

more out of pocket, but with regard to Medicaid, which pays for nursing home care, the States are going to get so much less money that the quality of nursing home care will seriously diminish.

□ 2110

I remember back in the seventies when you would go to many nursing homes, and they were terrible places. Because we upgraded them and we provided money to the States to pay for Medicaid, which they matched, the quality of nursing homes improved significantly. Well, what happened—and I'm not just telling this. The nursing home industry has said this—with these types of cuts that are being proposed in the Republican budget, a lot of nursing homes will close, and their quality of care will diminish. They won't have as many nurses on staff. They won't be able to do a lot of the things they do now to make people's lives in nursing homes more comfortable.

And the budget assumes the repeal of the Affordable Care Act, which means that the expansion of Medicaid, the subsidy to pay for health insurance, all the things that I have talked about before would simply disappear.

So I know I make a stark contrast between what the Republicans are proposing and what we're doing with the Affordable Care Act and trying, on the Democratic side, to shore up and expand Medicare benefits. But the fact of the matter is that it is a stark contrast, a very stark contrast in terms of a world view of what we are going to do in terms of health insurance coverage and what we're going to do to protect seniors in Medicare. And I think it's very important for my colleagues to understand these differences as we proceed over the next few weeks.

So I am very proud of the fact that on Friday, we will be celebrating the second anniversary of President Obama signing the Affordable Care Act. And I am also proud of the fact that, as a Democrat, we are going to oppose the Republican budget. When the Republican budget was proposed last year, it passed the House, but it didn't pass the Senate; and we heard nothing more about it.

And that's exactly what we plan on doing this year because we can't allow Medicare to be destroyed. We can't allow the Medicare guarantee to disappear. We can't allow Medicare to basically wither on the vine, as former Speaker Gingrich said, as it's voucherized and as it's privatized, as the Republicans suggest in their budget.

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

THE AFFORDABLE CARE ACT: A REBUTTAL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Georgia (Mr. GINGREY) is recognized for 47

minutes as the designee of the majority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I thank you, and I thank the majority leader for allowing me this opportunity to take the leadership hour this evening and, quite honestly, the opportunity to respond to my colleague, Representative FRANK PALLONE, who is a colleague on the Energy and Commerce Committee—in fact, the ranking member of the Health Subcommittee—as he talked about the benefits of the Patient Protection and Affordable Care Act. And he spent the last 35, 40 minutes talking about what a great piece of legislation that was and about all of the wonderful things that it has already done.

Well, I'm going to take my leadership time, Mr. Speaker, to give the other side of this viewpoint and to suggest that this is not a good bill, that this is not helpful. Certainly my colleagues on the Democratic side, when they were in the majority—and 2 years ago this coming Friday they passed into law the Affordable Care Act, ObamaCare—they felt like this was the best thing since sliced bread, like this was the solution to all of our problems.

Yet we spent 2 years cramming that bill—literally cramming that piece of legislation, all 2,811 pages of it, down the throats of the American people when our unemployment rate was 9.5 percent, when 15 million Americans were out of work and another 15 million were underemployed. This was our number one priority, national health insurance, a complete government takeover of one-sixth of our economy? This is what the Democratic majority in the 109th, 110th Congresses have forced upon the American people.

The gentleman from New Jersey can talk about all the wonderful things that have occurred since the passage of ObamaCare. But let me just point out some truths that, Mr. Speaker, don't need any adjectives to explain. The truth is, there were never 47 million people in this country who could not afford health insurance. There may have been 47 million who didn't have health insurance. But how many million people of that 47 million estimate were making more than \$50,000 a year? Mr. Speaker, how many were making more than \$75,000 a year? And how many of the 47 million uninsured were in this country illegally? How many were eligible for one of our safety-net programs, like Medicaid or the SCHIP program for their children, in their respective States? And when you crunch all of those numbers, there may have been and may be 15 million people in this country who do not have health insurance because they can't afford it or because they don't want it. They would rather pay as they go.

Now, I'm not going to stand here and suggest—particularly as a physician Member—that that's a wise thing to do. The expression is “to go bare” in regard to health insurance coverage. I wouldn't recommend that. But cer-

tainly as an individual in this country, the land of the free, we have the constitutional right to make that decision for ourselves and our families.

And what the Democratic majority did with ObamaCare, the way they made it work, when you cut right to the chase, so they could cover people with preexisting conditions, whether they were nearly seniors or children, to eliminate yearly or lifetime caps, to provide preventive health services that didn't previously exist, the way they did that, colleagues—and you know this—they cut \$550 billion out of the Medicare program. They virtually gutted Medicare Advantage. Twenty percent of seniors select Medicare Advantage.

