire of the time remaining?

The SPEAKER pro tempore. The gentleman from California has 8½ minutes; the gentleman from Minnesota has 15 minutes.

Mr. KLINE. Mr. Speaker, I yield 1 minute to another new member of the committee, the gentleman from Pennsylvania (Mr. KELLY).

Mr. KELLY. I thank the gentleman for yielding time.

Mr. Speaker, last week Federal Reserve Chairman Ben Bernanke said that the economy cannot begin to recover until small businesses prosper. Well, the overreaching and burdensome requirements of ObamaCare will hurt small businesses. And their benefits are not even certain. Small companies, which account for over half of the private sector economy, are more likely to struggle than survive under this law.

If I had followed the plan prescribed for my dealership after the government takeover of General Motors, I would have lost the business that my father started 57 years ago. We need to address the years of hard work and the spirit of entrepreneurship that will be destroyed under this law.

Small employers have limited autonomy under ObamaCare. The Federal Government is dictating what benefits they must offer and then punishing them for expanding their operations or paying their people more.

The choices for small business under ObamaCare are: provide government-mandated health care and face ruinous costs, or drop the coverage and pay fines just to keep those folks employed.

If we burden small businesses with the requirements set forth in this law, we hamper the recovery of the U.S. economy and damage the spirit of free enterprise that has made America great for over two centuries. ObamaCare should be replaced with a smaller, more commonsense program.

Mr. KLINE. Mr. Speaker, in an effort to balance the time here—we have an embarrassment of riches in numbers of speakers; that's what happened in November—I yield 1 minute to a member of the committee, the gentlelady from Illinois (Mrs. BIGGERT).

□ 1200

Mrs. BIGGERT. I thank the gentleman for yielding.

Mr. Speaker, I rise today to voice my support for H.R. 2, repealing last year's misguided health care law.

Whether it's dropped coverage, higher costs or lost jobs, the unintended consequences of the administration's plan have piled up. I don't think the law is salvageable. We must craft a bipartisan replacement that actually lowers costs and expands access to care without raising taxes and slashing Medicare.

Americans want consensus-minded reforms to expand coverage for preexisting conditions and prevent insurers from imposing unfair caps or canceling policies. They want reforms that provide more choice over how to spend their health care dollars, like purchasing health insurance across State lines and expanded health savings accounts. And they want commonsense legislation to curb junk lawsuits and to stop the costly practice of defensive medicine.

I urge my colleagues to join me in fulfilling the wishes of voters and repealing ObamaCare. Then we can work

together on reforms that deliver the high-quality, low-cost care the American people deserve.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the chairman of the Financial Services Committee, the gentleman from Alabama (Mr. BACHUS).

Mr. BACHUS. Mr. Speaker, the first rule of the physician is "do no harm." The government takeover of health care does a lot of harm, and the damage will get worse.

Just on pure economics, it's a bitter pill. Small businesses are bracing for tax increases and higher costs. They are dropping coverage; they are holding off on new hires. The Federal Government is taking on a new open-ended entitlement it can't afford, and that at a time of historically high deficits, annual deficits and a national debt. Washington yet again is building a new bureaucracy to tell people what to do.

The Federal Government has no business making private medical decisions that ought to be between you and the doctor. It violates the principles on which this country was established, American exceptionalism. America is not Europe. Our system is based on the individual, on choice, on freedom, on individual initiative and competition.

The mandate that asks individuals to buy health insurance is an intrusion on our personal liberty and a violation of our constitutional principles.

Allowing taxpayer money to pay for abortions is reprehensible and cannot be allowed to stand.

We can address the issues in our health care system without the government running everything and spending uncontrollably. We heard what the American people said last November and in our town halls. To get health care right, we have to start by repealing a misguided law that is bad policy and bad medicine.

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

Mr. MCNERNEY. Mr. Speaker, I rise today in support of the health care law and in opposition to its repeal. The health care reform, which was signed into law last year, is clearly not perfect and could be improved. However, the law as enacted will have significant benefits to millions of American citizens, to businesses, to local governments, and to the country as a whole.

The benefits to individuals in need of health care with preexisting conditions, the seniors, the young adults under 26 years of age, and many other groups are well known and will be missed if the law is repealed.

But most significantly, the law will drive down the cost of health care by encouraging and incentivizing quality care and good outcomes in health care treatments instead of encouraging potentially unnecessary procedures. It rewards quality rather than quantity of health care. This will ultimately reduce the cost, both public and private, of health care in this country.

Because of these reasons, I strongly oppose repeal of health care reform.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from California (Mr. ROYCE).

Mr. ROYCE. Mr. Speaker, the claim that this new health care law will somehow cut our budget deficit is proof that logic does not always prevail here in Washington, DC.

This is a \$2 trillion additional entitlement; and just like past entitlement programs, this one will be far more costly than projected.

As a result, our budget deficit is going to increase unless we repeal this. It's going to increase our dependence on China and Japan to finance our debt.

The credit-rating agencies say we are on the verge of losing our AAA credit rating and this debt contagion, you all see it, is continuing to spread across Europe. Let us take this important step. Repeal this \$2 trillion fiscal train wreck and begin work on market-based solutions that will actually lower health care costs.

This will give us some hope in the future of bringing that budget into balance and not hitting that fiscal train wreck.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to a new Member of this body, the gentleman from Wisconsin (Mr. DUFFY).

Mr. DUFFY. Mr. Speaker, Americans have wanted health care reform for some time now, but they don't want what passed last spring.

This is a 2,000-page bill that gives us more mandates and more regulation. It doesn't accomplish the goal of reducing cost and increasing access; and it puts our health care decisions in the hands of bureaucrats, not in the hands of patients and family members where it belongs.

There is a better way. With today's repeal, this is the first step. Tomorrow we begin the process of replacement with commonsense market-based solutions that are going to bring costs down, solutions like competition across State lines, portability, price transparency, tax parity, and allowing folks who have preexisting conditions to obtain coverage.

I look forward, starting tomorrow, to working with not only my friends here on the right but also my colleagues here on the left to craft a bill that's going to work for the American people.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Washington (Mr. LARSEN).

Mr. LARSEN of Washington. Mr. Speaker, I rise today to speak in opposition to this patients' rights repeal and deficit explosion act.

The bill before us today, according to the nonpartisan CBO, is going to add \$230 billion to our national debt. We should not stand for that. The bill before us today is going to repeal efforts that we put in place to be sure that young adults can get on to their parents' insurance plans. If we repeal this, it is going to knock 20,000 young adults in Washington State alone off their parents' plans.

If we repeal this bill today, it's going to take away help for 45,000 seniors in Washington State who are relying on the efforts that we have done over the last couple of years to be sure that we are closing the Medicare doughnut hole. Repeal of the health care reform law is going to put those folks back into the doughnut hole.

Finally, we ought to oppose repeal of this bill because of the simple fact that there is a young woman in my district who has severe mental health illness and her family was able to take her onto their health care plan because of the provisions we have put in there about preexisting conditions. That family is now saving \$10,000 a year out of pocket.

I am asking folks to oppose the repeal of this bill.

Mr. KLINE. Mr. Speaker, could I inquire again as to the time remaining on each side, please.

The SPEAKER pro tempore (Mr. LUCAS). The gentleman from Minnesota has 10 minutes remaining, and the gentleman from California has 6½ minutes remaining.

Mr. KLINE. Mr. Speaker, then at this time I am pleased to yield 1 minute to the gentleman from Missouri (Mr. LONG).

Mr. LONG. Mr. Speaker, I rise in support of H.R. 2. In this country, we have the finest doctors, the finest nurses, the finest protocols, the finest facilities in the world. That's not a government-run system.

I swore to uphold the Constitution 2 weeks ago today in this, the people's House.

The people have spoken, and they don't want Washington bureaucrats coming between them and their doctors. They would like to make their own decisions.

You can't make a silk purse out of a sow's ear, but that's exactly what the majority tried to do last year by using 10 years of taxes to pay for a 6-year program, increasing spending by \$2.6 trillion. Now, that's not what I would call affordable when it's one-sixth of this Nation's economy.

When I think of the 2,000-page bill, I think of a big block of cheese out there, pretty tempting looking. Well, the Americans I hear from, they don't want that cheese. They want out of the trap of government-run health care.

□ 1210

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Virginia (Mr. MORAN).

Mr. MORAN. I appreciate the leadership of the gentleman from California.

So we have several dozen new Republican Members of this House, and as a result, the first thing we are going to do is to attempt to repeal health care.

Let me review what has happened. These new Members came into office, and they were all given the opportunity to sign up for health insurance coverage for their own families; and unless they had better coverage, most

of them took that opportunity. But now in the very first legislative act of this new Congress, they are going to deny that opportunity for coverage for their own constituents.

So their children are covered—their spouses are covered—but what about the children of their constituents? What about their loved ones? What about their businesses? They have full employment now. But what about their constituents whose employers will not be able to provide coverage for their own constituents when they repeal this law? This law was modeled after the plan that Members of Congress have now and that our new colleagues were only too happy to sign up for.

I think this is the height of hypocrisy. Do unto others as you would do unto yourselves. Treat your constituents as you have treated yourselves.

Thank you, Mr. Chairman.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Illinois (Mr. DOLD).

Mr. DOLD. Mr. Speaker, today I rise in support of H.R. 2. And what we've heard today on both sides of the aisle is how this is going to affect small business. Well, I run a small business. That's where I came from. And let me tell you that this is going to have a devastating impact on small business.

What this law did is it addressed access to insurance. It does not address cost or quality. These are the things that we need to address. My health insurance rates for the people that I work with each and every day last year went up 44 percent—44 percent.

There is no question that we need reform. We need a healthy debate. We need openness in this body to actually discuss what needs to be going forward in health care. What we had last year was anything but. There was no bipartisanship in what happened last year. The only bipartisanship in last year's bill was the opposition to it.

I welcome the opportunity to reach across the aisle to Members on the other side, to work with them to craft a bill, one that will talk about malpractice reform, one where the government will not come in between a decision that you make with your physician.

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

Mr. KLINE. I yield the gentleman an additional 15 seconds.

Mr. DOLD. We have an opportunity here, an opportunity for real reform. We want that. We need that. The American people have demanded it. From American businesses and people all across the United States, they demand it.

And from the other side who said we came in and had health care reform, I did not take the congressional plan. We know we can do better, and I ask my colleagues on the other side to support H.R. 2.

Mr. GEORGE MILLER of California. Mr. Speaker, we have two remaining speakers.

Mr. KLINE. We're in that time of trying to balance here.

At this time, I will yield 1 minute to the gentlelady from Florida (Mrs. ADAMS).

Mrs. ADAMS. Mr. Speaker, I rise today in support of repealing the government takeover of health care and replacing it with commonsense reforms that will reduce the costs and increase the access to quality, affordable health care for especially my constituents in Florida.

The American people have soundly—soundly—rejected the Democrats' flawed government takeover of health care, and it is time to show them that their voices have been heard.

The existing health care law moves this country in the wrong direction by raising taxes, cutting Medicare, restricting private-sector job creation, and putting power into the hands of Washington bureaucrats rather than into the hands of individuals themselves. Individuals want to make their own health care decisions. They don't want government making them for them.

Repealing the current health care law is the first step towards keeping our pledge to the American people that we are serious about cutting spending, creating jobs, and limiting—limiting—the government's role in our everyday lives.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Florida (Mr. SOUTHERLAND).

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

Mr. SOUTHERLAND. I thank the gentleman from Minnesota for yielding me this time.

I rise in support of this legislation. As a third-generation small business owner following the footsteps of my father and my grandfather, I understand how crushing the tax burden is going to be upon small business.

The NFIB estimates that 1.6 million jobs will be lost by 2014 due to this insurance mandate; 66 percent of those job losses will occur in small business. James Edens, the owner of Edens Heating and Air in Tallahassee, stated to me that he will not hire, he cannot hire additional staff, due to the uncertainty.

Repealing this legislation will provide much-needed certainty to small businesses around this country, allowing them to hire and invest in their employees.

Mr. KLINE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from New Jersey (Mr. RUNYAN).

Mr. RUNYAN. Mr. Speaker, I rise in support of H.R. 2 to repeal the 2010 health care legislation. The law that we seek to repeal today is not the best way to provide cost-effective, quality health care for all Americans.

I support enacting incremental reforms such as enabling individuals to purchase coverage across State lines,

allowing small businesses to pool together to purchase more affordable coverage, and prohibiting insurance companies from denying coverage to those with preexisting conditions.

I urge my colleagues to support H.R. 2. Let's work together on reforms that truly reduce costs and provide quality health care.

Mr. GEORGE MILLER of California. May I inquire of the Chair how much time is remaining?

The SPEAKER pro tempore. The gentleman from Minnesota has 5 minutes remaining; the gentleman from California has 5½ minutes remaining.

Mr. GEORGE MILLER of California. I yield 3 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. So in the hours that we've spent thus far during this debate, we could have been debating ways to help small businesses and entrepreneurs create jobs for the American people, but we did not. Instead, we have gotten the slogan, "job-killing health care bill." The slogan is very much at odds with the facts.

The fact is that since the health care bill was signed by the President, the private sector has generated 1.1 million new jobs. The fact is that the chief economist for Barclays says he believes that the economy is on track to add many, many jobs this year, probably 200,000 or so per month is his projection.

We've heard about protecting the children and grandchildren of the country against mounting debt. For years, there has been an understanding here that the referee in budget disputes has been the Congressional Budget Office, through Republican and Democratic majorities. Republican, Democratic, and Independents, they are the referee who decides what the rules are. So the Congressional Budget Office was asked by Speaker BOEHNER to score this repeal, and they came back and said, Well, Mr. Speaker, this is going to add over \$1 trillion to the national debt over the next 20 years. The majority didn't like what they said, so they just chose to ignore it and make up the rules as they go along.

But what they haven't done as they've gone along is still answer the fundamental question we started with this morning. When a mother of two 4-year-old twins goes to buy health insurance and the health insurer says, "I'm sorry, we won't insure your family because your 4-year-olds have leukemia," should that be legal or not? That's the question.

The law the President signed in March says it should be illegal. This repeal says, let's go back to the good old days where the insurance companies made that decision.

We are not going back. We should go forward as a country to create jobs for our people and end the charade we've seen on the House floor here this morning.

Mr. KLINE. Mr. Speaker, I had two more speakers en route. They are not here. So I plan to close, and I will reserve the balance of my time.

Mr. GEORGE MILLER of California. I thank the gentleman.

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

I want to thank all of our colleagues who participated in this debate today. I think it has shown some fundamental disagreements and some fundamental differences.

First of all, there is the strong suggestion here from an NFIB study that was done before this law was ever written, that has nothing to do with this law, saying you might lose jobs. But what do we see since the law has passed? We see that for employers of under 10 employees, health care coverage has risen by 10 percent because we've made it less expensive for small businesses to offer that health insurance.

□ 1220

That is not a self-interested study. What you see from United Health Care, the largest health insurer in the country, 75,000 new customers to their health plans from employees of small businesses because the small businesses find it affordable to extend health insurance as a benefit of working for that small business.

Blue Cross/Blue Shield of Kansas City says the number of small businesses buying insurance since April, the first month after the legislation was signed, has jumped 58 percent.

Small business employers are for the first time able to extend affordable insurance to their employees, and that is why the job creation that Mr. ANDREWS referred to of a million jobs since the passage of this bill has continued and expected to continue. That is why it is different than the history prior to the Obama administration where over 8 years almost 800,000 jobs were lost during those years of the Bush administration.

But there is something more important in this legislation, and that is whether or not families will have the control of their health insurance destiny, whether they will have the freedom to make these choices. Many on the other side of the aisle said this is a bureaucratic system. Has anybody, any family in America, any single mother, any spouse, any child, any grandparent, met a more bureaucratic system than the American health insurance system? There is no more bureaucratic system.

When you send in your premium, they tell you you sent it to the wrong place. When you send in your bill, you sent it to the wrong person. When you send it to the right person, they say that person has left their job. When you say, I went to the doctor, they say you should've called us first. When you say, I had emergency surgery, they say, you should've called us first; we're not covering it.

You want to talk about bureaucracy, ladies and gentlemen, and that is why this legislation is growing in popularity, because small businesses see, senior citizens see, parents with children under 26, they see a chance to liberate themselves from the most arbitrary, the most capricious system in our entire free economy, and that is the insurance companies. Everybody has been run around the block by their insurance company. It is something that they all share.

It is almost the same problems they share with their cable company, not quite. That is not as dramatic as here because this is life and death. This is the security of your family. This is whether or not you can change jobs. This is whether or not your children will be protected. This is whether or not your parents will be able to afford their prescription drugs, because that is what this legislation enables and gives the freedom to American families to have.

Repeal, we go back into the clutches, the clutches of these bureaucrats spread across the world. In the insurance company, you call for help and you reach somebody in another country, in another time zone with no understanding of the emergency that your family, your child, your parent, your grandparent faces. Nobody wants to go back there, ladies and gentlemen. Nobody. They have been there for 50 years, and health care costs have gone up faster than any other segment in our economy. Faster than anything you can imagine. Faster than a speeding rocket, faster than a speeding airplane. Faster than Superman, health care costs have gone up because of insurance bureaucracies.

Mr. KLINE. Mr. Speaker, in closing, I actually don't know anybody who is supporting the red tape of the insurance company. What I find interesting is that we think it is a better solution to add thousands of pages of new government regulations and thousands of new government bureaucrats on top of that system and think somehow it is going to be better.

Let me address a couple of things that have come up in this debate and some things that we discussed in the past. One of them is the cost of this bill. Other committees have talked about it and will again.

There have been claims today that repeal will cost the taxpayers variously \$230 billion or a trillion dollars based on what the CBO has said. We find that incredible that repealing this job-killing legislation is actually going to cost us money. So the question comes why are these things different.

It turns out there is a wonderful piece in The Wall Street Journal today that addresses that specifically. I will just quote it. It says: How then does the Affordable Care Act magically convert a trillion dollars in new spending into painless deficit reduction? It is all about budget gimmicks, deceptive accounting and implausible assumptions

used to create the false impression of fiscal discipline.

We heard some words today addressing that fact. Some of our physicians pointed out that in order to get the numbers to add up, you have to assume that we are going to continue to punish physicians who are providing Medicare services. And there is nobody in this body who believes we are actually going to do that. Nor did they believe that we were going to do it when that sort of gimmicky accounting was used to justify the cost in the first place.

We have heard discussions about how this is a very good deal for businesses large and small; and yet if you look at associations, organizations that represent businesses across America, they are saying today, not just 6 months ago or a year ago, but saying today that they support repeal of this job-killing legislation. And a short list, just some of them are the National Federation of Independent Businesses, the National Retail Federation, the National Restaurant Association, the U.S. Chamber of Commerce, the International Franchise Association, the America Bankers Association, American Hotel and Lodging Association, the National Stove and Gravel Association, and on and on. Businesses do not like this government takeover of health care, and they support repeal. This is not a good deal for businesses.

My colleagues on the other side of the aisle chose to focus their remarks on a handful of provisions included in the law that are more attractive than tax hikes, penalties imposed on employers, and higher health care costs. And no one is disputing that such provisions exist, but it is wrong to suggest that the only way to reform health care is to bankrupt our Nation with this albatross.

I believe we can improve health care without orchestrating a government takeover. That is why I look forward to casting my vote to repeal this law so we can move forward to carry out the wishes of our constituents. Repeal is the first step toward the right kind of reform.

Mr. Speaker, I yield back the balance of my time, and I ask unanimous consent that any minute or two that I have left be granted to the chairman of the Energy and Commerce Committee during that portion of the debate.

The SPEAKER pro tempore. Without objection, the gentleman from Michigan will control the time.

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Mr. UPTON. Mr. Speaker, if I may just ask how much extra time I might have been given by the gentleman from Minnesota.

The SPEAKER pro tempore. The gentleman has 1½ additional minutes.

Mr. UPTON. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, today we take a step toward compassionate, innovative, and job-creating health care. It is ironic we must end something to realize a new beginning, but that is exactly what ObamaCare has compelled us to do; and that is precisely what we will do today.

It's time to be honest with the American people. Remember the Hippocratic oath? First, do no harm.

ObamaCare produces the opposite of growth, compassion, and innovation in health care. It destroys jobs, busts budgets, creates an unsustainable set of mandates on individuals, employers, and States. It will stifle innovation and the development of life-saving medicines. It will make health care more expensive, not more affordable.

Mr. Speaker, that is not compassionate. That won't produce innovation, and that's why repeal is the first step toward a better beginning. What is compassionate about forcing employers to provide insurance that they cannot afford to employees who will lose their jobs due to ObamaCare? What is compassionate about creating a rigid new entitlement that States are commanded to fund with money that they simply do not have? What is compassionate about cutting over \$200 billion from the Medicare Advantage program, leaving seniors with fewer services, higher co-pays, and more out-of-pocket expenses? What is compassionate about shackling more Americans with greater government dependence?

ObamaCare was created—erected—on a foundation of false promises: if you like your health insurance, you can keep it; health care premiums will go down; employers will not drop coverage; seniors won't see any changes in their Medicare benefits.

Today we know that those were only slogans—sound bites in a cynical sales pitch—and certainly not promises kept. Yes, today repeal will pass in the House. We will then embark on reform that I believe can be supported by both Republicans and Democrats.

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

Mr. UPTON. I yield myself an additional 1 minute.

Ensuring those with preexisting conditions have access to affordable coverage, we'll do that. Allowing families to include their children up to 26, we'll do that. Medical liability reform to reduce the unneeded cost of defensive medicine, we'll do that. Provide incentives for employers rather than penalties and mandates that will cost jobs and depress wages, we will provide those incentives. Yes, we will.

□ 1230

Those are just some of the principles that I believe we can agree on with both sides of the aisle.

So first is repeal; then replace. I'm ready for the challenge to put real health reform back together that is bipartisan rather than partisan and

achieves the goal of lower health care costs for every American family.

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

Mr. WAXMAN. Mr. Speaker, I yield myself 3 minutes.

I strongly oppose this effort to repeal the health care bill. Millions of Americans are already benefiting from this legislation: insurers have stopped discriminating against sick children; seniors are saving money on prescription drugs; and small businesses are receiving billions of dollars in tax credits to provide health care coverage. Repeal will roll back these benefits.

The repeal bill reminds me of the story of Robin Hood, but in reverse. Repeal will take essential health benefits from millions of struggling American families and give new powers and profits to the insurance companies. If we repeal health reform, there will be no prohibition on discrimination against over 100 million Americans with preexisting conditions; no prohibition on insurance companies canceling your coverage when you get sick; no prohibition on lifetime caps and annual limits; no required coverage for young adults on their parents' policies; no assistance to seniors struggling to afford the cost of drugs in the doughnut hole; no free annual checkups and preventive care in Medicare; no tax credits for families and small businesses to pay for health insurance.

These changes will affect every congressional district in the country. My staff has been analyzing what the impacts of repeal will be in each district. These are now available on our Web site. They tell a compelling story.

We have a new Member on our committee from West Virginia. In his district, repeal will mean increasing prescription drug costs for 12,000 seniors and taking new preventive care benefits from over 100,000 Medicare beneficiaries.

We have another new Member on our committee from New Hampshire. In his district, repeal will mean eliminating tax credits for nearly 17,000 small businesses. In my own district, repeal would mean over 50,000 constituents would lose protections against rescissions. And these aren't just statistics. Behind every number is a real person with real problems, like diabetes or breast cancer or a child with special needs.

Repeal is a boon for the insurance companies but an enormous setback for American families. If we pass this bill, the insurance companies can raise their rates, discriminate against millions of Americans with preexisting conditions, and cut off coverage when someone becomes sick.

There are many reasons to oppose repeal. The health reform bill is creating thousands of new jobs. It will cut the deficit by curbing the growth of health care costs, saving taxpayers over a trillion dollars.

This is why I urge Members to vote "no" on this legislation. If there's a

change the Republicans want to make, let them propose it. But don't throw it all out the window and say they're going to do all these things we've already done.

I urge Members to oppose this legislation.

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

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the chairman emeritus of the Energy and Commerce Committee, JOE BARTON, whose State could lose perhaps 64 hospitals that would close with the continuing of ObamaCare.

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

Mr. BARTON of Texas. I thank the gentleman and look forward to working with him as the chairman of the committee.

Mr. Speaker, before I begin to discuss health care, I would like to say that our prayers continue to go out to Congresswoman GIFFORDS in Arizona. We are very gratified to learn of her continuing progress. We hope that some time in this Congress she does come back to the House floor and give her voice to the voice for her constituency. We all miss her and we wish her the very best.

Mr. Speaker, we are here today because the existing law of the land on health care is fatally flawed. Most of us think it is unconstitutional. We think it is overreaching. We think the Federal Government is intervening more and more into the daily practice of health care between the doctor-patient relationship. And we think it needs to be repealed before it does irreparable harm to our health care system, which is the best in the world.

We think that on basic principles it's unconstitutional. We believe that you shouldn't have the Federal Government mandate that an individual has to have health insurance, whether he or she wants it. That particular constitutional question is wending its way through the courts and we hope soon to have an answer to that question.

We want to repeal today so that we can begin to replace tomorrow. We want to deliver on our Pledge to America that we meant it when we said if the American voters gave us the majority, we would repeal this existing law, and that is step one. But step two is to replace it. I see that my good friend from California, Congresswoman ESHOO, is on the floor. She and I have an amendment in the new law on biosimilars that passed with a huge bipartisan majority, and we hope that that's one of the things that will be kept. We do believe that we should be able to do something on preexisting conditions. We do believe that children should be allowed to stay on their parents' plans until the age of 26. So there are some things in the new law that we think are worth keeping. But until you sweep away the bad things, we cannot begin to work on the good things.

So, Mr. Speaker, with all due respect, we hope that we can repeal it on a bi-

partisan basis in the House and, under the leadership of Mr. UPTON and Mr. CAMP and others, begin to replace it tomorrow.

Please vote to repeal this law today.

Mr. WAXMAN. Mr. Speaker, I yield the control of the balance of the time of the Energy and Commerce Committee to the distinguished gentleman from New Jersey who chaired the Health Subcommittee in the last Congress and who has done a great deal to advance this legislation, Mr. FRANK PALLONE.

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey will control the balance of the time.

There was no objection.

Mr. PALLONE. At this time, Mr. Speaker, I would like to yield 2 minutes to the dean of the House of Representatives and the House sponsor of the health reform legislation, the gentleman from Michigan (Mr. DINGELL).

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

Mr. DINGELL. I thank my good friend.

Well, so much for openness and transparency. We're going to do all this without any hearings, without knowing what's going on. But I'm going to tell you a little bit on my Republican side of the aisle here about what this is really going to do:

Insurance companies will be able to deny 292,000 individuals in my district, including 33,000 children, an opportunity to have health insurance, and this will be because of preexisting conditions. They're going to increase the number of uninsured in my district, the 15th of Michigan, by 20,000. They will increase the costs to hospitals of providing uncompensated care in the 15th District alone by \$182 million. They're going to cost each American \$1,000 more because the uninsured are going to go in and get health care anyhow.

I want to tell you what is going to happen with one young lady who has a terrible condition called endometriosis. She is going to receive now health insurance through the legislation passed because that insurance will flow to her until she is 26 on her father's insurance. But you're going to take that away from her. And you're going to see to it that the doughnut hole doesn't close because of the fact that you are saying no longer is this law going to be in effect.

We want to see to it that the American people benefit from this. The repeal that you're talking about today will see to it that they do not. What's it going to do to the deficit? Add \$1.4 trillion to the deficit. It's going to do more than that. It's going to add \$230 billion to the annual deficit. And it's going to see to it that Americans can no longer be assured that they are going to not have their health insurance canceled because of a sickness which occurs to them. It is going to

hurt small business because it's going to take billions in tax benefits away from small business who would do this.

I urge the House to vote down this outrageous piece of legislation.

□ 1240

Mr. UPTON. Mr. Speaker, I yield 1 minute to the chairman of the Oversight and Investigations Subcommittee, the gentleman from Florida, Mr. CLIFF STEARNS.

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

Mr. STEARNS. Mr. Speaker, let me give you some important reasons why we need to repeal this law.

Yes, you will create jobs—but in an ever-expanding Federal bureaucracy. The Joint Economic Committee reported this bill creates over 150 new Federal offices. With that, of course, small businesses must comply, are mandated to comply, with all the new and many regulations.

Now, if this bill is so good, why is the Obama administration giving a pass to over 220 organizations and corporations that have received exemptions from this law, including many, many unions?

With the proposed \$500 billion cut in Medicare and the increase in taxes that is already occurring, this law is simply not credible. With record unemployment, this law will hurt small businesses and prevent job creation, adding burdensome taxes, and it will not increase growth in this country.

Republicans will replace this bill with a health care law based upon choice, competition, and the traditional American exceptional value system, which is compassion—but compassion with accountability. We need to repeal this law.

Mr. PALLONE. I yield myself 2 minutes.

Mr. Speaker, I wanted to thank my colleague from Florida, who just spoke, for saying and admitting that health care reform does create jobs, because, if you listen to the Republicans, they have been saying over and over again that that's not the case. But he finally said, yes, it does create jobs.

That's what we really should be doing here. We should be creating jobs and improving the economy, not talking about repealing health care reform, which already is providing so many benefits to many Americans.

Yesterday, I saw a statement from our former Republican majority leader, Senator Frist from Tennessee, who said that we shouldn't do the repeal. He recognized the fact that this legislation, this health care reform, is actually making a difference in people's lives and that we should build upon it, as Senator Frist said, a Republican, rather than just trying to do an outright repeal, which is a complete waste of time.

Now what I am hearing from my constituents is that they like the benefits that are already coming out from

health care reform, whether it is eliminating all the discriminatory practices, like lifetime caps or preexisting conditions or annual caps, or being able to put your children up to age 26 on your policies. These benefits have already kicked in, and Americans actually like the benefits. They understand why they are helpful to them.

The only group I can think of that actually would benefit from repeal is the big insurance companies. Unfortunately, that is the bidding, if you will, that the Republicans are doing, the other side of the aisle. The insurance companies want to continue to increase premiums by more than double digits. They don't want to cut into their profits.

One of the things that kicked in on January 1 is a provision that says that 80 percent of your premiums have to actually go to provide benefits. They can't go to the shareholders or to the profits of the insurance companies. The insurance companies are the only ones that benefit from repeal because they can raise premiums, they can have discriminatory practices, and they can just increase their profits.

I will use an example. I think the gentlewoman from New York (Ms. SLAUGHTER) used this example before about someone who has breast cancer.

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

Mr. PALLONE. Mr. Speaker, I yield myself an additional 15 seconds.

Now, because of the policies of the health insurance reform, if people have breast cancer and there are recurrences, they will not experience lifetime caps or annual caps. They will be able to go back and have chemotherapy or whatever is necessary.

Those are the types of benefits that have kicked in, and they should continue. We should oppose repeal.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Kentucky (Mr. WHITFIELD), I yield 30 seconds to the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. I thank my colleague.

Mr. Speaker, perhaps the gentleman from New Jersey didn't listen to me when I just spoke.

It's creating 150 new government agencies, and these are all government jobs. So, if you're talking about increasing jobs, they're government jobs.

It also includes \$500 billion in taxes, burdensome 1099 paperwork requirements, according to a study by the Nation's largest small business association, the NFIB. I would like you to talk about that 1099.

These employer mandates that are in the health care bill are terrible, and it is estimated they will wipe out 1.6 million jobs over just 5 years.

So I caution the gentleman from New Jersey to listen carefully to my speech.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Mr. Speaker, I am delighted we have the opportunity

today to revisit the health care bill that was passed last year.

I am delighted because, first of all, when it came to the floor last year, this bill affected every aspect of health care in America, and we did not have the opportunity to offer one amendment on the floor. In addition to that, this bill takes \$500 billion out of Medicare, which means less money to nursing homes, hospitals, and Medicare beneficiaries. Then the claim that this would reduce the deficit by \$138 billion was calculated by including 10 years of tax revenues under this bill but only 6 years of expenditures.

How can you claim that we are supporting insurance companies by repealing this bill when the insurance companies supported the bill, and they supported the bill because it mandates that small businesses and individuals buy health insurance?

So I would urge the repeal of this legislation, and then we can fix health care the way it should be fixed.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY. I thank the gentleman.

Mr. Speaker, this Republican bill is the wrong prescription for our country. It isn't just a repeal; it's a bad deal.

It's a bad deal for small businesses and middle class families, who would lose tax credits included in the new law to help them pay for health insurance.

It's a bad deal for grandma, who will face higher costs for the life-saving medications she needs. It's a bad deal for pregnant women, who could be denied coverage when they need it the most.

Lydia Swan, my constituent, shared her story with me during the health care debate last year. Lydia was pregnant when her husband switched jobs. Her new insurance company said her pregnancy was a preexisting condition, and they wouldn't pay any expenses. So Lydia was insured, but she wasn't covered.

That is wrong. It is just plain wrong.

Mr. Speaker, a newborn child should be a pleasure and not a preexisting condition. New parents expect some sleepless nights. They don't expect their insurance company to deny coverage for the pregnancy. New parents should worry about the baby and not about the medical bills.

The new health care law closes the book on these kinds of insurance company abuses. Let us not today reopen it once again. Say "no" to this Republican bad deal that takes away patients' rights and freedoms, and say "yes" to a health care system that protects American families.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Illinois (Mr. SHIMKUS), I yield 30 seconds to the gentleman from Georgia, Dr. GINGREY.

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

Mr. Speaker, the gentleman from Massachusetts must not be familiar

with a waiver under the Medicaid program called Katie Beckett—the poster that he showed us of the young child with preexisting conditions. This program Katie Beckett still exists. There is a waiver. There is opportunity for children with preexisting conditions to get coverage.

The Democrats are also disingenuous when they claim credit for immediately covering children with preexisting conditions. ObamaCare got it wrong. They did not guarantee that children would have their preexisting conditions covered. It is ironic that this legislation was actually drafted incorrectly.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. SHIMKUS).

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

Mr. SHIMKUS. Mr. Speaker, my friends on the Democrat side are supporting this bill based on 10 pages of the legislation: immediate access to insurance for the uninsured, an extension of dependent coverage, no lifetime or annual caps. Ten pages. This health care law was 2,990 pages. This is only volume 1.

What do you find when you go through the entire bill? This is what they are defending their bill on? This is only volume 1 of 4. And what's in here?—a \$500 billion cut to Medicare, a \$500 billion cut to Medicare for our seniors.

□ 1250

What else is in here? Five hundred billion dollars of tax increases. What else is in here? Six years of benefits for 10 years of cost. What else is in here? A new entitlement program.

Our Nation is broke. It is broke because of our entitlement program, and this law added a new entitlement.

Mr. PALLONE. I yield 2 minutes to the gentleman from California (Ms. ESHOO).

Ms. ESHOO. I thank the chairman.

Mr. Speaker, I rise in opposition to what I think is really an unwise, unwarranted, and unfair effort to repeal the historic health care law which has brought much-needed insurance reforms to the American people.

For the first time in our Nation's history, Congress passed legislation to ensure that every American has a comprehensive health insurance plan just as Members of Congress have. We've reduced the deficit by \$143 billion over 10 years and \$1.2 trillion over 20.

I want to tell an important story which I think underscores why repeal is wrong.

Ronit Bryant in my district was battling stage four breast cancer—that's the worst—when her HMO decided to stop paying for her treatment. In the middle of her treacherous ordeal through a mastectomy, chemotherapy, a bone marrow transplant, and radiation, she was also battling her insurance company in Federal court where

she had to listen to lawyers argue over whether her life was worth saving or not. A woman of less strength would never have made it through this. I am proud to say that Ronit made a full recovery. She watched her children grow, and she went on to become the mayor of one of the major cities in my district, Mountain View, California.

So a 50 percent discount on prescription drugs for seniors makes sense. Prohibiting rescissions—what was done to Ronit, eliminating that makes sense. Allowing children to stay on their parents' insurance policy until the age of 26 makes sense. Thirty-five percent tax credits for small businesses make sense.

What the Republicans are doing today does not make sense. It's wrong for America; it's bad for Americans, and I urge my colleagues to reject it.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the chairman of the Health Subcommittee, the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. Mr. Speaker, I might just respond: ObamaCare spends over \$1 trillion but leaves 23 million people uninsured.

Mr. Speaker, my colleagues on the other side of the aisle have been arguing that we can't afford to repeal ObamaCare. I would argue just the opposite. Our country cannot bear the true cost of ObamaCare, and it must be repealed.

Our repeal would mean that Americans with employer-provided health coverage will keep their current plan, yet the administration estimates that seven out of 10 individuals will lose their current coverage under ObamaCare.

Our repeal means that half of all employers—as many as 80 percent of small businesses—will be able to keep their current plan rather than lose it over the next 2 years. The administration's estimates reveal that their own onerous regulations will force most businesses to give up their current plans, subjecting them to costly new mandates that will increase premiums.

Our repeal means that 7.4 million more seniors will participate in Medicare Advantage plans, according to the Medicare actuary. Our repeal also means that the Medicare Advantage beneficiaries will not face an average increase of \$873 per year in out-of-pocket costs between now and 2019.

Our repeal means that individual health insurance premiums will not increase by \$2,100.

Our repeal means that taxpayers will not face \$569 billion in tax increases scheduled to take effect over the coming years.

Our repeal means that the economy would keep an estimated 750,000 jobs that will be lost because the incentives included in ObamaCare actually discourage individuals from working, according to the CBO.

Our repeal means that national health spending will go down by \$310 billion, according to the Medicare actuary.

Our repeal means that seniors' part D premiums won't increase by 4 percent in 2011 or rise up to 9 percent in 2019 as CBO estimates would happen under the current law.

Without repeal, employer retiree drug coverage will drop from 20 percent of retirees to 2 percent by 2016, according to the Medicare Trustees Report.

Finally, repeal means that States will avoid a massive forced expansion of their Medicaid programs, at a cost of \$20 billion to the States, at a time when they cannot sustain Medicaid.

The costs of leaving this job-slashing health care law in effect are much too high. It must be repealed.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. ENGEL).

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

I am very, very sorry that my Republican friends have chosen to put this repeal bill through. In light of the events in Tucson, we all say we are going to work together. The American people want us to work together. This is not the way to do it. If there's a problem with the bill, we should tweak it or change it. We shouldn't repeal it. If there is a problem and things need to be changed, we should put our heads together and try to do it.

The Republicans say that they want to cut costs in government. The CBO says that this bill will save us \$230 billion over 10 years and \$1.2 trillion over 20 years; and the first thing the Republicans bring up is to repeal this bill, which will add to the deficit.

This is political theater. It's a charade. This isn't going to be repealed. Let us put our heads together and figure out what makes sense.

All important bills that were put in in the past 50 or 60 years, from Medicare to Medicaid to Social Security to the civil rights bills of the 1960s, they needed to be tweaked as we saw what the problems were. I'm willing to change the bill, but repealing it is the absolutely wrong way to do it.

I am delighted to revisit this issue because we can finally get the truth out. The American people understand that right now, if they have a preexisting condition, they cannot be denied coverage. An insurance company right now, with this bill, cannot say, "Sorry, you have a lifetime cap or an annual cap and we're not going to insure you." The insurance company now can't deny your 24- or 25- or 26-year-old child insurance to be on your plan. We are finally closing the doughnut hole to put more money in the hands of senior citizens.

This is what the Republicans would repeal. They say that this is a government takeover of health care. No, it isn't. And if they had better plans for health care, they were in power for 6 years with the President and both Houses of Congress and they did nothing to make health care affordable for the American people.

Let's work together. Let's change the bill. Let's tweak the bill. Don't repeal it.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the vice chair of the full committee, the gentlelady from North Carolina, SUE MYRICK.

Mrs. MYRICK. Mr. Speaker, we oppose this health care law for many reasons. I'm especially concerned about the negative effect it may have on the ability of our doctors to care for their patients as they see fit.

It creates well over 156 bureaucracies, programs, and regulatory systems which will further regulate and control the way medicine is practiced, paid for, and allocated. Doctors who practice medicine as small business owners are already forced to dedicate significant resources and manpower to keep up with the bureaucracy of reimbursement alone.

This law does nothing to slow the growth of Medicare and Medicaid programs—we know those are two huge problems we have to deal with—but it will surely add to the regulatory burdens faced by doctors, patients, and, most importantly, the American people, who are going to have to foot the bill.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Mr. Speaker, as a Member of Congress from Texas, I supported the health care reform law proudly. Texas has some of the highest rates of uninsured in the United States.

□ 1300

Twenty-six percent of our Texans are uninsured—6.4 million residents—compared with the national average of only 16.7 percent. Over the past 8 years in Texas, employer-based insurance coverage has dropped 18 percent. Now, only 48 percent of Texans have health insurance provided by their employers—well below the national average.

Texas has some of the highest health insurance premiums in the U.S. A family of four making \$44,000, the average premium out-of-pocket is \$6,548—almost 15 percent of their income. In Texas, our State Department of Insurance report to the legislature acknowledged the positive impact of the Affordable Care Act.

The State of Texas Department of Insurance concluded the Affordable Care Act will have a positive impact on the State and help Texans gain access to private insurance coverage. As the Department of Insurance report states, "the removal of underwriting restrictions, new premium rating reforms, availability of subsidies and limitations on out-of-pocket expenses for low- and middle-income families should make it easier for many low-income Texans to obtain private insurance."

In our district in Houston and Harris County, 40 percent of my constituents were uninsured when we passed the Affordable Care Act in March of last year. Repeal, H.R. 2, would be a major setback to what we're trying to do in our own district.

To cite a few local statistics from the repeal on my constituents: increase the number of people without insurance by almost 217,000; allow insurance companies to deny coverage to at least 102,000 people in our district, including at least 12,000 children with preexisting conditions; eliminate health care tax credits for 14,600 small businesses and 177,000 people; increase prescription drug costs for 4,400 seniors in my district who fell into that doughnut hole except for health care reform.

My Republican colleagues want to work on improving it. I'm here to do it, but repeal is not the answer.

BIENNIAL REPORT OF THE TEXAS DEPARTMENT OF INSURANCE TO THE 82ND LEGISLATURE (December 2010)

(Mike Geeslin, Commissioner of Insurance)  
TEXAS DEPARTMENT OF INSURANCE,  
Austin, Texas, December 31, 2010

Hon. RICK PERRY, Governor,  
Hon. DAVID DEWHURST, Lieutenant Governor,  
Hon. JOE STRAUS, III, Speaker.

