

My major opposition to oil drilling offshore has been demonstrably shown when the Deep Horizon accident occurred. There have been other accidents. You want to drill in the tundra; there have been accidents where oil was spilled in that area. And daily in Ft. Lauderdale, I see ships sitting offshore, and I find that occasionally tar and things that come from them wind up on the beaches.

We make \$60 billion a year in Florida on those resources. I heard you earlier, my colleague, argue about North Dakota. I don't want to be in North Dakota in the wintertime, and I'm glad if they are about their business doing what they want to do; but I know a lot of North Dakota people, when they finish with the drilling up there, are going to come to Florida for our beaches, and that's what I'm about trying to preserve.

I yield back the balance of my time.

Mr. HASTINGS of Washington. Mr. Chairman, I yield myself the balance of my time.

Well, I, too, am shocked; but I'm glad we got that out of the way. Mr. Chairman, as I mentioned, this bill is a bill that addresses American energy and American jobs and, therefore, has a positive effect—potential positive effect—on our economy.

This amendment adds nothing to that. As a matter of fact, I think it's an impediment to this bill becoming law if it were to be adopted. And if I could think of some sorts of things to say regarding oranges, I would say it; but I'm totally at a loss. So I will simply say that this amendment does not deserve support, I urge its rejection, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Florida (Mr. HASTINGS).

The question was taken; and the Acting Chair announced that the yeas appeared to have it.

Mr. HASTINGS of Florida. Mr. Chairman, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Florida will be postponed.

Mr. HASTINGS of Washington. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. HANNA) having assumed the chair, Mr. MARCHANT, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 6082) to officially replace, within the 60-day Congressional review period under the Outer Continental Shelf Lands Act, President Obama's Proposed Final Outer Continental Shelf Oil & Gas Leasing Program (2012–2017) with a congressional plan that will conduct additional oil and natural gas lease sales to promote offshore en-

ergy development, job creation, and increased domestic energy production to ensure a more secure energy future in the United States, and for other purposes, had come to no resolution thereon.

#### HOUSE PLANS VOTE ON PRESIDENT'S ENERGY PLAN

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

Mr. HASTINGS of Washington. Mr. Speaker, we have had an extensive debate today on the floor centered around American energy and American jobs. It is interesting in how this discussion has unfolded over time. Many times we on this side of the aisle are accused of repeating over and over and over different issues, and I suppose to a certain extent that is true. But one of the reasons why this effort is done on a regular basis is because the genius of our Founding Fathers was such that they created a government where there was a division of powers, and we all know that, the three branches of government. But the genius of our Founding Fathers was even greater than that in the fact that they created the legislative branch, and they divided that power. They divided that power between the House and the Senate.

What that simply means, Mr. Speaker, is that before any legislation can pass, any law that's put on anybody in this country has to pass both Houses of the Congress. Now, I recognize I'm a Member of the people's House. There has been no Member of this House in the history of our country that was not elected to this House.

On the other hand, the Senate is a different body, as we well know. The Senate is made up of only two Members from each of the States regardless of population. Because we come from different constituencies, one a smaller constituency within a State, another from a whole State like the Senate is, you are bound to have different ideas as you approach legislation. But again, the genius of our Founding Fathers was to say, okay, before anything can become law, both Houses have to act on that legislation, and it has to pass both the House and the Senate without a comma being different. Therein, of course, lies the challenge.

So we have been accused here many times of passing the same type of legislation, at least on the same issue, and passing it over to the other body. But what we have found, unfortunately, in this Congress is that the other body has simply not acted on a lot of pieces of legislation. Now, I'm not saying they should pick up, although it would be nice if they took everything that we passed and say it is a wonderful idea, pass it over there, and send it to the President. Well, they don't do that.

But one of the functions that they could do and they haven't done is pass

legislation, albeit different than what we have. And then, of course, we have a mechanism to work out the difference. But in many respects, Mr. Speaker, not even that has happened. In other words, they haven't passed legislation where they may have a disagreement with us that we can work out the differences. So that leads to a lot of frustration, obviously, on our side of the rotunda; but we feel it is important as the Republican majority to continue to make the case in what we believe in.

