

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

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

THE REPEAL OF HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Vermont (Mr. WELCH) is recognized for 60 minutes as the designee of the minority leader.

Mr. WELCH. Mr. Speaker, we appreciate the time for this Special Order of 1 hour to discuss the repeal of health care. And this legislation which passed today is the triumph of the Republican victory in the elections. And the Republicans ran on a campaign platform of repealing ObamaCare, as it was called and vilified, and today accomplished that goal.

ObamaCare became a vilification of health care, really a caricature of what was in the bill. It became a million different bad things to a million different people. But the moment the campaign is over and the partisan political points have been put on the board, each of us who has been elected, Republican or Democrat, has the responsibility to use our office to make pragmatic progress for the American people.

And the purpose of our Special Order tonight is to explain in concrete detail what the American people lost and will lose if the repeal is ultimately successful. We have a number of my colleagues here to join us. And to start it off for us is one of the senior members of the Energy and Commerce Committee, a leader in health care reform and elements of the health care reform that have broad bipartisan support, Representative ESHOO from California. I yield her such time as she may consume.

Ms. ESHOO. I thank my colleague for organizing this evening. And I rise to talk to whomever is tuned in this evening to tell some stories. I think stories are really what relate more than anything else to what is going on in the lives of our constituents and the American people.

I want to take people back several years. It was 1996. I was a fairly new member of the Energy and Commerce Committee. And after having had meetings in my district with people in the disabled community, I learned something that I didn't know, and I shared it with many other Members of Congress. They were not aware of it. I don't think the general public was aware of it. And it was the following. And that is that buried in the fine print of insurance policies, in this case health insurance policies, was a cap on lifetime limits of benefits.

Now, that doesn't sound too menacing to begin with. But just think if any one of us, God forbid, were in a horrible automobile accident. We have

seen what has happened to our colleague in Tucson, and the bills that are attendant to that kind of high-end of health care.

□ 1910

Certainly people in the disabled community understood this very well. So the more I probed, the more I learned.

Meanwhile, the actor, wonderful, optimistic and superb actor, Christopher Reeve, had endured a terrible, terrible accident as an equestrian. I think everyone remembers that; and they remember the courageous battle that he waged, not only for more research to be invested in our country, but the hope that stem cell research held. But he also understood this whole issue of limits in an insurance policy on total benefits that would be paid for by the insurance company.

And so it was at that time, 1996, that I introduced legislation to lift the lifetime limit on the caps, on the ceiling in health insurance policies. That effort has been going on since 1996. In 2010, the Democrats saw fit to place that legislation into the health reform bill that has become law.

So today, the law of the land right now, January 19, 2011, at 7:10 p.m. eastern standard time, no one has a limit on their benefits in their life insurance policies. So if someone is in a terrible accident, that won't be held against them. If someone has a chronic illness, a chronic illness with cancer, with whatever one might name, that will not be held against them.

I tell this story because we have heard some tall tales, some tall tales about what the health care legislation, now the law, contained. More than anything else, what the legislation is about is addressing what happens to people in their day-to-day lives, the stories that our constituents have told us.

I want to tell you another story. This is from Elaine from the town of Los Altos, California, in my district. This is what she wrote to me: "This is the first time I have ever written to any government representative on any topic in my 50 years of existence." Elaine was diagnosed with breast cancer in 2006. It's a disease that we are all, all too familiar with. One in eight women will develop breast cancer in her lifetime.

Elaine wrote: "Normally, when I feel that a service provider is price gouging or in any way treating me unfairly, I take my business elsewhere. This is what I did with my auto insurance, and this is how market forces are supposed to work."

But Elaine couldn't do that because so few insurers would even take her. Most of them would not go near her.

The health insurance market, in my view, in so many of my constituents' view, has really failed our country.

We believe in markets. We believe in strong markets. We believe in competitive markets, but we don't believe that a market should be part of crushing

human beings in terms of the rules that they write.

Elaine saw her rates increase by 94 percent over a 13-month period.

Let me repeat this: Elaine saw her rates increase by 94 percent over a 13-month period.

What Member of Congress can endure this?

And I have to say that those that have fought the hardest against this bill, now the law, are taking their health care coverage from the government as a government employee.

Now, I am proud to be part of my government. I will never run away from that. I am proud of what I do. I am proud of my profession. I always want to be uplifting to it. But I don't think that there is room for hypocrisy in this. These are great needs. Yes, Members of Congress have insurance coverage. And the way that we designed the bill was so that the American people could get what we have, to get what we have.

Look and listen to what Elaine is saying. Elaine's gross income increased only 4 percent as her insurance rates increased by 94 percent over a 13-month period. I don't think that this is sustainable, not for any working person in this country, not for any community and certainly not for our Nation and our national economy.

Health care represents a major sector of our national economy, and if we don't do something, as we did, about the rising, spiraling costs and the effect that it has on families and individuals, it will really tear them apart and bring them to their knees financially. So I am very proud of the vote that I cast on behalf of my constituents.

Was the bill complicated? Absolutely. For those that say it was a long bill, they have voted for plenty of trade bills around here, and the trade bills are 4,000 pages. I wonder if they have read that.

But this one, this one lands in the middle of a family so that they don't have the panic at night or the cap on the benefits if they are in a terrible accident, like Christopher Reeve, God rest his soul, or Elaine, in my district, that told her story to me.

