

Ms. JACKSON LEE. Mr. Speaker, this almost seems like the "Curious Case of Benjamin Button," a movie that went backwards, particularly when tomorrow, for the umpteenth time, we'll be debating the repeal of the Affordable Care Act, when over 10 States in the United States, including Texas, have uninsureds up to 28 percent.

What are we thinking?

It's a curious state when, in the Judiciary Committee, someone can come in and offer an audio as testimony that the person who is on there happens to be someone who worked in the Department of Justice with no affirmation of who it is, and then expect the Attorney General to answer questions. And in the instance of who it was supposed to be, Mr. Perez, who has been cited by the OIG as restoring integrity to the voting rights section, or in fact blaming the administration for the Associated Press incident when we're talking about trying to protect the Nation from a terrible attack as it relates to terrorism. And everyone knows that we're unified in protecting the First Amendment rights and shielding reporters. We're not looking for reporters; we're looking for those who leaked something dangerous enough to undermine the security of the United States of America.

This is a curious place. It's nothing but a blame game without revealing any truth whatsoever.

□ 1810

RELIGIOUS FREEDOM AND THE PENTAGON

(Mr. FLEMING asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FLEMING. Mr. Speaker, I want to be certain that the administration and Pentagon leadership do not deny our men and women in uniform one of the very freedoms they are fighting to protect.

On Monday, I led on a letter sent to Defense Secretary Hagel demanding details about a meeting between Pentagon officials and anti-Christian extremist, Mikey Weinstein. Weinstein has spent 9 years at war, those are his words, at war with evangelical Christians, who, he says, are committing "spiritual rape" against the U.S. military, Christians who are merely exercising their First Amendment right, or primary duties, in the case of chaplains.

Mr. Weinstein exploits freedom of speech to name-call and to label Christians as the "Christian Taliban" and "al Qaeda." But he seeks to shut down the religious freedom of expression of servicemembers in the process.

I am troubled with several anti-Christian steps the Pentagon has taken in recent years. That is why my colleagues and I seek answers from Secretary Hagel on this important question now.

NATIONAL LAW ENFORCEMENT WEEK

(Mrs. BROOKS of Indiana asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BROOKS of Indiana. This week is National Law Enforcement Week and, as chair of the Homeland Security Committee's Emergency Preparedness, Response, and Communications Subcommittee, and as someone who's worked closely with law enforcement as a former deputy mayor of Indianapolis and U.S. Attorney, I want to mark this moment.

Men and women of law enforcement run into the most difficult situations while the rest of us are trying to get out. They spend their lives in harm's way to keep the rest of us out of it.

When I toured the flood damage just last month in Grant, Howard and Tippecanoe counties, I learned the police had gone door to door to make sure that everyone had evacuated.

When I was U.S. Attorney, I spoke at the funeral of Officer Jake Laird, who was shot and killed by a mentally ill gunman. Officers ran in to save a neighborhood under siege.

Historically, Indiana law enforcement has lost 406 individuals in the line of duty. These men and women gave their lives for their fellow Hoosiers. We are forever grateful to them and to their survivors, and honor their memories by supporting and honoring their service and those who proudly wear the badge.

SERIOUS CONSEQUENCES OF THE IMPLEMENTATION OF OBAMACARE

(Mr. MARCHANT asked and was given permission to address the House for 1 minute.)

Mr. MARCHANT. Mr. Speaker, it seems like each day a new study or report is released that finds serious consequences coming from ObamaCare's implementation.

The law is already hurting job creation. This was evidenced in the latest jobs report, which showed an increase in the number of part-time workers and a decrease in the average number of hours worked each week.

This law is also raising insurance premiums, increasing deficits, and will reduce the quality of health care for Americans across the country.

Opposition to this law is bipartisan. In fact, a recent Fox News poll found that 56 percent of people that identified themselves as Democrats were against the thousands of pages of ObamaCare regulations and called them "way over the top."

We must now repeal this law and get to work on reforms that lower costs, improve the quality of care, and protect jobs.

WHY THE AFFORDABLE CARE ACT MUST BE REPEALED

The SPEAKER pro tempore (Mr. MASSIE). Under the Speaker's an-

nounced policy of January 3, 2013, the gentleman from Pennsylvania (Mr. MURPHY) is recognized for 60 minutes as the designee of the majority leader.

Mr. MURPHY of Pennsylvania. Mr. Speaker, we're here tonight to talk about health care, something that is important to all of us, something that we have been discussing in this Chamber for the last few years, trying to make health care affordable and accessible to many American families.

A couple of years ago, out of this Chamber, a bill was passed, one that many didn't even get a chance to read. But we were told, in preparation for that, the American people were told there would be tremendous benefits to passing the President's health care law. The President of the United States himself said it would cut health care costs by \$2,500 per family per year.

We were also told there are a number of benefits, such as no lifetime caps, a number of prevention benefits, certainly ones that many of us agree with. But to get the benefits of the health care bill, we were also told by then-Speaker PELOSI that we had to pass the bill to find out what is in it. We have, since then, found out many of the things that are in it, and many of those we are still discovering as time goes on.

Tonight we'll discuss what is the Affordable Care Act and many aspects of it that concern us deeply, and why it must be repealed, because just the good intentions of the bill are not enough. Good intentions do not guarantee good results.

What we will discuss tonight is a study that has told us some shocking information: how premiums will go up, on average, 96 percent, even more so for young men and for women before retirement.

We will discuss new findings that show massive premiums increases for families, for individuals, for small businesses across the country. To many of these Americans, they will wake up, when they get their health care bills, and find the Affordable Care Act is not affordable.

But first, let us review again some of the promises and the reality of that Affordable Care Act. To seniors, the President's promised that these reforms will not cut your guaranteed benefits. What we've discovered is that there were more than \$500 billion in cuts to Medicare that the administration's own actuarial predicts will lead to providers no longer accepting Medicare, meaning that doctors that seniors have been seeing for a while will simply say, we can no longer afford to provide this.

The nonpartisan Congressional Budget Office predicted that, for Medicare Advantage, these cuts "could lead many plans to limit the benefits they offer, raise their premiums, or withdraw from the program."

