

start to inflict this scheme on the younger people, the people who will be keeping the promise for those over 55 aren't the ones that made the promise. They will be new representatives who don't have any commitment to keeping that promise. In fact, election after election, some of the younger people may ask, well, are you going to continue taxing me to support a Medicare program when all I'm going to get is a voucher? I want to know which one of the candidates will either cancel the Medicare for everybody and have everybody get this little voucher thing, or continue the Medicare program for everybody. I want to know if anybody up there is going to tax me for a Medicare program that I'm not going to get. And after five election cycles, the people that survive that will be the ones dealing with the promise that others made.

I doubt if any of them will be able to sustain that kind of pressure. When the time comes, either everybody will get this little voucher thing or everybody will get a Medicare card. The idea that some will get a nice, big Medicare package and everybody else coming behind get a little piece of voucher and think that's going to be sustained for any length of time, I think they've got another thought coming.

So people ought to recognize that even those over 55 have to protect Medicare. And the reason it's being cut is so that millionaires can get their tax cuts. You let those millionaires' tax cuts expire, you don't have to cut Medicare.

Now, as the gentlelady from the Virgin Islands said, we have a responsible budget. We name the cuts that are made. We name the taxes that will be affected. And you can see exactly what we're doing. Unfortunately, in the Republican budget, you get these unspecified cuts, 19 percent on average. Well, you know it's not going to be on average. It's not going to be across the board because some programs won't be cut. You're not going to cut the FBI by 19 percent. You're not going to cut Federal prisons by 19 percent. So all those that you don't cut you end up having to double up to meet your number, you've got to double up on the next one.

So we have no idea what's going to happen, other than all of these kind of unspecified cuts. And hopefully everybody's thinking, well, that's not going to be my program, that's not the one I depend on, when in fact it might not only be 19 percent, it might be 20, 30, 40 percent cuts in those programs.

The fact is that the Congressional Black Caucus budget is a responsible budget, and it comes in almost \$800 billion better on the bottom line than the Republican budget that will be the alternative. We have shown that you can be responsible, you can be compassionate, and you can be fiscally responsible. That's the Congressional Black Caucus budget.

Mrs. CHRISTENSEN. Thank you for summarizing that for us and for point-

ing out the very important point that, in order to keep those tax cuts for the millionaires, those programs that so many people in this country, the poor and the middle class, depend on will be cut. That's a tradeoff that this country should not be taking and we do not support.

So we are very pleased to present our budget. As I said, and as Congressman SCOTT said, this is a very responsible budget that not only invests in the future and keeps America's promise to its people, but it saves money, \$3.4 trillion over 10 years to reduce the deficit.

With that, we ask for the support of our colleagues, and I yield back the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in support of the Congressional Black Caucus (CBC) alternative budget.

The CBC Budget proposes an additional \$10 billion in funding for general Science, Space and Technology activities. Specifically, this funding will apply towards agencies I oversee as Ranking Member of the Committee, such as NASA; the National Science Foundation and NIST; and to many programs we specifically authorized in the America COMPETES Act and the America COMPETES Reauthorization Act, including Noyce Scholarships; the ADVANCE program for women faculty; Graduate Research Fellowships; and many other important research and STEM education related programs.

The CBC Budget also invests an additional \$2 billion towards Energy providing additional funding for the Advanced Research Projects Agency at the Department of Energy which also falls under my Committee's jurisdiction.

We all know that our nation's future strength is directly dependent upon our commitment to a robust science agenda. As Members of the Congressional Black Caucus, we urge support for programs that broaden participation in science, technology, engineering and mathematics, also called STEM.

As we call for increased funding for programs which broaden participation for STEM, we are concerned that the Administration's FY2013 budget holds funding for these critical programs flat even as other STEM programs grow and new ones are created. We remain concerned that we still have not actually moved the needle much in terms of participation in STEM by underrepresented groups nationwide.

Given the low participation by these groups in most STEM disciplines, the changing demographics of this country are going to catch up with us very soon with respect to having a STEM-skilled workforce for 21st Century jobs. In some industries we are already seeing a troubling skills gap that will only become worse if we don't broaden participation in STEM by minorities, and women for that matter.

As the first African American and first female Ranking Member of the Committee on Science, Space, and Technology, broadening participation in STEM remains a top priority of mine. Broadening participation is not a minority issue or a gender issue, it is a national competitiveness issue we all must work to address for our country's benefit.

The under-representation of women and minority groups in STEM fields is a severe impediment to the formation of an adequate

American STEM workforce. The increased education and participation of this segment of the workforce is essential to supplying the American economy with the STEM expertise the country needs to innovate and remain competitive.

In 2008, the US Census Bureau recorded African-Americans, Hispanics, and Native Americans as making up 28.2 percent of the US population, and yet, these groups only represent a mere 10 percent of the science and technology workforce. By the year 2050, minorities are predicted to represent 55 percent of the college population.

As a Caucus we support funding increases in programs which broaden participation in the sciences. Low-income and minority communities bear a disproportionate share of the national shortfall of highly qualified STEM teachers. Schools in these areas often lack adequate facilities such as science laboratories and other college preparatory tools that cultivate a hands-on, interactive learning environment.

Of great importance to us are funding and programmatic focus on high-need areas, low-income populations, and underrepresented groups wherever possible. We are pleased and supportive of the many provisions within the America COMPETES Act Reauthorization of 2010 which will result in improving the effectiveness and impact of activities to broaden participation across the entire \$6 billion in research grants at the National Science Foundation. However, in order to expand participation of minorities in the sciences we still have some work to do.

