

armed ethnic groups, and pursuing a substantive dialogue with the democratic opposition, this reform is fragile. I support this reform in Burma and the building of a democratic political process that will allow all of the people of Burma to be represented. However, I have found that the continued detention of political prisoners, efforts to undermine or obstruct the political reform process, efforts to undermine or obstruct the peace process with ethnic minorities, military trade with North Korea, and human rights abuses in Burma, particularly in ethnic areas, effectuated by persons within and outside the Government of Burma, constitute an unusual and extraordinary threat to the national security and foreign policy of the United States. To address this situation, the order imposes additional measures with respect to Burma.

The order provides criteria for designations of persons determined by the Secretary of the Treasury, in consultation with or at the recommendation of the Secretary of State:

To have engaged in acts that directly or indirectly threaten the peace, security, or stability of Burma, such as actions that have the purpose or effect of undermining or obstructing the political reform process or the peace process with ethnic minorities in Burma;

To be responsible for or complicit in, or responsible for ordering, controlling, or otherwise directing, or to have participated in, the commission of human rights abuses in Burma;

To have, directly or indirectly, imported, exported, reexported, sold or supplied arms or related materiel from North Korea or the Government of North Korea to Burma or the Government of Burma;

To be a senior official of an entity that has engaged in the acts described above;

To have materially assisted, sponsored, or provided financial, material, or technological support for, or goods or services to or in support of, the acts described above or any person whose property and interests in property are blocked pursuant to the order; or

To be owned or controlled by, or to have acted or purported to act for or on behalf of, directly or indirectly, any person whose property and interests in property are blocked pursuant to the order.

I have delegated to the Secretary of the Treasury the authority, in consultation with the Secretary of State, to take such actions, including the promulgation of rules and regulations, and to employ all powers granted to the President by IEEPA as may be necessary to carry out the purposes of the order.

All agencies of the United States Government are directed to take all appropriate measures within their authority to carry out the provisions of the order.

I am enclosing a copy of the Executive Order I have issued.

BARACK OBAMA.  
THE WHITE HOUSE, July 11, 2012.

□ 1620

#### AFFORDABLE CARE ACT

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

Mr. TONKO. This evening we are going to address for the coming hour with a couple of our colleagues the issues of affordable health care and the fact that we see a pattern here that's established by the House that seems to walk away from the needs of a middle class, a working class in this society. Our country depends upon a thriving middle class, one that is given the respect and the dignity it so much deserves. And with the attacks on Social Security with its 76-year old history and the efforts to privatize Social Security, we understand that that would put at risk a number of people.

Not a single cent of Social Security was lost to its recipients during the very painful recession. And likewise, in the mid-sixties we saw the emergence of Medicare, which allowed for, again, the dignity factor to be presented and found in the midst of our senior households where, at that point in time, prior to Medicare, those who would retire would anticipate a decline in their income and their economic security simply because of the impact that their health care costs would have on their retirement years. Since then, not only have we seen a stronger sense of security and stability in those senior households, but we have seen a strengthening of the response to the health care needs of our seniors because of the stability that Medicare produced and the quality of the care that has been part and parcel to the Medicare history.

And so now, in its infancy, the Affordable Care Act is under threats with the repeal measure that was just taken on this House floor to undo the progress that was achieved for, again, America's health care consumers. It is a troubling notion, at best. This hour of discussion will be dedicated to the concerns that we have for the economic ripple effects that befall the middle class, which needs to be a thriving middle class, and the impact of several of these attacks that seem to undermine the very foundations upon which security is provided to America's great populations.

So we're concerned. We're concerned about that repeal and what it means, what is removed from the equation of success that was brought about a couple of years ago as we worked in a bipartisan, bicameral way with the White House to make certain that a growing need out there that found this country as the only industrialized nation to not have a universal health care program, when that is put at risk again because of the efforts to repeal.

We are joined by my colleague from California, Representative JOHN GARAMENDI.

JOHN, you witnessed this vote just now to repeal health care. The Affordable Care Act was providing hope and opportunity and promise to all generations in this American mosaic. It is a tragic moment.

Mr. GARAMENDI. Mr. TONKO, thank you so very much. And thank you for beginning this discussion by going back into the history of the United States back to the development of Social Security and the extraordinary benefit that that has brought to not only seniors but to their children, to families, knowing that when retirement age approached—65—there would be a foundation for whatever retirement program a person would have, and also for pointing out that for years now, and certainly in the recent decade, our Republican colleagues have called for the privatization of Social Security.

Now if you trust Wall Street, then I guess it's a good idea. If we had any lesson, we should have had the lesson of 2008 and 2009, when Wall Street turned its back on the American public and simply ripped us off to a fare-thee-well and nearly collapsed the world economy. Were it not for the efforts of the Obama administration and, frankly, this Congress, it may very well have happened.

And then you pointed out Medicare coming along in 1964, 1965 and the way in which that has protected seniors. I remember as a young child—I think I was probably 7 or 8—my dad took me down to the county hospital to visit one of our neighbor ranchers. I've got to tell you it was horrible. That was the only care available for a senior who had no money. And then Medicare came along, and 60 percent of America's seniors were in poverty prior to Medicare. Now, with Social Security and Medicare, it's somewhere around 10, 15 percent. An enormous boost. Yet twice this House has voted to terminate Medicare. Not the Democrats. Our Republican colleagues twice have voted to terminate Medicare so that every American less than 55 years of age would not receive Medicare. They would be given a voucher and told to go fight as best they could in the private insurance market.

