

In an interview with the New York Times, Homeland Security Secretary Janet Napolitano said, "I think General Dempsey said it best when he said that prior to 9/11, there were all kinds of information out there that a catastrophic attack was looming. The information on a cyberattack is at the same frequency and intensity and is bubbling at the same level, and we should not wait for an attack in order to do something."

A 2010 Pentagon report found ". . . In the case of key national security technologies, controlled equipment, and other materials not readily obtainable through commercial means or academia, the People's Republic of China resorts to more focused efforts, including the use of its intelligence services and other-than legal means, in violation of U.S. laws and export controls."

The report also highlighted China's cyberespionage efforts. The U.S. intelligence community notes that China's attempts to penetrate U.S. agencies are the most aggressive of all foreign intelligence organizations.

Notably, Chinese espionage isn't limited to government agencies. In an October 4 Washington Post article, Rep. Mike Rogers, chairman of the House Intelligence Committee, remarked, "When you talk to these companies behind closed doors, they describe attacks that originate in China, and have a level of sophistication and are clearly supported by a level of resources that can only be a nation-state entity."

This prolific espionage is having a real and corrosive effect on job creation. Last year, the Washington Post reported that, "The head of the military's U.S. Cyber Command, Gen. Keith Alexander, said that one U.S. company recently lost \$1 billion worth of intellectual property over the course of a couple of days—'technology that they'd worked on for 20-plus years—stolen by one of the adversaries.'"

That is why, in February 2012 testimony before the Senate Select Committee on Intelligence FBI Director Robert Mueller said that while terrorism is the greatest threat today, "down the road, the cyber threat will be the number one threat to the country."

Mr. Speaker, I firmly believe that Huawei is one face of this emerging threat. And the American people have a right to know whether their government is doing everything it can to protect their cell phone and data networks.

As Huawei increases its lobbying presence in Washington, members should be fully aware of the firm's intimate links to the PLA and the serious concerns of our defense and intelligence community.

Verizon, Sprint, AT&T, T-Mobile and other U.S. network carriers should not be selling Huawei devices given these security concerns. But if they do, they have an obligation to inform their customers of these threats. This is especially important when carriers are selling Huawei phones and tablets to corporate customers.

They have a right to know that Beijing may be listening.

CBC HOUR: THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 5, 2011, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mrs. CHRISTENSEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and add extraneous material on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

Mrs. CHRISTENSEN. Mr. Speaker, tonight the Congressional Black Caucus again thanks the Democratic leader for allowing us to have this hour to talk about something very important.

As we approach the second anniversary of the Patient Protection and Affordable Care Act, a truly landmark law that's bringing about health reforms that are helping millions of Americans not only save money but have healthier lives, we want to review some of those facts this evening, not the myths, not the misrepresentations about this great law, the facts.

There's so much that's being spread that is just flat-out wrong, wrong about the facts and wrong to tell our fellow Americans things that are just not true about this law.

At this time, I would like to begin yielding to some of my colleagues. I will begin by yielding such time as she might consume to the gentlelady from Cleveland, Ohio, Congresswoman MARCIA FUDGE.

Ms. FUDGE. Thank you so much. And I want to thank Representative CHRISTENSEN for continuing to host this hour. Thank you very much for your leadership.

Mr. Speaker, for far too long, hard-working Americans have paid the price for policies that handed free reign to insurance companies and put barriers between patients and their doctors. We all want to be in charge of our own care, and it is not too much to ask. The Affordable Care Act forces insurance companies to be responsible, prohibiting them from dropping your coverage if you get sick or billing you into bankruptcy because of an annual or lifetime limit.

For the first time, under Federal law, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more. The law also bans insurance companies from imposing lifetime dollar limits on health benefits, freeing cancer patients and individuals suffering from other chronic diseases from worrying about going without treatment.

The law also ensures that everyone pays their fair share and gets affordable insurance because, when people without insurance get sick, the costs get passed down to the rest of us. De-

spite other claims, you can keep the coverage you have if you want it, or, if you like your plan, you don't have to keep it. You can pick an affordable insurance option so that you can take responsibility for your health and your family's health.

Having everyone take responsibility for their own care started as a Republican idea, but unfortunately they have abandoned it in an effort to dismantle the new health care law. We know that the American people strongly support what the new health care law does, even though Republican rhetoric has encouraged many not to support the law. When you ask about specific provisions, you get a much clearer picture.

□ 1910

According to a poll done by the Kaiser Family Foundation, 85 percent of people support the discount seniors will get in prescription drugs, which began this year. Seventy-nine percent support subsidies to help low- and moderate-income people buy insurance, which is scheduled to start in 2014. Seventy-eight percent support tax credits to small businesses to offer coverage to workers. The credits are available starting this year. Seventy-one percent of people support prohibiting insurers from denying coverage to people with preexisting conditions, a provision that goes into effect in 2014. Sixty-six percent support making insurers meet a threshold of spending on actual medical care as opposed to administrative costs and profits. This provision goes into effect this year. Sixty-five percent support the law's provision making some preventive care services free to Medicare beneficiaries. It's now in effect. I won't keep going, but I could, Mr. Speaker.

Americans support the provisions of the Affordable Care Act because it gives them the reins. It gives them the ability to choose, not the insurance companies. Americans overwhelmingly agree that the health care system we had before was broken.

The Affordable Care Act is already helping millions of Americans as well as small businesses. 105 million Americans have had the lifetime limit on their coverage eliminated. Seventeen million children who have preexisting conditions can no longer be denied coverage by insurers. Two and a half million additional young adults now have health insurance through their parents. 360,000 small employers used the small business health care tax credit to help them afford health insurance for 2 million workers in 2011. \$2.1 billion is the amount that seniors in the doughnut hole have already saved on their prescription drugs. That's an Average of \$604 per senior.

