GENERAL LEAVE

Mr. SMITH of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous materials on S. 2061 currently under consideration.

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

There was no objection.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this legislation authorizes the Secretary of the Department of Homeland Security to transfer property located in South Carolina and owned by the United States in exchange for property owned by the South Carolina State Ports Authority.

The Department will acquire land that is important to the continued operation and development of the Federal Law Enforcement Training Center's maritime academy. The State of South Carolina will acquire land that will allow the South Carolina State Ports Authority to develop an access road to Interstate 26.

This exchange would have already occurred, but the Department of Homeland Security Secretary lacked the authority to engage in the transfer of real property. This bill gives the Secretary the necessary authority to facilitate this transaction. This is a commonsense solution that will benefit both the State of South Carolina and the United States.

This bill and the underlying land exchange is supported by the Governor of South Carolina, the South Carolina State Ports Authority, and the Secretary of the U.S. Department of Homeland Security. The Senate passed this bill by unanimous consent last month.

Mr. Speaker, I urge my colleagues to support this bipartisan legislation, and I reserve the balance of my time.

Ms. CHU. Mr. Speaker, I rise in support of Senate 2061, the Former Charleston Naval Base Land Exchange Act of 2012. This bill authorizes the Secretary of Department of Homeland Security to convey a parcel of Federal land in North Charleston, South Carolina, to the South Carolina State Ports Authority in exchange for specified lands owned by the Ports Authority.

The land to be transferred by the Department of Homeland Security formerly comprised a portion of the Charleston Naval Base but is now vacant. DHS currently leases the land it plans to acquire in this transfer and uses it to house some of the operations of the Federal Law Enforcement Training Center also known as FLETC.

The Charleston Harbor area includes the fourth busiest international container shipping port in the United States, with one passenger and four container port terminals, as well as numerous privately held terminals. The waterways in this area contain shipping channels, rivers, bays, creeks, streams, the Intracoastal Waterway, and the Atlantic Ocean. These waterways provide a realistic training environment for FLETC's Maritime Law Enforcement and Port Security students.

Specifically, the FLETC Charleston facility is one of Charleston's three residential training centers and includes a variety of specialized capabilities for maritime law enforcement and port security training. The facilities include four deepwater piers for large commercial or military vessels and three sets of floating docks for smaller vessels.

Students at the FLETC Charleston facility engage in programs such as commercial vessel, boarding, training, maritime tactical operations training, and seaport security antiterrorism training. All of these programs are critical to protecting our Nation from the potential of a variety of criminal and terrorist threats.

By allowing a mutually beneficial transfer of the lands between the Port Authority and DHS, we are advancing the important mission of the FLETC.

I urge my colleagues to support Senate 2061, which the Senate has already adopted, so that it may become law.

I yield back the balance of my time.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill, S. 2061.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1920

THE LATEST IN A SERIES OF ATTACKS ON WOMEN'S REPRODUCTIVE HEALTH

(Ms. NORTON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. NORTON. Mr. Speaker, the House just won't let up on American women. Tomorrow features a committee markup to deprive women of their constitutional right to an abortion. The bill picks on D.C. women because Republicans don't have the nerve to introduce this frontal attack on Roe v. Wade as a nationwide bill. But they make no secret of their purpose. They have already gotten several conservative States to pass similar laws and they seek a Federal precedent. But they can't get a legitimate one.

Women will easily see a House-only bill based on bogus science and limited to D.C. for what it is: The latest in a series of attacks on women's reproductive health this term.

CONGRESSIONAL BLACK CAUCUS HOUR

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

GENERAL LEAVE

Mrs. CHRISTENSEN. I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks in accordance with the subject of the Special Order this evening.

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

There was no objection.

Mrs. CHRISTENSEN. I want to, again, begin by thanking the Democratic leader for giving the Congressional Black Caucus this time to focus on health care reform specifically, especially as the House is preparing to continue their attempts to repeal what we know is a good bill and a needed bill in this country.

Before I begin to yield time, I just want to recognize the 103rd anniversary of the NAACP. They have long been premier champions of health care and fought for health care as a right. They are committed to eliminating the racial and ethnic disparities in our health care system that plague people of color in the United States. Their 880 Campaign is based on the fact that over the past decade, because we have not eliminated health disparities, over 880,000 African Americans and other people of color have died premature deaths from preventable causes. That does not need to happen. So we continue that fight in health care reform. We have made great strides in it. And we look forward to implementing that law, despite the attempts to repeal today.

