

fossil fuels; it's regulations that are holding up wind energy projects. The ability to site a transmission line, to get the power from the wind farm to the people who use it, is being held up because of governmental regulations.

And so there may be people out there who think that we're just down here talking about regulations on fossil fuels. Well, you know what? It's regulations that are holding up clean energy too. And if we truly cared about affordable energy, if we truly cared about doing something good for our country—which I believe we all do, and the American people are ready for it to happen—then we would get government out of the way and let America work. And our chance is this week.

Mr. GRIFFITH of Virginia. That is one of the problems that we see in my district. I have a lot of counties that are really hurting. And it's not because we couldn't have jobs, it's because Washington is getting in the way. Every month we're having layoffs in some coal plant here or some coal plant there, or a company that makes things for the coal plant—or the railroad that hauls the coal, or the trucking company that helps move the coal. So while they've remained internally optimistic, it's really hard when that layoff slip comes to your house and you know that you're no longer going to be able to have that job.

That's why this war on coal affects each and every one of us, but it affects folks in my district maybe a little bit more because we're on the front lines and we're getting those layoff notices now. I have people that I know who are casualties in the President's war on coal, and I'd like to hear from them at #AffordableEnergy. And I hand it back off to you, Madam Chair.

Mrs. ROBY. Well, I just want to thank all of my colleagues for joining this conversation tonight. And Mr. Speaker, we will continue this conversation at #Affordable Energy.

But the bottom line is this: While the President continues to promote his political agenda, we here in the House of Representatives' majority are committed, as we have demonstrated time and time again, that we are committed to the all-of-the-above approach. And that this isn't, as you've heard from all of my colleagues tonight, Mr. Speaker, this isn't just a war on coal, this is a war on the American family and American jobs. We are committed to getting government out of the way so that the American family and the American business can thrive.

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

□ 2050

OBAMACARE

The SPEAKER pro tempore (Mr. PERRY). Under the Speaker's announced policy of January 3, 2013, the Chair recognizes the gentlewoman from North Carolina (Mrs. ELLMERS) for 30 minutes.

Mrs. ELLMERS. Mr. Speaker, I rise today to discuss the upcoming implementation of ObamaCare.

Prior to coming to Washington, I was a nurse for over 21 years, and I'm passionate about health care. My husband is a general surgeon, and he continues to practice in our hometown of Dunn, North Carolina. I'm very, very proud of that.

A couple of years ago when the President was proposing his legislation to basically overhaul health care in America, my husband and I became very active speaking out. That was well before ever considering running for Congress. As a result, because of our passion and concern for this country and health care as a whole, I found myself winning my election and here fighting this fight. We continue with this fight, and we are 98 days away from the open enrollment process going into effect for ObamaCare. This is something that the American people have been sitting back and watching for quite some time, and there are many, many questions that remain to be answered.

Mr. Speaker, a recent GAO study shined some light on some areas that we've been asking questions about for a very long period of time. Serving on the Energy and Commerce Committee, the Energy and Commerce Committee put forward a request to the GAO to find out where exactly are we in the implementation of ObamaCare, this takeover of America's health care affecting one-sixth of our economy and affecting jobs across this country. It's the number one reason today, Mr. Speaker, that employers are not hiring, because they're not sure of the effects that this will have once fully implemented.

There again, this week, the non-partisan Government Accountability Office put forward their findings. I just want to highlight some of those for you:

States have yet to complete 85 percent of the required program activities. That means essentially, Mr. Speaker, that only 15 percent of what needs to be in place at the State level for ObamaCare is actually in place. Core functions of both Federal- and State-based exchanges have yet to be completed with less than 4 months before open enrollment, any other missed deadline threats, and timely establishment of exchanges. Exchanges are not in place, exchanges are not ready to be implemented, and yet we continue on this timeline path.

HHS has not yet completed the critical steps needed to determine eligibility for credits and cost-sharing subsidies. There's much groundwork that still needs to be laid and implementation figured out, and we don't even have those answers from HHS.

Key data-sharing agreements between the Federal exchange and its Federal and State counterparts are not complete.

Consumer assistance and outreach activities to individuals and employers

have yet to be implemented and have been delayed.