Elaine's health is not a commodity that can be bought or sold on the open market. She doesn't have the option to go without health insurance if prices get too high. For Elaine, this is an issue of life or death.

So today I found it to be a rather sad day that any Member of Congress would stand on this floor and, with a sense of glee, say we are going to repeal the progress that America made.

For the first time in the history of our country, the Congress passed comprehensive health reform for every single American. That, to me, is a great source of pride. I think it is to Elaine; and I think if Christopher Reeve were here, he would say "bravo" as well.

So thank you to my colleague, Mr. WELCH, to all of my colleagues that care so much about this that have

worked so hard on it and will work to defend this. This is for the American people. I think that they deserve to be rewarded.

They work hard; they play by the rules. No one should be crushed by unfair rules.

Mr. WELCH. I thank the gentlewoman from California.

The story that Congresswoman ESHOO told is making very real what the consequences are of taking away from families benefits that they have and now depend on.

Just a quick story about Vermont, to make it, again, real. A woman by the name of Donna, from Plainfield, Vermont, a hard-working person, she and her husband both work. Their young son graduated from school, got an entry-level job that paid \$8 or \$9 an hour. And as the case with most entry-level jobs, it came without health care.

That child was no longer eligible to stay on his parents' policy, and they were doing all they could to pay their bills. Health care is expensive. They couldn't afford to buy a separate policy for their son. And most of the time that works out, but sometimes it doesn't, and it didn't in this case.

Their son had a car accident, \$20,000 in medical bills. They are still paying those bills off.

When we passed the health care bill that included the provision that sons and daughters who were starting out in life, taking that first job, usually without health care, but learning job skills, fiscal discipline, personal responsibility, the worst, the bill we passed allowed those kids to stay on our policies until age 26.

□ 1920

It makes an enormous amount of sense in the peace of mind it provided. That assurance to Donna relieved her, her husband, and their son of all this anxiety about whether they'd have the health care they needed in the event of an accident. The action today by this Congress led by the new majority takes away from Donna, her husband, and their son their access to affordable health care. It didn't need to be done. And the question I think all of us have to ask is why?

There are elements of the health care bill that are imperfect. Let's improve them. There are elements that are very controversial. The individual mandate is controversial, and we have to acknowledge it. I supported it, and I'll tell you why. I believe that if everybody is going to have access to health care, and the vast majority of this country believe that's the case, then all of us should share in the responsibility of paying for it, on the ability to pay. That's why I supported the individual mandate, because folks who don't have insurance don't go forever without having the need for health care services. And most States are like Vermont. If somebody gets hit by a truck, the rescue squad shows up, and they take that person to the hospital.

The hospital may inquire about insurance, but they don't condition providing full and extensive care on whether that person has insurance or doesn't. And that cost gets shifted on to the taxpayer. That cost gets shifted on to those who do have insurance in the form of higher premiums. So this is real what happened. The consequences to families are real.

I would like to yield to the Member from New York, also a leader on health care, Congresswoman CLARKE. Thank you for joining us tonight.

Ms. CLARKE of New York. Thank you, PETER WELCH.

Mr. Speaker, I just find it so interesting that here we are in the new 112th Congress and in the wealthiest Nation on the planet where nearly 50 million Americans still lack health care insurance, 13.5 percent of which are New Yorkers. Last year alone, New York City's hospitals spent \$1.2 billion in charity cost. You see, in a city like New York, we're going to make sure that at the moment that people are most vulnerable, in an emergency, they're able to receive health care. But it has cost us \$1.2 billion in charity costs.

Tragically, people who are either uninsured or underinsured often have to go without the vital health care services they need simply because they can't afford it. Every American has a human right to adequate physical and mental health care, and I believe that government has a responsibility to assist its citizens in securing quality health care. That's why I've been such a fervent supporter of the Patient Protection and Affordable Care Act which passed the 111th Congress, because it does just that. It ensures that Americans have access to quality health care, and it makes sure that we begin an enlightened process of preventive care, which is the least expensive way of our being able to meet our health care needs.

Repealing this bill would mean that insurance companies will, once again, be able to drop coverage for people when they are ill, exactly when they need that coverage the most. It will mean that kids with preexisting conditions will be denied coverage once again. It will mean that insurance companies would again be able to impose devastating annual and lifetime caps. And it would mean that young people will no longer be able to stay on their parents' plan until the age of 26. It would mean that pregnant women would be denied coverage simply because they are pregnant, since pregnancy is considered a preexisting condition and therefore a basis for denial of coverage. And finally, our seniors, who face an increase in their prescription drug costs because they would be thrown back into the Medicare part D doughnut hole which the health care reform law would close by 2020.

With all that has been discussed about the virtues of health care reform, all that has already been imple-

mented as a part of the health care packages of constituents in my district, people are recognizing how earthshaking and groundbreaking this legislation has been.

I would like to share with you a letter that I received from one of my constituents in the 11th Congressional District. His name is Jonathan. He says, Congresswoman CLARKE, I am a two-time cancer survivor. I'm constantly worrying about being denied coverage because of my preexisting condition. I'm not comfortable that corporations under the old rules would have considered me unprofitable. I think it's a disgrace that this problem has existed in our country. I for one will move to Canada or elsewhere if health care reform is repealed and if I ever have a recurrence of my cancer. Meanwhile I think it's every American's responsibility not to allow other people with preexisting conditions to be denied coverage.

