

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.

I see my friend from Mississippi may have a couple more comments on the topic.

Mr. PALAZZO. Well, Congressman, there are so many bad things about this bill. We could spend a lot more than an hour talking about it.

The American people have had over 2 years to fully digest the bill that was crammed down their American throats by the 112th Congress. What the Republican House is doing is we are not going to make the same mistakes that they did.

We had a President, we had a Speaker of the House, and we had a Senate that ignored the pleas and cries of the American people. Nonetheless, they passed a 2,700-page bill. There is nothing good in a 2,700-page bill. They did it under the cover of darkness.

The former Speaker of the House said, "You have to pass it before you'll know what's in it." We're not going to make those same mistakes. We're not going to repeat their failures. What we're going to do is we're going to listen to the American people. We're going to take their solutions so that we can address the care that they need from the doctor that they choose and at a price that they can afford.

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There's some good things that are going to be coming forth. So I don't understand. Our colleagues on the other side are saying, Hey, this bill isn't perfect, but let's keep it and tweak it. There's no small fix to this bill. It is garbage. We have to throw it out and start over. But we're going to listen to the American people. And I think that's where they went wrong. We are even going to offer, I believe, our colleagues, as we've done in almost every bill, allow them to bring amendments to the floor, where in 2009 they did not allow one Republican amendment to the bill.

So the old saying: If you're ignorant of the past, you're doomed to repeat it. Well, we've learned from our history, and we're going to make right for the American people on health care.

Thank you, Congressman.

Mr. REED. I appreciate the gentleman from Mississippi, a great Member of the freshman class, joining us tonight. I know we have some other colleagues to continue this conversation.

One point before I yield to the gentleman from Florida. We're talking about job creation. Back in the district, back in upstate New York, in Corning, my hometown, we get out and we have town halls and we meet with constituents, we meet with business owners. And I'll tell you, one meeting really resonated with me. I went up to Hornell, New York, a great community up in our district, Mr. Speaker, and met with a company called Dyco Electronics. He employs about 48 employees. And he had me in his office, and we're walking down the floor watching his shop where he's assembling different electronic components and we're

talking about the issues of the day. Mr. Speaker, he had a point that resonates when it comes to this issue.

He said, You know what, TOM? I'm not going to hire any more people. I've got business. I've got some opportunities that I can potentially expand. But the CEO of Dyco electronics, 48 employees, said, If I go over 50 employees, I've got to then comply with ObamaCare. These mandates, these regulations. You've got 2,700 pages of statutory text, you've got tens of thousands of pages of regulations that ultimately will be created. And he just says, I can't take that chance.

So this is all related to jobs also, as we continue this debate. It's not just about health care but it's about job creation. And I agree that it is a primary issue of the day. But that is a classic example and that resonated with me when I came back down here to stand for repeal, because so many small businesses, I think, are in the exact same situation as Dyco Electronics back in Hornell, New York, where they are shocked in a deer-in-the-headlight type moment where they're saying, No, we're not hiring because we don't want to go over that 50-employee threshold.

With that, I'm pleased to yield to a great member of the freshman class, the gentleman from Florida.

Mr. WEST. Thank you very much to my colleague, Mr. REED, for allowing me to be here and spend some time to talk about one of the reasons why I did not want to continue on supporting what has to be the "Patient Protection Unaffordable Tax Act."

When you think about down in south Florida, where I am from, a lot of people play golf. I've never swung a golf club in my life. But I do appreciate this term that they use called a mulligan. And a mulligan means you get to do it over. And I think that's what the American people want from us here in this distinguished body, Republicans and Democrats, a do-over. So that's what we tried to do today. And hopefully, Senator REID will take our heed and he will go forth and allow the American people to see that mulligan take place.

But I sit on the Small Business Committee. When you think about the effects that this tax law—because that's really all that it is now that the solicitor general from the administration argued that it was a tax and Chief Justice Roberts did agree with him. So it's a tax. And so down South, if it quacks like a duck, if it walks like a duck, doggone it, it's a duck.

Roughly 940,000 small businesses will be hit by an incredibly big tax hike. According to the National Federation of Independent Business, the advocacy group for small businesses, 75 percent of small businesses are organized as pass-through entities, small businesses, subchapter S, LLCs, meaning that they pay their taxes on their business income at an individual rate. The Joint Committee on Taxation estimates that

this tax hike that is going to be hitting will affect 940,000 small businesses. Half of all small business income would face higher taxes.

According to Bloomberg News and an analysis by the JCT, it also shows that President Obama's plan for these massive tax hikes mean higher taxes on 53 percent of business income reported on individual returns. More than a quarter of American workers' jobs are at risk. According to U.S. Census data through the NFIB, small businesses employ more than 25 percent of the total workforce. So raising taxes on these small businesses threatens these jobs—and that's the last thing we need to do in this weak economy.