It cannot simply be a political campaign on the road touting the virtues of ObamaCare that will implement this program. This is a major, major concern for all of us who know how important health care is.

I can go on. There are many more pieces to the GAO report, which basically cites the fact that CMS is not ready. CMS is supposed to come in and help the States that haven't implemented yet or aren't ready. Where are they? They're not there. They're not acting. We have these questions, but who does this affect? What are the questions that need to be answered?

This afternoon, I had the opportunity to go to National Children's Hospital and meet with some of the families there, very ill children, children dealing with diabetes, cancer. I got the opportunity to see a 1-year-old who's waiting for a heart transplant. These are the children that will be affected by the implementation of ObamaCare. Why? Because research will be affected, because lifesaving cures and treatments will be affected.

How can we implement a health care system that no one at this point can actually state will improve the quality of care of our health care system? It's very important that when we talk about health care and the takeover of health care that we separate the two issues: one, health care pay-for, health care insurance, health care coverage; and then health care itself. They both suffer as a result of ObamaCare being implemented.

We simply cannot stand by and allow this to happen. My colleague from Kentucky, he is here this evening as well, and he has some words. I yield some of our time to the gentleman from Kentucky.

Mr. GUTHRIE. Mr. Speaker, I thank the gentlelady for yielding.

It seems there's no shortage of red flags regarding ObamaCare. The one-size-fits-all health care law is proving to be disastrous for consumers, for employers and health care providers alike.

Just last week, as my friend from North Carolina said, the nonpartisan Government Accountability Office warned:

Because government officials have missed multiple key deadlines to set up the new health insurance exchanges, there is serious concern that the exchanges will not be ready in October, as scheduled.

Employers and families across Kentucky have expressed serious concerns about meeting the requirements of the law and wondering if they will lose their coverage, be forced to choose different providers, or be saddled with enormous new costs. Now these individuals are left with even more uncertainty.

When talking with business leaders across my district, I hear a barrage of questions and concerns. Small businesses, the backbone of our economy, are likely the hardest to be hit. Some

local insurers say the law could put them out of business. One restaurant owner says it will be a challenge for the whole industry and many will be forced to lay off employees. Others simply say it will be difficult to insure all of their existing employees.

A Gallup poll released last week showed that 41 percent of small businesses, the engine of our economic growth, have stopped hiring new employees because of ObamaCare. The same poll also showed that one-fifth of those surveyed have reduced their workforce because of the law.

Citing the uncertainty, these business leaders don't know what type of insurance programs they might be able to implement or if they will have to alter the shape of their workforce. The uncertainty seems likely to continue given the striking, but not surprising, report from the GAO.

The Government Accountability Office warns that the Center for Medicare and Medicaid Services still has many duties to complete across core exchange functions, including eligibility and enrollment. With enrollment less than 4 months away, these missed deadlines will likely result in even more confusion as Americans are prepared to be placed into the exchanges. It's no wonder that this law is so wildly unpopular and individuals fear being placed in exchanges.

But it's not just families and businessowners who are left in the dark. Insurance companies don't know what to plan for when the exchanges open, and some are already fleeing the market.

Aetna recently announced they will not participate in any statewide exchanges and they will exit the individual insurance market in California entirely. This mood can set a dangerous precedent: insurers not being willing to take the financial risk to meet the demands of ObamaCare and not participating in the exchanges altogether.

With competition dwindling and individuals not knowing what they can expect in terms of coverage and cost, we are left with a very scary and unacceptable reality. There are simply too many unknowns in the law that completely overhauls our Nation's health care system. This has led to unintended and negative consequences for employers, patients, and providers.

This law is not the solution to our Nation's health care problems, especially given the lack of information and tools available for implementation. Instead, we need to enact a patient-centered plan that lowers cost and ensures access for all Americans.

□ 2100

Mrs. ELLMERS. Mr. Speaker, continuing with our discussion about the implementation of ObamaCare, I think it's important, as my colleague from Kentucky has cited, that back home, in his district, many businesses, many individuals, many families are being neg-

atively affected as this moves towards implementation.