It's important to understand that Medicare Advantage is the program that provides a wide range of preventative services and disease management

for seniors. The very things that people talked about what we should be doing for health care will be omitted. Translation means that Medicare savings come from cutting payments to doctors and hospitals.

We've also known that this Independent Payment Advisory Board is a problem, also known as IPAB. This 15-member appointed board of which, by law, a majority of them may not be in the health care field, will make additional cuts to Medicare without any Congressional approval or appeal, unless the House and the Senate pass legislation and the President signs it into law. So literally, it would take an act of Congress to change some of these aspects that this independent board will make decisions on with regard to payments and coverage.

The President also promised, "If you like your health care plan, you'll be able to keep your health care plan, period. No one will take it away, no matter what."

But here are some of the facts we've discovered since the bill has passed. The nonpartisan Congressional Budget Office predicted 3 million to 9 million individuals would lose their employer-sponsored coverage. McKenzie Consulting actually has come up with much higher numbers, saying workers losing their employer coverage could be as high as 80 to 100 million.

Over 1,400 waivers had to be granted to employers so they could opt out of this legislation. The Health and Human Services Department had to grant pardons to large businesses like McDonald's, Universal Studios, and labor unions. It is estimated that these waivers cover 3.2 million people.

And Speaker PELOSI said the bill would create 400,000 jobs almost immediately. Let's look again at the results now that the bill is law. The Congressional Budget Office predicted the law will result in 700,000 additional Americans unemployed, 700,000 additional Americans unemployed.

The National Federation of Independent Business predicted the bill will cause a loss of over 1.4 million jobs.

A new insurance tax will also impact a number of private sector jobs, estimated to be between 146,000 to 262,000 jobs, by 2022. And 59 percent of these job losses come from small businesses, the backbone of our Nation's growth, where so many moms and dads and young men and women have their jobs and get their start.

□ 1820

Those small companies, those neighborhood companies, those ones that have the big impact, that sponsor everything from the Little League games to church events as well, many of these businesses are going to say, We just cannot grow and create new jobs. Many worry how they're going to keep workers employed. Many worry how they're going to afford health care coverage for their workers, and many of those workers are wondering if they can keep their job.

The President also said:

I can make a firm pledge that under my plan no family making less than \$250,000 a year will see any form of tax increase, not your income tax, not your payroll tax, not your capital gains taxes, not any of your taxes.

Let's now talk about the facts.

There are over \$835 billion in taxes that will be passed on to families in the form of higher premiums and higher costs. Let's look at some of those taxes. There will be an increase in the Medicare payroll taxes and an increase in other unearned taxes. These Medicare taxes will be a total amount of \$317 billion in taxes that people will see coming off of their paychecks. Indeed, they will see them on their paychecks.

There's a medical device tax. All those medical devices that doctors and dentists use to care for you, that will be a new tax. And even though they say this tax will be paid by the manufacturers, those taxes, indeed, will be passed on in terms of higher costs. Those medical devices so critical for the doctors and nurses to provide good health care for you, that will increase their costs.

There will be a health insurance tax, a health insurance tax on the health insurance companies themselves and on the policies. That will be \$101 billion.

There will also be the individual mandate tax, saying that if you do not have coverage, you will pay an additional tax. That's \$55 billion.

And, of course, if your employer decides to give you a high-level health care plan that covers so many of the things that people want in terms of their doctors' fees, their hospital stay, dental, other medical, eyeglasses, prescription drugs, those may be now labeled as a Cadillac plan, and those will be taxed with a 40 percent excise tax that each family will have to pay in their health insurance, total being about \$111 billion on that alone.

These taxes will indeed cost health care more. There will be higher taxes for families who will be paying out of their paycheck. There's no escaping this part that even though people were told they will not pay higher taxes, indeed they will.

But now the Energy and Commerce Committee has also done a study, and we're going to talk about what's going to happen with premiums in this, because the President said that his plan:

not only guarantees coverage for every American, but brings down the cost of health care and reduces every family's premium by as much as \$2,500.

Even after the bill passed, more promises were made about the benefits of the law. In July 2012, President Obama promised that once the Affordable Care Act has been "fully implemented, your premiums will go down." They have not. In fact, since the Affordable Care Act has passed, people have seen their premiums go up by thousands of dollars. We now have the data showing premiums, in fact, will go

up even more, and quite dramatically for millions and millions and millions of individuals, families and small businesses across the country, and large businesses as well.

Let me describe the study that the Energy and Commerce Committee performed, submitting letters on March 14 of this year from the Oversight and Investigations Subcommittee.

We sent 17 health care insurance companies requests on information about the Affordable Care Act. We asked them, How would it affect premiums? We asked them to tell us the information that they already have. What numbers did they come up with? What are their analysts telling them already it's going to cost in terms of new premiums?

We didn't request the companies create new information, and we didn't ask them to make anything up. We said very specifically, Tell us what you see is going to happen. And we said, Submit your existing analysis to us so we can capture the purest representation of the impact of the Affordable Care Act. Simply said, what is it going to cost families?

As insurers are currently filing their applications to participate in the exchanges, that prediction phase is over, and now we can find out what was in the health care bill and what it will cost families. We went straight to the source to find out what it will be for America's families, and here is what we found out.

First of all, we noted that health care is going to cost, on average, 96 percent more for people who are going to get a new health insurance plan, 73 percent more for those keeping their insurance, and as much as 413 percent more based on age and the plan mandates.

Now, this is important because what this means, basically, is that young men will see a large increase in their health insurance rates. Women who are nearing retirement age will also see a large increase in their insurance rates. Let's go through what some of the reasons for this are.

What was provided to us, for example, by one actual insurance company analysis said that, as you start to look through these cost increases, what may be a new business or an existing one for your employer, there are several essential benefits. Now, up to this point, people have been able to choose a plan based upon its affordability; but instead, what it's going to be is all plans have to look the same. Now, in that sense they say that that increase can be about 15 percent more.

Now, in addition, for the minimum coverage, about 8 to 10 percent more, there will be other guaranteed issues. Removal of any underwriting actions, that will be about another 65 percent to 10 percent. There will be insurer fees. There will be other things like risk adjustment transfer payments, reinsurance risk adjustment, and other effects small employers will have.

Those will also go up by as much as 35 percent.