Another fundamental element of the law is the support it provides to community health centers. The Affordable Care Act increases the funding available to 179 existing community health centers in Ohio alone. Health centers in Ohio have received over \$53 million to create new health center sites in medically underserved areas and enable health centers to increase the numbers of patients served. The funds can be used to expand preventive and primary health care services. And for so many Ohioans, including my constituents, community health centers are absolutely vital.

For many reasons, this law will improve care and make Americans more healthy. It helps us keep costs under control, encourages prevention, and lets American families focus on things other than whether they will be able to get the type of care they need or go bankrupt. This bill saves lives.

Mrs. CHRISTENSEN. Thank you, Congresswoman FUDGE. And thank you for reminding us that such a large percentage of Americans, once they really know what's in the bill and what is being provided, support the Patient Protection and Affordable Care Act.

At this time, I would like to yield such time as she might consume to the Congresswoman, the gentlelady from Texas who often joins Congresswoman FUDGE and myself on these Special Orders, Congresswoman SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. I thank the gentlelady for her kindness.

As a member of the Congressional Black Caucus, the cochair and founder of the Congressional Children's Caucus, and a member of the Health Care Task Force, it is now time to commemorate—even to celebrate—2 years of the Affordable Care Act, particularly coming from an area that embraces the Texas Medical Center, where so much research has benefited from the passage of the Affordable Care Act and the added commitment to research for any number of diseases that we are still confronted with. So I am baffled by the opposition to this bill and the usage that it has seemingly come upon during the Republican Presidential debates. For, in actuality, if they would read the bill and look at its basic premises, they would take up the cause of saying that it is a very important element of making Americans more healthy.

And I thank the gentlelady from the Virgin Islands for her leadership on health care issues and, of course, for leading this Special Order and, as well, the chairman of the Congressional Black Caucus for making sure that we are focused on how this impacts our community.

Children, in particular, won't lose their coverage just because they were born with preexisting conditions like asthma. And American families are seeing how reform is saving lives and saving money. Medicare is now stronger for seniors, and women can now get

lifesaving mammograms at no extra cost. In eliminating racial and ethnic health disparities, which we worked on continuously and, as a caucus, submitted this language to the Affordable Care Act, we find that it would have reduced direct medical care expenditures by \$229.4 billion for the years 2003 to 2006. This bill was passed after that. And even though all the language that the CBC wanted to include in that bill was not included, large steps were made in terms of the elements of that bill.

This bill protects and provides for the fact that if you have an illness that is chronic, you do not have lifetime caps. Eighty-six million Americans receive free preventative care; that means they get lifesaving cancer screenings like mammograms and colonoscopies, and soon women can have their contraceptives covered without paying a copay or deductible. They are living healthier lives.

There is evidence, unfortunately, that over the years has shown that for infant mortality rates of mothers age 20-plus, race, ethnicity, and education makes a difference. For mothers with less than high school, it is high among all populations, including white women. High school, it is almost equally as high: 13.4 African Americans per 1,000 births; 9.2 American Indians per 1,000 births; 6.5 white/non-Hispanic; 5.6 Asian/Pacific Islander; and 5.3 Hispanic.

It is shameful that we lose our newborns because of lack of health care and education. The Affordable Care Act will change that because it will create greater opportunities for access to health care. 180 million are now protected against the worst insurance abuses, like denying health care to the sick, excessive premium increases, and lifetime caps. An additional 2.5 million young adults now have insurance. That's because the Affordable Care Act allows families, parents, to keep their children on insurance until age 26. I have personally spoken to families who have said, Thank you. And lives have been saved.

What is the Affordable Care Act? It is saving lives. Forty-seven million Americans now benefit from a stronger Medicare program. The solvency of the program has been extended by 8 years. New prescription drug discounts have saved 3.6 million seniors on Medicare an average of \$600, and seniors understand that in just a few years to come, the doughnut hole will be completely closed. The worst Medicare reform we ever saw—and it was not reformed. It was actually a blight on Medicare to have something called the prescription drug part D with a big fat doughnut hole, which most seniors fell in and almost drowned. Thank goodness we are ending that aspect of it.

But let me tell you why it's important to have the Affordable Care Act. Coming from the State that I do and having experienced this past week, over the last 10 days, as we've been

fighting this—and it is galvanizing—as Planned Parenthood has gone around the State of Texas, and as we watch various State laws infringe upon women's health care and access to health care—if you can imagine, a sonogram that forces a woman to look at a sonogram along with her physician. This should be a prayerful and private moment where laws do not intrude on a private decision. Or the law that says that you have to tell your employer what reason you are using contraception for. These are outrageous aspects. Or Planned Parenthood affiliates that have nothing to do with abortion in the State of Texas now are eliminated from receiving precious Medicaid dollars in the State of Texas, which has the highest number of uninsured, mostly among young women and single women with children.

□ 1920

They are denying them access to health care because they are claiming that affiliates are performing abortions. They know that is not true. We're going to fight it, we're going to fight it, and we're going to fight it. One of the reasons is because the Affordable Care Act provides equal opportunity to access health care. It is shameful that the State of Texas is turning away some \$30 million to \$40 million to help women have access to health care. It is shameful that they've already cut \$76.9 million.

