

meets the needs of this Nation for the next 2 years. They passed it out. This House has not passed a transportation bill.

We put a stopgap thing out so we can go to conference, but it wasn't a transportation bill. It didn't do the job. Maybe Wednesday, Thursday, or maybe some time Friday there can be an agreement between the two houses. But if there is not an agreement, then as I heard not more than an hour ago from my Republican colleagues, in agreeing to the motion to instruct, that if there is no agreement, then take up the Senate bill. That was in fact the motion. Take up the Senate bill if there is no agreement. Put 2 million Americans back to work. Repair our highways. Repair our bridges. Buy American. Enhance the buy American provisions.

We've got work to do. Americans have work to do. Americans want to work, and it's time for this House to work. And with that, Mr. Speaker, I yield back the balance of my time.

OBAMACARE'S BROKEN PROMISES

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

Mrs. BLACK. Mr. Speaker, I rise today with many of my freshman colleagues to talk about the impact of a very important bill, the Patient Protection and Affordable Care Act, commonly called ObamaCare, on our economy, our caregivers, and most importantly, the American people seeking care. Any day now the Supreme Court is expected to announce its decision on ObamaCare. And while I hope that the Supreme Court rules on the side of the Constitution and the American people, no matter what happens, the fact remains, this law is bad policy. It's bad for health care, it's bad for the economy, and it's bad for the future of our country.

The rhetoric of the bold promises used to pass ObamaCare into law simply cannot be reconciled with reality. The more the law is implemented, the more the American people don't want it. The President's promises on quality of care, lower insurance premiums, no increase in taxes, and no effect on the deficit, in just 3 years have been broken time and time again.

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Broken promise number one: President Obama said in March of 2010:

If you like your doctor, you're going to be able to keep your doctor. If you like your plan, keep your plan.

The reality is, President Obama's very own administration now estimates that the new regulations contained in ObamaCare will force up to 80 percent of small businesses to give up their current plans by 2013. The Congressional Budget Office also estimates

that between 3 million and 5 million people will be dropped from their employer-based coverage by the time the law is fully implemented.

When I visit businesses in my district, I always ask: Have you done the math? Will you keep your insurance or will you pay the fine? Time and time again I get the same answer: We'd like to keep insuring our employees, but it doesn't make good business sense to do so.

Yesterday, in fact, I participated in a field hearing in Murfreesboro, Tennessee, on the effects of government regulation on the economy. We heard from several business owners and State leaders. A gentleman by the name of H. Grady Payne of Conner Industries, which has a plant in Fayetteville, discussed the impact of ObamaCare on his business. He said his company has about 450 employees, and he struggles each year to encourage them to participate in health insurance. The company has had to create different employee groups in order to create an employee base which would have 75 percent participation as required by most insurance companies.

Now, Payne said that the non-discrimination provisions of the health care reform would prohibit this, forcing the company into several expensive options. It could switch from full insurance to self-insurance; it could expand coverage to all employees and have the employee cost set according to an affordability formula; or it could stop offering health insurance altogether and instead pay a penalty of \$2,000 for each employee. Payne said any of the three options would cost the company more than \$1 million compared to current costs.

I'll talk about other broken promises, but I would like to yield 5 minutes to my good friend, the gentleman from Indiana (Mr. YOUNG), representing the Ninth District of beautiful Bloomington.

Mr. YOUNG of Indiana. I thank the gentlelady, my hardworking colleague from Tennessee, who is also a health care professional and quite conversant on these issues. You speak with some authority. So thank you very much.

I come from the State of Indiana with internationally renowned medical device manufacturers, manufacturers like Cook Group in Bloomington, or smaller entrepreneurial companies like MedVenture in Jeffersonville. Indiana, in fact, is a global leader in the medical device industry. Scores of successful medical device businesses are headquartered in the Hoosier State, and they provide nearly 20,000 hardworking Hoosiers with good-paying jobs. Now, these jobs, by the way, provide wages that are over 40 percent higher than the State average. These are exactly the sort of businesses we need to expand and grow right here in America if we want to create a healthy economy.

I bring this up because the President's health care law—what most

Americans now know as ObamaCare—would shrink the number of American jobs in the medical device industry. This is because the law contains a 2.3 percent industry-specific excise tax that will cripple the sale of these medical devices. It would cripple the entire sector and hurt American jobs.

Now, back in October, a bipartisan group of us from Indiana held a field hearing in Indianapolis to discuss this very issue with industry leaders. The response from businesses was unanimous: this device tax would be, across the board, harmful to these manufacturers throughout the industry. Many admitted that they would have to move jobs to Europe. Now, when is the last time that we heard it was cheaper to move American jobs to Europe?

For the sake of keeping these high-paying, advanced manufacturing jobs here in the United States, this tax must be repealed. In fact, the medical device excise tax is so harmful to the American economy that the House voted just 2 weeks ago to repeal this narrow part of ObamaCare. It's one in a long string of votes that we've cast in this House to repeal or replace a portion of this law.

Now, there's a better way to address increasing health care costs than by imposing additional taxes on the American people. I say, let's start over. If the Supreme Court doesn't do our work for us, let's repeal the Affordable Care Act. Then, let's get to work and pass bipartisan legislation that would actually bring down the cost of health care—what this whole exercise was supposed to be about in the beginning. Our constituents deserve no less. They expect us to engage in this effort. I'm certainly committed to it, and I know my colleagues here on the Republican side in the House are committed to it as well.

Mrs. BLACK. Thank you, Mr. YOUNG. I appreciate his comments about starting over. Certainly, we do feel that that is the direction that we need to go. As a matter of fact, we've had over two dozen votes on repealing and replacing this very onerous bill that has affected our businesses, as has just been said.

Now I'd like to yield 5 minutes to our class president, as a matter of fact, AUSTIN SCOTT, who represents the Sixth Congressional District in Georgia, and he represents Warner Robins.

I yield to my colleague from Georgia.

Mr. AUSTIN SCOTT of Georgia. My father, as you, is a health care professional, an orthopedic surgeon who came out of med school when I was just a child. I spent a lot of time in a physician's office and in a not-for-profit hospital watching my dad take care of patients and helping them. And certainly that doctor-patient relationship is something that has been stripped away in this bill.

But I want to talk about the numbers, not just the relationships right now, because I think it's important to reflect on what happened 833 days ago

when then-Speaker NANCY PELOSI told the American public that Congress must pass the bill so they could find out what was in it.

