

states, and will certainly contribute to national initiatives.

Child welfare is a deeply important issue for this country. The Department of Health and Human Services estimates the 2010 Census will show the number of children in foster care is over half a million and will only continue to rise. It is our responsibility to take any possible measure to improve the outcomes of foster care, and renewing the authority granted to Health and Human Services under H.R. 1194 is essential to that goal.

Mr. DAVIS of Kentucky. I continue to reserve the balance of my time, Mr. Speaker.

Mr. McDERMOTT. Mr. Speaker, in conclusion, I simply want to say again "thank you" to my colleague from Kentucky. This working relationship on behalf of children is one that has never gotten really political, and it is one of the nicest things about serving in Congress. So I appreciate having GEOFF come on as the new chairman of the committee.

I have no further requests for time, and I yield back the balance of my time.

Mr. DAVIS of Kentucky. Mr. Speaker, I am grateful again to acknowledge my colleague Mr. McDERMOTT and his many years of work on this issue. The staff in both the majority and minority on the subcommittee have worked very hard through time on this issue to bring this bipartisan measure to the floor today.

Passage of H.R. 1194 will renew child welfare waiver authorities so States can again test new ways of helping at-risk youth. These waivers will let States develop new ideas, and allow them to spend money on what we know is most effective, which is working to keep children safely together with their families.

I urge passage of this bill.

I yield back the balance of my time.

The SPEAKER pro tempore (Mr. QUAYLE). The question is on the motion offered by the gentleman from Kentucky (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 1194.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1930

HONORING MOUNTAIN HOME RESIDENT SERGEANT AUGIE HELD

(Mr. CRAWFORD asked and was given permission to address the House for 1 minute.)

Mr. CRAWFORD. Mr. Speaker, on Thanksgiving Day 1944, current Mountain Home, Arkansas, resident Sergeant Augie Held took a bullet in his left shoulder. Held was 22 years old at the time and a member of 84th Infantry Division, Bravo Company. That was how Sergeant Held received his first Purple Heart. He was back to battle a mere 3 weeks later.

On December 19, 1944, during the Battle of the Bulge, Sergeant Held earned his second Purple Heart. Members of his company tried to take shelter from the cold in a barn, where they were attacked. Bullets and shrapnel went flying, and Sergeant Held took a piece of shrapnel to his left wrist.

Just 2 months later Sergeant Held was caught in mortar fire. Mortar hit so close to him it knocked him unconscious and a piece of shrapnel was embedded in his cheek, and that shrapnel stayed with him until he went stateside, and that was how Sergeant Held earned his third Purple Heart.

Sergeant Held is one of many First District residents in my home district in Arkansas who selflessly fought for America. Our district has an amazing group of veterans from World War I to the current War on Terror who put America first and their own lives second. These are the people that make this country great.

Yesterday was Memorial Day, a day to honor those who fought for our country and also remember the fallen soldiers who made the ultimate sacrifice. My family and I spent this weekend honoring all who served, not only in the First District of Arkansas but all across America.

I want to thank the troops and their families for the shared sacrifice they make to our country. And a special thank you to Sergeant Augie Held, who is a living reminder of why I am so proud to be an American.

REMEMBERING RICHARD "PINKY" McNAMARA

(Mr. PAULSEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAULSEN. Mr. Speaker, I rise to honor the memory of Richard "Pinky" McNamara, entrepreneur, philanthropist, and former college athlete.

Pinky passed away last week at the age 78 after a battle with Alzheimer's disease. He attended the University of Minnesota on an athletic scholarship, eventually earning three varsity letters as halfback for the Golden Gophers.

Shortly after his graduation in 1956, Pinky embarked on a successful career in business, buying struggling companies and turning them around.

Over the years, Pinky McNamara would donate millions of dollars to his alma mater's liberal arts and athletic departments. Along with his brother, Bob, another former Golden Gopher, Pinky helped raise the funds to bring football back to the university's campus that he loved.

His philanthropic efforts will leave a lasting and permanent mark on campus, with the university's McNamara Alumni Center named in his honor. Pinky may be gone, but his legacy will always live on at the campus he loved.