The title, Mr. Speaker, speaks for itself. It's an advantage because that program covers many of these preventive services that the gentleman from New Jersey was talking about that are now available under ObamaCare. They were available under Medicare Advantage, but now that program has been gutted. It's been cut 14 percent per year over a 10-year period of time. So you rob from Peter to pay Paul.

And who is Paul? Paul is this 15 million to 20 million that are left in that group who have no insurance, many of whom who don't want it. And now we have created a whole new entitlement program that we cannot afford when 15 million people are out of work and the unemployment rate, Mr. Speaker, for—what is it—38 straight months now has been above 8 percent. That, despite the fact that the stimulus bill and its \$875 billion on shovel-ready projects that promised—that promised when the unemployment rate was 7.6 percent that this would solve the problem, and it would not go above 8 percent. It hasn't been below 8 percent since we've spent the money.

□ 2120

So I say to the gentleman from New Jersey and my Democratic colleagues in this Chamber, you fiddled for 2 years; you fiddled while Rome was burning. And so, yes, now you can beat the drum and celebrate the 2-year anniversary of ObamaCare while 60 percent of this country continues to tell you they hate it. They hate it. And they're going to tell you that loud and clear, as they did 2 years ago. They're going to tell you that loud and clear November 6, 2012.

I take no pleasure in that. I enjoy being in the majority. Mr. Speaker enjoys being in the majority. But our responsibility is to the American people, especially to our seniors—our moms and dads—and those folks who are struggling, who are on a fixed income. But to suggest that we're helping them when we cut their program \$550 billion, to suggest that closing the doughnut hole is a good thing and lowers the cost of health care and lowers the cost of prescription drugs, no, it doesn't.

Because what this Federal Government, what Uncle is doing is forcing

the pharmaceutical industry to pay for that doughnut hole, and to pay for it with brand drugs when prior to ObamaCare we were filling that doughnut hole with generics.

And so what is going to happen? This pharmaceutical industry, it's whack-a-mole. You squeeze that balloon, it's going to bulge out on another side. And it's going to bulge out when they raise the premiums for prescription drug coverage for everybody else.

The gentleman talked about these wonderful exchanges that are going to be set up for the people who don't have health insurance. I don't object, Mr. Speaker, to the idea of setting up State exchanges. That's an idea that's been around for a long time. It didn't just originate with ObamaCare. But when you hear my good friend from New Jersey, the ranking member of the Health Subcommittee on Energy and Commerce—and he certainly should know of what he says—that in these exchanges people are going to get a subsidy, in other words, that's a government handout. They're going to get a check if they make \$75,000 to \$80,000 a year. You heard him say it. Colleagues, you heard him say it.

Now, I would like to ask the 700,000 people in the 11th Congressional District of Georgia what they think of \$70,000, \$75,000, \$80,000 a year and getting a government handout, a subsidy. My people, the people I represent, would feel wealthy if they made \$75,000 a year, and they would not be expecting a government handout.

What this administration has done with this piece of legislation—Mr. PALLONE criticized the Republican idea in the Republican budget of block-granting the Medicaid program. The Medicaid program, colleagues, it's been around since 1965. It's a good program. It's shared between the Federal Government and the States. But under ObamaCare, States are told that they cannot be innovative in regard to designing a Medicaid program that best fits the needs of the citizens of their State.

It's called maintenance of effort. ObamaCare says to the Governors of the respective States: You can't do anything. You can't make any changes whatsoever in your Medicaid program. You can't check on eligibility. You can't check to make sure that an individual that applies is in this country legally. You can't drug-test these individuals. You can't do anything to make sure that that program for your State is going to those who need it, who are eligible for it, and to who deserve it, because of this maintenance of effort restriction under ObamaCare.

Not only do we put handcuffs on the chief executives of our States, but we also mandate that they now cover under the Medicaid program people up to 133 percent of the Federal poverty level. Prior law, the requirement was 100 percent. Yes, some States went above that when times were good, when unemployment was 6 percent instead of

9.5 percent, as it is in my current great State of Georgia. But States can't afford to do that.

But the Federal Government comes along and says, because of ObamaCare, we're going to force you to stay where you are. You can make no changes. You cannot go down to 115 percent or 100 percent. Oh, no. You have to stay at 133 percent. And we are looking at an additional cost to the States over the next 10 years of \$15 billion.

That's why this is part of the lawsuit that the Supreme Court will hear next week in the 6 hours of testimony—that and this individual mandate in ObamaCare that forces individuals to engage in commerce, the Federal Government regulating commerce as provided for in article 1, section 8, clause 3 of our great Constitution. Oh, no. This says whether you are engaging in commerce or not, Mr. Speaker, you have to participate.