Now, I have no doubt that the President, in his endorsement of the bill, surely he read it and knew exactly what was in it. And the Speaker of the House of Representatives, it would have been irresponsible for her to endorse a bill without knowing what was in it. They had to understand it would negatively affect our economy.

The gentleman who was just in the well talking about Americans wanting to go to work, he's absolutely right. The Republicans in this House have passed a tremendous number of jobs bills that would help put Americans back to work, help reduce the cost of petroleum in this country; and yet they sit over in the Senate idle, along with a bill that would actually repeal this national health care law that has kept us in a recession.

Now, they forged ahead with this legislation instead of working on the economic issues that so many Americans needed them to work on and, quite honestly, despite the protest of the American public. They simply thumbed their nose at the American citizens. That's why, when it came time to go to the polls, 87 new freshman Republicans came to Washington. Districts where the President had gotten almost 60 percent of the vote, those people, who Americans who understood that their rights had been stripped from them, absolutely rejected the President's health care bill.

Now, 822 days since the Democratic-controlled House passed the President's health care bill. I would remind you it was just a few days before that when, in order to get the votes to pass it, he met with pro-life Democrats and assured them that in no way, shape or form would abortions be funded in the bill. That was his commitment to pro-life Democrats to get them to vote for the bill. Obviously, we now know that that wasn't necessarily true. We all know where the mandate has come out that he has told people that he really doesn't care if it violates their faith or their religious principles, they're going to do what he says, not what their faith tells them to do—certainly a direct violation of people's constitutional rights.

Now, it's 820 days since the President signed it into law. There's been no recovery, and there could have been. There's no ifs, ands, or buts about it: more Americans would be at work today right now if that bill had not been passed. And the sooner it is undone, the sooner Americans will be able to get back to work.

Eighty-nine days since the Supreme Court began hearing oral arguments about the constitutionality of the law, 89 days. Now, Mr. Speaker, the American people began feeling the negative impact of this bill, quite honestly, as soon as it was passed on day one. Unfortunately, they will continue to feel

the impact of this legislation until Congress fully repeals and replaces it.

Some more numbers for you. In the past year, the average cost of health care per active worker rose to \$11,176. The increase was \$800, almost \$1,000 a month per worker. The employee share of premium contributions increased by 63 percent, and there was a 62 percent increase for dependent coverage. Yes, all of this, all of this because of the increasing cost and the mandates in the health care bill.

Eighty-one percent of companies said the health care law had increased administrative burdens on their human resources department; and they are not, in many cases, hiring people because of the unknown cost of the legislation. One in six firms said the cost of complying with the law is one of their top challenges in maintaining affordable coverage.

Mr. Speaker, while it's my firm hope that the Supreme Court will find this law unconstitutional—which I believe it is—we must continue the effort to repeal and replace this bill.

□ 1930

We can't wait for the November election, Mr. Speaker. The American people need this bill repealed right now.

Mrs. BLACK. Thank you so much, Representative SCOTT, for coming here today and talking about the negative impact on our economy. Certainly, we know that that is true.

I want to talk about broken promise number 2, and how this is a negative impact on our seniors.

Broken promise number 2 is proponents of ObamaCare claimed that it would protect Medicare. That couldn't be further from the truth. The health care law cuts more than \$500 billion from Medicare, and it threatens the choice seniors currently have in deciding which kind of health care best fits their individual needs. And thanks to ObamaCare, Medicare Advantage enrollment will be cut in half by 2017. The only thing this law does for Medicare is ensures bankruptcy in 8 years.

Now, instead of structurally reforming Medicare and building on what is working with Medicare Advantage, ObamaCare further weakens Medicare's fiscal state and punts the difficult health care decisions to unelected bureaucrats. This is clearly not the way to preserve care for our current or future retirees. Real, sustainable reforms must be made for those under 55 in order to keep our promises to current seniors.

This law hurts seniors today, and it stands in the way of protecting this program for our future children and grandchildren.

Now I'd like to yield 5 minutes to a friend of mine from Las Vegas, Nevada, Representative JOE HECK, representing Nevada's Third District, who is a physician and a health care provider.

Mr. HECK. I thank my colleague from Tennessee and my fellow health care practitioner for heading up this

most important discussion this evening.

Mr. Speaker, I come to the floor today to talk about something that a majority of Americans actually already know. The health care overhaul that was forced through Congress on a party line vote in the dead of night with special interest provisions like the "Cornhusker kickback" and the "Louisiana purchase" is a bad piece of legislation that should be repealed. In fact, a recent New York Times poll showed that 68 percent of respondents want to see the law partially or fully repealed.

It's no surprise that the American people are frustrated and want to scrap this law and start over. The law has failed to deliver on all of its major promises. We were told that the law would reduce costs, reduce the deficit, create jobs, and allow people who liked their insurance plan to stay on it. Well, we now know that it has fallen far short of these goals as we continue to read stories and studies outlining just how harmful this law will be for patients and for the economy.

We know that this law will not reduce the deficit. In March, the non-partisan Congressional Budget Office released a report in which they projected the costs of the health care overhaul out to the year 2022. They found that the bill will cost \$1.7 trillion between now and then. That is twice as much as the bill was originally intended to cost. And this, of course, would be added to a national debt of over \$15 trillion.

We know this law will hurt access to care for patients, especially our seniors. In addition to gimmick accounting that essentially cuts \$500 billion from Medicare and disproportionately affecting Medicare Advantage beneficiaries, the health care overhaul established the Independent Payment Advisory Board. This board of unelected Washington bureaucrats, this Medicare IRS, will be handpicked by the administration to cut funding for Medicare.

Make no mistake about it. The bill is very clear about the aim of this board, and I quote:

It is the purpose of this section to, in accordance with the following provisions of this section, reduce the per capita rate of growth in Medicare spending.

The board will be unaccountable to the American people. It will be unaccountable to the Congress, and it will even be unaccountable to the President, and will stand between seniors and the services they receive from Medicare.

As a doctor, I fear that when forced to reduce the Medicare costs, the actions of this board will have serious implications for access to care for seniors. That is not what my constituents and the people of Nevada want in a health care system.

We know that this law is going to increase health care costs for patients. As was mentioned, we just voted to repeal the medical device tax contained

in the health care overhaul, one of many such taxes contained therein, that would have imposed a 2.3 percent tax on medical device manufacturers and was projected to increase taxes by \$28.5 million over the next 10 years. This tax would result in higher costs for medical device manufacturers and would be passed on to patients in the form of more expensive medical bills. Increased costs for doctor and hospital visits will widen the access to care gap, even as individuals and families are struggling to keep pace with the current skyrocketing health care costs. In my home State of Nevada, this increased tax on device manufacturers would put over 1,000 jobs at risk.