There will also be an average start—look at the average starting member cost premium per member per month will be \$158. And if you're just doing it on what's called the bronze level, the very low level, which would pay 60 percent premiums, that's about \$182 more per month up to \$200 per month. There are multiple other fees in this.

Basically, what this comes down to is, for those who are new businesses, newly in the plan, 96 percent higher costs; for those who have an established one, about 73 percent higher costs; and in some levels, as high as 413 percent higher.

On a broader sense, to look at how much this will cost you, in 45 States that were analyzed, 35 percent of the market will see a premium increase of greater than 30 percent. Now, what we see here, some States will be less than 10 percent, some States will be greater than 30 percent, some will see 20 to 30 percent, and some will be 10 to 20 percent.

Let's look at some of the individual States.

Now, in these States, I'm just going to pick out a few here to describe. For example, in the State of Georgia, potential premium increases range from 48 to 63 percent in the individual market and 25 percent in the small group market; meaning, if you're buying on your own, it's going to be much higher than if you're in a small group, but still it's pretty considerable.

Indiana, one insurance company said it would be 100 percent increase in the small group market. Illinois, potential premium increases from 27 to 61 percent in the individual market and 25 percent in the small group market.

Look at Nevada, potential premium increases 31 percent; Michigan, 25 to 88 percent for males, and the individual market with premiums to vary greatly throughout the State. In the small group market, an estimated 44 percent of plans will see some decrease in some cases and other areas seeing an increase.

In my State of Pennsylvania, there's an average increase of 30 percent in the individual market and 27 percent in the group market.

Tennessee, which has already had problems over the years with TennCare, will see a potential premium increase of 49 to 54 percent in the individual market and 35 percent in the small group market.

The lists go on and on. We bring this out so the American people can understand that when people say, if you thought health care costs were expensive, wait until you see what they're costing when they're free, quite frankly, there is no free ride on this.

Now, admittedly, some will have some subsidies on this. About 8 percent of those will have some level of subsidy, which will help to offset some of these costs, but many people will not have these subsidies at all.

At this point, I'd like to ask some of my colleagues up to talk about some of these things. On my left is Congresswoman SHELLEY MOORE CAPITO of West Virginia to talk about what this means in terms of the costs for some employees in her State.

□ 1830

Mrs. CAPITO. I'd like to thank my colleague from Pennsylvania. And I'm glad we're talking about this because tomorrow I intend to vote again to repeal ObamaCare and put an end to what its lead author himself said is a "train wreck."

I'd like to read an email that I received about 2 or 3 weeks ago:

I own a daycare center (260 children and 73 staff). Been in business 24 years. I just got the info on ObamaCare from my insurance company. The numbers will cause me to close my business. How can my own government do this? I have worked hard to have a first-rate child care center, seldom taking vacations and easily putting in 10 hours a day year-round. I have always done the right thing for my employees and clients. This is so discouraging to me. Is there any way to fix this?

So I visited the daycare center and talked with the owner of the business. If she moves forward and doesn't offer insurance, she is going to have to pay \$83,000 a year in penalties. She cannot afford this.

So what are her options? She's looking at going from 73 employees down to below 50. Well, that's 24 jobs right there that she's talking about cutting. But let's think of the further implications of cutting 24 jobs in a daycare center. It's over 70 children who are no longer going to have good, high-quality daycare in her small business. She's worked hard for 24 years and she doesn't understand.

She tells me most of the people in her business now have insurance. Those who aren't, because they work at the lower wage scale, are able to access Medicaid and have other health care available to them. She's very, very discouraged.

Another business person in my State of West Virginia just sent me his tax collection for next year for the ObamaCare health plan. He has 105 people. His premiums are going to go up \$180,000 more a year. His annual premium in a small business like this is \$788,000–\$180,000 more than it was the previous year. And this is for a plan that has a \$3,000 deductible, which is going to break the back of a lot of employees in his business.

His change? We heard from the gentleman from Pennsylvania that we were promised that premiums would not go up, that it was going to be affordable and premiums would come down. His premiums have gone up 30 percent.

We've already talked about how many folks across this country are going to lose their coverage, how many are going to lose their jobs. These are just two small businesses that are thinking about either cutting their

full-time employees down to part time to try to get under the threshold—which means that employee has to go out and find another job to supplement the income to be able to have enough income to sustain their families.

We also learned, as the report from the Energy and Commerce Committee has stated, that for younger people and people going on the individual market, the premiums are going to be 96 percent higher. We've also learned that 80 percent of single adults between the ages of 21 and 29, with incomes at just \$16,500, will pay more for their health care than they do today. It's very discouraging to hardworking folks.

I was reading *The Wall Street Journal* the other day and saw an op-ed by Dr. Ezekiel Emanuel, who I think played a large role in creating ObamaCare. He noted that the exchanges would only work if younger Americans decided to participate. The gentleman from Pennsylvania has just pointed out that the younger working population is the one where the premium increase is going to hit the hardest.

But he further suggests that the President, through the force of his popularity with younger Americans—because they voted for him—could convince them to sign up for health plans because of the popularity of the President. It's difficult to encourage people through a sheer force of personality to act against their own economic instincts. I mean, we're talking about young people that will go across the street—and most people in America that will go across the street—to save a nickel on gasoline even if their dad owns the gas station on the other side. In my view, this just doesn't even hit reality of what's actually going to happen with our young people.

He further states that health insurance needs to be seen as an individual responsibility. You know what? Health insurance right now is an individual responsibility in this country. But instead, purchasing insurance after January 1 will be a requirement imposed by Big Government.

I have shared the concerns of mine. We've talked about the taxes. As I was reading through the renewal summary of the small business that has 105, he has three taxes listed here that his insurance company has enumerated for him:

One is the annual fee on health insurance providers called an insurance fee. This is a nondeductible excise tax applied on health insurance to help finance ObamaCare.

Number two, Patient-Centered Outcomes Research Trust Fund. This provides funding for an institute to assist patients, clinicians, purchasers and policymakers to make informed health decisions.

The other is a transitional reinsurance contribution for those who are in high-risk pools.

This is added tax to small businesses, the employers in our country. They're

going to have to make tough choices because it's unaffordable. Even paying the penalties is unaffordable, which is going to result, as you said, in over 700,000 jobs lost in this country.