You see, Jonathan is not just thinking about himself. He recognizes that like himself there are millions of Americans across this country who may not have options of mobility to leave the country to seek health care but who need this legislation to go into full effect. And that's what we are here discussing today, the essence of what this legislation means for Americans across this Nation.

One thing about health care insurance, you often don't know what you need until you need it. And because there are individuals in our civil society, and many have referred to them as the invincibles, young people who are young, vital, physically fit, one tends to look after their health care after the fact. Well, we want to do a paradigm shift in this Nation where it brings down the cost of health care insurance. That means that every year we go through an annual physical. We know how our body is operating, and we are clear on that. And if by chance we develop a need or we're in a catastrophic accident of some sort, we have the coverage that will not allow us to go into bankruptcy. That's all that any family can truly ask for. And that's what we congratulate the last Congress on accomplishing.

What was displayed here today really was not forward leaning or forward thinking. It's our hope that the Senate won't even take this up because right now we're hearing from seniors who are saying, already we are looking forward to the support we can get for the prescription drugs that we need to address our chronic disease.

So as Jonathan noted in his letter to me, this repeal would once again allow big insurance companies who are only focused on profitability to deny coverage to him and so many others with preexisting conditions. I don't think we're going to allow Jonathan to be punished and denied coverage simply because he's a cancer survivor, and that's what repealing this health care law would do.

So I want to thank my colleagues for promoting this Special Order today and making sure that our voices are heard and the voices of our constituents are heard, who are really in favor of this legislation, this law of the land, actually, going into full maturity. Because as this law matures, more and more Americans will be covered, their families will be more secure, and we will be all the more healthier for it as a civil society.

I want to thank the gentleman from Vermont, PETER WELCH, for anchoring this Special Order this evening.

Mr. WELCH. I want to thank the member from New York. You talked very eloquently about preexisting conditions. And who of us doesn't have one? There was an article in The Washington Post today that said about 65 percent of Americans have preexisting conditions. So if the insurance companies are able to deny people coverage on that basis, it's a tremendous business model for them. They insure folks who are healthy, that's great for the shareholders, but it doesn't do much for most of us, the majority of Americans who have a preexisting condition. So thank you for focusing on that real provision in the bill.

I'm going to yield in a moment to the Member from Maryland. We have a number of Members here, so maybe we can be interactive.

□ 1930

But one of the things that I was going to ask you was on this question of preventive care. When we were considering this bill, I called Tom Huebner, who is the administrator of a local hospital, Rutland Regional Medical Center; and he had a lot of reservations about the health care bill, whether on balance it was good or bad. He decided on balance that it was good.

But one of the things that he said very specifically was that the free preventive care for seniors is absolutely essential. It was essential for their good health, and it was essential for bending the cost curve because folks do not come in if they don't have the way to pay for it. That was him talking to me telling me about the Rutland population. Whatever your remarks are, Member from Maryland, I am wondering if that is consistent with the experiences you have had in your district.

Ms. EDWARDS. Well, I thank the gentleman. I think that is right. You look at so many things that can be prevented if only people were able to get their preventive care.

Today what we did in this House, what the majority did in this House, is so sad, taking away the ability of senior citizens to go in for an annual checkup and make that early discovery and diagnosis of diabetes or hypertension or any of the markers for those chronic illnesses that if treated early can actually save all of us a lot of money, all of those seniors a lot of grief, and really be good for the system.

And so when I think about what we did today, I think of the millions of Americans all across this country who every day are discovering a new benefit that is now available to them because of the new health care law.

I think it is important for us to remind the American public that the Affordable Care Act isn't a bill, it isn't an idea, it is not a proposal. It is the law. Today the law is that if you are up to age 26 that you can stay on your parents' health insurance plan. The law of the land today is that if you are a senior and you are paying out-of-pocket costs to the thousands of dollars for your prescription drugs, those drugs that fall in that prescription drug doughnut hole, you will receive a 50 percent discount on those drugs.

The law of the land is that you can't be excluded from preexisting conditions. Now, the gentleman from Vermont talked about preexisting conditions, as did the gentlewoman from California. It is so simple. It is true, almost not a one of us is without a preexisting condition. Well, the law of the land, despite the sadness of what happened in this House today, is if you have a preexisting condition and you are under age 18, that you will actually be able to receive health care insurance for that. And as we go through implementation, that you will be able to, whatever your age and preexisting condition, you will not be excluded from receiving your health care.

The law of the land today is that small businesses receive a tax credit for providing health care to their employees—35 percent last year when the law was started, 50 percent this year. That's the law of the land.

And so I am glad to be here with our colleagues. I don't want to overplay the sadness that happened in this House today because there was a lot of business about taking care of campaign promises and meeting artificial goals. But the fact is that last year we passed the health care law. It is being implemented right now, and that's the law of the land. And thank goodness for the millions of people all across this country who have the security in knowing that not only do they have access to quality, affordable health care, but that that applies all across this country.

Mr. WEINER. Will the gentlelady yield on that point?

Ms. EDWARDS. I will.

Mr. WEINER. If I can just point out something, a lot of people look at this through the lens of their personal experience. Perhaps people watching this say, You know what, I have health insurance, I like my health insurance and I don't have a preexisting condition. Why should I really care about those who do?

Well, I think you understand this, but I think many of our Republican colleagues don't. We wind up paying as citizens one way or the other. You know, we had awhile ago this H1N1 flu outbreak. Now, if someone has a choice

and health insurance coverage that allows them to get a regular checkup and get doctor's screenings and get medications and given an idea what they should do to treat that, is it better or worse if they don't have insurance and they get on the bus in the morning and they wind up in a hospital emergency room and take you and your kids with them?