We know that this law will cause people to be dropped from coverage plans that they like. I have heard from concerned small businesses in my own district like Imagine Communications, a marketing firm in Henderson, Nevada, that employs 11 people. When they started out, they paid 100 percent of their employees' insurance premiums because they saw it as a way to attract and retain quality employees. But due to skyrocketing costs, they have been forced to cut back to only providing 50 percent of premiums, and they hope they can continue to do just that. But the way things are going, they aren't sure how much longer they will be able to be sustainable. They are looking at having to drop employees from coverage because of the increased cost of providing insurance.

As we stand here today, we await a landmark ruling from the highest court in the country on whether key components of the law are even constitutional. The individual mandate, the provision that forces every American to buy insurance or pay a fine, a tax, is the wrong approach to take on health care reform. Instead of penalizing nonaction, we should be incentivizing people to take responsible action in making their own personal health care decisions.

I stand with the nearly 70 percent of Americans who want to see this law repealed and replaced with commonsense, patient-centered reforms that truly increase access to primary care and help people avoid costly procedures and trips to the emergency departments.

Instead of injecting more government into our health care system, our focus should be on patients, especially our seniors who rely on access to quality health care.

Our system is working for most Americans. Almost 85 percent have health insurance, and it can work for all Americans through commonsense reforms like moving coverage towards an individual-based model, increasing competition by allowing the purchase of insurance across State lines, incentivizing the purchase of insurance through tax credits, reforming medical malpractice laws, and letting people, not government, decide what services they need and want.

Second chances don't come along very often, Mr. Speaker, but we have before us a great opportunity to get health care reform right.

As a practicing emergency medicine physician, I have worked on the front lines of health care, caring for all, regardless of chief complaint, time of day, or ability to pay. I have seen firsthand what works and what doesn't work in our health care system. That's why I've introduced two pieces of legislation aimed at repealing the onerous provisions that hurt individuals and businesses, repairing the elements of the law that have merit, and replacing the broken pieces of the law with reasonable reforms and strengthening Medicare. I look forward to advancing these pieces of legislation in the wake of the Court's decision.

We have the best health care system in the world, and we should look for ways to include as many Americans as possible in it. But we also have a duty to uphold the Constitution and pass laws that will achieve their stated goal. The Affordable Care Act missed the mark in both respects, and I look forward to joining my colleagues in delivering a health care solution that will benefit the American people.

Again, I thank my colleague from Tennessee for organizing this Special Order.

Mrs. BLACK. Thank you, Dr. HECK.

And Dr. HECK talked, as we all know, about the major costs that are involved in this ObamaCare, and I want to talk about broken promise number 3. It will not add, and I quote, "one dime to our deficit." That was a laughable assertion then, and now, 3 years later, it is clear that it could not be further from the truth. The law will add trillions to our deficit in the years to come.

Former Congressional Budget Office Director Douglas Holtz-Eakin estimates that the law will increase the national debt by at least \$500 billion in the first 10 years, and over \$1.5 trillion in the second decade, not to mention the \$115 billion needed to implement the law. That is more than \$2 trillion in new debt that will be passed on to our children and our grandchildren.

Now I would like to yield 5 minutes to my good friend, MIKE KELLY, who represents Pennsylvania Three, and he hails from Erie, Pennsylvania.

Mr. KELLY. I thank my colleague from Tennessee.

I really appreciate the opportunity to talk tonight. And I think what I've found unusual in my 18 months here is that when I look at a lot of the legislation that comes forward, a lot of it is proposed by people who've never actually done what they're mandating people to do.

For most of my life, I was a small business person, still am. And when I get back home and I walk in the district and I talk to the people that are doing the same things that I've done all my life—I'm talking about small business people—they keep talking about the same thing. And the one

thing that resonates with me all the time is the uncertainty of what this government does to them, the uncertainty of what this law, in particular, does to them.

□ 1940

When I talk about uncertainty in business, you cannot begin to project what your future costs are going to be on legislation for which the rules and regs still haven't been put in place. So we ask people to take this blind-faith leap—to go ahead, to go along with it.

The truth of the matter is you can't. You can't when it's your own skin in the game. You can't when it's your business that's at risk. You can't hire people when you don't know ultimately what the cost of those people is going to be.

Now, people say, Why is that a big problem? It's because it drives the cost of whatever it is that you do. Your personnel costs have an effect on whether it's the service you provide or the goods that you provide.

So the confusion that goes along with this bill is what puts job creators, small business people, in a quandary. They just don't know what to do because the law doesn't specifically tell them what it's going to cost. Again, because I've done it all my life and it has always been my skin in the game and it has always been my blood on the floor at the end of the day by making a bad decision, if it were about jobs, if it were about creating jobs, then this legislation surely didn't get the job done:

Between January of 2009 and April of 2010, private sector job creation improved by about 67,000 jobs a month. President Obama signed the PPACA into law at the end of March 2010. Since May of 2010, private sector job growth has improved at a rate of only 4,600 jobs per month.

Once people get a look at this law, it puts them on the sidelines. Once again, a law passed by this House and by the Senate and signed by the President puts the people who really do create jobs in a quandary. They look at us and they say, Please do something about this. Please get the government's boot off our throats. I can't continue to plan for the future with a law that doesn't project the total costs.

Look, we can talk about this on and on and on, but the American people know better than anybody else the effect that this has had on them. The job creators know better than anybody else what effect this has had on them. People in business who were never at the table know better than anybody else. Now I've gotten to the point where I understand, if you're not at the table, you're on the menu. I've got to tell you that job creators were put on the menu. They are getting eaten alive by a piece of legislation that drives their costs of operation up and that mandates them to do something under penalty of law or to pay a fine that they don't want to pay.

The funny thing about it is, a guy like me, I wasn't given the opportunity. I wasn't given a waiver. Do you know what, KELLY? It may not work for you, so we're going to give you a waiver. But who did get waivers? There were some people who got waivers out there. But who were the people who got the waivers? Why did they get the waivers? We wonder why the American people don't trust this government and this administration. Why would you trust people who pick and choose winners and losers and who say, You will follow the law. You get a waiver? Really? Why? It's because we can do it.