I know my colleagues have heard the expression and the comments from me and others, What's next? Everybody has to eat broccoli? It's absolutely absurd. It's patently absurd for the Federal Government to tell people they have to engage in commerce. We understand the Constitution and the right constitutionally to regulate existing commerce between States, but not to force people.

So as I have these moments tonight to talk about as a counterpoint to Mr. PALLONE in regard to the Patient Protection and Affordable Care Act, Mr. Speaker, it could not be more unaffordable. The CBO just came out with a new score. Originally, 2 years ago, that score was something like \$950 billion and, according to smoke-and-mirror accounting, completely paid for. Now the cost—the adjusted cost—is about twice that. It's about twice that.

□ 2130

So it's not the Affordable Care Act but the Patently Un-Affordable Care Act. For my colleague to criticize the Republican majority for coming forward with a budget that includes a plan to save Medicare and Medicaid, legacy programs, programs that our seniors and our poor are so dependent on, for us to have a plan to save that and for the gentleman from the other side of the aisle to criticize that, I would ask him if he were still in the Chamber, and I ask all of my colleagues on the Democratic side of the aisle: What is your plan? What is your plan to save the Medicaid program? What is your plan to save the Medicare program? How many different studies do we need from how many different commissions over how many years before we accept the plain, hard, cold truth that the hospital trust fund and Medicare program will be insolvent at the very latest by the year 2024 and by the earliest at the year 2016 as estimated by the Medicare actuaries?

Nobody denies that. But what are my Democratic friends doing about it? Mr. Speaker, they're doing two things.

They're whistling past the graveyard and they're enacting IPAB, the Independent Payment Advisory Board.

Colleagues, you've heard it all evening as we've discussed the repeal of IPAB and H.R. 5, the HEALTH Act. IPAB is 15 unelected bureaucrats—unelected but appointed by the President, this President—at a salary of \$176,000 a year for a 6-year term, renewable for another 6. So we're stuck with them for 12 years and that fat salary and benefit package so they can say, We're going to save Medicare by cutting reimbursement to health care providers and prescription drug companies. We can't change the age of Medicare eligibility. We can't increase the annual deductible or copay. No, we can't do anything, any of those things. We can only cut provider reimbursement. Oh, but there's no rationing. It says there in that section regarding IPAB that no rationing will occur.

Well, give me a break. If you cut reimbursement to providers and they stop providing the care, then the senior does not get that knee replacement and does not get that stent put in. You can spell it any way you want to, but, Mr. Speaker, that's rationing. That's rationing. And the American people don't want that. Our seniors don't want that. That's no compassion.

You can provide all these preventive services you want to that Mr. PALLONE was speaking about, and that's fine if you can afford to do it. But to suggest that that saves money, it might save an individual life, and that's a wonderful thing, but don't stand up here and tell me and tell my colleagues on both sides of the aisle that preventive services save money. No economist, no health economist would agree with that. It doesn't save money. It costs money. And every time you add another "free" preventive service to a program, it's going to increase the health insurance premiums for everybody else. These are called mandates.

The gentleman from New Jersey talked about direct access without prior approval, whether it's to see your OB-GYN doctor, your dermatologist, or your general surgeon without having to go through a gatekeeper. I understand that. I practiced medicine 31 years. I think my colleagues know that. I understand that. But these things definitely cost money. They don't save money. I think it's important for people to understand that.

He talked about the wonderful things that have already occurred under ObamaCare, allowing adult children—I realize that's a bit of an oxymoron, but I've got four of those oxymorons—to allow adult children to stay on their parents' health insurance policy until they're 26 years old without regard to whether or not they're students.

Now, the prior policy of most health insurance companies, if you were over 21 years old, maybe in the third or fourth year of college, then you were no longer eligible to be covered under your parents' health insurance policy.

The expectation, of course, is that you would have a job. Well, the reason it's so important now to have them covered up to age 26 on their parents' health insurance policy is because they have no jobs. And that's the thing that this administration and this—now, at least in the House of Representatives—Democratic minority, they just don't seem to understand that what the American people care about first and foremost is a job. They want health insurance, of course they do. If they have to, they'll pay for it out of their own pocket. But they've got to have a job first. They've got to put food on the table. They've got to put clothing on the backs of their children. They have to have the pride, dignity, and respect of having a job.

As we go into these elections this fall, and all 435 of us in this body and 100—well, in fact, I guess it's one-third of the other body stand for reelection and we elect a 45th—and, indeed, I think we will elect a 45th and not reelect the 44th—President of the United States, it's going to be based on jobs and the economy. That's the thing that this President, since he took office in January of 2009, has just totally missed the point of. And really, it started in January of 2007 with the Democratic majority in this Chamber when we spent another 2 years wasting time, fiddling while Rome was burning, trying to force and cram down the throats of the American people this cap-and-trade regime which would have cost every family \$2,500 a year in increased utility costs. Thank goodness the other body stopped that, because the American people didn't want it.