My colleague, Mr. REED, just talked about this artificial employer mandate where if you go over 50 employees, then you get hit with these fines because you have to provide certain levels of health insurance and health coverage. Well, why would we put that type of artificial burden? What does that mean for a small business owner that is at 48 and 49? He's not going to seek to go any higher. Or, if he does go any higher, he's going to drop people off of his insurance coverage. Or, maybe even worse, he'll just get rid of that employee, which means another person that's added in.

A U.S. Chamber of Commerce survey showed that 74 percent of small businesses contend that this law will make job creation at their companies even more difficult. The Supreme Court's health care ruling leaves in place 21 tax increases enacted as part of this law. A dozen of these are going to affect those people: less than \$200,000 for singles and \$250,000 for married couples—a clear violation of what the President talked about with his pledge to avoid taxes on lower- and middle-income taxpayers. This is the reason why I said we've got to have a mulligan.

An additional 0.9 percent payroll tax on wages and self-employment income and a new 3.8 percent tax on dividends, something very important for seniors down in south Florida. Capital gains. Why are we going after capital gains in a health care law? I don't know. I think it's a tax law. Why are we going to go after capital gains when we need to have investments so we can grow our economy—and other investment income for taxpayers.

"Cadillac tax" on high-cost plans; annual tax on health insurance providers; annual tax on drug manufacturers and importers; a 2.3 percent excise tax on medical device manufacturers and importers. And if I'm right, Mr. REED, that's one of those pieces of legislation, that 31 or 32 sitting on HARRY REID's desk, so we can get rid of that medical device tax. Again, I just tell this guy we need to have a mulligan.

Raise a 7.5 percent AGI on medical expense deductions to 10; deny eligibility of "black liquor" for cellulosic biofuel producer credit. What does that have to do with health care?

Codify economic substance doctrine; increase penalty for non-qualified

health savings account distributions; impose limitations on the use of health savings accounts, flexible spending accounts, and Archer MSAs to purchase over-the-counter medicines; impose fee on insured and self-insured health plans and patient-centered outcomes research trust fund; eliminate the deduction for expenses allocable to Medicare part D subsidy; impose a 10 percent tax on tanning services.

I have got to tell you, down in south Florida, if it's kind of clouded over, a lot of people go into the indoor tanning booths. Now they've got to pay a tax for that.

What are we doing with the Tax Code, Mr. REED? Are we now using the Tax Code as a means by which we're going to promote social policy? Are we using the Tax Code now as a means by which we're going to create behavior modification here in the United States of America? That's all this bill does.

Sixteen thousand new IRS agents. Why do we need 16,000 new IRS agents if this is supposed to be a health care law? It's because someone's got to collect all that money that this "Patient Protection Unaffordable Tax Act" is bringing upon the American people.

What do you really get with this? You get 159 new government agencies and bureaucracies. You get all of these different bureaucrats up here in Washington, D.C., that are going to interject themselves between the doctor-patient relationship.

Well, no one talked about this a lot, how in this health care law the Federal Government took over college education loans. It was the people from across the aisle who made the decision that we will take it from 3.4 to 6.8 percent. Once again, it became incumbent upon us to come in and try to clean up the mess that was made.

It is truly as the former Speaker said: we have to pass this bill in order to find out what is in it. And now that we're finding out what is in it, we just cannot stomach this. The ObamaCare tax is already holding back job growth in medical innovation, with venture capital investment and medical device firms down 50 percent in 2011 compared to any of the previous 5 years. The average American family already paid a premium increase of approximately \$1,200 in the year following passage of this law. The Congressional Budget Office predicts that health insurance premiums for individuals buying private health coverage on their own will increase by \$2,100 in 2016 compared to what the premiums would have been in 2016 if this law had not been passed.

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Mr. Speaker, there is no doubt about the fact that we need to do something to reform the health care process here in the United States of America and make it more affordable. But to all of a sudden bring the Federal Government in—you know, it was about 30-some-odd years ago when there was a former Democrat President that said everyone

has a right to own a home, and the Federal Government created this thing called the Community Reinvestment Act. And look how well that worked out 30 years later in 2008 when we had that financial meltdown tied to the mortgage industry.

So what is going to happen with this incredibly onerous invasion into the health care industry? I don't want to be around 30 years from now to see. And that's why my message to HARRY REID is very simple: The American people want a mulligan. Let's do it over and do it right.

Mr. REED. Well, I so appreciate Mr. WEST's comments. The gentleman from Florida speaks very clearly and directly on the issues with this bill. And as the gentleman articulated, 139 different agencies are now created under ObamaCare.

I've come to the well of the House, Mr. Speaker, to display to America what our health care system now looks like under ObamaCare. This diagram goes through the 2,700 pages of statutory language and identifies those 130-plus agencies. This is what American health care looks like after ObamaCare.