That's not the America I know. That's not the America that my father fought for. That's just something that's inherently wrong with the way business is being done in this town.

So we can talk about this, and we can talk about all the good things and the bad things and the pieces we ought to keep and the pieces we ought to reject, and we can talk about the fact that we don't know what it's going to ultimately cost us. I'll tell you one thing: if you're starting a business now—and people start businesses all over the world—at one time, we were No. 4, the country that people wanted to start a business in. Now we've fallen way down. We trail now Macedonia, Georgia, Rwanda, Belarus, Saudi Arabia, and Armenia.

It's more attractive to start a business in those countries than in the United States of America. And we wonder why? We wonder why so many millions of Americans are out of work? We wonder why job creators, small business people, won't hire people? We tell them, You're going to follow the letter of the law, or you're going to be fined. Then we wonder why they leave our shores and go to other countries?

If we're still wondering, we're either poorly informed or in denial. We have made it too hard for job creators to stay here. We have made it too hard for businesspeople to make decisions to hire people. We have made it too expensive for them, and we leave them no alternative but to stay on the sidelines. So when the President asks, Why are these people on the sidelines? Why aren't they investing? I will say, Please find the nearest mirror. Look in there. It is this administration and these laws that have put a choke hold on our economy.

Too many Americans have been waiting too long now for answers from a government that just doesn't have the right answers, but that tells them the way it's going to be without ever bringing them to the table in order to ask them, What is the effect on you, Mr. Businessman? How badly does this hurt you? At the end of the day, it's not about how bad it hurts the businesspeople. There is very little consideration given to us.

I thank the gentlelady from Tennessee for taking the time to bring this up in order for us to talk about it. We need to continue to talk about it, and

we need to fix something that is very badly broken.

Mrs. BLACK. I thank my friend from Pennsylvania, who is a job creator.

We are talking about how this bill is affecting our job creators and our economy, which leads right into my broken promise number 4.

It was said that it will not raise any of your taxes. The President's health care law broke this promise with 20 different tax hikes, placing a tremendous burden on American families and small businesses—the engines of job growth. Americans are already facing a barrage of Washington-created headwinds from the avalanche of new regulations to the impending fiscal cliff on January 1. On top of that, job creators also must work against the velocity of the massive \$5 billion ObamaCare tax increase that will be coming at them over the next decade.

This year, the ObamaCare tax burden comes in at around \$15 billion, as you can see here on the chart, which represents about \$190 for each family of four, but we see it increase 20-fold by the year 2040 when the tax burden will be \$320 billion and when the amount for a family of four will be \$3,290.

With the cost of living—with gas and food and all of these other crushing burdens on our people—they just cannot afford another increase in taxes. Every dollar businesses are holding back in anticipation of this tax hike or new regulation is a dollar not spent on hiring Americans who are out of work.

With that, I would like to yield 5 minutes of my time to ROB WOODALL, my good colleague from Lawrenceville, Georgia.

Mr. WOODALL. Thank you very much. I thank my friend from Tennessee for yielding.

I just have to say, for folks who haven't been following your short 15 months here closely, they don't usually put freshmen on the Ways and Means Committee. They just don't. I mean, this is not a meritocracy. This is an organization that's often run by tenures, a little like a labor union shop. You put in your time. You play by the rules. You eventually get promoted. Yet, when this freshman class came in and when you looked at the kind of challenges that were facing the Nation, they looked at folks like you, Mrs. BLACK, who have invested a career in health care—not in talking about health care, but in implementing health care—they said, Where can we make folks the most valuable?

I hear that time and time again back home. Folks say, ROB, why is it all the bureaucrats are making all the decisions in Washington, D.C.?

What I get to say to them is, You know, that might have been the way it was, but today we have folks like Dr. BUCHON, like Dr. HECK, and we have folks like DIANE BLACK, who are in the places where they can bring their real-life experiences to bear.

I listened to my colleague, MIKE KELLY, talk about how folks just dis-

count job creators as they're passing legislation like this. You wonder why it is we're in the worst recession in my lifetime. We have folks who you could consult. We have folks that you could speak with. We have folks whose advice you could seek and employ. Yet Washington knows best.

I actually saw your tax chart from my office, so I came down here. I thought that was going to be something about improving outcomes. I thought that was going to be something about how more folks have health insurance today than yesterday. What I see is that it is a chart of tax burdens—tax burdens. We knew that was going to come. We knew that was going to come because the promise was within that that we were going to provide more care to folks, that we were going to do more things for folks; and, more importantly, health care premiums for the average American family were going to come down by \$2,500 per family. That was the promise the President gave us.

I see you've brought out another chart. I would ask my colleague, what are we seeing here?

Mrs. BLACK. Yes, that's exactly what you're seeing here. It is the rhetoric versus the reality on premium costs.

We can see that the promise was that we'll bring down the premiums by \$2,500 for the typical family. We see here is the line of the rhetoric and here is the reality, and we can see that it did not bring it down. As a matter of fact, they're going to continue to go up. It's estimated, by the time we reach 2015, the premiums will actually have increased by almost \$2,400. A broken promise.

□ 1950

My concern is when folks see that chart back home, they are not aghast. Because candidly, that's what they expected. They expected good rhetoric out of Washington, D.C., and they expected abysmal results. Candidly, I don't know why they wouldn't. It doesn't matter whether it's a Republican administration or a Democratic administration, Washington, D.C., is famous in its one-size-fits-all solutions for overpromising and underdelivering.

But you always have hope. You always have hope that this time it's going to be different. Say what you want to about hope and change. I remember when the President was rolling out this provision. I thought, Golly, if we would just pass this bill 10 pages at a time, there probably would be some meritorious parts of it, there would probably be some provisions that the American people would want. I might not want them, and leave me alone in the world that I live in, but other folks would want them, it would pass by 218 votes, If we would only look at it one small part at a time.

But there were some ugly things in the bill, ugly things that I hope the Supreme Court solves and releases to us

next week and shares with us. There were things that folks wanted to hide in all of these other provisions in the health care bill. One of the things that I pride myself on in this Congress, what we've seen out of the Ways and Means Committee, is we haven't seen any 2,000-page bills in the 15 months that you and I have been in Congress. We haven't seen any 1,500-page bills when my freshman colleague from Alabama has been here in Congress. We've seen limited bills with limited ideas that the American people can digest and understand.