And then today, another major effort by the Democrats to provide health care for all Americans—a health insurance policy that you knew was there, that you could count on, that would be affordable. The 31st time, today, a full repeal or a partial repeal was taken up and passed by our Republican colleagues.

So what's an American to do? What does it mean to Americans? Let's spend some time talking about what this means to Americans if you didn't have Medicare. If you don't have the Affordable Care Act, what would it mean?

I'm going to start, if I might, or would you like to start?

Mr. TONKO. Absolutely. We, I know, are joined by some of our colleagues. But if you want to go through your chart.

Mr. GARAMENDI. Let me just take up the Patient's Bill of Rights very, very quickly. I was the insurance commissioner in California for 8 years. The insurance industry puts people behind profits. Profits before people. And they're concerned about making sure that they have a healthy group of customers. They don't want sick people. Sick people cost money. So over the years they have developed a whole set of discriminatory practices to exclude from coverage people they don't want to take care of because they might be expensive.

So in the Affordable Care Act there is the Patient's Bill of Rights that forces the insurance companies to end insurance discrimination. And here's just some of them:

Children with preexisting conditions. An example, my chief of staff, his son was covered by insurance the day he was born. The second day of his life they discovered that kid had very serious renal failure; kidney failure. Bam, the insurance was over. That family was off their insurance policy; gone, done. No longer. We're talking about I think 14 million American children that are going to get coverage regardless of what their health circumstances might be.

Young adults. This one is close to home. I've got six children. Every one of them have passed through that age of 21 when they were no longer on our insurance policy. Most recently, my daughter. Twenty-one years of age, covered by an insurance company for 21 years and 9 months. The day of her 21st birthday, off the insurance policy. We're now talking about every young American 21 to 26 stays on their parents' health policy.

She also happens to be a woman. Women are discriminated against in insurance because they have a preexisting condition: They could get pregnant. That's expensive. We don't want to cover them, say the insurance companies. No, no. Under the Patient's Bill of Rights, the discrimination against every woman in America on their insurance policy is over. Apparently, our Republican colleagues don't care about these very, very important efforts to end insurance discrimination.

We can go on here. Seniors. Who among us doesn't have a preexisting condition? High blood pressure, juvenile diabetics, type II diabetes. Try to get insurance without the Affordable Care Act—you're out of luck. You won't get insurance.

□ 1630

So the Patient's Bill of Rights, should today's action become law, is repealed, and along with it, the protections that 315 million Americans presently have—presently have. No more insurance discrimination. The ability to get insurance is guaranteed. No more discrimination.

Yes, I'm a little passionate about this one because I've watched this. I've

watched this as insurance commissioner. I fought the insurance companies day in and day out as they denied coverage, as they refused to provide the coverage, as they told people they couldn't get care. But the law is in place now. The law is in place, and it's going to stay in place despite the vote today.

Mr. TONKO, thank you.

Mr. TONKO. And interestingly, Representative GARAMENDI, we've been reminded I think by the general public that the legislature, the legislative body here, Congress, took up the bill. They passed it. It went over to the President. He signed it. The highest court in the land, a conservative-leaning court, reviewed it, made their decision and rendered a decision that said it met with constitutionality.

People are saying go forward. Move on. Get to the issues that now have got to be resolved, and that is the economy, creating the jobs, producing the post-recession responsiveness that people so much require and deserve, and that's where they're at.

We've been joined by Representative ELEANOR HOLMES NORTON who has joined us.

Representative, thank you for joining us in the Special Order.

Ms. NORTON. Well, I want to thank you, Representative TONKO, and my other good colleague, Representative GARAMENDI, for leading this special order and for offering the perspective that you've begun this hour with, something that our fathers and grandfathers are responsible for, the Greatest Generation, and now has been embraced by the American people. And as proud Democrats, we are very, very proud of that, of these very important reforms.

I wanted to come to the floor as well to offer some real-life, real-time evidence as people try to judge what they've heard on the floor today and what they heard on the floor yesterday about the health care bill. We teach our children fair play, you win some, you lose some. And when you lose, then you've lost that one; you try again another time.

What they've seen in the House this year and last year are the Republicans trying to repeal financial reform. They lost that. It's as if the law of the land weren't the law of the land. Now they're trying to repeal health care reform even when the Supreme Court announces the law of the land. They've come to the point where they do not recognize the law of the land as announced by passage in the Senate and the House, signature of the President, and, in the case of the health care reform bill, the imprimatur, which is the last word, of the Supreme Court.

But as I heard the debate, I was concerned that the American people would be concerned in the face of this economy about what they hear our colleagues on the other side say the health care bill will do to the economy, and attempt to essentially frighten

people, especially yesterday when the Republicans came forward with a usual set of horrors, this after the bill was passed, now when we ought to be thinking of the best ways to implement it. But none of those horrors about what was going to happen because of the health care bill was data based.

We ought to ask ourselves: Why would the Republicans not use the one existing experience that we have, the 6-year experience of the Massachusetts health care law, which is the very model for the health care law we passed? And that, of course, was a law that was engineered by their own candidate for President, Mitt Romney.

Well, I had occasion to look at the experience under that bill because, as you may know, our colleagues had hearings all around the House yesterday on health care reform as a prelude to the repeal vote on the floor. And I was in the Oversight and Government Reform Committee, and the hearing was on the impact on jobs. Now, if you want to scare the American people, tell them that the bill is going to add to the problems in their jobs.