So I want to thank Representative Garnet Coleman, Representative Sylvester Turner, Representative Alma Allen, Representative Carol Alvarado, and a number of others who recognize that the State should take a different position and are working with me to turn the clock forward and not backwards in terms of health care for women in the State of Texas. We need all the help we can get. And the Affordable Care Act, a reasoned response to good health care, is providing that legitimate law to say that all Americans deserve access to good health care.

For my district, it improves employer-based coverage for 279,000 residents. That is the 18th Congressional District in the State of Texas. It provides credits to help pay for coverage for up to 186,000 households; improves Medicare for 70,000 beneficiaries—seniors—including closing the prescription drug doughnut hole for 5,300 seniors. It allows 16,600 small businesses to obtain affordable health care.

If we say we care about small businesses—I hear that all the time—then why are you condemning the Affordable Care Act that helps small business provide tax credits to help reduce health care insurance for up to 14,600 small businesses in the 18th Congressional District in Texas? Multiply that by 435 districts. There are millions of small businesses being helped.

It provides coverage for 187,000 uninsured residents. Remember, I said Texas is the State with the highest number of uninsured persons without

health care. It protects up to 500 families from bankruptcy due to unaffordable health care costs. And when we were dealing with bankruptcies in the Judiciary Committee, one of the single most difficult elements of bankruptcy was catastrophic illnesses. It provides better health care coverage for the insured. Approximately 41 percent of the district's population of 279,000 will receive coverage from their employer.

There are many other aspects of what this insurance reform, Affordable Care Act, good health care does for Americans. And so I am happy to celebrate the Affordable Care Act because I believe that lives have been saved. Children with diabetes or children with preexisting diseases that would not have access to health care, other than the emergency room, now can get good coverage and good care.

Finally, I would say something that we collectively supported that has been an asset in my congressional district is that a health clinic has received millions of dollars through the stimulus pursuant to our commitment to community health clinics and now has 20 patient rooms, increased jobs, and is providing good health care in that community. Community health clinics have become first-line responders to providing access to all people.

So I thank the gentlelady for allowing me to share these thoughts, but in particular I thank her for helping me acknowledge the fight we have in Texas, where women's access to health care foolishly has been denied. And incorrectly, I believe, labeling Planned Parenthood and its affiliates—in particular the affiliates, who have over the years through the Bush administration when President Bush was in office—this bill was passed in the State of Texas—but the affiliates were allowed to continue to give good health care, and no question was ever raised that they were mixing Federal dollars in their clinics that might have provided for abortions. It is against the law.

Why we are denying women in the State of Texas their health care, their lifeline, baffles all of us. But we're going to fight to the end, and look forward to working with Health and Human Services to ensure that we can fight for good health care for all Americans and the women of the State of Texas.

I rise today to celebrate the 2nd anniversary of the Affordable Health Care Act. After years of trying to ensure that all Americans will have access to health care, we passed a measure which is a step in the right direction to one day guaranteeing that every American will have access to affordable care. In March 2010, we passed and President Obama signed into law historic health care reform legislation, the Affordable Care Act (ACA).

As the founding Member of the Children's Caucus and Active Member of the Women's Caucus I am keenly aware that having access to affordable health care will result in healthier families. As a Representative from the State of

Texas I realize the importance of the ACA. Texas has the highest rate of uninsured individuals in the U.S. including the working uninsured or under insured.

Because of the ACA millions of Americans are already benefitting from this law: insurers are no longer allowed to discriminate against children and others who are sick; small businesses are receiving billions of dollars in tax credits to provide health care coverage for their employees; and seniors are saving money on prescription drugs and receiving free preventive care through Medicare.

In the 2 years since the President signed his health reforms into law, millions of Americans have already experienced firsthand its important benefits and the economic security it provides.

Medicare is now stronger for seniors, and women can now get life-saving mammograms at no extra cost.

Children won't lose their coverage just because they were born with pre-existing conditions like asthma—and American families are seeing how reform is saving lives and saving money.

Since we passed reform almost 2 years ago, Americans have seen its positive impact:

Eighty-six million Americans received free preventive care. That means they got life-saving cancer screenings like mammograms and colonoscopies, and soon women can have their contraception covered without paying a co-pay or deductible. They're living healthier lives while saving money at the same time.

One hundred eighty million are now protected against the worst insurance abuses, like denying health care to the sick, excessive premium increases and lifetime caps on the amount of care a patient can receive, and soon will be protected against gender discrimination.

An additional 2.5 million young adults now have insurance. That's because President Obama's health reform made sure they could stay on parents' plans as they enter the workforce, until they turn 26.

Forty-seven million Americans now benefit from a stronger Medicare program. The solvency of the program has been extended by 8 years, and new prescription drug discounts have saved 3.6 million people with Medicare an average of \$600.

That's just the beginning. As the law continues to phase in over the coming months, so will more of its benefits. New reforms will lower costs and raise the quality of care. Seniors will see their Medicare coverage continue to improve, and see the doughnut hole completely close.

And in 2 years, every single American, regardless of their circumstances—whether they want to change jobs, start a business or retire early, or even if they lose their job—will have access to affordable, quality health insurance. Presidents have been trying to make that happen for 70 years. President Obama got it done.

Since March 23, 2010, every family with insurance has gained important new protections, and by 2014 the law will make sure all Americans have access to affordable health insurance.

PREVENTATIVE CARE—RACIAL DISPARITIES

It is common knowledge that preventive care can save money and save lives, but too often people forego needed preventive services because of cost. Millions of African Amer-

icans have not gotten the preventive services they need.

Twenty percent of African American women are not up to date on their Pap smear.

Thirty-two percent of African American women are not up to date on their mammograms.

Forty-five percent of African Americans have never had a colon cancer screening.