I want to congratulate the NAACP on their 103rd anniversary this evening, and I would like to yield such time as she may consume to the gentlelady from Texas, Congresswoman EDDIE BERNICE JOHNSON.

Ms. EDDIE BERNICE JOHNSON of Texas. Thank you very much.

Two weeks ago, the United States Supreme Court justly and commendably upheld the Affordable Care Act, ensuring that millions of Americans will continue to have access to quality, affordable health care. Despite this monumental victory for our country, for the 31st time since its enactment, Republicans are attempting to repeal the health care law, treating it as if this is just some kind of political game played between the two parties.

While the Affordable Care Act will expand coverage for millions of Americans, many Texans will be denied access by their Governor. And I'm a Texan. Just today, Texas Governor Rick Perry announced his decision not to expand Medicaid or implement a State health exchange under the Affordable Care Act—nothing more than

politics. However, during his announcement, Governor Perry failed to provide an alternative plan to address the growing numbers of uninsured Texans. Texas has the highest percentage of adults without health care insurance, and rejecting Federal Medicaid funds would only worsen this predicament for Texans. Without the Affordable Care Act, millions of uninsured Americans will continue to seek primary care in our Nation's overcrowded emergency rooms, leaving taxpayers to pay the tab, if they own property. As a nonpracticing registered nurse, I am all too familiar with this scenario, which has placed a huge burden on our Nation's hospital systems.

Mr. Speaker, this week's GOP messaging vote to repeal is nothing more than political warfare in an election year. Instead of bringing job-creating bills to the floor, Republican leadership insists on wasting taxpayer dollars by debating a law which has been firmly upheld by the Nation's highest court. While the Republicans have introduced numerous measures to undermine and repeal the Affordable Care Act, they have repeatedly failed to introduce one piece of legislation which could serve as a viable alternative to the health care law.

I urge my colleagues to reject this effort to take away patient protections for Americans. Instead, for once, let partisan politics come in second and let the American people win this one.

Mrs. CHRISTENSEN. Thank you, Congressman JOHNSON. Thank you for beginning to lay out the issue before us this evening, as we know that we've done landmark legislation in passing the Affordable Care Act. It is now settled law and the Supreme Court has ruled and we have a lot of other work that the American people need us to do.

At this time I would like to yield such time as she may consume to the gentlelady from Florida, Congresswoman CORRINE BROWN.

Ms. BROWN of Florida. Thank you very much for leading this discussion on health care.

You can fool some of the people some of the time, but you can't fool all of the people all of the time. And as we begin to discuss repealing the health care law tomorrow, I would like to discuss just how exactly the Affordable Care Act benefits all Americans. Although not a perfect bill—and I've been elected in Congress for 20 years and I've never seen a perfect bill, but a perfect beginning. And the reason why it's not perfect is because you make compromises throughout the process. This is a perfect start. Attempting to obtain universal health care has been a primary goal of every single President and Congress since the days of President Franklin Delano Roosevelt, who fought for quality access to health care and health care insurance reform for all Americans. And now, 75 years later after the Supreme Court ruling just over a week ago, our Nation has finally attained that goal. After 75 years, every single President has tried to implement some form of universal health care.

□ 1930

In fact, millions of Americans have already come to rely on the wide-ranging and lifesaving benefits of the Affordable Care Act. And let me say that as far as Obama health care is concerned, let me clear something up. It's President Barack Obama. And let me be clear, he does care. Let me say again, President Barack Obama does care. He cares deeply about the health and well-being of every American.

Before Congress passed the Affordable Care Act, nearly one in five citizens in the wealthiest country on Earth had little or no hope of affordable insurance or getting access to regular health care. And when fully implemented, the Affordable Care Act will cover an additional 30 million Americans and 3.8 million African Americans who otherwise would remain uninsured.

Already under the Affordable Care Act, 17 million children with preexisting conditions can no longer be denied coverage, 105 million Americans no longer have a lifetime limit on their coverage, 32 million seniors received free preventive care in 2011, 54 million Americans in private plans have received free preventive services, 6.6 million young adults up to the age of 26 have attained insurance through their parents' plan, 5.2 million seniors and disabled people saved an average of $704 each on prescription drugs, 360,000 small businesses received tax credits to help them afford coverage for 2 million workers, and 13 million families received insurance premium rebates averaging $151 in 2012.