DEAR GOVERNORS AND SPEAKER: In accordance with Section 32.022, Texas Insurance Code, I am pleased to submit the biennial report of the Texas Department of Insurance (Department or TDI). The report summarizes needed changes in the laws relating to regulation of the insurance industry, provides information on market conditions, and includes reviews required by Senate Bill 1 (81st Legislature, Regular Session).

The Department is available to discuss any of the issues contained in the report and to provide technical assistance. Please contact me or Carol Cates, Associate Commissioner of Government Relations, with any questions or if you need additional information. Thank you for your consideration.

Respectfully Submitted,  
MIKE GEESLIN,  
Commissioner of Insurance.

TEXAS DEPARTMENT OF INSURANCE: SECURING THE FUTURE OF TEXAS

MISSION

To protect insurance consumers by: regulating the industry fairly and diligently promoting a stable and competitive market providing information that makes a difference.

VALUES

We have a passionate commitment to service in the public interest. We are:

Responsible Stewards: accountable, efficient, effective "Using resources wisely".

Professional: knowledgeable and fair "Adhering to the highest ethical standards".

Collaborative: cooperative, inclusive, diverse "Respecting others' opinions and expertise".

Resilient and Creative: open-minded and proactive "Learning from the past to enhance the future".

Balanced: fulfilled and well-rounded "Celebrating personal and professional successes".

SENATE BILL 1—RIDER 18: REVIEW OF HEALTH INSURANCE AVAILABILITY AND AFFORDABILITY

The 81st Legislature included in Senate Bill 1 a directive to the Texas Department of Insurance to conduct a review of "the accessibility of health benefit plan coverage for and the affordability of health benefit plan premiums for low-income families and families not eligible for employer-sponsored insurance." Following is a summary of the results of the review.

Like many states, Texas has struggled with increasing healthcare costs and insurance premiums that have prohibited many individuals from obtaining affordable health insurance. The rising cost of insurance af-

fects individuals at all income levels and employers of all sizes but is particularly challenging for low income workers and small business owners. In 2009, the U.S. Census Bureau Current Population Survey (CPS) reports that 6.4 million Texans were uninsured for the entire year (Table One). Of the Texans who have health insurance, slightly more than half (53.8 percent) have private coverage, down from 56.9 percent in 2007 and lower than the national average of 63.9 percent. Texas workers are less likely to have employer-sponsored coverage with 48.2 percent of Texans enrolled in employment-based plans compared to a national average of 55.8 percent.

TABLE 1: SOURCES OF HEALTH INSURANCE—2009

Source of insurance	Number	Texas percentage	National average (percent)
Private Insurance .....	13,257,000	53.8	63.9
Employment .....	11,893,000	48.2	55.8
Individual .....	1,531,000	6.2	8.9
Government Insurance .....	6,925,000	28.1	30.6
Medicaid .....	3,951,000	16.0	15.7
Medicare .....	2,730,000	11.1	14.3
Military .....	1,052,000	4.3	4.1
Total Insured .....	18,224,000	73.9	83.3
Total Uninsured .....	6,433,000	26.1	16.7

Source: U.S. Census Bureau, Current Population Survey, 2010 Annual Social and Economic Supplement.  
(Note: Numbers may not add up to totals as some people have more than one type of insurance.)

Like other states, the majority of uninsured in Texas live in families with low to moderate incomes (Table 2). Detailed analysis of 2008 CPS data shows that 59 percent of the uninsured (3.5 million people) reported family incomes below 200 percent of the federal poverty level (FPL). Another 12 percent had incomes between 200 and 249 percent FPL. The data also confirms that individuals with lower incomes were much more likely to be uninsured than those with higher incomes. Forty-five percent of individuals under 50 percent of FPL were uninsured compared to only 14 percent of individuals at 250 percent or higher.

TABLE 2: UNINSURED RATES BY POVERTY LEVEL—2008

Income as a percentage of poverty level	Number uninsured	Percent of total uninsured	Percent uninsured within income category
Under 50% .....	817,821	13.5	45.5
51% to 99% .....	793,071	13.1	39.0
100% to 149% .....	1,064,129	17.5	37.0
150% to 199% .....	897,803	14.8	33.7
200% to 249% .....	703,379	11.61	31.9
250% or Higher .....	1,800,667	29.7	14.3
Total .....	6,076,870	100	25.1

Source: U.S. Census Bureau, Current Population Survey, 2009 Annual Social and Economic Supplement.

While most states have experienced declining rates of employer-sponsored coverage in recent years, the decline in Texas is more pronounced. Since 2001, the percentage of Texans with employer coverage has dropped from 58.5 percent to the current rate of 48.2 percent, an 18 percent decrease in eight years. Additional data from the annual Medical Expenditure Panel Survey—Insurance Component (MEPS-IC) indicates that even when firms offer insurance, many employees are ineligible or choose not to purchase coverage. The MEPS-IC survey, administered by the federal Health Resources and Services Administration (HRSA) collects detailed information on employer-sponsored insurance, including data for both large firms (defined as 50 or more employees) and small businesses (2–49 employees). Table 3 summarizes information on both insurance offer rates and participation rates for large and small businesses and clearly indicates important differences based on firm size. Some of the more significant findings are:

Most large firms (94 percent) offer health insurance compared to only 34.2 percent of small firms.

Nearly half (49.1 percent) of employees in small firms work for an employer offering coverage, compared to 95.7 percent of employees in large firms.

Of those employees with employer-sponsored health coverage, more than 3.8 million work in large firms compared to 653,162 workers in small firms.

More than 1.3 million workers have access to coverage in a large or small firm but are not enrolled. Not all are uninsured; some have other coverage, such as a spouse's employer-sponsored plan. However, a large number of these eligible workers are uninsured and have not enrolled due primarily to costs.

Although most large employers offer coverage, many workers are not eligible. More than one million workers in large firms do not qualify for their employer-sponsored plan because they work part time, are temporary or contract workers, or have not worked long enough to meet the required waiting period. Again, however, not all of these workers are uninsured.

More than one million employees in small firms also do not have access to coverage. Most of these workers (1,038,936) are employed in firms that do not offer coverage. Another 169,415 workers are not eligible for coverage offered by their employer.

TABLE 3: EMPLOYER SPONSORED INSURANCE: OFFER AND PARTICIPATION DATA—2009

Texas Insurance Enrollment Data	Small firms	Large firms
1. Total number of firms .....	324,554	125,685
2. Total number of employees .....	2,041,132	6,375,152
3. Percentage of firms that offer insurance .....	34.2%	94.0%
4. Number of firms that do offer insurance .....	110,997	118,144
5. Number of firms that do not offer insurance .....	213,557	7,541
6. Number of employees working in firms that offer insurance .....	1,002,196	6,101,020
7. Percentage of employees working in firms that offer insurance .....	49.1%	95.7%
8. Number of employees working in firms that do not offer insurance .....	1,038,936	274,132
9. Number of employees eligible for coverage .....	832,781	4,947,118
10. Number of employees who are enrolled .....	653,162	3,818,716
11. Percentage of all employees that have employer-sponsored coverage .....	32%	60%
12. Number of employees who have access to coverage but are not enrolled .....	179,619	1,128,402
13. Number of employees who do not have access to coverage .....	1,208,351	1,428,034

Source: Agency for Healthcare Research and Quality, 2009 Medical Expenditure Panel Survey-Insurance Component.

Of those employers that do not offer coverage, extensive research shows the most common reason cited is the increasing cost of insurance. Consistent with national trends, Texas employers and employees have experienced significant premium rate increases over the past ten years, despite a number of programs and industry efforts to hold down costs. As Table 4 below indicates, average premium costs across all firms (including both fully insured and self-funded) have more than doubled in the past ten years.

TABLE 4: AVERAGE EMPLOYER-SPONSORED INSURANCE PREMIUM COSTS

Year	Average annual premium for single coverage	Average annual premium for single coverage
1999 .....	\$2,336	\$6,208
2000 .....	2,627	6,638

TABLE 4: AVERAGE EMPLOYER-SPONSORED INSURANCE PREMIUM COSTS—Continued

Year	Average annual premium for single coverage	Average annual premium for single coverage
2001 .....	2,924	7,486
2002 .....	3,268	8,837
2003 .....	3,400	9,575
2004 .....	3,781	10,110
2005 .....	4,108	11,680
2006 .....	4,133	11,680
2008 .....	4,205	11,967
2009 .....	4,499	13,221

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey-Insurance Component 1997–2006, 2008–2009 (No survey available for 2007).

Though most employers are challenged by significant premium increases, higher rates are usually more difficult for small firms (those with 2–50 employees) to absorb. Because a small employer's rates are based on the age, gender and health status of the employer's workers and their dependent enrollees, rates can vary significantly from the average cost based on a group's specific demographics. Generally, groups with younger, healthier employees will pay lower premiums while groups with older, less healthy workers will pay higher rates. An employer with even one worker with a pre-existing condition may see their group rates increase by up to 67 percent based on health status underwriting factors. TDI data shows groups that are subject to a combination of the highest allowed rating factors may see premium rates for individual employees in excess of \$20,000 a year, a cost that is higher than maximum rates charged for coverage in the Texas Health Insurance Pool for individuals who are uninsurable in the individual market.

Over the last 10 years, the Department of Insurance has conducted significant research to collect information on uninsured Texans and uninsured small businesses, why they have no coverage, how much they can afford, and options to assist them with purchasing coverage. Through a federal State Planning Grant administered by HRSA, TDI conducted multiple focus groups, surveys, and community events across the state. Though some of the study findings are somewhat dated, many of the conclusions are likely still applicable given the high cost of insurance and continued high uninsured rate.

Beginning in 2002 and continuing through 2006, TDI hosted more than 60 focus group sessions with individuals, small business owners and their employees in 20 different cities across Texas representing all of the major geographical areas of the state. Focus group sessions were attended by uninsured individuals or small employers who were unable to provide insurance for their employees. The personal stories expressed at these focus group sessions underscored the challenges many consumers face when trying to find affordable health coverage. (For additional information on the research findings, please see TDI reports at: <http://www.tdi.state.tx.us/health/spg.html>.)

The primary conclusion from these discussion sessions was that health insurance remains unaffordable for many of these individuals and employers. The vast majority of participants expressed willingness to pay for insurance, and most had attempted to buy coverage within the past year but could not find a benefit plan that was affordable. More than 90 percent of the attendees were employed or owned their own business, and many participants expressed frustration with the fact that “average, working, re-

sponsible citizens” could not afford coverage.

Even when employer coverage is offered, many employees decline to enroll due to employee premium payments and cost sharing requirements. While the majority of employers pay at least half the cost of the premium for employee-only coverage, employer contributions for both employee and dependent coverage have declined as more employers struggle to keep up with increasing premium costs and other economic pressures. Employees increasingly are asked to share more of the cost of coverage through increased premium contributions and higher cost-sharing policy provisions, particularly in the small group market. In 2009, the MEPS-IC data show small employers in Texas reported the third highest individual deductible levels in the country at \$1,634, compared to a national average of \$1,283. Large employers had the sixth highest individual deductible at \$990 compared to a national average of \$882. For family deductibles, small employers reported the sixth highest average (\$3,210 compared to \$2,652 nationally), and large firms were at the second highest level (\$1,883 in Texas compared to \$1,610 nationally).

In addition to premium contributions and deductibles, enrollees in group health plans face other out-of-pocket expenses, including co-payments and coinsurance, which vary depending on the type of service provided (i.e., primary care visits, specialist visits, emergency room services, hospital admissions, etc.). The data included in Table 5 illustrates average costs for some of the most common cost-sharing provisions in 2009 but is not inclusive of all expenses an enrollee pays under a typical health plan.

These data underscore the relatively high cost low income families incur to enroll their families in employer-sponsored benefit plans. While some workers may find employee-only coverage affordable depending on the employer's actual contribution rate and the employee's overall financial circumstances, adding family coverage would likely be cost-prohibitive for most low-income workers up to 200 percent of poverty, and for many even above those income levels. Add these premium contribution requirements to high family deductibles and other coinsurance expenses, and most low income families are likely unable to afford employer sponsored coverage. Table 6 shows the cost of the average employee contribution for individual and family coverage as a percentage of the 2010 income levels for each poverty level listed (100, 150, and 200 percent of federal poverty level, FPL). For workers with health plans that require higher employee premium payments than the average, the cost of coverage as a percentage of income will be even higher.

TABLE 5: AVERAGE COST SHARING REQUIREMENTS FOR EMPLOYER-SPONSORED INSURANCE, 2009

	Small firms	Large firms
Average Total Employee-Only Premium .....	\$4,391	\$4,523
Average Total Family Total Premium .....	\$12,674	\$13,288
Average Individual Deductible .....	\$1,634	\$990
Average Family Deductible .....	\$3,210	\$1,883
Average Co-payment for an Office Visit ..	\$26.03	\$23.44
Average Percentage Coinsurance for an Office Visit .....	19.08%	18.0%
Average Employee Payment for Employee-Only Coverage .....	\$588	\$1079
Average Employee Payment for Family Coverage .....	\$3,924	\$4036

Source: Agency for Healthcare Research and Quality, 2009 Medical Expenditure Panel Survey-Insurance Component.

TABLE 6: AVERAGE EMPLOYEE PREMIUM CONTRIBUTIONS AS A PERCENTAGE OF INCOME BY FEDERAL POVERTY LEVEL (FPL)—2009

Small firms						
Family size	Avg. employee contribution for employee-only coverage (\$588) as percentage of family income by FPL			Avg. employee contribution for family coverage (\$3,924) as a percentage of family income by FPL		
	Poverty level					
	100% FPL	150% FPL	200% FPL	100% FPL	150% FPL	200% FPL
Family of 1 .....	5.4%	3.6%	2.7%	—	—	—
Family of 2 .....	4.0%	2.7%	2.0%	26.9%	18.0%	13.4%
Family of 3 .....	3.2%	2.1%	1.6%	21.4%	14.3%	10.7%
Family of 4 .....	2.7%	1.8%	1.3%	17.8%	11.9%	8.9%
Large firms						
Family size	Avg. employee contribution for employee-only coverage (\$1,079) as percentage of family income by FPL			Avg. employee contribution for family coverage (\$4,036) as a percentage of family income by FPL		
	Poverty level					
	100% FPL	150% FPL	200% FPL	100% FPL	150% FPL	200% FPL
Family of 1 .....	10.0%	6.6%	5.0%	—	—	—
Family of 2 .....	7.4%	4.9%	3.7%	27.7%	18.5%	13.8%
Family of 3 .....	5.9%	3.9%	2.9%	22%	14.7%	11.0%
Family of 4 .....	4.9%	3.3%	2.4%	18.3%	12.2%	9.2%

While premium amounts alone exceed the budgets of many Texas families, out-of-pocket expenses (co-pays, co-insurance, and deductibles) add to the burden. Using 2007 MEPS-IC data for average costs of out-of-pocket expenses for non-elderly enrollees adjusted for private coverage in Texas, Texans pay an average of \$631 annually per person in out-of-pocket expenses. Table 7 illustrates this with examples.

TABLE 7: IMPACT OF HEALTH COSTS ON TEXAS FAMILIES

Example A: Family of four with a household income of 200% FPL:	
Annual income .....	\$44,100
Average annual premium .....	\$13,221
Average annual employer premium contribution ..	(\$9,197)
Average annual employee premium responsibility ..	\$4,024
Average annual cost of out-of-pocket expenses ....	\$2,524
Average annual cost to family (% of income)	\$6,548 (14.8%)
Example B: Individual with an income of 200% FPL:	
Annual income .....	\$21,660
Average annual premium .....	\$4,499
Average annual employer premium contribution ..	(\$3,508)
Average annual employee premium responsibility ..	\$991
Average annual cost of out-of-pocket expenses ....	\$631
Average annual cost to individual (% of income)	\$1,622 (7.5%)

While the vast majority of Texans with private insurance coverage are enrolled in an employer-sponsored benefit plan, an estimated 1.5 million residents have purchased some type of individual medical insurance. The individual market offers a wide variety of options designed to meet varying healthcare needs. Some policies provide comprehensive coverage similar to benefits included in an employer-sponsored plan while others provide more limited benefits. Other plans provide supplemental coverage to Medicare or only cover certain diseases, such as cancer. People shopping in the individual market have the opportunity to choose the plan that best fits their needs and financial situation, which vary widely among consumers.

Unlike the group market, it is important to note that individual health insurance is subject to strict medical underwriting requirements that determine whether or not a person is eligible to purchase coverage. People with pre-existing health conditions or a past history of health problems are often declined coverage or may receive plans that exclude coverage for certain services related to their pre-existing condition. Premiums are based on the applicant's medical status, age, gender, and area of residency, and are usually significantly higher for older applicants or people with health conditions.

Although TDI does not collect detailed enrollment or premium cost data on the individual market and is unable to determine the number of enrollees by type of plan, the insurance association America's Health Insurance Plans (AHIP) conducted a survey in

2009 of insurers participating in the individual health insurance market. Limited data on state-specific results show that average annual premiums in Texas for a comprehensive health insurance policy were \$3,208 for single coverage (i.e., one person) and \$6,459 for family coverage. Single policies had an average annual out-of-pocket maximum limit (the maximum amount a person would pay for eligible healthcare services) of \$5,000, while family policies had an annual limit of \$10,000.

Because the individual market allows carriers to medically underwrite applicants and select only those individuals that meet the carrier's specific requirements, some applicants will be unable to purchase individual coverage at any price from any carrier. Though the federal Patient Protection and Affordable Care Act (PPACA) of 2010 prohibits carriers from denying coverage of dependents based on health conditions beginning with new policies issued on or after September 23, 2010, this provision does not extend to adults until 2014. Individuals who cannot obtain coverage in the individual market and have no access to group coverage may obtain insurance from the Texas Health Insurance Pool (THIP, formerly Texas Health Insurance Risk Pool) or the newly created federal Pre-Existing Condition Insurance Plan (PCIP).

THIP was created by the Texas Legislature to provide insurance for individuals who are unable to obtain coverage from the commercial market. It also serves as the Texas alternative for individual health insurance coverage under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), guaranteeing insurance to qualified individuals who lose coverage under an employer-based plan. Eligibility and premium rating requirements are established by law.

The federally operated PCIP was created under the recently enacted federal healthcare reform legislation, PPACA. Beginning in 2014, PPACA requires insurers to accept all applicants regardless of health status. To assist individuals with health conditions who cannot obtain commercial coverage prior to 2014, PPACA includes provisions for federally or state run insurance programs. Texas opted for the federally operated insurance pool, PCIP. The PCIP functions in many ways like the THIP, but there are some critical distinctions which significantly affect cost, eligibility and covered benefits.

Both THIP and PCIP provide comprehensive health coverage for individuals with previous health conditions. To enroll, individuals must be legal U.S. citizens and a resident of the state, and must provide evidence that they were declined coverage for insurance or have a current or previous medical condition that makes them uninsurable.

However, PCIP requires an individual be uninsured for at least six months before they are eligible to enroll. This provision precludes enrollees in the THIP from enrolling in the PCIP.

Premium rates for coverage in THIP and PCIP vary dramatically. Rates for THIP are set at twice the average rate (200 percent) for standard coverage offered in the commercial market and are adjusted semi-annually to reflect changes in the market rates. Rates also are adjusted based on the age, gender, and geographic location of the enrollee, which reflects variations in local healthcare costs and expected healthcare utilization. Rates are higher for individuals with a history of tobacco use. Enrollees may choose from a range of deductible options and plan cost-sharing limits, with annual deductibles from \$1,000 up to \$7,500. Higher deductibles will lower the premium rate for the enrollee. Due to the variability of rating factors, monthly premium costs vary widely from a low of \$160 a month for an individual age 18 or lower with a deductible of \$7,500 to a high of \$2,207 a month for a male age 60-64 with a deductible of \$1,000. In 2009, 13 percent of THIP enrollees selected a \$1,000 deductible, 38 percent a \$2,500 deductible, 37 percent a \$5,000 deductible and 10 percent a \$7,500 deductible. The average monthly premium was \$620.

Premium rates for PCIP are set at the average standard rate in the commercial market and vary based on the age of the applicant and the plan they select. Monthly premiums for Texas enrollees beginning January 1, 2011 are as follows:

Plan type	Age 0-18	Age 19-34	Age 35-44	Age 45-54	Age 55+
Standard .....	\$174	\$261	\$313	\$400	\$567
Extended .....	\$234	\$351	\$422	\$539	\$749
HSA .....	\$181	\$271	\$325	\$416	\$578

Note: Plan descriptions available at [www.pcip.gov/PCIP\\_%20pamphlet\\_benefits\\_summary.pdf](http://www.pcip.gov/PCIP_%20pamphlet_benefits_summary.pdf).

While both programs (PCIP and THIP) provide comprehensive coverage, PCIP has no waiting period for treatment of pre-existing conditions, an important benefit for this population since all enrollees have some pre-existing medical condition as a condition of eligibility. By contrast, the THIP includes a 12 month pre-existing condition exclusion waiting period for most new enrollees (with exceptions for enrollees with creditable coverage and some enrollees with continued coverage under a previous employer plan). This means that, while individuals in PCIP are immediately eligible for benefits for their pre-existing condition, enrollees in THIP must wait 12 months before pre-existing conditions are covered.

IMPACT OF FEDERAL HEALTH REFORM

The federal health reform Patient Protection and Affordable Care Act includes significant private insurance market provisions

that will dramatically alter the insurance market in Texas and other states. The law includes a series of reform requirements that begin in 2010, with the most dramatic changes occurring in 2014. With a few exceptions, most of the initial reforms effective in 2010 through 2013 will primarily affect individuals who already have insurance coverage and will have little impact effect on individuals who are uninsured or who are enrolled in public plans. However, beginning in 2014, several federal requirements should significantly assist lower income families and employees obtain affordable health insurance, including the following:

Advanceable tax credits will be available to families earning up to 400 percent of federal poverty level to purchase affordable health insurance;

Insurance plans must meet certain benefit requirements and cost-sharing provisions designed to ensure benefit plans provide comprehensive services with limited out-of-pocket costs to enrollees;

Most large employers will be required to offer health insurance benefits that meet minimum requirements or may face penalty payments;

Insurance plans are prohibited from denying coverage based on an individual's health status;

Insurance plans will not be able to increase premiums based on an individual's health status or gender, and premium rates for older individuals are limited; and

Insurance Exchanges will provide access to health insurance plans that meet standard benefit requirements and provide simplified application and enrollment procedures for individuals, small businesses and Medicaid/CHIP enrollees.

The provisions listed above will require federal regulations and, in some cases, state legislative and/or regulatory action to fully implement. Until the details of these requirements are finalized, it is impossible to predict the long-term impact on the affordability of insurance coverage. However, the removal of underwriting restrictions; new premium rating reforms, availability of subsidies and limitations on out of pocket expenses for low and middle income families should make it easier for many low-income Texans to obtain private insurance.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. WALDEN), whose State would be devastated with the Medicare Advantage cuts.

Mr. WALDEN. Mr. Speaker, 42.7 percent of Oregon's seniors—that's about 200,000 in Oregon, nearly 41,000 in my district—were enrolled, at the time this law was established, in Medicare Advantage programs.

You know, under this bill, under this new law, Medicare gets whacked by \$500 billion, and the reports indicate one out of two seniors might lose their Medicare Advantage across the country.

Look, I want a patient-centered health care system. It's your life. It's your health. You should have the right to choose your doctor and your hospital and make those decisions. We will address, with our replacement bill, pre-existing conditions, making sure kids who are in college or up to 26 or whatever the age is decided by the committee are going to be able to be covered by your insurance.

But I'll tell you what. In the law that is on the books today, it drives up the

cost of health care, it drives up premiums, and it adds to the Nation's debt when you look at it in the long term, according to CBO.

The manager at Taurus Freight, a small freight logistics business in Bend, Oregon, told me recently, because of the 1099 reporting provision in this bill, she's going to quit buying from various businesses, consolidate. It's going to cost jobs and put new headaches on small businesses.

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

Mr. UPTON. I yield the gentleman an additional 30 seconds.

Mr. WALDEN. And I think that's one of the big arguments here that I get from the people out in my district is: Why did the government take over this, put all of these other provisions in, ram a bill through the House that creates this new trillion dollar entitlement that costs jobs and doesn't drive down the cost of health care?

We can do better than this, given the chance. And under the Republicans, the committees will actually have a chance to work on a bill for replacement and everybody can participate from both sides of the aisle. And we will get it right and get to a patient-centered health care system in America that does reform the current system and drives down costs.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the distinguished ranking member of the Rules Committee, the gentlewoman from New York (Ms. SLAUGHTER).

Ms. SLAUGHTER. Mr. Speaker, I speak to you today on behalf of the women of America, the millions of whom I will never meet but are set to receive countless protections from the Affordable Care Act by the time it is fully implemented in 2014.

Health care reform is a major victory for women, and any attempt to repeal or defund this legislation is simply unfair to us, our daughters, our mothers, and our grandmothers. The fact of the matter is that the Affordable Care Act ends the widespread discrimination that has existed and will come back against women in the health care system.

It took us decades until we passed this bill to make it illegal, finally, for insurance companies to charge women higher premiums and stop the egregious practice of charging them 48 percent more and to not cover domestic violence victims. Yes, that's right. In eight States and the District of Columbia, insurance would not cover victims of domestic violence on the grounds, I assume, that it might happen again.

Equally egregious, women were routinely denied health insurance if they had children. In many places pregnancy was considered a preexisting condition, as were D&Cs. But both of those reprehensible practices are outlawed in the passage of the Affordable Health Care.

Thanks to the new law, women do not have to worry any more about

being treated as second-class citizens or being discriminated against for being a woman.

But that's not where the benefits end. When it's fully implemented, all maternity services will be included in health insurance plans. They will no longer be able to deny coverage or charge higher premiums for people who have had C-sections or pregnancy.

I speak to you today on behalf of the women of America, the millions whom I will never meet, but are set to receive countless protections from the Affordable Care Act by the time it is fully implemented in 2014. Health care reform is a major victory for women and any attempt to repeal or defund the legislation is simply unfair to us, our daughters, our mothers, and our grandmothers.

The fact of the matter is that the Affordable Care Act ends widespread discrimination against women within the healthcare system. Now the Republican Majority is proposing to replace this legislation with a resolution, another promise to America. What do they promise? Quite simply, that they will figure out a new healthcare plan at some point in the future, and in the meantime you're on your own.

It took us decades to finally make it illegal for insurance companies to charge women higher premiums, and to stop the egregious practice of discrimination against domestic violence victims. It is unfathomable to take these protections away in exchange for a vague promise of some help down the road.

Prior to passage of the Affordable Care Act, women faced severe discrimination from health insurance companies. Through a practice known as "gender rating," women who purchased insurance on the individual market faced the prospect of paying 48 percent more in premium costs than men.

Equally egregious, women were routinely denied health insurance coverage if they had been victims of domestic violence. Shocking as it is, insurance companies often classified domestic violence as a "pre-existing condition" and it was completely legal for insurance companies to deny coverage to domestic violence victims in eight states and the District of Columbia.

No more. Both of these morally reprehensible practices are outlawed with the passage of the Affordable Care Act. Thanks to the new law, women no longer have to worry about being discriminated against for being born a woman.

This is not where benefits for women end. By the time the Affordable Care Act is fully implemented in 2014:

Maternity services will be included in all health insurance plans offered as part of the health insurance exchanges.

Insurance companies will no longer be allowed to deny coverage or charge higher premiums for women with "pre-existing conditions" like C-sections or pregnancy.

Insurance companies will no longer be allowed to place "lifetime limits" on health benefits for women, and end care when it is needed the most.

Women who do not have access to insurance through employers will be able to obtain insurance through health insurance exchanges. These exchanges are being designed as we speak to offer a wide selection of health insurance plans at competitive rates.

Women will receive free preventative health services, from mammograms to pap smears.

The “donut hole” in Medicare Part D will be closed through the Affordable Care Act, helping women pay for healthcare as they grow older.

All these benefits and protections are provided to women while lowering our Nation’s deficit—a priority of both parties.

The choice is clear. For the health and well-being of our Nation’s women, we must end this ill-advised attempt at repeal, and implement the valuable protections of the Affordable Care Act.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Oklahoma (Mr. SULLIVAN), I yield 30 seconds to the gentlelady from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, in reference to the comments that were just made about women in the health care law, I would just remind the body one of our primary concerns with this legislation was the way in which women would be adversely impacted when you look at the comparative results board and the fact that they were going to change the ratings that were coming from the task forces, and it would be more difficult for women under the age of 50 and over the age of 75 to get mammograms. And I use that as an example.

We need this bill off the books.

Mr. UPTON. Again, I yield 1 minute to the gentleman from Oklahoma (Mr. SULLIVAN).

Mr. SULLIVAN. Mr. Speaker, I rise today in support of legislation to repeal ObamaCare. This health care law is bad for patients, bad for doctors, bad for small businesses, and terrible for our troubled economy.

I hear from small business owners across the First Congressional District every day. Many are being forced to cut back on health benefits. They can’t afford to hire new employees, and they are scared to death that ObamaCare will put them out of business.

Not only is this unconstitutional to force the American people to purchase government-approved health insurance, but this prescription for disaster has put our Nation on a path to bankruptcy by adding billions of dollars to our already record-setting deficit.

In addition, ObamaCare actually reverses over 30 years of bipartisan efforts to keep tax dollars from funding abortions, which I find reprehensible.

Mr. Speaker, repealing ObamaCare is not the end of the debate over reforming our health care system. It’s the first step in implementing a health care system that works for all Americans without costly, unconstitutional government mandates that destroy jobs.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, over and over today I’ve heard supporters of this bill saying it is just the first step, then maybe they’ll think about fixing the bill. Well, tell that to the millions of Americans who are now reaping the benefits of the legislation, who, if this

actually became law, would lose what they have only just now gained: Citizens whose children suffer from diabetes or asthma and have finally been able to get coverage; citizens like the small business owners I met with last fall in Denver who, because of the health reform law’s tax credits, are finally able to get health insurance for their employees; and citizens like the next generation of our country’s leaders, like my young neighbor who has type 1 diabetes and is going to college but knows he will have insurance and he can stay on his parents’ insurance.

I keep hearing “repeal and replace,” but, frankly, Mr. Speaker, that’s not what we’re doing today. We’re repealing these benefits that help millions of Americans and we are replacing them with nothing.

If the proponents of this bill really intended to cover these things, why didn’t they just put the 10 pages that my colleague talked about in the bill? The reason is because, if you want to give benefits like this to millions of Americans, to young people, to women with gender disparity, and to small businesses, you have to have comprehensive reform.

□ 1310

We all know it. And that’s why we need to resist this effort. We need to resist repealing this legislation. And we need to work together across the aisle to implement it in a way that helps every single American.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to the gentleman from Nebraska (Mr. TERRY), I yield 30 seconds to the gentleman from Texas, Dr. BURGESS.

Mr. BURGESS. I thank the gentleman for yielding.

You know, the fact is on those tax credits for small business, they are so confusing—and I hear this from my small businesses all the time back home—no one understands how to actually make those benefits work. And they are time limited. They will soon expire.

But here’s the real deal. If you really wanted to help small business, let’s repeal that 1099 provision. Why was it even in there? Well, one reason, so the IRS could enforce the mandate. But the other reason was maybe they’re going to need a value-added tax in order to pay for this monstrosity. Let’s repeal it and get it done the right way.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. TERRY).

Mr. TERRY. Mr. Speaker, I embrace this opportunity to repeal this trillion-dollar tragedy. That’s the cost of it over 6 years; yet in order to make their numbers work so they can come here and argue that this is deficit neutral, they only have benefits for 6 years. It’s full of gimmicks like that. The reality is that it’s raising taxes to the amount of \$569 billion. That is a job killer. And it hurts senior health care by taking \$523 billion out of Medicare over the

next 10 years and puts bureaucrats in charge of your health care. That’s wrong. That’s a tragedy.

What we will do right is in the next phase. Starting very soon in our committee, we will begin an open process, not the one that was used where a bill was written in the Speaker’s office and then driven to the House floor with no amendments allowed. We will do this right. We will have the people involved. This whole body will be involved. Even the other side of the party is going to be involved in our committee, which we weren’t allowed before. So we will do this right and do it right for the American citizens.

Mr. PALLONE. Mr. Speaker, I yield myself 15 seconds.

Mr. Speaker, I have heard talk on the other side of the aisle about small business, but I would point out that repeal would eliminate tax credits for small businesses. In Mr. BURGESS’s district, there are up to 13,600 small businesses that are eligible for the tax credit, and repeal would force these small businesses to drop coverage or bear the full costs of coverage themselves.

I yield 2 minutes to the gentlewoman from California (Mrs. CAPPs).

Mrs. CAPPs. Mr. Speaker, I rise in strong opposition to this misguided and costly legislation. First, I think we should be spending our time here on creating jobs instead of rehashing settled law. Secondly, I want to speak on behalf of the millions of Americans already benefiting from the strong consumer protections in this law. Across the country, parents now know that their children can be insured after graduation from high school or college.

Seniors in the dreaded doughnut hole have received help to pay for prescription drugs and now can have a free physical each year. And women no longer have to worry about paying higher premiums, because insurance companies often consider females a preexisting condition. And all Americans are now eligible for free preventive screenings. People already sick can no longer be dropped from their plans. Lifetime and annual coverage limits, that fine print that can thrust a family into bankruptcy just because someone gets sick, these are gone. Because the law bans insurance companies from excluding folks from preexisting conditions, people who need insurance the most can now have access to it.

For some of my colleagues, these important provisions may seem abstract; but for my constituent Gwendolyn Strong and her family, this law means everything. Before, the Strongs lived in constant fear that Gwendolyn, diagnosed with spinal muscular atrophy, would reach her policy’s lifetime limit and then become uninsurable because she has a preexisting condition. But the consumer protections in the Affordable Care Act mean that Gwendolyn will receive the care that she needs, and her family is protected from bankruptcies.

A vote for this misguided bill will put the future of the Strong family and millions of other families at risk again. The impact is real. In my district, Medicare benefits will be taken from 100,000 seniors. It will raise taxes on over 16,000 small businesses. And none of us can afford the \$230 billion that repeal will add to our deficit. That's why I am urging my colleagues on both sides of the aisle, for the sake of the Strong family, for the sake of all families, vote "no" on H.R. 2.

Mr. UPTON. Mr. Speaker, I yield 1½ minutes to the gentleman from Pennsylvania, Dr. MURPHY.

Mr. MURPHY of Pennsylvania. Mr. Speaker, Republicans agree, and we want families to keep their kids on their plans if they wish. And last Congress that's why we offered proposals that would have allowed dependent children to stay on their parents' plans. But once again, the other side is trying to hide 3,000 pages of a law by discussing only 10 pages. We all want to work on this, and we will achieve this in the replacement bill.

But the other side also fails to mention the other part of this 2,900 pages that will ignore what's going to cause health insurance premiums to go up 17 percent because of this care plan. What good is coverage on a policy if a family can't afford it?

On another issue, chronic illness consumes 70 percent of health care costs and 90 percent of Medicare. The health care bill, however, cuts \$500 billion from Medicare, and much of that by eliminating chronic care management that otherwise could save lives and money. So for 7.4 million seniors on Medicare Advantage, if you like your plan, you can't keep it.

So what does chronic disease management do? UPMC in Pittsburgh reduced hospitalization rates for diabetics by 75 percent. Washington Hospital in Pennsylvania cut readmission rates 50 percent for heart disease. And Gateway Health Plan reduced asthma readmissions by 28 percent. It's better care at lower cost; but the health care bill says if you're sick, you're on your own.

Tragically, it pays to amputate the feet of a diabetic, but won't pay a nurse \$5 to make sure you are following up on prescriptions, therapies, diets, and treatments. The new law does have a pilot and grant program to be sure, but you will find no reimbursement code for disease management. That's why we must repeal and replace this bill for the sake of our seniors and for the sake of our children.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. DOYLE).

Mr. DOYLE. Mr. Speaker, I rise in opposition to H.R. 2, the Patients' Rights Repeal Act.

Day after day, new studies are showing just what's at stake in this debate over health care reform. The Department of Health and Human Services released a staggering report stating that

up to 129 million Americans with pre-existing medical conditions could lose their newly enacted protection from insurance company discrimination. The CBO has reported that this Republican repeal bill would add \$230 billion to the Federal debt. The Centers for Medicare and Medicaid found that repealing health care reform would reduce the solvency of the Medicare program by 12 years.

Repeal of last year's health care reforms would raise insurance costs for people in my home district of Pittsburgh, Pennsylvania, and across the country, whether they are small business owners, retirees, working Americans, or recent college graduates. Health care reform took power away from the insurance companies and gave it back to the American consumers. Repeal of this reform would allow private health insurance companies to go back to the practice of cherry-picking low-risk customers and sticking it to the rest of us. What's more, it would increase prescription drug costs for seniors who fall into the doughnut hole, raising the average cost of prescription drugs for these seniors by over \$500 this year and by over \$3,000 in 2020.

In a nutshell, the Republican repeal means this: children with preexisting conditions denied coverage; young people up to age 26 can't stay on their parents' plans; pregnant women and breast and prostate cancer patients could be thrown off their insurance policies; seniors will pay more for their drugs; the deficit will increase by \$230 billion; small businesses pay higher taxes.

That doesn't sound very good to me. Repeal helps no one, no one but the insurance industry. I adamantly oppose this effort to repeal this health care reform bill.

□ 1320

Mr. UPTON. Mr. Speaker, before I yield 2 minutes to the gentleman from Texas, Dr. BURGESS, I yield 30 seconds to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Mr. Speaker, with my slow drawl, I don't think in 30 seconds I can refute everything the gentleman from Pennsylvania had to say—but 120 million people with pre-existing conditions, they would all have to have hang nails and fever blisters to have preexisting conditions. And if you believe those statistics, I've got a beach I can sell you in Pennsylvania.

This business about \$230 billion savings, we've already discussed that. They use 10 years of revenue and 6 years of charges. It's smoke and mirrors.

And, finally, on the issue of the doughnut hole, the drug companies have already solved that problem.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Texas, Dr. BURGESS, the vice chair of the Health Subcommittee.

Mr. BURGESS. I thank the gentleman for yielding.

Mr. Speaker, it is important that we have this vote today, and it is important that we vote to repeal this legislation. Let me be clear: I was for and supportive of reforming the health care system, but the law that was passed does not do what was necessary to be done.

We heard from our constituents over and over again in the summer of 2009: don't mess up what we all have and please do something to help us with costs. We ignored them on both counts.

I am troubled because of the drafting errors in this law. I am troubled because we have had not a single oversight hearing in the 10 months since this law was passed. And I am troubled because from the start the government takeover of health care has provided numerous red flags to which Congress has not responded.

Secret deals: what about the five groups of health care providers, doctors, insurance companies, medical device manufacturers, drug companies, who were all invited down to the White House, along with a labor union, to kind of come up with some ideas for health care reform. They came out to the Rose Garden and said, We saved \$2 trillion. I simply asked for that information in a committee hearing and was denied. \$2 trillion in savings, and I am asked to believe that no one wrote anything down?

This was not transparency; this was a photo op. How could we ever be expected to be legislators if we are not even knowing that the ending was written before the bill was even on the floor?

The President promised the American people that there would be open hearings and meetings that would be televised on C-SPAN, but that didn't happen.

Amendment after amendment was offered in committee. Some were, in fact, accepted by Chairman WAXMAN and the Democrats, but then the bill went to the Speaker's office. The Speaker, along with the White House, rewrote the bill. It doubled in size, it came to the floor, and it was pushed through.

Why even have the committee hearings if Speaker PELOSI and the White House are going to rewrite the bill to suit their needs?

Inattentive construction was all over the place in this legislation. The President kept saying, if you like what you have, you can keep it. But apparently that's only true for some people.

Now, many people felt that Members of Congress actually ought to take what they were forcing the American people to take.

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

Mr. UPTON. I yield the gentleman an additional 30 seconds.

Mr. BURGESS. But, in fact, that was not true. Members of Congress are required now to be covered under the exchange. Their staffs are required to be covered under the exchange.

But are there exemptions? Yes, committee staff and senior leadership staff

are not required to be covered under the exchanges; neither are the White House occupants. It ought to be the same for everyone. These loopholes need to be closed.

The difficulties in this bill are just too legion to mention. If it could have fixed the problem, I would have been for it; but it is a destructive and pernicious blight, and the expansion of the Federal debt truly does threaten the very fabric of our Republic.

Mr. PALLONE. I yield myself 15 seconds.

Mr. Speaker, I just wanted to mention the gentleman from Texas was decrying the HHS study about pre-existing conditions. These are very serious preexisting conditions: heart disease, cancer, asthma, arthritis, high blood pressure. They are people that have had their policies canceled or they couldn't get insurance because of these preexisting conditions. I don't think they should be belittled.

I yield 2 minutes to the gentlewoman from California (Ms. HARMAN).

Ms. HARMAN. Mr. Speaker, today's health care repeal debate reminds me of tennis great John McEnroe's famous rant, "You can't be serious."

Everyone knows this vote is symbolic, putting off for another day the hard work of revising portions of this historic law that need attention, or adding provisions that would greatly improve the law.

There is no disagreement about the need to repeal the 1099 requirement for small business, but we should also add provisions to allow the government to bargain for lower drug prices and create more competition among health care plans. To me, that's what the public option was for.

Health care changes already in effect are helping people in my district. Five thousand seniors received \$250 last year to help cover the doughnut hole portion of their Medicare prescription drug costs, and they will get 50 percent drug discounts this year; 49,000 people under age 26 are now covered by their parents' insurance plans; 1,100 local families who went bankrupt due to health care expenses before the law was enacted no longer fear lifetime limits on insurance coverage; people like Elleni M., who suffers from Graves' disease and has gone without health insurance since 2000, can no longer be denied coverage.

There are similar statistics and stories in every congressional district.

But let me highlight one more issue brought into stark relief by the recent rampage in Tucson. Our colleague, GABBY GIFFORDS, and other shooting victims received top-notch, timely care at the University of Arizona Medical Center's level 1 trauma facility. Such facilities give victims of severe injuries a 25 percent greater chance of survival. The law the House is poised to repeal expands level 1 trauma care through Medicaid and discretionary grants.

My home is home to the Harbor-UCLA Medical Center level 1 trauma

center, and that's where victims of a natural disaster, a terrorist attack, or another Tucson-like massacre will be brought. We can't be serious if we cut aid to level 1 trauma centers.

Mr. Speaker, bipartisanship is hard, and it sadly won't start with this vote.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, I rise in support of the repeal of this measure. The health care law this body passed last year means well, but we all know that it will never deliver on the promises that my colleagues have made.