We need to strengthen the capacity of community colleges in which many of our students are enrolled. We need to award more grants directly to Historically Black Colleges and Universities (HBCU's) involved in research collaborations, enabling these institutions to build their research capacity in ways that serve their own faculty and students best. We should provide more scholarships and other avenues to decrease the financial burden many African American students disproportionately face. Finally, we need to support programs which will lead to more African American teachers and mentors.

Mr. Speaker, as you know my commitment to priorities of the Congressional Black Caucus remains strong and as Ranking Member of the Committee on Science, Space and Technology I look forward to continuing to work with the Administration to identify solutions to new, or persistent issues that threaten to set our nation back even as we continue to look forward to our future.

#### FRESHMAN CLASS ON OBAMACARE

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

Mr. REED. Mr. Speaker, I rise tonight and am joined down here by many of my colleagues as freshman Members of the U.S. House of Representatives to have an open and honest conversation with you, Mr. Speaker, and with all of America to talk about an issue that I believe is timely, with the court case that is now pending

in the United States Supreme Court dealing with the Affordable Care Act, otherwise known as “ObamaCare,” otherwise known as many other items, but tonight we’ll be referring to it as ObamaCare or the Affordable Care Act.

To me, Mr. Speaker, it is clear that ObamaCare is a legislative act that overpromises, overspends, and underperforms, all at the expense of hard-working taxpayers. The law does little to get to the root cause of the problem in health care, and that is escalating cost increases across America. To me, the law is more focused on health insurance reform and does not do much in regards to curbing the increasing health care costs in America down.

Now, in the House of Representatives, we have voted repeatedly to repeal this atrocious law. I believe that is the best course of action for many reasons, and I’m sure we’re going to get into those reasons tonight. But tonight we are joined by many freshman colleagues. What I’d like to do at this point in time is yield to my good friend from Georgia (Mr. SCOTT), a great Member of the freshman class and president of the freshman class, to offer some comments in regards to the same.

Mr. AUSTIN SCOTT of Georgia. Thank you very much.

Mr. Speaker, as you know, this week, the United States Supreme Court began hearing testimony on the constitutionality of the President’s health care law, a law that, according to a USA Today poll, 72 percent of Americans believe is unconstitutional.

Mr. Speaker, the key question is: If the Federal Government can mandate its citizens buy health insurance, then what can they not mandate from Washington, D.C., that the American citizens must buy?

Mr. Speaker, the consequences of this mandate are severe. If the Supreme Court does not overturn it, what will the Federal Government allow themselves to mandate next? Life insurance? Just one word difference, health insurance versus life insurance. Bank accounts? A red car instead of a blue one? Organic apples instead of grapes? President Obama has put America on a very steep and slippery slope, and House Republicans are here to stop him.

During his takeover of one-sixth of the economy—and that’s what it’s about, Mr. Speaker, it’s about the fact that this is one-sixth of the economy—President Obama stated that if you liked your plan, you can keep it. It was a promise, a pledge he made to the American citizens. However, Americans soon found out, as we know today, exactly what he meant.

Under President Obama’s health care law, you technically have a choice: You can keep your current plan as he promised, the health insurance plan that you chose. And yes, as long as the President, by his commission of unelected bureaucrats, approves your purchase, then you can keep the plan

without paying a penalty. However, if his bureaucrats don’t approve your plan, you’ll pay a penalty. Mr. Speaker, the American people know that’s not a choice.

Two years after this bill was signed into law, our worst suspicions are now being confirmed. Thanks to President Obama and the Democrats who used their control of Congress, Americans will have higher costs and a reduced level of care.

The nonpartisan CBO estimates that non-employer-sponsored health insurance premiums will be 13 percent higher than if this legislation had not been signed into law, Mr. Speaker. Over 90 percent of seniors will lose their retiree prescription drug coverage they currently enjoy, and also be hit with double-digit premium increases. The CBO has also noted that the health care law “may” hinder job creation.

Now, Mr. Speaker, I believe there’s no doubt this bill kills jobs. In fact, when you get right down to it, a small business owner who has more than 50 employees is actually going to be encouraged to terminate the number of employees that they have above 50. Otherwise, they will be penalized if they do not comply with the law. Now, think about that, Mr. Speaker: Not only does this law hinder job creation, but it forces employers to get to under the 50-employee threshold so that they will not have to deal with the job-killing bureaucracy that this bill forces upon them.

Since coming to Congress last January, the House Republican Conference has voted to repeal not only this health care bill in its entirety but the 1099 provision, which the President agreed with us on; the CLASS Act, which the President agreed with us on; and, most recently, the IPAB rules.

□ 2000

It’s time for the Senate and President Obama to wake up and realize what the majority of Americans already know: The Not So Affordable Care Act is simply bad economic policy, bad health care policy, and a violation of our constitutional rights as American citizens.

Mr. REED. I thank the gentleman from Georgia for joining us this evening.

On the point about small businesses, I would refer to a McKenzie Group report that found that more than one-half of employers with high awareness of the impact of ObamaCare said in the poll and in that report that they will stop offering health coverage when this becomes fully implemented as a result of their concern as to the bureaucratic pressure and the cost that this law is going to put on small business America.

To me, that’s unacceptable. I know it is unacceptable to my colleague from Georgia, and I so appreciate you entertaining some time with us tonight.

With that, I would like to yield to my good friend from South Carolina, a

great member of the freshman class, Mr. JEFF DUNCAN.

Mr. DUNCAN of South Carolina. I want to thank the gentleman from New York for his leadership on this issue.

I just got a text message a minute ago from my wife that said my youngest son, he’s 11, hit an in-the-park home run, and I wasn’t there. I wasn’t there because we’re here serving in the United States Congress to try to make America better for my 11-year-old and for children of this generation and future generations.