We can do better. As the gentleman from Florida mentions, we need a mulligan. And what we need to do is listen to the American people. That is one of the fundamental problems down here in Washington, D.C. People down here think: I'm in Washington. I got elected and I got a title. I'm Paul Congressman. Of course I know what's best for everybody in America.

Do you know what? I trust the American individual. I believe in the American individual. We need to listen to him. That's why we go back to the district and we talk to so many constituents. We have town halls because of the commonsense ideas that people have around their kitchen tables and the conversations they are having around their sofas in their living room.

We should be listening to the American individual and the American people because the common sense of America is what makes us strong, not some bureaucratic thought process of some person reading a book who sits in a cubicle down here in Washington, D.C., and comes up with a monster of a health care program that's got 130-plus agencies.

And this is how the personal relationship of a patient and a doctor is handled under ObamaCare. We can do better. We need a mulligan.

I so appreciate my other friends in the freshman class coming this evening to meet with us.

With that, I would like to yield to a good Member, a great friend from Arkansas (Mr. GRIFFIN).

Mr. GRIFFIN of Arkansas. Thank you. I appreciate it very much.

Mr. Speaker, we have heard a lot about repeal and replace, and I have a lot of constituents asking about the replace part of that. And what I tell them is we have a lot of ideas that

have been introduced here in the House. In fact, by last count, there are over 200. I think it's something like 219 bills introduced in the House that relate to health care reform. So we are not short of ideas in terms of implementing real health care reform.

But before we get to that, we first must repeal this monstrosity, this almost 3,000-page monstrosity of taxes, new boards, and new agencies that makes it more difficult for businesses to hire new people. So that's why we're here focusing on repeal today.

We have, Mr. Speaker, lots of ideas. For example, many of us here support medical liability reform. Gallup polls and other experts have testified that much of the cost of what we pay in health care is attributable to the practice of defensive medicine. By some counts, one-quarter of all health care costs are attributable to the practice of defensive medicine.

We have a great medical liability reform bill. In fact, if I remember correctly, a couple years ago in the State of the Union, the President said he was in favor of medical liability reform. I haven't heard much from him on that. I wish he would talk more about it. It certainly wasn't part of his health care law. But that's a great idea that will reduce the practice of defensive medicine and reduce the cost of health care and, in turn, make health insurance more affordable, which, in turn, addresses the access question.

We also have great legislation introduced by my friend, MARSHA BLACKBURN of Tennessee. She has got a great bill. What it does is it allows for competition between insurance companies across State lines. So if you live in Arkansas and you see a health care plan that you want to buy over in Tennessee, our neighboring State, well, you can buy that plan. And then if you move to Arizona—I don't know why you would leave Arkansas, but if you did, you could take that with you across State lines.

Competition, choice, and patient-centered options, that's the kind of health care reform we need. And that's the kind of health care reform that I favor, that many folks here in the House favor, and that is reflected in the over 200 bills that have been introduced here. And we want to get to that. But before we can get to that, before we can focus on the replace, we have to repeal. And that's why we're here again asking the Senate to do its part.

I'll tell you, I've had some folks on Twitter and Facebook and other places say, You're just wasting your time. Why are you just wasting your time? I think I was asked that on television earlier today. And my response was, when I made a pledge in my campaign to repeal ObamaCare, the President's health care law, whatever you want to call it, my pledge was not I'm going to fight to repeal it if the Senate agrees to pass it. That wasn't my pledge. My pledge was I'm going to fight to repeal it. I'm going to control what I can control. I can't control the Senate.

In fact, I told somebody on Twitter about 15 minutes ago, before I came down here to the floor, I said, well, if we in the House only took action on issues that we know the Senate will vote on, we would all be sleeping. Mr. Speaker, you'd be sleeping in the chair and we'd be sleeping, because the Senate doesn't take action on much of anything. Sometimes I feel like I've got to walk down there and wake them up.

So my job in fulfilling my promises, my pledges, and my commitment to my constituents is not dependent upon whether the Senate is going to do the right thing or not. I hope they do. I'm praying for them, and I wish them well. But we're going to do our job here regardless of what they do down there.

I'll say one more thing. Anybody who has been paying attention over the last 2 years knew before I ever got elected what my intention was. And I think a lot of us talked about this before we ever got here, and what we are doing is following through on our promise.

I yield back, and I appreciate the time.

Mr. REED. I appreciate the gentleman's comments.

I think you're touching on something when we talk about the Senate and what we can control here in the House. And I think today's exercise of voting to repeal ObamaCare again was time well spent, because it's time to be open and honest with the American people.

Look at this bill, the 2,700 pages that created this health care system with 139 agencies that you see on this board. Look at the timing of when these requirements and these mandates kick in. Look at the whole argument of the last 2 years in the debate on the Affordable Care Act, ObamaCare. Look at the argument over whether it's a penalty or a tax.