The Affordable Care Act takes important steps to reverse this trend and make sure all Americans can afford the preventive care they need.

The law prohibits private insurance companies from charging a co-pay or deductible for recommended preventive services, like mammograms, colon cancer screenings, flu shots and other immunizations, regular well-baby and well-child visits with a pediatrician, and soon, contraception. In 2011, 5.5 million African-Americans with private insurance saw their coverage for prevention expanded because of the health care law.

The law also made preventive services available to Medicare beneficiaries with no co-pay or deductible. In 2011, Medicare provided 2.4 million African-Americans with a free preventive service. Altogether, more than 73 percent of those eligible received at least one free service.

INSURANCE COMPANIES

Before the Affordable Care Act, insurance companies could arbitrarily cap and cancel families' benefits, or refuse to cover kids just because they were born with a pre-existing condition.

Before the law, 105 million Americans had lifetime caps on their care, including 10.4 million African-Americans.

Up to 129 million Americans under the age of 65 have a health condition that could make it hard to find their own insurance.

Before the health care law, some insurance companies spent as much as 40 percent of premiums on administrative overhead like marketing and CEO bonuses.

Today, the health care law has put an end to some of the worst insurance industry abuses. The law is making sure that families' insurance is really there for them when they need it by keeping insurance companies from taking advantage of consumers.

Lifetime caps have been banned for good.

Under the law, in 2014 insurance companies will be prohibited from denying coverage or charging more because of anyone's pre-existing condition.

Already because of the health care law, no insurance company can deny coverage to the up to 17 million children with pre-existing conditions like asthma and diabetes.

The health care law requires insurance companies to spend at least 80 percent of premiums on health care and quality improvement.

If an insurance company wants to raise rates by 10 percent or more, they have to justify their actions.

MEDICARE

I believe that Medicare is an essential program that must be kept strong for today's seniors and future generations. That's why the health care law filled gaps and improved coverage for every single person with Medicare, while removing wasteful subsidies for insurance companies.

Medicare provides coverage for more than 47 million Americans, including 4.9 million African-Americans.

The Affordable Care Act is closing the gap in prescription drug coverage. In 2011 alone, 3.6 million people who hit the Medicare donut hole saved an average of \$600 each on their prescription medications thanks to provisions of the Affordable Care Act.

By 2020, the donut hole will be closed for good.

Even as seniors gain these important new benefits, the health care law extended the life of the Medicare Trust Fund by eight years.

UNDER 25—CAN CONTINUE TO HAVE PARENTS

The health care law makes sure that young people who are working hard to begin their careers can stay on their family health insurance plan until they turn 26.

Before health reform was enacted, young adults were the age group most likely to be uninsured.

Today, 410,000 young African-Americans who would otherwise be uninsured have coverage because of this rule.

WOMEN'S HEALTH

Before the health care law, insurance companies were free to discriminate against women.

Women could be charged as much as 50 percent more than men for the same insurance coverage.

Women could be denied coverage because of a pre-existing condition such as cancer or even having been pregnant.

Because of the health care law, within 2 years, insurance companies will no longer be allowed to do this.

Under the Affordable Care Act, insurance companies will no longer be able to deny coverage because of pre-existing conditions nor will they be able to charge higher rates based on an individual's gender.

In 2014, all Americans soon will have access to the security that health insurance provides.

Health care is a cornerstone of economic security, but too many African-American families have gone without insurance. In fact, an estimated 8.1 million African-Americans do not have health insurance.

18TH CONGRESSIONAL DISTRICT

As I have said before it is almost hard to believe that it has only been 2 years since the Affordable Care Act was signed into law, but millions of Americans are already seeing lower costs and better coverage, this includes hundreds of thousands of people living in the 18th Congressional District of the State of Texas.

Residents of my District—ranging from young adults to seniors to children with pre-existing conditions—are all already receiving critical benefits from this new health care law. As the new benefits of the health care law continue to be implemented, I will continue to fight my Republican colleagues' efforts to repeal this critical law. Their efforts to repeal reform will put the insurance companies back in charge and will lead to higher costs and reduced benefits for millions of Americans across the country.

ACA FACTS FOR THE 18TH DISTRICT

Improve employer-based coverage for 279,000 residents.

Provide credits to help pay for coverage for up to 186,000 households.

Improve Medicare for 70,000 beneficiaries, including closing the prescription drug donut hole for 5,300 seniors in my District.

Allow 16,600 small businesses to obtain affordable health care coverage and provide tax

credits to help reduce health insurance costs for up to 14,600 small businesses.

Provide coverage for 187,000 uninsured residents.

Protect up to 500 families from bankruptcy due to unaffordable health care costs.

Reduce the cost of uncompensated care for hospitals and health care providers by \$49 million.

Better health care coverage for the insured. Approximately 41 percent of the district's population, 279,000 residents, receives health care coverage from their employer. Under the legislation, individuals and families with employer-based coverage can keep the health insurance coverage they have now, and it will get better.

As a result of the insurance reforms in the bill, there will be no co-pays or deductibles for preventive care; no more rate increases or coverage denials for pre-existing conditions, gender, or occupation; and guaranteed oral, vision, and hearing benefits for children.

Affordable health care for the uninsured. Those who do not receive health care coverage through their employer will be able to purchase coverage at group rates through a health insurance exchange.

Individuals and families with an income of up to four times the federal poverty level—an income of up to \$88,000 for a family of four—will receive affordability credits to help cover the cost of coverage. Currently, there are 186,000 households in my district that could qualify for these affordability credits if they need to purchase their own coverage.