Tomorrow, in the Energy and Commerce Subcommittee on Oversight and Investigations, we will be holding a hearing that actually discusses the challenges facing our American businesses. Back in my district and actually testifying here tomorrow is one of my constituents, Mr. Steve Lozinsky, who will be here with his wife, Kathy. They actually own a business, Sparkle & Shine Cleaning Service. It's a family-owned business, and it's based in Apex, North Carolina. Sparkle & Shine was started in 1998 with one employee, and, today, it has over 240 employees.

Put simply, Sparkle & Shine cannot afford the \$2,000 per employee fine attached to ObamaCare. My friend, my constituent, back home cannot provide the health care coverage. He employs low-income workers. They are entry-level jobs. They are hard workers. Many of these individuals actually served time in jail and are now on a second chance at life. Mr. Lozinsky and his wife, Kathy, have given these individuals a second chance, and now their jobs are in jeopardy because of this devastating health care law.

To my colleague again from Kentucky, I'm sure that he also has many, many stories to share.

Mr. GUTHRIE. We hear stories like that all the time when we're home.

We had one in the Energy and Commerce Committee when we had a gentleman who had a chain of restaurants he's developing in New England, which isn't where I'm from, but he was before the committee. His testimony was that he had eight restaurants and planned to open a ninth, and he decided he had to wait because he has no idea what this health care bill is going to cost him when he has to provide health care for his employees. Of the net income of his eight restaurants, he estimated—if he could come up with it because, as we know, you still don't know exactly what the health care bill is going to look like. We know what the bill looks like, but what we don't know is what's really in it because the rules have not come out to say what you have to provide your employees. It's supposed to happen in October and be ready for January 1. So he has decided to just not open a restaurant until this gets implemented so he can then move forward. He said it's going to take half of his net income, he has estimated, if what's in the rules comes out.

If you've ever been in business, it's something you always take home, but if you're growing a business, hoping to open a ninth, 10th, and so on and create a chain, the net income is what you put into the business to grow the business and move forward. It's half of his net income, according to his estimate and as best as he can estimate, because nobody knows the details of what's actually going to be required until, hopefully, we see it before October 1. It's just frustrating for him. It's frustrating for people. It's frustrating for employees.

A guy stopped me in a store the other day. He just got a job at a retail store. He said, I was promised 40 hours, and I was just told I'm going to be working 29 hours. That's the new class of people working, particularly in retail. He was retired, and he was kind of looking for extra income, and he's going to be a 29er. That's a term that we hear quite a bit.

So dealing with health care is something we absolutely have to deal with but not dealing with it in the way of this bill. They didn't try to cut costs, and it's actually implemented on top of the system even more, which is going to cost more. Employers are really concerned, not about being able to cover their employees, but they're concerned about, Are they going to be able to afford to stay in business and even have employees? That's the concern of most of them whom I hear talk about it.

I'm sure you hear the same. I know our good friend from Texas is now here on the floor, and I'd like to give this back to my friend from North Carolina.

Mrs. ELLMERS. Just to follow up on some of the remarks that my colleague has made, in getting back to the issue of jobs and job creation, there was a recent Gallup Poll out this week that found that 41 percent of small businesses have stopped hiring because of ObamaCare. That is a staggering number. Then to the point of good patient-centered health care, that is not what ObamaCare will provide. In fact, the CBO has estimated that 31 million in 10 years will still remain uninsured.

So what are we doing? Why are we creating this system that will be broken from the start and on which we will only spend hard-earned taxpayer dollars trying to fix and plenty of time? Who will go without the good patient-centered health care that every American deserves?

Mr. GUTHRIE. I don't think you were here when we were debating ObamaCare.

Mrs. ELLMERS. I was at home, watching the TV, ready to put my foot through it.

Mr. GUTHRIE. When we were debating it, the number was always 40 million people uninsured. So we've completely upended the health insurance market and have put all this uncertainty into the economy. I think it's the biggest drag on the economy. Now, we haven't had growth, and we're going to have 31 million uninsured. That's not even by a bipartisan group. That's by the nonpartisan Congressional Budget Office that we're going to have 31 million people uninsured—all of this because we had 40 million uninsured and, after all of this, 31 million uninsured.