I believe that this particular legislation that was passed by the last Congress should be ruled unconstitutional—for a lot of different reasons. And I think my good friend from Florida (Mr. WEST) is going to talk momentarily about an article that he wrote, a great op-ed, in a Washington newspaper today. I thought it was spot-on, so I don’t want to steal his thunder on that.

He talks in there about the Independent Payment Advisory Board, this committee of 15 members that Congress basically divested some of its power, gave some of its power over to a 15-member panel.

Now, America needs to realize that this 15-member panel will be making decisions, health care decisions for you and your family. If you’re on Medicare, this 15-member panel, IPAB, will be making decisions on what they’ll pay for, what treatment you can get, how long you can stay in a nursing facility for rehab, a lot of different things. We’re divesting responsibility and decision-making to a panel.

This Congress just last week passed the repeal of that Independent Payment Advisory Board, IPAB, as it’s known. We sent it to the abyss known as the United States Senate, because under that Democrat leadership under HARRY REID, they fail to take good, commonsense legislation up in the Senate for a vote.

But you know what? The last Congress that passed what’s now known as ObamaCare, the Affordable Care Act, they gave some of their power away to this board, and anything that board does becomes law. And the only way Congress can overturn that law is with a majority vote or a supermajority vote in the United States Senate. That’s 60 Members that have to vote against something that IPAB does.

When I read the United States Constitution, article I, section 1, it’s at the very beginning, right after the preamble, this is what it says:

All legislative Powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives.

I don’t see in there an Independent Payment Advisory Board at all. I see a United States Congress made up of a House and a Senate. That’s what the United States Supreme Court ought to rule automatically unconstitutional in this bill.

We can talk about a lot of other things, but that bill was wrong for

America. It's going to cost small businesses, it's going to stymie the economy, and we may never recover from what's coming with the full implementation of ObamaCare.

Mr. REED. I thank the gentleman for his comments so much because the Independent Payment Advisory Board is a classic example of what is wrong with ObamaCare. What they did in ObamaCare in the last congressional session was delegate its authority to 15 unelected bureaucrats. You're absolutely right.

And the worst thing about it, to my colleagues and Mr. Speaker, is that 15-member board is not subject to any open law requirements. They don't have to conduct their hearings in public. They don't have to conduct their deliberations with public input. It's 15 unelected bureaucrats that are making fundamental health care decisions that should be patient-centered relationships between a patient and a doctor.

But yet, under ObamaCare and the Affordable Care Act, what this Congress did in the 111th Congress was delegate its authority to 15 bureaucrats to make those life-and-death decisions.

Mr. DUNCAN of South Carolina. Will the gentleman yield?

Mr. REED. I yield to the gentleman.

Mr. DUNCAN of South Carolina. That's an interesting point, because I'm on the Natural Resources Committee. We deal with the EPA and a number of other, what used to be known as the MMS, and now BOEMRE, that makes regulations regarding offshore drilling, and they can't do anything without some public comment period. They can't promulgate a regulation that isn't subject to a public comment period and an appeal process.

But from what I hear you saying is this 15-member board can pass something in the dark of the night, in the back room, without transparency, without public input, without public comment period, and it will have the force of law.

Mr. REED. I so appreciate that comment.

With that, at this point in time, I'd like to yield to a great colleague, Mr. TREY GOWDY from South Carolina. Mr. GOWDY has joined us this evening, and I'm interested in hearing your thoughts on this topic.

Mr. GOWDY. I thank the gentleman from New York, and I thank my colleague and friend from South Carolina, Mr. DUNCAN, my colleague and friend from Georgia, Mr. SCOTT, my colleague and friend from the great State of Florida, Colonel WEST, all of whom are experts, Mr. Speaker, on the policy of ObamaCare.

I want to talk to you about something other than policy. I want to talk to you about the law. But I'm going to concede up front, Mr. Speaker, that having health insurance is a wise idea. Having health insurance is a really, really good idea.

Walking over from the Longworth office building just a few minutes ago,

Mr. Speaker, I passed two dozen people who were out jogging or otherwise exercising, and I can't help but conclude exercising is a wise idea. But Congress has not mandated exercise, not yet at least. The week's not over with yet. But so far we have not mandated exercise, despite the fact that it is a good policy.

Mr. Speaker, I couldn't help, in talking to my wife tonight, to be reminded that remembering our spouses' birthdays is also a wise idea. So far, although the week is not over with yet, Congress has not mandated that we remember our spouses' anniversaries.

So, up front, let's acknowledge there's a difference between being a good idea and being a constitutional idea, because, Mr. Speaker, what my question is for Colonel WEST from Florida that I will ask initially rhetorically, and then I'd like him to answer it, is: Can Congress make you eat beets? Because beets are good for you, Mr. Speaker. You know that. You're a physician. What you eat matters. Can Congress make you eat okra? Can it make you eat cabbage? And if not, why not?

If all we're here to talk about is whether or not something is a good idea and there are no constitutional limits to what Congress can do, then my question is: Why not? Why can't we just debate this on the basis of public policy?

And the answer, Mr. Speaker, is this: Because we have a Constitution which is the supreme law of the land, and the Constitution has specific enumerated powers of what Congress can and, by absence, cannot do. And the Commerce Clause says that Congress can regulate commerce among the several States. And that's what this administration will be arguing this week, that that one phrase, that Congress can regulate commerce among the several States, gives this body the power to force everyone to purchase a private product, that being health insurance.