Coverage for individuals with pre-existing conditions. There are 27,600 individuals in the district that I represent who have pre-existing medical conditions that could prevent them from buying insurance. Under the ACA's insurance reforms, they will now be able to purchase affordable coverage.

Health care and financial security. There were 500 health care-related bankruptcies in my district in 2008, caused primarily by the health care costs not covered by insurance. The bill caps annual out-of-pocket costs at \$5,000 for singles and \$10,000 for families and eliminates lifetime limits on insurance coverage, ensuring that no citizen will have to face financial ruin because of high health care costs.

Security for Seniors Improving Medicare. There are 70,000 Medicare beneficiaries in my district. The health care reform legislation improves Medicare by providing free preventive and wellness care, improving primary and coordinated care, improving nursing home quality, and strengthening the Medicare Trust Fund.

Closing the Part D donut hole. Each year, 5,300 seniors in the district hit the donut hole and are forced to pay their full drug costs, despite having Part D drug coverage. The legislation will provide these seniors with immediate relief, covering the first \$500 of donut hole costs in 2010, cutting brand-name drug costs in the donut hole by 50 percent, and completely eliminating the donut hole by 2019.

SMALL BUSINESS

Helping small businesses obtain health insurance. Under the legislation, businesses with up to 100 employees will be able to join the health insurance exchange, benefitting from group rates and a greater choice of insurers. There are 16,600 small businesses in my district that will be able to join the health insurance exchange.

Tax credits for small businesses. Small businesses with 25 employees or less and average wages of less than \$40,000 will qualify for tax credits of up to 50 percent of the cost of providing health insurance. There are up to 14,600 small businesses in the district that could qualify for credits.

I yield back. I thank the gentlelady.

Mrs. CHRISTENSEN. Thank you, Congresswoman SHEILA JACKSON LEE. Certainly, we know that Planned Parenthood has always followed the law. And in this Women's History Month, thank you for raising the issue of the unfair treatment of women by some of the laws like the one in Texas, the one in Virginia, and also legislation that has been attempted to be passed in the Congress of the United States.

We're also joined this evening by a Congressman from Texas, Congressman AL GREEN, who often joins us here. We're representing all of the 43 members of the Congressional Black Caucus, who know how important this law is to our communities and, really, to communities across this country. So we thank you for joining us.

I yield such time as he may consume.

Mr. AL GREEN of Texas. Thank you, Dr. CHRISTENSEN. I especially thank you for chairing the Health Care Task Force and for the outstanding job that you've done through the years. You have shown a great deal of dedication to health care for all, and I believe that those who write history will be exceedingly kind to you when they record how you fought so that every person could have health care as a matter of right as opposed to as a matter of wealth. You have done your best to make sure health care doesn't become wealth care.

I would also like to thank my colleague, SHEILA JACKSON LEE, who spoke just ahead of me and you, for the hard work that she is doing across the length and breadth of this country to help us with these issues concerning health care for all as well.

The Affordable Care Act is called the Affordable Care Act for a reason. In 2009, when we were embarking upon this transformation in health care, we were spending about \$2.5 trillion per year on health care. And \$2.5 trillion is a huge number. It is very difficult to grasp \$2.5 trillion. That \$2.5 trillion is about \$79,000 per second. That's what we were spending in 2009. That was 17.6 percent of GDP—\$79,000-plus per second. And it was projected in 2009 that in 2018 we would be spending \$4.4 trillion per year. A big number, \$4.4 trillion. How much is it really? That's \$139,000 per second, which equates to about 20.3 percent of GDP. That's \$139,000 per second.

We needed the Affordable Care Act. In the State of Texas, we were spending huge amounts of money because we had 6 million people who were uninsured—1.1 million in my county, Harris County, uninsured. Twenty percent of the State's children were uninsured. In 2009, we needed the Affordable Care Act. There was a reason why it's called

the Affordable Care Act. Because upon passing it, it's projected still that it will—and this is per CBO—that it will save a trillion dollars-plus over a 20-year period.

This bill, this legislation, reduces the cost of care. It was something that had to be done. But equally as important as reducing the cost of care, it spreads health care, about 50 million people who, but for this bill, probably would not receive some health care. I do believe that it's important that we not have 45,000 people per year die because they don't have insurance. That's a lot of folks who lose their lives. We were losing about one person every 12 minutes, I believe.

This is an important piece of legislation to save lives. It saves money. But equally as important as saving money—in my world, more important—is the fact that it saves lives. It saves the lives of children. It will cause children to have the opportunity to stay on the insurance of their parents until they are 26 years of age.

□ 1930

It closes the doughnut hole for senior citizens with their pharmaceuticals. We had a system that allowed you to pay a copay and a premium up to a certain point, and then you had to pay all of the costs of your health care, and then at another point you would again receive some additional assistance. This bill closes that doughnut hole for those who are in the twilight of life when you need pharmaceuticals the most.

By the way, the insurance companies were not eager to take on persons in the twilight of life when there is much to be spent on health care. They don't go out looking for people to insure in the twilight of life. This bill covers people to make sure they get pharmaceuticals in the twilight of life.

But it does something special for women. It is the discrimination that exists against women who get the same coverage, the same insurance that men get, but pay more because of their gender. There really is a gender bias in the insurance industry, and women pay more for similar coverage. This bill ends it. Women ought not be required to pay more because they are women. This bill ends it.

It also helps us with persons in need of preventive care. And at some point in life, we all need preventive care, so theoretically I suppose it helps everyone. But preventive care is very important. Preventive care can hold down the cost of health care. If you can treat and prevent an illness, you don't pay that inordinate amount of money you have to pay once a person has an illness and has to receive medical attention.