I know that we can deliver that, with the help of colleagues like the gentlelady from Tennessee, with the Doctors Caucus here in this House, the largest Doctors Caucus that we have ever had in this House. I know that we can implement solutions that make sense 10 pages at a time in consultation with the American people, not an end-run around the American people.

I just keep staring at this chart behind you—promises that insurance costs would go down, and the reality that a command-and-control government structure has driven those costs up.

I was a staffer here before I ran for Congress, and I was here when this bill was being passed. I remember the phone calls coming in, when folks started to say, What's the rush? I'm a Democrat. I'm an independent. I'm someone who wants the government involved in health care, but what's the rush? I'm concerned that there is something hidden in there that you folks in Congress want to push it all through before we've had a chance to see what's in it.

Chart after chart that you brought down here tonight brings back those memories, that that's exactly right. There were things hidden in there. Folks did not know what was in it. But we now have a chance to do it better. With your leadership on the Ways and Means Committee, I'm certain that we will.

I thank the gentlelady for the time.

Mrs. BLACKBURN. I thank my colleague from Georgia for all those kind comments.

Once again, looking at this chart, we see the broken promises over and over and over again. And not only the cost to our job creators, which certainly is affecting our economy, but also those to the typical families who are already struggling to get health care. Now we have increased that cost to them by almost \$2,400 in just a few short years.

Now it is my honor to yield to a gentlelady from Alabama, MARTHA ROBY, who represents Montgomery.

Mrs. ROBY. I thank the gentlelady from Tennessee for your leadership tonight on this most important and timely subject. And to the gentleman from Georgia, I appreciate all of your remarks because I do believe that we have shown through our campaign promises that we were going to put forth legislation that's not just

commonsensical, but that all Americans have the ability to digest and understand in a way that gives them the ability to provide feedback to us as Members of Congress as to what makes sense and what they are for and what they're not for.

The 3-day rule that we implemented certainly has provided us with an opportunity to give our constituents time to learn. So we're not finding ourselves in the same situation as they were in the previous Congress with this massive health care law. I'm proud to say that one of our first votes in Congress was to repeal this law in its entirety.

Most of us can agree that this law has very little to do with commonsense health care reform, but that it translates into substantial costs, well over \$500 billion that has to be paid by hard-working, tax-paying Americans.

I would think that if this room was filled with colleagues from this side of the aisle and the other, that what we could all nod and agree upon is that we need health care in this country, that it's more accessible and more affordable. We just have different ways of getting there. And over the course of this Congress, all of my colleagues here, we've cast over 27 votes to repeal or defund this current law.

Soon—and maybe sooner than later—the Supreme Court is going to hand down this landmark decision regarding the constitutionality of this very law that we're discussing here tonight. Of course, just like all of your districts, it will affect my home district in Alabama. And regardless of the Supreme Court's decision, I believe that many of the problems that we have with health care in this country will continue to be present, and they have a significant impact on small business in this country. Despite rhetoric, we have a responsibility in this majority to maintain our focus on jobs and the economy because that is what Americans are concerned about.

Today, I asked in anticipation of being here with you tonight, my constituents from the Second District of Alabama, to share with me on Facebook their concerns surrounding ObamaCare. So I just want to quote a few of my constituents:

ObamaCare violates the Constitution and the rights of the American people.

ObamaCare is not the answer.

A board of laymen should not decide what treatment I can get. That is between me and my doctor, not some committee with no medical experience.

One of their largest fears is IPAB, the Independent Payment Advisory Board, labeled by critics the "death panel."

Under current law, this 15-member board will be empowered to find cost savings in Medicare by rationing health care services to senior citizens. You know what? Like the President's czars, this board will be handpicked by the President and will not be accountable to the American people or any person that they elected to the Congress to represent them.

One Montgomery, Alabama, physician, who provides care to Medicare recipients claims that the cuts in payments to doctors will be devastating to his ability just to stay in business. We've heard testimony about how difficult it will be to then recruit family practitioners and internal medicine doctors into the community. IPAB's recommendations to reduce health care costs will unfairly and disproportionately fall on physicians just like him, since the law prohibits any reductions in payments to hospitals and hospices until 2020.

So many doctors in Alabama are already faced with the painful decision of staying in business or not seeing Medicare patients, all because of ObamaCare. Not because of the decisions that this Republican majority in this House have made. Not only will IPAB have a devastating effect on businesses, it will have a disastrous effect and negative consequences on a patient's access to care.

Another concern of my constituents is the employer mandated health insurance provision. The Obama administration is encouraging employers to retain and expand health care coverage to their employees by 2014. My question is this: How can a business owner retain insurance coverage if it forces him into bankruptcy? This is what all of us here, when we travel throughout our districts during district work week, this is the number one concern of uncertainty provided by this law.

I recently heard from another constituent who owns independent grocery stores throughout Alabama who employs over 500 workers. This means 500 families are making a living from this business. And when he's required by law to provide all of his employees with health insurance, his grocery stores will go bankrupt, causing significant layoffs to his employees. When a kumquat producer from a southern State is threatened to go out of business, this is evidence that we have left no stone unturned when it comes to the loss of jobs.

On a national perspective, the employer mandated health insurance provision could cause the elimination of 1.6 million jobs, with 66 percent of those coming from small businesses alone. Who wins in this situation? No one. Every thriving business that is able to sustain the heavy financial burden of this law is not hiring and growing their workforce due to the uncertainty.

□ 2000

As we continue during this 112th Congress, we must remain committed to reforming health care without the threat of new taxes and regulations that burden small businesses and the American people. Congress must be aggressive but responsible and make these reforms as we stay focused on making America strong and prosperous for future generations.

I look forward to working with all of you here tonight. And to the gentlelady from Tennessee, thank you for your leadership. It could not have come at a more important time. We need to continue this discussion.

Again, I cannot emphasize enough that the uncertainty surrounding this law is stifling job creation. And as we are accused day after day of not presenting jobs bills, this is it. This is the number one jobs bill. When we repeal this law, we will lift the heavy hand of government. And we believe—and I know—that the private sector will, with that certainty, once again begin hiring those people who desperately need these jobs all over this country.

Mrs. BLACK. I thank the gentlelady from Alabama for coming to the floor and giving us some very real situations and quotes from people right back in your district. I was writing down here that you had folks who were providers of health care, people who were job creators. I'm talking about the patients, talking about whether this is really what our government was set up to do, and bringing these very real situations here so that we can let the American people know how this bill is affecting every segment of our society. I thank you so much for coming, especially with those remarks of the people from your district because these are the people who are living this and are every day having to deal with what is being placed as a burden upon them. So thank you so much for sharing that. That's the purpose of this Special Order tonight.