So my question to you, Mr. Speaker, is this: If health insurance is a good idea, how about life insurance? Because heaven knows we don't need any more generational debt in this country, Mr. Speaker. It is not fair to pass on debt to subsequent generations. So, before this week is done, why don't we mandate life insurance?

And I've seen study after study after study that good oral health is tantamount to good overall health. So why don't we, before the week is over with, Mr. Speaker, mandate that everyone must purchase dental insurance? If not, why not?

Mr. Speaker, as you know, I was a prosecutor in a former life, so I took great note of two Supreme Court cases, *Lopez* and *Morrison*. In *Lopez*, this body passed the Gun Free School Zone Act, saying we don't want guns on junior high and high school campuses. And the Supreme Court of the United States said, that may be a laudatory public policy position, but Congress

has no business regulating the campus of high schools and junior high schools.

Mr. Speaker, Congress also—and this issue is very near and dear to my heart because I come from a State that has struggled mightily with the issue of domestic violence.

□ 2010

We have struggled mightily with that.

So Congress passed a federalized Violence Against Women Act. In the *United States v. Morrison*, the Supreme Court said that is a very laudable public policy. But the Commerce Clause of the Constitution does not give you the power to tell the several States how to handle domestic violence, and they struck it down.

So we've got to, in this country, somehow find a way to separate what is good public policy from what is the law of the land, because, Mr. Speaker, I will tell you this: if the Supreme Court says that Congress can make you purchase a private product like health insurance, then I beg someone to tell me what are the limits to what we can tell people to do.

Can we make them exercise? We all know that's good for you. If I've got to subsidize the health of people who are obese or have hypertension, why can't I make them exercise? Because this is America, and Congress can't make you exercise. They can encourage you to do it, but they can't make you do it.

Congress can't make you buy dental insurance, and Congress can't make you buy life insurance, and Congress can't make you exercise or get out of the rain when there's lightning. There are lots of things that we ought to do that Congress can't make us do.

If the Supreme Court says that Congress can make you purchase health insurance, Mr. Speaker, that is the end of federalism in this country. There are no limits to what this body can make its citizens do if this law were upheld.

I thank the gentleman from New York, and I thank my other colleagues.

Mr. REED. I thank the gentleman for coming tonight and sharing the passion of what we're talking about when we're talking about ObamaCare and the constitutionality and the concepts of federalism. It reminds me, Mr. Speaker, of over 200 years ago our Founding Fathers had the brilliance, the vision, to recognize that the Federal Government is a limited Federal Government. The power of our government rests in the people, not in the Federal Government. The power of our government represents in the local and State entities that are closest to the people.

I firmly believe in the 10th Amendment and believe that the governments that are closest to the people are the best to be in the position to regulate and govern those people; and we should respect the U.S. Constitution and the limited powers that are enumerated in here, and recognize—and I hope that the United States Supreme Court joins me in that position in recognizing that

there are limits to the Federal Government. The interstate commerce clause has limits, and it's not open-ended in order to force us to purchase health insurance for the sake of forcing us to engage in commerce in order to more effectively regulate interstate commerce.

I so agree with the gentleman from South Carolina. If that is the holding of the Court, then the Federal Government has no bounds. The Federal Government will control every ounce, every corner of our lives on a day-to-day basis.

With that, I would like to yield to the gentleman from Florida (Mr. WEST), whom I so enjoy being a colleague of here as a freshman Member of the U.S. House of Representatives.

Mr. WEST. I want to thank my colleague from New York (Mr. REED), and I want to thank my colleague from South Carolina (Mr. GOWDY) and the previous colleague, Mr. DUNCAN, my freshman class president, my brother from Georgia, and also my colleague from the great State of Arkansas (Mr. GRIFFIN).

Mr. Speaker, very simply, the Supreme Court has begun to consider the legality of the Patient Protection and Affordable Care Act, also referred to as ObamaCare. The High Court will pore over article I, section 8 of the Constitution to determine the meaning behind the words:

The Congress shall have power to lay and collect taxes, duties, imposts and excises, to pay the debts, and provide for the common defense and general welfare of the United States, to regulate commerce with foreign nations and among the several States and with Indian tribes.

The 2012 Supreme Court must now determine whether the Founders had any intention of mandating the behavior of private enterprises and American citizens. To me, Mr. Speaker, the answer is obvious—absolutely not.

Our Nation was founded on the Declaration of Independence. Freedom of choice and a free market are at the core of our Nation's soul. A governmental mandate for the behavior of individuals and private enterprises is anathema to what our Founders intended. The prospect of having an unelected panel of bureaucrats determining fundamental decisions about our individual health is perhaps the most personal and intimate intrusion into our lives.

This concept is absolutely absurd and dangerous law, which surely ranks with the grievances laid down 236 years ago in the Declaration of Independence. Grievances such as:

He has forbidden his governors to pass laws of immediate and pressing importance unless suspended in their operation until his assent should be obtained, and when so suspended he is utterly neglected to attend to them.

He has erected a multitude of new offices and sent hither swarms of officers to harass our people and eat out their substance.

He has combined with others to subject us to a jurisdiction foreign to our Constitution, and unacknowledged by our laws, giving his

assent to their acts of pretended legislation; for imposing taxes on us without our consent; for taking away our charters, abolishing our most valuable laws, and altering fundamentally the forms of our governments.

That's why, Mr. Speaker, each and every day I carry this Declaration of Independence and Constitution right here next to my heart. Because in January of 2011, Florida Federal District Judge C. Roger Vinson ruled the individual mandate unconstitutional, stating "never before has Congress required that everyone buy a product from a private company essentially for life just for being alive and residing in the United States."