One such area of preventive care has to do with contraception. This is an adult conversation, and I want adults to know that men can receive their contraceptives in their neighborhoods, bus stops and truck stops. They can re-

ceive contraceptives. It is easy for men to acquire contraceptives. If men can get them in their neighborhoods, women should be able to get them at Planned Parenthood. There is no reason why men should have easy access and women be denied access. These are matters for families to consider and individuals to make choices about, and I think that women ought to be able to make the same choices that men can make when it comes to contraception.

I would add, as I close, that this bill is going to make a difference in the lives of a lot of people. And what I regret is that many people really don't understand the positive impact that it will have on them. And it's very unfortunate because there are many people who will benefit from this bill but who do not understand how it will have a positive impact on their lives. It is unfortunate that we sometimes don't know as much about a thing as we should so that we can speak about it in terms of knowledge that we have as opposed to what we have heard.

Read the Affordable Care Act. Look at the summaries of it. No one denies—no one denies—that it allows you to keep your child on your health insurance until your child is 26 years of age. No one denies that it is closing the doughnut hole for senior citizens as it relates to their pharmaceuticals. No one denies that it will allow preventive care to take place such that people can receive treatment that will prevent them from having to go to the hospital, to give them an opportunity to remain healthy and not have to treat an unhealthy person. No one denies that it will help keep people out of the emergency rooms.

We were spending \$100 billion per year in emergency rooms in '09. People were going to emergency rooms for their pharmaceuticals and their treatments that they could receive at a general practitioner's office. This bill would end this.

This is a good piece of legislation that will help people in the dawn of life when they are born with preexisting conditions and in the twilight of life when they're in need of special attention and treatment that the wealthy can now afford.

I do believe that in this country, if we find you to be an enemy combatant and if we should mortally wound you in the process of taking you into custody, if we should wound you, perhaps not kill you but we wound you when we do capture you, if we don't mortally wound you, if we don't kill you, we will give you aid and comfort. We give aid and comfort to our enemy combatants, people who are trying to kill us. We will give them aid and comfort if we wound them in battle.

In this country, if you are a bank robber and if, on the way out of the bank we should harm you physically when we capture you, we will give you aid and comfort. In this country, we give aid and comfort to criminals.

In this country, if you are on death row and you are on your way to meet

your Maker next week, if you get sick this week, we will give you aid and comfort and send you to meet your Maker next week.

If we can give aid and comfort to the enemy combatant, if we can give aid and comfort to the criminal, if we can give aid and comfort to the person who's on death row who's going to die next week, surely we can give aid and comfort to hardworking American citizens who cannot afford health care but for the Affordable Care Act, which, by the way, mandates that every person who can afford health care acquire health care. It does not require people to buy health care who cannot afford health care.

This is the richest country in the world. One out of every 100 persons is a millionaire. In spite of all that you hear, we still are. And in this, the richest country in the world, we cannot allow health care to become wealth care.

I thank you for yielding to me, and I gladly yield back to you.

Mrs. CHRISTENSEN. Thank you, and thank you for making those points and for making them so passionately.

I know you said we'll save \$1 trillion over the next 20 years, but I am confident that the savings will be more than that when we look back on the good that this bill is going to be doing over those 20 years.

I just want to say a few words about the bill. Some of it will be repetitive.

For the first time, the Patient Protection and Affordable Care Act is finally making a significant investment in prevention. We're finally beginning to turn what is supposed to be a health care system into a real health care system and not a sick care system. The old adage, "an ounce of prevention is worth a pound of cure," is still true, and it's no more true than in health care.

In my family practice, I would see patients who had difficulty getting their preventive care, getting their mammograms, their colonoscopy and other preventive services. That will no longer be true. And so they would come in sicker. And some patients would come to me after being sick for a long, long time when they had far advanced disease. So I know that that is the same not only in my district and in my practice, but it's the same for many low- and middle-income people everywhere in this country, but especially for African Americans, other people of color, of course the poor, and people who live in rural America.

Let's talk about African Americans and preventive care. Twenty percent of African American women are not up-to-date on their Pap smears; 32 percent of African American women are not up-to-date on their mammograms; and 45 percent of African Americans have never had a colon cancer screening.

The Affordable Care Act, the Patient Protection and Affordable Care Act, takes important steps to reverse this

trend, and makes sure that all Americans can afford the preventive care that they need.

And this will reduce the premature deaths. It is said that in this country, every year, about 88 or more thousand people die in excess numbers that should not have died if they had received the preventive care and the kind of health maintenance that we want them to have and that this legislation will allow them to finally have.

Today the life expectancy for African American men is 7 years shorter, and for women it's 5 years shorter than our white counterparts.

There's an article I was reading on MedlinePlus. Overall, the national life expectancy was nearly 75 for men, for white men, 68 for black men; 80 for white women, and 74 for black women. Washington, D.C., the Nation's Capital, has the largest life expectancy disparities between blacks and whites: a 13.8-year disparity for men and 8.6 years for women. New Mexico had the smallest disparities.

Let me just mention some of the States with the largest disparities. More than 8 years for men: New Jersey, Nebraska, Wisconsin, Michigan, Pennsylvania, and Illinois.

□ 1940

The ones with the largest disparities for women—more than 6 years—Illinois, Rhode Island, Kansas, Michigan, New Jersey, Wisconsin, Minnesota, Iowa, Florida, and Nebraska.

Surely all Americans, but African Americans in particular, have a serious stake in the Patient Protection and Affordable Care Act. It's clear that our lives really depend on it, but not our lives alone.