Let me tell you why this is not a rant and why we are serious. Earlier, the gentleman from Tennessee (Mr. ROE) spoke to the body on this. ObamaCare makes the same fundamental mistakes that TennCare in Tennessee made. Do we not learn from our mistakes?

ObamaCare and TennCare bet that the near-term cost incurred by Washington's health care mandates will be made up by long-term savings. That's 10 years of revenue for 6 years of expenses. Tennessee lost that bet, and it nearly bankrupted the State. Unless we repeal ObamaCare, America will go down the same road.

We know hundreds of mandates, thousands of mandates, and hundreds of bureaucracies don't add up to a savings. By repealing and replacing, we can keep the promises we made last year, better care at lower cost; but we can do it in a way that will deliver through competition, not mandates.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, yesterday I met with everyday Americans in Chicago who shared with me their personal stories, tragic stories but common stories, about how our flawed health care system has devastated their lives. At its core, access to health care is a moral issue.

Midge Hough told me how her 24-year-old daughter-in-law, Jennifer, and her unborn child both died because Jennifer could not find health insurance because of a preexisting condition. Her preexisting condition? A prior pregnancy.

By the time emergency health care was mobilized, it was too late for Jennifer and her baby. She left behind her husband and a 2-year-old.

Today, the Affordable Care Act mandates that pregnancy is no longer considered a preexisting condition.

David Zoltan has diabetes, and because of his preexisting condition he couldn't get insurance after losing his job 2 years ago. He is holding the insulin that he needs to live; but thanks to the Affordable Care Act, David has coverage under Illinois' preexisting-condition plan and no longer ends up in the emergency room to get his lifesaving insulin.

The Republican plan puts the insurance companies right back in the driv-

er's seat to decide who they will and won't insure based on profitability, how much they will charge, what benefits they will cover.

The Affordable Care Act ends insurance company abuses, creates rules of the road, and puts Americans in charge.

□ 1330

The Republican plan is not health care. For millions of Americans, it means no care.

Mr. UPTON. I yield 15 seconds to the gentleman from Louisiana (Mr. SCALISE).

Mr. SCALISE. Mr. Speaker, prevention of discrimination against people with preexisting conditions was something we presented last year. It is something that's going to be one of the hallmarks of our replace bill. I hope the gentlelady supports us in preventing discrimination against preexisting conditions. That's part of the actual replacement that we are going to put forward that is real reform.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the Member from New Hampshire (Mr. BASS).

Mr. BASS of New Hampshire. I thank the distinguished chairman of the Energy and Commerce Committee. Mr. Speaker, this health care reform bill was a bad bill passed at the wrong moment. It is, in my opinion, one of the major reasons why we face such economic uncertainty in this country. Businesses don't know what it will cost to hire somebody. Businesses don't know what's coming down. Employers don't know what the world is going to be like. And consumers feel the same way.

Now, in the course of this debate, we've talked about the issue of preexisting conditions and how the Republicans are not going to allow for preexisting conditions to be included in their alternative. Nothing could be farther from the truth. Republicans have consistently offered proposals to give individuals with preexisting conditions medical access to affordable health care coverage; but we will do it in a way that will be predictable, it will be fair, it will be competitive, it will save costs, it will make health care transparent, and it will keep premiums down. We have an opportunity now to make changes that should have been made from the very beginning.

Mr. PALLONE. Mr. Speaker, could I ask again about the time remaining on each side.

The SPEAKER pro tempore. The gentleman from New Jersey has 18½ minutes remaining. The gentleman from Michigan has 23¼ minutes remaining.

Mr. PALLONE. At this time I yield 2 minutes to the gentleman from Texas (Mr. GONZALEZ).

Mr. GONZALEZ. Mr. Speaker, I rise in opposition to this bill. My first observation is, after hearing my colleagues on the other side of the aisle this morning, it reminds me of the movie "Groundhog Day," the same

thing over and over again, same old same old.

My advice would be that taking your notes from 2009 and 2010 are stale and irrelevant today. Now some, I guess the cynics out there, are wondering why you would proceed with this measure as soon as you took over the majority. Some would say that it is just political theater, but I venture to guess that there's another reason: time is not on your side. The more time you allow for this bill and its full implementation, you lose your argument because you're wrong.

You said it was a government take-over of health care. Wrong. Time has proven you wrong. You said it would be costing thousands and thousands of jobs by now. You were wrong. And with the passage of more time, that only will be solidified that you misread it.

I'm not questioning your intent or sincerity, but you just were simply wrong. Because what happened in the interim? People found out that they were able to get insurance for their children despite preexisting conditions. They could keep their children up to age 26 years on their policies. Seniors were helped with the problems they faced with the doughnut hole. That's what's happened. So I understand.

You were in charge for 12 years and did nothing. We moved forward with something meaningful, and all you can think of is to go back to the inaction.

And you say "replace." Then why do you force repeal without a discussion to the American people of what you want to replace it with? Isn't that a fair assumption? You were wrong in 2009. You were wrong in 2010. And you are wrong today.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind all Members to address their remarks to the Chair.

Mr. UPTON. Mr. Speaker, before I yield 1 minute to Dr. GINGREY of Georgia, I would like to yield 15 seconds to Dr. BURGESS of Texas.

Mr. BURGESS. I thank the chairman. And I would address to the chairman: the gentleman who previously spoke must understand that this legislation was litigated in front of the American people for the last 2 years. They rendered their verdict, and the jury verdict in November was, "We reject what you have done. We want something better." That's what this process is about today.

Mr. UPTON. Mr. Speaker, I would yield 1 minute to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Mr. Speaker, the gentleman from Texas who just spoke was right about not causing thousands of job losses. It cost 4 million lost jobs since the Democrats took over in 2007.

Mr. Speaker, I have seen a number of posters here this morning showing really fairly well-to-do people struggling with health care issues. I don't have a poster; but if I had one, it would show men and women all over this

country in cities holding soup cans in line waiting, hoping desperately to get a job. And I will guarantee you, every one of them would take those jobs even if they didn't have health insurance.

The point here, Mr. Speaker, is the Democratic priority was entirely wrong. Yes, it's something they've been wanting to do since the 1930s; and, yes, it's something the American people didn't want since the 1930s. Every time it's come up, the American people don't want the government to take over health care. They have rejected it time and time again.

We will vote for H.R. 2 and pass it. And if the Senate and the President want to ignore the will of the American people, they do it at their own peril.

Mr. PALLONE. Mr. Speaker, I yield myself 15 seconds.

I hear talk on the other side of the aisle about jobs, but I would point out that under Democratic policies, including health reform, there's been a strong private sector job growth this past year. In 2010, there have been 12 straight months of private sector job growth. And under the Obama administration overall this past year, we have created a total of 1.3 million new private sector jobs.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. SCALISE).

Mr. SCALISE. Mr. Speaker, with the exception of a liberal in Congress, the only person that would suggest that this ObamaCare law would actually reduce the deficit has got to be an Enron accountant.

If you look at this bill, it rations care, it raises health care costs for families—yes, that was scored to raise the cost of health care. It's actually pushing thousands of doctors out of the practice of medicine.

This job-killing bill is not reform. What we need to do is go back to the table and actually repeal this and replace it with real reform. But if all of my colleagues on the other side are correct in what they're saying about what's good about this, then why is it that when this bill was in committee, we actually brought up an amendment that said, if this is so good, all the Members of Congress have to join the government option. Guess what happened, Mr. Speaker? Every single member of the committee who voted for this bill voted to exempt themselves from it. So clearly that tells you, if you're not willing to put your money where your mouth is, it's not good law.

Let's repeal this and start over with real reforms that actually lower the cost of health care, that address real problems like making sure people with a preexisting condition can't be discriminated against. Let's restore the doctor-patient relationship. That starts with repeal.

Mr. PALLONE. I yield 2 minutes to the gentleman from Washington (Mr. INSLEE).

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

Mr. INSLEE. Mr. Speaker, I'm opposed to this effort to repeal a bill, a reform bill without anything to replace it at hand. It's asking Americans to jump without a parachute and without a net. And it's the wrong thing to do because we are a country that has always moved forward.

I want to mention two ways this bill moves forward which we should not repeal. One is that we have finally addressed this horrific geographic disparity where physicians and hospitals get treated differently, unfairly around the country. We finally are fixing that, long, long overdue.

And, second, this bill really helps us move forward to reduce waste in our medical industry. A Dartmouth study suggested as much as 30 percent of all the things we do have been wasted in health care because we haven't had the right incentives.

Where I come from in Washington State, we're doing things that we need to export around the country to stop waste in medicine. At Virginia Mason they just won the national Leapfrog to the Top Award, where they've saved over \$1 million a year just by bringing efficiencies in how you provide supplies. At GroupHealth, they've reduced the readmission rate by about one-third by bringing efficiencies to the system.

At the Providence-Everett Hospital, I was so impressed when I met a Dr. Brevig, a cardiac physician, who brought some efficiencies in how they handle cardiac patients. So instead of moving the patient all around, they bring the physicians to the patient. Do you know what? They've knocked almost a full day off the time you have to be in a hospital, and they've reduced the infection rate by almost one-half, improving quality.

□ 1340

At Children's Hospital, they are building a hospital which uses 30 percent less square footage than the average hospital.

These are the types of efficiencies that we need to reduce the rate of medical inflation. This is one of the reasons that the Congressional Budget Office found that this bill will actually reduce the deficit by \$230 billion. Let's keep moving forward and not go backwards. Defeat this bill.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. LATTA).

Mr. LATTA. Mr. Speaker, I rise to express my strong opposition to ObamaCare. ObamaCare will single-handedly have more negative ramifications on the American economy than any bill passed in our Nation's history. If not repealed, the \$1.2 trillion government takeover of health care will increase the cost of care, eliminate jobs, and cause budget deficits and the national debt to explode.

The Democrats' health care takeover contains \$569 billion in taxes, increased government spending, a half-trillion-

dollar cut in Medicare, increased costs to the States, and mandates on businesses. All of these are hurting the economy and making it harder for small businesses to create jobs and get people back to work. We need greater competition and more choices for consumers.

Since this bill became law last spring, I have heard the same message across the Fifth Congressional District: Businesses aren't hiring new employees, buying new machinery, or expanding their businesses because of increases in costs under the legislation. Imposing these higher costs on businesses will lead to lower wages and fewer workers.

Mr. PALLONE. I yield myself 15 seconds.

Mr. Speaker, I heard the gentleman from Louisiana say that Members of Congress were not in the exchange, and that is simply not the case. And I don't want to hear it repeated from the other side of the aisle. This current bill that we passed says that Members of Congress have to go into the exchange and have the same health care benefits through the exchange as any other American. So don't keep repeating that because it is simply not true.

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

Mr. UPTON. I yield 30 seconds to the gentleman from Texas (Mr. BURGESS) to respond to that.

Mr. BURGESS. Mr. Speaker, it is important that Members of Congress understand the parameters here. Indeed, we are required to buy our health insurance in the insurance exchanges as provided under the health care law. There are no insurance exchanges as they exist right now, so it is anybody's guess. We are probably still under the Federal Employees Health Benefits Plan, but nobody is actually certain about that. What is certain is that there were exemptions. There were exemptions for senior staff, senior leadership staff, committee staff, the White House, and political appointees in the Federal agencies. Everyone should be treated equally. Some are not more equal than others.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Iowa (Mr. LATHAM).

Mr. LATHAM. I thank the chairman of the Energy and Commerce Committee.

Mr. Speaker, I think it is important to understand and remember how we got here. When the Senate passed their bill on Christmas Eve of 2009, there was not a soul on either side of the aisle in the House of Representatives who thought that that turkey would work. The bill that they passed, everybody knew it was bad. So when it became procedurally impossible to change it, the Democrats decided to push for this bill that everyone understood would not work, and that is what we are dealing with today.

I think it is very promising that now—Iowa just yesterday joined a law-

suit so there is a majority of the States in this country that now say let's repeal this, that the individual mandate is unconstitutional.

So not only are we stuck with a horrible bill, an unconstitutional bill that everyone knows and understood back then would never work, now they want to preserve this. We have got to repeal this and replace it with commonsense reforms that will actually work for the American people.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, how much time is remaining on both sides?

The SPEAKER pro tempore. The gentleman from New Jersey has 14½ minutes and the gentleman from Michigan has 18½ minutes.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Mrs. McMORRIS RODGERS).

Mrs. McMORRIS RODGERS. Mr. Speaker, we can do better. There are many reasons to start over on health care reform. Do it right, and listen to the American people.

Number one, the current bill further destroys jobs at a time when we need jobs.

Number two, it actually increases our health care costs.

Three, it increases government spending.

Four, it raises taxes on hardworking families and small businesses.

Five, it takes away our choice of physicians.

Six, it cuts Medicare for seniors. Good-bye Medicare Advantage.

Seven, it threatens our world-class quality health care system.

Eight, it will add to our already growing budget deficit.

Nine, it includes taxpayer funding for abortions.

Ten, it is unconstitutional. And there are many, many more.

I encourage my colleagues to join me in supporting H.R. 2, and let's start the process of repealing this bill, the current health care reform bill, and replacing it with a bill that America deserves and America wants.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. Mr. Speaker, I rise today on behalf of hundreds of thousands of Wisconsin families who have already begun to benefit from health care reform. I am mindful of the children, young adults, and seniors who would lose access to affordable health care coverage should the measure Republicans are pushing today to repeal our recently passed health care law come to pass.

Over the years, I have heard thousands of stories from constituents about their struggles to find access to affordable health coverage. This year, my constituents' calls and letters have changed. They have transformed into stories of thanks and gratitude.

I think of Kate of Fitchburg, Wisconsin, whose family has already seen

the benefits of this law in the short time its provisions have been in effect. Kate recently shared with me how her 16-year-old daughter, Maggie, had been unable to receive affordable health care coverage because she was born prematurely with a genetic anomaly that requires frequent doctors' visits. However, as a result of health care reform, Maggie is no longer denied health coverage because of her preexisting condition. Kate also has the peace of mind knowing that once her daughter becomes an adult, she can remain on Kate's health insurance until she turns 26.

Additionally, Kate's parents are both on Medicare and have fallen into the prescription drug doughnut hole. As a result of our recently passed health care law, they have already received additional help to pay for their medications.

Unfortunately, Kate's family would no longer enjoy these benefits should this measure we are considering today to repeal the health care reform law succeed. And Kate's family isn't alone. Under repeal, 147,000 young adults in Wisconsin would stand to lose their insurance coverage through their parents' health care plans. And once again, people would be discriminated against because of preexisting conditions. And 46,000 Wisconsin seniors would face higher prescription drug costs. I urge my colleagues to oppose this measure.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Mississippi (Mr. HARPER).

Mr. HARPER. Mr. Speaker, the so-called Affordable Care Act is nothing short of politics above economics. This penalizing law is loaded with excessive constraints and oppressive Federal mandates on States. As Medicaid rolls rise, State revenues continue to fall, and this law only increases the challenges governors face in their attempts to balance their budgets.

Instead of granting State executives the authority to tailor their Medicaid programs to their State's diverse populations, the Affordable Care Act implements a one-size-fits-all maintenance of effort provision which restricts States from changing their Medicaid programs.

Republicans want to provide States with the flexibility they need to manage their health programs. This is simply one reason why I am committed to repealing this carelessly crafted health care law and replacing it with reforms centered on decreasing costs and protecting our middle class jobs.

Mr. PALLONE. I reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. LANCE).

□ 1350

Mr. LANCE. Mr. Speaker, I rise today in support of H.R. 2, an important first step toward implementing sustainable health care reform that our Nation can afford.

The health care law passed last year includes sleights of hand to mask the true cost of the measure. For example, 6 years of entitlements and subsidies are paid by 10 years of taxes, and premiums are collected for the first 10 years for a long-term care program with no benefits during that period.

Douglas Holtz-Eakin said it best when he wrote in today's Wall Street Journal that the health care law is "all about budget gimmicks, deceptive accounting, and implausible assumptions used to create the false impression of fiscal discipline."

Failure to repeal the health care law will add an additional \$700 billion to our national deficit in the next 10 years. However, we can work together in a bipartisan capacity to enact commonsense health care solutions that lower health care costs without raising taxes or adding to our national debt.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana, Dr. Cassidy.

Mr. CASSIDY. Mr. Speaker, I discuss this bill as a doctor who has been treating the uninsured for 20 years.

Now, opponents of repeal argue that this gives Americans insurance, but what in truth it often gives is Medicaid. Now, Medicaid is a Federal-State program, which is often called "welfare medicine," and it is a program which is destroying State budgets.

Last spring, the New York Times spoke about how this has implications for patient care. They spoke of a woman on Michigan Medicaid with metastatic cancer who could not find an oncologist because Michigan Medicaid had been cut so much because of Michigan's budget problems.

Carol died a week after the article. That's Medicaid.

Now, the supporters of the ObamaCare bill believe that more people on Medicaid is good. Republicans disagree because what happened in Michigan is happening across the Nation.

Last year, before this bill was passed, 20 States cut Medicaid payments, and 39 cut provider payments. This is threatening to bankrupt them. Now imagine what happens when their rolls double. Mandating that 16 million more Americans get put on Medicaid is not health care; it is a way around State budgets. It is the illusion of coverage for patients.

Let's repeal this law and pass real reform.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I believe the health care bill passed last year will not only burden American families but will also bankrupt already struggling State governments.

It has been estimated that the health care bill will saddle Kentucky with a \$303 million unfunded mandate. This burden will leave fewer resources available for public education, infrastructure projects, and other worthwhile State efforts.

It is not just Kentucky. States all across the Nation face the same dilemma. They are facing already difficult budget situations, and will soon be strapped with higher Medicaid costs as a result of the health care law. Further, the law prohibits States from altering their Medicaid offerings, essentially removing their ability to contain the rising costs.

We must stop this law from going into effect and from further burdening our State governments and American families. I urge my colleagues to vote "yes."

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. Let me thank the ranking member for the time and certainly thank him for his leadership on our committee.

Mr. Speaker, as we debate the Republican proposal to repeal health care reform, I hope—I truly hope—that the American people will open their eyes and realize that this legislation will put insurance companies back in charge of their health care.

I don't know about my friends on the other side. I don't know what kind of districts you represent, but I represent a low-wealth rural district in eastern North Carolina. My constituents need affordable health insurance. They need access to health care now.

In my district, this repeal would allow insurance companies to deny coverage to 261,000 individuals with pre-existing conditions. It would eliminate health care tax credits for up to 11,600 small businesses and 193,000 families. The number of people without health insurance in my district would grow by 56,000 people. It would increase the costs to hospitals for uncompensated care by more than \$65 million, and it would increase prescription drug costs for 7,300 seniors who hit the Medicare drug doughnut hole.

So I take great offense to any effort to repeal health care reform. This repeal would only lead to bigger Federal deficits and higher taxes for small businesses. Children, students, seniors, and small businesses owners would be devastated by losing these protections.

Mr. Speaker, I urge my Republican colleagues to stop playing politics with health care.

Open your eyes, and see the pain of America's working families. Listen to the silent majority in your districts, not the loudest people in your districts. Reject this repeal effort, and let's debate ways and means of creating jobs in America.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. OLSON).

Mr. OLSON. I thank my colleague from Michigan.

I rise in strong support of H.R. 2.

Mr. Speaker, many of my colleagues have come to this floor tonight to highlight the numerous job-destroying provisions in this new health care law. They have outlined serious threats to our health care system and our economy.

Now I would like to highlight something that was not included in the law—medical liability reform.

My home State of Texas has implemented liability reform with positive results. It is a model for America to follow. Before reform in Texas, doctors could not afford to stay in practice. Frivolous lawsuits were forcing them to close their doors. Now, with reform, they are flocking—flocking—to Texas.

Here is the proof:

Since implementation in 2003, we have seen a 60 percent increase in the number of doctors practicing in our State—60 percent—and a 27 percent drop in the cost of medical liability insurance premiums.

We must repeal and replace this economy-busting health care bill by enacting meaningful health care reform. On November 2, we made a promise to the American people. Today, it is a promise kept.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from West Virginia (Mr. MCKINLEY).

Mr. MCKINLEY. Mr. Speaker, this law needs to be repealed for a host of reasons, especially because of its impact on small businesses and seniors.

Recently, I spoke to an owner of a coal mine in West Virginia which has 24 employees. She told me the act has caused her annual premiums to increase by \$84,000.

It was the wrong approach, and it will cost jobs.

Let's not lose sight, though, of our most vulnerable citizens in our society—senior citizens. The law's \$500 billion in cuts to Medicare is unconscionable. Reducing benefits for some senior citizens and jeopardizing access to other care is unacceptable to those of our Greatest Generation.

Congress should never have broken its promise that it made decades ago by cutting the health care senior citizens deserve. Let's repeal it and replace it with something that is bipartisan, that lowers costs, that saves jobs, and that protects our senior citizens.

Mr. PALLONE. I yield myself 15 seconds, Mr. Speaker.

Mr. MCKINLEY mentioned seniors.

I would point out that, beginning in 2011, the health care reform provides a 50 percent discount for prescription drugs for Medicare beneficiaries. There are 12,100 Medicare beneficiaries in Representative MCKINLEY's district who benefit from these provisions. Seniors benefit from this bill, and if you repeal the bill, those seniors are going to have a loss.

I reserve the balance of my time.

The SPEAKER pro tempore. The Chair would like to note, at the present time, the gentleman from Michigan has 11½ minutes remaining; the gentleman from New Jersey has 10¼ minutes remaining.

Mr. UPTON. I would just say I was hoping I was going to get a few extra seconds from people yielding back their time, but that apparently is not the case.

Mr. Speaker, I yield 1 minute to a member of the committee, the gentleman from Colorado, Mr. CORY GARDNER.

□ 1400

Mr. GARDNER. I thank the gentleman from Michigan.

Mr. Speaker, I am here to talk about jobs. I want to highlight a story about what is happening to one company in my district when it comes to this health care bill, one company in my district that employs 130 people, a manufacturing a company, one of the few left in the country. Even during the worst of the recession, this company kept every single employee employed by having them paint houses and rake leaves instead of firing them, because they felt obligated to their employees.

Without this health care bill, they predicted that their health care costs would increase by about 5 percent. With this health care bill, their cost will increase by 20 percent—an additional \$200,000 a year—to afford the cost of the health care bill. That's six people that they could have employed and hired and put to work, providing them with benefits, but instead we passed a job-destroying health care bill.

It is time for this Congress to act to fulfill the promise it made to America, the promise to repeal this bill and to put in its place solutions that will actually increase the quality of care and decrease the cost of care. The time is now. Let's act before we lose one more job.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. I thank the gentleman for yielding me time.

Madam Speaker, I rise in strong opposition to the bill before us. This bill would cost the American small business owner dearly.

In Sacramento, over 88,000 small businesses are eligible to take advantage of the tax credits provided under the current law to help offer and afford meaningful health insurance coverage.

Gordon, the owner of a communications firm in midtown Sacramento, covers 100 percent of his 13 employees' health insurance premiums. This is the firm's second highest expense next to payroll. As a result of the tax credits in the Affordable Care Act, Gordon's company is expecting to save roughly 25 percent in employee premiums. This frees up much-needed capital so Gordon's business can prosper and expand.

Another small business that will grow as a result of the tax credits is a small cafe owned by Pat and Kim in downtown Sacramento. They currently employ four full-time employees who receive full benefits and 25 part-time employees. With the savings they are planning to see from the tax credits, Pat and Kim will be able to hire another full-time employee.

This is the type of job creation that we need to help repair our economy and see small businesses thrive again. That is why repeal is so dangerous and why the Affordable Care Act is so critical to small businesses in Sacramento and throughout our country.

For these small businesses, I urge my colleagues to vote "no" on this bill.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from Kansas (Mr. POMPEO).

Mr. POMPEO. Madam Speaker, last week, Kansas Attorney General Derek Schmidt filed to join a Federal lawsuit challenging the constitutionality of ObamaCare, and I want to applaud Attorney General Schmidt, Governor Sam Brownback, and the 25 other States that have taken on the duty of correcting what this Congress did unconstitutionally last cycle.

Our Nation was founded on liberty, and that liberty was enshrined in our Constitution. They gave to us, as Members of Congress, certain powers, enumerated and very limited. The ObamaCare law strikes at the heart of that constitutional principle and for the first time requires every citizen of America and Kansas to buy a health care product or face a stiff penalty. Never before has Congress required anyone to buy a private product in this way. It can't be right. If that power were to exist in Congress, our power would be unlimited, and that's not how our Founders intended it.

I urge every one of my fellow colleagues to take aim at this law which threatens our liberty, our health care system, and jobs in America and Kansas.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. I thank the gentleman. Madam Speaker, about a year ago, I got a call from Donna, a mother who lives in Plainfield, Vermont, and this was her story:

She has a son who had his first job. It paid like 9 bucks an hour and it came with no health care, but they were excited that her son was getting out in the workforce, learning discipline, learning self-responsibility. But he lost the health care because he was no longer on her policy. He got into an accident. He's fine, but he has \$20,000 in medical bills that were uncovered. That is a burden on him and it's a burden on the family. When she learned that we passed health care that included coverage for her 21-year-old son, she was ecstatic. It relieved an enormous burden on this family because they knew that their son would have coverage.

This repeal bill is taking away that coverage for Donna's son. Why?

The question that we have is different from the campaign where we made our arguments. We now are in Congress and we have a mutual responsibility to decide whether we are going to spend our time here continuing to make partisan political points or making practical progress for the American people.

You have some good arguments about the health care bill and about what reforms we need, and we've got to wrestle with the cost of health care. No matter how we pay for it, the cost can't go up higher than wages and salaries. But what we should do is improve what we have, correct what must be corrected, and get rid of what doesn't work. But to throw it all out, all these insurance reforms—health care for Donna's son, preexisting conditions, preventive care for seniors where by getting care in time it's going to save us money—that's the wrong thing to do.

When does it make sense to toss out the good rather than correct the bad?

Mr. UPTON. Madam Speaker, I yield myself 15 seconds.

I appreciate what the gentleman from Vermont just said. I want to assure him that as we look at the replace piece of this, that element—to make sure children under the age of 26—will, in fact, be covered. I made that point in the Rules Committee 2 weeks ago, and we will be doing that again in the days to come.

Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. KINZINGER).

Mr. KINZINGER of Illinois. Madam Speaker, for the last 10 months, I have traveled around my district and I've heard from people through the campaign and then now as a Member. I heard from people that we need to repeal this health care bill. The folks back home get it. They understand that this is a budget-busting bill that is going to add mountains of debt on our children, and it's job killing to the tune of hundreds of thousands of jobs a year.

Recently, 200 economists came out and recognized that this is a "major barrier to job growth" and "creates massive spending increases and a crushing debt burden." The path to affordable health care starts with being able to buy insurance across State lines, providing reduced premiums, and also we have to have lawsuit abuse reform. That is a key element to getting health care costs down. Ultimately, we have to have reforms, though, that will protect the doctor-patient relationship that is so sacred in America and in medicine.

So today we begin working to carry out the voice of the people by implementing health care solutions that will reduce costs, increase accessibility, and protect American jobs. Today we begin advocating for the next generations of Americans, not advocating for the next election in America.

Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

Madam Speaker, I would just like to point out again—we've said it over and over again—that the CBO, which gives the official estimate, says that over the next 10 years the health care reform saves \$230 billion, and after that, for 10 years, over \$1 trillion.

The Republicans can't get away from the fact that if they repeal this bill, all that is going to do is increase the deficit significantly, because our bill, the current law, actually reduces the deficit.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from Virginia, MORGAN GRIFFITH.

Mr. GRIFFITH of Virginia. Madam Speaker, I believe the minimum essential coverage provision penalty is unconstitutional.

I took an oath to uphold the Constitution. This time last year, as a member of the Virginia House of Delegates defending that Constitution, I was proud to cast my vote for House Bill 10, which mandated no Virginian shall be required to buy health insurance.

□ 1410

Our attorney general has joined the fray and filed suit in court and is winning. As Virginians, we did not accept the change of George III, nor will we accept the change of ObamaCare.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time at this point.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from the great State of Michigan, Dr. BENISHEK.

Mr. BENISHEK. Madam Speaker, before coming to this House, I have actually been taking care of patients for the last 30 years, and as a surgeon, I work with patients to provide care and earn their trust. The doctor-patient relationship is the very foundation of the practice of medicine. Unfortunately, the health care law passed in the last Congress does not build the doctor-patient relationship; it undermines it. Full of hidden costs and red tape, the law overregulates and limits patient choices.

We need to repeal this bill, start over, and craft health care legislation that actually puts patients first and puts them in charge of their care. Repealing this bill is not the end of health care reform. This gives us a second chance to tackle the problems of our system while focusing on what makes our system great.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I thank the ranking member of the Health Subcommittee and my colleagues.

You know, we're at about the half-way mark of this debate today. So I think it's time for us to kind of take a little review and also offer people listening at home kind of a viewer's guide to what they have heard and what they are likely to hear coming forward.

There are basically three formations of the argument by the Republicans:

First, they start by making stuff up. You kind of have to wonder if any of them actually read the bill: 137 new agencies—not true; new IRS agents—not true; death panels—not true; Members aren't covered—not true; no tort reform in it—not true.

You know, I want to just advise people watching at home playing that now popular drinking game of you take a shot whenever the Republicans say something that's not true, please assign a designated driver. This is going to be a long afternoon.

Then there are my colleagues on the Republican side of the aisle that are basically pursuing the "we don't really mean it" strategy. My good friend, the new chairman, Mr. UPTON, started his remarks with this long litany of things they are going to do in the new bill. They're going to have coverage for pre-existing conditions. They're going to have help for the doughnut hole. They're going to make sure there are incentives for small businesses to offer insurance. You know what they call that, my colleagues? They call that the bill they're repealing. It sounds very strange, but they want to repeal the bill but they still want to give it a big hug and embrace as if they support the things.

And then, of course, there is the old fallback, and this is a particularly powerful one for the newer Members who are just joining us. It's kind of the bogymen strategy. You know, you pull those canards out of the sky: It's socialized medicine. Socialized medicine? Giving people incentives to go to private insurance companies? How is that socialized medicine? If that's the case, you all have socialized medicine.

Now, it's worth noting that this is the same Republican Party who last year in their budget alternative and this year in their campaign manifesto said, We want to end the Medicare program as we know it. I mean, they don't talk about it much, but that's their philosophy. And we have a fundamental disagreement about it. They say there is going to be a government takeover of health care. Really? Who's taking over what health care plan?

We're offering people tax incentives, small businesses tax incentives to go buy private insurance plans. You know, this was a proposal first made by Republicans that was adopted. We decided that that was the way to go.

But stay tuned, ladies and gentlemen. This is the sign of a philosophical division. You have one side that stands up for patients and for citizens and for businesses and the other side which is a wholly owned subsidiary of the health insurance industry.

But we've seen it. Whether they're making up things, whether they're creating bogymen, or whether they're saying, Well, no, we don't really mean it, this is a harbinger.

And I would say to Americans watching at home, think what side you're on.

If you're in love with insurance companies and want them to succeed and you don't care about anything else, by all means, this is your team. These are your guys. But if you believe that we need to make sure that people get health insurance, that they're not passing along their bills to the taxpayers each and every single day, that you believe in programs like Social Security and Medicare, these are your guys.

This is kind of your half-time wrap-up for the debate that we're having here today. And those are the two sides. Ladies and gentlemen, pick your side.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mrs. MILLER of Michigan). Members will address all of their remarks to the Chair.

Mr. UPTON. Madam Speaker, I yield 1¼ minutes to the gentleman from Texas, Dr. BURGESS.

Mr. BURGESS. I thank the chairman.

Remarks to the Speaker.

All right, Madam Speaker, who loves insurance companies? Was it the party that gave them a constitutional mandate that drilled their stock prices through the roof last March 23? Maybe it was.

We talk about new agencies and that the Republicans are misleading the American people on how many new agencies are created. Your own Congressional Research Service said the actual number of new agencies is in excess of 150 but the actual number is unknowable. They took a phrase from former Secretary Rumsfeld in that regard.

What about the new agencies? What about the Office of Consumer Information of Insurance Oversight? Where did that come from? Authorized in the bill? I think not. Appropriations in the bill? Your guess is as good as mine, but they're out there today hiring people and renting space.

The Independent Payment Advisory Board. Is that just a canard or is that a real phenomenon that threatens the financial solvency of every hospital, public or private, in this country?

Exchanges. Good idea? Bad idea? We can have that debate. But it is the subsidies within the exchanges that are intolerably high and paid for by taking the money out of our seniors' Medicare system.

These are the problems. These are the issues that should be debated. We're talking about modest changes on the margins.

The real fundamentals of this bill are so deeply flawed and the risk to the American public because of the expansion of the deficit is so real, it requires the repeal of OB taken today.

Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

Madam Speaker, again, Dr. BURGESS talked about impact on hospitals. I want to point out that the health care reform law benefits hospitals by covering more Americans and thereby reducing the costs of providing care to

the uninsured. Repeal would undo this benefit, increasing the costs of uncompensated care by \$249 million annually for hospitals in his district.

I yield 15 seconds to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I want my colleagues to understand, to say that you're not going to give them insurance, who do you think then pays for those uninsured? Who do you think then comes in and pays? It is your citizens in your towns, States, and cities. That's who pays for the uninsured and all of us who wind up footing the bill.

You talk about responsibility. What about the responsibility not to pass the bill along to everyone else?

Mr. UPTON. May I inquire how much time is left.

The SPEAKER pro tempore. The gentleman from Michigan has 5 minutes remaining; the gentleman from New Jersey has 2½ minutes remaining.

Mr. UPTON. I yield 1 minute to the gentleman from Texas (Mr. CANSECO).

Mr. CANSECO. I thank the gentleman from Michigan.

Madam Speaker, I rise in support of repealing the \$2.6 trillion Washington takeover of health care.

I spent the past year speaking with thousands of Texans in the 23rd District. The message I received was explicit and distinct: Repeal and replace the jobs-destroying health care law.

We must reform health care in America. However, we must do so in a way that doesn't destroy jobs but ensures the American people can get the health care that they need when they need it, at a price they can afford, and doesn't put Washington bureaucrats in charge of America's health care.

Mr. PALLONE. I continue to reserve the balance of my time.

Mr. UPTON. I yield 1 minute to the gentleman from South Carolina (Mr. DUNCAN).

Mr. DUNCAN of South Carolina. The first time I stood on the floor to speak, I spoke to read the United States Constitution. Now I rise to defend this great document that I carry with me every day by advocating for the repeal of the unconstitutional health care bill, ObamaCare.

Let me convey the thoughts and feelings of the people from my home State, South Carolina.

To the last Congress I ask: Where in this document, the United States Constitution, or in the writings of our Founding Fathers leads you to believe that we as free Americans should not be able to choose and pick our own doctors? What leads you to believe that the government takeover of health care is even constitutional? And why didn't you listen to the millions of Americans who yelled at the top of their lungs that we don't need or want the government to be in control of our health care decisions?

□ 1420

I think it's time we return this House to the people, and we can start by re-

pealing the job-killing, socialistic, and out-of-touch health care bill.

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Madam Speaker, I want to respond, because if the Constitution means anything, it also shows that as Members of the House and the Senate, the legislative branch, it's not our job to decide constitutionality. My opinion is just as important as yours. It's the nine people over in the Supreme Court that the Constitution gives that authority to.

And I think the health care law is constitutional, because all those companies serve all of our States. It's across State lines. The commerce clause works that way. So hiding behind the Constitution—and we read it here on the floor—this bill will be constitutional because Social Security's constitutional, mandatory insurance in our States is constitutional. So we can have that argument. It doesn't do any good.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from New Hampshire (Mr. GUNTA).

Mr. GUNTA. I thank the chairman from Michigan for yielding the time.

Madam Speaker, I rise to add my voice to those calling for repeal of last year's misguided overhaul of our national health care system. Seldom has a well-intentioned desire, in this case making the system work better, strayed so disastrously off course.

The new law destroys existing jobs, inserts government between you and your family doctor, and allows Washington to still spend more money, more borrowed money. Even worse, it fails to accomplish its primary goal. Instead of making health insurance more affordable, premiums today remain sky high for individuals and employers.

Now we have a two-part opportunity before this Congress. First, we must repeal last year's unconstitutional legislation. Then we need to begin the process of delivering what Americans are demanding, a patient-centered health care system that is effective, efficient, and simply reduces costs.

Mr. PALLONE. Madam Speaker, I yield myself 15 seconds.

The gentleman from New Hampshire, if he votes for this repeal, he is eliminating new health care coverage options for 1,900 uninsured young adults, increasing the number of people without health insurance by 24,000 individuals, and increasing the cost to hospitals of providing uncompensated care by \$35 million annually in his district.

Mr. UPTON. Madam Speaker, may I inquire of the time remaining.

The SPEAKER pro tempore. The gentleman from Michigan has 2 minutes. The gentleman from New Jersey has 1¾ minutes.

Mr. UPTON. Madam Speaker, I yield 1 minute to the gentleman from Maryland, Dr. HARRIS.

Mr. HARRIS. Madam Speaker, as a physician delivering care in labor and

delivery for 26 years, I know that the last thing we need is a new government bureaucrat looking over our shoulders when I am in that delivery room administering an anesthetic to a mother for an emergency cesarean section to save her baby's life. But that's exactly what ObamaCare will do if we don't repeal it.

Instead of the last Congress making sure that the baby born that day has a real chance at the American Dream by creating jobs and solving America's long-term fiscal crisis, they added over \$2 trillion to our children's and grandchildren's debt with that job-destroying ObamaCare bill. That's why we should repeal it today.

Mr. PALLONE. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, in this debate the truth should be told about the Republican repeal. In fact, the Republican bill should come up with a health warning that their measure is dangerous to America's health. For many people, the issue of having health coverage is a matter of life and death, and I would say there are so many benefits that we have pointed out during this debate that already exist for the average American that to talk about repeal at this time and eliminate those benefits for those people that have pre-existing conditions that wouldn't be able to get coverage, or would face lifetime caps or rescissions, it simply needs to be told that the fact of the matter is that right now there are tremendous benefits that are coming to the average American from this legislation. And to repeal it at this point makes absolutely no sense. It's completely a waste of time.

We have no indication that this repeal would ever go to the Senate or ever be considered by the President. And I just wish that my colleagues on the other side of the aisle, instead of wasting their time talking about this repeal that is going nowhere, would instead focus on the economy. Focus on jobs. When I talk to my constituents, that's what they want us to deal with.

We just began this session of Congress about 2 weeks ago. The focus should be on the economy, on jobs, on trying to do what we can to improve the lives of the average American. We have tremendous benefits that exist under this health care legislation now. Why focus our attention, in this first 2 or 3 weeks of the Congress, on this repeal? It makes absolutely no sense.

And I would ask my colleagues, after today, please, let's focus on jobs. Let's focus on what we can do to improve the economy. Let's not continue this debate on health care, because actually what my constituents want is they want this bill to unfold. They like the benefits that have already come forward. And a lot more benefits will accrue. Most Americans will ultimately be covered by health insurance, and that's the key. Let's focus on jobs and the economy and stop this ruse about health care repeal.

Mr. UPTON. Madam Speaker, to close our debate, I yield the balance of my time to the gentleman from Illinois (Mr. HULTGREN).

Mr. HULTGREN. I thank the chairman from Michigan for yielding.

Madam Speaker, the so-called Affordable Care Act has clearly failed to make health care more affordable. Since the passage of this law, I have heard from local families throughout my community concerned about what this will mean to their pocketbooks and from small business owners who are concerned about how they will keep their doors open.

Making health care affordable requires that we address out-of-control costs, such as lawsuit abuse reform. This issue was completely and inexplicably ignored in this act. The act has also created paralyzing uncertainty and new layers of bureaucracy, putting new demands on businesses in the form of mandates and new taxes, forcing them to comply with yet-to-be-written regulations that prevent them from hiring and stalls the economic recovery that we need so dearly.

After this vote, I look forward to working with all of my colleagues to find ways of lowering the cost of health care, maintaining a patient-focused system, making health care more accessible to all Americans, and working with families and businesses to find quality insurance. This act failed to accomplish such commonsense goals. In fact, it made matters worse. Therefore, I will vote for its repeal, and I encourage all of my colleagues to join with me on both sides of the aisle and vote "yes."

Mr. CAMP. Madam Speaker, I yield myself 4½ minutes.

The Democrats' health care law is fundamentally flawed; and we will, having listened to the will of the American people, vote to repeal it today. The problem with this law, among its many faults, is it puts government at the center of health care decisions, not doctors and patients. Instead of families deciding what coverage is best for them, this law has the Secretary of Health and Human Services making that choice. Instead of families and employers deciding how much they can afford, the IRS is making that decision.

□ 1430

Instead of families and employers deciding if they need health insurance, the government is mandating they purchase it.

This is all about the government. It's Washington knows best, and it's wrong. By virtually every measure, this law is a failure. The health care law fails to control costs. It fails to let Americans keep the insurance they have and like. It fails to protect jobs and, in fact, hurts job creation at a time when the unemployment rate has remained above 9 percent for 20 months. It fails to ensure seniors have access to their doctors and hospitals, and it fails to

prevent tax increases from hitting middle class families.

Let's review the facts. The health care law makes health insurance more expensive for millions of Americans. Well, according to the nonpartisan Congressional Budget Office, the Democrats' health law will increase premiums for millions of families by up to \$2,100 on average by 2016—\$2,100 more expensive than it would have been if Congress had done nothing, almost \$3,200 more expensive than the Republican alternative we offered last Congress.

The Democrats' health care law forces millions of Americans out of the health care plan they have and like. The Obama administration has predicted that as many as 7 out of 10 employers will have to change the coverage they offer their employees because of the Democrats' health care law.

The health care law discourages employers from hiring new workers, increasing wages, or retaining existing employees. There are over \$500 billion in new job-destroying taxes, many of which hit middle class families.

With all these taxes and new regulations, it's no wonder that major employer groups such as the National Federation of Independent Business, the National Association of Manufacturers, the U.S. Chamber of Commerce, as well as Business Roundtable and The Business Council call the Democrats' health care law destructive and dangerous.

The health care law jeopardizes seniors' health care. Again according to the Obama administration's own actuaries at CMS, the massive Medicare cuts contained in the Democrats' health law could threaten seniors' access to care and cause providers to stop treating Medicare patients.

Entitlement expansion is not health care reform, and giving new powers and regulations to departments like HHS and letting the IRS hire up to 16,000 new auditors, agents, and other employees is not the same as empowering doctors and patients, and it isn't the job creation America needs.