We have a better way to do this, a more patient-centered, market-based approach where affordability and accessibility are goals that we all want. We could have, I think, a much more economical, and probably a better health approach because it will have the patient-centered doctor/patient relationship in full consideration.

So I would say to you that I have two concrete examples. I would encourage my colleagues throughout—and I'm sure we have—the House and Senate to talk to these employers who have over 50 employees to see what kind of impact this is going to have. Twenty-four possible people losing their jobs in a day care center; 70 children losing after-school care. What are those families going to do?

I tried to help with this business owner to try to help her find solutions. I couldn't come up with one because this is getting rammed down her throat no matter what.

So, with that discouraging bit of a small business viewpoint of the impact of ObamaCare as it approaches, and with the attitude of some of the architects of ObamaCare that it's our responsibility, or because we voted for somebody, we are going to work against our own economic interests, it just doesn't even pass the laugh test in my opinion. So I think we're in for a rough ride.

I want to thank my colleague for letting me join him on this Special Order and all my colleagues here tonight.

Mr. MURPHY of Pennsylvania. I thank my friend from West Virginia, whose district borders mine in southwestern Pennsylvania down there.

But I note and amplify something you said because even when some say, well, you know, if you're a business of less than 50 employees it's not going to affect you, there are a couple things. Some businesses say, well, then, we'll stay under 50 employees. But also, those people are still going to have the taxes. They're going to have higher Medicare taxes, taxes on their paycheck, they're going to see health care costs going up anyway because of the tax on health insurance, tax on prescription drugs, and other taxes that go on. So people will still see higher costs in this.

I'd like to call now upon another one of my colleagues from Texas, Dr. BURGESS, also on the Energy and Commerce Committee, who continues to work very hard for the sake of patients to make sure we come up with an affordable plan for American families.

Mr. BURGESS. I thank the gentleman for yielding and I thank him for holding this hour tonight. It is important that we have this discussion.

We're barely 3 weeks from the third anniversary of that late-night congressional session where the Affordable

Care Act was passed into law. Those of us who were here at the time will remember that this bill that became law that was voted on late that night never went through our committee. We had a bill that went through our committee, but it never saw the light of day. This was a Senate bill that was bounced back over to the House, and we were forced to pass it without a single hearing, without a markup. It basically just came to us and the majority at the time, the Democratic majority, pushed it through.

When you stop and look at what were the American people telling us through the summer of 2009, when we all had those very tense town halls in our district, what were people saying to us? Number one, do not mess up the system that is working well for 65 or 70 percent of us. Number two was, if you're going to do anything at all, can you help us with costs? Well, I think we have the answer to those two questions. Number one, we have messed the system up for the people who were depending upon it, and, the costs are going through the roof.

But when you analyze what this new data means, the real thrust of the cost increases are focused on people who buy in the individual market and people who buy in the small group market. All of the rhetoric from the summer of 2009, through the fall of 2009, to the spring of 2010 was we have to make these changes in our insurance policy. Why? Because we have to help these people in the small group market and the individual market.

□ 1840

This is where the problems occurred; but, in fact, we have made those problems worse, and they continue to grow in severity day by day.

Mr. Chairman, I would also point out, the committee staff on the Energy and Commerce Committee on our Subcommittee on Oversight, has really done an excellent job in compiling this data. We don't get much help from the Department of Health and Human Services. When we say we need information from you about what the cost structure is going to be of this new health care plan, we don't get a lot of help from them.

So the committee staff goes out, actually writes to people who will be in charge of administering the plans for people in the small group and the individual market, and then they compile the data. And the data that they compiled is all up on the Energy and Commerce Web site, and it's startling.

These are the individuals: the small-group market and the individual market. To be sure, the large-group market will be affected, but not nearly as much as those people in the small-group and individual market. It was those people who ObamaCare was supposed to help in the first place, and we've done them the maximum harm.

So a tip of the hat to the Energy and Commerce staff, particularly the staff

on the Oversight and Investigation Subcommittee. I think they've done an excellent job in bringing this information to the Congress in a very usable form. Again, I encourage people to look on the Energy and Commerce Web site because this is information that can directly affect you, your family, your business, your children, and literally your health care for the next three decades.

I wish this thing had never happened. We are going to have a repeal vote later this week, and I welcome the chance to do that. This is the unfinished business of this Congress, to undo this dreadful law that has been visited upon the land.

But in the meantime, we also need to make people aware of how this law is going to affect their lives. It's going to be in a big way: if you like what you have, you can keep it—not so much. If you like your doctor, you can keep your doctor—not so much. ObamaCare, you're going to pay a lot more to get a lot less.

Mr. GRIFFITH of Virginia. Will the gentleman yield?

Mr. BURGESS. Yes, I'll be happy to yield for a question.

Mr. GRIFFITH of Virginia. I thank the gentleman for yielding for a question.

I am looking at the report that you have referenced that people can go look at online for themselves, and I notice that your home State of Texas has a projected 23 percent premium increase; is that correct?

Mr. BURGESS. That's my understanding.

Mr. GRIFFITH of Virginia. And I also notice that the report says, from the data that was obtained from the insurance companies, that my home State of Virginia is going to have a 31 percent premium increase in the small group; again, not talking about the large group rates, while they will be affected by the taxes.

Now, I'm just kind of curious. How come Texas is getting off light with only a 23 percent increase and Virginia is getting hit with that 31 percent increase? Can you explain that, or is that just another one of the mysteries of ObamaCare?

Mr. BURGESS. If the gentleman will yield?

Mr. GRIFFITH of Virginia. I will yield to the gentleman.

Mr. BURGESS. Well, let me assure the gentleman from Virginia, I can promise you with absolute certainty that there was no favoritism on the part of the Obama administration toward the great State of Texas. If anything, Texas seems to be singled out for special consideration on some other areas. But perhaps it actually relates to the differences in the insurance market and the type of coverage that's sought. I really can't explain that 5 or 6 percent discrepancy.

What I can tell you—and, again, this is with dead certainty—that the Obama administration did not—did not—show

favoritism to the State of Texas or its Governor Perry.