And they don't want national health care. That's why we voted in this body, H.R. 2, to repeal ObamaCare. And that repeal passed in the House of Representatives. We finally had a vote in the Senate. We couldn't get them to pass a budget. They haven't done that in 3 years. But after about a year and a half, we finally got them to vote on repeal of ObamaCare. The Democratic majority rejected that.

So, Mr. Speaker, now we're dealing with plan B, and plan B is to chip away at the most egregious aspects of ObamaCare. It would be a mistake for us to assume the Supreme Court will strike down that individual mandate and will strike down that Medicaid expansion, that unfunded mandate, a \$12 billion burden placed on the budgets of our respective States. I think they will strike it down, but I'm not going to stand here in this Chamber holding my breath waiting for that to happen. That would be irresponsible. That would not be representing the people of the 11th of Georgia the way they deserve to be represented.

□ 2140

So, we are going to fight. That's what this is all about today and the vote tomorrow in regard to repealing IPAB, this Independent Payment Advisory Board that literally takes legislative

responsibility away from the Congress. Talk about unconstitutional; clearly, that is unconstitutional.

We're going to vote it down tomorrow. And we're going to send that to the Senate, and I expect HARRY REID and the Democratic majority to do the responsible thing. They don't like it either. They don't like it either. Let's don't make an election issue out of it. Let's just do the right thing for the American people.

Mr. Speaker, it's been a long day. We have had a lot of discussion on the floor of the House of Representatives, a lot of eloquence on both sides of the aisle. I feel very strongly that we should respect one another, and I think we do. This is not personal, but when you feel that you have the right idea, it's your responsibility to stand strong, not to pander to anybody, but to stand strong and do the right thing, do the right thing for the American people.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DAVIS of Illinois (at the request of Ms. PELOSI) for today and March 22.

Mr. BACHUS (at the request of Mr. CANTOR) for today and the balance of the week on account of minor throat surgery.

ADJOURNMENT

Mr. GINGREY of Georgia. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 42 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, March 22, 2012, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

5343. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — Dairy Product Mandatory Reporting [Doc. #: AMS-DA-10-0089; DA-11-01] (RIN: 0581-AD12) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5344. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — Marketing Order Regulating the Handling of Spearmint Oil Produced in the Far West; Revision of the Salable Quantity and Allotment Percentage for Class 1 (Scotch) and Class 3 (Native) Spearmint Oil for the 2011-2012 Marketing Year [Doc. Nos.: AMS-FV-10-0094; FV11-985-1A FIR] received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5345. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — National Organic Program (NOP); Amendments to the National List of Allowed and Prohibited Sub-

stances (Crops and Processing) [Document Number: AMS-NOP-10-0079; NOP-09-02FR] (RIN: 0581-AD06) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5346. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — Revision of Cotton Futures Classification Procedures [Doc. #: AMS-CN-10-0073; CN-10-005] (RIN: 0581-AD16) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5347. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement (DFARS Case 2012-D024) (RIN: 0750-AH59) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

5348. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement (DFARS Case 2012-D026) (RIN: 0750-AH60) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

5349. A letter from the Acting Under Secretary, Department of Defense, transmitting a letter on the approved retirement of Lieutenant General Richard P. Zahner, United States Army, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

5350. A letter from the Acting Under Secretary, Department of Defense, transmitting authorization of Colonels Christopher P. Hughes and Paul A. Ostrowski, United States Army, to wear the insignia of the grade of brigadier general; to the Committee on Armed Services.

5351. A letter from the Chairman and President, Export-Import Bank, transmitting a report on transactions involving U.S. exports to the Kingdom of Morocco pursuant to Section 2(b)(3) of the Export-Import Bank Act of 1945, as amended; to the Committee on Financial Services.

5352. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting the Department's final rule — Energy Conservation Program: Test Procedure for Commercial Refrigeration Equipment [Docket No.: EERE-2010-BT-TP-0034] (RIN: 1904-AC40) received February 12, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5353. A letter from the Assistant Secretary for Administration and Management, Department of Labor, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

5354. A letter from the Assistant Secretary for Administration and Management, Department of Labor, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

5355. A letter from the Associate Administrator for Legislative and Intergovernmental Affairs, National Aeronautics and Space Administration, transmitting FY 2011 Annual Report Regarding NASA's Equal Employment Opportunity and Whistleblower Protection Act Complaints Activity; to the Committee on Oversight and Government Reform.

5356. A letter from the General Counsel and Acting Executive Director, Election Assistance Commission, transmitting Fiscal Year 2011 Activities Report; to the Committee on House Administration.