So did we get our \$1 trillion worth?

Mrs. ELLMERS. That's a wonderful question.

I have another constituent who has shared numerous times with me his concern for the implementation of ObamaCare.

Jerol and Telia Kivett, from Clinton, North Carolina, owned, again, a family-

owned business that was started by his father back in the fifties. This company makes church furniture—church pews for synagogues, funeral homes, churches. Jerol and his wife are so concerned about this mandate and are wanting and needing to avoid this government mandate that it makes it extremely expensive for him to do business. He at one point had 160 employees. He is now down to about 45 employees.

As you can imagine, in order for him to continue to do his business in the way that he sees fit, in the way that was started by his father, how will he continue into the future doing business when he knows that working his way back up again in this awful Obama economy—for him to hit that 50th employee—will mean a penalty for him if he is not providing health care coverage for his employees? If he is able to provide that health care coverage, it will be devastatingly expensive.

With that, I would like to welcome my colleague from Texas, Congressman BURGESS, for a few comments as well for he is well-versed in health care and in, again, the devastation that ObamaCare will bring.

Mr. BURGESS. I thank you for yielding. I really thank you for bringing this important topic to the floor tonight.

Look, we are 6 months and 6 days away from the full-on implementation of the Affordable Care Act. We are 3 months and 6 days away from the open enrollment period of October 1. I just can't help but feel it's like a fast-moving train that's charging down the tracks, moving toward a head-on collision with the American economy, and it's going to be the small business that suffers the devastating effects of that head-on collision.

We've had opportunities to talk to the people from the agencies to the extent that they will. I'm worried. I don't see how they can have that Federal hub up and running by October 1 and have it work the way it's intended the very first time, especially if they don't have time to test it before they turn it loose on the American people. I am very worried about what the world is going to look like after January 1.

I've got to tell you, from the standpoint of a practicing physician of a small practice—we had five doctors in my practice—well, look. Remember when part D came? Maybe you don't. I was here on January 1 of 2006. It was rough for the first several weeks, but there we were talking about the prescription drug benefit for seniors on Medicare, for maybe 42 million, 45 million people out of 310 million people. We were just talking about the prescription drug benefit, and that was difficult to implement.

□ 2110

There were pharmacists all over the country who basically did not get paid for the prescriptions that they filled for 1 month to 6 weeks, but they were

able to keep going because they had other prescriptions, they had other business going on in their pharmacies. But this is going to be everything from tonsillectomies, to childhood vaccinations, to ER visits. If the cash flow is disrupted for even just a few weeks, the small businesses, which are medical practices in this country, will have a very difficult time enduring.

More importantly—and you all have correctly addressed it—is the 29ers and 49ers in this country, the people who are scared to add one more than 49 people to their employment rolls or the people who've had their hours now cut to 29 hours a week so that they will not require a health care benefit.

That wasn't the way it was supposed to work. The gentleman from Kentucky nailed it right off. The people of America in 2009 were saying to us, Whatever you do, don't mess up the system that's working for 65 percent or 70 percent of us. The other thing they said was, If you're going to do anything at all, please help us with costs. And what have we done? Exactly the opposite. We've messed up the entire system, and it's becoming more and more apparent every day. If you don't believe me, wait until a year from now or 16 months from now, and just see how bad it is.

The other thing is we didn't do anything to help with cost. If anything, we've made it worse. By ratcheting up the demand side, not increasing the number of providers, we've guaranteed that prices are going to go up not just next year and not just the year after that, but for every foreseeable year in the future. And I know that's hard for people to estimate. I know the Congressional Budget Office can't give us a figure on that. Just do the arithmetic yourself in your head, on the back of an envelope and you'll be able to see that we are headed for a significant disaster.

It's all well and good for me to criticize the administration and the way they've implemented this, but I've got to ask: Where are our Democratic colleagues? Where are the solutions that they're offering? Clearly we should do something to help the small business owner who is having to restrict employment hours to 29 hours a week. Surely we should do something to help that. Where are the solutions from the other side? They're nonexistent.