Mr. GRIFFITH of Virginia. If the gentleman will yield further, perhaps for a colloquy, I would ask the gentleman if he suspects that this is because up to this point in time this has always been a State-driven market and, therefore, there are some differences between the States, but that the vast majority of States, according to this report, in the small-group market are going to be facing significant double-digit increases? Is that his understanding from the report?

Mr. BURGESS. There are going to be double-digit increases. And, of course, as the gentleman is well aware, there are different State mandates that have governed the State-regulated insurance market over time, and that may result in some of the discrepancy that you're seeing.

Mr. GRIFFITH of Virginia. And I would further ask the gentleman if it makes him a little nervous that the folks who are going to be trying to get out there and get records and make sure that folks are doing what they're supposed to, either paying the tax or buying the insurance, are in fact the IRS? That would be the same IRS that we found out for political reasons slow-walked and made it difficult for some conservative groups, particularly from Texas and other parts of the country, to actually get their tax exempt status. Does that make the gentleman a little bit nervous?

Mr. BURGESS. It should concern and make nervous every man, woman, and child in this country that the Internal Revenue Service is going to be administering their health care in the future. I think that's an important point that the gentleman has brought up.

One other difference, if I may add, between the cost in Texas and the cost in Virginia. Do bear in mind that Texas enacted significant medical liability reform 10 years ago, and we have seen the benefits of that. If there's one thing that was the missing link in the Affordable Care Act, it was where was their commitment to reforming the medical justice system in this country, which we all know tends to drive costs up, and the creation of defensive medicine, which in turn drives costs up.

Texas has a 10-year history now of caps on noneconomic damages in medical liability suits. I don't know for certain if that has played a role in the lower premium increase in Texas; but if it has, I'm sure they'll be happy to take credit for it.

Mr. GRIFFITH of Virginia. I would say to the gentleman that I'm sure some of those things have played out, not necessarily the differences between Texas and Virginia, because Virginia has a longer history with medical malpractice caps. And we, too, have seen that it has helped us in many ways in the State of Virginia.

I would point out to the gentleman, and I doubt that he is aware of this, and I don't know the truth or veracity

of it, but it is reported in the Court-house News Service, which is a service for lawyers and press folks, that in California the IRS has actually been sued because they had a search warrant to go in to look at a specific employee's financial records. And in the process, according to the allegations made by the attorney, Robert Barnes, when they went in, it happened to be an insurance company or a company that had medical records—we're not sure because it's called a John Doe company—but it had medical records for something like 10 million Californians, including everybody in the judicial system in California. And notwithstanding the fact that they were told those were not financial records of the individual but personal medical records and that they were probably violating some HIPAA rules, they seized these records and they have now been sued by, as I said, the attorney's name is Robert Barnes in the State of Texas.

That gives me some concern that perhaps what we are seeing in regards to the IRS's callousness towards political parties and political philosophy and the Constitution of the United States groups that were trying to promote that, they may also just have a callous disregard that they can be untouched by anybody, when you see that this lawsuit actually was filed in March, and I don't think it got much attention because people probably thought it was not part of their regular pattern.

But now that we have seen what has happened in other parts of the country in regard to those exemptions, that may also be of some concern to people that they're out there compiling all of these records. And, again, we don't know whether it's true. But some of those records that they got from some of the Tea Party groups allegedly, and alleged by a left-leaning or a liberal group, the IRS gave them the information as to who their donors were, is the IRS also going to give out our medical information to folks that we don't necessarily want to have it?

That's the question that we have to ask when you have a scandal like this at the IRS and it directly impacts ObamaCare. Because right now, before ObamaCare comes into effect, the gentleman, I think, would agree with me the IRS really doesn't have anything to do with your medical records. But now we are opening up the door and taking those 16,000 agents, and they are very likely to be looking at your medical records and your company's medical policies as well as the medical records, and that causes me some concern, and I suspect it may cause the gentleman some concern also.

Mr. MURPHY of Pennsylvania. Will the gentleman yield?

Mr. GRIFFITH of Virginia. I yield to the gentleman.

Mr. MURPHY of Pennsylvania. It certainly is a concern, because not only do you have the IRS with these new 16,000 agents, and we already know that it has come from multiple sources

in multiple States, the issue with regard to not only going after conservative groups, but also pro-Israel Jewish groups, the issue of them going into the Gibson Guitar Company, multiple things where they tend to use the heavy hammer for political purposes on those who may not agree with some others.

At this point, there still certainly is a lot of information yet to be garnered from this, but it should give people pause and understanding—what happens if you don't cooperate with the health care plan, will these be the folks who will basically come in and try and enforce that as it goes through?

Mr. GRIFFITH of Virginia. I would ask you in that regard, if someone sees these premium increases that we've been talking about and they decide that they don't want to buy the insurance, what then happens from the IRS's standpoint, or from the government's standpoint in general?

Mr. MURPHY of Pennsylvania. I thank the gentleman for the question.

Look at it this way: let's take a young man who is suddenly going to see his rates go through the roof. He's healthy. In the past, that gentleman in his 20s may have said, you know, I'm going to buy just a little bit of catastrophic insurance if I need it, if at all; or perhaps if it's one that is out-of-pocket, he may decide not to do it.

□ 1850

What does he face?

If the IRS catches him, he pays a \$95 fine. Now, if you're looking at paying thousands of dollars a year for health insurance versus \$95, even though the gentlelady from West Virginia said that they had hoped that people would just out of affection for the President buy it anyway, when someone is having a hard time paying for groceries—and look at the cost of gasoline and its having gone up a couple thousand dollars for the average family, and they're saying electricity has gone up—you can buy a lot of groceries for \$3,000 a year. That's months and months worth of groceries for someone. They may say, I may just pay that \$95 fine. Quite frankly, what also comes up is, if they don't have a plan, they could end up in an ambulance or in an emergency room and sign up when they're there just like they do with Medicaid. Now, what motivation will there be for someone to have that?

The important thing about this place is that it's based upon an assumption that a lot of people when they're healthy will sign up so we'll have that money coming in. I have my doubts for families and individuals who are already struggling who will then make decisions and say, I think I'll take the risk. Even in 2016, when those fines go up to a maximum of \$695—or 2.5 percent income, whatever is greater—I think many individuals may also say, Well, if my choices are paying \$695 or \$6,000 or \$10,000 or \$12,000 for the insurance, maybe I'll just not pay it and see what happens.