It will also, as has been said, reduce health care costs. The Joint Center for Political and Economic Studies reported about 2 years ago that the direct and indirect costs of health disparities in this country over just a 4-year period was \$1.2 trillion. We could save that money just by reducing health disparities in this country.

Of course, now 26-year-olds can stay on their parents' health insurance for the very first time. I remember when my daughter turned 22 and I had to drop her from my insurance coverage, the insurance coverage I had right here in the House of Representatives. But now, 2.2 million young people—of which 400,000 are African Americans—are being covered on their parents' insurance.

Seventeen million children can no longer be denied because they have a preexisting disease, just because they're sick. Children with asthma, children with sickle cell disease, and the children who are increasingly having diabetes, they can no longer be denied health coverage; they have access to health care. In 2014, that will be extended to adults, who also will not be able to be denied health insurance because of preexisting diseases. There are up to 129 million Americans under the

age of 65 that have a health condition that could make it hard for them to find health insurance.

Going back to African Americans again, who suffer disproportionately from multiple chronic diseases, we need this benefit. Deaths from cardiovascular disease were 30 percent higher in African Americans. The prevalence of diabetes is 70 percent higher. It's also very high in the American Indian population. African Americans represented about 55 percent of all adult AIDS cases and 65 percent of pediatric cases. And our infant mortality is more than 2.3 times higher than our white counterparts.

As you heard from Congressman GREEN, being a woman will no longer be a preexisting disease. It's amazing, being a woman is almost like having a preexisting disease. They don't deny us the insurance, but they charge more. There's another article from The New York Times written by Robert Pear, and I'm reading from it now. It says:

For a popular Blue Cross Blue Shield plan in Chicago, a 30-year-old woman pays \$375 a month, which is 31 percent more than what a man of the same age pays for the same coverage.

In the States that have not banned gender rating—and I think there are about 28 or so that have, 26 or so that have—but in the States that have not banned gender rating, more than 90 percent of the best-selling health plans charge women more than men.

So many testimonies of people that we heard from while we were having the hearings in preparation for developing this bill, of people who lost their coverage because they had a serious illness. I remember one lady with breast cancer. They dropped her coverage. I remember a young girl who had had a liver ailment in her infancy. She could not get coverage. Her parents almost had to sell their home and become destitute to be able to provide coverage for her. That would not happen now under this Patient Protection and Affordable Care Act.

You can't have benefits cut because of lifetime limits anymore. Before the law, 105 million Americans had lifetime caps on their care, including 10.4 million African Americans. Who wants to go back to those days again? No one wants to go back to those days. We're not going back.

There can be no scrimping on our care to give bonuses to the CEOs, or for fancy ads. At least 80 percent of premiums must be used to provide health care services. Before the health care law, some insurance companies spent as much as 40 percent of premiums on administrative overhead, like marketing and CEO bonuses. Now that cannot be any more than 20 percent.

I have a pet peeve about Medicare because I keep hearing especially my Republican colleagues saying that Democrats have cut \$500 billion out of Medicare. That's not exactly what happened. I think the American people understand savings. We found savings,

\$500 billion worth of savings, and we used most of it to make Medicare stronger. I'll go to some of the facts here:

It reduces prescription drug costs for seniors. The health care law provides a 50 percent discount on brand-name drugs for seniors in the Medicare part D doughnut hole; 3.6 million seniors have already received that discount, saving a total of \$2.1 billion, each senior saving an average of \$604.

It provides free coverage of key preventive services; 32.5 million seniors—25.7 in traditional Medicare and 6.8 in Medicare Advantage—have already received one or more free preventive services.

It provides a free annual wellness visit. It strengthens Medicare. By providing those savings and putting them back into Medicare, we strengthen Medicare and extend its solvency by 8 years, from 2016 to 2024. We have more work to do, but we extended it by 8 years.

It helps seniors remain at home and stay out of nursing homes, and it provides nursing home residents with more protections from abuse.

The average premiums for Medicare Advantage enrollees are 7 percent lower in 2012 than they were last year. Since the health care law was enacted, those premiums have fallen by 16 percent. The Medicare part D deductible has fallen by \$22 in 2012, the first time in Medicare history the deductible has fallen.

So we didn't hurt Medicare. We did not take money out of Medicare. We found savings in Medicare, mostly from fraud and abuse, and also from leveling the reimbursement to providers so that the Medicare Advantage may have that much more reimbursement than other providers. And we made Medicare stronger. So today, 47 million Americans are benefitting from a stronger Medicare program.

We put Medicare on a stronger, more secure course; and we're not going back. We're not going to vouchers where the beneficiary will take on a lot more of the cost. We will not break our commitment to seniors and people with disabilities.

Small businesses also. We've heard that they've done well; 360,000 small businesses used tax credits and covered 2 million employees in 2011. I know those 2 million employees and the people that employ them don't want to lose that coverage. We don't want to go back. We will oppose any attempt to take us back to the days when we could not provide health care for our small businesses to provide insurance for their employees.

As was said earlier, health care is a right. President Obama led and we worked with him to ensure that that right is there for every American. We also worked very hard, the Tri-Caucus did—the Black, Hispanic and Asian Pacific American Caucus—to include

health equity as a part of this important law. In it, discrimination is expressly prohibited. There are core objectives within it to reduce health disparities and to create health equity. There is data collection. You don't know what you don't know you don't know.

There are health profession provisions to increase not only the overall health care workforce, but to make sure that that workforce looks like America, that there's diversity in that workforce, and to support institutions that train underrepresented minorities.