I can remember Kathleen Sebelius in front of me on the Ways and Means Committee still fighting me as the arguments were going on in front of the Supreme Court whether or not this was a tax or a penalty. Essentially, she fought that tooth and nail and said, no, it's not a tax; it's a penalty.

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You saw the President repeatedly tell different reporters and go on the record and say it's not a tax; it's a penalty. There's a lot of politics going on under this bill. And they all want to do it in a way that makes sure that they're not held accountable, in my opinion, because November 6, 2012, is a critical date. When you look at most of the dates under this bill, when most of the mandates and most of the tax increases are kicked in, they happen after November 6, 2012.

What's so magical about November 6, 2012? Well, obviously we have a Presidential election. We have a Senate election. We have a House election. So today, what we did, after the Supreme Court spoke and called the bill what it is—an expansion of government, a tax

increase—we went on the record so that the American people, come November, know where we stand.

Now, I'm not as hopeful as my colleague was talking about the Senate may take this up, or asking HARRY REID to take this up. What I think is going to happen is the Senate is going to run from this. They're not going to go on record in regards to how they feel on the repeal of ObamaCare, if they're either going to reinforce it or reaffirm it. They're not going to take it up. Why? Because November 6, 2012, is coming down the pipeline, and they don't want to go on record after the Supreme Court has spoken and called it what it is—expansion of government and a tax increase.

That's not how elected officials lead. Elected officials lead by putting their name up on the board and standing in front of their constituents and in front of the American people and being honest and open with them because hard-working taxpayers deserve no less. And as a freshman Member of this Chamber and as a freshman Member of this body, I firmly believe we can tackle more of our problems if we adopt that attitude, just being open and honest with the American people.

With that, I'm so pleased to be joined by the gentleman from Colorado (Mr. GARDNER).

Mr. GARDNER. I thank the gentleman from New York for his time today and his leadership on this important issue. I know you have a young family, as do I, and you're here today to make sure that we talk about those matters that are important to our families, those things that will lead to a better future for them.

But it's been a disappointing day today when we saw colleagues on the other side of the aisle who had an opportunity to reject one of the largest tax increases in American history, when they could have voted to repeal and begin the replacement process on the health care bill, the President's takeover of health care, but, instead, most of them, the vast majority of them, decided to move forward with the tax, a tax that they pledged they would never commit and carry out on the middle class of this country.

Growing up in a little town of the eastern plains of Colorado, I will never forget my hometown doctor. At times, he was the only doctor in a town of about 3,000 people. His name was Jack Pierce. Dr. Pierce was somebody that's still looked up to in my hometown. He's moved away, lives in Texas now, but he's somebody who parts of the new hospital is named after, somebody who delivered me and was there when my mom, in my hometown, was delivered as well.

Dr. Pierce was my doctor's name. With the health care bill, the rest of America gets Dr. Washington. Dr. Washington is now going to make health care decisions for the American people. If you're sick and you need help, you better have the approval of

Dr. Washington first because Dr. Washington has a board of bureaucrats that will decide for you what kind of treatment you may or may not receive.

Dr. Washington is going to ensure that you have a \$1,200 increase in health care premiums if you're the average American family. That's just what happened after the first year of enactment of the President's health care takeover.

Dr. Washington will see that, in 2016, you'll have a 13 percent increase in your premium for individuals and families who can buy coverage on their own compared to if the law hadn't been enacted at all, a 13 percent increase if the law hadn't been enacted at all.

Going back to Colorado and talking to business owners, they talk about what their costs will be. Families talk about the insurance that they'd like to have now, the insurance they wanted to keep but are concerned they're not going to be able to under the President's takeover of health care. This tax increase will cost Americans dearly. It will cost them the doctors that they wanted and it will cost them the insurance that they'd like to keep.

We know that this bill is going to cost even more than it was anticipated to cost. As recently as June 27, 2012, they said that this health care bill would cost \$1.8 trillion over the next 10 years. Today, we see numbers with new estimates over \$2 trillion, nearly \$2.6 trillion over the next 10 years to pay for this. How is it going to be paid for? A tax on the American people.

In a letter to the Governor of Texas, Kathleen Sebelius, Secretary Sebelius, wrote, saying:

We encourage you to participate in this new, expanded health care opportunity because of the generous Federal benefits that are being offered.

How is this country going to pay for those generous Federal benefits? Deficit spending? borrowing? tax increases? The answer is: All of the above. In fact, that may be the only thing this administration agrees with when it comes to all of the above—taxes, spending, and debt.

Ladies and gentlemen, the people that I represent in Colorado, the people that we represent in this country are asking for real health care solutions. They're asking for solutions that will improve the quality of care while decreasing the cost of care. The President's takeover does none of those.