Let's face it. A lot of Americans make their health insurance decisions on what the affordability is, just like they make their car insurance decisions. They don't all get a comprehensive policy. They get what they can afford. It's the same thing with other decisions in their lives, whatever that is.

I yield to the gentleman from Louisiana (Mr. SCALISE).

Mr. SCALISE. I think it's an important point you make about how people make decisions based on price, because every weekend, when I go back home to southeast Louisiana and when I talk to my families and small businesses that are trying to figure out how ObamaCare is going to affect them, there is a recurring theme that comes through, and it's something we hear every single day.

First of all, small businesses have no idea how they're going to be able to comply with this law when they look at the mountains of regulations. We had recently stacked up all of the pages of regulations and rules that have come out, and it's well over 7-feet high. A small business that doesn't have, maybe, five, six, seven employees—they don't have an H.R. shop, they don't have teams of attorneys and accountants, they can't figure all of this out, and they're asking these questions. But we're also hearing this from large companies that provide really good health care for families all throughout southeast Louisiana. I hear this from colleagues from other States, too. When they look at this law, they say, The President promised, if you like what you have, you can keep it. Yet that promise is broken for millions of Americans who are facing these costs that have been discussed.

Look at the drastic increases of 73 percent that will hit families. If you have a good insurance policy that you like, if you have good health care, it's a 73 percent increase for you. If you're trying to get new health care, it's 96 percent more you'll have to pay because of ObamaCare.

I think what's the most frightening to families is when they see the new bureaucracy. This is the new bureaucracy created by ObamaCare. If you look, I think the most sacred relationship in health care is the doctor and the patient. There should be nobody in between the doctor and the patient when it comes to making health care decisions. Yet, under ObamaCare, look at all of this mountain of red tape and agencies that come between families and their doctors in ObamaCare. At the very top of this—again, it's most riveting and has been brought up before—is the Internal Revenue Service.

First of all, does anybody at the IRS have any kind of medical degree or even EMS training?

Now the IRS is the enforcement agency of ObamaCare. Of course, that was riveting before the scandal that came out last week, but in light of the new scandal in which the IRS is literally targeting people, President

Obama's administration is allowing this. Not one person has been fired by the way. The Obama administration made a decision to target Americans based on their beliefs, based on their values, and that's the agency that will be tasked with enforcing ObamaCare. They had little credibility before all of this scandal emerged, but now, in light of this, I think the lead Senate architect, MAX BAUCUS, one of the authors of the bill, just a few weeks ago—they rammed it through, and Speaker PELOSI 3 years ago said that you've got to pass the bill to find out what's in it—said it's a train wreck coming down. In fact, he's not even running for reelection next year.

This kind of bureaucracy should not be put in place for any type of government agency, let alone coming between patients and their doctors. This is the massive bureaucracy that ObamaCare is. This is why we have this vote tomorrow to repeal ObamaCare, and it's a bill I'm proud to cosponsor.

Again, I thank the gentleman from Pennsylvania for his leadership in the hearings that we've had on the Oversight Subcommittee of Energy and Commerce to expose some of this, and also to even get testimony from Obama administration officials who say they're not even ready to comply with the legal deadlines in the law that are coming up in the next few months. This should not be dumped upon our families, whether it's in southeast Louisiana or anywhere else in the country. We need to repeal this bill and actually get back to work on fixing the problems in health care, like cost and access, that are now made even worse with ObamaCare.

Mr. MURPHY of Pennsylvania. I thank the gentleman.

I would also like to call upon the gentleman from Ohio (Mr. JOHNSON), who is also a member of the Energy and Commerce Committee and is also deeply concerned about his constituents in Ohio and what they're going to be facing.

Mr. JOHNSON of Ohio. Thank you, Mr. Chairman.

I am, indeed, honored to join you and the rest of our colleagues here in sharing some thoughts on what the American people now should expect in the coming months and years from the administration's so-called historic achievement in health care reform. It's historic all right. This massive bill gives the government control over one-sixth of our economy and the authority to manipulate markets and to make individual health care decisions.

So how did President Obama convince the American people to buy into this scheme? He looked the American people right in the TV camera lens, and he promised two things. He pledged that this law would cut costs for American families, and he promised that it would make health care more affordable.

Now, I could stand up here and talk about all of the other economic dan-

gers posed by the so-called Affordable Care Act, like the ever-mounting costs of implementation, the instability it causes in programs that seniors rely on, the fact that this bill contributes substantially to the insurmountable debt we are leaving to our children and our grandchildren, but that's not foremost in the minds of those individuals whom I represent along the Ohio River in eastern and southeastern Ohio.

As the American people continue to search for good-paying jobs, families in my district are trying to figure out how to stretch their paychecks to cover another trip to the grocery store or to buy clothes for their kids or to purchase another tank of gas for the car. Now we're seeing reports that indicate most families will have to factor health care premium increases into their budgets as well—all because of the Affordable Care Act's policies, mandates, taxes, and fees.

Now, does that sound affordable to anyone? It doesn't to me, and it doesn't to the people that I represent along the Ohio River.

I am proud to serve on the Energy and Commerce Committee, and I was recently given the opportunity to question Gary Cohen, the director of the office within HHS in charge of the implementation of the health care law. I asked him directly if premiums were going to go up or down for the American people. Remember, the President promised us lower costs. Mr. Cohen briefly toed the party line, saying, Absolutely, we'll see lower costs. But he went on largely throughout the questioning to repeatedly say, We'll simply have to wait and see.

They don't know. That sounds oddly familiar to me. It reminds me of when the minority leader, the gentlewoman from California, tried to convince the American people that Congress needed to pass the Affordable Care Act in order to find out what was in it. We are now finding out what's in it, and it is a train wreck, as some have stated. Now, wouldn't the responsible thing have been to do the job correctly the first time?

Let me clarify a few things. Let me cite some numbers brought to light by our investigation.