In my congressional district of Florida, 6,900 young adults in the district will receive health care insurance, 6,200 seniors received prescription drug discounts worth $3.6 million, and the average savings is $600 per senior. And 20,000 children and 80,000 adults now have health care insurance that covers preventive services without co-pay, coinsurance, or deductibles.

Every American who has benefited from this needs to let their local Representatives, their Senator and their Governor know. We all have a dog in this fight.

The Republican Party is constantly complaining about a tax and how this law will raise taxes. But I'd like to reply to them the American taxpayers are already paying a hidden tax right now. Every single time one of the millions of our citizens who lacks health care insurance receives emergency care, that cost is passed on to paying customers through higher fees and premiums.

So the question is, how can we begin to bring our country's health care costs down? And this law is the first step in achieving this.

In closing, as I always say, you can fool some of the people some of the time, but you can't fool all of the people all of the time.

Mrs. CHRISTENSEN. I thank you, and I thank you for pointing out some of the benefits and the numbers of Americans who are enjoying those benefits already over these last 2 years. And those benefits, as you said, extend to all Americans, whether they live in Democratic districts or Republican districts. We want to make sure that people continue to be able to insure their children with preexisting disease, their young people up to age 26, to have our seniors and disabled and anyone who is insured be able to get that important preventive care without a co-pay, and begin to continue to strengthen the Medicare program as we have in the Affordable Care Act.

Ms. BROWN of Florida. I have one question before I leave. The question of tax penalty is a very debatable question. But my concern is anyone that has insurance is not affected, veterans are not affected.

Mrs. CHRISTENSEN. Absolutely.

Ms. BROWN of Florida. And you will not pay that penalty unless you do not—if you can afford it and you don't have it, then you're going to pay some minimum amount?

Mrs. CHRISTENSEN. Exactly.

Ms. BROWN of Florida. Can you explain that to people who are watching? Because, basically, it is just for those small, less than 1 percent, who do not try to get coverage.

Mrs. CHRISTENSEN. That's correct. And as you said, there is a hardship provision so that if people just cannot afford it and fall in the cracks between the Medicaid expansion and the exchange, they will not have to pay. And it will be a very small percentage, one or two percent, that CBO has said would actually end up paying the penalty, and it's a very small penalty. Yes, for administrative purposes, it's collected through the IRS; but it's a penalty. And very few people would have to pay it.

As you said also in your statement, we pay anyway. And we pay more on the other end for not having everyone insured.

Ms. BROWN of Florida. The question is if you go to the hospital—and I was on the plane with one of the business persons and he was talking about it, and I said, you know, you are already paying. If someone on this plane passes out, they're going to the hospital, they're going to service them, and it is called, what, cost shifting? So you are already paying the cost of the most expensive way to provide health care. And many people do it. They wait until Friday, 5 o'clock and they go to the emergency room, which is the most expensive way to provide it.

Mrs. CHRISTENSEN. People who are not insured, or even people who are underinsured or who have a high copay, they have not gone for preventive care. Now they can get it without a copay. And without that preventive care, they end up in the emergency rooms in

the hospital when the illness has worsened and the cost is more. We can prevent that by having everyone insured and having everyone have preventive care.

I know people are saying that we are not reducing costs. You can't reduce costs in the first couple of years. But if you look out that 10-year period and even in the 10 years past that, you will see in many ways that the cost will be reduced.

Ms. BROWN of Florida. Last question. These Governors, Texas you mentioned, Florida, these Governors are saying, we are not going to take advantage of the expansion. As a private citizen, what can I do? Because the President, just like the Governors, they can only propose. But the legislators are the ones that dispose. The President brought his proposal to Congress, but we had the ultimate decision as to what the final bill would look like. And that is as true in the State houses also.

Mrs. CHRISTENSEN. That is correct. And we will be working with our State legislatures to make sure that they understand what is at stake. And I'm sure that the voters in their districts who are already enjoying those benefits and who are looking forward to finally having insurance that they can afford for the first time will be talking to them about what they feel is important.

Ms. BROWN of Florida. Where are the health care providers and the people that provide the additional services? How should they weigh in?