The American people know that like a tree that's rotten at the center, we must cut it down and put something new in its place. That's what we are doing today, cutting the government out of the waiting room, out of the doctor's office and out of your medicine cabinet.

Once we have done that, we will begin tomorrow to implement step-by-step commonsense reforms that actually lower the cost of health care and actually respect the doctor-patient relationship. This House, this majority, Republicans, have heard the American people loud and clear, and we will not let government dictate your health care coverage. We will repeal this law, and we will continue our effort until Americans are again free to choose their health insurance plan, to choose their doctor and to choose what is best

for them, their family, and their business. This is a Congress dedicated to empowering the American people, not increasing the size, scope, and cost of the Federal Government.

I urge my colleagues to vote with me to repeal this job-destroying and cost-increasing health care law.

I reserve the balance of my time.

Mr. LEVIN. I yield myself 4 minutes.

Madam Speaker, health care reform is an American family law. Repealing it would hurt families all across our Nation. Repeal would mean rescission, taking away benefits from millions of Americans, giving power back to health insurance.

Let's be clear: This law is working. Repealing it would have real-life consequences for millions of Americans.

As many as 19 million kids in our country have health problems considered preexisting conditions. In the past it could have led health insurance companies to drop their coverage. This new law changed that. One example—there are millions: One mother in my district, Felicia Tisdale, said she has been anxious about her daughter's health insurance since she was diagnosed with diabetes at age 3. Ms. Tisdale and others like her no longer have to worry about their children being denied coverage.

More than 1 million young adults are already benefiting from the provision that allows them to stay on their parents' plan until they turn 26. Just one example: A constituent, Sean McCarthy, an auto worker, told me in a letter that his two children, ages 19 and 23, could not afford to stay in college, but he was grateful that the new law at least enabled them to get health insurance by joining his plan.

And then seniors, millions, millions have seen their out-of-pocket drug costs go down under this new law. Nearly 3 million Medicare recipients have received a reimbursement check in the mail in the last year relating to the doughnut hole.

One gentleman who I represent, Harry Wimble of Warren, Michigan, wrote to me, thankfully, that his wife received \$250 that she otherwise would not have. He said his wife paid thousands of dollars out of pocket in 2010 because of the doughnut hole.

Repeal would mean releasing insurance companies once again to impose unreasonable premium increases, to deny insurance to whomever they please whenever they please, to set annual lifetime benefit limits, to discriminate against women through higher rates and arbitrary definitions of preexisting conditions. Repeal would mean retreat, retreat, from moving America ahead.

We will fight that retreat. It will not happen.

I reserve the balance of my time.

Mr. CAMP. I yield 3 minutes to a distinguished member of the Ways and Means Committee, the gentleman from California (Mr. HERGER).

Mr. HERGER. I rise in strong support of this legislation to repeal ObamaCare.

Madam Speaker, Americans expect a new Congress to make job creation a priority and get our country back on the path of fiscal responsibility. Any serious plan to achieve these goals must begin with repeal of ObamaCare.

Madam Speaker, I represent 10 rural counties in northern California with chronically high unemployment rates. Last year I spoke with the owner of a restaurant chain based in Redding, California. He had originally planned to open 10 new locations this year, creating hundreds of new jobs. But because of the higher labor costs imposed by ObamaCare, he has decided not to expand at all.

At the other end of my district in California's Capay Valley, I have heard from a family-owned farm that delivers fresh produce to residents across the State. They are facing a staggering \$1.7 million in costs from the new health care mandates. Add these to thousands of similar stories across the country, and it's clear that this law will have a devastating impact on workers and employers alike.

That's why the National Federation of Independent Business and the U.S. Chamber of Commerce are urging Congress to vote "yes" on repeal. My friends on the other side claim that ObamaCare will reduce the deficit. Yet no one truly believes that a new trillion-dollar government entitlement is the solution to a deficit crisis caused by reckless spending.

As 200 respected economists wrote just this week, the assertion that ObamaCare is "paid for" is "based on omitted costs, budgetary gimmicks, shifted premiums from other entitlements, and unsustainable spending cuts and revenue increases."

These economists conclude that ObamaCare could actually increase the deficit by more than \$500 billion the first decade and by nearly \$1.5 trillion the following decade.

□ 1440

Madam Speaker, Republicans are committed to advancing genuine reforms that reduce the cost of health care, but we must begin by doing away with this bad law that moves our health care system in the wrong direction.

Vote "yes" on repeal.

Mr. LEVIN. I now yield 2 minutes to the very distinguished gentleman from New York (Mr. RANGEL).

Mr. RANGEL. Thank you so much. I wish when the dust settles and we have an opportunity to sit together with our Republican friends that we can come up with a reform called "truth in advertising" as we label these bills.

What was a national bill and has been signed into law now is being referred to as the "Democrat ObamaCare job-killing threat to your natural life" bill. And of course this is misleading perhaps to a lot of new Members because they should know, as the listeners to this debate should know, that this ain't repealing nothing.

It's an obligation that some people feel that they made to their constituency who elected them who thought perhaps that that's all you had to do was put in a bill.

But under 2 minutes, I can't get into this how to repeal a law; but it starts off with a vote in the House, then you have to get a vote in the Senate, and then you have to override a veto by the President of the United States.

So if this is done for political reasons, I have always been able to find some good, no matter how this thing is misconstrued, in letting people who follow debate know this is not going to take away the benefits that you received under the Affordable Care Act, that you will continue to receive these preliminary benefits now, and as the years go forward and you find that you're in need of service or some one of your dear ones, you would find that the bill that people were screaming had to be repealed that we would have joined in recognizing that this is the political theater part about it, but we will be forced to review the bill, improve it if we can, and at the same time be able to say that it's not a Democrat bill, but the Congress in support of the President of the United States saw fit after all of these decades of not recognizing the right of our citizens to have health care to come together and have a bipartisan effort to provide this care.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a true American hero, a distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. SAM JOHNSON).

Mr. SAM JOHNSON of Texas. Thank you, Mr. Chairman.

I rise in support of freedom and free enterprise. This is America where the Constitution and freedom and free enterprise are the hallmarks of this great democracy. I think one of the most compelling reasons people went to the ballot box last fall and cast their vote was they felt angry that those in power were disregarding personal liberties and trampling the U.S. Constitution.

As you know, under ObamaCare the Federal Government forces freedom-loving Americans to hand over their hard-earned money for a mandatory product, in this case health insurance.

That's just not how it should be done in a democracy. In a democracy, you have the freedom to choose if you want to buy something. In a democracy, you have the freedom to choose if you want to purchase health insurance. In a democracy, you have the freedom to choose just to say no.

This vote is about freedom and free enterprise and what's best for the future of America. As a constitutional conservative, I say vote for freedom and repeal ObamaCare.

I will close with some words from Patrick Henry: "The Constitution is not an instrument for the government to restrain the people. It is an instrument for the people to restrain the government—lest it come to dominate our lives and our interests."

Let's stand up for freedom and repeal ObamaCare.

Mr. LEVIN. I yield myself 10 seconds.

Almost 50 million people have no health insurance. For most of them, there is no freedom to choose. There's no ability to obtain it.

It is now my privilege to yield 2 minutes to a fighter for health care for many, many decades, Mr. STARK of California.

Mr. STARK. I thank the gentleman for yielding.

Madam Speaker, I rise today in strong opposition to repealing health reform. Instead of focusing on job creation, my friends across the aisle want to refight the health reform debate and take away patient protections that are already helping people get the health care they need.

It bears repeating: health reform is already helping millions of people in America. These aren't just numbers; they are real people. In my community, I received a letter from a young woman named Stephanie Blazin from Castro Valley, California. Stephanie recently graduated from college, married and moved to California where her husband was pursuing a graduate degree. She was lucky and quickly got a job. Then within her first few weeks of the job, she found she was pregnant. This should have been an exciting time for a young couple to start a family. Instead, she learned that her pregnancy was a preexisting condition and she had obtained no coverage for any medical needs surrounding it. She said to me, "The first thought through our minds were tainted by how we were going to financially handle this pregnancy and a baby."

Fortunately, because health reform is law and she is under age 26, Stephanie was able to quickly change her health insurance to obtain coverage on her father's health insurance. She now has full coverage for her pregnancy.

Under the Republicans' plan, Stephanie would be stuck with NoCare. That's the Republican plan. By repealing health reform, the GOP plan would provide no protections for people's health, NoCare if you lose your job, NoCare if you have a preexisting condition, NoCare if you are a senior in the doughnut hole, NoCare if your insurer hikes your premiums and you can't afford it.

The Affordable Care Act has finally enacted fair rules for insurance companies. The Republicans want to take those protections away and put the insurance industry back in charge.

I urge my colleagues to vote "no" on the Republican NoCare bill.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. BRADY).

Mr. BRADY of Texas. Mr. Speaker, to those middle class Americans listening to the debate today, let me speak to you. This is your life. This is your health. You deserve the right to make your own decisions about your health

care rather than being forced into some government-run plan that is centered around what Washington needs and not what you need.

Thanks to the last Congress, this is your new health care plan. We had our staff spend 4 months, weekends and evenings, going through all 2,801 pages of that bill, and we just said, tell us how it works. And this is the answer. We couldn't even fit the whole bill on one page. This is one-third of all the new bureaucracies. At the bottom line, 159 new Federal Government agencies, commissions and bureaucracies in between you and your doctor.

Now, is this the health care reform you were hoping for? If ObamaCare is so great for families, why are health care costs going up and going to go up even higher? If it's so great for small businesses, why are they here today in Washington pleading for us to stop it? And if it's so great for seniors, why have so many been forced out of their Medicare Advantage plan? They can't even see a local doctor anymore because so many local doctors can't see them. They can't afford to cover Medicare senior patients.

Health care is too important to get wrong, and ObamaCare got it wrong. American families, our seniors and our businesses deserve better; and the right place to start is to start over. Repeal ObamaCare and let's come back with some commonsense reforms America can embrace.

Mr. LEVIN. It is now my privilege to yield 2 minutes to another long-time fighter for health care for Americans, Mr. McDERMOTT of Washington.

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

Mr. McDERMOTT. Madam Speaker, a very famous Republican 100 years ago proposed that we have national health insurance in this country. And he also said this—his name was Teddy Roosevelt by the way—“It's not the critic who counts; not the man who points out how the strong man or woman stumbles, or where the doer of deeds could have done them better.

“The credit belongs to the man or the woman who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes up short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows the great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

□ 1450

Now, I have been here for 23 years, and since the Republicans defeated the efforts of the Clintons in 1993–1994, I

have waited for 16 years for my cold and timid friends to make one proposal that will deal with the preexisting condition question. We have 125 million Americans who cannot go out and get insurance, who cannot leave their job if they have insurance through their job because they have a preexisting condition, and you have been silent for 16 years. Now you want to come up and throw this away.

Why don't we just settle down and we can make some amendments to this bill. I think there are some things wrong with it. There is a lot of stuff that I didn't get into it when it came through this House. I am sure that there are some things that you would like. But throwing it away is a political farce. You know it isn't going to work. You have admitted it isn't going to work. It is never going to pass, and so we go through.

Let's get the vote out of the way. Vote “no.”

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are advised to address their remarks to the Chair.

Mr. CAMP. I yield 2 minutes to the gentleman from California (Mr. NUNES), a distinguished member of the Ways and Means Committee.

Mr. NUNES. Madam Speaker, at enormous cost and in the face of tremendous opposition across the country, the previous majority in Congress forced on the American people a great socialist experiment in government health care. No area of the American health care system was left untouched by ObamaCare.

In the name of reform, the Democrat majority expanded a broken government program, Medicaid. They cut funding from what is already the Nation's largest unfunded liability, Medicare. And then, basking in their glory, they added a whole new entitlement program to our catastrophic national debt.

The American people were never told the truth. They were promised health care choices but saw them taken away. They were promised they would save money but saw their health care get more expensive. The most in need were promised access to health care through Medicaid, a program that is not only bankrupting the Federal Government but the State governments as well.

Madam Speaker, the clock was unfortunately turned back last year. Failed socialist policies reemerged from the dust bin of history, and it was a dark chapter for our Nation. Instead of improving the lives of all Americans by fixing our broken health care system, starting with Medicare and Medicaid, the Democratic majority subjected the American people to class warfare, anti-capitalist hate speech and vitriolic rhetoric. Bathed in excesses of power, they passed a bill that, by their own admission, they hadn't read, and then lectured the American people claiming that we have to pass the bill first so we can find out what was in it.

Madam Speaker, the American people have read the bill, and they have rejected it. Today the House will repeal ObamaCare, and we will ensure that this renaissance of socialism in America is the shortest living political era in our Nation's history.

Mr. LEVIN. Madam Speaker, I yield myself 10 seconds.

I am disappointed that this diatribe about socialism comes to the floor today.

Madam Speaker, I yield now for a unanimous consent request to the gentleman from California (Mr. BACA).

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

Mr. BACA. Madam Speaker, I oppose this repeal of the health bill that is good for my district.

Madam Speaker, right now, Democrats and Republicans should be coming together to create new jobs, help struggling middle class families, and reduce the deficit. But instead of dealing with the problems of today, our Republican friends want to turn back the clock. Now is the time for job creation, not job elimination.

We have heard some say that health reform will bankrupt our Nation. But we know that is not true. In fact the Congressional Budget Office has confirmed that health reform lowers the deficit by over \$1 trillion.

We have heard some say that the business community cannot afford health care reform. But we know that repealing reform actually increases taxes on America's small businesses, by eliminating health care tax credits.

Repealing the health care reform law means:

Discrimination against individuals with pre-existing conditions—jeopardizing coverage for up to 305 thousand individuals in my District;

Gender discrimination that allows insurance companies to charge women higher premiums than men for the same coverage; and

Higher prescription drug costs for seniors on Medicare—including over 5 thousand seniors in my District who will be thrown back into the “Donut Hole.”

Hospitals in my District are already busting at the seams. They can't afford the \$146 million in uncompensated care costs that repeal would bring.

I refuse to go back home and tell parents in my District that 56 thousand of their children will no longer be able to find insurance because of pre-existing health conditions.

We must continue to move forward and focus on job creation. Now is not the time to return to the failed policies of the past.

Let's stand with American families and say “no” to more insurance company control; “no” to increasing the deficit; and “no” to all efforts to repeal health reform.

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

(Mr. PASTOR of Arizona asked and was given permission to revise and extend his remarks.)

Mr. PASTOR of Arizona. I thank the gentleman for yielding.

Madam Speaker, I rise today in opposition of H.R. 2 and I am disappointed that the House has acted to repeal the landmark health reform legislation we passed last year.

This act represents a huge step backwards in ensuring that everyone has access to affordable health care. This bill flies in the face of the idea that health care is a right and that everyone deserves access to care.

The repeal of the Patient Protection and Affordable Care Act (P.L. 111-142) and the health provisions in the Health Care and Education Reconciliation Act (P.L. 111-152) will have a major impact on the people in my district. Without maintaining the strong protections enacted under these laws, hundreds of thousands of people in the 4th district, including 60,000 children, could be denied coverage because of a preexisting condition. Additionally, nearly 5,000 seniors on Medicare will face immediate increases in the cost of their medication, while an additional 58,000 will be forced to pay out of pocket for preventive screenings for conditions such as breast and colon cancer. And with our economy struggling to get back on track, repealing health care will deny hundreds of small businesses and thousands of families in my district crucial tax credits to help offset the cost of coverage.

I have long supported the idea that health care is a right, not a privilege. It is with that in mind that I strongly oppose this misguided action.

Mr. LEVIN. Madam Speaker, it is now my privilege to yield 2 minutes to the gentleman from Georgia (Mr. LEWIS), another fighter for what matters to Americans.

Mr. LEWIS of Georgia. I want to thank the gentleman from Michigan for yielding me this time.

Madam Speaker, it is unbelievable that with so many people out of work and millions of people uninsured that the first item of this new Congress is to take health care away from people who just got coverage. More people have insurance today because of the Affordable Care Act; more small businesses are offering health insurance to their workers. For the first time in the history of our Nation, we are headed in the right direction. We are making health care a right and not a privilege.

The repeal will force seniors to pay for more drugs. It would kick young people off of their parents' insurance. We will go back to a time when insurance companies were allowed to discriminate. And once again it will allow insurance companies to put profits above patients' health.

We must not turn back. We have come too far. We cannot go back. The American people are counting on us to do what is right, what is just, what is fair. We made a promise of health care to the American people. We must keep that promise. Vote "no." Keep the promise of health care for all of our citizens.

Mr. CAMP. Madam Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. TIBERI), a distinguished member of the Ways and Means Committee.

Mr. TIBERI. Madam Speaker, I rise in favor of this bill to repeal the government health care law that was passed in 2009. This issue was front and center of my campaign, as I am sure it was in many of the campaigns of the people in this body today. Most of my

constituents in central Ohio opposed the 2,000-page bill that became law, and are just beginning to find out what's in it. Sure, they knew about some of the good things like dealing with pre-existing conditions, which most of us on this side of the aisle support doing something with as well. But they didn't know about the medicine cabinet tax, for instance. That's right, flexible savings account changes. No more over-the-counter medicines for moms who are buying that infant Motrin for their babies. And next year, a cap of \$2,500 for that flexible savings account. They didn't know about the health savings account withdrawal tax that will impact many Americans across our country.

A majority of my constituents want a patient-centered approach, not a government-centered approach; an approach where doctors and nurses are at the center of the process, not government bureaucrats in Washington, D.C.

In addition, Madam Speaker, a third of my seniors who are on Medicare Advantage like the health care they have. Apparently, they won't be able to keep it under this provision of the law.

So, today we have an opportunity, and the debate is over whether we change what we have, repeal it and replace it with something better, something that is patient centered and patient focused.

Mr. LEVIN. I yield 2 minutes to the gentleman from Massachusetts (Mr. NEAL), a member of our committee.

Mr. NEAL. During the course of the campaign, we heard that this was going to be repeal and replace. What we have in front of us is simply repeal, because there has never been a credible alternative offered for replace.

This legislation is modeled after a modest, market-driven proposal offered by that left-winger, Mitt Romney; that left-wing advocate, Bob Dole; and, yes, that champion of liberal causes, Richard Nixon.

□ 1500

This is an amalgamation of a series of proposals offered over many years. But what do we hear? The usual scare tactics: "ObamaCare"—16 years ago, it was "ClintonCare"—"government takeover," "socialism," and the best one of all, "death panels."

People wonder why the language here is so charged, why it is so incendiary. It is because of the lexicon it has chosen for the purpose of scaring the American people. As President Bush said, if you need health care, go to the emergency room.

Remember what this proposal does: It removes 57 million people with pre-existing conditions from insurance. It eliminates provisions for 2.4 million young adults to maintain health care on their parents' coverage until they are 26. This bill would allow a return to discrimination toward a woman based on higher premiums if she has had breast cancer or perhaps even if she has been a victim of domestic violence or had a child.

This bill that is proposed by our friends on the other side would get rid of a lifetime cap on out-of-pocket expenses. Why is that important? I dare them to challenge the following statistic: Half the bankruptcies in America are health care related. People lose their jobs. They lose their homes. They lose everything because they get sick.

I hope we oppose this repeal measure or at least until we hear a replace proposal.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Kentucky (Mr. DAVIS).

Mr. DAVIS of Kentucky. Madam Speaker, the Democrats' health care law has only been in place for 10 months. Yet the problems and negative effects are already painfully clear and well documented. The American people stood against it when it was forced through Congress last year, and they took out their frustrations on this bill at the ballot box, in November, with a mandate to repeal it.

This government takeover of our health care system will not improve access to health care or lower costs for families and small businesses. It is just not in the math if we use the same math that is used by the rest of the country.

Since this law was passed, premiums have increased again, putting more families in the difficult position of choosing between keeping their health insurance, paying their heating bills, or putting food on their tables.

In addition to failing to achieve any key goals of health care reform, this law imposes new taxes, penalties, fees, and paperwork burdens on small businesses that drive our economy. The National Federation of Independent Business has found the employer mandate alone will cost 1.6 million jobs, with about half of those lost by small businesses.

Face it. ObamaCare massively increases taxes. It massively cuts senior benefits. It creates over 100 new agencies, commissions, and boards, and that will massively increase costs. Over 100 new agencies mean more Federal employees, more tax dollars required, more complications in access to health care, and it brings the IRS into your private health care decisions for the first time—without addressing the key drivers of health care costs. Adding more taxes and regulations on job creators will only serve to prolong the economic problems and high unemployment rates we are experiencing.

This is too big of a burden for our economy to wait. We need to start over by repealing this bad law now and by beginning the process of producing commonsense reforms and fiscally responsible solutions. We can reform health care in a way that improves quality, reduces costs, and increases access, all without burdening our economy or increasing the debt that will be owed by our children and grandchildren.

As a member of the Ways and Means Committee, I look forward to following through on our promise to replace the current law with proposals that actually accomplish these goals of reforming Washington, bringing private market reforms, reducing costs, and dealing with defensive medicine through real debate, real hearings, real mark-ups, and bipartisan input.

As an original cosponsor of H.R. 2, I urge all of my colleagues to join me in supporting this repeal.

Mr. LEVIN. Madam Speaker, I yield 2 minutes to another distinguished member of our committee, the gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. Madam Speaker, I rise in opposition to the repeal of the Patients' Bill of Rights.

As Congress debates this legislation to repeal the historic health care reform law, it is important that our constituents know what working families, small businesses, and seniors stand to lose.

Repealing the health care reform law would remove new protections for 57 million Americans with preexisting conditions. That includes over 8,000 children in my district. It will end the chance for 2.5 million young adults to remain on their parents' plans until they are 26 years of age. In my district, over 4,000 young people will lose this coverage. It will increase prescription drug costs for more than 10,000 seniors in my district who hit the Medicare part D doughnut hole. These seniors will pay another \$500 this year and, between now and 2020, another \$3,000. Some 16,000 small businesses in my district alone will pay higher taxes.

Repeal will increase the deficit by \$230 billion over the next 10 years and more than \$1.2 trillion over the following decade. Repeal will shorten the life of the Medicare program by 12 years, putting Medicare benefits and the seniors who depend on it at great risk.

So when you consider these facts, it is clear that repealing the health care reform law is bad for families, bad for small businesses, and bad for seniors in my district and across our great country. I urge a "no" vote.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Washington (Mr. REICHERT).

Mr. REICHERT. I thank the gentleman for yielding.

Madam Speaker, I am here today to say that I am going to vote "yes" to repeal this health care bill because I think the American people deserve better.

There were promises made in this bill—promises, promises, promises. There were promises made and, unfortunately, promises that were broken. Think back to last year. Think back to what the American people were promised in this bill. Three promises come to mind: One, Americans were told that

the overhaul would make health care more affordable. Two, they were told that this would make health care more efficient. Three, they were told that they could keep their health care if they liked it.

The American people deserve to hear the truth, and the American people deserve better. It is their health. It is their life. Here is the truth: Over \$500 million worth of taxes on small businesses and American families across this country and \$500 billion cut from Medicare.

Here are some examples: a 2.3 percent tax on medical devices, wheelchairs, and walkers; a 3.8 percent tax on employers; an additional tax penalty on employers who don't provide a certain amount of health care for their workers; a 40 percent tax on so-called "Cadillac" health care plans—and government paperwork bureaucracy.

There is a requirement that you fill out a 1099 form for employees, requiring the hiring of 16,000 IRS workers. Who is going to pay for that?

Remember this promise President Obama made and others made: You can keep your health care if you like it? President Obama himself said, Well, there might have been some language snuck into this bill that runs contrary to that promise.

Madam Speaker, the American people deserve better. The American people deserve the truth. It is their health and it is their life.

Mr. LEVIN. I yield myself 5 seconds. The truth is we moved to repeal 1099. It was opposed by the now majority.

Madam Speaker, I now yield 2 minutes to the very distinguished gentleman from Oregon (Mr. BLUMENAUER), a member of our committee.

Mr. BLUMENAUER. I thank the gentleman.

People deserve a serious debate on a serious subject. Unfortunately, while serious in tone, what we are hearing from my colleagues is not serious in content. I have listened to people come to the floor repeatedly, talking about a government takeover of health care, which was judged by Politifax to be the political lie of the year for 2010.

Indeed, we instead built upon the current system that is a balance to meet the needs of the American people.

We had another serious element that has crept into the approach from my Republican friends—the disregard of Congress' nonpartisan budget referee. It is reckless and unprecedented. It has never happened in 34 years. These are the people who provide impartial information, which is being imagined away by our friends on the other side of the aisle.

Yes, it will require Congress to follow through on the legislation to realize the savings, but the answer is not to turn our backs on reform; it is to make reform work. The current bill builds on the current system. It incorporates elements of reform that have been supported on a bipartisan basis for years.

□ 1510

Now all of a sudden there is the disregard we heard for a proposal signed into law by Republican Governor Mitt Romney.

Instead of repealing reform, we should be focusing on strengthening it. Americans deserve a serious debate about a serious subject, hard work to make reform work, not a ritual of going through the motions of repeal which everybody in this Chamber knows will still be in effect at the end of debate, at the end of the year, at the end of the Congress. The American people deserve better.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Louisiana, Dr. BOUSTANY.

Mr. BOUSTANY. Madam Speaker, I rise in favor of repeal of this bill because it's going to fail on cost, it's going to fail on coverage, and it's going to fail on quality.

First, cost. Premiums are going up. In fact, they're going up even higher and at a faster rate than they would have if we had done nothing in many cases.

With regard to the deficit, there are a number of gimmicks in this bill: double counting, excluding the doc fix, creating new entitlements, such as the CLASS Act, which is a Ponzi scheme. And, finally, it does not account for the discretionary spending for this massive increase in the bureaucracy that's going to be created. Taxes are going to go up on innovation, especially medical innovation.

On coverage. What kind of coverage are we expanding? Medicaid coverage. That's a ticket to the emergency room. It doesn't lead to a good doctor-patient relationship, and it's ultimately the most expensive and inefficient way to provide health care. And those costs are going to be passed on to the States.

And on quality. Let me relate an instance from my own medical practice as a cardiovascular surgeon. I was once called to see a patient who was 101 years old. He had carotid artery blockage and was getting ready to have a stroke. He had imminent symptoms. I was skeptical. I went to see the guy. This fellow was vigorous, strong handshake, lived by himself, independent, worked in his own yard, took care of himself without any help, and so I chose to do the carotid operation on him. Thankfully, it was successful, and it gave him 6 more years of a high-quality life as a result of this. He died from some unrelated cause later. But in the absence of that, he would have had a stroke. He would have been in rehab, in a nursing home, acute care, lots of expense, no quality to his life.

Madam Speaker, there is an art and a science to medicine, and the art involves the doctor-patient relationship. It's built on mutual trust and understanding, knowledge of the patient, trust on both the patient and the doctor's part to do what's in the best interest of the patient. But not only

that; the doctor-patient relationship is where costs are incurred and quality occurs. This gentleman would not have had the quality of life if he had not had this operation and if this law had been in existence, which would have delayed or prohibited such treatment.

Mr. LEVIN. Could I ask you, Madam Speaker, how much time there is remaining on each side of the Ways and Means Committee.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) has 28¾ minutes remaining. The gentleman from Michigan (Mr. CAMP) has 24½ minutes remaining.

Mr. LEVIN. Madam Speaker, I yield myself 10 seconds.

What the reform did was to make sure that the doctor-patient relationship was maintained and that there would be millions more patients in the United States of America.

I now yield 2 minutes to another distinguished member of the Ways and Means Committee, the gentleman from Wisconsin (Mr. KIND).

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

Mr. KIND. I thank the gentleman for yielding me this time.

Madam Speaker, shortly after passage of the Affordable Care Act, a young mother in my congressional district, Beth Ferstl, wrote me a letter, and she wrote it on behalf of her 13-month-old son Henry. In it she wrote: "My son had a stroke before he was even born. He wanted to personally thank you for passing this historic health care bill, but he's only 13 months old; and between juggling neurologists, OT, PT and speech therapy, he hasn't found the time. Let me be his voice. As a voter, as your constituent, as a mother, thank you."

I contacted Beth to find out what her family's situation was in this particular case. She told me that because little Henry had a stroke before he was born, literally by the time he took his first breath in life, he was uninsurable because he had a preexisting condition.

Now, I've been to Iraq four times, I've been to Afghanistan twice, I've met with our troops in the field. I thought I met the bravest people in the whole world, our men and women in uniform who are laying their lives on the line every day for us to better secure and make safe our Nation. But if my Republican colleagues can move forward on this repeal today and look into the eyes of little Henry Ferstl and not only say to him, not only do we have the ability to do something to help you but chose not to, but today we choose to take it away from you, then you guys have got to be the bravest people in the world because I can't do that. No one should be able to do that to the 20 million children that have preexisting conditions throughout this country that this bill fixed.

A young man, 21 years old, in Black River Falls came up to me after the vote and thanked me. I asked him why,

is there something in particular that he was most concerned about in this bill? He said, Yeah. A couple of years ago my younger brother needed a kidney so I donated him one of mine. Because I did, even though I am perfectly healthy today, every insurance company I've contacted is treating me as if I have a preexisting condition and they will not insure me.

We can do better than that. That is what the Affordable Care Act is all about, to address these injustices. I encourage my colleagues to vote "no" on repeal.

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

Mr. LEVIN. Madam Speaker, it is my pleasure to yield 2 minutes to the distinguished gentleman from New Jersey, a joyful member of our committee, Mr. PASCARELL.

Mr. PASCARELL. I thank the gentleman for yielding.

There is not one Member of Congress in these distinguished Halls that has not been called upon to help a constituent who has been threatened to have their insurance taken away from them. Whether it was heart disease, whether it was cancer, asthma, high blood pressure—I've been through many of them. And isn't it interesting that when the congressional office intervenes, they give things a second thought. It should not be that way.

Who are the 2,000 economists we're talking about that are wondering about this health care act? Are they the same ones who predicted enormous increases in the economy of the United States in the last 10 years? Oh, those 10 years we wish to forget, we have amnesia.

Whether it be in town halls or small groups, when I have asked individuals to raise their hands if they were against closing the Medicare doughnut hole, allowing children to stay on a family's health plan until 26, ensuring Americans are not denied insurance for preexisting conditions, no one raises their hand. In the last debate I had, Madam Speaker, just before the election, my opponent didn't raise his hand and I went through 18 of these very specific parts of the health care legislation.

In my district alone, repeal will increase the number of uninsured by 66,000. I can't vote for this repeal. I can't let them down or their insurance will go up.

How about the business person? Sixty percent of businesses who go into bankruptcy it's because of the health care bills they can't afford. I can't let them down either.

Before I conclude, I want to make this point, Madam Speaker: last October, Federal Judge Steeh found the mandate constitutional because by forgoing insurance, individuals are making an economic decision to pay for their health care costs later out of pocket. That's how we get stuck with the bill. We need to end this.

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

Mr. LEVIN. I yield the gentleman an additional 10 seconds.

Mr. PASCARELL. That means that the people of Texas pay, the people of New Jersey pay, the people of California pay. In essence, everyone pays for those who don't have insurance. Let's get straight on this. We can't afford this, and we must reject repeal.

Mr. CAMP. Madam Speaker, I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Nevada (Mr. HELLER).

□ 1520

Mr. HELLER. I thank the gentleman for yielding.

I rise in support of H.R. 2.

Last year the previous Speaker of the House told Members that we needed to pass the health care bill so that we could find out what was in it. Now Members and the American people have had the opportunity to read it, and they don't like it. What they have found includes a \$1.2 trillion price tag and more than 100 new Federal programs and onerous mandates that reflect how out of touch the previous majority was with the American people.

This Congress will reject these policies, replace them with market-based reforms that will provide greater access and affordability of health care. Repealing the bill would help more Nevada employers and their workers keep the insurance that they currently enjoy. An estimated half of all employers and 80 percent of small businesses will be forced to give up their coverage under current law, which I find unacceptable.

Uncertainty in the business community means fewer jobs created. In my home State, where unemployment persists at more than 14 percent, it also means thousands of Nevadans continue depending on unemployment benefits when what they want is a decent job to provide for their families.

Furthermore, we must act to prevent last year's bill from further impacting the pocketbooks of hardworking Americans who are already struggling. Repealing this bill will protect Nevadans from predictable health care premium increases of at least \$2,100, block a \$570 billion tax increase on all Americans, and keep Nevada's seniors in their current Medicare Advantage plan while preventing higher prescription drug prices.

Madam Speaker, this Congress is in the business of cutting red tape, not creating it. I strongly support passage of H.R. 2. I look forward to working with my colleagues to pass meaningful legislation that will promote better, more affordable medical care.

Mr. LEVIN. It is my pleasure to yield 2 minutes to a valued member of our committee, the gentlewoman from Nevada (Ms. BERKLEY).

Ms. BERKLEY. I thank the chairman for yielding.

Madam Speaker, I rise in strong opposition to this legislative stunt to repeal health care reform, and I'm going to tell you why.

There are 600,000 of my fellow Nevadans who have no health insurance. This doesn't mean that they don't get sick. It means that they wait until they're very sick and then they go to the emergency rooms to get care. Every hospital in southern Nevada is operating in the red. Why is that? Because the cost of providing health care to the uninsured in emergency rooms is astronomical.

But there's more. If we repeal this bill, we will be eliminating the pre-existing condition ban. If you have a preexisting condition, which at least 129,000 people in my congressional district have, you will not be able to get any insurance at all.

If we repeal this bill, all of those 20-somethings who are living at home and because of the economy they can't find a job, they're not going to be able to stay on their parents' health care plan. That's 26,000 people in my congressional district, including my two children.

The health care reform bill eliminates lifetime caps. Ask Jazelle Scott, age 8, or Michael Braun, age 5. They both have juvenile diabetes and they both have already exceeded their lifetime caps. Better yet, why don't you ask their mothers how they're going to be able to afford the lifesaving medication for their children if this bill is repealed.

And what should we tell our seniors, the millions that fall into the doughnut hole that this law starts to close? We changed our minds? And who's going to ask the 8,900 seniors in my district who received the \$250 check last year to help with the high cost of their medications to return the check? I'm not going to do that. Or the discount that they're going to be receiving this year on prescription medication, it's not going to be available? I'm not going to do that to them. And are we going to take away the preventative health care benefits that will help 90,000 seniors in my congressional district alone? I won't do that.

And what about the 16,000 small businesses who will now be eligible for health care tax credits? We're saying small businesses don't want that? I know at least one. Thousands more have contacted my office. Ron Nolson has a small family business. He also wants to be able to provide health care insurance for his employees.

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

Mr. LEVIN. I yield the gentlewoman an additional 15 seconds.

Ms. BERKLEY. Finally, for those who are truly concerned about the deficit, the CBO, the nonpartisan arm of Congress, explicitly stated that repeal will cost \$260 billion over 10 years. It appears that those who shout the loudest about the deficit want to add to it.

Let's fix what needs fixing, and let's not repeal this lifesaving, life-enhancing legislation. And we need to do the doctors fix, too.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and

Means Committee and deputy whip, the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. I thank the gentleman for yielding.

You know, the past year we have had an incredible national conversation about this issue, health care, and it has been robust and dynamic, and it has brought about a sense of clarity. You know, oftentimes we tell people, look, if you want to participate, participate in the ballot box. Make your voice heard. And I really don't think there's any arguing that last November people made their voices heard, and they said with real clarity that they want this bill repealed and they want it replaced with something that brings health care costs down and deals with preexisting conditions.

Employers in my home State, Madam Speaker, just got hit hard with the new tax increase that got jammed through by the Illinois General Assembly. Seventy-four percent of employers in the Midwest have recently, in surveys, said that this bill that we're talking about repealing would have an adverse impact on their hiring decisions.

Now, it's with no sense of irony that now-Minority Leader NANCY PELOSI, when she was Speaker, said that we have to pass the bill so that you can see what's in it. Well, she did, and we do. And the American public does. And the American public said, Enough. They understand that what has to happen is that businesses have to be able to thrive and to hire and to grow and be dynamic.

If we repeal this and replace this with the type of thoughtful health care initiative that is going to be forthcoming, I think we will do a world of service to everybody that we're trying to help, and that is to change this economy so that people want to hire again.

Mr. LEVIN. I yield 2 minutes to another distinguished member of the Ways and Means Committee, the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. I thank my friend from Michigan for yielding the time.

Madam Speaker, today we consider the first major piece of legislation of the 112th Congress—the first.

Does this legislation create one job? Not one single job will be created by this legislation. In fact, if this bill were to become law, over 4 million jobs that will be created over the next 10 years will not come to fruition.

Does this bill reduce the deficit? This bill does not reduce the deficit by one penny. In fact, if it became law, it would increase the deficit by \$230 billion.

Does it strengthen our middle class? No, this bill will not strengthen our middle class. It will devastate the lives of millions of Americans who are finally free from the fear that they or their children will not have health insurance.

I've heard from so many throughout my constituency and throughout this country of the importance of what this

bill has done for their lives. I'm not going to go back and tell them today that that's all undone.

And despite what you may say on the other side of the aisle, if this bill becomes law, 3 million people in this country who have received checks for \$250 will have to pay that money back. There is no alternative. You can say what you want. But as this law is written, that's exactly what will happen.

For the 20 million children who now have insurance, who's going to pay the costs for what they have incurred so far? Are their parents going to pay it? Are they responsible for it?

Republicans are not offering a single solution to this problem. They can't even tell you what their secret plan is. It's part of the Harry Houdini health care strategy—now you have health care, now you don't. Our constituents deserve better.

But don't just take my word for it. Independent sources have confirmed the danger that repeal will cause to our country—stopping job creation, exploding the deficit, and even shortening the life of the Medicare trust fund by 12 years.

This bill is clearly wrong for our economy and it's clearly wrong for our country. We cannot go backwards, no way, no how, not now, not ever.

Mr. CAMP. I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Pennsylvania (Mr. GERLACH).

Mr. GERLACH. I thank the gentleman.

Madam Speaker, it's been almost 1 year since many of us here in the House offered a sobering prognosis about the devastating side effects the massive \$2.4 trillion health care plan would have on our small businesses, our seniors, and our families.

Last year many warned that concocting a scheme centered on expensive government mandates, \$500 billion in new taxes, and bigger bureaucracy would weaken our economy and is simply the wrong prescription for bringing about meaningful change to a health care system that truly needs a strong dose of reform.

□ 1530

Well, that prognosis has turned out to be painfully accurate. Small business owners are furious over the ever-increasing insurance premiums that continue to this day, and the 1099 mandate, which requires them to send a slip of paper to the IRS for every business transaction of \$600 or more. A new 2.3 percent tax on innovators in our thriving medical device industry is also choking off investment and hurting job growth. And that's jeopardizing approximately 20,000 jobs in Pennsylvania alone.

And all the enactments, tax hikes, and mandates could put an estimated 700,000 Americans out of work at a time when unemployment hovers at 10 percent. Let there be no mistake: Reform is needed. But not big government,

high tax solutions. No, we need commonsense ideas, ideas that would lower costs by creating more competition among insurance companies, allowing greater freedom of choice for consumers to buy insurance across State lines, and eliminating lawsuit abuses that drive up costs by as much as \$150 billion every year.

We have the opportunity, starting with a “yes” vote today, to begin working on true reforms that will lower costs and increase affordability and accessibility of health insurance. So let’s start that process with the right reforms today, together.

Mr. LEVIN. It is my special privilege to yield 1 minute to our very distinguished leader, the gentlewoman from the State of California (Ms. PELOSI).

Ms. PELOSI. I thank the gentleman for yielding.

Madam Speaker, today a bill has come to the floor to repeal patients’ rights, to put insurance companies back in charge of the health of the American people, and to balloon the deficit. Yesterday, in the one and only hearing on this very important bill, the repeal of patients’ rights, Democrats heard from Americans benefiting from the health care reform. Nothing speaks more eloquently to the success of health care reform than their own personal stories.

After hearing from seven of them yesterday, I said I wished the entire Congress could hear your stories. I wish our Republican colleagues would have had a hearing so they could hear from you the difference this has made in your lives and the difference it’s making in the lives of millions of Americans. So I told them that I would share their stories with you.

First, we heard from a young woman, Vernal Branch, who was diagnosed with breast cancer 15 years ago. The good news is that Vernal survived breast cancer. The not so good news is that she has a preexisting medical condition for the rest of her life. As she told us yesterday, the Affordable Care Act changed all that. What she said was the Affordable Care Act, “represents protection from the uncertainty and fear that came with being denied health insurance coverage because of my past disease.” She said, “It represents freedom for my husband and me to make important choices about our lives and careers.”

Repeal of the patients’ rights that is being proposed today would mean that 129 million Americans under the age of 65 like Vernal would lose their health insurance because they have preexisting medical conditions.

Next we heard from a mom, Lori Bresnan. She has a 22-year-old son suffering from celiac disease. Still a student, he was facing the prospect of finishing school and entering the workforce without insurance but with a preexisting medical condition. Because of the law, Lori said, “We are thrilled we have the option to keep him on our insurance in this interim when families

so often struggle to keep their kids covered.”

In a similar vein, Alexander Lataille, a new graduate, struggling to find work in this economy even though he has two degrees, one in atmospheric science and one in social science—he wants to be a meteorologist—said that if he lost his ability to stay on his parents’ insurance plan until age 26, he would be faced with a choice, “either to pay my student loans or to get health insurance.” He actually said, “I would have little choice in the matter. I would need to pay down my college loans first and go uninsured.”

Repeal, as being suggested by our Republican colleagues, would mean that over 1.2 million young Americans like Lori’s son and Alexander would lose their insurance coverage that they received through their parents’ plans.

We next heard from Ed Burke, who has testified before. He told me he had testified at the invitation of Speaker Gingrich years ago. For much of his life, Ed Burke has suffered from hemophilia. Two of his brothers do too. They have three brothers with hemophilia. Though he has health insurance, he has faced the constant worry that his treatments could surpass the plan’s lifetime cap. Repealing patients’ rights has a clear impact for Ed. As he said, “I will lose the freedom to keep my job if efforts to repeal my protections are successful.”

Repeal, as is being suggested today, would mean that over 165 million Americans with private insurance coverage like Ed would again find themselves subject to lifetime limits on how much insurance companies will spend on their health care.