Individual consumers in 90 percent of States will likely face premium increases. In my State of Ohio, men purchasing an individual policy would face increases ranging from 32 to 52 percent. Ohio employers purchasing small group market policies could see a projected premium increase of 28 percent. Nationwide, new businesses could see increases of 96 percent, while existing businesses would be burdened with 73 percent. And age and plan mandates forced on insurers could push premiums up as high as 413 percent in some cases.

□ 1900

Now, do these numbers support the pledge made by the President that Americans would see lower costs, or do

they highlight the dishonesty as a means of pushing a terrible law through Congress? Based on these facts, Mr. Speaker, it is hard to argue that the Affordable Health Care Act will ever become more affordable as long as that law is on the books.

Hard evidence to support the looming premium rate shock should scare the administration as much as it scares the American people, American families, businesses, and health care providers throughout the Nation, particularly along the river where people are still struggling to make ends meet from day to day.

I appreciate the time.

Mr. GRIFFITH of Virginia. Will the gentleman yield for a question?

Mr. JOHNSON of Ohio. Absolutely.

Mr. GRIFFITH of Virginia. I would say to the gentleman that it was very interesting when you talked about the cost of the insurance, and while he said overall that he thought the rates were going to go down, my recollection was—and correct me if I'm wrong—that when you were asking him those questions, part of his position was, Well, we don't know for sure, but we think they'll be lower than what they would have been if we hadn't passed the law, but they're going to be higher than what they were when we passed the law. Wasn't that pretty much his reasoning?

Mr. JOHNSON of Ohio. Yeah, that was pretty much the case. I started to challenge him to a Monopoly game because that's funny money. That's a way of manipulating the numbers, and that's more of the dishonesty that's being perpetrated on the American people with this law.

Mr. GRIFFITH of Virginia. I would also have to point out that, with everything that we've gotten to so far, it appears that their numbers have not been right. They told us that they could produce a long-term care insurance plan, and they backed out of that because they couldn't make the numbers work as they had originally thought they would work on long-term care insurance.

Then we had the whole situation with the catastrophic illness fund that, from the time the bill was passed, was supposed to get folks who had catastrophic illnesses, it was going to cover all of them until ObamaCare came into effect in 2014, but they ran out of money March 1. Do you recall that?

Mr. JOHNSON of Ohio. Absolutely, I do.

Mr. GRIFFITH of Virginia. So those numbers weren't right, and they apparently thought they had enough money built into the budget and gave the Secretary large latitude to take money out of various funds to make things happen, but now she seems to be going around the country asking the very companies that she's overseeing as part of her job for money because they didn't calculate how much money they were going to need to sign everybody up to get into ObamaCare.

So every time we turn around on the committee, it looks like we're finding something new where their numbers were always funny money numbers, Monopoly money, however you want to look at it. And it seems to me that your point is exactly right, that it's not only going to cost the people of southern Ohio, but it's also going to cost the people of southwest Virginia and every part of these United States more money than was ever projected, and it's going to come right out of the pockets of the working poor and hurt them the most.

Mr. JOHNSON of Ohio. Absolutely.

Every time we asked Mr. Cohen who are premiums going to go down for, he avoided the question. He couldn't tell us that premiums were going to go down for anyone.

We asked him, Are they going to go down for the young? Are they going to go down for the old? Are they going to go down for women? Are they going to go down for men? He had no answers. We'll have to wait and see. That's a far cry from the promise that the President made of lowering costs and making health care more affordable.

Mr. MURPHY of Pennsylvania. Certainly that was part of the promise that was given to so many Americans on why they supported this image.

Look, we as Republicans, we know there are a number of things we want to see happen. We want to make sure that we're preventing illnesses, and we want to make sure that we're caring for those who are chronically ill. Sadly, regarding the high-risk pool, the door was closed on that. Many people who are chronically ill will not be getting additional care.

We want to make sure that doctors can be paid for coordinating care of those chronically ill. Right now, getting people to make sure they take their medication, there's follow-up to get to their appointment, doctors can consult back and forth, a patient can call with other questions, nobody gets paid for that. They do get paid if they have more tests. So there's a fee-for-service plan. Quite frankly, it's tough for doctors to try to reduce costs under that plan. We would like to see those costs go down even more, and we support that.

We want to maintain coverage for the sick. We don't want to see people cut because they're ill. And we believe that if people have a preexisting condition, they ought to have an opportunity to maintain insurance. We agree with those.

What we don't agree with is this massive bureaucracy that Mr. SCALISE showed us before that's going to require a lot of tax money to pay for it, increased taxes, 10 years worth of taxes to cover 6 years worth of plans; and already we see Health and Human Services running out of money and so they have to call up insurance companies and other groups and say, Can you give us more money to help convince people that this is a good idea? It's tough going with that.

Mr. JOHNSON of Ohio. It is very tough going.

Mr. MURPHY of Pennsylvania. So we do know that these costs are going to continue to climb for many people, even though people in the administration have told us they're not quite sure yet what is going to go on. We know these costs are going to continue.

Let me point out again something very important, Mr. Speaker. I worry about how the American families are going to afford this. Their electricity rates have gone up and will continue to go up. This administration has pushed to have coal-fired power plants to close down, has spent billions of dollars for energy subsidies for companies that have gone belly up. Gasoline prices have gone up thousands of dollars for families, unemployment has been above 7 percent for years, hundreds of thousands have been put out of work because of the aspects of this health care bill.

It's tough for families to say, How am I going to pay for this? How are they going to pay, as they say, 96 percent more for those who get a new plan, 73 percent more for those keeping their insurance, and up to 413 percent because of some of the age issues and other things going on with that?

These are tough concerns for American families and ones that they're asking us to then say, Please, repeal this bill and let us get to something that really works to take care of those issues, to help the uninsured, to help those who are ill, to help put doctors back in charge of people's health care plans. We're deeply concerned about those issues as they go on; and, quite frankly, these costs are going to be ones that people are not going to be able to afford.

I now want to recognize one of my colleagues, the gentleman from New Jersey (Mr. LANCE), who also wants to speak on this bill. He is another member of our committee who is deeply dedicated to making sure that he is dealing with the affordability of the health care bill.

Mr. LANCE. Thank you, Mr. Chairman. I'm very pleased to be able to speak this evening on this important issue.