The fact is it is not whether we are going to pay for health care; it is how we do it most efficiently. My Republican colleagues don't seem to understand this very basic idea that they talk about we should have choice. Nobody chooses to be born with cystic fibrosis. No one chooses to have a child that is born with asthma.

I don't care how much you believe in the free market, when God strikes you with those afflictions and you need care, the only question then becomes how do we provide the care that is most efficient. Right now if people don't have insurance and they fall down or they get hit by a bus, God forbid, and they don't have the ability to pay, it is not as if there is some magical force out there that absorbs those costs.

We wind up paying it. Everyone who has a health insurance policy winds up paying it. We in New York, and Congresswoman CLARKE made the point about New York, we pay \$8 billion in additional taxes. So it is just a matter of how we do it, and it comes down to a very simple idea: it is less expensive to give people a subsidy so they can buy insurance than it is to pay for them in emergency rooms. It is cheaper that way.

So it is just a matter of how we choose to do it, and I think when you point out the fairness and the decency as Americans that we have when we provide the care, it is also doing a favor for everyone who has insurance, and every taxpayer in this country.

So even if you don't buy into the idea that we should be altruistic, and we fundamentally believe, and I believe this is a fundamental difference between the parties, we don't believe you can get too far ahead as a country when you have so many, 30-some-odd million people without health insurance. We don't believe you fundamentally can. There are more people taking time off from work. Every single product we buy has more cost because of our health care failures. That is the difference between Republicans and Democrats. We believe those things out of a sense of compassion.

But even if you just look at the economic bottom line, you should want to provide people with preventive care. It makes the most sense. It saves us money. It saves every American who has insurance money, and I want to thank you for pointing those things out.

Ms. EDWARDS. I thank the gentleman. I am going to finish up because we have other Members who want to speak on this really important issue.

I want to say in closing, today I began with a story of a young woman who is very close to me. Her name is Annie. She is such a delight. Well, in the spring she was diagnosed with leukemia. She will be 28 years old in February. When she was diagnosed, she had health insurance; but what she realized and her family realized right away was very quickly, as she was approaching trying to get a bone marrow transplant and all of the attendant costs that are associated with that, that without the change that we made in the health care law, maybe her parents would have to give up their retirement fund; maybe they would have to sacrifice their home because they wanted to save their daughters' life because she would have bumped up against those lifetime limits.

And so what we did in the 111th Congress in passing a health care law is we said to young people like 28-year-old Annie that we are committed to making sure that she has the ability to take care of her health and to save her life. That is what this is about. It is about real people. It is about their lives, and it is about our obligation that we have to one another.

I thank the gentleman for organizing this Special Order this evening.

Mr. WELCH. I thank the gentleman from Maryland.

In order that we can allow all Members to speak, I am going to yield to my colleague from Texas; but if there are any inquiries by Members who are present and want to engage in a dialogue, I encourage you to do that.

Ms. JACKSON LEE of Texas. I thank the gentleman from Vermont, and I am just very pleased to have heard my good friends from New York, Ms. CLARKE and Mr. WEINER, and my good friend from Maryland. I hope this is a comforting Special Order because even as we speak, I think it is enormously important because people look at this because they saw a debate and they saw a vote, and now we are here on the floor of the House. I want them to know this bill is the law of the land. What we are trying to explain to them is the potential devastation of that bill being repealed.

The good news is that this was a payback to those who voted for my good friends on the other side of the aisle, Republicans, and we understand that. But lives are involved. To the distinguished gentleman from Vermont, lives are actually involved. I just have a few points that I want to characterize this debate as and to give people comfort that we are still fighting for this law. This law is in place.

□ 1940

Right now, the elimination of lifetime caps: you can still use this bill.

The idea that seniors, some 40 million of them, beginning in January 2011 will begin receiving savings on preventative care services: you can still use this. This is very important, the 50 percent discount. If anybody had an

earful from the seniors, it was the doughnut hole. At every senior citizen center you go to, they're talking about the choices I have to make between food and rent and prescription drugs. I want them to know the law is still in place.

I know there was a debate on the floor of the House. I know there was a vote, but it should be well known that Democrats put up an able fight. More importantly, we know that our President will be working to preserve the law that exists. That's very important.

In having listened to a gentleman by the name of Ed, first name Ed, who has a chronic disease—hemophilia—he told a very important story of how he and his brother grew up with that and how he lives well today because of the fact that we have passed the elimination of lifetime caps. So he can be treated. He can work. He has insurance.

That is why when people ask, How does this impact me? Those of you who have insurance, we are not taking it away from you; but I assure you you have lifetime caps.

What about the young woman and her son who came to my town hall meeting who said, in tears, Congresswoman SHEILA—whatever they call me—we had insurance. We went to a doctor for a physical for my son who had to get a physical to get into school—every child has to get a physical at the beginning of the school year—and the doctor turned me away and said, Your insurance only covers emergency room.

We won't have that kind of half-baked insurance anymore.

So I quickly want to do this, Mr. WELCH. There was a big discussion about the constitutionality of this bill, and I got into another big discussion with one of our wonderful pundits who wanted to argue about whether someone would die without this health insurance.