Next we heard from a small businesswoman, a doctor. Dr. Odette Cohen is a small business owner from Willingboro, New Jersey. She said she will be better able to afford to give her employees health care coverage because of the reform. But she also told us a very personal story, it was very powerful, about her two cousins, Rhonda and Roger. Both of them were diagnosed with cancer about the same time. Rhonda worked for a large corporation. She had health care. She had an early intervention. And she received aggressive care and life-giving care. Roger, however, received only pain treatment in the emergency room. He worked for a small business that didn’t have health insurance. So he couldn’t have that early intervention. Rhonda is alive and well. Roger died.

As Dr. Cohen said, “The choice to work for a small business versus a large company should not be a choice between life and death in the United States. But it was the choice for my cousin.” Repeal, as is being suggested today, would mean that more than four million small businesses like Odette’s, Dr. Cohen’s, would lose the opportunity to receive tax credits to provide health insurance to their employees. As we know, small businesses are the engine of job creation in our country.

Odette told us that she wanted to attract the best talent, and she wanted to have health insurance for them in order to do that.

We next heard from Claudette Therriault. She and her husband, Richard, are seniors on Medicare. Richard is a diabetic, and his insulin alone costs \$1,000 a month. When Claudette and Richard fell into the doughnut hole, she said, “We had to choose between defaulting on our loan for our home or my husband’s health. Well, we chose my husband’s health.” she said. “But changes made are starting to end the doughnut hole, so families like ours aren’t forced to choose between staying healthy and paying the mortgage.”

Repeal would mean that over 2.7 million Medicare beneficiaries would again fall into the doughnut hole, and Medicare would no longer pay for an annual checkup for 44.1 million seniors.

One of the most powerful testimonials—I say this as a mother and a grandmother—was from Stacie Ritter. Stacie has 12-year-old twin daughters, Hannah and Madeleine. Well, they are 11, almost 12. Can you imagine having these beautiful daughters, Hannah and Madeleine? They are 12 now. When they were 4 years old they were both diagnosed with cancer. Both of them, the twins.

□ 1540

At 4 years old, diagnosed with leukemia, Hannah and Madeline faced stem cell transplants, chemotherapy and total body irradiation. But as their mother, Stacie, said, “We were very fortunate at the time. My husband had full coverage through his employer.” But because of the additional cost of health care, “We ended up bankrupt, even with full insurance coverage.”

She told the stories about how the insurance company refused to do this, that and the other thing. But in any event, today Hannah and Madeline are healthy, happy 12-year-olds; but they still have a preexisting condition. According to Stacie, “My children now have protections from insurance discrimination based on their preexisting cancer condition. They will never have to fear the rescission of their insurance policy if they get sick. They can look forward to lower health insurance costs and preventive care.”

The repeal suggested today would mean that 17 million American children with a preexisting medical condition could lose their health insurance because they have preexisting conditions. It would change everything for Hannah and for Madeline.

In Congress, on behalf of these Americans, Democrats have made a firm commitment that we will judge every proposal that comes to the floor by whether it creates jobs, strengthens the middle class, and reduces the deficit.

The repeal of patients’ rights fails on all three counts. In fact, consider the cost to our Federal budget. According

to the nonpartisan Congressional Budget Office, repeal would add \$230 billion to the deficit over the next decade.

Just less than a year ago on this floor I quoted the late Senator Kennedy, many of us did, our inspiration in all of this, calling health care reform “the great unfinished business of our society.” By completing that great unfinished business of our society, now patients and their doctors are in charge of their health, not insurance companies.

Because of the wonderful testimony that we had yesterday, which was representative of what Members of Congress have told the Rules Committee, told our colleagues and told us from our districts across the country, because of their stories of success of this bill only being in force for a few months—these provisions, most of them, only went into effect since September—because of them, because of Hannah and Madeline, because repeal would be devastating to so many Americans, I am pleased to join a broad coalition in opposing it, every organization from the AARP to the UAW and everything in between, the Catholic Health Association, Easter Seals and the NAACP.

I think we should send a strong message today with a great vote against this repeal, which is so harmful to the health of the American people, which is so damaging to our fiscal health as well, and to have people know that we want to have what is best for them.

We all want them to think that in order for them to have the same kind of access to health care that we do, we should say to them, “Run for Congress.” We want them to have it because Congress has acted upon their needs, their strengths and the strength of our country.

I urge a “no” on the repeal.

Mr. CAMP. I yield 2 minutes to a distinguished member of the Ways and Means Committee, the gentleman from Georgia, Dr. PRICE.

Mr. PRICE of Georgia. I thank the gentleman.

Madam Speaker, over the past 4 years the previous majority took every opportunity to expand the reach and the scope of the Federal Government. You see, they believe in government solutions. We believe in people.

We believe in solutions that embrace people and individuals. Now, as a physician with countless personal stories, those solutions in health care mean patient-centered solutions, not government-centered solutions.

It's important to repeal this bill for many reasons, but two very specific reasons. First, it's exactly what we said we were going to do. If given the privilege of leading once again, we would vote to repeal this bill. And, second, it's the principled thing to do. If you think about it, all of the principles that we hold dear in health care, whether it's accessibility or affordability or quality, or responsiveness of the system, or innovation of the sys-

tem so that we have the highest quality, or choices, choices for patients—none of them, none of them are improved by the current law or the bill. Premiums are increasing, jobs are being lost because of the bill. Quality is being defined by bureaucrats, not by patients or families or doctors.

The good news is that there are positive solutions that embrace fundamental American principles that allow us to solve these challenges without putting the government in charge, and that's exactly where we will lead over the coming months and, yes, over the coming years.

Madam Speaker, the status quo in health care is unacceptable. The bill that was passed is destructive to both principle and to patients. The work we will begin tomorrow, after we vote to repeal today, will be focused on patients, on people, and not the government.

Mr. LEVIN. Madam Speaker, I yield 2 minutes to an active former member of our committee, the distinguished gentleman from New York (Mr. HIGGINS).

Mr. HIGGINS. I thank the gentleman for yielding.

Madam Speaker, since 1970, health care costs have increased an average of 9.9 percent a year, far outpacing inflation and creating a drag on our economy by increasing the expense of new hiring and undermining new business investment in this Nation.

This trend is unsustainable. Yet while costs are increasing, the quality of coverage is declining. Last year, the inability to pay medical bills caused 62 percent of all personal bankruptcies in this country, even though the filer had health insurance in 75 percent of these cases.

That is 868,000 American families who went broke last year simply because they got sick, did not have insurance or their insurer refused to cover their bills. This is unacceptable.

I often say that health care reform needed a start, not a finish, and that we will be amending and improving the law for years to come.

However, the bill before us today takes us back, not forward, with no persuasive plan to reduce costs, improve quality and coverage. This challenge deserves a more serious response.

I urge opposition to the bill.

Mr. CAMP. Madam Speaker, I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Florida (Mr. BUCHANAN).

Mr. BUCHANAN. Madam Speaker, I stand before you today as a self-made businessman with 30 years of experience. I have been fortunate to create thousands of jobs, meet payrolls, and balance budgets.

As the past chairman of the Florida Chamber, which represents 137,000 businesses across Florida, the number one issue 7 years ago when I was chairman and the number one issue today is affordable health care for small businesses.

They are the job creators. They create 70 percent of the jobs. The Business Roundtable says today that the average employee for their family of four is \$10,000. This bill does nothing to bring down the costs. In fact, in the next 10 years it's going to go from \$10,000 to \$30,000.

I was with a pharmacist the other day, a private pharmacist. He employs about 20 to 30 people. We talked about various things. I didn't go there to talk to him about health care; but he brought out his health care bill, just got it, it went up another 22 percent. It went up 20 percent the year before.

I don't know who my friends on the other side are talking to, but most small businesses in Florida that I know, they are very, very concerned about health care and the escalation of the costs going forward. It's a job killer.

With a national unemployment rate at 9.5 and even higher in our State of Florida, this law is going in the wrong direction. We need to be working with small businesses on solutions to help them grow, succeed and provide health care at affordable cost.

They do create, as I mentioned before, 70 percent of the jobs. You can't get the job unless we can help small businesses obtain affordable health care.

□ 1550

Mr. LEVIN. Madam Speaker, it is now my privilege to yield 2 minutes to another distinguished former member of our committee, Ms. SÁNCHEZ of California.

Ms. LINDA T. SÁNCHEZ of California. Madam Speaker, it's no secret that our economy is still sluggish. So our top priority in this Congress should be about creating jobs. It's certainly my top priority. And I want to work with Republicans to meet that goal. Instead, House Republicans are focused on repealing patients' rights, putting insurance companies back in charge and ballooning the deficit. American families have suffered and waited far too long for the freedom and security that affordable health care provides. And now the Republican majority is trying to take that freedom and snatch that security away.

If Republicans have their way, families will once again lose their benefits when insurers unfairly cancel or cap their coverage. If Republicans have their way, children with disabilities and pregnant women won't be safe from discrimination by insurers. If Republicans have their way, seniors in my district will be forced to return the \$250 in prescription assistance they received under the Democratic health care reform bill, and millions of hard-working Americans will lose the freedom to start their own business because they will be afraid of giving up the health insurance tied to their current job.

This is a costly plan for seniors, children, and families in my district and

for the taxpayers of America. To stand up for families that deserve and need our help, we must reject this plan. I urge everybody to vote "no" on the repeal of health care. I thank the gentleman from Michigan.

Mr. CAMP. I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Nebraska (Mr. SMITH).

Mr. SMITH of Nebraska. Madam Speaker, I would like to share a perspective from an employer in my district. Visiting this small business, actually a few hundred employees but still considered a small business, we toured the plant. He shared with me the benefit plans for the employees. He went on to say that orders are coming in, but they are refraining from hiring new people because of the uncertainty of the cost of hiring a new employee. This shows that the health care bill, primarily, is causing uncertainty in the employment sector and causing employers to hold back on hiring new people. This is not good for our economy. It's not good for our deficit. Most importantly, it's not good for the American people. And that's why I'm extremely concerned with the \$20 billion tax on medical device makers that will just increase the cost of cutting-edge medical technology for consumers and patients themselves.

Madam Speaker, we need a patient-centered health care plan, one that does not depend on new government programs, one that focuses more on patients, and one that will cause a lot of the problems to go away.

Mr. LEVIN. Could you please tell us, Madam Speaker, the time remaining on each side for our committee?

The SPEAKER pro tempore. Mr. LEVIN of Michigan has 15½ minutes remaining. Mr. CAMP of Michigan has 15 minutes remaining.

Mr. LEVIN. It is now my privilege to yield 1½ minutes to the very distinguished gentlewoman from California (Ms. LEE).

Ms. LEE of California. I want to thank the gentleman for yielding.

Madam Speaker, I rise in strong opposition to this bill. Every time we take on this bill to repeal the very important freedoms provided by the health care reform law, it's really a critical minute that we are not focusing on jobs. We should be debating how to create jobs, how to get our economy going and how to reduce the deficit. Instead, Republicans want to add \$230 billion to the deficit and to empower health insurance companies—mind you, health insurance companies—to take away patients' rights in their own health decisions that they should be making with themselves and their health care physicians, nurses, and providers.

This repeal gives insurance companies much, much, much too much power. Literally, their idea is to return to the same failed system that has left 50 million people, including 7½ million children, without health care. In the

current economic environment, where more people are without coverage and where jobs are scarce, making it more difficult for people to access health care or to keep their health care coverage is downright wrong. Repeal of the law would set us back where once again health care would be a privilege for those who can afford it rather than a basic human right for each and every American.

When I voted for health care reform, I said it was in the memory of all of those who died prematurely because they had no health care and also in honor of and support for those who will now live longer and healthier lives because they would have health care. Repealing this health care law really is morally wrong, and it's fiscally irresponsible.

Mr. CAMP. Madam Speaker, I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from Illinois (Mr. SCHOCK).

Mr. SCHOCK. Madam Speaker, I rise today in strong support of the repeal of this job-killing health care law. How many times as American citizens did we hear the President say on national television, "If you like your health care coverage, you can keep it?" But for the rest of the Americans, let me talk to you. Well, ladies and gentlemen, wake up, because if you are one of the 80 percent of Americans who have an employer-provided health care plan that you like, you're about to lose it.

Simply put, the burdens placed on employers by this new law are too costly. The estimated cost for an employer to provide the "minimum essential benefits" package as prescribed by this bill will cost them per full-time employee \$12,250 a year. As we speak, businesses all across America are crunching the numbers and figuring out that it's financially more beneficial for them as companies to pay the \$2,000 per employee penalty and dump their employees into the government-run health care plan. The result, of course, will be that the 80 percent of Americans who currently like their health care coverage will be put in a government-run system that, of course, will be riddled with inefficiencies and limited options. Think the DMV or FEMA for your health care plan.

Additionally, this health care legislation is riddled with job-destroying regulations, burdens, and tax increases that will stifle private-sector growth and smother economic recovery in this country.

According to the National Federation of Independent Business and the Chamber of Commerce, this will cost 1.6 million jobs as it currently stands. I urge passage of this repeal.

Mr. LEVIN. It is now my privilege to yield 1½ minutes to the gentleman from Georgia (Mr. SCOTT).

Mr. DAVID SCOTT of Georgia. Thank you very much, Chairman LEVIN. I really appreciate it so very much.

I have listened for the last 2 days, and I have heard my friends from the

other side refer to this as ObamaCare, so derisively, mean-spiritedly. But let me assure you what we're talking about that is the law of the land today is not ObamaCare. It is America's health care for all the American people. It is the health care for that senior citizen who is sitting down at her kitchen table thankful that she now has a 50 percent discount on all of her prescription drugs, and she does not want to see this repealed. It's for that youngster who can now be on his parents' insurance until he's 26 years old in these tough economic times. The American people want this and do not want to see it repealed.

And I want to say to the American people, have no fear, let not your heart be troubled. This law will not be repealed. Yes, they will vote for it today. But it's not going to be taken up in the Senate, and it's not going to be signed by the President. So what do the American people say about this? They want us to be concerned about jobs. And certainly if we have to deal with this health care, why should we not be dealing with some of the critical issues? The American people do not want this bill, this law, repealed. They want it fixed. They'd love to see Democrats and Republicans working together on the 1099s. Sure, there's too much paperwork for small businesses. Let us work on that. This medical liability issue, the number one reason why kids are not going into medicine, let us work on that. And the reimbursement rate for our physicians. The American people want us to fix it, not repeal it.

Mr. CAMP. I yield 1½ minutes to a distinguished member of the Ways and Means Committee, the gentleman from New York (Mr. LEE).

Mr. LEE of New York. Madam Speaker, today we are doing what we promised the American people we would do after the November election. We will vote to repeal last year's massive health care law. Most importantly, we will also vote to begin replacing this massive new government entitlement with commonsense reforms that actually remove costs from our health care system.

□ 1600

We can all agree our current health care system is unsustainable. It is ripe for reform.

Passing last year's 2,300-page monstrosity will raise health care costs by \$311 billion over the next decade, according to the administration's own actuaries. It will raise health care costs for seniors and cut more than \$500 billion for Medicare and Medicare Advantage, which are both very popular plans.

It will cause employers to simply drop the insurance they offer employees because they have done the math and they understand that it's cheaper to just pay the penalty than pay for the insurance, leading to struggling Americans being kicked out of their current plan they have and they like.

That is not the reform Americans deserve. We need to include medical liability reform. The CBO has scored that at a \$54 billion savings.

Meaningful reform will allow western New Yorkers to start buying insurance across State lines to encourage competition. And meaningful reform will empower small businesses to group together to cut costs and provide coverage to their employees.

Republicans are pursuing these commonsense reforms because we made a promise to the American people and because we believe health care reforms need to address both affordability and accessibility. It can be done, and we are committed to making it happen.

Mr. LEVIN. I now yield 1½ minutes to the gentlewoman from New York (Mrs. MALONEY).

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

Mrs. MALONEY. Mr. Speaker, I rise in strong opposition to the Republican bill which would take health care away from millions of Americans, children, families, and individuals.

I have heard my Republican colleagues mention cost throughout this day. Well, make no mistake, there would also be a cost in leaving tens of millions of Americans uninsured.

According to a recent study published by the American Journal of Public Health, uninsured working age Americans have a 40 percent higher risk of death than their privately insured counterparts. The study estimates that lack of health insurance causes over 44,000 excess deaths annually. That works out to about one death every 12 minutes from lack of health insurance. My colleagues, let us not forget to count those lives as a very real and continuing cost: over 44,000 deaths a year, one every 12 minutes.

I urge my colleagues to support the Democratic plan, lifesaving legislation, and vote against the Republican repeal of health care. It is wrong for America. I urge a “no” vote.

Mr. Speaker, I rise in strong opposition to this harmful, ill-conceived bill.

When the Republican Majority said it was going to make the deficit their defining issue this Congress, most of us did not realize it was to make the deficit bigger. But according to the Congressional Budget Office, their first act to repeal health care would do just that—add \$230 billion to the deficit while making Americans pay more for health care.

Instead of focusing on job creation, Republicans are running up our deficit, jeopardizing the health of millions of Americans, and threatening the creation of new jobs.

Under the Republican repeal effort:

Insurance companies will once again be able to drop people when they get sick—exactly when coverage is needed most;

Children with pre-existing conditions will be denied coverage, while insurance companies would again impose devastating annual and lifetime caps;

Young people will not be able to stay on their parents’ plans until age 26;

Pregnant women and breast cancer survivors can be denied coverage;

Seniors will face an increase in their prescription drug costs—millions thrown back into the Medicare Part D Donut Hole. Repeal would deny seniors a 50 percent discount on prescription drugs, re-creating the devastating coverage gap.

Each of these things will disappear if Republicans are able to repeal the historic health reform law.

In my home state of New York, repealing the Affordable Care Act would be devastating. New York residents, providers, small businesses and other employers would be denied critical new benefits of the law, from protections against insurance industry abuses to new coverage options and millions of dollars in support so states like New York can deliver quality, affordable health care options to all of its residents.

Without the Affordable Care Act, New York will suffer:

77,800 young adults would lose their insurance coverage through their parents’ health plans, sometimes just after they finish school and as they are looking for a job. Families across New York would lose the peace of mind the Affordable Care Act provides by making sure that young adults can stay on their parents plan to age 26 if they do not have coverage of their own.

More than 10 million residents of New York with private insurance coverage would suddenly find themselves vulnerable again to having lifetime limits placed on how much insurance companies will spend on their health care.

Insurance companies would once again be allowed to cut off someone’s coverage unexpectedly when they are in an accident or become sick, because of a simple mistake on an application. This would leave 734,000 people in New York at risk of losing their insurance at the moment they need it most, as one of the worst abuses of the insurance industry would become legal again.

New insurance plans would no longer be required to cover recommended preventive services, like mammograms and flu shots, without cost sharing, nor would they have to guarantee enrollees the right to choose any available primary care provider in the network or see an OB-GYN without a referral.

Nearly 2.9 million seniors in New York who have Medicare coverage would be forced to pay a co-pay to receive important preventive services, like mammograms and colonoscopies.

Medicare would no longer pay for an annual check-up visit, so nearly 2.9 million seniors in New York who have Medicare coverage would have to pay extra if they want to stay healthy by getting check-ups regularly.

192,596 on Medicare would see significantly higher prescription drug costs: In New York, 192,596 Medicare beneficiaries received a one-time, tax-free \$250 rebate to help pay for prescription drugs in the “donut hole” coverage gap in 2010. Medicare beneficiaries who fall into the “donut hole” in 2011 will be eligible for 50 percent discounts on covered brand name prescription drugs. Without the law, the burden of high prescription drug costs would hurt millions of Medicare beneficiaries across the country.

For the sake of argument, if we remove the moral obligation of providing health care to 32

million Americans who would lose coverage with this repeal, we are still left with a compelling fiscal reason for opposing the repeal of this law:

Repeal adds \$230 billion to the deficit over the first 10 years and more than \$1.2 trillion in the second decade (around one-half percent of GDP).

Americans purchasing health insurance on their own will see their costs rise.

Americans will get fewer health benefits for their money.

Mr. Speaker, I urge my colleagues to oppose this bill that will balloon the deficit, burden our children and grandchildren, halt the creation of jobs, and compromise the health of millions of Americans.

Mr. CAMP. I yield 1½ minutes to the gentlewoman from Kansas (Ms. JENKINS), a distinguished member of the Ways and Means Committee.

Ms. JENKINS. Mr. Speaker, I thank the chairman for yielding.

Last March I voted against ObamaCare. Rather than bringing down health care costs for all Americans, helping small businesses provide health care for their employees, and preserving Medicare for our Nation’s seniors, this law will result in higher premiums for families, costly unfunded mandates, including an absurd 1099 requirement, additional job-killing taxes, and more than half a trillion dollars in cuts to Medicare.

It was irresponsible to pass this massive job-killing plan by means of arm twisting and gimmicks, and it is even more irresponsible to allow implementation to begin given our national debt is over \$14 trillion, unemployment rates are still over 9 percent, and many States remain on the verge of bankruptcy.

Not only is the bill unaffordable, but it is such an overreach of the Federal Government’s power, a U.S. district judge has already deemed it unconstitutional.

Americans want reforms to our health care system, but they have spoken clearly: This bill is not the change they wanted.

I will be voting in support of H.R. 2, voting to repeal this government takeover of our health care system, just as I promised my constituents I would.

Let’s repeal this bill so we can go to work replacing it with reforms the American people want and support. I encourage all of my colleagues in the House to listen to their constituents and join me in voting “yes.”

Mr. LEVIN. I now yield 1½ minutes to Ms. EDWARDS from Maryland.

Ms. EDWARDS. Mr. Speaker, I stand today in strong opposition to Republican attempts to repeal and dismantle our health care law, the law that Congress has passed to give health care to the American people.

Mr. Speaker, this repeal bill may fulfill an empty campaign promise, but it fails to put the key American objectives of creating jobs and reducing the deficit at the top of the agenda. In fact, the independent Congressional Budget Office estimates that this repeal will

increase the deficit by \$230 billion over the next 10 years. In Maryland, by contrast, we will save \$800 million in 10 years with the new law.

We have heard the debate, but now it is time to hear the stories of countless millions of Americans who have a chance at real health care. I know these stories because I hear them every day, Mr. Speaker, stories like Chuck, an engineer from Hyattsville, Maryland, who suffers from chronic thyroid condition and believes he will be denied health care coverage should health care reform be repealed; Nancy, a mother in Germantown, Maryland, who is grateful that the health care law has allowed her 20-something daughter currently in graduate school to stay on her mother's health insurance policy. I have even heard from constituents of some of our Republican colleagues, afraid about having to repay the money because they slipped into the doughnut hole. And I want to tell you about Annie, a friend of mine, 28 years old, diagnosed with leukemia, who would have reached lifetime caps because she and her parents are trying to save her life.

Mr. Speaker, it is unfortunate we are here today. Let's create jobs and stop this theater.

Mr. CAMP. I yield 1½ minutes to the gentleman from Minnesota (Mr. PAULSEN), a distinguished member of the Ways and Means Committee.

Mr. PAULSEN. Mr. Speaker, I rise in support of this effort to repeal the job-destroying health care law that a majority of Americans oppose.

Now, last year Congress put job creation on the back burner and instead pushed a very partisan, trillion-dollar overhaul of our health care system. Last year, at the Democrat leadership's request, Congress passed the bill to "find out what is in it." Well, here is what we found: a laundry list of tax increases and job-crushing mandates that will make it harder for small businesses to make ends meet and further delay an economic recovery. This problem is so serious that the National Federation of Independent Business, an advocacy organization representing countless small businesses that drive the engine of our economy, found that the new employer mandate could cost 1.6 million jobs.

In and around my district, hundreds of medical technology companies are now facing higher taxes to the tune of \$20 billion. We are penalizing innovation when we should be encouraging it. We are preventing lifesaving technologies from coming to market when we should be promoting them. This is unacceptable.

The American people deserve health care reform that doesn't break the bank. We need health care reform that lowers costs and doesn't increase premiums. We should repeal this law now and replace it with commonsense, patient-centered alternatives; otherwise, our economy will stagnate, our small businesses will not be able to expand,

and the medical device industry in my district will continue to suffer.

Mr. LEVIN. I yield 1½ minutes to the gentleman from California (Ms. SPEIER).

Ms. SPEIER. Mr. Speaker, I thank the gentleman for yielding.

You know, the real question is who is supporting this repeal of health reform. Are the doctors of America supporting the repeal? No; the American Medical Association opposes it.

Is AARP supporting a repeal? No; they are opposed to it.

Are the hospitals supporting a repeal? No; they are opposed to it as well.

Who supports a repeal of health care reform? The National Chamber of Commerce, period.

So what do our constituents really want? They want the costs to be brought down. There is not one of us who hasn't heard a complaint from a constituent saying, I can't afford it anymore.

Well, health care reform requires that 80 percent of the premium go to providing health care. It is starting to put a governor on the costs of health insurance.

The second thing that people are concerned about is access for their kids and for themselves. Well, let's talk about these children.

In my district there are 30,000 children with preexisting conditions, and I know you have gotten the same phone calls I have gotten; a parent calling, crying on the phone, talking about the leukemia their child has or the asthma their child has and their fear if their spouse loses their job they won't have health insurance and they will go to the individual market and there will be no health insurance.

Let me tell you about Sophie O'Riley, who, at 5 years of age, had very serious asthma. Her parents went to every insurer in the individual market and could not get insurance. So what did they do? They went bare for a year in order to be able to access insurance.

H.R. 2 is bad medicine. I urge a "no" vote.

□ 1610

Mr. CAMP. Mr. Speaker, I yield 1 minute to a distinguished member of the Ways and Means Committee, the gentleman from North Dakota (Mr. BERG).

Mr. BERG. Mr. Speaker, I rise today in firm support of repealing this job-killing health care law.

This is a \$500 billion tax that will hurt small businesses at a time when we need these job creators to help put our country back on track. America's small businesses cannot grow with the tax hikes and government mandates in this law. Medicare payroll taxes will increase. Costly penalties will be imposed on small businesses, and there will be increased health care costs.

Repealing this law and removing these barriers will provide businesses with the certainty they need to help get America back on track.

My wife is a family practice doctor, and when this law first passed, our first concern was this puts government between patients and their doctors. We need to repeal this law and put those health care decisions back between the patients directly and their doctors.

I urge my colleagues to support this legislation.

Mr. LEVIN. Mr. Speaker, I yield 1½ minutes to the gentleman from North Carolina (Mr. PRICE).

Mr. PRICE of North Carolina. Mr. Speaker, this bill lays bare what this new Republican majority is all about. They would repeal benefits and protections that have already dramatically improved health care for families and small businesses, with no credible assurance they would put anything in their place.

A "yes" vote would take away tax credits available to up to 17,000 small businesses in my district alone—credits that will let them offer their employees insurance coverage just like their larger competitors do.

A "yes" vote on repeal would increase the average cost of prescription drugs for seniors in the "doughnut hole" coverage gap by more than \$500 this year and more than \$3,000 by 2020. What seniors on fixed incomes can afford this kind of price hike?

A "yes" vote on repeal would say to parents, who now for the first time can get affordable coverage for their children with preexisting conditions: Once again, you can be denied coverage altogether.

This legislation is flying under disgracefully false colors. Fiscally sound? The Congressional Budget Office says it will increase deficits by \$230 billion over the next 10 years. Republicans like to call health insurance reform "job killing." But their repeal bill would cost as many as 4 million jobs over the next decade.

Our Republican colleagues have put their tea party base above everything else, including the health care needs of the American people. We must recognize their cynical political gesture for what it is. This House can and must do better.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Ohio (Mr. BOEHNER), the Speaker of the House.

Mr. BOEHNER. I thank my colleague for yielding.

I am going to thank all the Members of this body for a spirited but respectful debate on what is a critical issue to the American people.

Both sides of the aisle have very different viewpoints on what government's role in this health care issue should be, and if there is one thing that we do agree on, it is that this health care law needs improvement. The President said as much yesterday.

Why does it need improvement? One only needs to look at the facts.

Yesterday, 200 economists and experts put out a letter calling this health care bill "a barrier to job

growth." The letter talks about how employers are struggling to keep up with all the mandates and tax hikes in this law, flooding the job market with additional uncertainty.

The one thing the American people wanted out of health care reform was lower costs, which the authors of this law promised; but according to these economists, this law will increase spending by nearly \$1 trillion—and that is a minimum number—and add nearly \$1.5 trillion to the national debt.

So, if we agree that this law needs improving, why would we keep it on the books? Why would we keep one hand tied behind our backs when we are dealing with 10 percent unemployment and a \$14 trillion national debt?

Now, let me be clear about what repealing this health care law means for families, small businesses, and taxpayers:

Repeal means preventing more than \$770 billion in tax hikes and eliminating all the mandates and penalties so that small businesses can grow and hire new workers.

Repeal means reducing spending by \$540 billion, another step in tackling the massive debt that faces our kids and grandkids.

Repeal means protecting more than 7 million seniors from losing or being denied coverage under Medicare Advantage—a program they like.

Repeal means paving the way for better solutions that will lower costs without destroying jobs or bankrupting our government.

And repeal means keeping a promise. This is what we said we would do. We listened to the people. We made a commitment to them—a pledge to make their priorities our priorities. When you look at the facts and when you listen to the people, this is a promise worth keeping.

Let's stop payment on this check before it can destroy more jobs and put us into a deeper hole. Then let's work together to put in place reforms that lower the costs without destroying jobs or bankrupting our government.

Let's challenge ourselves to do better.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. REYES).

Mr. REYES. I thank the gentleman for yielding.

Mr. Speaker, I rise to express my strong opposition to H.R. 2, which seeks to dismantle the Patient Protection and Affordable Care Act.

Repealing this law would be detrimental to districts like the one I represent, which have unsustainably high rates of people without health insurance. Nationally, about one in five people is without health insurance. The problem in my district means one in three is without basic health coverage. That's 230,000 people in my district alone.

When these individuals can't get preventative care and they get sick, they

wind up in the emergency room, which is the most expensive kind of health care there is. According to the latest figures from our county hospital, more than \$500 million of local property tax dollars have been used to cover the costs of those who could not pay for treatment and services—\$500 million.

We passed the Patient Protection and Affordable Care Act to help address this problem and provide affordable health care insurance to those who currently are uninsured.

I urge my colleagues to vote against H.R. 2.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Florida (Mr. CRENSHAW).

Mr. CRENSHAW. I thank the gentleman for yielding, and I thank him for his great leadership.

Mr. Speaker, I plan to vote to repeal this health care law and replace it with some commonsense, workable solutions. Why? Because I've been listening to my constituents—listening to what they have to say, what they ask for.

I can tell you they are not asking for a bill that weakens our economy and causes jobs to disappear. They are not asking for a brand new entitlement and then pretending only partly to pay for it. They are not asking for a bill that takes away the rights of seniors to have a choice in the Medicare program, and they are certainly not asking for new taxes—but that's what they're getting under this health care bill unless it's replaced.

What they are asking for is the right to choose their own doctors and the right to get the treatment they need when they need it. That's what they're asking for. They're asking that we bring down the cost, to make some commonsense reforms, to make it more affordable, more accessible.

That's what we should focus on.

Mr. LEVIN. Mr. Speaker, it is now my privilege to yield 1½ minutes to a former, very distinguished member of our committee, the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Thank you very much, Mr. Chairman.

Under no circumstances would I vote to repeal the most effective, most meaningful, most sensitive health legislation that has been passed in this country since the Medicare-Medicaid provisions of the 1960s. Under no circumstances would I vote to repeal legislation that would provide the 107,000 individuals in my congressional district who have preexisting conditions.

□ 1620

Would I vote to repeal health insurance for more than 32 million Americans who otherwise would have no coverage? No way.

Vote this legislation down. Let's support the American people, keep them with health care.

The Seventh Congressional District of Illinois includes some of the most medically underserved communities in America. Census data revealed that 24 percent of families and

44 percent of children under 18 live below the poverty line. As a result, many of these individuals are susceptible to an anomaly of diseases and poor health. In fact, some communities on Chicago's west side experience infant mortality rates comparable with third-world countries. By repealing Public Law 111-148, the Patient Protection and Affordable Care Act will take away support for community health centers, which provide critical resources for millions of Americans in every state and territory. In my district, there are many Medicare and Medicaid recipients that have established community health centers as their medical homes. Medicaid beneficiaries that rely on health centers for usual care were 19 percent less likely to use the emergency room at a hospital than other providers for non-emergency and usual care services. Overall, health centers save the health care system between \$9.9 billion and \$17.6 billion annually.

Community health centers provide high quality health care regardless of the ability to pay, and health centers in Illinois have a tremendous impact on our economy and employment. In 2008, 40 health centers operated over 350 sites, contributed almost one billion dollars to the Illinois economy, and directly employed almost 6,000 Illinoisans. Indeed, for every 10 people employed by an Illinois health center, an additional 4 jobs were created in their surrounding communities. Illinois health centers served over 1.1 million patients—nearly 80% of whom fell below the federal poverty level and 30% who had no health insurance, helping them cope with chronic health conditions and general health issues to be able to work and care for their families.

Repeal of the health care law would eliminate \$11 billion in support for community health centers over the next 5 years, funding that will nearly double the number of patients served today and greatly strengthen Illinois's economy. Repealing the health care law would dramatically harm the health of hundreds of thousands of citizens in Chicago and Illinois.

Repeal of the health care law would greatly increase an already high level of health disparities among African-Americans and Hispanics. In a recent study, comparing health outcomes among African-Americans and Caucasians found that the gap in health disparities across the Nation was narrowing across ten (10) indicators; however, in Chicago, the reverse was occurring in health disparities among African-Americans and Caucasians are widening. Given all that has been stated above, the reversal of health care reform would have tremendous negative impact on Chicago when considering the unemployment rate, the crisis in the housing market and the abundance of the urban poor that exists within our communities. Most affected will be the working poor who are most commonly uninsured as their company provides little or no medical benefits. The middle aged childless individual who is not eligible for Illinois public aid and naturally men without children who are not veterans or eligible to be covered through Illinois public aid are affected as well. Lastly, we must consider the devastating impact the burden of the uninsured has placed on the healthcare delivery system, specifically hospitals who avoid caring for uninsured patients and resulting in the lack of access to primary and specialty care. The funding from the Affordable Care Act would assist community

health centers to stay on track to add 20 million new patients (for a total of 40 million patients) over the next 5 years.

Repeal of the health care law would eliminate health coverage for young people up to age 26 who would not be allowed to stay on their parents' plans. Repeal would force 2,600 young adults in my district to find other coverage or returned to the ranks of the uninsured.

Repeal would deny tax credits to buy health insurance coverage for 158,000 families in my district. Additionally, it would increase the number of uninsured residents to 48,000 in my district.

There are 107,000 to 282,000 residents in my district with pre-existing conditions like diabetes, heart disease, or cancer, including 7,000 to 30,000 children that the repeal legislation if passed would encourage health insurance companies to discriminate based on pre-existing conditions.

Repeal would eliminate tax credits for health insurance up to 14,100 small businesses in my district. These tax credits under the current law would provide small businesses up to 35% of the cost of providing health insurance.

The health care law is critical to Chicago and Illinois. Community health centers are vital partners in the health and economic well-being of Chicago and Illinois. For this reason, I do not support H.R. 2, Repeal the Job-Killing Health Care Law and Health care related provisions in the Health Care and Education Reconciliation Act of 2010.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Alabama (Mr. BROOKS).

Mr. BROOKS. Mr. Speaker, Americans enjoy the best health care in the world. Every year, profit motive and American ingenuity create new and better diagnostic tools and treatments. Yes, there are ways to improve America's health care, but President Obama's socialized medicine is not it. For example, we can cut health care costs by implementing tort reform, by forcing health care competition, and by removing illegal aliens from America who get free health care at our cost.

Socialized medicine strangles creativity and obstructs life-saving medical advances. It is care rationed by bureaucrats with mind-numbing regulations. Simply stated, socialized medicine pulls all America down to health care mediocrity.

Lives and freedom are at stake. We must repeal this job-killing government takeover of America's health care. Today, I will proudly vote to do exactly that.

Mr. LEVIN. It is my privilege to yield 1½ minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

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

Mr. LANGEVIN. Mr. Speaker, I rise today in opposition to the Patients' Rights Repeal Bill, and I find it absolutely regrettable that my Republican colleagues have made this their first priority of the new Congress.

Rhode Islanders sent me here with a clear purpose to create jobs, strengthen our economy, and reduce the Federal

deficit. Those are the issues we need to address, and doing so should be our first order of business and our top priority. Instead, we are considering a bill that will increase already skyrocketing health care premiums for Rhode Island families and businesses, give insurers back the power to deny or drop coverage when people get sick, and raise the deficit by an additional \$230 billion over the next 10 years and over \$1 trillion the decade after that.

Pressing the reset button on health reform will not only bring our progress toward affordable and accessible health care to a screeching halt, it will force us to repeal the rights of patients and rescind tax breaks to the very small businesses that fuel our economy.

I urge my colleagues to oppose this bill and join me in getting to work on the people's priorities—job creation, economic innovation, and deficit reduction. We have come such a long way.

We have already seen the benefits of health care reform in covering children with preexisting conditions, allowing adult children to stay on their parents' health care coverage, and eliminating the yearly and lifetime caps. These are major steps forward in health care reform. All that goes away if we repeal this health care law that we've seen put into effect. Please oppose this Republican bill that's before us today.

Mr. Speaker, the Affordable Care Act is just beginning to ease costs and increase access to care for thousands of Rhode Islanders. Almost 10,000 seniors have already received a \$250 rebate check for their prescription drugs to cover the Medicare Part D "donut hole." That's one small but important step toward making prescription drugs affordable. Over 3,500 young adults now have access to their parents' health plans, giving them peace of mind knowing that they can remain covered until age 26. Additionally, over 18,000 small businesses in Rhode Island have already received information from the IRS on the tax credit to help provide coverage to employees. These tax credits will help ease the burden of rising health care costs on private sector job growth.

Health reform is about more than just statistics or economics; it is about helping real people who are just trying to make it day to day. It is about the grandmother in Cranston whose life will be saved because her breast cancer was detected earlier through a free preventive health screening; it is about the father in Coventry who works for a small business and will finally have health coverage to manage his diabetes; and it is about the mother in Warwick who won't face bankruptcy to treat her daughter's Multiple Sclerosis because of lifetime insurance caps.

These are just some of the examples of how the Affordable Care Act is beginning to make a positive difference in people's lives. As I've said in the past, this law is not perfect, and I look forward to working with my colleagues to improve it where changes need to be made. However, pressing the reset button will not only bring our progress toward affordable and accessible health care to a screeching halt, it will literally force us to repeal the rights of patients and rescind tax breaks to the very small businesses that fuel our economy.

I urge my colleagues to oppose this bill and join me in getting to work on our immediate challenges—job creation, economic innovation and deficit reduction.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Mississippi (Mr. PALAZZO).

Mr. PALAZZO. Mr. Speaker, I rise today to express my strong support for the repeal of this health care monstrosity. It was a bill passed over the objections of most Mississippians, built on unconstitutional individual mandates and unprecedented burdens for State governments. In short, this government takeover is poised to destroy the greatest health care system in the world. Don't take my word for it, but look at how some of the most ardent backers have been quietly working to obtain special waivers so they will not be held to the same standards most small businesses face.

Mr. Speaker, it's time we give all Americans the same relief the President's political friends have worked so hard to get—relief from this job-destroying legislation—by voting in favor of this repeal. I am proud that the first speech I have given in this Chamber and the first bill I have co-sponsored in this Congress is one to repeal this 2,700-page monstrosity.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the gentlelady from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise to share the story of Patricia Maisch.

Pat, as her friends call her, lives outside Tucson and has been fittingly hailed as one of the heroes during the tragic shooting of our colleague, GABBY GIFFORDS. Pat actually knocked the second gun clip out of the shooter's hand as he was attempting to reload, very likely saving the lives of more innocent people.

She was in line to talk to her Congresswoman to share that she thought that the title of the repeal bill was disingenuous, and because Pat and her husband own a small business north of Tucson. The spouse of one of their employees has a preexisting condition, and they have been unable to find affordable insurance to cover her. Pat wanted to tell Congresswoman GIFFORDS that the health reform law will help them provide insurance for this employee. She wanted GABBY to stand up to attempts to repeal health care reform. Pat was unable to deliver her message to her representative but asked that I share it with you now.

Heed the words of Pat Maisch. Heed the words of millions of Americans needing health care. Don't repeal health care reform.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Texas (Mr. FLORES).

Mr. FLORES. Mr. Speaker, back in September of last year, one of the owners of a small Waco, Texas, software company showed me a notice he had just received from his health insurance provider. This notice showed that as a

result of ObamaCare he was faced with a 30 percent increase in his health insurance premiums. Now he has to deal with the harsh reality of cutting the size of his workforce to deal with this increase, or worse, to cancel coverage altogether.

What is even more disturbing is that this is just the beginning of what is to come under ObamaCare. All across our Nation this cost-increasing, job-killing, tax-hiking bill is inflicting irreversible damage on American employers and families. Rather than learn from this in the outcome of the mid-term elections, Democrats choose to oppose and dismiss Republican efforts to repeal ObamaCare and to replace it with something better. There are solutions and clear alternatives to improving our health care system, and the first step is to repeal ObamaCare.

Mr. LEVIN. I yield for the purpose of making an unanimous consent request to the gentleman from New York (Mr. ACKERMAN).

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

Mr. ACKERMAN. I rise in strong opposition to repealing the Patients' Bill of Rights.

Today, the House will vote to take away new health-care freedoms from my constituents and give that power right back to the big health-insurance companies. Repeal of the health-care law puts insurance companies right back into the driver's seat of rationing health-care decisions for the rest of us. Repeal means they get to decide who is denied health coverage because of a pre-existing condition in my district; which young adults in my district can and cannot remain on their parents' plans; and which constituents who are sick in my district would have their plans rescinded just because they got sick in the first place. And the list of lost health-care freedoms goes on and on and on.

Mr. Speaker, what specifically does repealing the health-care law mean for the 5th congressional district of New York? Repeal would mean as many as 311,000 people could be denied health coverage, including up to 37,000 children, because of a pre-existing condition. Repeal would mean that 2,400 young adults up to age 26 in my district would no longer be able to choose to stay on their parents' plans until they get that first job with health insurance. And repeal would mean that 335,000 constituents in my district would lose the most vital consumer freedoms, such as protection from unreasonable policy rescissions and the prohibition of annual and lifetime spending limits.

Already, my constituents and millions of others across the country are benefiting from the new health care law. Seniors in the Medicare prescription-drug "donut hole" received a \$250 payment last year and are scheduled to receive a 50 percent discount on their drugs this year; children are now no longer being denied health coverage because of pre-existing conditions, repeal and they will be denied again; and young adults have been able to keep coverage through their parents' plans. Turning back the clock, to repeal the new law, as if it never happened is not only harmful, but costly: according to the independent and non-par-

tisan Congressional Budget Office, repeal would add \$230 billion to the deficit.