We should do something to help that small employer who wants to grow beyond 49 employees, but is now frightened to do so. Where are our Democratic counterparts? Where are the people from the agencies coming to our committee and talking to us about how this might be managed or maintained? Why aren't they talking to us about their contingency plans? You know they've got them. You know they're over there at the Department of Health and Human Services right now talking about what if the Federal hub doesn't work, what if it doesn't work the way it was intended. We'll have to have a

way of narrowing the scope, of confining the number of people we bring into this new ObamaCare environment. But they won't talk to us about that. The Democrats won't come forward with a solution.

We're doing what we can to bring people's attention to this very important topic. To some it may be complaining; but if you don't think about it, you can't prepare. And if you're not prepared, it is the unprepared person who is really going to suffer in this new environment that, again, is created in 6 months and 6 days.

I do thank the gentlelady for bringing this topic to the floor tonight. I think it is important that we continue to talk about it and we continue to talk about our ideas and our solutions. There are many out there. And people need to assess for themselves how they will be best served in this new environment that's brought by the administration, or perhaps it's not too late or perhaps there are some things we can do to alter that course, to move it off that center of destruction where it's aimed right now.

I thank the gentlelady for having this tonight.

Mrs. ELLMERS. Thank you to my colleague from Texas. His insight on this very important issue is vital to coming up with the solutions that we need.

I do want to touch on one of the points that you were making, Dr. BURGESS. Basically, I saw a report this morning put out by the Republican Study Committee that basically said that there was a study that is showing that we will have a shortage of 30,000 doctors within this country in 2 years. That is devastating.

Mr. BURGESS. You know, you're in a medical family. I know because I hear it everywhere I go. Physicians all across the country are concerned. They don't know what they're getting into, and they don't know what the world will look like.

As a consequence, like anyone else, they are reluctant to make those big decisions, they're reluctant to hire a partner, buy a new piece of equipment, open a branch office. They are like everyone else: they are in that hunker-down mode where so many small businesses have been for the last 4½ years.

But without expanding the provider core, without expanding the health care manpower, you can pretty much predict that there is going to be a price spike because you know you're ratcheting up demand by increasing coverage, and at the same time you're not providing for areas where those people can be seen.

What's really unfortunate, by some of the means with which coverage has been expanded, we already know that there are places in this country where it is hard to get a new patient appointment if you're a Medicaid patient. The reimbursement rate is so abysmally low that a provider can't possibly keep their doors open if they accept those

levels of payment. As a consequence, they don't. What are those patients going to do? They do what they've always done and go to the emergency room, which is the highest cost point of contact care that you can have.

So instead of solving a problem that every Democrat here talked about 4½ years ago, we've doubled down and made it worse. Again, as a consequence, the cost of care is going to go up and providers are going to drop out just because the frustration is going to get so high that it will simply not be worthwhile to continue in practice, or you'll go work in a practice environment where you simply don't have to put in the number of hours that you would in a solo or small-group practice.

But we've really selected against those practitioners, those men and women who go to work every day early before the sun comes up and they work until after the sun goes down taking care of their patients. We're actually self-selecting against that very type of individual that we all knew, we all grew up with, we all look to as our leaders in the medical profession. It will be very difficult for those people to endure.

We'll look to academic medical centers, perhaps to hospitals, perhaps to the government itself for that leadership, but it's not going to be the same thing.

Mrs. ELLMERS. Thank you to the gentleman.

I do want to take a moment to talk about another group of young individuals in this country, young Americans who are also being negatively affected as a result of the implementation of ObamaCare: our students who are paying back student loans.

As we all know, July 1 student interest rates are scheduled to double, essentially. My staff and I have done some research on this. And if you all remember back in 2009, when President Obama was implementing the health care bill, they also took over the student loans in this country. That was for pay-for. And according to the Congressional Budget Office, over the next 10 years, \$8.7 billion of that student loan payback will come from those student loans.

Not only are we affecting health care in this country, but we are also affecting our young people, those individuals who are graduating from colleges around this country who may or may not have a job to go to, a job that they have prepared a career for; and yet they too will be paying for ObamaCare.

Mr. GUTHRIE. That's a great point that I brought up when we were debating it back in 2009.

What people don't realize, as it didn't get a lot of coverage, Mr. Speaker, is that the Federal Government took over the student loans.

