

HEALTH ACT OF 2011

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

Mr. FLAKE. Madam Speaker, I rise today in support of the legislation we'll vote on shortly to repeal the Independent Payment Advisory Board created under the Patient Protection and Affordable Care Act. This is something that simply should not have been done. These are unelected board members, 15 of them, appointed by the President, tasked for finding savings and making recommendations.

Unfortunately, because of the limitations of what the board can cut, the majority of spending reductions will come from cutting reimbursements for doctors and those who care for Medicare patients. The ultimate result will be fewer options for patients when doctors are driven out of the Medicare system.

We were told when the Affordable Care Act was passed that it would lead to a reduction in premiums. It's done exactly the opposite.

This kind of board and these kinds of decisions made by unelected officials will simply drive the cost up further, and we cannot afford to do that.

My only regret in today's action is that we're not repealing the entire act. I hope that comes soon.

WOMEN'S HEALTH

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

Mr. BACA. Madam Speaker, today I rise to speak of the need to protect the health care of American women.

Last week, I hosted a women's conference focused on the benefit of the Affordable Care Act for women. The historic health care reform is a step in the right direction for the health of mothers, sisters, daughters, and granddaughters.

Thanks to affordable health care, women can no longer be dropped from insurance coverage when they get sick or become pregnant. Twenty million women have already used free preventive services offered through health care reform, including mammograms and colonoscopies.

Beginning in 2014, women will no longer be denied coverage for having a preexisting condition. The health care law finally ends gender rating, in which women are forced to pay higher premiums than men for the same coverage.

American women are the foundation of our families. We must protect the benefit of health care reform and ensure that all women have better access to health care.

□ 1010

THE NATIONAL DEBT

(Mr. DOLD asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. DOLD. Madam Speaker, our national debt now exceeds \$15.5 trillion. I think it's fair to say that Washington has a spending problem. Republicans and Democrats alike have overspent over the years.

In the past 4 years, Washington has spent over \$5 trillion of taxpayer money that we don't have. The degree of how much this actually means to the American public, I think, is incomprehensible. Most people that I talk to just say that's a heck of a lot of money. I talk about the deficit of \$1.5 trillion that we spent this last year and they say I just think it's a lot of money. It works out to be about \$3.4 million a minute in deficit spending.

But if we take eight zeros off these numbers, to put it in perspective for the American family, I think it gives them a good idea about what their budget would look like. The annual family income would be about \$22,280. The money the family would spend in a given year would be \$37,080. New debt on the credit card would be \$14,800. The outstanding balance, which I think is important, is \$155,000, and the total discretionary budget cuts that were put in for 2011 for this family, \$398.

Madam Speaker, that's what we're facing. We must pass a budget that takes the step necessary to rein in the out-of-control spending that our country has today and put ourselves on a path to economic prosperity. We have no other choice.

THE ADVANCES FOR WOMEN IN HEALTH CARE REFORM

(Ms. TSONGAS asked and was given permission to address the House for 1 minute.)

Ms. TSONGAS. Madam Speaker, tomorrow marks the second anniversary of the landmark health care reform bill being signed into law by President Obama.

Many of the important reforms under the new law benefit women, who for years have faced discriminatory practices by insurance companies and borne higher health care costs simply as a result of their gender.

Because of the new law, women can no longer be denied coverage or charged more for such preexisting conditions as breast or cervical cancer, pregnancy, or, of all things, being a victim of domestic abuse.

Women no longer have to share the cost of critical and potentially lifesaving preventive services such as mammograms and colonoscopies.

These reforms for women not only make care more equitable, but they also help to reduce the cost of care by insuring that many diseases are detected early or prevented before their onset through vaccinations and regular screenings.

While additional reforms will be implemented in stages, many advances, as a result of health care reform, are al-

ready making a difference in the lives of women across this country.