If the government has the power to compel an otherwise passive individual into a transaction, it is not hyperbolic to suggest that Congress could do almost anything it wanted, just as my colleague from South Carolina articulated so well.

Today, this prediction is being attempted before our very eyes. With ObamaCare, insurance companies will be forced even to provide contraceptive products free of charge.

But, Mr. Speaker, why just contraception? Will the government next force insurance companies to provide surgical procedures free of charge? Where does it end? Perhaps supermarkets will be compelled to offer apples and carrots free of charge to ensure children have access to healthy food.

Beyond exerting oppressive control over individuals and private enterprises, ObamaCare circumvents the foundation of our own legislative structure.

At the heart of the Affordable Care Act is the Independent Payment Advisory Board, made up of 15 unelected officials appointed by the President to one simple purpose: to reduce Medicare spending. The IPAB will be tasked with and given the authority to reduce costs to the government by, among other things, limiting reimbursements to doctors. It doesn't take a brain surgeon, Mr. Speaker, to recognize that this will lead to more physicians leaving the Medicare system, reducing access to care for our seniors, and limiting available treatments.

But this isn't the most frightening part. Any recommendations that the IPAB automatically brings forth becomes law. The only way around this unprecedented amount of power for Washington bureaucrats is an act of Congress with a three-fifths supermajority in the Senate. In other words, the unelected IPAB, appointed by the President, essentially becomes its own shadow legislative body.

The fundamental structure of our government with three co-equal branches and a careful system of checks and balances is being usurped. Our freedoms and liberties are being chipped away bit by bit. Our country is being transformed step by step, incrementally, into a centrally planned,

stringently controlled, bureaucratic nanny State.

What I find most frightening is that a portion of our populace willingly dons these shackles and like lemmings will march this great constitutional Republic off to its own demise.

Perhaps some Americans are simply unaware of the exorbitant monetary cost of this governmental behemoth. But numbers don't lie, Mr. Speaker, and they are dangerous: \$1.76 trillion from the American taxpayers to pay for ObamaCare over 10 years, nearly double the \$940 billion that was forecast when the bill was signed into law. As a previous Speaker said, "We have to pass the bill in order to find out what is in it."

Fifty-two billion in new taxes on businesses as employers are forced to provide health insurance, \$47 billion in new taxes on drug companies and medical device-makers, costs that will surely be passed down to patients, particularly our senior citizens.

□ 2020

Families earning more than \$250,000 a year will see more taxes as ObamaCare adds a new tax to investment income, including capital gains, dividends, rental income, and royalties; 16,000 new IRS agents; 159 new government agencies and bureaucracies; \$575 billion in cuts to Medicare.

Insurance premiums are expected to increase 1.9 percent to 2.3 percent in 2014 and up to 3.7 percent by 2023 because ObamaCare adds a premium tax on health insurers offering full coverage.

The Patient Protection and Affordable Care Act is unworkable and destined to fail. One need only look back a few years ago to the last Big Government program with the word "affordable" in it. Our colleague from the other side, BARNEY FRANK, brought forth the National Affordable Housing Act, and it, in less than a decade, managed to demolish the housing market, weaken financial institutions, and wipe out the net worth of millions of Americans.

What makes anyone, Mr. Speaker, think government intervention in health care will be successful?

ObamaCare is unconstitutional. As a matter of fact, Mr. Speaker, it is anti-constitutional. It violates those great, inalienable rights that Thomas Jefferson said do not come from man, they come from our Creator—of life, liberty, and the pursuit of happiness. It violates our individual sovereignty. And most certainly it is probably one of the most awful pieces of American policy.

Mr. Speaker, I pray that after next week's Supreme Court decision—or whenever it comes—that this Patient Protection and Affordable Care Act becomes the most short-lived piece of legislation in American history.

Mr. REED. I thank my colleague from Florida.

Mr. AUSTIN SCOTT of Georgia. Will the gentleman yield?

Mr. REED. I yield to the gentleman from Georgia.

Mr. AUSTIN SCOTT of Georgia. After listening to my colleague from Florida, I'm going to tell you it just drives home the point that power corrupts and absolute power corrupts absolutely.

You're talking about a panel that will have control of roughly one-sixth of the United States economy. That means more power in Washington.

I'm going to tell you, ladies and gentlemen, whether you're a Republican or a Democrat or an independent, the more power that rests in this House, the less liberty you have in your house. We're here standing up for your personal freedom and your individual liberties. We're working to make sure that you get a health care system that will continue to support you and your children.

We have over 300 children and grandchildren that we're the parents and grandchildren of in the freshmen class, and that generation is more important than the next election.

Mr. REED. I thank the gentleman, the president of the freshman class, for that input.

What I would like to say in follow-up to the gentleman from Florida, quoting the numbers—and the numbers are real. Just recently, the CBO, the Congressional Budget Office, the independent bean counter of Washington, D.C., said that the real price tag under ObamaCare will be upwards of \$1.76 trillion over 10 years added to our spending in Washington, DC.

We're at \$15.6 trillion in the hole, and we're going to add another \$1.76 trillion to that pricetag, to that debt? It's not sustainable. We have to do better.

We in the House of Representatives on the Republican side do have proposals and solutions that will replace ObamaCare and go a long way to turning that cost curve and our ever-increasing cost of health care in America.

What I would like to do is go beyond the numbers. I can tell you from firsthand experience—and I know a lot of my colleagues believe in this just as I do. When I go back to my district in upstate New York, I go out and I talk to people on the front line. Just recently in the last month and a half, I went to a business just north of Cornell, New York, a small electronics company that's been struggling day after day, just trying to make ends meet.