One of the witnesses was a State senator from Massachusetts, who has been a State senator for 2 years. He was not in the senate when Governor Romney's bill was passed. He is the CEO of Cape Air. That's a 1,000-employee company. It's a tough business because it's the airline business. It's a regional airline. And he had some real-time experience for us.

And I think it's important just to say a few words about what Massachusetts Senator Daniel Wolf said who for 6 years served on the Federal Reserve Board's Advisory Council of New England, who was board chair of one of the largest chambers of commerce in Massachusetts and is a trustee of the largest mutual bank in the Cape and Islands region. He is a small businessman of the kind we have in mind when we talk about small business. This is what he reported: That his premiums today—under the Massachusetts bill which this bill, our bill, is patterned after—are roughly 3 percent of his company's gross income. And to quote him: "Health care reform has not stifled business." Since the passage of the Massachusetts health care reform bill, the very bill that is the model for our health care bill, this company has added 15 percent more Massachusetts-based jobs.

He talked about premiums. Importantly, he said that just before the passage of the Massachusetts law, premiums were going up 15 to 20 percent. They are down now—going up 5 percent. And he said last year he was able to negotiate a 5 percent decrease. My friends, part of this, a great part of this, has to do with the large insurance pool that, of course, Massachusetts citizens are in now when you see these reductions.

The State spending for health care reform programs last year represented a 1.4 percent increase in the State

budget. Two-thirds of their residents support the health care reform.

It was extraordinary testimony from a businessman who had no reason to come forward. He's not a politician. Yes, he's in the State senate, but he has the credibility of being in the Senate and being a quintessential small businessman.

I want to suggest to my colleagues that there's a reason why our colleagues do not point to the only real experience that could tell us something about what is going to happen with this law, and that is because they are not driven by data, but by some ideology that is not understandable. But once you get it in your head that if you're against the bill even when it's passed, you've got to do all you can to kill it—If it's health care reform, you kill health care reform. If it's financial reform, even after the worst recession since the Great Depression, then you try to kill that.

I think that in hearing what has happened in Massachusetts that you would think Mitt Romney would be shouting from the hilltops about it. When you see what's happened in Massachusetts, what the Republicans, what we ourselves should be doing is studying in depth the experience of Massachusetts, seeing what their mistakes were, looking at their successes, instead of throwing horrors out there based on no data and based on nothing.

□ 1640

I thank you for coming forward to start a discussion that helps give the American people some broader sense of what this struggle is about and helps them to understand that when they hear the word "repeal," it is not what it means. In order to repeal, you have to get both Houses and the signature of the President.

People should be alerted that this law is here to stay. It is almost impossible—it will be almost impossible, unless there is a Herculean change in the House, the Senate, and the Presidency, to change the Congress in the direction of those who oppose the law. Absent that, every Member of this House who believes in law and order, who believes in the rule of law, has an obligation to sit down together to make this law work and not try to undermine it. To the extent that you undermine it, you are now undermining the health care of the citizens of the United States of America.

Mr. TONKO. Thank you, Representative HOLMES NORTON.

You know, you talk about the struggle and the move to repeal. It obviously didn't place consumers first and foremost in that thought process. It was probably listening to those deep pockets of interest that did not want to be pulled to the table to provide better outcomes for our consumers.

Look at the benefits of the health care law for our seniors: 5.1 million seniors receiving savings on their prescription drugs. Actually, I've seen this

number as high as 5.3 million, and probably climbing in the short order of time. What an important, significant savings. I hear it all the time from seniors in my district who are always reaching into their pockets after that doughnut hole is hit, and they get the benefit for a while until they hit a certain threshold. As we all know, many, in a short order of months, are digging into their own pockets. These are medications that are required to stay well, and in many cases to stay alive.

There are 32.5 million seniors receiving free preventative services—health care screenings, the annual checkup, flu shots—items that are brought to their benefit in order to, again, underscore the value added of wellness. Strengthening consumer protections for seniors in the part D program, something I heard a lot of favorable review about, and 85 percent of Medicare Advantage plan revenues going toward senior medical care rather than profits for the insurance industry.

So these are big changes. These are changes that were welcomed by the senior community. I can tell you, if you close that doughnut hole by the year 2020, as the Affordable Care Act is to do, you're providing a major benefit for seniors, with the advancement of pharmaceuticals that speak to all sorts of illnesses. This is a wonderful opportunity for them to understand the attachment that is essential.

I heard of far too many people adjusting their dosages of medications to balance their family's budgets. That is not the best outcome for health care. This advances sound decisionmaking, efficiencies, the best use, the wisest use of resources and, again, speaking to the dignity factor of our country's senior citizens.

Representative MARCY KAPTUR from Ohio, a great Representative, a strong voice for consumers in this House, thank you for joining Representative GARAMENDI and me. It's great to have you here. I know that you're hearing a lot in the State of Ohio.

Ms. KAPTUR. I want to thank you, Congressman TONKO, for your leadership on so many issues that relate to the well-being of the American people and our economy.

Health care is one-sixth of the leg of the stool that holds up the Republic. It is a major industry. When you look at all of our medical hospitals, all of our schools, the nursing profession, dentistry, and you take it all together, it is a massive employer across our country.

Congressman GARAMENDI, coming from California, your experience is so vast in terms of your leadership at the State level there, and now here as a Member of Congress. So I'm very proud to stand with colleagues from New York and California, coastal powerhouses, from the State of Ohio right in the middle of the country there.