We have an obligation to this country, to the people we represent, to make sure they understand that when the chief actuary of Medicare says that the two primary promises that were made in this health care bill will never materialize, that it will decrease costs and that if you like the insurance you have, you get to keep it—the chief actuary, independent actuary, has said those two primary promises will not be realized. And yet today, the vast majority of people in the President's own party said move forward with the tax and say good-bye to the health care

that you and your family is hoping to secure.

So with that, I would again thank the gentleman from New York for the opportunity to be here to talk about ways that we can move this country forward and our obligation to the American people.

Mr. REED. I so appreciate the gentleman from Colorado joining us tonight.

When you talk about Dr. Washington, it is a great analogy. What we're really talking about—are we not?—is the Independent Payment Advisory Board as kind of the primary example of the agency of Dr. Washington.

What is the Independent Payment Advisory Board? It's 15 unelected bureaucrats that, under the law, will be making recommendations to Congress as to where to cut in Medicare, the types of services that are going to be provided under American health care going forward under ObamaCare.

Now, the argument I've heard from my colleagues on the other side of the aisle is, well, those are just recommendations. But they go to Congress, and if we disagree, we can take a vote in the House and take a vote in the Senate and the President signs it into law, and we overrule those recommendations.

Look at the law. Read the law. I trust the American individuals. Read the law. What do those recommendations do?

Those recommendations come to Congress and require a two-thirds vote of the House and the Senate to approve or disapprove those recommendations if we want to do something differently than what the agency recommends to us. Why stack the deck? Why have a two-thirds voting requirement on such a critical issue as to what health care is going to be delivered in America? So let's just be open and honest with the American people and call it what it is.

You've got 15 unelected bureaucrats—under the law, not obligated to conduct their conversations or their debates in public—make recommendations to Congress so that they can say that we're having Congress ultimately have the ultimate decision, but then make Congress have a two-thirds voting requirement to override those 15 members of that unelected Independent Payment Advisory Board when it comes to health care decisions. What kind of health care system is that?

We can do better. We don't need to rely on Dr. Washington. We need a mulligan, as my colleague from Florida said. We can do better. We can do it by repealing this and listening to the American people and adopting reforms that are patient-centered and doctor-centered at the end of the day.

With that, I am so pleased to be joined by a great colleague from Tennessee (Mrs. BLACK), a colleague of the Ways and Means Committee. I'm proud to yield to her.

Mrs. BLACK. Thank you, my colleague from New York. I want to thank

you for managing this Special Order tonight because we cannot talk about this issue enough. We have got to continue to make sure that the American people are aware of this devastating bill called ObamaCare, or the Patient Affordability Act.

Now, having been a nurse for over 40 years and working in the health care system, we have the best health care in the world. I have done medical mission trips in other parts of the world, and I can tell you they don't come anywhere near providing the kind of quality service that we have here in this country. As a matter of fact, we will see people from other countries come to the United States to get that care because they know across this world that we provide the best health care in the world.

But I'm not going to disagree that the system is broken and does need some repair.

□ 1800

We do need to have more accessibility. We do need to lower the cost, and we need to make sure that, while doing that, we maintain and increase quality.

However, what has happened in the bill that was passed some 3 years ago now by our colleagues on the other side of the aisle, there wasn't transparency, there wasn't input by those who were providing care and that are a part of the system, and we didn't see patient-centered care.

There are other solutions. This is not the only solution. And as my colleague from New York shows this chart, this very complicated chart, when NANCY PELOSI said that we have to pass this bill to know what's in it, she was correct, because as we look at these 139 different agencies that still are going to have to be created and rules and regulations that need to be promulgated, we have no clue of what's going to be happening with this health care system now for the next 5 to 8 years.

We do have some solutions, good solutions that are patient-centered, that are market-driven solutions, such as HSAs, which really have not been given a chance. But HSAs are a very, very good way, especially for the young. Many of the young people that are currently not insured are not insured because they can't see a reason for paying for the very expensive insurance that's out there and available for them.

Things such as removing the barriers from purchasing your health care across State lines, these are some good, market-driven ideas that will bring the cost of health care down and give patients more opportunity for them to make decisions about what's best for them in their health care.

Also, tort reform. We know tort reform has worked in those States where it has been successfully implemented. Tort reform needs to be done across the entire country.

These are real solutions that allow the patient to be in the driver seat to

make those decisions about what's best for them.

But, instead, what do we have?

We have a law that's devastating our economy, and it is wrong medicine for our health care system.

Three-quarters of our small businesses—and I know that as I visit these small businesses across my district, they're the bedrock of the U.S. economy—say the law is preventing them from hiring people. And all of this, and health care costs continue to soar, so it hasn't done anything to bring the cost down. What we're seeing is the cost escalating.

And to make matters worse, ObamaCare will result in millions of Americans being dropped from their employers' health insurance plans and pushed on the government-run health insurance. And all of this, all of this results in more deficit spending and more tax hikes for the middle class folks.