I would now like to yield 5 minutes to my good friend and colleague from Cincinnati, Ohio, STEVE CHABOT.

Mr. CHABOT. I thank the gentlelady from Tennessee for yielding. I also want to thank her for organizing this Special Order this evening on such an important issue.

None of us knows for sure what the United States Supreme Court is going to do in the next few days, the next week, maybe 10 days. None of us even knows for sure when it's going to happen, but I think we all anticipate that it will be soon. I think none of us would disagree with the fact that whatever they do, it's going to have significant and real implications to an awful lot of people all across this country.

I think it's important to remember how we got into this position—this mess, quite frankly—that we're in right now relative to health care and what happened. The Democrats were in complete control. President Obama had been elected, and they controlled the House and the Senate. And rather than act in a bipartisan manner on something as important as this, which is what they should have done—they should have gotten input from both sides and done what was in the best interest of the people when you are dealing with something as important as health care—they basically rammed through a bill. Unfortunately, few had even read the bill, as we heard over and

over again. And in fact, Speaker PELOSI, who was Speaker at the time, even made a statement that it was important that they pass the bill so they could find out what was in it. What an incredible statement to make.

And unfortunately, deals were made to get people to vote for this legislation. The ones that came out that seemed to be the most egregious were maybe on the other side of the Capitol building, in the other body, some of the things that we heard about there. But this is really not the way that legislation is supposed to happen, especially something as important to people's lives as their health care is.

And I think they thought that—in fact, statements were made that—the people would like it; they'd fall in love with it once it was passed. Well, that clearly hasn't happened. There was a poll out, a New York Times and CBS News poll that just came out recently that indicates that two-thirds of the American people hope—they'd like to see the Supreme Court either strike down this health care legislation, or ObamaCare or whatever terminology one prefers to use, but they'd like to see it struck down either altogether or at least in part.

Unfortunately, when they focused so much attention on this health care bill, or ObamaCare, they should have been focused on an even bigger issue, and that is how the economy is so weak and so many people are unemployed. They were back at that time, and they still are now. Instead of devoting attention where it should have been, on the economy and on getting Americans back to work, they passed this so-called economic stimulus package, spent over \$800 billion. And it did grow one thing, and that's government. But unfortunately, it did not grow jobs in the private sector.

After passing that monstrosity, they moved to health care and then passed this piece of legislation. It took them basically a year to get it passed. And what has happened is it didn't, as you indicated—and I think you did an excellent job in pointing out what was said and what actually happened. They said it's not going to raise taxes. Well, it's raised 20 different taxes. They said it was going to drive down health care costs. It's increasing health care costs. They said it was going to create jobs. It's reduced jobs. In fact, it's been a wet blanket over the whole economy.

I've talked to a lot of small business people in my district back in Cincinnati and in the greater Cincinnati area, and I have heard over and over again that small businesses are afraid to hire people. They're afraid of the new regulations, the new taxes. So people aren't getting hired and the jobs aren't being created. And this isn't the only reason, but this is one of the biggest reasons that you hear our small business folks say why they are not hiring folks.

In the small business community, about 70 percent of the jobs created in

our economy over the last few decades have been in the small business sector, and those are the folks that are going to be particularly hard-hit by this ObamaCare if the Supreme Court upholds it.

Now, of course, as our colleague from Alabama mentioned previously, in the House, we passed legislation earlier in this Congress to repeal this bill. But the other body wouldn't take it up. And even if they had, I think most of us speculate that the President would have vetoed it, and we wouldn't have had two-thirds to override the repeal. So we hope the Supreme Court acts. But even if they don't, we hope that this body and the body on the other side of the building will act to repeal it.

Now, relative to one particular thing, the employer mandate, it's been estimated that that has resulted in the loss—or will result in the loss of 1.6 million jobs if that ultimately is imposed on businesses, that they have to move to this ObamaCare. And I think we all know that a lot of businesses are just going to drop coverage altogether. People that have insurance now will not have insurance if or when this goes through.

We also know there is going to be more red tape. There are going to be more regulations. There are going to be higher taxes. And it's been estimated the higher taxes alone are going to be over \$500 billion—\$569 billion, to be exact.

And what is all of this for? It's a law that puts government ahead of people. It's a law that consolidates power into the hands of 15 unelected, unaccountable bureaucrats that are going to decide how much of our seniors' Medicare is going to be cut. And that estimate is about \$500 billion of cuts also in Medicare. So it's just an awful piece of legislation which we certainly hope the Supreme Court strikes down in the very near future.

There were alternatives to ObamaCare, things that Republicans have been pushing for a long time. For example, allowing insurance companies to sell insurance across State lines. That means more competition. That drives the cost down so people have more access to health care coverage. Also, association health plans. That means that small businesses can join together in order to negotiate with the insurance companies. They have more power to get lower rates for their workers and their employees. Medical malpractice reform. We have far too many doctors ordering tests, very expensive tests just to prevent themselves from getting sued. At least half of these lawsuits are probably frivolous. We need medical malpractice reform. And then, finally, health savings accounts, which more and more people are finding more and more attractive, saving them money and giving them more control over their health care dollars.

Those are a few of the commonsense reforms that have been proposed over

the years but, unfortunately, have been blocked. And they put all of their money and all of their eggs in the basket of this ObamaCare, and I really think the thing is likely to be struck down in the very near future.

□ 2010

The decisions ought to be made by the people back home around their kitchen tables—people—mothers and husbands and fathers talking about what is the most important thing to their family with health care. That's where the decisions ought to be made, not in backroom deals up here on Capitol Hill.

So yes, we need health care reform. We didn't need this big government cop out, really; this monstrosity, this takeover. I know that some of my colleagues on the other side of the aisle cringe when we say takeover of health care, but that, in essence, is what it is—not a complete takeover, but a heck of a big takeover by Big Government. And that's the last thing we need.

So this is bad public policy. It's bad for the American people. It needs to go.

I just want to thank you again for organizing this Special Order this evening and look forward to doing future ones talking with the American people.

Mrs. BLACK. Thank you. I thank you for coming here tonight to talk about this program and how it has put a wet blanket on our economy. Not only that, you did talk about some real solutions that really could help to deliver health care and make it more accessible, increase the quality of the care, and at the same time lower the cost. So I sure do appreciate that.

Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore (Mr. FARENTHOLD). The gentlewoman from Tennessee has just under 7 minutes remaining.

Mrs. BLACK. I'm going to go quickly to my last points here.

In the coming weeks, the Supreme Court is expected to release their decision regarding the constitutionality of ObamaCare. And I stand firmly with those 26 States and the National Federation of Independent Businesses who have laid out convincing evidence that this bill seriously violates our Constitution and our founding principles. For the last 3 years, no one has known how or when the court would rule on ObamaCare so the House has worked tirelessly to repeal and defund the law. Because every day this law stands is a day that jobs are being lost, Americans' health care insurance premiums are going up, job creators and consumers are bearing the brunt of ObamaCare's tax hikes. And in just 3 short years, ObamaCare has already resulted in fewer jobs, higher health care costs, and more debt.

My first act here in Congress was repealing this law in its entirety. Subsequently, I have voted more than two

dozen times to either defund or repeal ObamaCare since being elected to Congress. Unfortunately, these amendments and others like them have been blocked by the Democrat-controlled Senate. But due to the steady stream of broken promises, the growing and unrelenting public outcry, and Republican lawmakers' unwavering determination, we have been successful in getting several of the most egregious portions of ObamaCare repealed or defunded and signed into law. In fact, one of those successes was my legislation that closed the loophole in the health care law and saved taxpayers \$13 billion. My bill was signed into the law by the President last November.

Six other ObamaCare provisions have been repealed or have had funding rescinded and signed into law. One of those that many of us will remember is the onerous 1099 tax provision that would have drastically affected especially our small businesses.

Now Republicans are not going to stop here. We will continue to pursue opportunities to get these and other defunding and repeal bills to President Obama's desk. Before coming to Congress, I worked in health care as a registered nurse for more than 40 years, and I have seen firsthand the problems and the obstacles that patients and the health care providers face. But ObamaCare is only serving to exacerbate the current problems and creates entirely new problems. Repealing ObamaCare is a very important first step that must be accomplished, but that simply is not enough.

For the past two sessions of Congress, the House Budget Committee has produced full repeals of ObamaCare and has also set in place a constructive framework to replace the government takeover of health care. House Republicans have built on principles that empower patients with policies that have proven records of success.

Now the House Republican budget passed last year heeds the warnings of economists around the world. The simple truth is that ObamaCare is one of the single most destructive things to happen to our economy. We cannot try to micromanage 17 percent of our economy through a maze of mandates, taxes, and price control. Our project uses models that foster competition, innovation, and choice as driving principles behind improving our health care system.

A critical part of implementing real, patient-centered reform is Medicare reform. The premium support structure would be a constructive approach to defending and saving Medicare for current and future retirees. Premium support would reflect the structure of the overwhelming successful Medicare part D program. Now Medicare's prescription drug program is succeeding beyond all expectations. It's delivering needed prescription drugs to the Medicare beneficiaries at a lower cost than expected due to the strong competition—yes, competition—among health

care plans that work to keep costs down and negotiate with pharmaceutical companies for savings.

This market-based program is seen by policymakers as a model for how to restructure health care entitlement programs. The CBO estimates show that part D is costing far less than the initial projections. Total costs for part D are now estimated to be 43 percent lower than the initial projections for the initial 2004–2013 forecast period, according to CBO Medicare part D baselines for 2004–2013.

In March of 2012, the CBO reduced its Medicare part D spending projection from 2013–2022 by \$107 billion. This was due to “an increase in the number of high-volume drugs with generic substitutes available and changes in drug utilization.” At the same time, CBO increased its projected spending for the rest of Medicare.

Now let's take a look at the average beneficiary part D premiums in 2012 that are far below the original projections. As a matter of fact, you can see here on the chart that the average monthly beneficiary premium for part D coverage is about \$30 in 2012, virtually unchanged from 2011 and far below the \$56 forecast that was originally projected. According to the CMS administrator, Don Berwick, these consistently low premiums, “are going to make medications more affordable to the Medicare beneficiaries,” and CMS officials reported in 2011 over 99 percent of part D enrollees had access to the plan with a premium that is the same or lower than their 2010 premium. And you can see that very clearly here on this chart of what the projections were and what the actual amount is coming in. The same amount of the premium in 2011 and 2012. Just remarkable.

Now research shows that increased access to medication achieved through part D is actually lowering beneficiaries' health care costs. A new study in JAMA found that the implementation of the Medicare prescription drug program was followed by a \$1,200 per year decrease in nondrug medical spending among those who previously had limited drug coverage, which has been reported to generate over \$12 billion per year in savings to part D from less use of hospital and skilled nursing facilities.

As a matter of fact, what this has shown is that because patients are receiving their medication and can afford them, they are not going to the hospital as much, therefore saving costs. Beneficiaries are also highly satisfied with part D. Recently released surveys showed that Medicare part D enrollees are overwhelmingly satisfied with part D coverage. Eighty-eight percent of the part D enrollees are satisfied with their coverage, and 95 percent say this coverage works well. Additionally, vulnerable beneficiaries who are dually eligible for both Medicaid and Medicare exhibit the highest satisfaction.

Now should the high court fail to overturn the law, or sever parts of this

disastrous piece of legislation, the House Republicans will continue to fight to defund and repeal ObamaCare. While the country continues to suffer from failed policies and broken promises of the Obama administration, my Republican colleagues and I will not only continue to undo the damage, but we will also rebuild a health care system that puts patients and their doctors in the driver's seat rather than the unelected bureaucrats here in Washington, D.C.

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

HOUSE BILLS APPROVED BY THE PRESIDENT

The President notified the Clerk of the House that on the following dates he had approved and signed bills of the following titles:

January 31, 2012:

H.R. 3800. An Act to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes.

February 1, 2012:

H.R. 3237. An Act to amend the SOAR Act by clarifying the scope of coverage of the Act.

February 10, 2012:

H.R. 3801. An Act to amend the Tariff Act of 1930 to clarify the definition of aircraft and the offenses penalized under the aviation smuggling provisions under that Act, and for other purposes.

February 14, 2012:

H.R. 588. An Act to redesignate the Noxubee National Wildlife Refuge as the Sam D. Hamilton Noxubee National Wildlife Refuge.

H.R. 658. An Act to amend title 49, United States Code, to authorize appropriations for the Federal Aviation Administration for fiscal years 2011 through 2014, to streamline programs, create efficiencies, reduce waste, and improve aviation safety and capacity, to provide stable funding for the national aviation system, and for other purposes.