I wanted to add to your discussions this evening some real-life stories that

illustrate what you've been talking about tonight. Here's a story from Toledo, Ohio, a real story of a couple that was forced to drop their health coverage after the wife got sick and their health insurance premiums jumped from \$800 a month in 2007 to \$1,200 a month in 2008. How many families across our country, when somebody gets sick, the premium goes up? This bill is wonderful because it doesn't allow that to happen.

For this family, the cost in 2009 would have risen to \$1,600 a month, with a \$2,500 deductible. So what did the couple do? They dropped their insurance. They couldn't afford the insurance, even though the wife was sick. But because of the law that we passed, the wife received coverage through a high-risk insurance pool that was set up within our State following the passage of the law. They're paying \$400 a month—less than they paid before, half of what they paid before—and they have a \$1,500 deductible. Literally, the new insurance coverage saves them \$15,000 a year, which for them was unaffordable. That's why they dropped their insurance. But just that family alone tells us how important this act is. And think of how many cases across this country have similarities to theirs.

From Marblehead, Ohio, which is very central to the district that I'm privileged to represent, a small business owner, a woman, was diagnosed with lupus. She was turned down by multiple insurance companies because she had a preexisting condition. But because of this act and the high-risk insurance pool in Ohio, she was able to obtain a plan for \$315 a month, with a \$2,500 deductible—that was her choice. But she has obtained insurance, even though she has a preexisting condition. How many Americans have you said have preexisting conditions? This allows them to continue to pay, not be canceled. So they're contributing to the pool, the insurance pool; and they're able to take care of themselves.

Finally, the third example I wish to place on the table is a senior citizen couple that faced a \$3,000 to \$4,000 bill, an extra prescription drug cost, after the husband developed a staph infection. How many families do we know have relatives that develop staph infections? That required them to spend a lot more money in 2009 and 2010 on prescription drugs. Thankfully, the husband's health has improved, and they've saved money thanks to the doughnut hole provisions you talked about that took effect in 2010. So they didn't have to pay that extra money for the prescription drugs necessary that you have to take when you get an infection. You have to take those for a very long time, and they're very expensive. The wife said of their situation:

For seniors like Paul and me living on limited income through Social Security, these costs were not a joke. Because of the Affordable Care Act, no senior will ever have to go through what Paul and I spent that year doing.

By the end of this decade, that doughnut hole will be completely closed at the rate of \$500 a year; \$500 a year to a senior citizen is a mountain of money—\$50 is a lot of money because they're on limited incomes. Most people depend on Social Security to hold their lives together. So to get bills of \$500 or \$5,000, it's an impossibility.

I challenge every American who's listening to my words tonight and every young person who has a conscience, go to the supermarket and look for some of the people who are staring at the vegetables, or raspberries, or fish, and they can't afford to buy it. Maybe you could slip them a couple bucks in the supermarket—nobody would even know about it. I've done that so many times. And they can buy something they want that they can't afford to buy.

So when you're a senior citizen, limited income is a real fact of everyday life. So for all of the millions and millions of Americans, Congressman TONKO, that you talked about, this is being lived life by life, family by family in the State of Ohio.

I'm very pleased to join both of you and to thank the President of the United States for having the guts to stick with his convictions, and our Speaker then, NANCY PELOSI, for fighting so hard for every vote in this House and really helping to lift all of America to a different plane for the future.

The last thing I will say is, I come from a small business family. Our father was one of those people that had to sell his business because he got sick. He had to get health insurance for his family, so he went to work for an automotive company.

□ 1650

And I remember how ill he became, and what a horrible choice that was for him back then.

Half the uninsured in this country are small businesses. The law says if you have 50 or under, you don't have to provide insurance; but if you're interested, those exchanges will be there for you. And there will also be plans that your employees can buy into if they want to.

Wow, do I wish that had existed in the 1950s when we were growing up as young children and our dad could have had that plan so he wouldn't have had to sell his business. What a difference that would have made in our family.

And that story is repeated by the tens of millions across this country. Half of those who could potentially benefit are small business owners and their workers.

Thank you for doing this Special Order tonight as we speak on behalf of the American people.

Mr. TONKO. Thank you, Representative KAPTUR. Please feel free to share more information with us. The anecdotal evidence that you provide from your region alone speaks to the empowerment that is part of this transition, this progressive policy.

And to now attempt to repeal, just as you've given people the sense of hope

that there will be a doable outcome, that they won't have to cut medication in half so that they could have enough money to do all the other items that are required of them, to pay utility bills, or to afford to eat for that given month—the fact that they would cut their medication in half is not a sound thing. They're spending money, and it's probably ineffective.

And so tethering people to a system that is sound and secure. You know, when people say, well, I don't want to pay for someone's insurance, I don't want to pay for this health care program. You're paying today through premiums and through taxes. You're paying for the worst sort of outcome by putting people into emergency rooms and having them visit with a different doctor each time they visit and not having the stability and the standardized outcome that is predictable and effective and efficient.

These are the dynamics that are driven by the soundness of a policy like this, that, yes, will take investment, but will get far greater bang for the buck than what we're getting today with a haphazard sort of response that does not provide continuity or direction or standardization or predictability and certainty. We will be far better off and a much more compassionate response is rendered.

From a taxpayer perspective, from a consumer perspective, it's a far greater, stronger, more intelligent outcome; and it speaks to, I think, the core fabric of this wonderful country that we do truly care. And this is a way to show it and still be economically sounder in our attempts.

Thank you for sharing the anecdotal evidence.