The President has said as recently as this week that he does not want to raise taxes on the middle class. He also says he wants Congress to focus on job creation and the economy.

But, Mr. President, the House has voted yet again to do just that. By repealing ObamaCare, we can prevent this crippling tax on the middle class, and this will also lift the cloud of uncertainty and other job-killing taxes that are wreaking havoc on our economy and our health care system.

It's been 41 straight months of unemployment above 8 percent, and it doesn't look like things are going to change very soon. If the President is committed to helping the middle class like he says, then he will join us in doing away with this law that is increasing the tax burden and the cost of health care for all Americans. Americans deserve better.

Thank you again, my colleague from New York, for managing this time to allow us to be able to talk to the American people and help them understand there are real solutions out there.

Mr. REED. I so appreciate my colleague from Tennessee offering her comments. And I know we're coming to the end of our hour with a few minutes left, but we have plenty of time for two more colleagues that have joined us this evening.

I yield to a great gentleman from Texas, a member of the freshman class, Mr. FLORES.

Mr. FLORES. Mr. REED, I want to thank you for managing this Special Order today, and thank you for allowing me some time to participate.

I'm very proud of our freshman class here in Washington. We have changed things in this town, at least on this side of the Capitol, and we're responding to what the American people want. The American people overwhelmingly do not want ObamaCare.

So I have to thank Mr. PALAZZO and Mr. WEST and Mrs. BLACK. I assume Mr. WOODALL's going to speak in a few minutes, and Mr. GARDNER, and thank them for getting up here and telling the truth.

A few minutes ago I was sitting in the Chair as the Speaker pro tempore, and the gentleman from California (Mr. GARAMENDI), a Democrat, and Mr. TONKO, a Democrat from New York, invited me to come down and debate with them, so I'm here to debate with them.

If you'd listen to what the Democrats say about ObamaCare, you'd think the world was going to be perfect and butterflies were going to be singing Kumbaya. You'd think that everything was going to be just fine.

When you go to the HHS Web site that talks about ObamaCare, all you see are all the things that tell you about how great your life is going to be, but it doesn't discuss the cost. And only in this town we call Washington, D.C., this town that's based on fantasy, can you believe things like that, where you can get everything for a cost of nothing.

Well, Americans know that's not the case. They know that you can't do that, and Americans know that you can't take one-sixth of our economy and turn it over to bureaucrats like the people that run the GSA. Now, the people at the GSA partied real well, but I don't trust them with our Nation's health care, not my granddaughter's, not my grandmother's, none of their health care.

Now, we, as I said, in this town we're changing things as the freshman class. Most of us that came in this class came from the real world. We know how to sign the front side of a paycheck, we know what the commitment is like to have to hire an employee, to have to make sure that that employee's family gets a paycheck so that that family will have food and housing and education; that they can be part of a robust local economy so that they can be part of a healthy middle class in this country.

But bureaucrats don't do that. The private sector does that, builds that healthy economy for Americans.

So, again, I just can't see how you could say that we could turn over health care to folks like the ones that run the GSA.

What Mr. GARAMENDI and Mr. TONKO need to do, when they say that everything's for free and costs nothing, and the world's going to be better off, they need to come talk to a small software company in Waco, Texas, that saw their premiums go up in 2011 by 27 percent and saw their health insurance premiums go up this year by 23 percent. Or the small manufacturer in Bryan-College Station, Texas, that's looked at their premiums increase by a combination of about 40 percent over the last 2 years. And each of these companies is thinking, Do I have to drop coverage? Do I have to lay off employees so I can absorb the extra cost? Do I move my operations overseas?

The folks on the other side of the aisle need to understand that the taxes, the restrictions, the regulations that come with ObamaCare are a tax on all America. When you tax the econ-

omy, you tax all Americans. And we've already talked in great detail. Mr. WEST laid out all the taxes in ObamaCare, did it pretty well.

But I just say, when you add it all up, and you add all those taxes together, they're a tax on the economy, and that's a tax on the middle class. That's a tax on every class in America. And that's not what Americans want.

I voted for the repeal of ObamaCare today, and I'm proud I did. And I'd urge that HARRY REID, over in the Senate, take it up.

And so I've put together sort of the top 10 fatal flaws that are part of ObamaCare, and here they are.

Number one, the worst of them is it's a violation of our constitutional liberties, your right to your religious preferences, where you can have a bureaucrat, like the ones at the GSA, cram down your throat what your employer has to provide for you or what it may not provide for you.

Number two, it fails in its primary goals of controlling costs and allowing Americans to keep their health insurance coverage. You heard our other freshman speakers lay that out well today.

Number three, it hurts our hard-working taxpayers by adding over 20 new taxes, costing over \$800 billion, taxes on things like home sales and investment income. Those hit the middle class just like everybody else.