Mrs. CHRISTENSEN. I'm going to read some statements from some of the primary care physicians at the end of this Special Order, but they're beginning to weigh in. And based on what I was reading today, they are weighing in pretty favorably. And they will benefit as well. It is change, and change is difficult no matter what. But they will benefit as well, and they are beginning to speak up.

Ms. BROWN of Florida. I want to thank you again for your leadership on this matter. You've worked throughout the process in keeping us informed. I think you're the only physician——

Mrs. CHRISTENSEN. I'm the first female physician. I'm the only physician in the CBC, but there are other physicians in Congress.

Ms. BROWN of Florida. I understand. But you are the only female physician in Congress.

Mrs. CHRISTENSEN. I was the first. We have one other elected in this Congress.

Ms. BROWN of Florida. Well, you are certainly mine, and I thank you for your leadership.

Mrs. CHRISTENSEN. Physicians and other providers, the thing that we don't talk about a lot is the jobs that will be created through this Affordable Care Act. We did finally pass a transportation bill, and thank God that will begin to create some jobs and save some jobs, but the health care reform bill is also a job-creating bill. It's projected it will create about 4 million jobs of all kinds over the 10-year period. So we've been creating jobs as well in the Affordable Care Act.

I would like to yield such time as she might consume to the gentlelady from Ohio, Congresswoman FUDGE.

Ms. FUDGE. Thank you so much. I thank you for yielding, and I thank the gentlelady for all of her work on the Affordable Care Act.

People seem to believe that this was something done in haste. They don't understand that for almost a year or more, people like you, people like members of the CBC worked very, very hard to make sure that we could come up with legislation that would be not only a good piece of legislation for the people of this country, but that would be something that would befit this Congress.

□ 1940

So I thank you for your work. You know that you have been our leader, especially with the CBC, but as well as in this House. You have been our leader on this, and I thank you for that.

Mr. Speaker, I join my colleagues to express my strong support of affordable health care for all Americans. The Supreme Court has spoken, upholding landmark legislation that ensures all Americans have access to affordable, quality health care.

Millions of Americans across the country are already realizing the benefits of the Affordable Care Act, and the numbers are impressive:

Eighty-six million Americans have received free preventive screenings, free physical exams, mammograms, and other cancer screenings;

Seventeen million children with preexisting conditions can no longer be denied coverage, and 6.6 million young adults now remain under their parents' insurance plan until the age of 26;

Seventy thousand previously uninsured Americans with preexisting conditions now have the security of coverage through the Pre-Existing Condition Insurance program.

The act pays for actual care—this is something that people don't understand. The act pays for actual care, not the overinflated salaries of CEOs and executives. As a result, 12.8 million Americans will receive more than $1.1 billion in rebates because their insurance companies spent too much of their premium dollars on administrative costs or CEO bonuses.

Let me repeat that in another way.

They are required to spend the bulk of your money—at least 80 percent—on actual care. If they don't spend it on actual care, then you are reimbursed, and that is what is happening. So now we are going to be rebated more than $1 billion.

Further, the law makes enormous headway toward closing the gap on health disparities—of which my colleague knows so much. It includes increased funding for community health centers, which are so often a critical part of the health safety net in underserved communities.

We should be focusing on creating jobs rather than voting to repeal a law that is estimated to provide health care coverage to up to 32 million Americans. The highest court in the land has ruled, and the American people won. Let's stop this foolishness and focus on jobs.

Mrs. CHRISTENSEN. Thank you.

Congresswoman FUDGE, you're right. This is not a win for Democrats. It's not a win for the President. This is a win for the American people.

Thank you for bringing up the rebates, the $1.1 billion in rebates. In addition to the rebates—because some insurance companies have spent over their 80 percent that has to be provided in service—the Secretary has been able, in at least 12 States already, to keep the increases in premiums at 10 percent or less. That's another function of the Affordable Care Act. And you know our constituents have been crying out over the increases in premiums that they've been experiencing every year, and now the Affordable Care Act gives the Secretary the authority to keep those premiums within not more than a 10 percent increase.

Ms. FUDGE. Thank you, and I thank you again for your service.

Mrs. CHRISTENSEN. Thank you.

So as my colleagues have all said, the Supreme Court has upheld the law. It is settled law. It's time for us to move on.