JOEL SHRUM

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

Mr. PITTS. Madam Speaker, on Sunday in the Yemeni city of Tah-izz, al Qaeda terrorists viciously gunned down American Joel Shrum.

Joel grew up in Lancaster County, Pennsylvania, in Mount Joy and was a football star at Donegal High School.

He leaves behind a wife and two young sons who lived with him in Yemen.

Joel worked as a teacher at the International Training Development Center, which focused on giving vocational training to the poor.

Joel was a Christian, but he was not in the country to proselytize. According to his father, Joel was there to teach and break down barriers. The organization he worked for is staffed by both Christians and Muslims and has worked in the country for over 40 years.

The people of Yemen are appalled at this violence. Hundreds of activists took to the streets yesterday to demand justice for the killers. They carried photos of Joel and chanted: "Yemen is not a place for terrorism" and "We love you, Joel."

Joel Shrum selflessly served the poor in a country far from home. He will be dearly missed by his family and by the people he came to serve.

CHARLES DARWIN WOULD BLUSH

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

Mr. CONNOLLY of Virginia. Madam Speaker, yesterday by one vote the Republican Budget Committee passed a fend-for-yourself budget that gives Darwinism a bad name. It breaks a bipartisan compromise not even a year old. It voucherizes Medicare, in effect jeopardizing health care for tens of millions of American seniors. It essentially guts Medicaid and jeopardizes nursing home care for millions more. It block-grants the safety net programs led by food stamps, threatening to reverse decades-old progress in lowering poverty and malnutrition rates in America.

This is a budget that needs to be rejected, Madam Speaker. It is a budget that would make Charles Darwin blush.

IT'S UNCONSTITUTIONAL

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

Mr. POE of Texas. Madam Speaker, the nationalized health care bill will soon go before the Supreme Court.

The issue: Does the Federal Government have the constitutional authority to force Americans to buy government ordained and approved health insurance, or else? Or else face the wrath and punishment of government.

The government does not have the authority to force citizens to buy any product, whether it is health insurance, a car, or a box of doughnuts.

If the Supreme Court allows this government invasion of choice, what is next?

Is the government, under the guise of it knows best, going to force citizens to buy only government approved green cars, only government houses, only government food?

The health care individual mandate is a denial of liberty.

Yes, we need to fix health care, but does anyone really want to turn over the Nation's health care to the government? The government seldom does anything better.

If you like the compassion of the IRS, the efficiency of the post office, and the competency of FEMA, you will love the unconstitutional, nationalized health care bill.

And that's just the way it is.

TRAYVON MARTIN

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

Mr. AL GREEN of Texas. Madam Speaker, I rise this morning to thank the many persons across the length and breadth of this country who have spoken up with reference to the injustice that has occurred in Florida with reference to the young man, Trayvon Martin.

I want to single out two people, however. The first, Joe Scarborough of MSNBC Morning Joe. When he spoke this morning, I literally had tears to well in my eyes as he took a strong position on this injustice. I beg that others would do likewise.

I would also like to thank the Reverend Al Sharpton. He has lost his mother; and I along with other people of goodwill would like to extend our condolences and our sympathies. But I am so grateful to Reverend Sharpton. He has indicated that he will be at the rally tonight in Sanford, Florida. And I thank him for what he has done and is doing.

May God continue to bless you, Reverend, and I look forward to being there with you.

Mr. CONYERS. Will the gentleman yield?

Mr. AL GREEN of Texas. I yield to the gentleman from Michigan.

Mr. CONYERS. I would like to proudly associate myself with your remarks.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. POE of Texas). Members are advised to address their remarks to the Chair.

PROTECTING ACCESS TO HEALTHCARE ACT

Mr. GINGREY of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 591 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 5.

□ 1019

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, with Mrs. MILLER of Michigan (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose on Wednesday, March 21, 2012, all time for general debate had expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendments recommended by the Committees on Energy and Commerce and the Judiciary printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 112-18 is adopted and the bill, as amended, shall be considered as an original bill for the purpose of further amendment under the 5-minute rule and shall be considered as read.