This is a Medicare patient, or someone who is using Medicare. It indicates that she spent the week of New Year's of 2008 in an emergency room, and then was confined to her home for weeks because she developed pneumonia. She says she had never been so sick in her life. The good news was, in 2008, she had a government-run health care provision, a Medicare program, that allowed her to discover her sickness and to be treated.

Her very words: For a time, I was so sick I was afraid I was going to die. Then I was so sick I was afraid I wouldn't, and I was miserable.

The real question is: even though she is a senior, this government-run program allowed her to get care, and she didn't die. Sometimes walking pneumonia, as everyone knows, is not anything to play around with.

Why are my friends on the other side of the aisle complaining about a government-run program? This program has not been ruled unconstitutional, and it has been in place since 1965. So when they make the argument and it

frightens our seniors who are listening and they're saying, This vote, do we not have it? You have Medicare. We are enhancing Medicare. We are making it solvent. 2037. This is what this bill will do for you.

Then let me just conclude with this. This is probably not readable, but this is my State celebrating the bill. This is the Texas Department of Insurance that has just put out a report celebrating all of the provisions of this bill that will help the millions of uninsured. You all know that Texas has the highest number of uninsured in the Nation. We are obviously a growing State with the highest number. This is not a Democratic Texas Department of Insurance. I only say that to say other States are doing the same. Moneys are now flowing to States to ease the burden of health care.

So I don't know what my friends on the other side of the aisle are doing when States are receiving money now, when people have no more lifetime caps, when young people can be on their parents' insurance because of the issue of being 26 years old.

Then there is this legal argument—and this is the conclusion. I carry this book around. The commerce clause has covered our health bills or a number of Federal provisions that we have used, and we have not seen them overturned, and we haven't seen Medicare overturned.

Yet there is another element that, I think, raises a question for my colleagues, and I hope that those who are now in the courts on this bill—and it is the courts that make the determination of the constitutionality, not this Congress, not people who are responding to a campaign or to promises they made. I think they'd have to look at the question of the 14th Amendment and the equal protection of the law.

Does that mean that those who can only pay a certain amount and get low-caliber insurance should be taken advantage of, or does it mean that small businesses that would like to provide insurance for their employees don't have a right to some form of equal protection of the law?

We thought about that. That's what this bill does. It helps to equalize access to quality health care, and the Fifth Amendment clearly states that no one can deprive you of life or liberty or property.

So there are a lot of provisions that, I think, are meritorious in any argument to suggest that this is an unconstitutional act that we did. We equalized the playing field as opposed to depriving people of the equal playing field.

I thank the gentleman for having this. There are a whole bunch of items that we can comment on. Every State is benefiting. Every district is benefiting. I don't know how my friends could vote against actual direct benefits when the people in their States are jumping for joy.

This bill is in place, and it is the law of the land. Let it be very clear: it is the law of the land.

Mr. WELCH. I thank the gentlelady.

The example you gave is of Texas, which is where the authorities who have responsibility for health care are pushing ahead to take advantage of the provisions that will allow them to do their jobs better even as we are having this debate about repealing and unwinding, but not replacing.

I mean, the point is that, if you want to improve something, you know, that's our job. Let's do it. There are provisions that all of us who supported this bill know could be improved; but we are hearing now real-world stories about things that are working really well, and we want to keep them.

Mr. Speaker, may I inquire as to the time available?

The SPEAKER pro tempore. The gentleman has 19 minutes remaining.

Mr. WELCH. I am going to yield to the gentleman from Connecticut, who has played a major role, especially in making fair the financing of this health care and not doubly taxing folks who are getting employer-sponsored health care benefits, and also for his tremendous work for seniors.

The gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Thank you, Mr. WELCH.

In actually following the Congresswoman's comments about Texas' participation in various parts of the program, I wanted to focus for a minute on one of the really strong pro-employer provisions of this bill.

We heard a lot of talk on the floor today about job-killing health care laws. I mean, the fact of the matter is, since President Obama signed the measure into law in March, over 1 million private sector jobs have been created in this country. I would contrast that to the day he was sworn into office, January of 2009, when the U.S. economy had lost 800,000 jobs in 1 month alone. So, clearly, you know, on just a simple data basis, this claim really doesn't pass the test of the facts.

One of the pro-employer measures which Texas is now participating in, along with the other 49 States, is a provision called the Early Retiree Reinsurance Program. In 1986, over 60 percent of America's employers had a retiree health insurance plan so that people hitting age 55 or 60 could retire, and their benefits would be extended. In 2009, that number had fallen to below 30 percent.

What this bill did is it created a reinsurance fund, which is like a government backstop for private employment-based health insurance plans, similar to the same type of reinsurance plans that we have for terrorism insurance, flood insurance, and the nuclear energy industry. These are types of property and casualty coverage which would never be written in this country if the government did not act as a backstop. We set up a similar fund and

basically opened the doors to employers across America who had, again, employees who were over age 55.

What have we seen?

Over 4,700 employers have enrolled in this program. Over half of the Fortune 500 companies in America have signed up for this program. I mean, you can just go down the list: GE, General Dynamics, Coca Cola, Pepsi, AT&T, Comcast, Ford, GM, Walgreens. The list goes on and on.

□ 1950

Again, all 50 States have enrolled for their State employee health plans, including States that are suing the Federal Government to try and blow this law to smithereens.