I might mention also that the House is controlled in the majority by the Republicans; and, of course, the Democrats control the Senate. So there is a difference. So that's why we continue to send legislation over to the Senate, and we hold out hope that maybe one time they will take up legislation, maybe on the same issue, and we can go to conference and work out whatever differences. So that's why we continue to bring this legislation to the floor. I look forward to a time when the Senate will, in fact, act.

Now, let me talk then about this piece of legislation that we had on the floor today and why it was brought to the floor and how the process is going to unfold tomorrow. As I mentioned in my opening remarks on debate, the President, any President, by the way, is required to submit a 5-year energy plan on the Outer Continental Shelf, the OCS, and submit it for a 60-day review by Congress.

□ 1900

That clock started ticking in June last. So we felt it was important because I, for one, and a number of my colleagues on the House Natural Resources Committee, in fact, throughout this Congress, felt that the President's plan was inadequate and that there ought to be an alternative to that plan. Thus, we had a markup several weeks ago on the plan that we had before us today. We are debating it tonight now. We've gone through the debate, we've had the amendment process, and we will vote on this bill tomorrow.

But what is missing in all of this equation was simply that there is no effort to defend the President's plan. As a matter of fact, in the debate that I had heard from the other side, rarely did I hear anybody say that the President's energy plan was a good plan. So, tomorrow, there will be on suspension legislation that I reluctantly will offer that is essentially the President's energy plan. We'll have a vote, and tomorrow the House will have an opportunity to say "yes" to this job-creating bill that we had on the floor today or the President's plan. There will be a distinct choice that Members of this body will have an opportunity to vote on.

I certainly hope that they'll support this job-creating plan, American-energy-creating plan that we debated today, and I hope that they will reject President Obama's plan.

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

#### GOP DOCTORS CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Louisiana (Mr. CASSIDY) is recognized for 55 minutes as the designee of the majority leader.

Mr. CASSIDY. Mr. Speaker, an issue tonight that is much more important to the American people than many realize is Medicaid. Now, for folks who don't understand this, and you really had no need to until this health care debate began, but, if you will, there are three types of coverage for folks who have insurance. One is Medicare. Medicare is the program for folks who are typically 65 and above. It is the program that all of us pay into, having a certain amount deducted from our paycheck, and it goes into this account. The second is private insurance. Ninety percent of Americans have their private insurance policy through their employer. And then the last group is Medicaid.

Now Medicaid is a program designed to support those of lower income as well as those who are elderly and, again, of lower income and long-term care—think nursing homes. And lastly, it supports the blind and disabled. The financing in Medicaid comes from your tax dollars, but it can be your tax dollars either funneled through the Federal Government paying a portion to the State, which is matched by what is called the State match, which is from the State itself.

So Medicaid is a program for lower income which receives about, on average, 57 percent of the money that goes towards it from the Federal Government and 43 percent on average from the State government. The State administers the program to take care of, again, low income for acute medical services, long-term care, think nursing homes for the elderly, and then the blind and disabled. Tonight's discussion will be about Medicaid.

Now, the importance of Medicaid is that 16 percent of the health care dollar in the United States goes towards Medicaid. So almost a little bit over one-eighth of the money our country spends is on this combined Federal-State program that provides health insurance, if you will, for the poor.

Additionally, Medicaid is important because right now Medicaid is consuming an ever larger portion of both the Federal Government's budget as well as the State government's budget. One example of this: the Simpson-Bowles bipartisan debt commission, which President Obama appointed to help give guidance as to how our country could get out of our indebtedness, pinpointed Medicaid as one of the drivers of our national debt. So first, we know that on a national level, Medicaid has been pinpointed as a driver of our national debt. On a State level,

Medicaid is consuming an ever larger portion of State budgets.

Now, there are many examples of the importance of this, but as Medicaid is costing more and more, State dollars for other programs are less and less. Senator Lamar Alexandria from Tennessee said that the reason that tuition is increasing at universities in Tennessee is because there is less public support. More tax dollars are going to Medicaid, and so therefore, to make up the budget for the universities in Tennessee, they have to increase tuition.