This is landmark legislation, landmark legislation like Social Security, Medicare, Medicaid, and SCHIP. We have a lot more work that the American people need us to do:

We need to continue the middle-income tax cuts.

We need to pass the American Jobs Act.

We need to continue to address the issue of the mortgages that are causing people to lose their homes. I was reading today in one of the papers that African Americans are expected to bear the burden of the mortgage fallout for many years to come, longer than everyone else.

And then we also have to implement the Affordable Care Act. We have the exchanges. I know there is a lot of talk about the exchanges and whether we'll be able to provide the subsidies, but what we ought to be doing is working together to make sure that that very important part of this law can be fully implemented.

We're talking about the working poor, people who are doing the right thing, being responsible, working and trying to take care of their families. It would be so unfair to them, now that they see within their reach affordable health care, to take that away. We're going to pay for it either now or we're going to pay for it later, as Congresswoman BROWN was saying. It's less to pay on this side and ensure that everyone has access to the services that they need to keep them healthy and to keep them from developing those catastrophic illnesses.

I want to talk a little bit about what the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian American Caucus have done in crafting this health care bill.

Congresswoman FUDGE is right. We didn't start just before the bill was passed. We actually started before the debate began in the Congress. We developed benchmarks.

We call ourselves the Tri-Caucus.

We decided very early that insurance would never be enough for our communities that have been left out of the health care mainstream for so long and that health equity had to be a goal of any bill that we passed, so the Tri-Caucus worked together. We worked very hard. We met with House and Senate leadership. We met with the White House several times to ensure that the benchmarks that we set for our communities were going to be met, so that, really, this bill would provide access to quality health care for all Americans—not just a few, but for all Americans.

We hear a lot about the consumer protections:

The fact that children cannot be denied insurance if they have a preexisting disease, which is important to us;

The fact that our young people can stay on our insurance until 26 years old;

The fact that there are no lifetime and annual limits, and all of those important provisions that we hear about all of the time.

But I want to talk a little bit about some of the health equity provisions, because this bill prevents discrimination. It defines what a health disparity is and a health disparity population, and it makes sure that all of the research in the bill, all of the task forces, all of the institutes, the comparative effectiveness research, all of those include monitoring and having a goal of eliminating health disparities in their mandate. There are incentive payments to providers if they can demonstrate that they have eliminated health disparities.

Health disparities actually cost this Nation. In a study done by the Joint Center for Political and Economic Studies, they've shown where, just over a 3-year period, $1.24 trillion was lost in direct and indirect costs just because of health disparities.

We expanded, of course, the coverage in the consumer protections—Medicaid expansion, which we really urge all of the States to provide for their citizens who are at 133 percent or under the Federal poverty level.

The territories, despite the vote to repeal our funding, that funding still stands. My territory is enjoying a great increase in funding. We have not lifted the cap. We are not getting State-like treatment, but for the very first time, many of the territories may be able to cover at least up to 100 percent of the Federal poverty level with the substantial increases that the Affordable Care Act provided.

We also have limited funding to set up exchanges, and the consumer protections and capacity building grants applied to the territories, which really need them.

We included the Indian Health Improvement Act.

We expanded community health centers and school-based health centers within the bill.

We provide for community health worker grants. In communities that have not had the benefit of robust health care services, it's important that people that they trust in the community can help them understand this law and help to make that connection to the health services that will be provided. That's what the community health worker grants would do.

They have community transformation grants.

We tried to include a program that we've been working on called Health Empowerment Zones. We didn't quite get that, but we have funding for communities where those health services have not been available, to be able to prepare that community and to begin to build some infrastructure so that every community can have the benefits of this bill.

□ 1950

We mandated that not-for-profit hospitals create a community health needs assessment every 3 years, and we created a Community Preventive Services Task Force.

Having community-focused, community-developed, community-driven, community-implemented programs is where we're going to see the biggest improvement in health care, especially in communities of color and communities that are poor and our rural communities in our territory.

The bill ensures that Federal health care programs collect and report data on race, ethnicity, sex, primary language, and disability status. We address health care disparities in Medicaid and SCHIP by standardizing data collection requirements.

Again, in comparative effectiveness, we were able to make sure that that research will include racial and ethnic subgroups, women and people with comorbidities. We establish a National Health Care Workforce Commission that requires reporting. For the very first time in this country, we have a national strategy at prevention, and we have a national strategy to eliminate health disparities, for the very first time, all from the Affordable Care Act.