The fact of the matter is is that they're voting with their feet in terms of whether or not this is a good law or not. If this was not a good program, they wouldn't enroll in it. But they understand that stabilizing early retiree health benefits is a way of making sure that people who are 55 years old and are teaching or police officers or working in corporate America are going to retire, and that will create elasticity in the labor market so that young Americans can actually fill those positions. I mean, this is even truer in terms of physical labor occupations. And again, Taft-Hartley plans, laborers, iron workers have all signed up for this reinsurance program, again, as a way of stabilizing 55- to 65-year-old Americans' health benefits and creating more opportunities for younger Americans so that people will follow that natural path of retiring.

When you take that measure and combine it with the small business tax credit—\$40 billion of tax relief for small employers—this is a pro-jobs, pro-employer law. And again, quick example, I was at a roundtable on health care in my district. There was a family doctor that was there who was talking about the new Medicare changes and how excited she was about getting tools to better serve her clients. And she said, I'm getting killed on my own employee health plan, it's like \$14,000 a year for four or five employees. And I said, well, did you check out the small business tax credit? She said the small business what? So she went on that tax calculator—it's smallbusinessmajority.org—and called me back a couple of days later. She's going to save \$4,000 on her health insurance premium because of that tax credit.

By passing this law today, the Republican majority raised the taxes of small businesses all across America at exactly the same time that today they are figuring out their tax returns for 2010. I was a small employer before I came to Congress a short time ago. That's what you do in January and February, you start pulling your papers together to do your taxes. And they just voted today to blow up that tax credit to help the real job creators in America's economy.

Ms. JACKSON LEE of Texas. Just a quick point.

Number one is the benefit you just mentioned in a State like Texas, this retiree program. And we have a very quixotic or very complicated retiree program for teachers. And I will just say in closing, State legislators are beginning to go back to their capitals to try and understand how they're going to face these enormous deficits. I can't understand why we are burdening now States, by this vote, with extra responsibilities when they are all in crisis. The bill we have saves jobs, creates jobs, and provides benefits for people who need it and States who are in trouble.

Mr. COURTNEY. And quickly to conclude, I'm glad you mentioned teachers because as we now begin a great debate in our country about trying to reform America's schools, the one thing I think everybody agrees is getting young teachers who understand technology, who are enthusiastic, that young students can identify with a little better than some of the older teachers that are in the classrooms. We want them in the classrooms. But older teachers who are afraid that they're going to lose their benefits if they retire are going to continue to work for their benefits. And this fund, this reinsurance fund is a way of trying to loosen the labor market and get new blood in occupations all across our economy.

Thank you, Mr. WELCH, for your great presentation.

Mr. WELCH. I thank the gentleman from Connecticut. And as I listen, it's a good news/bad news story. The good news is businesses, large businesses and small, that have fiduciary responsibility to their shareholders and to their employees have sharp pencils and figure out what makes the most sense for them, and they're signing up for this. So that's an indication that they've kicked the tires and come to the conclusion that this is good for business.

The bad news is, we apparently have done a pretty lousy job explaining this to the American people, and it has gotten obscured with the epithet of "ObamaCare." But when you peel away the specifics of this—and then you provided evidence that businesses that have to make a hard-nose decision, this ain't about doing a "good thing" or they want to do the right thing for their company, but they've decided this is the prudent fiscal thing. So I thank you.

I yield to the gentleman from Virginia, senior member of the Appropriations Committee and one of the Members who is always a voice of conviction and conscience in this institution, Mr. MORAN.

Mr. MORAN. I thank my very good friend from Vermont for yielding to me, and I thank my colleagues for participating in this discussion.

There are so many things that are hard to understand with regard to what occurred today. One is that the new

Republican majority tells us that jobs is their first priority. This will generate about 4 million jobs around the country we're told—and we can identify where they occur. And so we won't create those jobs, particularly in the health care professions.

We are told that another high priority of course is to reduce the budget deficit. The nonpartisan Congressional Budget Office tells us that this will save more than \$1 trillion through an emphasis on preventive care, by getting people out of the most expensive emergency care and into doctors' offices, and much more efficient delivery of care. But nevertheless, we won't save that money, and we won't create those jobs.

One of the fascinating things is that I'm told by many of my friends on the Republican side that they actually agree to eliminating the insurance companies' ability to deny people due to preexisting conditions, it's just that they're opposed to the individual mandate because it's unconstitutional. The fact is you can't have one without the other.

Imagine how our car insurance system would work. You have to have car insurance, but there's no mandate. So just wait until you get into a crash, then go to the hospital, go to your insurance company, they're going to have to pay it up. I guess they think that's the way the health insurance system would work—wait until you get sick, wait until you have an accident, go to your insurance company, get your insurance coverage, they'll pay for it. Obviously they won't pay for it because every insurance company would go out of business. And so if you had preexisting conditions without an individual mandate, then it's the Federal Government that would have to provide health care to everyone when they got sick or when they had an accident because certainly no private insurance company would ever think of putting themselves in that position. So you can't have one without the other. It doesn't make sense.

But to my very good friend from Vermont who gave us the opportunity to share a few comments tonight after this historic vote, the thing that troubles me the most that I can't get my mind around is that before we took that vote to repeal health care reform every single Republican Member of this Congress voted to say I want my Federal employees health benefits plan, I want my insurance coverage, and then they went ahead and every single one of them voted against providing the same sort of coverage to their constituents. That's what the recommitment was. I don't know how many of them read it—they're always complaining, well, we didn't have a chance to read it. Well, it was as simple as could be: If you're going to vote against providing health insurance for your constituents, then don't take it for yourself because it's basically the same plan. But every single one of them, old and new Mem-

bers alike, voted to give themselves that very plan that they then turned around and voted against making available to their constituents. So this may have been one of the most hypocritical days in the history of the United States Congress.