Last year, on this very floor, upon passing the Affordable Care Act, I said that we were acknowledging the moral and economic costs we pay every day for our failure to make health coverage affordable and accessible to everyone; that we were recognizing that having more people with quality coverage saves both lives and costs; that we were unequivocally stating that people in this country shouldn't have to go bankrupt to pay their medical bills; and that no one, no one, should ever have to go to an emergency room just to receive routine medical care. Let us not undo the good we have done.

Mr. Speaker, I urge all my colleagues to support access for all Americans to health care and to oppose this bill.

Mr. LEVIN. Mr. Speaker, could I inquire as to how much time is remaining on both sides for Ways and Means?

The SPEAKER pro tempore (Mr. THORNBERRY). The gentleman from Michigan (Mr. LEVIN) has 2 minutes remaining. The gentleman from Michigan (Mr. CAMP) has 3 minutes remaining.

Mr. LEVIN. Mr. Speaker, I reserve.

Mr. CAMP. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Michigan (Mr. HUIZENGA).

Mr. HUIZENGA of Michigan. I thank the gentleman for yielding.

Mr. Speaker, I rise in support of H.R. 2.

A lot has been said during this debate about what the American people want. Some have said the American people want ObamaCare, many others have said that they want a repeal of it. Well, I was not in Washington over this past year, I was in Michigan hearing complaint after complaint from regular citizens and small business owners about the cost and unreasonable mandates that are in ObamaCare. I told them to stay tuned. Well, the American people have spoken. And over the past week, I've had an opportunity to engage my constituents even more, including hosting three telephone town hall meetings. We did a survey as part of those town halls, and over two-thirds of the more than 1,000 people that took part in this survey agreed with my position of repealing ObamaCare. I understand the real concerns and health issues that people have, but we will address these issues in the replace portion that you will be seeing soon, so please stay tuned.

I am also a small business owner, and I have been talking to other small business owners, and they, too, are frustrated. Provisions like the costly mandate requiring them to file additional 1099 forms have made them angry.

We cannot continue to have legislation that forces small business—job creators—and future generations to foot the bill. Our replacement plans bring hope, so stay tuned.

Mr. Speaker, I ask all of my colleagues to join me in voting to replace this bill.

□ 1630

Mr. CAMP. I yield 1 minute to the distinguished gentleman from Mississippi (Mr. NUNNELEE).

Mr. NUNNELEE. I thank the gentleman for yielding.

As a former Member of the Appropriations Committee in the Mississippi State Senate, I was responsible for balancing our State's budget. The Affordable Care Act will push added costs to already strapped States and will ultimately require tax increases at the State level.

The overall cost to implement health reform in Mississippi is \$1.7 billion over 10 years. From fiscal years 2014 to 2020, this dramatic increase in enrollment will cost our taxpayers an extra \$225 million to \$250 million a year. Approximately 400,000 new individuals will be added to our Medicaid rolls because of the expansion, meaning one in three Mississippians will be on Medicaid.

More money devoted to Medicaid means less funding for other necessary State services and added financial burdens on our taxpayers in Mississippi, as well as the rest of the taxpayers of this Nation that will further stifle job creation.

So because of that, I will proudly vote to repeal this law.

Mr. LEVIN. I regret this bill is being brought up today, but there are at least two silver linings.

Number one, this bill will not become law. Health care reform remains the law of this land. And, secondly, and most importantly, it gives us Democrats a further chance to talk sense with the American people.

We on this side are on the offensive on this issue. We are going everywhere. We are an American truth squad. There will be a vote today on this bill. It may well pass. It will not prevail.

MORE THAN 200 ORGANIZATIONS OPPOSED TO H.R. 2, PATIENTS' RIGHTS REPEAL ACT

AARP  
 AFL-CIO  
 AFSCME  
 AIDS United  
 Alliance For A Just Society  
 Alliance for Children and Families  
 Alliance for Retired Americans  
 American Academy of Child and Adolescent Psychiatry  
 American Academy of Family Physicians  
 American Art Therapy Association  
 American Association for Geriatric Psychiatry  
 American Association for Psychosocial Rehabilitation  
 American Association of Pastoral Counselors  
 American Association of University Women (AAUW)  
 American Association on Health and Disability  
 American Cancer Society Cancer Action Network  
 American Counseling Association  
 American Dance Therapy Association  
 American Diabetes Association  
 American Federation of Teachers  
 American Foundation for Suicide Prevention/SPAN USA  
 American Group Psychotherapy Association  
 American Heart Association

- American Lung Association
- American Mental Health Counselors Association
- American Muslim Health Professionals
- American Nurses Association
- American Psychiatric Association
- American Psychiatric Nurses Association
- American Psychological Association
- American Public Health Association
- American Small Business League
- Anxiety Disorders Association of America
- Asian & Pacific Islander American Health Forum
- Association for Ambulatory Behavioral Healthcare
- Association for Community Affiliated Plans
- Association for the Advancement of Psychology
- Association of University Centers on Disabilities
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Bazelon Center for Mental Health Law
- Black Women's Health Imperative
- B'nai B'rith International
- California Primary Care Association
- California Rural Indian Health Board
- Campaign for Tobacco-Free Kids
- Campus Progress
- Catholic Health Association
- Catholics United
- Center for American Progress Action Fund
- Center for Clinical Social Work
- Center for Community Change
- Center for Integrated Behavioral Health Policy
- Center for Medicare Advocacy
- Center for Reproductive Rights
- Center on Budget and Policy Priorities
- Centers for Community Change
- CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder, Inc.)
- Child Welfare League of America
- Childbirth Connection
- Children's Defense Fund
- Children's Dental Health Project
- Children's Health Fund
- Clinical Social Work Association
- Clinical Social Work Guild 49, OPEIU
- Coalition on Human Needs
- CommonHealth ACTION
- Communication Workers of America
- Community Action Partnership
- Community Catalyst
- Community Organizations in Action
- Consumer Action
- Consumers Union
- Corporation for Supportive Housing
- Cystic Fibrosis Foundation
- Depression and Bipolar Support Alliance
- Direct Care Alliance
- Disability Rights Wisconsin
- Doctors for America
- Easter Seals
- Eating Disorders Coalition for Research, Policy & Action
- Every Child Matters Education Fund
- Faith in Public Life
- Faithful America
- Faithful Reform in Health Care
- Families USA
- Health Care for America Now
- Herndon Alliance
- HIV Health and Human Services Planning Council of New York (Planning Council)
- Japanese American Citizens League
- Jewish Women International
- Labor Council for Latin American Advancement
- Leadership Council on Aging Organizations (65 organizations)
- Leadership Council on Civil and Human Rights
- League of Women Voters of the U.S.
- LiveStrong
- Main Street Alliance
- Maryland Women's Coalition for Health Care Reform
- Mautner Project: The National Lesbian Health Organization
- Medicare Rights Center
- Mental Health America
- MomsRising
- Montana Women Vote
- NAACP
- NAADAC, the Association for Addiction Professionals
- NARAL Pro-Choice America
- National Alliance on Mental Illness
- National Asian Pacific American Women's Forum
- National Association for Children's Behavioral Health
- National Association for Rural Mental Health
- National Association of Anorexia Nervosa and Associated Disorders—ANAD
- National Association of Area Agencies on Aging (n4a)
- National Association of Chronic Disease Directors
- National Association of Community Health Centers
- National Association of County Behavioral Health and Developmental Disability Directors
- National Association of Mental Health Planning & Advisory Councils
- National Association of Pediatric Nurse Practitioners
- National Association of Public Hospitals and Health Systems
- National Association of Social Workers
- National Association of State Mental Health Program Directors
- National Black Leadership Commission on AIDS
- National Coalition for LGBT Health
- National Coalition for Mental Health Recovery
- National Coalition on Health Care
- National Committee to Preserve Social Security and Medicare
- National Consumers League
- National Council for Community Behavioral Healthcare
- National Council of API Physicians
- National Council of Asian Pacific Americans
- National Council of Jewish Women
- National Council of La Raza
- National Council of Urban Indian Health
- National Council on Aging
- National Council on Problem Gambling
- National Disability Rights Network
- National Education Association
- National Farmers Union
- National Federation of Families for Children's Mental Health
- National Foundation for Mental Health
- National Gay & Lesbian Task Force Action Fund
- National Health Law Program
- National Hemophilia Foundation
- National Hispanic Medical Association
- National Indian Health Board
- National Institute for Reproductive Health
- National Latina Health Network
- National Latina Institute for Reproductive Health
- National Medical Association
- National Minority AIDS Council
- National Network of Public Health Institutes
- National Organization for Women
- National Partnership for Women and Families
- National Physicians Alliance
- National Puerto Rican Coalition
- National Research Center for Women & Families/Cancer Prevention and Treatment Fund
- National Senior Citizens Law Center
- National Spinal Cord Injury Association
- National Viral Hepatitis Roundtable
- National WIC Association
- National Women's Health Network
- National Women's Law Center (and 37 other orgs)
- NETWORK
- Out of Many, One
- Paralyzed Veterans of America
- Partnership for Prevention
- PHI (Paraprofessional Healthcare Institute)
- Physicians for Reproductive Choice and Health
- PICO
- Planned Parenthood Federation of America
- Prevention Institute
- Preventive Cardiovascular Nurses Association
- Progressive States Action
- Raising Women's Voices for the Health Care We Need
- Religious Action Center of Reform Judaism
- Religious Coalition for Reproductive Choice
- Safe States Alliance
- Sargent Shriver National Center on Poverty Law
- School Social Work Association of America
- SEIU
- Small Business Majority
- Society for Adolescent Health and Medicine
- Summit Health Institute for Research and Education, Inc.
- The AIDS Institute
- The Arc
- The Association for Community Affiliated Plans (ACAP)
- The Greenlining Institute
- The Ministry of Caring, Inc
- The National Consumer Voice for Quality Long-Term Care
- The Patients' Union
- Therapeutic Communities of America
- Third Way
- Treatment Access Expansion Project
- Trust for America's Health
- U.S. PIRG
- U.S. Positive Women's Network
- U.S. Psychiatric Rehabilitation Association
- Union for Reform Judaism
- United Autoworkers
- United Cerebral Palsy
- United Methodist Church General Board of Church and Society
- United Neighborhood Centers of America
- United Spinal Association
- United Steel Workers
- Universal Health Care Action Network
- Universal Health Care Foundation of Connecticut
- Vermont Legal Aid—Office of Health Care Ombudsman
- Voices for America's Children
- Witness Justice
- WomenHeart: The National Coalition for Women with Heart Disease
- Young Democrats of America
- Young Invincibles
- YWCA USA

I yield back the balance of my time.  
 Mr. CAMP. I yield the balance of my time to the distinguished gentleman from Ohio (Mr. JOHNSON).  
 Mr. JOHNSON of Ohio. I thank the gentleman for yielding.  
 Mr. Speaker, today we're debating the repeal of economically damaging legislation that punishes job creators and does nothing to control rising health care costs. We can't afford the \$1.2 trillion price tag on the government takeover of health care while our national debt stands at \$14 trillion.

Today, we can right a serious wrong and still achieve the goals we share, like ensuring access to quality, affordable health care for all Americans; real health care reforms that control costs; and ensuring that Americans with pre-existing conditions get the care they need at a price they can afford.

In my district in eastern and south-eastern Ohio, more than 26,000 senior citizens currently enrolled in Medicare Advantage are at risk of losing this program because of the \$200 billion in cuts to Medicare required by this job-destroying health care law.

Later today we will vote to repeal the government takeover giving us the opportunity to start over and enact real patient-focused health care reforms.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the gentlewoman from New York (Ms. BUERKLE).

Ms. BUERKLE. Mr. Speaker, I rise in support of H.R. 2 because I believe that the American people deserve health care reform that will actually reduce costs and improve access without damaging the quality of our health care. Last year's enacted health care reform was a victory for Big Government and an affront to our Constitution. This law is so fundamentally flawed, it must be repealed.

When our Founders envisioned this legislative process, it was meant to be a deliberative one—thoughtful and respectful of the American citizens' freedom. Last year, that vision faltered; and Congress failed in its duties to the American people when they enacted this Affordable Care Act.

As a registered nurse and an attorney who represented a major teaching hospital, I am aware of the problems of our current system, in particular, the problems arising from government restrictions on the purchase of health insurance, government regulations on hospitals and businesses, and tort liability issues.

Unfortunately, this Affordable Care Act does not alleviate these problems and will further damage an overburdened system. According to the Health Care Association of New York State, my home State, we will face a \$15 billion reduction in Medicare and Medicaid—affecting our hospitals, our skilled nursing facilities, our home health agencies and hospices over the next 10 years.

We need to implement true health care reform in a manner that preserves patient choice, protects access to health care, and controls costs without hurting job growth.

Mr. CLYBURN. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, in 1966 Dr. Martin Luther King, Jr., whose life and legacy we just finished celebrating, expressed his concerns about health care. He stated, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Those words were brought home to me last year when a constituent from

Florence, South Carolina, told me that she had just been informed by her insurance carrier that because of her 8-year-old daughter's cancer treatments, her family had reached their lifetime benefits limit.

What could be more inhumane than repealing this law's patients' rights and telling that mother that the life-saving treatments for her daughter must end?

What could be more shocking than the injustice suffered by the middle-aged woman who called into a radio program to complain that although she had paid her premiums her entire adult life, she was dropped by her insurer when she contracted breast cancer. How can we repeal the remedy for this injustice?

Dr. King also taught us that the time is always ripe to do right. After nearly a century of debate, last March the time was ripe. And getting rid of these discriminatory practices was the right thing to do. And that is the reason I called the bill the Civil Rights Act of the 21st Century.

Interestingly, today we are hearing some of the same rhetoric about repeal of patients' rights that we heard regarding voting rights.

Do I feel that changes should not be made? Absolutely not.

When the Civil Rights Act was passed in 1964, it did not cover public employees.

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

Mr. CLYBURN. I yield myself an additional 30 seconds.

When the 1965 Voting Rights Act became law, it did not cover congressional and legislative redistricting.

The Fair Housing Law wasn't perfect when it was passed.

Bipartisan changes were made to improve all of these measures. I sincerely hope that we can develop some bipartisan modifications that increase efficiency and effectiveness and decrease costs and duplication—none of which will be achieved through repeal.

I reserve the balance of my time.

□ 1640

Mr. CANTOR. I yield 1½ minutes to the gentlelady from Minnesota (Mrs. BACHMANN).

Mrs. BACHMANN. I thank the gentleman from Virginia for yielding.

ObamaCare, as we know, is the crown jewel of socialism. It is socialized medicine. The American people spoke soundly and clearly at the ballot box in November. And they said to us, Mr. Speaker, in no uncertain terms, repeal this bill. And so today this body will cast a vote to repeal ObamaCare.

And to those across the United States who think this may be a symbolic act, we have a message for them: this is not symbolic. This is why we were sent here, and we will not stop until we repeal a President and put a President in the position of the White House who will repeal this bill, until we repeal the current Senate, put in a

Senate that will listen to the American people and repeal this bill.

Because what has been the result, Mr. Speaker? It's been this: it's been job loss, it's been increases on costs to the American people. I have seen everything from 26 percent increases on health insurance to 45 percent increases on health insurance. This will break the bank, and we won't let that happen to our country.

So make no mistake, Mr. Speaker. We are here to stay and our resolve is firm. We will continue this fight until ObamaCare is no longer the law of the land and until we can actually pass reform that will cut the costs of health care.

Mr. CLYBURN. Mr. Speaker, I yield 2 minutes to the chair of the Democratic Caucus, the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. I thank the gentleman for yielding.

Equal protection under the law is the cornerstone of our Constitution. That is why we as Nation strive to form a more perfect Union in a commonsense way of looking out for one another. No one can prepare for a birth defect, catastrophe, or accident of life that may await any one of us. This Congress cannot disenfranchise the 129 million Americans with preexisting conditions impacted by this repeal proposal. The proposal that is before us is not worthy of the party of Lincoln or the tea party. Repeal, repeal, repeal is not a plan. It is an empty political refrain.

My colleagues on the other side of the aisle are honorable people. I cannot accept that they are indifferent to the 129 million Americans with preexisting conditions who would continue to be denied coverage and forced to pay higher rates with repeal. I cannot accept that they are indifferent to millions of children who would once again face denial of health care coverage. I don't believe they are indifferent to the millions of seniors who would be facing higher prescription drug costs because of repeal. I cannot accept that they are indifferent to the families that face cancer diagnosis and would once again be subject to lifetime limits on coverage and possible bankruptcy because of repeal. Addressing these fundamental issues of fairness was what the health care legislation and law is all about.

In this Chamber, and clearly down the hall, we understand the charade of this repeal legislation. But it is not lost on the 129 million Americans with preexisting conditions that are counting on us.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the gentlelady from South Dakota (Mrs. NOEM).

Mrs. NOEM. I thank the gentleman for yielding.

Mr. Speaker, I rise today for the first time on the floor of the United States House of Representatives to make a case for a very important piece of legislation, namely H.R. 2, the health care repeal bill.

Mr. Speaker, there are a multitude of reasons why this law should be repealed, but the most important is because it is a major impediment to job creation for small businesses and job creators in South Dakota and across this country. According to one study, an employer mandate alone could lead to the elimination of 1.6 million jobs between 2009 and 2014, with 66 percent of those coming from small businesses.

Mr. Speaker, one of the most important jobs and job-creation measures that we can do this year is to repeal this bill and to replace it with commonsense policies that actually lower costs for families and for small businesses, expand access for affordable care, and protect American jobs. What I heard time and time again on the campaign trail last year from South Dakota's small business owners is that they are simply waiting. They are waiting to hire another worker or to invest in new technology because of the looming threat of this health care law.

Whether it's a foundry owner in northeastern South Dakota or a motorcycle parts manufacturer in central South Dakota, the refrain is the same: get the government off our backs, and we'll be the small business job-creation engine that this country so desperately needs right now.

Mr. Speaker, I urge my colleagues to listen to the citizens of this great country on this important issue.

Mr. CLYBURN. Mr. Speaker, I am proud to yield 2 minutes to the gentlelady from Connecticut (Ms. DELAURO), the chair of our policy committee.

Ms. DELAURO. Yesterday, men and women from all across America came here to tell us what the repeal of health care would mean for them. Stacie Ritter of Lancaster, Pennsylvania, told us how her 11-year-old twin daughters were both diagnosed with leukemia at age 4. She explained how the Affordable Care Act finally ensured her daughters could get coverage and the care that they need.

Claudette Therriault of Sabbattus, Maine, told us how health care reform had given her access to critical preventive care, the type of care that saves money and saves lives. Ed Burke of Palm Harbor, Florida, told us how the prohibition on lifetime caps had brought security and peace of mind after years of living with hemophilia.

We hear stories like this every day in my district and all across America. Yesterday, a report found that up to 129 million Americans under age 65 have preexisting conditions and could lose their coverage if reform is repealed. I understand their fears. I too have a preexisting condition. I am an ovarian cancer survivor.

The Center for American Progress reports that repeal would add almost \$2,000 a year to family insurance premiums, destroy up to 400,000 jobs a year over the next decade. And the Congressional Budget Office says repeal would add \$230 billion to the deficit. Repeal

will take away valuable benefits, destroy jobs, cause premiums to rise, and add billions to the deficit.

If my colleagues across the aisle will not listen to the facts and the numbers, then listen to the poignant stories of their and our constituents. What will happen to Stacie's twins, Claudette, Ed, and millions of other Americans if health care reform is repealed? What will happen to children with preexisting conditions, to seniors in the doughnut hole, to small businesses trying to help their employees find quality health insurance? Repeal is a mistake. We should work to further strengthen our health care system; and we should do that, not roll back hard-won progress. Health care should not be a political game.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the secretary of the Republican Conference, the gentleman from Texas (Mr. CARTER).

Mr. CARTER. Mr. Speaker, I am delighted to find that the President has finally found common ground with the conservatives. The President wrote in *The Wall Street Journal* yesterday that he issued an executive order calling for all agencies to identify job-killing and costly red tape that could be eliminated. We should help him resolve this by eliminating thousands of new regulations that will be dumped on individuals and businesses over the next 4 years by this bad health care law. The Federal Register contains 6,123 pages of requirements for the new health care rules created by this law.

□ 1650

The Center for Health Transformation lists 159 new Federal agencies created by this law.

We can replace this bad bill with bipartisan reforms that can let the people both keep their job and their health insurance.

Mr. Speaker, let's support the President's initiative and reduce bad regulations by repealing this bad law.

Mr. CLYBURN. Mr. Speaker, may I inquire as to how many more speakers there are on the other side?

Mr. CANTOR. Mr. Speaker, we have five remaining speakers.

Mr. CLYBURN. I have two speakers remaining.

I reserve the balance of my time.

Mr. CANTOR. Mr. Speaker, I yield 2 minutes to the chairman of the Republican Conference, the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, let me offer 1.6 million reasons why we should repeal ObamaCare. That's the number of jobs that will be lost from just one provision, the employer mandate, according to the NFIB, the largest small business organization in America. The half a trillion dollars in new taxes, the 1099 form, the minimum benefit standard, all job-crushing regulations. Mr. Speaker, when it comes to ObamaCare, you cannot help the job seeker by punishing the job creator.

Let me offer 2.6 trillion more reasons that we must repeal ObamaCare. That

is the true cost of this legislation; \$700 billion more added to the deficit.

Now, I know my friends on the other side of the aisle will contend something else, but somehow in their accounting they left out the \$115 billion it costs to implement. They double-counted almost half a trillion dollars in taxes, Social Security, cutting Medicare by half a billion, the sleight of hand of 10 years of taxes, 6 years of spending. Mr. Speaker, you cannot improve the health care of a nation by impoverishing its children.

Here is one more reason, Mr. Speaker. The American people don't want it. It's personal.

Here is my story. Two days ago I was in San Antonio, Texas. My mother had a large tumor removed from her head. They wheeled her away at 7:20 in the morning. By noon, I was talking to her, along with the rest of our family. It proved benign. Thanks to a lot of prayers and good doctors at the Methodist Hospital in San Antonio, my mother is fine. I am not sure that would be the outcome in Canada, the UK, anywhere in Europe.

No disrespect to the President, but when it comes to the health of my mother, I don't want this President, or any President, or his bureaucrats or commissions making decisions for my loved ones. Let's repeal it today, repeal it tomorrow.

Mr. CLYBURN. I continue to reserve the balance of my time.

Mr. CANTOR. Mr. Speaker, it is now my pleasure to yield 2 minutes to the majority whip, the gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY of California. Let me thank the gentleman for yielding.

First of all, let me say I respect my friends on the other side of the aisle. I do believe you all, like us, want to improve America's health care system. Congressional Republicans and Democrats don't differ on that goal.

Where we differ, and differ quite drastically, is on how to accomplish this goal. And the American people's opinion on health care reform radically differs from that, Mr. Speaker, of President Obama and the congressional Democrats.

Americans understand that our health care system, warts and all, is still the very best in the world. We have the best doctors, nurses, hospitals, and health innovators in the world.

We should be working together to improve the system rather than turning it over to thousands of health care bureaucrats who believe they can make better choices than patients and doctors.

The debate today is a little different than the debate that I remember when this bill was passed, Mr. Speaker. Members are not held over for a weekend vote. There are not protesters outside rallying, wanting, Mr. Speaker, to have their voices heard. Today is an open, cordial discussion.

That's what the American people asked for, a health care system that

works, that doesn't deter, a health care system devised by the patient and doctor.

Mr. Speaker, our families deserve better, our small businesses deserve better, and to all my colleagues, America deserves better.

Let's repeal this health care bill, start to replace it with an open and an honest debate, where the American people are involved, patients are involved, doctors are involved, and the American public can have a health care bill that lowers the cost without destroying jobs and a health care system that keeps the innovation we know so well.

Mr. CLYBURN. Mr. Speaker, I yield 2 minutes to the vice chair of the Democratic Caucus, the gentleman from California (Mr. BECERRA).

Mr. BECERRA. I thank the gentleman for yielding.

Listening to this debate, I can understand why Americans might be confused about the direction of health care in this Nation. But let me thank my Republican colleagues for producing at least one important result by debating this misguided Republican plan to repeal patients' health care rights.

Millions of Americans are now beginning to understand the valuable rights and freedoms they secured when the Affordable Health Care Act became law last year. Last year, when Eric, a self-employed architect in my district, wrote to me that he and his wife were in a terrible bind, he explained something. They had insurance, but they could only secure the most costly of insurance with the highest deductibles. But the real bind wasn't that. The real bind was that their insurance company refused to include, within their health insurance policy, their 8-year-old son because their 8-year-old son had suffered from a stroke.

Now, for Eric and his wife and his son, health care reform was real. Today, Eric and his family can get insurance for their son because today Eric and his wife have a right to be insured and to have their son insured because no insurance company today can discriminate against any child for a preexisting condition.

That's what health care reform was all about. It was also about making sure that today America's businesses could afford to offer health insurance to their employees.

Health insurance reform was about reducing the cost of health care, and that's why the impartial referee that we use here in Congress, the Congressional Budget Office, has said that this health reform that was passed last year will save us money, despite all the rhetoric that you hear.

My Republican friends say repeal these health care rights and protections that were extended last year. Do that today, and in the future we will restore those rights and make them prettier as well.

Well, we have a bird in the hand. We don't want to go after two in the bush.

For 12 years, they had control of the Congress. For 6 years, they had a Republican President to work with. They never once did it.

Let's keep that bird in the hand and move forward for the rest of America.

Mr. CANTOR. Mr. Speaker, I yield 1½ minutes to the gentleman from South Carolina (Mr. SCOTT).

Mr. SCOTT of South Carolina. Mr. Speaker, this health care bill is a job-destroying bill.

Shifting who pays simply does not reduce the cost of health insurance. As a matter of fact, when you look at it, the CMS says over the next 10 years we will see an increase of \$311 billion in the cost of health care. This is \$2.3 trillion of new taxes on Americans.

The deficit: Over the first decade, over \$500 billion of new deficit spending; \$1.5 trillion in the second decade.

Massive bureaucracy: 68 new programs, 47 new bureaucratic entities, and 29 pilot programs as a part of this bill.

It destroys the relationship, the intimate relationship between a patient and a physician.

The NFIB, the National Federation of Independent Business, says that over the next 10 years we will lose 1.6 million jobs in America because of this bill. By destroying the bill that destroys jobs, we've made progress.

□ 1700

Finally, we already have a \$76 trillion hole in unfunded entitlements. By increasing the number of entitlements, we've simply increased the hole, another \$2.7 trillion expansion in entitlement spending. The 10 years' revenue simply does not pay for the 6 years of benefits.

Mr. CLYBURN. Mr. Speaker, I yield 2 minutes to the chair of the Democratic Congressional Campaign Committee, Mr. STEVE ISRAEL of New York.

Mr. ISRAEL. I thank my friend.

Mr. Speaker, I rise to oppose this bill. This vote establishes who you are for. Are you for insurance company profits, or are you for the middle class? I'm for Hannah Watson of Bay Shore, Long Island. Hannah was born with spina bifida. She had multiple surgeries and a kidney transplant before the age of 12. At 12 years old, 3 months after her last surgery, her insurance company told her that she had reached her annual cap and they would not pay for additional treatment. Thanks to the Affordable Care Act, Hannah was able to finally get on her parents' insurance at an affordable rate with no lifetime caps.

This health care act was for Hannah Watson. Well, I hear people saying, do you know what? I don't have spina bifida. Why should I care? Well, Hannah did not choose to have spina bifida. Nobody makes that choice. The health care act helped Hannah. It helped her neighbors. It helped others. Why would you want to look at Hannah and say, We are repealing those protections, Hannah?

I'm for Catherine Marquardt of North Babylon. Catherine had breast cancer; and as she was recovering from breast cancer, her insurance company told her that it was a preexisting condition and they would no longer pay for her treatment. Now, I hear people say, well, why should I care? I'm not Catherine Marquardt. I don't have breast cancer. One out of every nine women in America has breast cancer. You know somebody who has breast cancer. Why would you want to say to them, That is repealed, that consumer protection is repealed, you are on your own?

And finally, Mr. Speaker, I understand the notion that this is not a perfect bill, and there are things that we can improve. My friends on the Republican side are in the majority; and if they can think of ways to improve it, I believe we should work with them. But this is not improving it. This is repealing it. This is repealing every word of it. This is repealing every vowel of it. This is repealing every consumer protection of it. This is repealing it for every one of us, for Hannah and Catherine, for one out of every nine women who has breast cancer and for all Americans with preexisting conditions. And it ought not be repealed.

I thank the gentleman.

Mr. CANTOR. Mr. Speaker, I now yield 1½ minutes to the gentleman from Texas (Mr. SESSIONS).

Mr. SESSIONS. I want to thank the majority leader, the gentleman, Mr. CANTOR.

Mr. Speaker, I believe that the Democrats' health care law will do for health care what the stimulus did for jobs. My colleagues on the other side of the aisle promised the American people greater access to quality affordable health care. Well, the only problem is that the law does not increase quality and does not save Americans one dime on their health care cost. In fact, what is known as ObamaCare will end up costing every single American more in health care premiums and in taxes to pay for the \$1.2 trillion gross expansion of the Federal Government.

Mr. Speaker, the Democrats' health care law is about taxes, it's about mandates, it's cuts to Medicare, job losses, deficit spending, and new Federal bureaucracies. The reality is that we cannot pay for the health care entitlements we have, much less a new government takeover of health care that adds trillions of dollars to our existing liabilities, driving up costs even further and puts the Federal Government in charge of health care decision-making.

The path to greater choice for patients and lower costs all must be a part of an answer that is about repealing this costly health care bill. I support the repeal today and will vote tomorrow for the resolution to replace it with the promise of real solutions.

Mr. CLYBURN. Mr. Speaker, may I inquire as to the time remaining?

The SPEAKER pro tempore. The gentleman from South Carolina has 4½

minutes remaining. The majority leader has 2½ minutes remaining.

Mr. CLYBURN. Mr. Speaker, I yield the balance of my time to the Democratic whip, Mr. HOYER from Maryland.

Mr. HOYER. I thank the gentleman for yielding. I rise in opposition to this bill to repeal.

Last year, we acted to reform health care in America to make it easier for small businesses to cover their employees, to take important steps to bring down costs, and to stop insurance company abuses that bankrupt sick Americans and deny them coverage. We acted in the face of a crisis, a cost crisis, which saw premiums more than double over the last decade; a coverage crisis, which saw more than 40 million Americans without health care insurance; and a fiscal crisis, which saw the cost of health care driving our country deeper and deeper into the red.

A constituent of mine from southern Maryland recently wrote to thank us for health reform that now lets her carry her 21-year-old daughter on her insurance, but she wrote that something else also inspired her to support this piece of legislation, seeing “a lot of other people who are hardworking, honest people who were going bankrupt because of unexpected medical expenses.” Those were the stories we had in mind last year when we passed the health reform law—and today, as we fight to protect it.

Nonpartisan observers tell us it will reduce the rise in premiums for millions, cover 95 percent of Americans, and contribute to reducing our deficit. The opponents of health care reform have spent more than a year painting it in apocalyptic terms, but they can't erase the history that proves that bringing affordable care to all Americans has long been the goal of both parties.

Just yesterday, former Senate Majority Leader Bill Frist, a Republican, said that the Affordable Care Act “is the law of the land, the fundamental platform upon which all future efforts to make that system better will be based.” That was Senator Republican leader of the Senate, Bill Frist from Tennessee, one of the great medical practitioners in this country, a doctor. In 2008, Senator JOHN MCCAIN said this: “We should have available and affordable health care to every American citizen.”

There has been no alternative offered to accomplish that objective. And in 2006, when signing a State bill remarkably similar to the Affordable Care Act, Governor Mitt Romney, Republican, a leading candidate for President of the United States in the Republican Party, said this of that bill, almost exactly like this one: “An achievement like this comes around once in a generation.”

While our Republican colleagues in Congress failed to take action on health care during a decade of doubling premiums and mounting debt, Congress acted last year.

Now my Republican friends have come to the floor with a plan to put insurance companies back in charge of American health care and to strip Americans of their hard-won freedom to make health choices for themselves.

Once again, families would face insurance companies' unfair caps on their coverage—or find their coverage canceled altogether. Once again, insurance companies could discriminate against children with disabilities and pregnant women. Once again, prescription drug costs for our seniors will go up. And once again, small businesses will be without any help to cover their employees in a world of skyrocketing premiums.

There's no arguing with the facts: repeal would cost our economy as many as 400,000 jobs per year, notwithstanding the rhetoric on the other side. They would be lost under the burden of crushing health care costs, and repeal would pile up over \$1.2 trillion of additional debt on our children over the next two decades.

I urge my colleagues, preserve Americans' freedoms to control their own care. Join together to protect a system that meets the objectives set by generations of American Presidents: Truman, Kennedy, Johnson, Nixon, Ford, Carter, George H.W. Bush, Clinton and George W. Bush, as well as President Obama.

Oppose this repeal bill.

The SPEAKER pro tempore. All time of the gentleman from South Carolina has expired.

Mr. CANTOR. I yield myself the remaining time.

Mr. Speaker, America did not become great by accident. We are a great country because we continue to strive toward the protection and expansion of individual liberties in a way that people cannot find anywhere else in the world. Our system of free enterprise inspires people to pursue opportunity, to take responsibility for their lives, and to achieve success. Yet for the past 2 years, Congress and the administration have pushed an agenda that moves America in the opposite direction by eroding individual freedoms.

□ 1710

It is part of a philosophy premised upon government siphoning more money, control, and power out of the private sector. And the health care bill we seek to repeal today is the tip of the spear.

Mr. Speaker, let's make something clear: Both parties care deeply about health care. Likewise, Republicans have rejected the status quo. We simply disagree with our counterparts on the other side of the aisle that excessive government regulation and sweeping mandates on individuals and businesses are the right way to go about effecting the reforms that Americans want.

The construct of this bill is fundamentally unworkable. Instead of preserving the doctor-patient relationship,

this legislation we seek to repeal is rooted in having Federal bureaucrats come between patients and their doctors, limiting choices.

If you go back to the health care debate last Congress, the President, then-Speaker PELOSI, and then-Leader REID often spoke of two goals: one, we should strive to lower costs; and, two, if Americans liked the health insurance coverage they had, they should be able to keep it.

Mr. Speaker, we believe in the aftermath of this bill's passage these goals have not and cannot be met. Therefore, doesn't it stand to reason that we must repeal this bill and begin an honest debate about a better way forward? Of all the most disingenuous myths in this town, perhaps the biggest is the notion that repealing the health care bill will increase the deficit. Let's remember here, we are adding an open-ended entitlement. The new law is riddled with budget gimmicks that double-count savings, offset 6 years of benefits with 10 years of tax increases, and rely on cuts to Medicare and tax increases to fund a new entitlement.

The nonpartisan Congressional Budget Office works hard to provide accurate accounting; but it is only able to score the legislation put in front of them, even if it includes budget gimmicks and fiscal shell games designed to hide its true cost. The reality is this trillion-dollar new government entitlement will lead to a one-size-fits-all cure and put our country and our States on a path to bankruptcy. At a time when we need to do everything in our power to encourage job creation, the health care bill hangs around the necks of businesses and serves as a barrier to job creation.

Mr. Speaker, if we want to deliver real results, the right way to go about health care reform is to lower costs and improve access. That is why, after the House passes this repeal of ObamaCare, we will begin a two-step process of: first, conducting oversight of the law and the impact it has had on our economy and our health care system; and, two, beginning work on a new vision to improve health care without bankrupting our country and taking away the health care that most Americans want and like.

This majority is dedicated to achieving results for the American people. As we have said before, Mr. Speaker, we are a cut-and-grow Congress. We will cut spending and job-destroying regulation and grow private-sector jobs and the economy. Repealing last year's health care law is a critical step. Mr. Speaker, we can do better, we will do better, and I urge my colleagues to support repeal.

Mr. SMITH of New Jersey. Mr. Speaker, I respectfully ask that my colleagues listen to the American people and vote for H.R. 2, legislation to repeal Obamacare and, in essence, open the door to the passage of replacement legislation that offers needed, meaningful and bipartisan health care reform.

Considered in its entirety, Obamacare is a crippling blow to both health care in America

and our economy. Not only will Obamacare over time erode and undermine the quality of health care in America, it will to a progressively greater extent increase the deficit, drag down the economy, hurt businesses, and destroy jobs.

The near total lack of transparency and misuse of power last year by the then-majority in forcing through Obamacare's passage, makes it the quintessential example of how a bad bill can become law. The American people are rightfully angry, and we in Congress had better listen to them.

Obamacare, which would create nearly 160 boards, commissions and programs and would vest sweeping powers on bureaucrats to determine what benefits are covered and not and at what cost, is so fundamentally flawed that it needs to be repealed and replaced.

The American people want and I support meaningful and sensible health care reform, but it shouldn't be paid for by giving the government control of our health care system, with new unconstitutional mandates, massive tax hikes, and \$2.6 trillion in new government spending.

Rest assured that if Obamacare were sound and prudent policy—fiscally and morally—and an efficacious way of facilitating quality health care coverage, the American people, as well as Members of Congress from both sides of the aisle and across the ideological spectrum, would be strongly supporting it. If it were a good law, honest explanations, not subterfuge and granting of special favors and treatments, would convince a large majority of the American public to embrace it.

Government should not be about strong arming through a policy or law and then using every trick, gimmick, and unholy alliance to defend that law or policy at any cost. What were missing in passing and promoting Obamacare and are the foremost conditions that must be employed moving forward are honesty and transparency.

The selling of Obamacare has been replete with misleading figures on costs and savings. While claims are made that the health care law will cost \$940 billion over ten years and reduce the deficit \$143 billion over the same period, those figures can be readily demonstrated to be unrealistic. In actuality, best estimates are that the new law will cost taxpayers \$2.6 trillion over ten years when fully implemented and will add \$701 billion to the deficit in its first ten years.

Why the gross discrepancies? For one, the drafters of the law took full advantage of the fact that the Congressional Budget Office, CBO, evaluates legislation over a ten year window. Significant benefits of the law don't take effect for four years, meaning that the law requires ten years of tax increases and ten years of Medicare cuts to pay for six years of spending. When all provisions of the law are fully implemented, the ten year cost rises to \$2.6 trillion.

Additionally, a \$143 billion savings turns into a \$701 billion deficit when adjustments are made for budget gimmicks: \$53 billion in claimed savings by increasing social security payroll taxes are already spoken for by social security beneficiaries; \$70 billion in claimed savings from the new Community Assistance Services and Support (CLASS) program are the result of benefits not being paid out for five years—while eventually benefits will exceed premiums collected—even Democratic Sen-

ator KENT CONRAD called the CLASS program a ponzi scheme of the first order; \$398 billion in claimed savings from the Medicare Hospital Insurance Trust Fund are double-counted to pay Medicare benefits and to be used for other programs; \$115 billion in new government spending needed to implement the law were not counted in initial estimates; and \$208 billion for the fix to avoid pending Medicare payments reductions to physicians were not counted.

CBO warns that the current trajectory of federal borrowing is unsustainable and could lead to slower economic growth in the long run as debt rises as a percentage of GDP. The federal debt is currently over \$14 trillion. The total federal deficit rose from \$455 billion in FY2008 to \$1,413 billion in FY2009, and is estimated to be \$1,342 billion for FY2010. A realistic assessment is that Obamacare will exacerbate our nation's debt.

At a time when unemployment is at record highs (currently 9.4 percent nationally and 9.2 percent in New Jersey), Obamacare will cause significant job losses for the U.S. economy. The National Federation of Independent Businesses (NFIB) found that the mandate for employers to provide health insurance could lead to the elimination of 1.6 million jobs through 2014, with 66 percent of those jobs coming from small businesses. Two-thirds of new U.S. jobs are created by small businesses and even President Obama has called small businesses the "backbone of our Nation's economy." However, Obamacare hurts small businesses with mandates, new taxes, onerous paperwork burdens, and higher health care costs.

Rather than reducing the costs of health care, Obamacare will increase total health care spending by \$311 billion over the next ten years over what it would have been absent Obamacare, according to Medicare's chief actuary.

Obamacare requires employers with 50 or more employees to provide government-approved health care, and to pay a \$2000 penalty per employee (after the first 30 employees) if they do not provide coverage. Perversely, the small business tax credit in the law, with the purpose of aiding small businesses, actually will act as a disincentive to small business owners who otherwise might increase wages and hire additional workers. The small business tax credit is only temporary, and, additionally, it starts to phase out for companies that pay their employees more than \$25,000 or employ more than 25 workers. Many business owners, particularly in high cost states, would get no benefit. CBO estimated that only 12 percent of small business workers would benefit.

The law also has an onerous requirement for businesses to file a report with the IRS for every vendor with which it has more than \$600 in transactions in a year. This will be an enormous paperwork burden on all businesses, but may be particularly troublesome for small businesses to comply.

Mr. Speaker, for the first time ever, Obamacare forces Americans to acquire an approved health plan or pay a stiff penalty—like they committed a crime. The penalty is significant—the greater of \$750 per person per year (up to \$2,250 per family) or 2 percent of household income. No person in America should be coerced into buying medical insurance. Just this week, a motion was filed to

add six additional states to the lawsuit, which is challenging the healthcare reform law as unconstitutional because of the law's individual mandate requiring the purchase of health insurance. Twenty-six states are now part of that lawsuit. Virginia had filed a separate lawsuit on similar grounds, and last month received a favorable ruling.

Under Obamacare, premiums for non-group family insurance will increase by as much as \$2,100 per year. The CBO estimated that by 2016, premiums will increase by 10–13 percent over what would happen under current law.

Obamacare, which directs reductions of more than one-half trillion from Medicare, will take away certain benefits from senior citizens and disabled persons. Medicare Advantage is used by over 11 million people nationwide including 15,983 people in my Congressional district alone. Obamacare's \$206 billion in cuts to Medicare Advantage plans will result in millions either losing that coverage or being denied the opportunity to enroll in a Medicare Advantage plan. Further limiting patient choice, actuaries at the Centers for Medicare and Medicaid Services warned that Medicare cuts in the law are so drastic that providers might end their participation in the program. So much for the President's promise that if you like your health plan, you can keep it; no you can't! And so much for his promise that if you like your doctor, you keep seeing your doctor; you might not be able to.