One example of this, as well, for K-12 is that for the first time beginning around 2009, States spent more of their income upon Medicaid than on education. And so this is a chart from the National Association of State Budget Officers, and it shows how total State spending on Medicaid now surpasses K-12 education, and K-12 is kindergarten to 12th grade. So this is primary and secondary education. In this blue line you see funding for education, and you can see the percent of total State expenditures devoted to, in this case, education.

So in 2008 it peaked at around 22 percent, and now in 2011, it has decreased down to roughly 20 percent. Here you can see that in 2008, Medicaid expenditures were about 20.7 percent of the State budget, and they are rapidly rising. They are now up to almost 24 percent.

We are now spending more money providing Medicaid services for those who are eligible than we are educating our children. Now, it isn't as if this is something that is temporary, related to the recession; this is actually expected to continue to worsen. So Medicaid, again the program that both the Federal and State Governments—which means both taxpayers paying to the State and taxpayers paying to the Federal Government—finance, is growing so rapidly that it is cannibalizing the rest of the State budget.

An example of this is that expenditures for primary and secondary education now for the first time in history are lower than those expenditures for Medicaid. And this is expected to worsen.

So if you will, we have this program which is important. It's a safety net program. But under its current construction, it's costing more and more.

Now I'm joined by a couple of my colleagues, and I will first go to Dr. NAN HAYWORTH, who is an ophthalmologist—she held up a note earlier that my eyes are not good enough to read—an ophthalmologist from New York, and she can discuss how President Obama's health care plan expands Medicaid, a program which is rapidly expanding in cost but nonetheless will be further expanded in terms of those who benefit.

Ms. HAYWORTH. I thank our colleague, Dr. CASSIDY, and I understand that your time may be slightly limited this evening, Doctor, so Dr. HARRIS and I will be more than happy to lead this

discussion as we go along, and I thank you for all the work you do on this very important subject.

The American public has much to be concerned about with regard to the massive 2010 health law, and this was, of course, passed on a party line basis, unfortunately. I and Dr. HARRIS are two of the representatives who were elected in part in response to the public's grave concerns about this act. And if I can direct everyone's attention to the chart that Dr. CASSIDY has revealed next to him, you can see what is projected to happen in terms of Medicaid spending alone as the years go by and, of course, under the terms of the Affordable Care Act, it is like putting gasoline on a fire, unfortunately.

□ 1910

Mr. CASSIDY. Will the gentlelady yield?

Ms. HAYWORTH. Yes, absolutely.

Mr. CASSIDY. Federal and State Medicaid spending in billions of 2010 dollars by 2009. It's down here, the year. So 1993, 2009, going out to 2081. And so here is about \$400 billion. This is combined Federal and State spending. By 2017, this rises to \$750 billion. By 2025—obviously within our lifetime—that will rise close to \$1 trillion. And projections are by 2081, it will be over \$4.5 trillion.

Ms. HAYWORTH. I'm going to imagine, Dr. CASSIDY, that this chart does not take into account—because it could be, indeed, very difficult to do so, but it has to enter the public mind when we think about these things. The enormous cost on the American public of the well-intentioned, but poorly designed, 2010 health law will make our economy weaker. So it's fair to anticipate that there will be a further impetus to acceleration of Medicaid spending merely because of the imposition of that \$2 trillion or more of Washington-generated cost due to the terms of the Affordable Care Act.

So this is an issue that concerns every one of us, not only people who are truly in need and unable to sustain a job or their health care—and we've all met these fellow citizens. I have in my own district, the Hudson Valley of New York. These are people like the folks I met at Park, which is a center that provides for people who are severely disabled by developmental disabilities, such as autism, but not only autism. These are good people who, no matter how robust the economy is, will not be able to afford the kind of care that they need. And those are the people in particular who Medicaid was initially intended to help.

Mr. CASSIDY. Will the gentlelady yield?

Ms. HAYWORTH. Yes, sir, absolutely.

Mr. CASSIDY. So just to emphasize, Medicaid is an important safety net program for those folks without means. It was traditionally designed to take care of the blind and the disabled, the elderly and long-term care, and then