Representative GARAMENDI, you and I have done a number of these Special Orders on this House floor, and I find it fascinating to see what the response is out there from the public, who always call to engage and get more information. And so the fact that we can provide more information on what is included in the Affordable Care Act, I think, is a good opportunity here.

And I know you always have a lot to say and a lot to share, and your walk in your professional life as insurance commissioner was an important bit of strength for all of us in the caucus.

Mr. GARAMENDI. Our colleague, MARCY KAPTUR, reminded me of a personal story, personal things.

My sister-in-law was a juvenile diabetic, and I think of what would her circumstances be if she had had this law when she was alive. The last 20 years of her life were a struggle. The company she worked for folded, and her health insurance was lost. And she spent the last 20 years of her life struggling financially, medically, and really unable to get the kind of continuity of care necessary. She got a lot of help from her family; but even so, it was a struggle.

Under the law today, she would have been able to get insurance. And in 2014,

in California, or actually next year in California, there will be an exchange. So even though she spent those last 20 years as an independent contractor, selling various things over those years, she could enter into a large pool, that is the exchange, where she would have the same opportunity to buy a low-cost policy as though she were in Ford Motor Company with hundreds of thousands of employees.

Our Republican colleagues would abolish the exchanges. And I just think about what could have been. There was no exchange, and she wasn't able to get that insurance; but had she lived, and had other men and women with diabetes or serious heart issues or other kinds of problems, medical problems, they could get insurance in the exchange and be part of a large pool.

Simultaneously, if they didn't have the income, they would be able to get a subsidy. If their income was less than the poverty level, that insurance would be free through the Medicaid program. And if they were above the poverty level, it would be subsidized so that it would be affordable.

I guess this is really about compassion. This is about our very moral sense of who we are as Americans, do we have compassion, and do we care for our fellow citizens.

On today's floor I heard the most astounding arguments, arguments based upon falsehoods, just flat out falsehoods. I heard the Speaker here say that the Affordable Care Act cost employment. But since the Affordable Care Act has been in place for the last 2 years, private sector employment has grown every single month.

Now, there may have been some company that decided not to employ somebody, or maybe they went out of business for any number of reasons. But private sector employment has grown every single month for the last 28 months. So, taken as a whole, the Affordable Health Care Act didn't retard employment. It didn't cause the number of private sector employees to decline. In fact, they've grown.

And I also heard the very same person, with the very same argument, say that it's driven up health care costs. Well, excuse me, take a look at the statistics, the health care statistics. We've actually seen, in the last 2 years, since the Affordable Health Care Act went into effect, a significant decline in the rate of inflation for health care. In fact, the rate of inflation for health care in the last 2 years, 2010 and 2011, was the lowest rate of growth in every year except one in the last 50 years. It was 3.9 percent.

Those are not my statistics. They're not pulled out of the air. Those are government statistics about health care inflation—3.9 percent, which was the lowest rate of inflation in general health care in the last 50 years, except only one other year.

How about the cost of premiums?

Before I get there, the average health care spending in 2000 to 2009 was 6.8

percent per year. That's the annual growth, 6.8 percent per year. In 2010 and 2011, as I just said, it was 3.9 percent, nearly 50 percent less.

Let's get our facts right. Put aside the rhetoric and deal with the facts. If you're going to come down here, as Speaker or anybody else, use facts in your argument. Don't just throw out a number.

Mr. Speaker, if you'd like to debate it on the floor with me, come on down.

Seniors paying more? No, I don't believe so. No, they don't pay more. Medicare Advantage enrollees, the cost of premiums for Medicare Advantage was 16 percent less in 2012 than in 2010. The Affordable Health Care Act, was it responsible for that? Partly, yes, because the Affordable Health Care Act took \$150 billion, \$15 billion a year, away from the insurance companies and plowed it back into Medicare benefits.

The drug benefit that you were talking about—free medical services, preventative services.

□ 1700

The result was a 16 percent reduction—an overall average—across the United States for Medicare Advantage. Oh, by the way, these are statistics from Mercer, one of the health care consulting companies. I think I'll let it go at that. There are more statistics about that.

Mr. Speaker and my colleagues on the Republican side, if you want to come down and debate the issue of health care inflation, then you'd better come down here with real facts. Don't come down here with a lot of just talk. Health care inflation has gone down since the Affordable Care Act has been put in place.

Mr. TONKO, why don't you pick it up from here. Maybe I'll have a challenge on the floor from the Speaker. We'll see.

Mr. TONKO. The gentleman from California speaks of the Medicare Advantage programs. Obviously, they came about because there were those who suggested they could do it cheaper. Give us a special model out there and launch it as a pilot, and we'll show you how we can do this special programming and give us a return.

After reviewing now what is the history of all of that, it was deemed that there were overpayments of anywhere from 10 to 14 percent. So the dollars were slid over to programs like filling the doughnut hole and providing for screenings for our seniors, not taking it away from a category of health care consumers—in this case, an age demographic of seniors—but taking those savings, as we sweep those savings, and then reinvesting them in a way that provides balance and more sensitivity for the consumer rather than having record profits developed for an industry. To me, that was progressive policy. And for people to then take those savings and use them in their own budget presentations for other purposes was disingenuous.

Now, when you talk about the efforts today of the Affordable Care Act to include an exchange, what I think is oftentimes lost, Representative GARAMENDI, is people see this as some sort of public exchange that is going to be run by the government. In fact, when we set up an exchange and when private sector sources come to the table, if they're willing to abide by the rules, if they're going to govern themselves by the parameters that have been established in the legislation, they can then offer services through the exchange. So it's a private sector solution but with new caveats of parameters that are established so as to provide benefit for the consumer.