I don't know how they explain it. I don't know how I would explain it if I had to go back home: Sorry about that, I took care of myself in one vote—the very first vote of this brand new Congress—and then I voted to do just the opposite for you in the very next vote. Boy, we're off to a very interesting start.

I thank my friend for giving us the opportunity to share that with the American people.

Mr. WELCH. Well, I thank the gentleman from Virginia.

I yield now to the gentleman from New York (Mr. TONKO), who has been listening to his constituents in the Albany region and hearing from them about prescription drug pricing and how it's too high. He has been bringing practical solutions to Congress to try to help make health care more affordable, the gentleman from New York.

Mr. TONKO. Thank you, Representative WELCH, for bringing to us the kind of focus that we need to have here on this floor. It is a pleasure to join with our colleagues from Virginia and Connecticut and Texas and Vermont, my neighbor to the immediate east. So thank you for your outstanding work in this capacity.

□ 2000

There's nothing more powerful than the faces that put a real life meaning into the work that we've done here.

Let me talk about a constituent, actually a family of constituents from Albany, New York. Ellena Young is a very young mom and has a 1-year-old son, Liev, and she's a three-time cancer survivor. There's a history of cancer in her family. And in the latter half of 2009, her husband, Bill, testified at our health care forum because his wife was having complications with her pregnancy and required bed rest.

Well, as you can imagine with preexisting conditions, she was in and out of insurance coverage and very often was struggling to find ways that they could get the family covered. Her preexisting condition complicated that severely.

The way she found health care coverage was as a Ph.D. student hooking herself and her family to the university plan.

They were thrilled about the news of the pregnancy. She was in remission. They had all of this hope going for them.

She then developed complications with her pregnancy—situations with malnutrition, severe iron deficiency, and, yes, even blood clots—all of which were life threatening.

Well, you talk about the pharmaceutical needs. She was given prescriptions for 10 different medications, all of

which were very important. Representative WELCH, she had to choose five of the 10. She tried to pick the five most important, and even then it was an out-of-pocket expenditure of a thousand dollars a month so that she could stay well and stay alive during this pregnancy. And what made it very difficult, as she was working through all of this, was that because of the complications of this pregnancy, her doctors told her that she would need to undergo a C-section.

So now the family is faced with a decision: Do I quit at school where I was earning an income and keep my coverage, or what is my other choice? Because in order to have the surgery, which was going to save her pregnancy and her life, she had to take time off from school, so fell out of the ranks of the insured.

Now, let me just quote from Ellena. As she and her husband debated applying for more student loans or a new credit card, she had this to say: I needed a procedure to save both my life and the life of my baby, and I was choosing between interest rates.

Is that not a powerful statement?

And this is what this reform is all about and why it is so aggravating to see the repeal voted on here in this Chamber today, because the hope that was brought by our bill applied to a case like that of the Young family is a very, very powerful statement.

The Affordable Care Act bans both annual and lifetime expenditure caps. And that health coverage that is limited annually or lifetime is very disrupting and can deny, when you most need health care, it can deny the coverage.

And so with all of this outcome, here's a real-life example where this family, with their 1-year-old child, had to struggle to find the insurance coverage.

But why are we putting people through this sort of difficulty?

And this is not unusual. It's a powerful story. But there are countless episodes, anecdotes that are brought to everyone's attention on this floor. And we're here to be leaders that provide hope and opportunity for the people that we represent. And then to repeal progress just as it begins to reach the very households that we have addressed across this land is a very sad statement. And we have to continue to work to make certain that the beneficiaries, the millions of people who prospered from this sort of activity, are not let down.

I think this is a very important time in our Nation's history for us to use our resources wisely, to respond to the constituents with compassion, and to understand that these real-life stories are exactly that—real and profound and deep and meaningful. And they ought to help us decipher what the best policies are.

And I really thank Ellena and Bill and Liev for the opportunity to share their story. It's a painful story, and

they're very generous to allow us to share it here on this floor.

And I thank you again for bringing us together.

The preexisting conditions, the annual and lifetime caps, the filling the doughnut hole for our Nation's seniors so that they can, you know, move forward and live comfortably and maybe even save their lives with the appropriate medication and affordability and accessibility, these are all of the dynamics for which we have fought. And it's a shame that they're being taken away or attempted to be taken away at a time when they're just beginning to have their presence felt.

I thank you for bringing us together tonight.

Mr. WELCH. I thank the gentleman, and I thank my colleagues for joining us for this hour tonight.

ACCEPTABLE BIGOTRY: PREJUDICE AGAINST THE CHILD IN THE WOMB

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from New Jersey (Mr. SMITH) is recognized for 60 minutes as the designee of the majority leader.

Mr. SMITH of New Jersey. Mr. Speaker, it is my distinct privilege to yield to MARTHA ROBY, a new Member who was just elected. And she's an outstanding pro-life woman, a Member of Congress. And we're just so pleased to have her in the caucus.

Mrs. ROBY. Mr. Speaker, 2 weeks ago I took part in a reading of the U.S. Constitution in this Chamber. It was a fitting tribute to the great social contract between the American people and our government.