Obamacare also will add more than 16 million people to the Medicaid program, which—in addition to threatening the participation of physicians in the program that reimburses doctors only 56 percent of the market rate for medical procedures—also further endangers already strained state budgets.

On January 7, 2011, 33 Governors and Governors-elect wrote to the President, HHS Secretary Sebelius, and leadership in Congress regarding the excessive constraints placed on the states by healthcare-related federal mandates. The Governors note that the federal requirements will force states to cut other programs, such as education, in order to fund a "one-size-fits-all" approach to Medicaid.

Additionally, Obamacare fails to institute real medical liability reforms to end junk lawsuits and curb the costs of defensive medicine—these have long been identified as significant forces in driving up health costs.

Finally, it is a tragic flaw that, even though President Obama told a joint session of Congress that "no Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place," his legislation constitutes the largest expansion of abortion since *Roe v. Wade* itself, and makes a mockery of that pledge.

Repeal of Obamacare will pave the way for implementation of better health care solutions that will lower costs, increase access, and improve quality without destroying jobs or bankrupting our government.

Goals of responsible health care reform should be to provide credible health insurance coverage and access for everyone, strengthen the health care safety net so that no one is left out, and incentivize quality and innovation, as well as healthy behaviors and prevention. Indisputably, the private health insurance market has to be reformed to put patients first, and eliminate denials of pre-existing conditions and

lifetime caps and promote portability between jobs and geographic areas, including across state lines. Reform should also include revision of the tax code to promote affordability and individual control. Medicare reforms are necessary to make it more efficient and responsive, with sustainable payment rates.

Of course, responsible health care reform will respect basic principles of justice: it will put patients and their doctors in charge of medical decisions, not insurance companies or government bureaucrats. It will also ensure that the lives and health of all persons are respected regardless of stage of development, age or disability.

Mr. KUCINICH. Mr. Speaker, today the House of Representatives is debating whether to take a giant step backward by repealing the Affordable Care Act. If we are not going to debate how to improve the health care bill, we should be working to strengthen our economy.

A good place to help Americans out of a bad economy is to look at the number one cause of bankruptcies in the U.S.: medical bills. Specifically, over 62 percent of all bankruptcies are from medical bills. It is tempting to conclude from that statistic that most of those bills are due to the uninsured not being able to pay their bills. That would be wrong. In 78 percent of those medical bankruptcy cases, the victims had health insurance. That means that about half of all bankruptcies in the U.S. happen to people who have health insurance.

This is what happens when insurance companies make money by not providing care. Their job is to make someone other than them pay the bills—even if it is you or me, and even if we already have insurance. They make us pay the bills by selling cheaper insurance policies that do not actually cover us when we get sick.

We must eliminate the predatory for-profit health insurance industry by enacting H.R. 676, Medicare for All. No copayments, no deductibles, no premiums. For the same costs or less than we are paying now.

Mr. VAN HOLLEN. Mr. Speaker, many of us believe we should focus our efforts and energy on measures to help put people back to work rather than on a bill that takes away important patient and consumer protections. And we don't think it makes much sense to debate a bill that thankfully will go nowhere in the Senate and would certainly be vetoed by the President. However, the new Republican majority is certainly entitled to use its time here as it chooses. And while many of us believe our time would be better spent focusing on jobs, I do believe that this debate may help clear up many of the myths and misinformation about the health care law signed by President Obama.

The issue of health care is personal to every American individual and family. That is why this debate can become so emotional and heated. Let us have a vigorous, spirited debate. But let us work to ensure the debate generates more light than heat, and illuminates rather than obscures the key issues.

The insurance reforms that have taken effect since last March are already making a huge and positive difference in the lives of millions of American families. We wish our Republican colleagues would have taken a least a few days, a few hours to have Congressional hearings to listen to those individuals and families. The new Republican majority said it wanted to listen, but you have not in-

vented a single American outside of this Congress to a hearing to testify on the repeal bill we are debating here today. As a result, those of us who oppose the efforts to strip away important patient protections had to organize an unofficial hearing to listen to testimony from our fellow Americans. We heard stories from across America about why it is such a bad idea to repeal, to take away the many protections patients and consumers finally have to fight the abusive practices of some insurance companies.

We heard the moms and dads of young people tell you how relieved they are that their sons and daughters are no longer kicked off their health insurance policies at age 19 or when they graduate from college, but can now stay on their parents' plan until age 26. As a result, if their 22-year-old gets very sick or gets into a terrible accident, that 22-year-old can get care they need without the family going bankrupt.

We heard from moms and dads with kids who have cancer, asthma, or diabetes or other pre-existing conditions tell how relieved they are that insurance companies can no longer deny coverage to those kids.

We heard senior citizens who were unable to pay huge bills for essential prescription drugs tell you how relieved they are that—as of January 1st—they are now paying less and can afford the medicines their doctors say they need.

We heard from small businesses that are already using the tax credits to be able to purchase affordable health care coverage for their employees. And as a result of being able to purchase more affordable health care, small businesses have been able to hire more employees.

Now the new Republican majority has used a lot of supercharged and inaccurate rhetoric to support their claims. They even named their bill the "Repealing the Job-Killing Health Care Law Act"—as if putting those words in the title and saying them over and over somehow makes it true. It doesn't and they aren't.

Let me be clear—there is only one job that will no longer be available as a result of the health reform bill, and that is the job of the guy at the insurance company who was told to examine the fine print in your insurance policy—the kind you can only read with a magnifying glass—and come up with reasons why the insurance company will not pay for the care you need when you need it, even though you had been dutifully paying your premiums all along. The reform bill signed by the president banned those abuses. With that solitary exception, the health insurance reform law will create jobs. More people will be providing more cost effective health care services to ensure that more Americans are healthy and productive at work. And the health reform bill—when it fully kicks-in in 2014—will finally give Americans the freedom to move from job to job without fear of losing their coverage. That means more Americans will be able to pursue their entrepreneurial dreams and start their own businesses without fear of losing their health insurance.

Now, we all recognize that ever rising health insurance premiums are making insurance less affordable for millions of Americans. Indeed, between the years 2000 and 2006, health insurance premiums doubled—went up 100 percent—and the profits of the major health insurance companies quadrupled. The

insurance industry loved that pattern. What did the Congress do during those years to stop those skyrocketing premiums? Nothing. By contrast, the health reform bill signed by President Obama finally provides the chance to stop those skyrocketing premiums. That's why it was so bitterly fought by the insurance industry and why they would like to see it repealed.

Now some critics claim that the continued rise in health insurance premiums this year is proof that the health care bill is not working. But that claim exploits widespread confusion about how the bill works. Anyone who has read the bill—and I do encourage all Members to read the bill—knows that the key insurance market reforms in the bill don't even take effect until the year 2014. That is because the market reforms cannot be implemented overnight without disruption to the system. But when those reforms are fully implemented in 2014, premiums will no longer accelerate at warp speed.

Those reforms will change the very inefficient system that contributes to rising premiums. As of today, all of us who have health insurance coverage—we pick up the tab for those who don't. We pay higher premiums because of those who pay none, but get their primary care in the emergency room. That broken system results in less preventive care and higher premiums. Those premiums will come down in 2014 once everyone takes personal responsibility for purchasing their own coverage and the risks are pooled throughout the population.

Now, when market reforms kick-in fully in 2014, the non-partisan, independent CBO has indicated that individuals and families will be able to pay less for their health coverage. In their letter to Speaker BOEHNER, CBO projects that premiums for employer based coverage will rise if you repeal the bill. And CBO indicates that the majority of people in the individual market will get fewer benefits and pay more for coverage if you repeal the bill—because you eliminate the tax credits.

The non-partisan Congressional Budget Office—the CBO—has also said something else about the health care bill signed by President Obama. They have calculated that it will reduce our national deficit by over \$1.4 trillion over the next twenty years. Now many people ask how that can be possible. How can a health reform bill that provides more affordable access to health care for millions of Americans reduce the deficit? The answer is simple: those expansions were more than paid for by eliminating huge taxpayer subsidies that were flowing to certain health insurance companies, by incentivizing more efficient care, and by having the top 2% income earners contribute more in payroll taxes.

That is the budget math of the health care reform bill. This means that by repealing the bill signed by President Obama, Republicans would add over \$1.4 trillion to the deficit, adding to our debt to China and others.

Now, because they don't like the CBO deficit numbers they have tried to discredit them. But these criticisms are coming from the same people who praised many of the CBO's earlier estimates during the debate on the health care bill. In other words, when they like what the CBO has to say, they endorse their numbers, but when the CBO presents an inconvenient budget truth, they trash the numbers.

CBO is the independent budget referee for the Congress. Just as in football, sometimes

you agree with the referee; sometimes you don't. But you don't get to kick the referee off the field and substitute your own call. Yet that is exactly what our Republican colleagues seek to do. Only this is not a sports game; they are playing these games with the federal budget. It is unprecedented and fiscally reckless. It is Enron-style accounting that will lead to budget anarchy and fiscal chaos.

So much for fiscal accountability. Mr. Speaker, those of us who support the health care reform law know that it is not perfect and certain adjustments should be made as we implement the reforms. In fact, last year this House tried to remove the burdensome 1099 provisions, and the Senate was unable to pass similar legislation.

But making necessary adjustments is one thing. Completely eliminating important patient and consumer protections that are currently benefiting millions of American families would be a historic mistake. The insurance industry would celebrate at the expense of the American people. Let's put health care providers in charge of health care decisions, not the insurance industry.

We have seen this narrative play out at other times in our history. After the historic passage of Social Security in 1935, its Republican opponents called it "a cruel hoax" and "a fraud on the working man." After the historic passage of Medicare in 1965, we heard the same distortions.

Mr. Speaker, let us not make the mistake of repealing health care reform. I urge my colleagues to oppose this misguided and mislabeled bill.

Mr. Speaker, this House is a place to have great debates where we can openly air differences of opinion. But we should try in the process to separate differences of opinion from the facts of the case.

Earlier this month, with the passage of the Rules package, there was an effort to provide a whole new approach to accounting when it comes to the budget deficit. In essence, what the rules say is that we are going to exempt the budgetary effects of certain measures, including repealing the Patient Protection and Affordable Care Act. The majority has written into the governing rules of the House a mechanism to disguise the true budget deficit impact of repealing this legislation. And as a result, today the Chairman of the House Budget Committee inserted a statement into the CONGRESSIONAL RECORD which asserts that H.R. 2, the bill to repeal the Affordable Care Act, will have no budgetary effect at all. In fact, CBO's preliminary estimate of the bill is that it would increase the deficit by \$230 billion over ten years. What the majority is doing is rank budget gimmickry of the worst kind.

It is the job of the nonpartisan Congressional Budget Office to inform us of the deficit impact of legislation we pass in this House. Sometimes we agree with their estimates, sometimes we disagree. But the whole budget process will collapse in chaos if we decide to write the political budget estimates of individual Members of Congress into these bills and ignore the estimates of the professionals. It is like being at a football game and when the referee makes a call, and you don't like the call, you throw the referee off of the field and think that your team gets to make the call instead.

We should all recognize, as Republicans and Democrats, that we will have budget anar-

chy if we think that we can have Members of Congress in a politically charged environment substitute their own judgment for that of CBO. With this action, the majority is committing budget malpractice. It is a sure-fire way to run up the red ink in this country over a period of time.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON THE BUDGET,  
Washington, DC, January 19, 2011.  
Budgetary Effects of Legislation

MR. SPEAKER: Pursuant to Public Law 111-139, I hereby submit prior to the vote on passage, the attached estimate of the budgetary effects of H.R. 2, "Repealing the Job-Killing Health Care Law Act," for printing in the Congressional Record.

REP. PAUL RYAN,  
Chairman.

ESTIMATE OF THE STATUTORY PAY-AS-YOU-GO EFFECTS FOR H.R. 2—REPEALING THE JOB-KILLING HEALTH CARE LAW ACT—(AS INTRODUCED IN THE HOUSE ON JANUARY 5, 2011)

(Billions of dollars, by fiscal year)

	Statutory Pay-As-You-Go Impact
	2012-2021
Net Increase or Decrease (–) in the On-Budget Deficit* .....	+230
Less:	
Adjustments Pursuant to Sec. 4 (d)(6) of P.L. 111-139 <sup>b</sup> (Community Living Assistance Services and Supports Act) .....	N/A
Adjustments Pursuant to H. Res. 5, 112th Congress <sup>c</sup> .....	–230
Statutory Pay-As-You-Go Impact .....	0

Source: House Budget Committee Estimates.  
Memorandum:

\*As of January 18, 2011 the Congressional Budget Office could not produce a detailed year-by-year estimate of the statutory paygo effects of enacting H.R. 2—Repealing the Job-Killing Healthcare Law Act. The estimate above was provided in a CBO letter dated January 6, 2011 to Speaker of the House, John Boehner.

<sup>b</sup>P.L. 111–139 (the Statutory Pay-as-you-go Act of 2010) requires that the budgetary effects of enactment of the Community Living Assistance Services and Supports Act (CLASS) not be counted on OMB's statutory paygo scorecard. CBO initially estimated the CLASS Act would reduce the deficit by \$70 billion; therefore, repeal of the CLASS Act, which would become effective upon enactment of H.R. 2, would not be counted as increasing the deficit under statutory paygo. CBO was unable to produce an updated estimate of the deficit impact of repealing the CLASS Act as of January 18, 2011.

<sup>c</sup>Sec. 3 (h)(1)(C) of H. Res. 5 provides authority for the Chairman of the Committee on the Budget to exempt the budgetary effects of any measure that repeals the Patient Protection & Affordable Care Act and subtitle B of title II of the Health Care and Education Affordability Reconciliation Act of 2010.

Mr. SCHIFF. Mr. Speaker, I rise today in support of the progress we've made towards meaningful health care reform, and I stand in strong opposition to the Majority's efforts to retract much needed provisions that have since gone into effect for millions of Americans.

Our economy's slow recovery from what's been the deepest recession in modern history has highlighted the wide and growing gaps in our health care system. We've seen too many families who've lost their insurance coverage when a provider in the household becomes unemployed, leaving the whole family unprotected and at risk to fall through those widening cracks—unable to afford COBRA, ineligible for public coverage, and precluded by high and growing premiums or pre-existing conditions from obtaining private insurance.

In California, we've been aggressive in moving forward with implementation, and will continue to lead the way in improving our ability to provide access to quality, affordable care, instead of retreating into the broken status quo of the past. We recognize what a vote for repealing the Affordable Care Act means to the uninsured and underinsured: increasing health care costs for millions of Americans, causing many families to lose coverage, and increasing the national debt by over \$1 trillion.

This is a repeal vote that has real implications, and will mean a great deal in the day-

to-day lives of the people I have the privilege of representing. If you're a senior who fell into the "donut hole" of prescription drug coverage and needed help covering that cost, this is a vote to take that assistance away. If you're a young adult who can benefit from staying on your parents' insurance until age 26, this is a vote to take you off that coverage. If you've ever worried about your insurer dropping your coverage unexpectedly if you or someone on your policy gets sick, this is a vote to bring back those worries. If you're a small-business owner trying to compete with large employers while doing right by providing insurance to your employees, this is a vote to make that nearly impossible for you. And, if you're a taxpayer worried about the national deficit, this is a vote telling you that your Representatives are not serious about our nation's budget woes.

A report released just this week brought to light the pressing need for the kind of protections the Affordable Care Act brings about. According to the report, an analysis by HHS, 50 to 129 million Americans under the age of 65 have some type of pre-existing health condition. And one in five of those—25 million individuals—is uninsured. As the number of uninsured who are denied coverage has grown considerably over the last few years, thanks to the ACA, starting in 2014, these Americans cannot be denied coverage, be charged significantly higher premiums, be subjected to an extended waiting period, or have their benefits curtailed by insurance companies.

At a time when this country is looking for those willing to make the tough decisions that lead us into a more prosperous, future, a vote for repeal is a vote to take a step, not forward, but backward. I urge my colleagues to vote no on this bill.

Mr. POSEY. Mr. Speaker, I rise to express my support for the bill before us, H.R. 2, which would repeal the health care reform law that was enacted last year. While we need to address shortcomings in our Nation's health care system, this law is the wrong prescription and that is why I am a cosponsor of H.R. 2.

Prior to the passage of this new law, the American people were told that if they liked their current health care plan, they could keep it. However, shortly after its passage, the Administration issued regulations finding that nearly half of all workers would lose their current health care plan and be required to sign up for one of the new plans authorized by the government.

It's a system that mandates that every American buy government approved health insurance or pay a fine, which a Virginia Court ruled recently as unconstitutional. The approach outlined by the new health care law limits choices and phases-out other options to health coverage such as health savings accounts, which are enjoyed by some 8 million Americans.

The American people were told that passage of this legislation would lower health insurance premiums by \$2,500 for the average family. However, health insurance premiums have continued to rise, and studies indicate that the new health care law is contributing to these increases. This bill also fails to guarantee that Federal tax dollars will not be used to pay for elective abortions.

The American people were told this new health care law would stimulate job growth. But this 2,000-page bill has created more uncertainty and raised the cost of doing business

in America. Imposing new mandates and higher taxes on small businesses continues to hamper our economic recovery and slows job-creation. Repealing this law will provide greater certainty.

Finally, in my view this bill is fiscally irresponsible. The cost of this law continues to climb. During the House floor debate on this bill last year I stated that the overall costs of the legislation were being underestimated by more than \$500 billion. That is proving to be the case as the hidden costs of the bill continue to be uncovered.

Mr. Speaker, we have a national debt of \$14 trillion and rising. Our Federal budget situation is fiscally unsustainable, and if we don't make tough choices now, we will saddle future generations with a mountain of debt that can never be repaid. It is time to face the reality of our budget situation and that includes recognizing that the real cost of this health care law will far exceed our ability to pay for it.

While everyone can point to various aspects of the new law that they support—including me—I believe that the best way to move forward is to start anew and replace the current law with one that preserves individual choice and economic freedom, directly tackles increasing costs and allows Americans to keep their current health care plan if they like it. And let's do so in a fiscally responsible manner.

Mr. HONDA. Mr. Speaker, I rise today in fervent opposition to this reckless effort to repeal the Affordable Care Act and put insurance companies back in charge of our healthcare system, rather than patients and their doctors. The Affordable Care Act, landmark healthcare reform legislation enacted just last year, makes health care more affordable by immediately providing small businesses with a tax credit to provide insurance coverage, and in 2014, by providing tax credits to those who need help buying insurance—representing the largest middle class tax cut for health care in history. Once the Affordable Care Act is fully implemented, Americans will have access to affordable health coverage in a new competitive private health insurance market through state exchanges.

Many critical benefits have already gone into effect, including bans on the worst insurance company abuses and coverage options for many Americans who have previously been locked out of the insurance market because of a preexisting condition. Indeed, millions of American families and businesses are already feeling the positive effects of the Affordable Care Act, and many more will benefit as the final provisions are phased in over the next few years.

The bill under consideration today, the Patients' Rights Repeal Act (H.R. 2), would completely eliminate the Affordable Care Act with no consideration for the wellbeing of the millions of Americans for whom it will improve healthcare. H.R. 2 was expedited for a vote without taking the testimony from a single witness or holding a single hearing on the issue, and there was no committee consideration of the bill, in direct contrast to the campaign rhetoric espoused by the new Republican majority.

Opponents of the Affordable Care Act have used questionable arguments to validate their repeal efforts, including claims that it would inflate the national debt. In truth, the Affordable Care Act helps to reduce the national debt by minimizing waste, fraud, and abuse in the

health care system and preventing the rampant growth of health care costs. According to the nonpartisan Congressional Budget Office, repealing the law would increase the deficit by \$230 billion over the next decade and over \$1 trillion in the following decade. Now, that is a difficult pill to swallow, with long-lasting effects on our nation's fiscal health.

Repeal of the Affordable Care Act has direct consequences to the diverse congressional district that I am proud to represent, California's 15th district. The Patients' Rights Repeal Act would:

Increase the number of my constituents without health insurance by 17,000 individuals;

Allow insurance companies to deny coverage to as many as 307,000 individuals, including up to 40,000 children, with pre-existing conditions;

Rescind consumer protections for 484,000 individuals who have health insurance through their employer or the market for private insurance;

Eliminate health care tax credits for up to 14,900 small businesses and 86,000 families;

Increase prescription drug costs for 8,000 seniors who hit the Part D drug "donut hole" and deny new preventive care benefits to 76,000 seniors;

Increase the costs of early retiree coverage for up to 7,600 early retirees;

Eliminate new health care coverage options for 2,900 uninsured young adults; and Increase the costs to hospitals of providing uncompensated care by \$113 million annually.

Furthermore, as Chair of the Congressional Asian Pacific American Caucus (CAPAC), I am proud of CAPAC's partnership efforts through the Tri-Caucus and with community advocacy groups to ensure that the Affordable Care Act benefits all of our communities, including the Asian American and Pacific Islander (AAPI) community—roughly one in five of whom are uninsured. For instance, the Affordable Care Act helps to address traditional AAPI health disparities in vaccinations, cancer screenings, and infant mortality rates through increased access to preventative care services. Further, new federal regulations on data collection, disaggregation, and oversampling on certain minority populations will help to identify and ensure comprehensive coverage of all AAPI health disparities. These hard-fought benefits for our communities would be completely eliminated if Republicans were to succeed in enacting H.R. 2.

Mr. Speaker, for these reasons, I continue to support the Affordable Care Act, as it is vital to the wellbeing of every community in our nation. I urge my colleagues to stand against this reckless repeal of critical healthcare reform and vote against the Patients' Rights Repeal Act.

Mr. TOWNS. Mr. Speaker, I rise today in strong opposition to H.R. 2, the Patient's Rights Repeal Act. In the 112th Congress, the American people were promised a focus on our economy. Today however, rather than discussing legislation that would strengthen our economy, legislation that would create jobs, or even legislation that would reduce our nation's deficit, we are discussing the repeal of legislation that protects more than 500 families in my district from bankruptcy due to the costs of healthcare. We are discussing the repeal of legislation that would give tax credits to 117,000 families in my district and a 35% tax credit to the 11,400 small businesses in my

district who choose to offer coverage. If our intent here is truly to create jobs, why would we repeal legislation that since its enactment, has contributed to the creation of more than one million private sector jobs, including more than 200,000 jobs in the healthcare industry?

Mr. Speaker, I am not here to represent the insurance industry or the pharmaceutical industry. I am here to represent the interests of the ordinary Americans that reform will protect. Repealing the Affordable Care Act would be in direct opposition to those interests by increasing our national deficit by one trillion dollars over the next two decades and preventing tens of millions of uninsured Americans from gaining coverage. In my district alone, 37,500 people will receive coverage under this law, and 75,000 seniors on Medicare will receive improved care, giving them full access to our healthcare system, which is the "best in the world."

Mr. Speaker, I ask you, what is the point in having the "best healthcare system in the world" if more than thirty million Americans, including the 37,500 in my district, do not have full access to its benefits? What is the point of having the "best healthcare system in the world" if insurance companies are allowed to deny people coverage when they need it the most, based on "pre-existing conditions." It is wrong. You know it's wrong. This law has corrected it and we should not mess with it.

There may be weaknesses in the health reform law, but based on an average of 117,000 private sector jobs created per month since its passage, I strongly believe that it is a good starting point for efforts to make our nation stronger. The Affordable Care Act is good for not only our seniors and the uninsured, but all Americans who not only deserve, but need access to quality, affordable healthcare. In the name of the hundreds of thousands of constituents in my district, in the name of the Bedford Stuyvesant Family Health Center and 30 other community health centers that will receive increased funding to provide my district with better care, and in the name of the tens of millions of Americans that we fought so hard for in passing reform, I will vote no on this bill, and any other efforts to undermine the legislation passed last year. Instead I hope we can begin a meaningful conversation about moving forward, using this established framework to continue to strengthen our nation.

Mr. HOLT. Mr. Speaker, I rise in strong opposition to the budget busting legislation that fails to create one new job and returns our health decisions to insurance companies rather than doctors.

Repealing health reform would be a mistake. Instead of focusing on job creation or retirement security or tax relief, we are debating repealing a law that protects Americans from insurance company abuses and provides fairer and more accessible health care for children, veterans, seniors, employees, and employers.

On Monday, we celebrated Dr. Martin Luther King, Jr.'s life of service. Dr. King fought for an America where everyone, regardless of their racial, ethnic, or class background, would have access to opportunity. Access to health care was important to Dr. King who said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane".

Today, the new majority is trying to repeal the health reform legislation that we enacted just one year ago. That historic law provides secure health insurance coverage to almost all

Americans and lowers the deficit by \$143 billion in the first ten years. Today, the majority is trying to repeal these patient protections and return them to insurance company bean counters.

A new analysis by the Department of Health and Human Services that was released this week reported that as many as 129 million non-elderly Americans have some type of pre-existing health conditions. In my district alone, there are as many as 310,000 individuals with a pre-existing condition, including 39,000 children. Due to health reform, those children can no longer be denied coverage and starting in 2014, adults with pre-existing conditions will no longer be denied health coverage. If health reform is repealed, these individuals will again be denied insurance and lose health coverage, which will lead to higher health costs for all Americans.

To understand how important health reform is, here is a picture of what my district would look like if health reform was repealed. Over 2,000 young adults would become uninsured after losing coverage through their parents' insurance; over 17,000 small businesses would lose tax credits that help provide health insurance to their employees; over 9,000 early retirees might lose benefits through the early retiree reinsurance program; over 100,000 seniors would have to pay for wellness visits and preventive services, like mammograms and colonoscopies; and over 8,000 seniors in the Medicare donut hole would see significantly higher prescription drugs.

Just saying that health reform "kills jobs" does not make it so. In fact, health reform not only provides benefits to Americans, it creates jobs. Since health reform was passed, an additional 207,000 jobs have been created in the health care sector. Over the next 10 years, health reform will create up to 4 million jobs by investing in the health care workforce and lowering costs for businesses.

Further, Americans do not support repealing health reform. In fact, according to the latest AP poll, only 26 percent of Americans think health reform should be repealed. Instead, 43 percent of Americans want more reforms to health care.

Passing health reform last year began the process of ending the injustice in health care access that Dr. King thought was shocking and inhumane. We owe all Americans access to affordable, comprehensive health coverage. We cannot let them down. As the late, great Senator Ted Kennedy often said, "decent, quality health care is a fundamental right and not a privilege." I strongly urge my colleagues to vote no on repealing health reform.

Mr. HASTINGS of Washington. Mr. Speaker, I come to the floor today to speak in support of the repeal of the job-killing health care law.

Today's vote is part of what will be an ongoing effort by House Republicans to repeal President Obama's health care law and replace it with solutions that protect jobs and preserve health care choices—without driving our nation deeper into debt.

Today we put the focus back where it belongs—jobs, affordable health care, and smaller government.

Mr. Speaker, last year, the Democrat controlled Congress pushed through a government takeover of health care using a closed approach that blocked any input from our side of the aisle. Almost as soon as the bill was

signed into law, the extensive reach of the strong arm of government was felt by the American people.

Many were forced out of their existing health plans—even if they liked it—including many of our nation's seniors who will be pushed out of their current Medicare Advantage plans.

Our nation's businesses were hit with a costly job-killing paperwork requirement—and they still face other new mandates, fines and taxes.

All Americans have been hit by a mandate requiring individuals, regardless of their personal circumstances, to purchase government-approved insurance or pay a penalty. The constitutionality of this mandate is currently being challenged by a number of states including my home state of Washington.

And, hospitals like the Wenatchee Valley Medical Center in a rural, medically underserved part of my district face new restrictions simply because they are owned by doctors.

The American people spoke in volumes in November and it is time to respond to their message.

The time has come to fulfill our promise to the American people and take steps to repeal this law that is bad for families, seniors and employers. I look forward to getting down to work on real solutions that will preserve the patient-doctor relationship, increase choices and reduce health costs.

Ms. RICHARDSON. Mr. Speaker, I rise today in strong opposition to the rule providing for consideration of H.R. 2, the "Patient Rights Repeal Act of 2011." This bill is a giant step backwards for our country. By repealing the landmark achievement of the Affordable Care Act we would be taking away affordable coverage and financial security from thousands of my constituents and millions more across the country.

A vote in support of this bill is a vote for insurance companies over everyday Americans; it is a vote to return us to the days when fine print was used to cancel coverage for hard-working people; and it is a vote to take away parents' peace of mind, who will no longer know if their children will be able see a doctor when they get sick.

Mr. Speaker, at a time when Americans will soon finally be free from the fear that affordable coverage will not be available to them and their families when they need it the most, repealing the Affordable Care Act would be devastating. Without the Affordable Care Act:

196,000 young adults would lose their insurance coverage through their parents' health plans;

Insurance companies would once again be allowed to cut off someone's coverage unexpectedly when they are in an accident or become sick because of a simple mistake on an application;

New insurance plans would no longer be required to cover recommended preventive services, like mammograms and flu shots, without cost sharing; and

269,623 on Medicare would see significantly higher prescription drug costs

Mr. Speaker, every time that I go home to my district, I meet with constituents who thank me for voting for the Affordable Care Act. They explain to me the peace of mind that they feel knowing that they will be able to afford the prescription drugs that they need; that their children can see a doctor when they get sick or break a bone; that their breast cancer

treatment will be covered on their policy, rather than being written off as a preexisting condition. Health care reform provided the following benefits for the residents of my district:

Gave tax credits and other assistance to up to 146,000 families 15,100 small businesses have seen 50% tax credits to provide health care for employees.

Over 16,000 additional small businesses have been made eligible for health care exchanges that make insurance more affordable.

Help for small businesses are help for working families. Small businesses are the engine of the economy of my district and of our nation.

Improved Medicare for 63,000 beneficiaries, including closing the donut hole

Extended coverage to 88,000 uninsured residents

Guaranteed that 17,500 residents with pre-existing conditions can obtain coverage

Protected 1,100 families from bankruptcy due to unaffordable health care costs

I refuse to vote for a piece of legislation that will reverse these benefits and harm so many of the people that I represent. Health care reform is a moral obligation to the American people and a critical part of our long-term economic recovery. It represents the largest middle-class tax cut in history and is projected to cut the deficit by \$138 trillion over 20 years.

Mr. Speaker, anyone who is serious about deficit reduction cannot in good conscience vote for this legislation. In addition to being the wrong thing to do to hard-working families, single-mothers, and senior citizens across the country, it is fiscally irresponsible. In fact, I would call this bill fiscally irrational—H.R. 2 would cost \$1.3 trillion to repeal a piece of legislation that promises to cut the budget deficit by \$138 trillion in the long-term. This does not make any fiscal sense; it is the exact opposite of what we should be doing and it is an unfair burden to place on future generations.

I oppose this bill because it threatens the peace of mind, financial security, and physical wellbeing of seniors, parents, and children across the country. I oppose this bill because I would rather side with everyday Americans than insurance company executives. I stand with the single moms, who no longer have to stay up all night worrying about how to pay the premiums to cover their child's illness. I stand with the senior citizens who built our roads and bridges and fought our wars and now can finally afford the prescriptions drugs that they need.

For all of these hard-working, middle class people, I strongly urge my colleagues to join me in opposing the rule providing for the consideration of H.R. 2.

Mr. FARR. Mr. Speaker, I rise today in strong opposition of the Republican Health Reform Repeal Bill.

The reason is simple.

The bill before us is not about creating jobs. It's not about strengthening our middle class.

And it's not about reducing our national deficit.

It is however, about denying coverage for up to 284,000 individuals with pre-existing conditions in my district.

It is about increasing prescription drug costs for 6,400 seniors on California's Central Coast.

And it is about increasing the number of uninsured individuals by 80,000 and increasing

the costs to our local hospitals for providing uncompensated care.

Open your eyes, and welcome to reality.

American families are struggling to make ends meet.

They are struggling to stay in their homes.

They are living without proper health care.

And are they going broke paying for medical bills.

So why is this chamber spending their time debating health care reform that has extended coverage and increased protections to millions of Americans, and created 207,000 jobs in the Health Care Industry.

Truth of the matter is—while we run circles around this issue, millions of Americans walk out their front door every morning to look for work, only to return with less hope and more worries.

Everyday Americans across the country are worried sick about losing their homes.

About not being able to adequately provide for their families.

And now Republicans want them to worry about losing their health care coverage.

Please open your eyes, and take a deep look at Americans' dire reality.

I urge all Members to oppose the Patients' Rights Repeal Act.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today to speak in strong opposition to H.R. 2, the "Patient's Rights Repeal Act".

Repealing the law would take us back to the days when big insurance companies had the power to decide what patients can receive—allowing them to once again deny coverage to children with pre-existing conditions, cancel coverage when people get sick, place limits on the amount of care people can get, or overcharge for insurance just to boost their profits.

The Texas Department of Insurance issued a recent report that noted nearly 26.1 percent of Texans are without health coverage—compared to the national average of 16.7 percent, who are uninsured.

Without the Affordable Care Act, Texans stand to lose:

Critical Consumer Protections that ban health insurance plans from denying coverage based on an individual's health status would be lost;

Young adults under the age of 26 would lose their coverage through their parents' health plans;

Patients with private insurance coverage would suddenly find themselves vulnerable to annual and lifetime limits;

New insurance plans would no longer be required to cover recommended preventive services, like flu shots;

Seniors who have Medicare coverage would be forced to pay a co-payment to receive important preventive services, like mammograms and colonoscopies; and

Small businesses would lose tax credit assistance to help families purchase affordable health insurance.

Early retirees between the ages of 55 and 64 would lose health coverage through their employers for them and their families.

I am confident that if we repeal Affordable Care Act, we present a grave, unhealthy danger to the lives of all Americans by playing politics.

I urge my Republican colleagues to revisit the thought of repealing the Affordable Care Act by working with eager Democrats to continue building a bridge to a healthier America.

Mr. ADERHOLT. Mr. Speaker, I, along with so many of my colleagues, support H.R. 2, the repeal of President Obama's healthcare law. This legislation will further harm our economy at a time when we desperately need a robust recovery.

The healthcare law is a prime example of how the tax hikes, spending sprees, and government mandates are hurting our economy and making it harder for small businesses to create jobs. That's one reason why we must repeal and replace the law with a common-sense, responsible solution that tries to address the cost of healthcare and provide more coverage to Americans without killing jobs. Removing these barriers will provide the businesses that create new jobs with the certainty they need to hire new employees and get our economy back on track.

Instead of encouraging America's leading job creators, last year's Democrat government takeover of healthcare has and will continue to hurt small businesses with more mandates, new taxes and administrative burdens, as well as higher healthcare costs. For example, the healthcare law requires businesses with more than 50 employees to provide government-approved health care. Businesses that fail to do so will be forced to pay a \$2,000 penalty per employee (after the first 30 employees). For a small business employing 50 workers without providing government-approved health insurance, adding one additional worker to the payroll will result in \$42,000 in new government penalties.

Over the last 15 years roughly 65 percent of new private-sector jobs have been created by small businesses. A study by the nation's largest small business association, NFIB, estimates that the employer mandate in the healthcare law will destroy 1.6 million jobs. This healthcare law is not the way to help our small business job creators.

In addition, rather than adopting common-sense policies to lower the cost of healthcare, last year's law, will increase costs. The chief actuary for Medicare estimates total healthcare spending will increase by \$311 billion over the next decade, more than it would have been without the healthcare law.

With federal spending at the highest level in American history, the economy in a severe recession, and unemployment remaining stubbornly high—another massive government program with more spending, more borrowing and higher taxes will only hurt already struggling American families—not help them. The American people deserve a better plan.

Also, this law doesn't protect the unborn because it doesn't include clear and direct provisions that would prohibit federal funding of abortions. We need statutory language in the law, not an easily changed Executive Order, to prevent abortions. We have already learned that the law will allow \$11 billion in taxpayer funds to be used for abortions at Community Health Centers. We must repeal and replace this law so we can end government-funded elective abortion coverage under this massive new government funding stream.

Congress should start over and consider the common-sense bipartisan solutions that Republicans have to offer. It's time to repeal the health care law and it's time for a patient-focused health bill that will help the economy and get us back to smaller government.

Mr. BISHOP of Georgia. Mr. Speaker, I cannot in good conscience support today's mis-

guided efforts to repeal the new health reform law. It would be a significant step backwards both for the citizens of Southwest Georgia whom I represent as well as the entire nation.

Repealing the law will mean that insurance companies will continue to place lifetime limits on the coverage they provide, drop people from coverage when they get sick, and refuse children affordable health care because of a pre-existing condition.

Repealing the law also will increase prescription drug costs for seniors. It will deny Medicare enrollees free preventive services like colorectal cancer screenings, mammograms, and an annual wellness visit without copayments, co-insurance, or deductibles.

In addition, repealing the law will mean that children under age 26 will no longer be covered under their parents' plan; new small business tax credits that make it easier for businesses to provide coverage to their workers and make premiums more affordable will disappear; and there will be no further expansion of community health centers which are vital to the health care needs of rural Southwest Georgia.

A recent report by the Center for American Progress also found that repealing the law would add up to \$2,000 annually to family premiums and prevent 250,000 to 400,000 jobs from being created annually over the next decade. Furthermore, according to the non-partisan Congressional Budget Office, a repeal of the law will add \$230 billion to the federal debt by 2021.

Mr. Speaker, we cannot let this happen. We cannot and we must not turn back the clock.

Ms. MCCOLLUM. Mr. Speaker, the Patient Protection and Affordable Care Act passed in 2010 is the law of the land. It extends historic protections to millions of Americans, ensuring access to quality health care. I voted for this law and I am grateful for the support I received from my constituents in Minnesota's Fourth District for my work on reforming our nation's broken health care system.

Access to quality health care is essential for all Americans. I firmly believe health care should be a right for our citizens, not a privilege or a luxury only for the most fortunate who can afford it. I am committed to working to ensure all Americans have the health protections they need and access to the quality health care they deserve. The health reform law we have in place does this.

Today the U.S. House is debating the repeal of the Affordable Care Act. The Republican-Tea Party majority officially titled the bill before us, H.R. 2, the "Repealing the Job-Killing Health Care Law Act." They use the word "killing" five times in a bill that isn't even two pages long. Not only is the bill's title offensive and disrespectful, it is untrue. The fact is the health reform law does not kill jobs, its patient protections saves lives and creates jobs. More than 200,000 health care related jobs have been created since the law passed in March of last year.

This Tea Party Republican bill strips away patient protections for children, seniors, and adults with pre-existing medical conditions. It replaces tough legal protections for patients with a uniquely Republican solution—nothing. Republicans strip away protections for millions of Americans, add \$230 billion to the federal budget deficit according to the non-partisan Congressional Budget Office, and restore a

broken health care system that empowers insurance companies to make health care decisions, not patients.

I want Minnesotans to know exactly what repealing the existing health reform law would do. If this Republican bill were to become law it would mean:

Stripping 32 millions of Americans of health insurance and new consumer protections;

Allowing insurers to deny coverage to children with pre-existing conditions, apply restrictive lifetime coverage limits, impose cost sharing on preventative care, and retroactively cancel policies when an individual gets sick;

Eliminating tax credits for as many as 99,000 Minnesota small businesses providing their employees health insurance;

Refusing 11,400 young adults in Minnesota the option to remain on their parents' health insurance until they turn 26;

Maintaining a perverse payment system that rewards providers for the volume of services delivered, rather than the quality of those services;

Jeopardizing the early retiree health coverage provided by 210 Minnesota employers and unions currently receiving financial assistance through the 'The Early Retiree Reinsurance Program'; and

Risking the Medicare benefits and prescription drug coverage seniors and people with disabilities depend on to meet their health needs.

H.R. 2 is more than political posturing. It is legislation that sends a clear message to the American people—Republicans care more about protecting insurance company profits than protecting the rights of patients. I will oppose this bill and I will oppose and battle against every effort made in the 112th Congress to defund, sidetrack, or stall the full implementation of the Affordable Care Act.

I am not alone in opposing H.R. 2. Hundreds of national organizations and dozens of Minnesota groups oppose this blatantly partisan effort to repeal health reform. Here are a few excerpts from a letter I received over the past few days.

The Minnesota Medical Association: "the MMA opposes efforts to repeal the ACA (Patient Protection and Affordable Care Act) and urges you to vote against it."

Catholic Hospital Association of Minnesota: "I strongly urge you to maintain support for efforts to improve and strengthen our nation's health care system by opposing the legislation before the House to repeal the Affordable Care Act (ACA)."

Epilepsy Foundation of Minnesota: "We strongly encourage you to vote against repeal of the ACA (Affordable Care Act) and work toward ensuring that implementation includes the needs of people with epilepsy and other chronic health conditions."

Minnesota Hospital Association: "On behalf of the 148 hospital and 17 health system members of the Minnesota Hospital Association, I am writing to express our opposition to legislation that would repeal the Patient Protection and Affordable Care Act (ACA)."

Today, as the debate on this ill conceived and mean-spirited bill is taking place, I received the following message from a consortium of small business leaders from across the country:

"The House of Representative's introduction of a bill to repeal the Patient Protection and Affordable Care Act is an affront to our nation's small business community.

"The country's 28 million small businesses stand to benefit greatly from many provisions of the new healthcare law, particularly the tax credits and health insurance exchanges. These two provisions will help drive down costs and offer small business owners more choices when purchasing insurance. These critical provisions and many others would be abolished if the Affordable Care Act is repealed.

"This would be a huge setback to entrepreneurs who need solutions to the broken healthcare system, not a continuation of it. America's 22 million self-employed would also suffer, as a repeal of the ACA would deny them the opportunity to pool together and purchase insurance at an affordable price through state exchanges."

It is important to remember that the Republican's dangerous and destructive health repeal agenda can only work if Americans are silent and passive, allowing live-saving rights and protections to be stripped away. Repeal will not happen today, even if this bill is passed, but over the course of the next two years Republicans and their corporate benefactors will use every legal and political channel available to deny citizens their health care rights. They will not stop.

But I will not stop either. I will not stop fighting for the health care rights for all Americans.

I urge all Minnesotans and all Americans to stand up and join me in the fight to protect the historic patient rights all citizens have gained through the Affordable Care Act and that starts with a vote against H.R. 2.

Mr. GENE GREEN of Texas. Mr. Speaker, I submit the following:

[From The Baytown Sun, Jan. 4, 2011]

PREPARE TO DIE FOR LACK OF MONEY

(By Gene Lyons of the Arkansas Democrat-Gazette)

As polemics on the Obama administration's health care reforms re-emerge, I often ruminate about a horse.

Lucky was an American Standard Bred gelding I owned. Compared to his quarter horse stable-mate, Lucky was unathletic and halfway clumsy. But he was also a sweetheart. As long as he could follow his buddy, anybody could ride him. Regardless of age or experience, Lucky would carry them carefully and bring them home safe. It's hard not to love such an animal.