NATO ASSEMBLY IN BULGARIA

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, today I return from a meeting of the NATO Parliamentary Assembly in Varna, Bulgaria, where the U.S. delegation was chaired by Congressman MIKE TURNER, accompanied by MIKE ROSS, JO ANN EMERSON, and JEFF MILLER. We were welcomed by the former Mayor of Varna, Hristo Kirchev, who is a champion of freedom and democracy in a nation which, since 1990, has evolved from the chains of communist totalitarianism to being a vibrant free market democracy today.

Parliamentarians from NATO's 28 member nations and delegations, from Russia to Montenegro, were briefed on issues critical to promoting democracy in the world. Secretary General Anders Rasmussen presented a clear report on NATO's progress in Iraq and Afghanistan, while encouraging civil society movements in North Africa. Prime Minister Boyko Borisov of Bulgaria gave a stirring promotion of a missile defense system for Europe. Bulgaria is a valued partner of America.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

MEDICARE

(Mrs. BLACK asked and was given permission to address the House for 1 minute.)

Mrs. BLACK. I have been doing town hall meetings for the last 4 months, and up to this point I have had about 12. When Medicare comes up, people tell me, Don't touch my Medicare. Hands off my Medicare.

And you know what I tell them? There is a dirty little secret that the Democrats in Congress and the President don't want them to know, and that is their Medicare is already changed. Because last Congress, when this House passed ObamaCare, they robbed \$500 billion from Medicare to pay for their government takeover of health care.

Not only that, but ObamaCare set up an Independent Payment Advisory Board, or an IPAB, and you know what those 15 unelected, unaccountable bureaucrats will do? They are going to ration your Medicare to cut the costs and limit seniors' access to Medicare.

You know what else happens under this plan in a decade? There is no Medicare because the program will become bankrupt.

Now, the truth about the Republican plan and the Path to Prosperity: Under our plan we save Medicare. We address the unsustainable growth rate of Medicare so the program doesn't go bankrupt in 10 years. The Democrats have no plan to stop Medicare's descent into bankruptcy, but the Republicans do. And unlike ObamaCare, where you

have no choice, the Republicans give you a choice.

Now the dirty little secret is out there, and the real choice is in front of us. The choice is easy.

SETTING THE RECORD STRAIGHT ON MEDICARE

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, the CMS actuary just came out with the grim news. Apparently the insolvency date of Medicare was just moved up 5 years to 2024—that is only 12 years from now—and will probably move up further before we get there.

Furthermore, this is after one-half trillion dollars has been shaved from current Medicare to extend the life of Medicare, and, as we all know, that money is already infamously booked twice: once for middle class insurance subsidies and the other to extend the life of Medicare.

The 2012 budget that passed the House with bipartisan support is the beginning to the solution for this problem. It preserves Medicare for those 55 and over and reforms it to a market-based system with lots of choices for those under 55 today. Meanwhile, Democrats simply play “mediscare” on this issue and insist on doing nothing.

HONORING OUR SERVICEMEMBERS AND VETERANS

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Mr. Speaker, a lot of times our constituents are confused about the processes of this House. The one thing that we are not confused about is when we all join together in unity, our patriotism, our respect, affection, and admiration for the United States military.

Yesterday, many of us interfaced with families, Gold Star Mothers and Blue Star Mothers, families who had experienced a wounded soldier or one who had lost their life in battle. It was a serious time, and I, too, commemorated and celebrated with my fellow Houstonians and Texans, even those who came up to me and said veterans can't get jobs.

And so for me to come today and to participate in a mockery of a placed-on-the-floor vote on the debt ceiling when everyone knew, and our good friends on the Republican side, that it was a joke, but it was not a joke for me. I voted “yes” because the responsible position is to ensure that America pays her bills, not to leave soldiers on the battlefield with no equipment, no shelter, no food, and certainly not to take away veterans benefits, Medicare, Medicaid.

Let us be responsible, and let us stand for the American people. I did that today.