The text of the bill, as amended, is as follows:

H.R. 5

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Protecting Access to Healthcare Act".

TITLE I—HEALTH ACT

SEC. 101. SHORT TITLE.

This title may be cited as the "Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2012".

SEC. 102. FINDINGS AND PURPOSE.

(a) FINDINGS.—

(1) EFFECT ON HEALTH CARE ACCESS AND COSTS.—Congress finds that our current civil justice system is adversely affecting patient access to health care services, better patient care, and cost-efficient health care, in that the health care liability system is a costly and ineffective mechanism for resolving claims of health care liability and compensating injured patients, and is a deterrent to the sharing of information among health care professionals which impedes efforts to improve patient safety and quality of care.

(2) EFFECT ON INTERSTATE COMMERCE.—Congress finds that the health care and insurance industries are industries affecting interstate commerce and the health care liability litigation systems existing throughout the United States are activities that affect interstate commerce by contributing to the high costs of health care and premiums for health care liability insurance purchased by health care system providers.

(3) EFFECT ON FEDERAL SPENDING.—Congress finds that the health care liability litigation systems existing throughout the United States have a significant effect on the amount, distribution, and use of Federal funds because of—

(A) the large number of individuals who receive health care benefits under programs operated or financed by the Federal Government;

(B) the large number of individuals who benefit because of the exclusion from Federal taxes of the amounts spent to provide them with health insurance benefits; and

(C) the large number of health care providers who provide items or services for which the Federal Government makes payments.

(b) PURPOSE.—It is the purpose of this title to implement reasonable, comprehensive, and effective health care liability reforms designed to—

(1) improve the availability of health care services in cases in which health care liability actions have been shown to be a factor in the decreased availability of services;

(2) reduce the incidence of "defensive medicine" and lower the cost of health care liability insurance, all of which contribute to the escalation of health care costs;

(3) ensure that persons with meritorious health care injury claims receive fair and adequate compensation, including reasonable non-economic damages;

(4) improve the fairness and cost-effectiveness of our current health care liability system to resolve disputes over, and provide compensation for, health care liability by reducing uncertainty in the amount of compensation provided to injured individuals; and

(5) provide an increased sharing of information in the health care system which will reduce unintended injury and improve patient care.

SEC. 103. ENCOURAGING SPEEDY RESOLUTION OF CLAIMS.

The time for the commencement of a health care lawsuit shall be 3 years after the date of manifestation of injury or 1 year after the claimant discovers, or through the use of reasonable diligence should have discovered, the injury, whichever occurs first. In no event shall the time for commencement of a health care lawsuit exceed 3 years after the date of manifestation of injury unless tolled for any of the following—

(1) upon proof of fraud;

(2) intentional concealment; or

(3) the presence of a foreign body, which has no therapeutic or diagnostic purpose or effect, in the person of the injured person.

Actions by a minor shall be commenced within 3 years from the date of the alleged manifestation of injury except that actions by a minor under the full age of 6 years shall be commenced within 3 years of manifestation of injury or prior to the minor's 8th birthday, whichever provides a longer period. Such time limitation shall be tolled for minors for any period during which a parent or guardian and a health care provider or health care organization have committed fraud or collusion in the failure to bring an action on behalf of the injured minor.

SEC. 104. COMPENSATING PATIENT INJURY.

(a) UNLIMITED AMOUNT OF DAMAGES FOR ACTUAL ECONOMIC LOSSES IN HEALTH CARE LAWSUITS.—In any health care lawsuit, nothing in this title shall limit a claimant's recovery of the full amount of the available economic damages, notwithstanding the limitation in subsection (b).

(b) ADDITIONAL NONECONOMIC DAMAGES.—In any health care lawsuit, the amount of non-economic damages, if available, may be as much