So you're going to hear a lot about student loans in the next few days because after July 1 the student loan rates are going to go up. The House was active. We passed a bill. It's in the Sen-

ate. I've heard the President talk about it.

What people need to realize is that when the health care bill passed—as my friend just said, the Federal Government can loan money at a low rate because we can pretty much borrow from ourselves at a low rate. When we loan it to students, they pay a little over 3 percent; and the difference, the flow, comes back to the Federal Government, the profit from loaning to our businesses.

Do you know where \$8.7 billion of that is going to? To pay for the health care bill. Instead of taking \$8.7 billion and giving it back to students who are struggling with affordability of college—I'm in that world right now because my son is leaving this summer to go off to college and I have a daughter in college. So most of the people that are peers of theirs that I see, we talk about the affordability of college. One of the things that we did is we took money that students are paying back on their student loans to pay for the health care bill. Instead of rebating it back to the students to put it in their pockets to pay for their loans, it goes to the health care bill.

As we hear a lot of people on the other side and in the White House this week talk about health care and that the Senate hasn't passed a bill to deal with student loan interest rates that will go up, I want people to remember, Mr. Speaker, that \$8.7 billion of what people are paying back in interest is going to fund the health care bill.

□ 2120

Mrs. ELLMERS. With that, I would just say that the good news for the House is that last month we passed the Smarter Solutions for Students Act, and now it lies with the Senate for passage as well.

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

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1613, OUTER CONTINENTAL SHELF TRANSBOUNDARY HYDROCARBON AGREEMENTS AUTHORIZATION ACT; PROVIDING FOR CONSIDERATION OF H.R. 2231, OFFSHORE ENERGY AND JOBS ACT; PROVIDING FOR CONSIDERATION OF H.R. 2410, AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2014; PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM JUNE 29, 2013, THROUGH JULY 5, 2013; AND FOR OTHER PURPOSES

Mr. WOODALL (during the Special Order of Mrs. ELLMERS), from the Committee on Rules, submitted a privileged report (Rept. No. 113-131) on the resolution (H. Res. 274) providing for consideration of the bill (H.R. 1613) to amend the Outer Continental Shelf

Lands Act to provide for the proper Federal management and oversight of transboundary hydrocarbon reservoirs, and for other purposes; providing for consideration of the bill (H.R. 2231) to amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes; providing for consideration of the bill (H.R. 2410) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2014, and for other purposes; providing for proceedings during the period from June 29, 2013, through July 5, 2013; and for other purposes, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. COFFMAN (at the request of Mr. CANTOR) for today on account of travel delays.

Mr. LAMBORN (at the request of Mr. CANTOR) for today on account of personal reasons.

Mrs. MCMORRIS RODGERS (at the request of Mr. CANTOR) for today and the balance of the week on account of a death in the family.

Mr. SANFORD (at the request of Mr. CANTOR) for today on account of flight delays.

Mr. STEWART (at the request of Mr. CANTOR) for today on account of his presence in Utah as his daughter departed for a year and a half of church missionary service in England.

Mr. ENGEL (at the request of Ms. PELOSI) for today on account of official business in district.

PUBLICATION OF BUDGETARY MATERIAL

STATUS REPORT ON CURRENT SPENDING LEVELS OF ON-BUDGET SPENDING AND REVENUES FOR FY 2013, 2014 AND THE 10-YEAR PERIOD FY 2014 THROUGH FY 2023

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE BUDGET,
Washington, DC, June 25, 2013.

Hon. JOHN A. BOEHNER,
Speaker, Office of the Speaker,
House of Representatives, Washington, DC.

DEAR MR. SPEAKER: To facilitate application of sections 302 and 311 of the Congressional Budget Act, I am transmitting an updated status report on the current levels of on-budget spending and revenues for fiscal years 2013, 2014 and for the 10-year period of fiscal year 2014 through fiscal year 2023. This status report is current through June 17, 2013.

The term 'current level' refers to the amounts of spending and revenues estimated for each fiscal year based on laws enacted or awaiting the President's signature.

Table 1 in the report compares the current levels of total budget authority, outlays, and