Number four, according to the non-partisan Congressional Budget Office, the CBO, as we call it around here, it will cost our Nation over 800,000 jobs. How's that good for the middle class?

In addition, now that the State Medicaid mandate was ruled unconstitutional, the costs of ObamaCare are going to increase by \$700 billion. And that's already on top, further damaging our fragile fiscal situation at the Federal level.

Number six, we've already talked about this tonight, a half a trillion dollars cut from Medicare, hurting our seniors.

□ 1810

Number seven, ObamaCare puts 15 unelected, unaccountable bureaucrats between doctors and patients.

Mr. Speaker, I don't want people who run the GSA between me and my doctor or between my granddaughter and her doctor or my daughter-in-law and her doctor. This is an assault on all Americans—women and men, young and old.

Number eight, even though it has been partially implemented, it has caused health care premiums to inflate dramatically across the country.

Number nine, ObamaCare is causing massive uncertainty for American businesses, hurting American job growth and our economy and the American middle class, adding further pain to all of the economic policies that we are experiencing in the Obama economy.

Number 10, we heard about this earlier, about the Federal takeover of the

student loan program, which is another accounting gimmick that was used to pay for the Democratic takeover of health care.

So, Mr. REED and Mr. Speaker, I would say it's time for us—and we did today—to recognize that these fatal flaws mean that this program should be overturned. We did the right thing today. We took bold action, and I think it's high time that the Senate acted and did the same thing.

One of the things that Mr. TONKO and Mr. GARAMENDI talked about is if Americans wanted to hear the facts. They laid out their version of the facts. Americans can go my Web site. There is an ObamaCare section at flores.house.gov that's right at the top of the page. You can find out about the taxes. You can find out about the law and about the times we've tried to repeal this thing. You can read the law to see what's in it. You can read the Supreme Court decision. Then you can also see what the Republican alternatives are, some of the ideas of the alternatives to fix this.

Mr. REED, I thank you for your leadership on this, and I look forward to serving with you.

Mr. REED, I appreciate the gentleman for joining us this evening.

I know we have another freshman colleague from the great State of Georgia who has joined us this evening and who will bring us to a conclusion.

Mr. WOODALL, I am proud to yield to you.

Mr. WOODALL, I thank the gentleman for yielding. I appreciate the Speaker for being down here with us, and I appreciate the comments of my friend from Texas.

He says, you know, if you want to, you can just go and read the law. Wouldn't that be neat? Wouldn't that be neat? If you wonder what some of those reforms are that the freshman class brought to this body, you can now go and read the law. There is time to make that happen, and that is what is so frustrating to me about this debate.

I appreciate the way that you all have highlighted each and every one of these things, because when I go to the folks back home, they say, Rob, the President told me he's going to bring down health care costs. Wouldn't that be good?

I say, Yes, that would be good.

They say, The President tells me he's going to ensure that I can keep the policy that my family knows and loves today. Wouldn't that be good?

I say, Yes, that would be good.

Then the people say, Well, Rob, he tells me he's going to make sure that children who don't have access to health care today will have access to health care tomorrow. Wouldn't that be good?

I say, Yes, that would be good.

They say, So why do you oppose the bill?

I say, Because it doesn't do any of those things. Take a look.

Now, the CBO tells us it's 800,000 jobs that this bill destroys. Let's say it's

only 700,000. That's 700,000 too many. Study after study tells us this is raising costs with all the mandates—mandate after mandate after mandate—from the Federal level. Let's say there are only a dozen mandates instead of the 30 or 40 that I believe there are. Isn't that a dozen too many?

In my great State of Georgia, a family went out to buy insurance for their child shortly after the President's health care bill passed. Do you know what the insurance commissioner told them? He said, You know, you could have purchased a policy for your child before the President's health care bill passed—but, after the President's health care bill passed, every single insurer of children left the State of Georgia because they could not do business under the President's model.

Read the law, my colleague from Texas says. Look at the chart, my colleague from New York says. When you get to the facts, if only it did what the President promised America it would do, but it doesn't. But we can.

The first vote we took as freshmen was to repeal the President's health care bill. About 189 of our colleagues voted against it. They wanted to keep it. Today, only 185 of our colleagues voted against it and wanted to keep it.

The folks asked back home, Rob, what happens now that the Supreme Court has said it's okay?

I said, They didn't say it was okay. They said they weren't able to look at the policy to see if the policy was any good. They said it's not their job to protect the American people from their political decisions. They said, yes, the power to tax is just this dangerous but that it's up to Congress to decide.

Congress decided today.

I am grateful to my friend from New York for using this opportunity to highlight that decision. The final say on this bill was not the last Thursday in June with the Supreme Court. It is the first Tuesday in November with the American people.

You and I know what the American people are going to say. We are their Representatives. This is not the 29th time, and it is not the 30th time. It is the 31st time the American people's Representatives have spoken in this House, and they've said we can do better. This bill is bad for America. It's bad for health care reform. We can do better.