□ 1940

GOP DOCTORS CAUCUS

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

Mr. ROE of Tennessee. Mr. Speaker, we're going to spend the next hour tonight discussing basically the health care debate and what has occurred in the past 2 years here in Congress. And we have asked our physician colleagues and Health Caucus to come down and spend this hour discussing this issue.

Now, I think before we start, what we need to do is talk about why we're having this debate. Obviously, we needed health care reform in America. And one of the frustrations at least I've had since I was here was during our last Congress, we had nine physicians in the Physicians Caucus, M.D.s and then 13 people total in that caucus, and none of us was consulted about the health care bill.

And when I came to Congress, I asked myself the question, just as I was seeing a patient, what's wrong with the American health care system? And the problem with the American health care system is today still, and getting worse, is that it costs too much money to go to the doctor and go to the hospital. So when I would see patients in my office, I could see the costs ever rising. Back in the eighties, we tried plans called managed care capitation. In our State, we tried to reform our Medicaid program. All failed to hold the costs down.

The second problem I saw with the American health care system is that there are a group of our citizens who didn't have access to affordable health insurance coverage. If it was affordable, we would all have it. As an example, let's say a sheetrock worker or a carpenter that puts up studs in a house or a homebuilder may not have a business big enough to afford health insurance coverage. And maybe this person's wife worked at a local diner, and together they make \$40,000 a year. In our area you can get along just fine making that amount a year. They couldn't afford \$12,000 premiums.

And the third problem I saw, which is a liability issue, is that we see ever-escalating health care costs, and I see Dr. GINGREY is here with us, a fellow OB/GYN as I am, and we saw costs from the time I began my practice from \$4,000 in 1977, which is what the malpractice insurance was at that time, to over \$70,000 today. Who bears those costs? Our patients.

Again, back to number one. We began this debate on what I think was a false premise. Basically, the health care bill was to cover those people who didn't have insurance. And this particular bill, the Affordable Care Act, so-called ObamaCare, did do a couple of things. One, it has done nothing so far—it is beginning to be initiated, as far as low-

ering the health care costs—it has done nothing. If you look at every business around, those rates are skyrocketing and making it less affordable for us.

Number two, it did increase access. And how did it increase access? At least it appears so far that it increased access by massively expanding Medicaid. And the one thing about the bill I do like is allowing young people to stay on their parents' health coverage until they are 26.

In a committee hearing we had the other day with HHS Director Sebelius, I asked her how many people would this bill cover, this 2,500-page bill? And she estimated a number, 30 million or 32 million more American citizens. The CMS's own actuary estimates, the Congressional Budget Office estimates it will add 15 million more people to Medicaid, a system that's already bankrupt in the States. The CMS actuary actually believes it will be 24 million more people on Medicaid, and you add 6 million more young people to that, and really without this incredibly complicated bill, in two paragraphs you could have done exactly what they did with this bill without all this complicated issue that we're going to talk about later tonight.

So we did nothing to lower costs. We did increase access by increasing Medicaid and potentially exchanges. And we can talk about that later. And then lastly, liability, which there is nothing in the Affordable Care Act for that.

The other thing that is not in the bill, glaringly not in this bill, which is incredibly important, is the so-called doc fix. And so our viewers can understand what that is, as a physician, when I see Medicare patients, the Federal Government pays a certain amount with Medicare part D and the person getting the care pays for those premiums also.

In 1997, to help hold health care costs down, there was a formula put in so that if the costs went above a certain amount, the doctors were, the providers were cut. Right now, if we hadn't passed a temporary fix of this, the doctors would have had a 26 percent decrease, and in 2 years that's going to be a 30 percent decrease in their payments. So what difference does that make if you're out there and you're a Medicare-age patient, as I became last summer? So I can speak from some experience. I signed up for Medicare last July.

The problem with it is there's a cost to the physician opening and practicing in their office. And we don't pay the cost of the care. And we are already seeing in our area where very fine physicians are no longer accepting Medicare patients. We believe this could get much, much worse under the Affordable Care Act.

And as the two past speakers brought out, what this bill also did, and what we're going to discuss tonight in more detail, is not just the entire health care bill, but it's going to be Medicare and one specific part of it called the