February 22, 2012:

H.R. 3630. An Act to provide incentives for the creation of jobs, and for other purposes.

February 27, 2012:

H.R. 1162. An Act to provide the Quileute Indian Tribe Tsunami and Flood Protection, and for other purposes.

March 8, 2012:

H.R. 347. An Act to correct and simplify the drafting of section 1752 (relating to restricted buildings or grounds) of title 18, United States Code.

March 13, 2012:

H.R. 4105. An Act to apply the countervailing duty provisions of the Tariff Act of 1930 to nonmarket economy countries, and for other purposes.

March 30, 2012:

H.R. 4281. An Act to provide an extension of Federal-aid highway, highway safety, motor carrier safety, transit, and other programs funded out of the Highway Trust Fund pending enactment of a multiyear law reauthorizing such programs.

April 2, 2012:

H.R. 473. An Act 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.

H.R. 886. An Act 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.

April 5, 2012:

H.R. 3606. An Act to increase American job creation and economic growth by improving access to the public capital markets for emerging growth companies.

May 15, 2012:

H.R. 298. An Act to designate the facility of the United States Postal Service located at 500 East Whitestone Boulevard in Cedar Park, Texas, as the "Army Specialist Matthew Troy Morris Post Office Building".

H.R. 1423. An Act to designate the facility of the United States Postal Service located at 115 4th Avenue Southwest in Ardmore, Oklahoma, as the "Specialist Micheal E. Phillips Post Office".

H.R. 2079. An Act to designate the facility of the United States Postal Service located at 10 Main Street in East Rockaway, New York, as the "John J. Cook Post Office".

H.R. 2213. An Act to designate the facility of the United States Postal Service located at 801 West Eastport Street in Inks, Mississippi, as the "Sergeant Jason W. Vaughn Post Office".

H.R. 2244. An Act to designate the facility of the United States Postal Service located at 67 Castle Street in Geneva, New York, as the "Corporal Steven Blaine Riccione Post Office".

H.R. 2660. An Act to designate the facility of the United States Postal Service located at 122 North Holderrieth Boulevard in Tomball, Texas, as the "Tomball Veterans Post Office".

H.R. 2668. An Act to designate the station of the United States Border Patrol located at 2136 South Naco Highway in Bisbee, Arizona, as the "Brian A. Terry Border Patrol Station".

H.R. 2767. An Act to designate the facility of the United States Postal Service located at 8 West Silver Street in Westfield, Massachusetts, as the "William T. Trent Post Office Building".

H.R. 3004. An Act to designate the facility of the United States Postal Service located at 260 California Drive in Yountville, California, as the "Private First Class Alejandro R. Ruiz Post Office Building".

H.R. 3246. An Act to designate the facility of the United States Postal Service located at 15455 Manchester Road in Ballwin, Missouri, as the "Specialist Peter J. Navarro Post Office Building".

H.R. 3247. An Act to designate the facility of the United States Postal Service located at 1100 Town and Country Commons in Chesterfield, Missouri, as the "Lance Corporal Matthew P. Pathenos Post Office Building".

H.R. 3248. An Act to designate the facility of the United States Postal Service located at 112 South 5th Street in Saint Charles, Missouri, as the "Lance Corporal Drew W. Weaver Post Office Building".

May 25, 2012:

H.R. 4045. An Act to modify the Department of Defense Program Guidance relating to the award of Post-Deployment/Mobilization Respite Absence administrative absence days to members of the reserve components to exempt any member whose qualified mobilization commenced before October 1, 2011, and continued on, or after that date, from the changes to the program guidance that took effect on that date.

H.R. 4967. An Act to prevent the termination of the temporary office of bankruptcy judges in certain judicial districts.

May 30, 2012:

H.R. 2072. An Act to reauthorize the Export-Import Bank of the United States, and for other purposes.

May 31, 2012:

H.R. 5740. An Act to extend the National Flood Insurance Program, and for other purposes.

June 5, 2012:

H.R. 2415. An Act to designate the facility of the United States Postal Service located at 11 Dock Street in Pittston, Pennsylvania, as the "Trooper Joshua D. Miller Post Office Building".

H.R. 3220. An Act to designate the facility of the United States Postal Service located at 170 Evergreen Square SW in Pine City, Minnesota, as the "Master Sergeant Daniel L. Fedder Post Office".

H.R. 3413. An Act to designate the facility of the United States Postal Service located at 1449 West Avenue in Bronx, New York, as the "Private Isaac T. Cortes Post Office".

H.R. 4119. An Act to reduce the trafficking of drugs and to prevent human smuggling across the Southwest Border by deterring the construction and use of border tunnels.

H.R. 4849. An Act to direct the Secretary of the Interior to issue commercial use authorizations to commercial stock operators for operations in designated wilderness within the Sequoia and Kings Canyon National Parks, and for other purposes.

June 8, 2012:

H.R. 2947. An Act to provide for the release of the reversionary interest held by the United States in certain land conveyed by the United States in 1950 for the establishment of an airport in Cook County, Minnesota.

H.R. 3992. An Act to allow otherwise eligible Israeli nationals to receive E-2 non-immigrant visas if similarly situated United States nationals are eligible for similar non-immigrant status in Israel.

H.R. 4097. An Act to amend the John F. Kennedy Center Act to authorize appropriations for the John F. Kennedy Center for the Performing Arts, and for other purposes.

SENATE BILLS APPROVED BY THE PRESIDENT

The President notified the Clerk of the House that on the following dates he had approved and signed bills of the Senate of the following titles:

March 14, 2012:

S. 1134. An Act to authorize the St. Croix River Crossing Project with appropriate mitigation measures to promote river values.

S. 1710. An Act to designate the United States courthouse located at 222 West 7th Avenue, Anchorage, Alaska, as the James M. Fitzgerald United States Courthouse.

April 4, 2012:

S. 2038. An Act to prohibit Members of Congress and employees of Congress from using nonpublic information derived from their official positions for personal benefit, and for other purposes.

May 15, 2012:

S. 1302. An Act to authorize the Administrator of General Services to convey a parcel of real property in Tracy, California, to the City of Tracy.

June 13, 2012:

S. 3261. An Act to allow the Chief of the Forest Service to award certain contracts for large air tankers.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MILLER of Florida (at the request of Mr. CANTOR) for June 18 and the balance of the week on account of a death in the family.