I thank my friend from New York.

Mr. REED. I appreciate the gentleman from Georgia and my colleague from Texas and all of my colleagues for joining us.

As we wrap up tonight, you're absolutely right. We can do better. Health care, obviously, needs to be reformed. The costs that we are seeing and the increases in costs in health care need to be addressed, but this law doesn't do it. This law compounds the problem. Just look at its track record. I've been contacted by numerous constituents over the last year who were talking about premium notices with increases

of 10 to 15 percent in the State of New York. It's not delivering on the promises.

As my colleague from Texas says, read the law. Absolutely, read the law. We have. We have spoken in this body on behalf of the people and have said we stand for repeal. My colleague from Georgia is absolutely correct, and the Chief Justice's closing comments are absolutely correct—it's up to the people. That's when they will speak, in November 2012.

I know that we stand on their side with the vote that we took today to say that we can do better. We need to stop this government takeover and these tax increases that are coming down the pike to pay for it. We need to stop it before it's too late, and November 2012 is the last stop to allow us to turn this back.

With that, I am so pleased to yield back the balance of my time.

OBAMACARE AND OTHER ADMINISTRATION ACTIVITIES

The SPEAKER pro tempore (Mr. FINCHER). Under the Speaker's announced policy of January 5, 2011, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Thank you, Mr. Speaker.

We have had a number of people ask, Why would we have a vote today to repeal ObamaCare when it has been done before?

There had not been a vote taken since the United States Supreme Court said that the administration misrepresented what was really in this bill. It was a tax. We know there have been misrepresentations about different things, but this bill creates a massive tax for the people who can least afford it.

So run the numbers:

If you make \$14,856 or more and if you're a single individual, then the chances are you're probably not going to be able to pay for a \$12,000 health insurance policy, which is the estimated cost of the insurance policy that is being mandated by the ObamaCare law. If you cannot and if you make more than \$14,856—let's say you make \$20,000—and you can't afford the \$12,000 for the insurance policy, then you will have an extra annual tax of \$371 when the 2½ percent extra income tax kicks in. If you only make \$14,856 and if that's before taxes—take away a hunk of that for income tax, Medicare tax, Social Security tax—then that \$371 means a lot. It may mean the difference between being able to fill up a worker's car enough times to get to and from work so he doesn't lose his job.

If you're a family of two and if you make \$20,123 or more—if you make \$30,000 or anything over \$20,123—then you will have an extra 2½ percent tax of \$503.

□ 1820

But the more you make over \$20,123, the more the tax is. But it's a min-

imum of \$503. If you make \$30,657 and you're a family of four, four people living off \$30,657 under ObamaCare, if you still cannot afford the \$12,000 or so policy that the government mandates under this law, then you will have an additional \$766 with which you will not be able to buy food for your family. You'll not be able to buy gas for your car with that extra \$766. I don't mean people who make \$30,000 and have a family of four have an extra \$766. The people I talk to that make that kind of money and have a family of four don't have any extra money, and especially not to pay the extra \$766 Obama tax on these individuals.

If you make \$41,190 or more and you're a family of six, you will have a minimum \$1,030 extra income tax that you will have to pay in order to meet the requirements of ObamaCare and to keep the Obama tax IRS agents off your doorstep. There are thousands and thousands of new IRS agents who will find jobs, even though there's hundreds of thousands in net loss of jobs since this President has taken over. We've lost four more jobs than we've picked up.

At least one piece of good news is that the government has gotten bigger. That's good news for those who love big government. I don't happen to. There's good news for those who love more IRS agents because we're adding thousands and thousands of those who will make sure that if you make \$41,190 and you're a family of six, they'll make sure that not only do you have to pay your regular income tax, you will have an added tax, an Obama tax in ObamaCare of \$1,030 minimum. Anything you make above \$41,190 and you're a family of six or fewer, then you will keep paying more tax the more you make. And that is if you're not able to afford the \$12,000 or so average cost that is estimated that the Obama health insurance that's dictated in the ObamaCare bill will require.

If you're a family of eight or more and you make \$51,724 or more, you will have a minimum tax of \$1,293 on top of regular income tax. Congratulations, that's a gift from the Obama administration and all of those—not a single Republican—on the Democratic side of the aisle that voted to cram down ObamaCare on a Nation where it was clear poll after poll after poll what the people wanted. The American people got it. They did not want the government dictating their health care.

Now we have Chief Justice John Roberts abandoning intellectual integrity with his opinion in pages 11 through 15 and saying clearly this is not a tax, it's a penalty. It's the Obama administration penalizing everybody in America that doesn't buy exactly what the administration says. It's a penalty. Chief Roberts makes it clear the best evidence he says of what it is is Congress' own language. Congress calls it a "penalty." It really is. It just penalizes those who don't do what the Obama administration says.