When you think of it, if there are firms that hire 10 people and one of those 10 becomes catastrophically ill, the actuarial impact of that one individual circumstance can drive premiums up for that small business in very high order. That kind of impact is unacceptable for the small business community that today pays some 18 percent more for its insurance and oftentimes gets weaker coverage.

With the benefits of an exchange that is private sector-driven, you now have the opportunities that people can have that actuarial measurement made in a pool of perhaps millions so that the unsteady and unpredictable kind of outcome for small business is now rendered more efficient and more sensitive by shaving the peaks that may occur in a universe as small as 10 people.

So there is a science to this. There is thoughtfulness that has been pumped into the discussion; and by inserting that thoughtfulness, we have come up with reforms that really speak to a wiser use of this country's health care dollars. It was a folding in of progress over the course of several years that was initiated with its passage a couple of years ago that needed time to work. To then move to repeal before a number of these programs are even implemented and for people to just play politics with the lives of individuals, with the health care quality of individuals, is regrettable, and then for us to be asked to visit for the 31st time a repeal exercise in some 19 consecutive months.

We used this week of session in Congress to debate for hours, to message for hours, to come to the floor for votes. These were session days that were used up for the repeat of an exercise that time and time and time again has been conducted just to politically posture when, in fact, the American public is saying, Look, you voted on this. Look, the President signed it into law. Look, the Supreme Court—the highest law in the land, the conservative-leaning Court—has ruled constitutionality.

They want us to move forward with job creation, with responding to the cures this economy needs. We started with a terrible pit of a recession: 8.2 million jobs lost and 800,000 jobs being lost per month as this administration

started and, ironically, when I started my service in the House of Representatives. We were in a dark, deep hole. To come out of that with 29 consecutive months of private sector job growth and to come out of that with over 4 million jobs created in the private sector and to go forward with an effort to reform our health care system in a way that extends greater opportunity and beacons of hope to families, individuals, those who are catastrophically ill, those denied because of preexisting conditions, pharmaceuticals unaffordable for many seniors, to have all that turned around and to have all of this progress of the comeback trail from the recessionary period that was far too long and far too deep and far too painful than anyone ever forecasted—to strike that kind of progress and then have it met with 31 consecutive efforts to repeal the situation is regrettable. It's regrettable.

Representative GARAMENDI, you've been here for those 31 efforts. Has anything changed? It's the same old, same old that is being expressed out there that does not, I think, meet the concerns of individuals out there from coast to coast.

Mr. GARAMENDI. You are absolutely correct. We really need to get to jobs.

I notice some of our Republican colleagues are here. They'll be taking the next hour, and I suspect they are going to pick up something that was said over and over again over the last 2 days. I just want to put on the table some facts, some facts about what is really going on here.

I heard speakers come to the floor, including the Speaker of the House, saying the Affordable Care Act was the largest middle class tax increase ever. Well, I'm sorry. The Washington Post Fact Checker said the health care law will provide more tax relief than tax burden for middle class families. A report from the nonpartisan Congressional Budget Office shows that an estimated 4 million individuals will likely pay the penalty because they're not going to buy insurance. Okay? That's about 1.2 percent of the total population.

They also estimated that 16 million Americans—that's four times more—will receive tax credits, or subsidies, to help them pay for insurance coverage through the new exchanges. Now, that's 5 percent of the population. The CBO estimates that the government will provide \$630 billion in tax credits and subsidies for insurance over the next 11 years and only \$54 billion in penalties—taxes or tax increases—on the middle class.

So the fact of the matter is the middle class is going to get an enormous tax benefit as a result of this. Those who buy insurance are actually going to see their taxes reduced as they buy insurance. They'll have health care coverage at an affordable cost, their taxes will go down, they'll receive subsidies. The essential point here is that

it is not a tax increase, the overwhelming, largest-ever on the middle class. In fact, it is a huge tax reduction.

Secondarily, there is a decreased cost to every American who buys health insurance today because there will not be a shift of cost from the uninsured to the insured and to the taxpayer. That's precisely what happens when you have some 40 million Americans uninsured. They get sick. Fortunately, in this Nation, we have not yet come to the point when we do not provide health care to people who are sick and in need of care. They get it at the emergency room, and they get it at the community clinics.

□ 1710

It becomes what is known as uncompensated care. In other words, it is not paid for directly by the individual, but indirectly by every single American that buys a health insurance policy and every company that buys a health insurance policy and the American taxpayers.

The Affordable Health Care Act does not increase the cost of health care in America. In fact, it has the significant potential of decreasing the cost. In the last 2 years, we've seen the health care costs in America decline to the lowest inflation rate ever in the last 50 years except 1 year.

Let's get the facts correct, my colleagues. If we're going to talk about tax increases, get the facts correct. Talk about the tax reductions at the same time. Talk about the fact that the Affordable Health Care Act, in effect, has actually been part of an overall reduction in the inflation rate of health care.

And in the Affordable Health Care Act, there are very significant, long-lasting, and powerful reforms that will bend the cost curve of health care, such as electronic medical records. The repeal would wipe that out. It would be gone.

Primary care clinics across this Nation are funded through the Affordable Health Care Act. Where do you think people get care today? In those clinics. If they don't get care there, they're going to the emergency room at 5 or 10 times the cost.

