

million Americans with pre-existing conditions would lose the security of knowing they cannot be denied coverage. 25 million Americans will miss out on the opportunity to receive quality, affordable health insurance coverage through the new health insurance marketplaces. 6.6 million young adults would lose coverage provided through their parents' plans, including 3.1 million who were previously uninsured. 105 million Americans could again worry about lifetime limits on their health insurance coverage.

Many constituents of Michigan's 13th District are among those already benefiting from Obamacare. So far, 121,000 of our neighbors who previously lacked health insurance have access to quality coverage without fear of discrimination or higher rates because of pre-existing conditions, including 43,000 children who can no longer be denied coverage. 136,000 individuals—including 26,000 children and 61,000 women—now have health insurance that covers preventative services without any copays, coinsurance, or deductibles. And 103,000 13th District residents are saving money directly because of ACA provisions.

All the while, the Majority has made no meaningful attempt to repeal damaging across-the-board sequestration cuts or come to the table to discuss legislation to create quality jobs with living wages.

Mr. Speaker, it's long past time to end the dysfunction epitomized by repeated efforts to repeal Obamacare, so that we can turn our focus to addressing the serious problems facing everyday Americans.

The SPEAKER pro tempore. All time for debate on H.R. 2667 has expired.

Pursuant to House Resolution 300, the previous question is ordered on the bill.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of H.R. 2667 is postponed.

FAIRNESS FOR AMERICAN FAMILIES ACT

Mr. PRICE of Georgia. Mr. Speaker, pursuant to House Resolution 300, I call up the bill (H.R. 2668) to delay the application of the individual health insurance mandate, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 300, the bill is considered read.

The text of the bill is as follows:

H.R. 2668

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Fairness for American Families Act".

SEC. 2. DELAY IN APPLICATION OF INDIVIDUAL HEALTH INSURANCE MANDATE.

(a) IN GENERAL.—Section 5000A(a) of the Internal Revenue Code of 1986 is amended by striking "2013" and inserting "2014".

(b) CONFORMING AMENDMENTS.—

(1) Section 5000A(c)(2)(B) of the Internal Revenue Code of 1986 is amended—

(A) by striking "2014" in clause (i) and inserting "2015", and

(B) by striking "2015" in clauses (ii) and (iii) and inserting "2016".

(2) Section 5000A(c)(3)(B) of such Code is amended—

(A) by striking "2014" and inserting "2015", and

(B) by striking "2015" (prior to amendment by subparagraph (A)) and inserting "2016".

(3) Section 5000A(c)(3)(D) of such Code is amended—

(A) by striking "2016" and inserting "2017", and

(B) by striking "2015" and inserting "2016".

(4) Section 5000A(e)(1)(D) of such Code is amended—

(A) by striking "2014" and inserting "2015", and

(B) by striking "2013" and inserting "2014".

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in section 1501 of the Patient Protection and Affordable Care Act.

The SPEAKER pro tempore. The gentleman from Georgia (Mr. PRICE) and the gentleman from Washington (Mr. MCDERMOTT) each will control 30 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. PRICE of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 2668.

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

There was no objection.

Mr. PRICE of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise in strong support of H.R. 2668, the Fairness for American Families Act. The administration says that they invited business to come in and explain how the cost and the complexity of Obamacare was hurting business and hurting the economy, and they granted business relief appropriately.

Mr. Speaker, why hasn't the administration invited the American people into the halls of government?

Why hasn't the White House listened to the concerns of the American people about the cost and the complexity of Obamacare for American families?

Have American families seen a \$2,500 premium decrease as promised by the President?

No. In fact, premiums have gone up.

The American people don't understand this law any better than the employers, employers who can hire lawyers and consultants and health benefits experts. In fact, individuals who have no help understand this law even less than business; yet the administration granted relief only to business.

Mr. Speaker, it's clear: the President has now admitted it. His law, Obamacare, is not ready. Deadlines have been missed. System testing is not complete. Income verification systems are not in place.

In the words of Senator BAUCUS, the train wreck is happening.

The law should be repealed, Mr. Speaker. President Obama disagrees with that, and that's unfortunate. But we all should be able to come together on the simple principle of fairness. If business gets a 1-year delay, the American people ought to get a 1-year delay. It's a simple principle.