It has about 48 employees in his operation. As I'm meeting in his office, as I'm talking to him about the future of his business, he stated to me that because of this law, the Affordable Care Act and its 50-employee threshold for the additional bureaucracy and requirements and taxes and penalties that Washington, DC, is putting on that business if he goes over that 50-employee threshold, he told me to my face that he will keep his employee rolls at 48 and not venture down the

path of hiring two more individuals. Those are two more families that won't be getting a paycheck and putting food on their table and having the private capital to put their kids through college because of legislation coming out of Washington, D.C.

Mr. Speaker, we can do better. We will do better.

November 2010, with my freshmen colleagues, was the start of that better governance for all of America, and I'm proud to be a part of this freshman class.

At this point in time, I would love to yield to a fellow colleague of the freshmen class, Mr. GRIFFIN from Arkansas.

Mr. GRIFFIN of Arkansas. Thank you. I appreciate it. I appreciate you putting this together. I'm happy to come over here to the floor of the House to talk about the unconstitutionality of ObamaCare.

Before I talk about the Constitution and ObamaCare, I want to make really clear to folks who may be joining us tonight that all of us here believe that we need serious health care reform in the United States. We know that we need health care reform. There are many parts of our health care system that we need to reform so that it is more efficient and so that we can deal with the rising costs. We get that.

What we don't need is the health care reform that we got. We are not against health care reform. We are against the type of health care reform that we were given with ObamaCare, a government-centered, costly, bureaucratic health care law.

What I favor, and I think a lot of my colleagues favor, is a patient-centered health care reform that focuses on innovation and reducing costs, allowing more competition across State lines for insurance companies so that they can drive the costs down. We are looking for ways to provide quality care, to continue to provide quality care to Americans while reducing costs. I just want to make that really clear. We understand the need for health care reform.

We also understand the need to reform Medicare. We know that we must reform it to save it. The President's health care law, as we've heard some others refer to tonight, doesn't save Medicare. It makes changes. It takes \$500 billion out of Medicare. He also set up an independent board, as we've heard, that will decide where cuts should be made.

Instead of reforming, instead of looking for ways to innovate, it just cuts. Ultimately, it rations Medicare. That's what the President's plan does.

We have a better alternative, a patient-centered alternative.

We're here tonight to talk about the law that we have, the law that I and many of my colleagues voted to repeal, and that is what some call ObamaCare, the President's health care law.

We first have to start out—we're talking about the Constitution—and recognize that this Constitution sets

limits on the power of government. If it does not set limits on the power of government, then what good is it? It's not worth the paper it's written on if it doesn't set limits on government. That's exactly what it does. That's why we have a Constitution in the first place.

The Founders, the people that started this great country, they knew what government overreach could do. They knew what government power out of control could do. The Founders were very specific in providing limitations on government in this document.

When enumerating the powers of Congress, the Constitution clearly presents the power to regulate as separate and distinct from the power to raise and create.

Let me tell you a little more about what I'm talking about here. The issue of whether ObamaCare is constitutional or not boils down to the Commerce Clause. The Commerce Clause of the Constitution gives the Federal Government the ability to regulate commerce. When setting out the powers, the Constitution clearly talks about the power to regulate as separate and distinct from the power to raise and create.

□ 2030

Congress, for example, was given the power to create money and then regulate it. Congress was given the power to raise an Army and then the power to regulate it. But that's not the case with commerce. That's not the case with doing business. Congress was only given the power to regulate commerce, not raise it or create it. The power to raise or create it is not there. For money in the military, the power to regulate does not include the power to raise; rather, it follows it.

So the bottom line here is, there's no power to create commerce, create business transactions where they don't exist. As one of the gentlemen that was here earlier said, Where does it end? If the Federal Government can make you buy insurance, health insurance, can they make you eat your broccoli? Can they make my 2-year-old and 4-year-old eat their broccoli?

I happen to love potato chips. They're probably not the best thing for me. Can you stop me from eating them? If I eat too many during a Razorback game, does the Congress of the United States have the power to pay say, We've got to cut down on the number of chips people are eating? I say no, Congress does not have the power to do that. But you know what? A lot of folks would say yes, using the same reasoning that they believe they can make you buy health insurance.

And that's ultimately what this debate is about. Yes, it's about health care. It's about the unconstitutionality of ObamaCare, but, more broadly, it's about the Federal Government reaching into your life and telling you how to live it because the Federal Government thinks that it knows best. The

Federal Government thinks it knows what you should eat, when you should eat it, what kind of insurance you ought to buy.

Now, I can't speak for the Founders, but I've got to believe, having read this document and many others that were written around the time of the founding of this country, I've got to believe that they would be outraged, outraged if they knew what was going on in their name, if they knew that the Federal Government was claiming to have the power to do the things that it claims it has the power to do.

Mr. Speaker, this is a critical week in our history because of the arguments that are going on at the Supreme Court, and the decision that comes out of the Supreme Court on this issue will be monumental. I would say, for me and the people that I represent in Arkansas that I talk with when I go home, that we believe that this Constitution establishes a limited government, and that no matter how you interpret it, you have to agree that it sets limits, and the Federal Government cannot force you to do whatever it wants you to do.

Mr. REED. I thank the gentleman from Arkansas.

At this point in time, I yield to the gentleman from Georgia.

Mr. AUSTIN SCOTT of Georgia. I think the gentleman from Arkansas made a wonderful point, that maybe we haven't made enough and should have made more. And that's the difference between a recommendation and a decision.

Oftentimes, we put together many panels of experts to make recommendations to Congress, and then Congress can decide to take action on the recommendation or not to take action. This bill flips that on its head in that a panel of unelected people is going to be convened that are actually going to make the decision. They are taking away the right of the American citizen to make the decision for themselves, completely contrary to what has been done in most cases in the past.