There are vaccinations for our children, which, incidentally, in the appropriations bill, our Republican friends tried to eliminate many of these vaccinations. Fortunately, it didn't happen.

There is preventive care for seniors so that their blood pressure and diabetes is controlled. Today, our Republican colleagues voted to wipe out preventive care not only for seniors, but beginning this August, a month from now, every woman in America will be able to get preventive screening. Mammograms, pap smears, blood pressure testing. That's what's being lost here, all in the name of some political opportunistic effort to try to run out once again what you thought was successful in the last election period.

Well, the American public isn't going to be fooled twice. The American public will come to know that in the Affordable Health Care Act there is real benefit for Americans.

Mr. TONKO, thank you for bringing us to this floor. Thank you for bringing us the opportunity to talk about what is real.

Mr. TONKO. Representative GARAMENDI, I couldn't agree more with the need to exchange statistics here, the real stats on what is happening. We only have a short history, but already it's a powerful statement.

When you look at healthy pregnancies, that front-end life investment which this embraces, what a soundness to the rationale for progressive policy.

When you think of the dignity factor for those senior years so that people aren't chopping a pill in half so as to meet their family budget and take care of half of their medical needs, this is an exercise of foolishness to repeal at a time when we've just started the engine of recovery and transformation and transition and reform.

We also know that—and I hear it from my constituents all the time—repeal. What's the replacement? There is no hint of a replacement because you took it halfway and said, We're just going to repeal this. That's the political posturing that is so painful, because you have now delivered to society a new opportunity to better steward our resources, to better provide for the dignity in the equation so that people can have that comfort zone, knowing that if they get impacted by some sort of catastrophic illness—and we've seen it in our communities, in our neighborhoods, in our families where peoples' lives are turned around in an instant. To those who you suggested might not buy the insurance, who then bears the burden if there is a catastrophic outcome?

They're saying, Oh, you're asking them to pay a tax if they don't want insurance.

If they don't have insurance and they get a catastrophic illness, they fall into some sort of huge accident, who's going to pay? You're right, Representative GARAMENDI, there are those that get in charity situations where premiums cover it, taxpayers cover it.

This has been thought out in a very meaningful way. We talk about a global competitiveness. We talk about our industries going to the marketplace, international marketplace, wind contracts, produce in America, and grow jobs. Part of the price that they have to calculate is the cost of health care. If we're providing a benefit to our business community, if we're having a smarter approach taken to the health care dollars being utilized in best fashion, there's a corresponding benefit that befalls the economic recovery opportunities because our businesses will be able to have the benefit of the soundness of that universal health care system to more effectively compete in the international marketplace, to se-

cure those contracts that then translate into jobs.

There is an interconnectedness here that goes well beyond health care policy. It falls into the realm of economic recovery and business creation and all sorts of quality-of-life issues that market our neighborhoods, our States, and our Nation for jobs.

We know what's happening in other Nations. They have taken the bull by the horns, and they have put together a good, sound system, and we were comfortable to have status quo be our rule, our guiding light. It was the boldness of those leaders that came forward and said: There is a better way to use those dollars out there. There are better ways to reach people. There is a need for preventive and wellness programs, for screenings and for those annual checkups, making certain that pharmaceutical needs are something that are within the grasp of our senior community and our middle-income community and our middle-aged community.

To cite scenarios like that of your staffer and his child, to provide that hope in the middle of despair where people have abandoned the hope for a better tomorrow for their children because of lack of affordability, to cover those health care situations, that's what this is about.

This is the old American spirit coming forward. It's about speaking as a community, not as individuals disconnected from one another. It's about thinking as a society, of a greatness of America at her best: compassionate, resolved to make a difference, determined to use our resources in a way that is most effective, most efficient, most smart. It is America at a great, shining moment. And to denounce all of that progress and to move for repeal speaks volumes about greed and about injustice and the desire to turn progress around.

Representative GARAMENDI, we close in the next minute or two. Any closing thoughts from you? I thank you for joining us this evening.

Mr. GARAMENDI. I thank you, and I suspect we're going to hear once again this is a government takeover. That's not true. It's not true at all. This is built upon the private delivery system that we presently have. Talk about the government designing or taking over the policy is just not true. I know this. I was the insurance commissioner. I know that it is actually the insurance companies heretofore before this bill that actually did that.

Mr. TONKO, thank you so very much for your leadership on this and your passion for it. We are out of time.

This issue is not going to go away. This issue will be around. I would hope, as it is discussed in the months ahead, that we actually get down past the rhetoric and talk about the real facts of what is in the Affordable Health Care Act. It's an extraordinary improvement for America's health care.

Thank you very much, Mr. TONKO.

Mr. TONKO. Thank you.

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

□ 1720

#### GOP FRESHMEN SPECIAL ORDER

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

Mr. REED. Mr. Speaker, I rise this evening and come to the floor to talk about an important issue of the day. A few hours ago in this Chamber on this floor, this House voted to repeal ObamaCare.

The Affordable Care Act to me is a classic example of what is wrong with Washington, D.C. It is a philosophy that this city has the arrogance and the vision to think that if we take over an area such as health care from Washington, D.C., somehow magically the bureaucrats and the folks here in Washington are going to wave a magic wand and cure the problems in the health care industry.

What ObamaCare is, it's simple: it's an expansion of government, it's 130 agencies, newly created agencies, to enter into the health care arena, 22 taxes to pay for that expansion of government to take on health care. You got half a trillion dollars of cuts to Medicare.