By the time I found him colicked in the barn, it was probably already too late. He'd been down for some time. I gave him an injection for the pain and walked him, but nothing worked. After a while, he lay down and refused to move. By the time the vet arrived, I'd been sitting wedged against his back for hours to prevent him from rolling and twisting his gut.

After Lucky proved unresponsive to treatment, the vet asked me a hard question: "Is this a \$6,000 horse?"

He explained that there was an equine hospital over in Oklahoma that could perform potentially life-saving surgery. It cost \$6,000 cash, up front. He warned that survival was chancy, and might leave my horse an invalid.

I'd paid \$1,000 dollars for Lucky; he was 25 years old, almost elderly. After a long night of IV fluids and pain meds, there was no avoiding the inevitable. Because there are some things a man must do for himself, I administered a lethal injection and ended up having to put a bullet into his brain.

We buried him in his pasture.

It was a hard, hard thing to do. This was two years ago, and it's a rare day I don't

think about Lucky and his stable mate Rusty, who also died that year. I pray that I never outlive another horse.

Long introduction, brief polemical point: Observing Republicans gear up to try to undo "Obamacare," I suspect the only thing that will satisfy some is to make medical care in the United States work like veterinary care. You get what you can pay for. Otherwise, tough luck.

Who would have thought that after Sarah Palin's imaginary "death panels"—chosen by Politifacts.com, the fact-checking website, as its 2009 "Lie of the Year"—Arizona Republicans would be denying heart, lung and liver transplants to Medicaid patients because Gov. Jan Brewer says the State can't afford them?

To save a lousy \$1.4 million (out of a \$9 billion budget), Arizona's Health Care Cost Containment System has decreed an end to organ transplants. Maybe the bitterest irony is that the inhumane policy won't actually save any money. One of the roughly 100 citizens affected explained to Arizona Republic columnist E.J. Montini:

"I can't work anymore, and we ran out of (insurance) coverage a while back," he said. "It's terrible needing help. It's not what I wanted. But when you run out of money, what can you do? If I don't get a transplant, I guess the state won't have to pay for me or worry about me until I walk into an emergency room close to dying. They can't turn me away then."

No, they can't. Human hospitals can't refuse patients for lack of cash. Meanwhile, not a peep of protest from Palin, Rep. John Boehner or any of the Republicans who waxed hysterical over the absurd allegation that "Obamacare" would lead to government-sponsored euthanasia.

But if people die for lack of money, that's the GOP way.

Too bitter? Maybe so. Nevertheless, avoiding medical and economic reality has been the party's response ever since Obama adopted much of the conservative Heritage Foundation's health care proposals as his own. It's all to do with partisanship, nothing else. Consider the legalistic, angels-on-the-head-of-a-pin arguments GOP savants have made against the bill's unpopular health insurance mandate.

Precisely because hospitals can't turn patients away, it's impossible to make private insurance companies cover pre-existing conditions (i.e. sick people) without encouraging deadbeats to game the system by not buying insurance until they need it. This defeats the whole purpose of a risk pool.

Somebody's got to pay, and absent an insurance mandate, that somebody's you—one reason the United States has long had the most expensive, least efficient health care system in the world.

Ah, but in GOP Dreamworld, everybody's Huck Finn, an independent actor in a 19th-century free-enterprise paradise. They claim the Constitution forbids government from making citizens buy something they don't want.

Alas, in the real world, people can't not participate in the health care system.

Ms. BROWN of Florida. Mr. Speaker, the Republican House Majority's effort to repeal the historic health care reform law that Democrats passed last year is merely a charade. And thanks to Democratic control of the Senate, the Republican bill will never cross the President's desk. Indeed, a vote for repeal will only scare those who have come to rely on the law's benefits.

I was first elected to Congress in 1992, and in all my years of service, I have worked to make affordable, quality health care available

for all Americans. Indeed, for nearly a century, leaders from all over the political spectrum, beginning with President Franklin Delano Roosevelt, have fought for health care and health insurance reform. In the words of the great former President Roosevelt, "the health of the people is a public concern; ill health is a major cause of suffering, economic loss, and dependency; good health is essential to the security and progress of the Nation." In 1935, President Roosevelt signed the Social Security Act into law, which made him the first President ever to advocate on behalf of federal assistance for the elderly.

Yet it wasn't until 75 years later that our nation finally came together and passed the "Patient Protection and Affordable Care Act," which provides health care access for all Americans. Prior to this, nearly one in five citizens in the wealthiest country in the world were uninsured. I applaud President Obama for his persistent, hard work on this issue, and I was a proud cosponsor of the original Health Care legislation when it was first introduced in the House of Representatives. And although there is no such thing as a perfect bill, this law is a great start, and it needs to be left up to the medical specialists to make slight changes to make it better, not politicians in the Republican Party who want to repeal the law entirely. Yet today, even though it would be nearly impossible to accomplish, the Republican Party wants to take our country in the opposite direction and eviscerate this law. If this were ever accomplished, it would have drastic effects on the constituents in Florida's third congressional district, as well as for Americans across the country. In fact, the Republican bill would take our Nation back to a system in which:

Children with pre-existing conditions, including 8,000–40,000 in my congressional district, were denied coverage;

Young people age 26 cannot stay on their parents' plans (for district 3 in Florida, their plan would eliminate health care coverage for nearly 4,000 young adults);

A system where Seniors pay more for prescription drugs, including 6,600 senior citizens who hit the Part D drug "donut hole" in my district, and would be forced to pay out of pocket costs, as well as 93,000 more Florida district 3 seniors who would be denied new preventive care benefits;

It also would force small businesses to pay higher taxes;

And increase the deficit by \$230 billion, according to the nonpartisan Congressional Budget Office.

The cost of returning to the prior system is too great. For too long, health care has been a privilege, not a right in America. To return to a system in which nearly 20 percent of Americans do not have access to the greatest health care available in the world would not only be a tremendous step backwards, but outright insensitive to the needs of millions of Americans.

Mr. THOMPSON of Mississippi. Mr. Speaker now is the time to protect American families—uphold the Affordable Care Act and oppose H.R. 2, the Republican repeal of health care. A vote to repeal the Affordable Care Act will leave millions of Americans at risk of losing their health coverage; children will face discrimination because of pre-existing conditions and seniors will be left scrambling to pay full price for prescription drugs.

In fact, there is a deep concern about the practicality of repealing the Affordable Care Act and the detrimental impact repeal will have on women, children and older Americans. When Republicans wrote a Medicare prescription plan that created a "gap" in their coverage, seniors across the country were forced to pay full price for their prescription drugs. The Affordable Care Act eliminated the "donut hole", allowing millions of seniors to buy life saving medications.

Prior to the passage of the Affordable Care Act, many Americans families were uninsured and underinsured. Families were forced to choose between paying for coverage for children with pre-existing conditions or feeding them. Passage of the Affordable Care Act gave them back their dignity. Today, those children are guaranteed coverage regardless of pre-existing conditions and are allowed to remain covered under their parent's insurance plans until the age of 26.

All 23 counties in the 2nd District are medically underserved and many of my constituents are unable to afford health coverage. Under the Affordable Care Act, 315,000, resident's health insurance coverage will improve; 95,000 uninsured residents in my district will be extended coverage; and 16,500 residents with pre-existing conditions can obtain coverage. We cannot and should not be considering repeal of a sound policy that millions of Americans are currently benefiting from and countless more stand to benefit when fully implemented.

A vote in favor of this appeal would strip American families of their dignity and force them to go back to choosing between paying for health coverage or putting food on their tables. We must continue to build on our efforts to expand accessible and affordable health coverage for all Americans. Today, I strongly urge my colleagues to oppose H.R. 2.

Mr. BERMAN. Mr. Speaker, I rise in strong opposition to H.R. 2, a bill to repeal patients' rights and empower health insurance companies at the expense of consumers.

I am proud to have voted for the Patient Protection and Affordable Care Act, landmark legislation to reform our country's health insurance system and expand opportunities for quality, affordable health care to millions of people who otherwise go without.

In my district, in the heart of California's San Fernando Valley, rolling back reforms would have devastating consequences for my constituents. This repeal would leave an additional 116,000 of my constituents without health insurance. It would increase prescription drug costs for 5,600 seniors in the Medicare D "doughnut hole" and deny new preventive care benefits to 64,000 seniors. It would expose over 100,000 of my constituents—and perhaps as many as 290,000 people in my district—to the possibility of being denied coverage because they have pre-existing conditions.

I have heard from thousands of my constituents who support the Patient Protection and Affordable Care Act, many of whom feel strongly enough to share their stories with me. Some are thankful that their child's pre-existing condition is no longer a barrier to getting coverage. Others are relieved that treatment of their chronic illness is no longer subject to a lifetime spending cap. But some are simply the parents of uninsured young adults who live with the day-to-day worry that their kids are

one accident away from financial ruin or that they won't be able to access the care they need. I'd like to share one of these stories with you.

Diane, a constituent in Valley Village, wrote me last October to tell me about her daughter's experience with the health insurance reform bill. Her daughter graduated from a prestigious university in 2008 and got a job but still couldn't afford health insurance. She left her job after two years. Two weeks later, she was in a serious car accident. Her car was totaled but she, luckily, was not hurt. At age 24, this young woman found herself unemployed and without health insurance, having narrowly escaped every parent's nightmare. Diane writes, "And then, two weeks ago . . . she was able to be covered under the plan of her father and stepmother. I wanted to share this story because we want you [to know] that this change has already had a huge impact on our lives. As a mother, I now have one less major issue to worry about."

On behalf of Diane and her family, and on behalf of children, young adults, parents, seniors, small business owners, small business employees, people with pre-existing conditions, hospitals that provide uncompensated care, and everyone else who benefits from the Patient Protection and Affordable Care Act, I stand strongly against H.R. 2 and urge my colleagues to join me in voting against repeal.

Mr. COSTELLO. Mr. Speaker, I rise in opposition to H.R. 2, the Patients Rights Repeal Act of 2011.

Less than one year ago, the 111th Congress achieved a major milestone in the decades-long effort to ensure access to quality health care for all Americans by passing the Affordable Care Act and reforming our broken health care system. Since the Affordable Care Act was signed into law, I have seen its benefits first hand in the district I am privileged to represent. Over 9,800 seniors in Southwestern and Southern Illinois will see a 50 percent discount on their medications when they enter the Medicare Part D coverage gap, saving them \$5.1 million. An additional 112,000 seniors will receive free preventive care, including cancer and diabetes screenings. As of September 2010, up to 37,000 children in my district with pre-existing conditions are no longer denied coverage by insurance companies and in 2014 up to 238,000 adults will have the same protection. In the St. Louis Metro area, 13,600 young adults will remain on their parents' health insurance plans up to age 26 and maintain their access to affordable care, and the 2.4 million individuals with private health insurance are protected from predatory practices of insurance companies and arbitrary premium rate increases.

Despite this significant progress, today we are considering the Patients' Rights Repeal Act, which will strip my constituents of these new benefits and return us to the broken, expensive health care system that left 47 million Americans uninsured.

Just as our constituents cannot afford to lose these benefits, we cannot afford the Patients' Rights Repeal Act. According to the nonpartisan Congressional Budget Office, CBO, passing this legislation will increase the deficit by \$230 billion over 10 years and by more than \$1.2 trillion over 20 years. The CBO also estimates that this bill will increase premiums and out-of-pocket expenses for everyone enrolled in private insurance plans.

Further, despite the claims of my Republican colleagues, there is no evidence that repealing health care reform will create new jobs or spur economic growth. Since the passage of the Affordable Care Act, we have added 1.1 million new private sector jobs to the economy. Further, a study by the Kaiser Family Foundation indicates the Affordable Care Act will create 4 million additional new jobs in the next 10 years by lowering costs and investing in the health care workforce. These new, good-paying jobs will disappear with the passage of repeal.

The Affordable Care Act is not a perfect bill. Provisions, including the unworkable 1099 reporting requirements for small businesses, will be adjusted or replaced as we move forward to implement the bill. Just as we have changed Medicare and Social Security over the last several decades to ensure those programs achieve their goals, we will work together to adapt the Affordable Care Act and keep health care affordable and accessible for millions of Americans. I will work with my colleagues on both sides of the aisles to adopt strong alternatives.

However, just as we have never repealed Medicare or Social Security, I will not vote to repeal the Affordable Care Act and return to a health care system that is unsustainable, inefficient, and massively expensive. We must continue to move forward and ensure that our health care system works for all Americans.

Mr. Speaker, passing the Patients' Rights Repeal Act will dramatically expand the deficit, slow job creation, increase the cost of health care, and deny millions of Americans access to health coverage. I urge my colleagues to oppose the Patients' Rights Repeal Act.

Mr. FATTAH. Mr. Speaker, I rise today in opposition to H.R. 2, a bill to repeal the Affordable Care Act. In March of last year I was honored to cast a vote in favor of the Patient Protection and Affordable Care Act. This law ensures that my constituents, and all Americans, have access to the medical care they need. The measure we consider on this House floor today is not an effort to improve upon that law. It is not an alternative strategy to protect patients' access to care. It is simply an effort to undo the admirable work undertaken over many years and months by the Members and staff of this body, committed patient advocates, uninsured Americans and hard-working medical professionals. I find it unfortunate that, as our Nation faces many deep and intransigent challenges, the House is debating a proposal which is premised on misinformation and disingenuous posturing. I am hopeful that we will now return to the real work of the people.

Mr. MARINO. Mr. Speaker, we have heard a lot of rhetoric from my colleagues across the aisle opposing this legislation because of a select number of insurance market provisions included in the massive, overreaching health care law. As a two-time cancer survivor and the father of a daughter living with cystic fibrosis, what is rhetorical for many of my colleagues is a reality for my family. There is no doubt that reforms are needed to ensure that individuals with pre-existing conditions have access to affordable insurance. In fact, we can probably all agree that there are many aspects of the health care system that were and are in desperate need of reform.

However, the law enacted nearly a year ago is the wrong solution to our health care sys-

tem's numerous problems. The law will raise taxes by over \$500 billion. It includes an unconstitutional individual mandate on all Americans requiring the purchase of health insurance coverage. The law will cost millions of American jobs and hits small businesses with more paperwork, more bureaucratic red tape, and less opportunity for growth. Finally, the law cuts Medicare by about half a trillion dollars which, even the President's own actuaries have said, could jeopardize access for seniors.

America has sent a clear message to Washington, and today we will show that we have heard that message. We must repeal the detrimental health care law and focus on the real problem facing our nation's health care system, the issue of cost. We can reduce health care costs by enacting meaningful medical liability reform, allowing people to purchase insurance across state lines, and giving individuals the same tax relief as corporations for the purchase of health insurance. Once the health care law is repealed, I look forward to moving forward with alternative health care reform legislation that will achieve these goals. If we focus our efforts on reforms, such as these, that lower costs, we will expand access to affordable care without jeopardizing the system which has allowed our nation to have the best health care in the entire world. I urge my colleagues to support H.R. 2 and H. Res. 9 and begin the process of enacting true health care reform.

Mr. JACKSON of Illinois. Mr. Speaker, I rise in strong opposition to the H.R. 2 legislation that will repeal health care for nearly 32 million Americans. I have listened to my colleagues from the other side of the aisle in press conferences and throughout this debate state that the Affordable Care Act is "job destroying" and "budget busting." We know from numerous reports that these statements are blatantly untrue.

Since President Obama signed this legislation into law in March, the Department of Labor reports nearly 1 million new jobs were created in the private sector, including over 200,000 in health care related fields. Furthermore the non-partisan Congressional Budget Office, CBO, said that the Affordable Care Act will reduce the deficit over the next 10 years. In fact, on January 6 the CBO stated that the repeal would increase the deficit by \$230 billion over the next 10 years.

As we prepare to vote on this legislation, I'd like to inform my constituents as I did for them at countless town hall presentations I hosted on the Affordable Care Act, what repeal means for the people of Illinois' Second District.

Health Care Repeal will rescind the vital Patient's Bill of Rights consumer protections provided under the Affordable Care Act for the 336,000 individuals in the Second Congressional District who have health insurance through their employer or the market for private insurance. Passage of repeal will lift the limitations placed on insurance companies for rate increases and out of pocket expenses. Repealing health care reform would eliminate the requirement that insurance companies limit administrative costs by spending a minimum of 80 percent of the premiums they collect on actual healthcare. Repealing the Affordable Care Act will allow insurance companies to drop or rescind coverage when people get sick, place annual and lifetime limits on cov-

erage and charge you for cost-saving preventative services and screenings.

According to a report released by the Department of Health and Human Services, up to 129 million Americans under the age of 65 have some type of pre-existing condition and could be excluded from insurance plans if this health care repeal were signed into law. This would affect 263,000 individuals, including up to 40,000 children in the Second Congressional District who have a pre-existing condition.

Repeal would eliminate the requirement that health insurance plans allow young adults to remain on their parents' insurance policies up to the age of 26, cutting coverage to the estimated 2,000 young adults that are expected to take advantage of this benefit in the Second District.

Through the Affordable Care Act, middle class families with incomes up to \$88,000 for a family of four and small businesses would be eligible for affordability tax credits. Repeal would cut access for 157,000 families and 14,200 small businesses in my district.

For Second District seniors, repeal will increase drug costs for the 6,700 seniors who fall into the Part D prescription drug "donut hole" this year and will deny access to free preventative services and health screenings to the 93,000 seniors on Medicare in the Second District.

Finally, under the Affordable Care Act, an estimated 94 percent of Americans would be provided access to health care through their employer, the Health Care Exchange or through Medicaid. With repeal, 61,000 of my constituents would lose this new coverage. Hospitals in my district spend nearly \$40 million each year providing coverage to the uninsured which gets passed on to the consumer, and the average American family pays an additional \$1,100 per year for covering the cost of uncompensated care for the unemployed.

Before the Affordable Care Act, skyrocketing health care costs were hurting families, forcing businesses to cut or drop health benefits, and straining state budgets. The people of Illinois' Second District and all Americans need and deserve better.

While some of my colleagues may be willing to pass legislation that (1) rescinds important consumer health care protections, (2) cuts tax credits for middle class families and small businesses, (3) forces our nation's seniors to pay more for prescription drugs and cost-saving preventative care and (4) passes the problem of steadily rising health care costs onto the next generation—I plan to vote for making health care affordable and accessible for up to 94 percent of Americans, not against it.

That's why I will vote no on Repeal.

Mr. GRIMM. Mr. Speaker, healthcare reform is a real issue facing many Americans. In spite of protests heard around the country, last spring the Democrats pushed through a 2,000 page bill full of mandates, and taxes that do not address the growing expense of health care, and continues a reckless spending habit that has resulted in a \$14 trillion deficit.

The 2010 Midterm elections has allowed the 112th Congress to fulfill a promise to repeal the Affordable Care Act, and replace it with common sense solutions that address the rising cost, and the importance of providing affordable, accessible, quality care. In light of repealing this massive government takeover of the healthcare industry, it is our responsibility

to replace it with thoughtful reforms that help insure the uninsured, protect those with pre-existing conditions, lower the growing cost of health coverage, and preserve the doctor-patient relationship.

Instead of encouraging America's small business to grow and create jobs, the current healthcare plan will hurt small business by imposing burdensome regulations that will lead to lower wages, fewer workers, or both.

The Affordable Care Act is projected to add \$701 billion to the deficit over the next ten years, and is likely to pass on a \$2.6 trillion price tag to our children and grandchildren. While forcing young Americans into a government-run health care exchange, we are requiring them to pay for minimal services for an unlimited amount of time, with no promise of a sustainable program that will be available to them as they age. The bottom line is the American people deserve better than this budget-busting, job killing legislation, and most importantly they deserve open and honest legislation not the gimmicks used to cover up the cost and damage of "Obamacare."

Mr. CANTOR. I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 26, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

#### MOTION TO RECOMMIT

Mr. ANDREWS. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. ANDREWS. I am.

Mr. CANTOR. Mr. Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Andrews moves to recommit the bill H.R. 2 to the Committees on Energy and Commerce, Ways and Means, and Education and the Workforce with instructions to report the same to the House forthwith with the following amendment:

Add at the end the following new section:  
**SEC. 3. HEALTH CARE REPEAL SHALL NOT TAKE EFFECT UNLESS A MAJORITY OF MEMBERS OF U.S. HOUSE OF REPRESENTATIVES AND A MAJORITY OF U.S. SENATORS WAIVE FEHBP BENEFITS.**

Section 2 (including the repeal of the Patient Protection and Affordable Care Act (Public Law 111-148)) shall not take effect unless and until the Director of the Office of Personnel Management certifies to the Congress that a majority of the Members of the House of Representatives and a majority of Members of the Senate have, as of the date that is 30 days after the date of initial passage of this Act in the respective House, voluntarily and permanently withdrawn from any participation, and waived all rights to participate, as such a Member in the federally funded Federal employees health benefits program (FEHBP) under chapter 89 of title 5, United States Code, effective with the first month after the date of execution of such a withdrawal and waiver.

The SPEAKER pro tempore.

The Chair recognizes the gentleman from New Jersey for 5 minutes in support of his motion.

Mr. ANDREWS. Mr. Speaker, I think we should begin by thanking Speaker BOEHNER and Leader PELOSI for leading us through such a civil debate at such an important hour of our country's history; a moment of consequence. Unfortunately, one of the consequences of this debate is that we did not debate the issue that is most on the minds of the American people, which is unemployment and 15 million of our neighbors being unemployed.

Having said that, there are lots of consequences to this repeal bill, and Members should be aware of each one of them.

If a woman with breast cancer or a man with diabetes loses his or her job and tries to get another job, under the law that is in effect, the insurance company can't deny them coverage or charge them more for it because of their preexisting condition. This bill repeals that protection. It makes it legal for the insurance company to say, "We're sorry, we are not going to sell you health insurance because you have breast cancer. We're sorry, we are going to raise your premiums fivefold because you have diabetes. These are serious, unwelcomed consequences."

Another consequence of serving in this institution is that we are the people's House. We are the elected people who are closest to the people; and, therefore, we are expected to most understand the shoes in which they walk every day. Many of us say these things at our town meetings. I have heard this from Republicans, from Democrats, from tea party members, from Independents: Congress should live by the same rules it imposes on everyone else. I don't think you can go to a district in this country that people wouldn't embrace that idea. Indeed, on the Web site of our Speaker from the last term in the Congress, in his biography you can read the following. It refers to the Congressional Accountability Act which requires Congress to "live under the same rules and regulations as the rest of the Nation." It bears the unmistakable imprint of Speaker BOEHNER's drive to reform the House: live under the same rules and regulations as the rest of the Nation.

So this motion to recommit says the following: In the spirit of that principle, Members who support the repeal should live with its consequences. This repeal will become effective when a majority of this House and a majority of the other body are dismissed from membership in the Federal Employees Health Benefits Program that the taxpayers fund for the Members of the House.

There are serious consequences of this bill. We believe that repealing it is unfair and wrong, just plain wrong. But it would be even more plain wrong for those who support repeal to live by a different standard.

□ 1720

So I would say to the Members the next time you are in a town meeting, the next time you encounter your constituents in your district and they say, "Don't you agree that if you agree to impose a certain set of rules on me that those same set of rules should apply to you?," this will be the answer to their question:

If you vote "no," you are saying that the repeal that denies coverage for pre-existing conditions to others doesn't apply to you.

If you vote "no," you are saying that the repeal that lets insurance companies impose lifetime caps on your constituents' benefits imposes no caps on your benefits.

If you believe that the consequences of our actions should be visited upon those we represent equally and on ourselves as well, then your vote should be "yes."

In the spirit of the people's House, in the spirit of walking in the shoes of those we are here to represent, the right vote on this motion to recommit is "yes."

Mr. CANTOR. Mr. Speaker, I withdraw my reservation, and I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman is recognized for 5 minutes.

Mr. CANTOR. I yield myself such time as I may consume.

Mr. Speaker, in beginning to respond to the minority's motion to recommit, all I can say is this is an attempt to derail the repeal of the ObamaCare bill—without question.

The positing of this motion to recommit and the substance of that recommit is also inexplicable if one could be deemed to be offering a legitimate policy proposal. The notion that somehow the repeal position that the majority has taken and that, frankly, the majority of the American people desire is somehow connected with denying a better way forward, again, is inexplicable. I think, again, Mr. Speaker, I would say it is not a serious attempt to add towards how we get to a better way in health care.

Now, the question before this body is simple: Do you support the new health care law? Yes or no.

The motion to recommit is simply an effort to protect ObamaCare from being repealed, period.

If you think the new health care law will improve how health care is delivered in the U.S., then support the motion to recommit.

But if you believe, as most Americans do, that the new health care law will put America on the wrong path—that the open-ended entitlement design of the new law will contribute to putting us on a path to bankruptcy, that the policies in the law will deny patients access to the care that they want and need, if you believe that the new law will increase health care costs, not lower them, and that the new law is generating great uncertainty for our businesses, is hurting our economy and

that the new law is unconstitutional—then vote against the motion to recommit.

Voting against the motion to recommit is a vote to repeal the health care law, and I urge its defeat.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit. The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. ANDREWS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—yeas 185, nays 245, not voting 4, as follows:

[Roll No. 13]

YEAS—185

Ackerman	Fattah	Moore
Altmire	Filner	Moran
Andrews	Frank (MA)	Murphy (CT)
Baca	Fudge	Nadler
Baldwin	Garamendi	Napolitano
Barrow	Gonzalez	Neal
Bass (CA)	Green, Al	Olver
Becerra	Green, Gene	Owens
Berkley	Grijalva	Pallone
Berman	Gutierrez	Pascarell
Bishop (GA)	Hanabusa	Pastor (AZ)
Bishop (NY)	Harman	Payne
Blumenauer	Hastings (FL)	Pelosi
Boswell	Heinrich	Perlmutter
Brady (PA)	Higgins	Peters
Braley (IA)	Himes	Peterson
Brown (FL)	Hinchee	Pingree (ME)
Butterfield	Hinojosa	Polis
Capps	Holden	Price (NC)
Capuano	Holt	Quigley
Cardoza	Honda	Rahall
Carnahan	Inslie	Rangel
Carney	Israel	Reyes
Carson (IN)	Jackson (IL)	Richardson
Castor (FL)	Jackson Lee	Richmond
Chandler	(TX)	Rothman (NJ)
Chu	Johnson (GA)	Royal-Allard
Ciциlline	Johnson, E. B.	Rush
Clarke (MI)	Kaptur	Ryan (OH)
Clarke (NY)	Keating	Sánchez, Linda
Clay	Kildee	T.
Cleaver	Kind	Sanchez, Loretta
Clyburn	Kissell	Sarbanes
Cohen	Kucinich	Schakowsky
Connolly (VA)	Langevin	Schiff
Conyers	Larsen (WA)	Schrader
Cooper	Larson (CT)	Schwartz
Costa	Lee (CA)	Scott (VA)
Costello	Levin	Scott, David
Courtney	Lewis (GA)	Serrano
Critz	Lipinski	Sewell
Crowley	Loeb sack	Sherman
Cuellar	Lofgren, Zoe	Sires
Cummings	Lowey	Slaughter
Davis (CA)	Luján	Smith (WA)
Davis (IL)	Lynch	Speier
DeFazio	Maloney	Stark
DeGette	Markey	Sutton
DeLauro	Matheson	Thompson (CA)
Deutch	Matsui	Thompson (MS)
Dicks	McCarthy (NY)	Tierney
Dingell	McCollum	Tonko
Doggett	McDermott	Towns
Donnelly (IN)	McGovern	Tsongas
Doyle	McIntyre	Van Hollen
Edwards	McNerney	Velázquez
Ellison	Meeks	Visclosky
Engel	Michaud	Walz (MN)
Eshoo	Miller (NC)	Wasserman
Farr	Miller, George	Schultz

Waters  
Watt  
Waxman

Weiner  
Welch  
Woolsey

Wu  
Yarmuth

NAYS—245

Adams	Gowdy	Olson
Aderholt	Granger	Palazzo
Akin	Graves (GA)	Paul
Alexander	Graves (MO)	Paulsen
Amash	Griffin (AR)	Pearce
Austria	Griffith (VA)	Pence
Bachmann	Grimm	Petri
Bachus	Guinta	Pitts
Barletta	Guthrie	Platts
Bartlett	Hall	Poe (TX)
Barton (TX)	Hanna	Pompeo
Bass (NH)	Harper	Posey
Benishek	Harris	Price (GA)
Berg	Hartzler	Quayle
Biggert	Hastings (WA)	Reed
Bilbray	Hayworth	Rehberg
Bilirakis	Heck	Reichert
Bishop (UT)	Heller	Renacci
Black	Hensarling	Ribble
Blackburn	Herger	Rigell
Bonner	Herrera Beutler	Rivera
Bono Mack	Hoyer	Roby
Boren	Huelskamp	Roe (TN)
Boustany	Huizenga (MI)	Rogers (AL)
Brady (TX)	Hultgren	Rogers (KY)
Brooks	Hunter	Rogers (MI)
Broun (GA)	Hurt	Rohrabacher
Buchanan	Issa	Rokita
Bucshon	Jenkins	Rooney
Buerkle	Johnson (IL)	Ros-Lehtinen
Burgess	Johnson (OH)	Roskam
Burton (IN)	Johnson, Sam	Ross (AR)
Calvert	Jones	Ross (FL)
Camp	Jordan	Royce
Campbell	Kelly	Runyan
Canseco	King (IA)	Ruppersberger
Cantor	King (NY)	Ryan (WI)
Capito	Kingston	Scalise
Carter	Kinzinger (IL)	Schilling
Cassidy	Kline	Schmidt
Chabot	Labrador	Schock
Chaffetz	Lamborn	Schweikert
Coble	Lance	Scott (SC)
Coffman (CO)	Landry	Scott, Austin
Cole	Lankford	Sensenbrenner
Conaway	Latham	Sessions
Cravaack	LaTourrette	Latta
Crawford	Lee (NY)	Shimkus
Crenshaw	Lewis (CA)	Shuler
Culberson	LoBiondo	Shuster
Davis (KY)	Long	Simpson
Denham	Lucas	Smith (NE)
Dent	Luetkemeyer	Smith (NJ)
DesJarlais	Lummis	Smith (TX)
Diaz-Balart	Lungren, Daniel	Southerland
Dold	E.	Stearns
Dreier	Mack	Stivers
Duffy	Manzullo	Stutzman
Duncan (SC)	Marchant	Sullivan
Duncan (TN)	Marino	Terry
Ellmers	McCarthy (CA)	Thompson (PA)
Emerson	McCauley	Thornberry
Farenthold	McClintock	Tiberi
Fincher	McCotter	Tipton
Fitzpatrick	McHenry	Turner
Flake	McKeon	Upton
Fleischmann	McKinley	Walberg
Fleming	McMorris	Walden
Flores	Rodgers	Walsh (IL)
Forbes	Meehan	Webster
Fortenberry	Mica	West
Fox	Miller (FL)	Westmoreland
Franks (AZ)	Miller (MI)	Whitfield
Frelinghuysen	Miller, Gary	Wilson (SC)
Gallely	Mulvaney	Wittman
Gardner	Murphy (PA)	Wolf
Gerlach	Myrick	Womack
Gibbs	Neugebauer	Woodall
Gibson	Noem	Yoder
Gingrey (GA)	Nugent	Young (AK)
Gohmert	Nunes	Young (FL)
Goodlatte	Nunnelee	Young (IN)
Gosar		

NOT VOTING—4

Garrett Hirono  
Giffords Wilson (FL)

□ 1746

Messrs. NEUGEBAUER and SHULER changed their vote from “yea” to “nay.”

Mr. WELCH, Ms. CLARKE of New York, Ms. SPEIER, and Mr. AL GREEN of Texas changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated for:

Ms. HIRONO. Mr. Speaker, on rollcall No. 13, had I been present, I would have voted “yea.”

Stated against:

Mr. GARRETT. Mr. Speaker, on rollcall No. 13, had I been present, I would have voted “nay.”

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. CANTOR. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 245, noes 189, not voting 1, as follows:

[Roll No. 14]

AYES—245

Adams	Dreier	Johnson (OH)
Aderholt	Duffy	Johnson, Sam
Akin	Duncan (SC)	Jones
Alexander	Duncan (TN)	Jordan
Amash	Ellmers	Kelly
Austria	Emerson	King (IA)
Bachmann	Farenthold	King (NY)
Bachus	Fincher	Kingston
Barletta	Fitzpatrick	Kinzing (IL)
Bartlett	Flake	Kline
Barton (TX)	Fleischmann	Labrador
Bass (NH)	Fleming	Lamborn
Benishek	Flores	Lance
Berg	Forbes	Landry
Biggert	Fortenberry	Lankford
Bilbray	Fox	Latham
Bilirakis	Franks (AZ)	LaTourrette
Bishop (UT)	Frelinghuysen	Latta
Black	Gallely	Lee (NY)
Blackburn	Gardner	Lewis (CA)
Boehner	Garrett	LoBiondo
Bonner	Gerlach	Long
Bono Mack	Gibbs	Lucas
Boren	Gibson	Luetkemeyer
Boustany	Gingrey (GA)	Lummis
Brady (TX)	Gohmert	Lungren, Daniel
Brooks	Goodlatte	E.
Broun (GA)	Gosar	Mack
Buchanan	Gowdy	Manzullo
Bucshon	Granger	Marchant
Buerkle	Graves (GA)	Marino
Burgess	Graves (MO)	McCarthy (CA)
Burton (IN)	Griffin (AR)	McCauley
Calvert	Griffith (VA)	McClintock
Camp	Grimm	McCotter
Campbell	Guinta	McHenry
Canseco	Guthrie	McIntyre
Cantor	Hall	McKeon
Capito	Hanna	McKinley
Carter	Harper	McMorris
Cassidy	Harris	Rodgers
Chabot	Hartzler	Meehan
Chaffetz	Hastings (WA)	Mica
Coble	Hayworth	Miller (FL)
Coffman (CO)	Heck	Miller (MI)
Cole	Heller	Miller, Gary
Conaway	Hensarling	Mulvaney
Cravaack	Herger	Murphy (PA)
Crawford	Herrera Beutler	Myrick
Crenshaw	Huelskamp	Neugebauer
Culberson	Huizenga (MI)	Noem
Davis (KY)	Hultgren	Nugent
Denham	Hunter	Nunes
Dent	Hurt	Nunnelee
DesJarlais	Issa	Olson
Diaz-Balart	Jenkins	Palazzo
Dold	Johnson (IL)	Paul

Paulsen  
Pearce  
Pence  
Petri  
Pitts  
Platts  
Poe (TX)  
Pompeo  
Posey  
Price (GA)  
Quayle  
Reed  
Rehberg  
Reichert  
Renacci  
Ribble  
Rigell  
Rivera  
Roby  
Roe (TN)  
Rogers (AL)  
Rogers (KY)  
Rogers (MI)  
Rohrabacher  
Rokita  
Rooney

Ros-Lehtinen  
Roskam  
Ross (AR)  
Ross (FL)  
Royce  
Runyan  
Ryan (WI)  
Scalise  
Schilling  
Schmidt  
Schock  
Schweikert  
Scott (SC)  
Scott, Austin  
Sensenbrenner  
Sessions  
Shimkus  
Shuster  
Simpson  
Smith (NE)  
Smith (NJ)  
Smith (TX)  
Southerland  
Stearns  
Stivers  
Stutzman

Sullivan  
Terry  
Thompson (PA)  
Thornberry  
Tiberi  
Tipton  
Turner  
Upton  
Walberg  
Walden  
Walsh (IL)  
Webster  
West  
Westmoreland  
Whitfield  
Wilson (SC)  
Wittman  
Wolf  
Womack  
Woodall  
Yoder  
Young (AK)  
Young (FL)  
Young (IN)

□ 1753

Ms. WATERS and Ms. JACKSON LEE of Texas changed their vote from “aye” to “no.”

So the bill was passed.  
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER  
PRO TEMPORE

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

ELECTING MEMBERS TO CERTAIN  
STANDING COMMITTEES OF THE  
HOUSE OF REPRESENTATIVES

Mr. HENSARLING. Mr. Speaker, by direction of the Republican Conference, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 42

*Resolved*, That the following named Members be and are hereby elected to the following standing committees of the House of Representatives:

(1) COMMITTEE ON ENERGY AND COMMERCE.—Mrs. Blackburn, to rank immediately after Mr. Burgess.

(2) COMMITTEE ON HOMELAND SECURITY.—Mr. Farenthold.

(3) COMMITTEE ON SMALL BUSINESS.—Mr. Landry, to rank immediately after Mr. Fleischmann.

Mr. HENSARLING (during the reading). Mr. Speaker, I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

HOOR OF MEETING ON TOMORROW

Ms. ROS-LEHTINEN. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

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

There was no objection.

APPOINTMENTS—OFFICE OF  
CONGRESSIONAL ETHICS

The SPEAKER pro tempore. Pursuant to section 4(c) of House Resolution 5, 112th Congress, and the order of the House of January 5, 2011, the Chair announces the reappointment of the following individuals to serve as the Governing Board of the Office of Congressional Ethics:

Nominated by the Speaker with the concurrence of the minority leader:

Mr. Porter J. Goss, Florida, Chairman;

Mr. James M. Eagen, III, Colorado, subject to section 1(b)(6)(B);

Ms. Allison R. Hayward, Virginia, subject to section 1(b)(6)(B);

Mr. Bill Frenzel, Virginia, Alternate; Nominated by the minority leader with the concurrence of the Speaker:

Mr. David Skaggs, Colorado, Co-Chairman;

Mrs. Yvonne Brathwaite Burke, California, subject to section 1(b)(6)(B);

Ms. Karan English, Arizona, subject to section 1(b)(6)(B);

Mr. Abner Mikva, Illinois, Alternate.

□ 1800

HOMELESS DUE TO MEDICAL  
BILLS

(Mr. CLARKE of Michigan asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CLARKE of Michigan. Mr. Speaker, I recently received a phone call from my childhood friend who told me he needed a place to stay. He was homeless; homeless because he was a diabetic and because he couldn't afford to pay for his hospital bills, he was put out of his home, he was evicted; homeless because he was middle-aged and couldn't find an insurance company to provide him with coverage he could afford.

I am asking the American people to contact the U.S. Senate to let them know that this repeal of the health care reform law cannot stand. Our American people need this protection.

The very nature of health insurance is to spread the risk. The more people that are insured, the lower the cost of health insurance for all of us. We have got to maintain the health reform law.

HEALTH CARE REFORM

(Mr. MORAN asked and was given permission to address the House for 1 minute.)

Mr. MORAN. Mr. Speaker, many Members on the Democratic side of the aisle, when we were considering health care reform, wanted a public option where the Federal Government would run it. It would ultimately save hundreds of billions of dollars more and, in fact, it would not be subject to the profit incentive of private insurance companies, but we decided ultimately not to do that.

What we did is to decide to model our health care reform after the Federal Employees Health Benefits Plan, where private insurance firms provide the coverage; you sign up for it; you have competition. We have competition now nationally and within the States in this plan, but it's modeled after what we ourselves provided for ourselves as Members of Congress.

Now the majority of the Members of Congress, both Democratic and Republican, have this plan for themselves.

Ackerman  
Altmire  
Andrews  
Baca  
Baldwin  
Barrow  
Bass (CA)  
Becerra  
Berkley  
Berman  
Bishop (GA)  
Bishop (NY)  
Blumenauer  
Boswell  
Brady (PA)  
Braley (IA)  
Brown (FL)  
Butterfield  
Capps  
Capuano  
Cardoza  
Carnahan  
Carney  
Carson (IN)  
Castor (FL)  
Chandler  
Chu  
Ciocline  
Clarke (MI)  
Clarke (NY)  
Clay  
Cleaver  
Clyburn  
Cohen  
Connolly (VA)  
Conyers  
Cooper  
Costa  
Costello  
Courtney  
Critz  
Crowley  
Cuellar  
Cummings  
Davis (CA)  
Davis (IL)  
DeFazio  
DeGette  
DeLauro  
Deutch  
Dicks  
Dingell  
Doggett  
Donnelly (IN)  
Doyle  
Edwards  
Ellison  
Engel  
Eshoo  
Farr  
Fattah  
Filner  
Frank (MA)  
Fudge

NOES—189

Garamendi  
Gonzalez  
Green, Al  
Green, Gene  
Grijalva  
Gutierrez  
Hanabusa  
Harman  
Hastings (FL)  
Heinrich  
Higgins  
Himes  
Hinchey  
Hinojosa  
Hirono  
Holden  
Holt  
Honda  
Hoyer  
Inlee  
Israel  
Jackson (IL)  
Jackson Lee  
(TX)  
Johnson (GA)  
Johnson, E. B.  
Kaptur  
Keating  
Kildee  
Kind  
Kissell  
Kucinich  
Langevin  
Larsen (WA)  
Larson (CT)  
Lee (CA)  
Levin  
Lewis (GA)  
Lipinski  
Loeb sack  
Lofgren, Zoe  
Lowey  
Luján  
Lynch  
Maloney  
Markey  
Matheson  
Matsui  
McCarthy (NY)  
McCollum  
McDermott  
McGovern  
McNerney  
Meeks  
Michaud  
Miller (NC)  
Miller, George  
Moore  
Moran  
Murphy (CT)  
Nadler  
Napolitano  
Neal  
Oliver

Owens  
Pallone  
Pascarell  
Pastor (AZ)  
Payne  
Pelosi  
Perlmutter  
Peters  
Peterson  
Pingree (ME)  
Polis  
Price (NC)  
Quigley  
Rahall  
Rangel  
Reyes  
Richardson  
Richmond  
Rothman (NJ)  
Roybal-Allard  
Ruppersberger  
Rush  
Ryan (OH)  
Sánchez, Linda  
T.  
Sanchez, Loretta  
Sarbanes  
Schakowsky  
Schiff  
Schrader  
Schwartz  
Scott (VA)  
Scott, David  
Serrano  
Sewell  
Sherman  
Shuler  
Sires  
Slaughter  
Smith (WA)  
Speier  
Stark  
Sutton  
Thompson (CA)  
Thompson (MS)  
Tierney  
Tonko  
Townsend  
Tsongas  
Van Hollen  
Velázquez  
Visclosky  
Walz (MN)  
Wasserman  
Schultz  
Waters  
Watt  
Waxman  
Weiner  
Welch  
Wilson (FL)  
Woolsey  
Wu  
Yarmuth

NOT VOTING—1  
Giffords