The Constitution is an exceptional document, and we have all taken an oath to defend it, and defend it we must. Too often, our Constitution is under attack by the liberal activist movement that seeks to achieve through the courts that which they cannot achieve at the ballot box.

On the front line are the unelected judges that disregard the words and meaning of the Constitution in favor of their own political and social views. They decide cases not on the law and the facts but on the outcome that they alone believe to be the best policy. *Roe v. Wade* is an example of this sort of judicial activism at its worst. Together with other cases, the *Roe* court created a fundamental right to abortion even though a simple reading of the Constitution reveals no such right. As a result, unimaginable harm has occurred.

In the short time that I have talked tonight, another baby has been aborted. That equals one abortion every 2 minutes, 3,300 abortions a day, or 1.2 million abortions a year.

Mr. Speaker, I am unapologetically pro-life. I believe that the miracle of human life begins at conception. I believe that we are fearfully and wonderfully made, "knit together" by God in

our mother's womb. I believe that every American is entitled to basic human rights. And I believe that I have an obligation to do everything I can to fight for the unborn, to prevent taxpayer money from funding abortions, and to protect our democratic system from the encroachment of an all-powerful judiciary.

Let us use this 38th anniversary of *Roe v. Wade* as an occasion to reaffirm our beliefs and redirect ourselves to that cause.

Mr. SMITH of New Jersey. I do thank the gentle lady for her very powerful and eloquent statement in defense of the innocent unborn child.

Mr. Speaker, earlier today, an abortionist in Philadelphia, Dr. Kermit Gosnell, was arrested and charged in the death of a mother and seven babies who were born alive but then killed by severing their spinal cords with a pair of scissors.

□ 2010

According to the CBS TV affiliate in Philadelphia, the district attorney said that in 1 year alone, Dr. Gosnell made approximately \$1.8 million performing abortions.

The abortion industry, Mr. Speaker, is a multibillion dollar business. Planned Parenthood boasts that in 2008 alone, their abortionists killed over 324,000 babies, while raking in approximately \$1 billion in fees and local, State, and Federal Government subsidies. The ugly truth is that abortionists often get filthy rich not by healing or nurturing or curing, but by dismembering and decapitating the fragile bodies of unborn children, by starving the child in the womb with lethal agents like RU486 or by other means of chemical poisoning. The ugly truth is that women are victimized by abortion, wounded and hurt physically, psychologically, and emotionally. Women deserve better than abortion.

The only thing the multibillion dollar abortion industry has produced in America and worldwide is victims, wounded women and over 52 million dead babies in the United States alone since 1973, more than six times the entire population of my home State of New Jersey. The multibillion dollar abortion industry systematically dehumanizes the weakest and most vulnerable among us with catchy slogans, slick advertising, clever marketing, and very aggressive lobbying, particularly here.

They have made the unacceptable—to be prejudiced and bigoted against a child in the womb—acceptable to some. This acceptable bigotry has been promoted for decades, despite breathtaking advances in fetal medicine, including microsurgery, underscoring the fact that an unborn child is a patient in need of care, diagnosis and care, just like anyone else, and despite the amazing window to the womb, ultrasound imaging.

In 1976, Dr. Willard Cates and David Grimes, then with the Centers for Dis-

ease Control in Atlanta, presented a paper to a Planned Parenthood meeting entitled, and I quote this directly, "Abortion as a Treatment for Unintended Pregnancy: The Number Two Sexually Transmitted Disease." These two abortion doctors reduced the child in the womb to a disease, to a parasite, to something that had to be vanquished. As far as I know, no one at Planned Parenthood objected to this dehumanizing language and obvious bigotry towards children.

Mr. Speaker, the evidence of significant harm to women who abort increases each and every year. Abortion hurts women's health and puts future children subsequently born to women who abort at significant risk. At least 102 studies show significant psychological harm, major depression, and elevated suicide risk in women who abort. The *Times* of London reported that senior psychiatrists "say that new evidence has uncovered a clear link between abortion and mental illness in women with no previous history of psychological problems." They found that "women who have had abortions have twice the level of psychological problems and three times the level of depression as women who have given birth or who have never been pregnant."

In 2006, a comprehensive New Zealand study found that almost 80 percent of the 15- to 18-year-olds who had abortions displayed symptoms of major depression as compared to 31 percent of their peers. The study also found that 27 percent of the 21- to 25-year-olds who had abortions had suicidal idealizations compared to 8 percent of those who did not have an abortion.

Abortion isn't safe for subsequent children born to women who have had an abortion. And this fact is so underappreciated in the United States, and really around the world. At least 113 studies show a significant association between abortion and subsequent premature births. One study by researchers Shah and Zoe showed a 36 percent increased risk for preterm births after one abortion, and a staggering 93 percent increased risk after two. Same goes for low birth weight, similar percentages.

So what does this mean for the children? Preterm birth is the leading cause of infant mortality in the industrialized world after congenital anomalies. Preterm infants have a greater risk of suffering chronic lung disease, sensory deficits, cerebral palsy, cognitive impairments, and behavioral problems. Low birth weight is similarly associated with neonatal mortality and morbidity. Abortion causes great harm to children, to mothers.

Dr. Alveda King, niece of the late Dr. Martin Luther King, who we honored just this past Monday, has joined the growing coalition of women who deeply regret their abortions, and are, as they call themselves, Silent No More. Out of deep personal pain and compassion for others, Dr. King, who has had two abortions herself, and the other women of