In my judgment, the Affordable Care Act was a poor piece of legislation and it was not well thought out. In 2009 and 2010, when the leaders of the then-House Democratic majority were rallying support for the President's health care legislation, the American people were told that health insurance premiums for individuals and small businesses would decrease under ObamaCare. That was stated repeatedly. Three years later, we have come to learn that this is just not the case.

Internal documents from the Nation's largest health insurance companies reveal the health care law's policies, mandates, taxes, and fees will cause major premium increases for consumers, the individual, the small group and large group markets; and I

think it might be particularly onerous on young people who are just starting out at a time when the economy is not as strong as any of us would like.

Many small businesses are already feeling the impact of higher monthly premiums. Just this week, I heard from a small business owner in the district I serve, Susan Schwartz of System Builders, in Westfield, Union County, New Jersey. She is seeing her company rates jump by nearly 40 percent in 1 year, Mr. Speaker.

We must work together to provide much-needed relief to the small and large businesses being crushed under this burdensome law.

I thank you, Chairman MURPHY, and certainly I commend you for your efforts and the efforts of the Energy and Commerce Committee, of which I am a proud member under your leadership in that committee as one of the subcommittee chairs, the committee as a whole, under Mr. UPTON's leadership, and really all of us in Congress who believe that this law was poorly designed and will lead to massive increases in premium payments for many of the American people.

Mr. MURPHY of Pennsylvania. I thank the gentleman.

Mr. Speaker, may I inquire as to how much time we have remaining?

The SPEAKER pro tempore (Mr. MESSER). The gentleman has 4 minutes remaining.

Mr. MURPHY of Pennsylvania. With that, then, Mr. Speaker, I'll wrap up here with a couple of comments.

First of all, I really want to thank the Energy and Commerce Committee staff for bringing out this important study. We only wish this was the kind of information we had a couple of years ago when Members were called upon to blindly support this bill and so many other organizations were called upon to support this bill.

□ 1910

These are going to be high costs, and people are going to have to make decisions now about what kind of health care they are going to have, can they afford it. Well, they'll also see the impact on top of their gasoline prices and utility prices and worries about their jobs. They're going to be making decisions about do I not have health care now and run the risk of having the IRS come after me and charge me \$95. People will be making those kinds of decisions. That's not what we should be doing.

Out of care and concern for every mother and father and grandparent and child in America, to make sure that we work on an affordable health care plan, that makes sure that people who are ill, people who have preexisting conditions are not cut, and to make sure that the high-risk pool has money in it to help those who have high risks for health care, not use money for other purposes, and to make sure that we're working on prevention and caring for the ill. That is what we should be doing

to help make health care affordable, not offering a 96 percent increase for those getting a new plan, up to 73 percent for those keeping their insurance, and up to 413 percent for others.

Look, we understand some people are going to see their health insurance rates go down. Many will see their rates go up. That is part of the frightening thing for America's family.

GENERAL LEAVE

Mr. MURPHY of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the topic of my Special Order.

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

There was no objection.

Mr. MURPHY of Pennsylvania. With that, Mr. Speaker, I thank my colleagues for speaking tonight. I thank the Energy and Commerce staff for also being part of this tonight. And I thank the American people for continuing to communicate with us and understand that we want to make health care affordable, but we think the Affordable Care Act is neither.

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

INTERNET SALES TAX

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the Chair recognizes the gentleman from Kentucky (Mr. MASSIE) for 30 minutes.

GENERAL LEAVE

Mr. MASSIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the topic of my Special Order.

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

There was no objection.

Mr. MASSIE. Mr. Speaker, I rise today to speak in opposition to H.R. 684 and S. 743, the Marketplace Fairness Act, otherwise known as the Internet sales tax. Or as I call it, the interstate commerce sales tax.

I'm concerned that this new tax on American consumers passed the Senate too quickly without enough debate and has the quiet support of several Members here in the House. Unfortunately, many of my colleagues opposed to the bill here in the House have taken a quiet wait-and-see attitude. They don't want to rock the boat, so to speak. Well, it's time to quit being quiet on this issue. The American public deserves a full and open debate on this bill before any legislative action is taken in this body.

This evening, my colleagues and I will begin that debate. I'm confident that when Members and their constituents grasp the full ramifications of this

onerous piece of legislation, they will oppose it as well.

Many States in this country are in dire financial straits. They've lavished overly generous pension plans on their State employees and offered tax credits and financial incentives to their favorite businesses. They've promised more than they can deliver, while sometimes letting essential services go neglected. State governments bear the responsibility for their financial situations; yet they're looking to the Federal Government for a bailout. Make no mistake, this Internet tax is the bailout they're seeking. Without raising taxes, State governments can expect billions of dollars of Americans' hard-earned money to flow to their treasuries if this bill passes. And how would this happen? By passing a bill that proclaims to impose fairness.

Who else is for this bill? Large retailers. They've got lots of representatives up here talking to us. They're on the Internet and they're off the Internet, but they're for this bill. They're weary of competing with small and nimble businesses. And that's natural to want to have economic barriers to entry because it's an economic fact that in the absence of innovation in a market with no barriers to entry, profits go to zero in the long run.

But how do we create barriers to entry in the United States? How do we compete? Through innovation.

America is the country of innovation. You can invent something. You can make a new piece of music. You can be nicer to your employees than the other company is. Or you can come up with a new, more efficient way of manufacturing your products. But I suggest to you, Mr. Speaker, that sending representatives to Washington, D.C. to impose financial hardships on your competitors is not the American way.

Some have said that this bill is about States' rights, and I'm a strong proponent of States' rights; but this bill does nothing to protect States' rights. In fact, this bill changes the very fabric, the constitutional fabric of the United States of America by subjecting people and businesses in one State to the taxes and regulations of another State. This is unprecedented. For the first time in history, this bill would grant States jurisdictions beyond their physical borders. If this bill passes, we'll have a virtual United States of America where borders no longer mean anything.

Justice Marshall ruled that the power to tax is the power to destroy, and we were reminded last week by the IRS's admission that the power to tax is the power to harass.

I urge other Members of Congress to consider the dangerous implications of granting individual States authority over individuals in other States.

Before my colleagues get into the details of this new tax, I'd like to point out that no one, not a single person, has argued that this bill will help our