Mr. Speaker, I have heard for the last 18 months, as a freshman Member of this Chamber, how the folks on this side of the aisle came here to Washington to kill Medicare. We literally had campaign ads where we were supposedly rolling Grandma and Grandpa up the Niagara Gorge to somehow represent that that's the mission of our side of the aisle. That's ridiculous.

Here we have a bill that cuts Medicare \$500 billion, and my colleagues on the other side of the aisle have the audacity to say that we're the ones who are trying to kill Medicare. Well, \$500 billion worth of cuts to Medicare goes a long way to jeopardizing that program.

I just come here tonight, Mr. Speaker, and I am joined by some of my fellow freshmen who will be coming in and out over the next hour, to really try to articulate to the people of America that with what the Supreme Court did—and I've read the decision at least five times, and I disagree with it—but I do agree with the one sentiment the Chief Justice represented in the majority opinion.

He said, we're going to call, essentially, ObamaCare what it is, an expansion of government, and it's a tax; it's a tax increase. If that's what the people of America want their elected officials in Washington to do, then so be it. That is not for the Court, and that is not for the Chief Justice to decide. It's up to the people.

The vote that we took this afternoon is done on the backdrop of the Supreme

Court decision saying exactly what ObamaCare is, an expansion of government, tax increases to pay for it, and cuts to Medicare of \$500 billion. Let's be honest with the American people. The American people deserve their elected officials to come to this floor, to this Chamber, and deal with the issues in an open and honest way.

I was proud to cast the vote today to stand for repeal of ObamaCare because we can do better. We can do better than continuing the traditional Washington, D.C., tactics of, well, let the government take it over, let me raise your taxes to pay for it. You know what, we can do better than trying to say, well, it's a penalty and therefore we will argue until we're blue in the face that it's not a tax, but then the Supreme Court comes and says it is a tax. Let's just be honest with the issues that are before us tonight.

I am joined by a great freshman colleague from the State of Mississippi. For his introductory remarks, I would yield as much time as he may consume in regards to this pivotal issue.

Mr. PALAZZO. Thank you, Congressman REED. I appreciate you organizing this Special Order tonight. It's a very important issue, not just to my constituents back in the State of Mississippi, the Fourth Congressional District, but to all Americans. So thank you for doing that.

Over the past 2 years, our Nation has engaged in the debate of the future of our country and the future of health care reform. When the Supreme Court ruled to uphold the health care law as a tax, they never meant to send a message that this is a good policy. Their ruling did not change the fact that it is bad for our job creators, which are our small businesses. It's bad for families, and it's bad for seniors.

They weren't putting their stamp of approval on the enormous burden of regulations and tax hikes that this bill brings. They weren't making a statement in favor of a law that takes health choices out of the hands of individuals and doctors and that places more control in the hands of government bureaucrats.

What they did when they ruled on this law was reaffirm that this is, indeed, a multibillion dollar tax. The Court reaffirmed that it is, indeed, unconstitutional to force a massive Medicaid expansion upon States like Mississippi, which cannot afford it.

Finally, the Supreme Court reaffirmed for myself and my colleagues and for millions upon millions of Americans that there is a need to fully repeal this law. So today, with this vote, we are listening to the majority of the American people who do not want this law, and we renew our commitment to them to bring real step-by-step commonsense solutions that Americans want and provide them with the access to the care they need from the doctor they choose and at a price that they can afford.

Mr. REED. Well, I appreciate the gentleman from Mississippi's com-

ments, and I hope he continues to stay with us here this evening and we have this conversation as we move forward.

The gentleman from Mississippi touched on something, Mr. Speaker, that is extremely important when it comes to this issue. With the adoption and the repeal of ObamaCare, what we're trying to send to the American people is a message that the folks on this side of the aisle, in particular, want to make sure that we tackle health care reform and, one, we take care of the critical issue, and that is how are we going to change the cost escalators that are occurring in health care every year. How are we going to do that?

Now, the fundamental principle over here on our side of the aisle that I firmly believe in is that we are going to do that, once we repeal this law, by taking reforms from the perspective of the individual, from the patient, and from the doctor's point of view, not from the ObamaCare model of handing it to administrators and bureaucrats and somehow thinking that the government has the solution to this problem.

What we're going to deploy, in my opinion, are good old-fashioned market forces, forces of individual choice, having individuals and patients and doctors control their health care destiny rather than having some unelected bureaucrat under the Independent Payment Advisory Board making determinations as to what type of health care you're going to receive. We can do better than that in America.

The gentleman from Mississippi makes a great point when he talks about the expansion and the tax burden that this law puts on all Americans. In particular, many folks, I heard the debate over the last couple of days, said we have used up floor time when we should be focusing on jobs.

Well, you know what, this is related to jobs. Because of the expansion of government, the mandates that come from this and the higher taxes that are placed on all Americans as a result of this will saddle our private sector, will saddle our individuals, they will saddle our job creators with a burden that they just can't overcome. What we should be doing is relieving those burdens so that they can hire the people of today and tomorrow.

This expansion of government just doesn't stop today. If it is allowed to go forward—and I hope my colleagues in the Senate take this bill up so the American people know exactly where they stand—but if this bill is allowed to go forward, we are saddling Americans with a burden, both tax and government regulations and mandates, to a point where we are just asking them to do something where they have just got a load that is too heavy to bear, and that's just simply to hire people. But you can't hire people if you have more taxes and you have got more burdens and obligations of government regulations to comply with.