We increase the National Health Service Corps and loan repayment programs, expanded Centers of Excellence, and we made sure to invest in Historically Black Colleges and Universities and Minority-Serving Institutions.

We're going to have to greatly expand our health care workforce on all levels to take care of the 30-plus million new people who will be coming into the system, and we want to make sure that that workforce reflects the diversity of our country, and that the now underrepresented minorities have a chance to get some of those jobs and be able to provide some of those services for the communities that they come from.

We provide support for cultural competence training for health care professionals, grants to the health care workforce, to provide culturally and linguistically appropriate services. We require the dissemination of information adapted to a variety of cultural, linguistic, and educational backgrounds so that everyone can understand what it is we're trying to do and be able to access the services.

Mental health and substance abuse parity was included. We included dental services in the basic package for children. We would have wished that it could be in the basic package for all people, but we were able to get it in children.

We establish a prevention and public health fund, and I know the Republican leadership has been trying to repeal that fund, to deplete that fund, but this is an attempt to change the paradigm of how we deal with health care in this country, not to just be dealing with the acute, expensive, long-term care, but to focus on prevention. An ounce of prevention is still worth a pound of cure.

We strengthened and expanded the Office of Women's Health. We elevated the Office of Minority Health to the Office of the Secretary. We've created new Offices of Minority Health in the Food and Drug Administration, Centers for Medicare and Medicaid Service, SAMHSA, and other agencies where it's really critical that we have that input that really zeros in on the health care of the minorities who are the people who are really underserved and create some of the costs that we're trying to reduce. If we can take care of all of the people in this country, the costs will go down.

We elevated the Center on Minority and Health Disparities to a national institute at NIH, and they're doing great work with all of our universities across the country.

What we've come to understand is that when you're dealing with health, especially when you're looking from a community level, you can't just focus on disease. You have to look at the environment that people live in. And for the very first time we have a National Prevention, Health Promotion, and Public Health Council headed by our Surgeon General.

That council brings about 17 agencies of government together to plan and to look at the impact of their programs, policies, initiatives that help, and to really plan how we can create an environment in our communities and in our country that supports wellness and supports prevention and supports good health, so that people can walk in their neighborhoods, so that they could have fresh fruit and vegetables in their

neighborhoods and other things like that so we can deal with the obesity problem, so we can deal with smoking cessation, and all the things that contribute to poor health and really increase the costs. When we look at communities and focus on community prevention, that's where we're going to reduce the cost of health care.

So, I wanted to just say a word about Medicare because I am so tired of hearing about $500 billion taken out of—cut from Medicare. Now, that's a misinterpretation of what really happened. That $500 billion comes from cutting waste, fraud, and abuse in part.

I was reading in an article in the paper just today that Medicare could probably save $70 billion just in 1 year, in 2010, by really zeroing in on waste, fraud, and abuse and implementing some of the recommendations of the General Accountability Office—they could save $70 billion in 1 year. Multiply that by ten, I think it comes up to $700 billion, which is more than the $500 billion that the Republicans keep saying we took out of Medicare.

We didn't. We made payments fairer, remember, by making the payments more equitable across the board. So we may have lowered some of the reimbursement rates for Medicare Advantage, but we were able to still keep some of the better, more effective Medicare Advantage programs in place.

We began to close the doughnut hole. We took some of that money to close the doughnut hole so that over the 10-year period there will be no time that a senior or a person with disability will have to pay the full cost of their medication.

We are providing preventive care with no copayments and an annual physical exam with no copayment. And in addition to all of that, with that $500 billion, we extended the life of Medicare by 8 years.

So I just want to clear that up. We did not take $500 billion out of Medicare. We used it to reinvest into Medicare, to make it stronger, to provide more services and more benefits for the beneficiaries.

Of course, health care reform will take an investment, but it will reduce costs over time. We'll reduce disparities, we'll have better end-of-life care with planning by individuals and their families, we'll have that community-based prevention, obesity prevention, smoking cessation and health policy and every policy that I talked about. And all of that will reduce the cost of health care.