We created Offices of Minority Health in some agencies of the Health and Human Services that did not have them, such as SAMHSA, the Substance Abuse and Mental Health Services Administration. We know that mental health issues often go unnoticed, undiagnosed, or misdiagnosed in people of color or people of different racial and ethnic backgrounds. We need an Office of Minority Health there. We needed one at FDA to make sure that when medicines are approved, that they have been tested in minorities and people with disabilities and other comorbidities.

I've had bad experiences with CMS asking about the impact of changes of medication in end-stage renal disease, where we know that African Americans and some other subpopulations require more of a certain medication. After a few years, we asked, What was the impact on this population group? They said, well, we don't collect data that way. We can't know what we're doing wrong or where we might have to change things to improve people's health.

I represent a territory. Although the territories did not get State-like treatment under this bill, we will finally be able to cover close to 100 percent of the Federal poverty level in our territories under Medicaid—finally.

We will have an opportunity to have an exchange. In our case, we may only cover up to 200 percent of poverty, but we're making steps. This bill has allowed us to make steps that will allow us to begin to transform our health care system and open up access to care to our constituents that they've never had before.

□ 1950

This is in the United States Virgin Islands, in Guam, American Samoa, the Commonwealth of the Northern Marianas, and Puerto Rico. As I said, we have a lot more to do, but we made a good start with the Affordable Care Act, and we'll continue to work until all Americans, no matter where they live in this country, have equal access to health care.

And the rising costs of health care are already slowing. The best is really yet to come. In 2014 the exchanges will help to pay premiums for families that are at or below 400 percent of the Federal poverty level. Small businesses will get even more help in the form of

tax credits. There will be no denial for anyone because of preexisting disease. The doughnut hole will begin to be closed.

The research that this bill creates will improve the quality of health care and make us safer. And the skyrocketing health care cost increases will stop, will start going down.

I know that there are some in this country that feel that all of this that we talk about in this bill threatens the health care that they already have, but it doesn't. It does not. It makes the health care coverage that you already have more secure. It cannot be taken away just because you're sick. There will be no lifetime limits or annual caps. And the increases in premiums are already beginning to level off, so insurance is already becoming more affordable.

The American people ought to be thanking President Obama, and I know that many do. More than 80 percent support the provisions of this bill, thanking the President for this landmark law, as important as the one that created Medicare. We ought to feel good about the fact that this country is living up to the high ideals on which it was founded, and that we will no longer be shamefully lagging behind so many countries in the health of our population, not in the richest country in the world.

I'm certain that if the Supreme Court decides on law and the Constitution, without any political activism coming into play, as they should, this good law will prevail, and more importantly, the people in our Nation will prevail.

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

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, as we celebrate the anniversary of the Affordable Care Act this week, we should reflect on the progress made in this country. It has only been two years since the Affordable Care Act was signed into law, but millions of Americans are already seeing lower costs and better coverage. This includes tens of thousands of people in the 30th District of Texas.

Texans are saving more than \$1.3 million in health care costs, an average of \$639.36 per beneficiary, and 210,700 Texans are directly saving on their Medicare prescriptions. Residents of my district, ranging from young adults to seniors to children with pre-existing conditions, are all already receiving critical benefits. 9,100 young adults in my district now have health insurance, and 54,000 seniors have received Medicare preventative services without paying any co-pays, coinsurances, or deductibles.

Mr. Speaker, as the many benefits of the health care law continue to be implemented, I will continue to fight efforts to repeal this critical law. Republican efforts to repeal the Affordable Care Act will put the insurance companies back in charge and will lead to higher costs and reduced benefits for millions of Americans across the country.

THE ONGOING HEALTH CARE DEBATE

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

Mr. GRIFFIN of Arkansas. Mr. Speaker, I've come here to the floor tonight with my colleague from Wisconsin, Representative DUFFY, to talk about the crisis Medicare faces and to talk about the Independent Payment Advisory Board. Some call it the IPAB. It's a part of the President's health care law, and this House is going to address it this week.

But I want to start out by talking a little bit about the crisis that we're facing in this country over Medicare and what it means to our seniors. My mother is 71, and she's a Medicare recipient. She counts on Medicare. She paid into it and is now using it to take care of herself. And we've got to make sure that future generations are able to rely on, count on Medicare.

This first chart here, Mr. Speaker, shows what a significant portion of the Federal budget Medicare consumes. We have it here, \$555 billion, and that is per year. This is a yearly budget for the Federal Government.

It is widely agreed upon by Democrats and Republicans that Medicare is going bankrupt. Some estimate it's 7 years, 8 years, 10 years, but most everyone agrees, having looked at the numbers, that Medicare is going bankrupt.

I've got a quote here from Senator LIEBERMAN, who addresses a criticism that we hear a lot about the Republican reform plan on Medicare:

We can agree that Medicare is going bankrupt. We then have to ask ourselves, what are we going to do about it?

What are we doing about it? Well, the House has acted to reform Medicare. We acted last year, in 2011, as part of our budget to reform Medicare to save it. The only reason we proposed reforms to Medicare is because we want to save it. We want it to be there for the next generation.

I've heard a lot of criticism: You want to change Medicare as we know it. I say: No, Medicare, as we know it, goes bankrupt on its own. We have to act to save Medicare, Mr. Speaker.

And in this quote of Senator LIEBERMAN, he says:

The truth is that we cannot save Medicare as we know it. We can save Medicare only if we change it.

Now, like House Republicans, I think it's fair to say, Senator LIEBERMAN is talking about what we must do for the next generation. Like our proposal, I think a lot of us agree that we can make changes to Medicare for the next generation, and for those, for example, 55 and over, leave it as it is. Why? Because people have counted on a particular way the program works, and we won't have to change that to start saving. We can just change it for the next generation.