This isn't a recommendation, ladies and gentlemen. This is a decision that is going to be made for you by bureaucrats in Washington, D.C. And I'm going to tell you now that, just like a lot of Americans—both Republicans and Democrats and certainly the Independents—I feel that the people in Washington need to mind their own business and leave Americans alone. And that's the bottom line. People are fed up with it. More power in this House means less personal freedom and individual liberty in your house.

Mr. REED. I thank the gentleman from Georgia.

Mr. GRIFFIN of Arkansas. Will the gentleman yield?

Mr. REED. I yield to the gentleman from Arkansas.

Mr. GRIFFIN of Arkansas. I just wanted to comment on something you said there.

It might be a different debate if this Federal Government operated efficiently and ran everything perfectly, but we don't have a track record to brag on when it comes to managing this sort of thing.

What makes folks think that all the answers are in Washington? Where's the evidence of that? I don't think you can point to it. I think the record shows that when you let States do what is good for them, in particular, and experiment and innovate, try new things, serve as laboratories to learn the best way forward, that's what succeeds. The idea that one size fits all from up here, that's not patient-centered; that's government-centered.

Mr. REED. Reclaiming my time, I so agree with the gentleman from Arkansas, because you are absolutely right.

As you were expressing yourself to the Speaker and to this Chamber and to this floor, you made a comment, that since when does the Federal Government know best? And there are repeated provisions in the 3,000 pages of ObamaCare that clearly show that when the 111th Congress passed this legislation, they truly believed that the Federal Government, Washington, D.C., knew what was best for every individual in America coast to coast, north to south, east to west. You only have to look to the provision that deals with Medicaid, because we're talking a lot tonight about Medicare and IPAB and the provisions of ObamaCare that deal with that.

But look at the provisions dealing with Medicaid and the maintenance of efforts provisions in the law. And what that says, Madam Speaker, is that on the day of the effective date of ObamaCare, the States have to maintain the same level of service under its Medicaid program as was in effect on the date of the effective date of ObamaCare.

What does that mean, Madam Speaker? What does that mean to the State of New York? Well, the State of New York offers what all of my constituents in my district know as the Cadillac plan of Medicaid services. We offer every authorized program that the Federal Government allows under Medicaid. And actually, it's so well known that we're getting influxes of people coming to New York State because of the Medicaid medical services that we provide.

And what is that doing to New York State? Well, let me tell you. In the eight counties that I represent, over 100 percent of our real property tax levy—because we split the Medicaid share 25 percent/25 percent between the State and the local government. So our county tax property bill is equivalent to 100 percent that goes to cover those Medicaid services for our constituents in those eight counties. That means that every county tax bill that goes out, every dollar of that tax levy goes to cover the New York State 25 percent local share of Medicaid costs.

And what does ObamaCare do? It tells our elected officials in New York

State, in Albany, You're handcuffed. You cannot change the level of services under Medicaid.

And what is it doing to other States, such as Texas that doesn't authorize all of the authorized programs at the Federal level for Medicaid services? It forces them to raise up and maintain their level of services under Medicaid.

□ 2040

I've talked with representatives from Texas and they point to New York State and they say New York State should be the example for which Texas should not follow. We should allow the States and the elected officials duly elected to represent the local citizens in those States the ability and discretion to tailor what is best for their States' citizens, not have a one-size-fits-all requirement coming from Washington, D.C., like the maintenance-of-efforts provisions under ObamaCare dictating across the country that what's good in New York is good for what's in California and Texas and everywhere else. Each State is unique.

And that is the wisdom and the vision that our Founding Fathers articulated when they recognized the 10th Amendment in the United States Constitution and have the Federal Government be a limited Federal Government, that its rights are only those enumerated in the Constitution. And if it isn't so enumerated in the Constitution, those powers are retained by the States and by the people in those States, not the Federal Government.

I again yield to my colleague from Georgia.

Mr. AUSTIN SCOTT of Georgia. As I listen to you talk about the individual States out there—the 50 individual States—and I'm from Georgia. The Second Amendment is extremely important to us in Georgia: the right to keep and bear arms. We haven't passed a law on the House floor and passed by the Senate and signed by the President that says every American must own a gun, or a firearm, if you want to be proper about it.

Again, it's those constitutional rights that we as Americans have. It's not for the government. It's for us as individuals. That Constitution guarantees me as a citizen that nobody in Washington can take those things from me. Our Forefathers understood, again, that power corrupts and absolute power corrupts absolutely. They gave us the Constitution. They knew that with the House and the Senate being political bodies and with the President being a political body that eventually something like this would happen in this country. And so they gave us a Court. They gave us a Court with one duty—and that duty is to protect the constitutional rights of the United States citizens. And let's just hope and pray that the Court does its job and upholds our constitutional rights.

With that, I will yield the remainder of any time I have left to my colleague



from New York. Thank you so much for having us here tonight.

Mr. REED. I thank the gentleman from Georgia and for the gentleman's time in joining us on the floor of the House on this critical issue that we face in the U.S. House of Representatives.

What I would like to say in closing, Madam Speaker, is that there are many problems with the Affordable Care Act—there are many problems with ObamaCare—not the least of which is the constitutionality of that law. And let us hope that the United States Supreme Court renders its verdict, and that verdict is just and recognizes that this is an overreach of Federal power and strikes down this law.