I just want to close by just reading a few statements from some physicians. I'm a primary care physician, a family physician myself. And Medscape today published an article from a primary care round table. And I know the doctors who spoke here said many, many things. I just want to quote a sentence or two from several of them.

Charles P. Vega, M.D. At the end of his statement he says:

The Supreme Court decision breathes life into the health care reform movement at a critical time, and we need to take advantage of this fortune, not only to implement the most important parts of the Affordable Care Act, but also to start building towards the next logical steps in health care reform, beginning with an efficient public option that emphasizes smart, quality care.

And Dr. Robert W. Morrow says:

And now we're in a regulatory space where the health of the public could take precedence over the profits of the commercial health plans. And why not?

Dr. Roy M. Poses, M.D., says of the Supreme Court ruling:

The news is not bad. We're probably, on balance, somewhat better off with some health care insurance reform than none. However, we're still a long way from meaningfully addressing concentration and abuse of power in health care. There will be no rest for the weary bloggers of the Health Care Renewal.

Another doctor, Dr. Li, says:

My take is that the plan is not as good as what's being touted by the left, but it's far better than what's being said by the right.

And Dr. Robert M. Centor says:

Clearly, upholding the individual mandate allows the U.S. to approach universal health care. Universal health care is such a worthy goal that we must applaud this victory.

Dr. Mark Williams says:

For me the Supreme Court ruling on the ACA implies at least a period of relative clarity and less uncertainty, despite much political rhetoric. In short, we now have some time for planning and innovation.

And he also says:

Healthcare is too precious to be considered a business or a marketplace commodity. Whatever system we choose must commit itself to the needs of the population and the global community, not simply to our own personal needs. It must be based on needs and not simply on service expansion.

And lastly, from my own American Academy of Family Practice, they say:

Having the mandate upheld is consistent with what has been AAFP policy for over 20 years. We have advocated for health care coverage for everyone and access to at least basic health services, including good primary care with prevention and chronic illness care. You can argue whether the mandate is the only means to get there, but at least in the analyses that I've seen, it was one of the best identified ways to get everyone covered.

And so, the American people, when you ask them about the different provisions of the law, an overwhelming majority really supports the provisions that we've been able to provide for them in health care reform.

□ 2000

Many physicians are touting the Supreme Court decision and the law. I think, if we can all forget about the political rhetoric of repeal and just work together to make sure that it's implemented in the best way possible, we will really be doing what the American people have sent us here to do.

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

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 6079, REPEAL OF OBAMACARE ACT

Mr. SESSIONS, from the Committee on Rules, submitted a privileged report (Rept. No. 112–587) on the resolution (H. Res. 724) providing for consideration of the bill (H.R. 6079) to repeal the Patient Protection and Affordable Care Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010, which was referred to the House Calendar and ordered to be printed.

INTERNATIONAL AFFAIRS AND BROKEN PROMISES

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

Mr. GOHMERT. Thank you, Mr. Speaker.

These can be the best of times and the worst of times. There is still so much potential. This country has so much in the way of assets. It is interesting to hear my friends across the aisle talk about the wonders of ObamaCare, but I know this President has said before: if you make more than $250,000, you won't ever have your taxes raised. I won't ever raise your taxes.

He has said it a lot of different ways. Yet, when I read his version of the American Jobs Act, which he, himself, pushed for, promulgated, demanded be passed, it actually raised taxes on everybody who made more than $125,000. So he broke the promise there.

In ObamaCare, it's very clear that, if you make just above the poverty line and if you can't afford the kind of Cadillac insurance that is demanded that you purchase, you're going to get hammered with a tax, and it will ultimately be 2½ percent in extra income tax. He basically has pushed through a bill that makes war with those who can least afford to buy health insurance—adding a 2½ percent tax to the people who are the most vulnerable and hardworking folks. They're just trying to get by, and they're going to have to pay an extra 2½ percent in income tax?

Now, the enlightened Chief Justice explains through pages 11 through 15 of his opinion that it's actually not a tax, that it's clearly a penalty because, if you don't buy the insurance at the high level the government will dictate, then it will be necessary for you to pay an extra hunk of income tax—those who are the hardworking, least able to afford it. I don't see how anybody can say, It's great, and a happy day for you.

If you go through the rest of his opinion, of course he says the Commerce Clause doesn't make the ObamaCare bill constitutional; but then he gets around to saying, Well, regardless of what Congress called it—you know,