But make no mistake about it, Madam Speaker, we in the House of Representatives recognize that there is a problem with health care in America, and those ever-increasing costs that burden Americans across the Nation need to be dealt with. But the solutions—and I know we'll have this conversation on another night, Madam Speaker—but the solutions that we come up with must be based from the patient's point of view, from the individual's point of view, from the patient and the doctor's relationship, not from the perspective of Washington bureaucrats, not from the perspective of a hospital administrator, but from the private relationship between patients and doctors. And I believe if we wholeheartedly agree to that principle, we will solve this problem. But in the end, ObamaCare—the Affordable Care Act—does not accomplish the mission and needs to be repealed. And we'll stand for the repeal today and tomorrow.

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

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. BROWN of Florida (at the request of Ms. PELOSI) for today on account of an event in the district.

Mr. JACKSON of Illinois (at the request of Ms. PELOSI) for today and the balance of the week.

Ms. JACKSON LEE of Texas (at the request of Ms. PELOSI) for today.

#### BILLS PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House, reported that on March 22, 2012, she presented to the President of the United States, for his approval, the following bill:

H.R. 473. To provide for the conveyance of approximately 140 acres of land in the Ouachita National Forest in Oklahoma to the Indian Nations Council, Inc., of the Boy Scouts of America, and for other purposes.

Karen L. Haas, Clerk of the House, further reported that on March 23, 2012, she presented to the President of the United States, for his approval, the following bill:

H.R. 886. To require the Secretary of the Treasury to mint coins in commemoration of the 225th anniversary of the establishment of the Nation's first Federal law enforcement agency, the United States Marshals Service.

#### ADJOURNMENT

MR. REED. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 45 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, March 27, 2012, at 10 a.m. for morning-hour debate.

#### EXECUTIVE COMMUNICATIONS, ETC.

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

5397. A letter from the Associate General Counsel for Legislation and Regulations, Department of Housing and Urban Development, transmitting the Department's final rule — Federal Housing Administration (FHA): Suspension of Section 238(c) Single-Family Mortgage Insurance in Military Impacted Areas [Docket No.: FR-5461-F-02] (RIN: 2502-AJ01) received March 1, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

5398. A letter from the Associate General Counsel for Legislation and Regulations, Department of Education, transmitting the Department's final rule — National Institute on Disability and Rehabilitation Research—Disability and Rehabilitation Research Projects and Centers Program—Disability and Rehabilitation Research Project—Center on Knowledge Translation for Disability and Rehabilitation Research Catalog of Federal Domestic Assistance (CFDA) Number: 84.133A-13 received February 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

5399. A letter from the Assistant Secretary for Employment and Training, Department of Labor, transmitting the Department's final rule — YouthBuild Program (RIN: 1205-AB49) received February 17, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

5400. A letter from the Deputy Assistant Administrator, Office of Diversion Control, Department of Justice, transmitting the Department's final rule — Schedules of Controlled Substances: Extension of Temporary Place of Five Synthetic Cannabinoids Into Schedule I of the Controlled Substances Act [Docket No.: DEA-345] received March 1, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5401. A letter from the Deputy Bureau Chief, Wireline Competition Bureau, Federal Communications Commission, transmitting the Commission's final rule — Connect America Fund; A National Broadband Plan for Our Future; Establishing Just and Reasonable Rates for Local Exchange Carriers; High-Cost Universal Service Support; Developing a Unified Inter-carrier Compensation Regime; Federal-State Joint Board on Universal Service; Lifeline and Link-Up; Universal Service Reform — Mobility Fund [WC Docket No.: 10-90; GN Docket No.: 09-51; WC Docket No.: 07-135; WC Docket No.: 05-337; CC Docket No.: 01-92; CC Docket No.: 96-45; WC Docket No.: 03-109; WT Docket No.: 10-208] received March 5, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5402. A letter from the Associate Bureau Chief, Federal Communications Commission,

transmitting the Commission's final rule — Implementation of the Commercial Spectrum Enhancement Act and Modernization of the Commission's Competitive Bidding Rules and Procedures; Waiver of Section 1.2110(b)(3)(iv)(A) of the Commission's Rules For the Upper 700 MHz Band D Block License [WT Docket No.: 05-211] received March 2, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5403. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's final rule — Amendment to the International Traffic in Arms Regulations: Haiti (RIN: 1400-AD08) received February 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

5404. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule — Removal of Oman from the Restricted Destination List [NRC-2011-0264] (RIN: 3150-AJ06) received March 2, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

5405. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Federal Acquisition Circular 2005-57; Small Entity Compliance Guide [Docket: FAR 2012-0081, Sequence 2] received March 7, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5406. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Federal Acquisition Circular 2005-56; Introduction [Docket FAR 2012-0080, Sequence 1] received February 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5407. A letter from the Chief Acquisition Officer, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Federal Acquisition Circular 2005-56; Small Entity Compliance Guide [Docket FAR 2011-0081, Sequence 1] received February 29, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

5408. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Non-American Fisheries Act Crab Vessels Operating as Catcher/Processors Using Pot Gear in the Western Regulatory Area of the Gulf of Alaska [Docket No.: 101126522-0640-02] (RIN: 0648-XA956) received March 1, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5409. A letter from the National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Endangered and Threatened Wildlife and Plants; Final Listing Determinations for Two Distinct Populations Segments of Atlantic Sturgeon (*Acipenser oxyrinchus oxyrinchus*) in the Southeast [Docket No.: 090219208-1762-02] (RIN: 0648-XN50) received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5410. A letter from the National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Endangered and Threatened Wildlife and Plants; Threatened and Endangered Status for Distinct Population Segments of Atlantic Sturgeon in the Northeast Region [Docket No.: 100903414-1762-02] (RIN: 0648-XJ00) received February 13, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.