If ObamaCare is behind schedule, the American people should not have to bear the burdens alone. They should get the same delay as business.

I urge my colleagues to come together today and to advance this very simple principle that this government will treat its citizens fairly and equally.

I reserve the balance of my time.

Mr. MCDERMOTT. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, now we get to the real bill. If the Republicans can't repeal the Affordable Care Act, they're going to try and rot it from the inside.

For the last few days, my Republican colleagues have been spinning this vote as a great populist effort to help the middle class. They explain that, even with these repeals, we can keep all the things we like, covering our kids till age 26, prescription drug help, banning the denial of coverage for those with preexisting conditions.

And legally, they aren't wrong. They're not lying. They're just confusing the people. These laws will still be in place; but realistically, in the real world in which we live, it will be hard to cover your kids and subsidize drugs if the insurance industry no longer exists in this country.

Without the healthy consumers the mandate guarantees, only the sickest and the costliest will be left, and prices will skyrocket.

We have a letter from the Congressional Budget Office that says that if we delay this, you can expect that the prices of insurance will go up and fewer people will be covered.

The reason you don't see any fur flying is because the insurance industry knows this isn't going anywhere. This is just a lot of political theater.

In Washington, we tried this. In 1993, the Democrats put in universal coverage and guaranteed issue. Everybody had a mandate, and you were going to get it. The insurance companies couldn't do otherwise. Two years later, the Republicans repealed the guaranteed mandate, leaving the insurance industry covering the sickest in the State of Washington. Within 3 years, there were no individual policies sold in the State of Washington.

We have run this game once in Washington State, and you are coming out here today and running it again. It's been tried in other States. You cannot have universal coverage without a mandate. You cannot have insurance reform that guarantees everybody insurance.

Now, this isn't prophecy on my part. This has happened. A lot of what you hear about around here is that people

are talking, well, gee, we got these terrible insurance rates going up.

They're not going up in Washington in our exchange. They're not going up in Oregon in the exchange. They're not going up in California in the exchange. Today, New York reports they're not going up in New York.

Anybody who stands out here and says insurance rates are out of sight simply is misleading the people.

We ought to vote "no" on this bill.

I reserve the balance of my time.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 16, 2013.

Hon. DAVE CAMP,
Chairman, Committee on Ways and Means,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: CBO and the staff of the Joint Committee on Taxation (JCT) have begun a review of H.R. 2668, the Fairness for American Families Act, but we have not yet completed a cost estimate for the bill. On a preliminary basis, however, we expect that enacting H.R. 2668 would have the effect of reducing the deficit in 2014 and over the 2014–2023 period. That initial conclusion is based on our prior work on proposals to repeal the individual mandate established in the Affordable Care Act.

The legislation would delay for one year the requirement that nearly every resident of the United States have health insurance coverage by January 1, 2014. The bill also would shift by one year the schedule of penalties for people who do not comply with the mandate.

CBO and JCT expect that, during the period of delayed phase-in of the penalty for failing to comply with the mandate, health insurance premiums for individually purchased coverage would be higher under H.R. 2668 than they are projected to be under current law. In addition, the number of people with health insurance coverage would be reduced relative to current law.

I hope you find this preliminary information useful; if you wish further details, we will be pleased to provide them.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

[From Bloomberg News, June 16, 2012]
HEALTH REFORM WITHOUT A MANDATE:
LESSONS FROM WASHINGTON STATE
(By Sarah Kliff)

If the Supreme Court overturns the health reform law's individual mandate—a decision that could come as soon as Monday—it won't be totally unknown territory. For Washington state, it would be quite familiar.

Washington state attempted to pursue health insurance without an individual mandate.

In 1993, Washington also passed a law both guaranteeing all residents access to private health insurance, regardless of their health status, and requiring Washingtonians to purchase coverage.

The state legislature, however, repealed that last provision two years later. With the guaranteed access provisions still standing, the state saw premiums rise and enrollment drop, as residents only purchased coverage when they needed it. Health insurers fled the state and, by 1999, it was impossible to buy an individual plan in Washington—no company was selling.

Washington state is among a handful of states that have pursued universal access to health insurance. The challenges they have faced could give some clues about the federal overhaul's fate should the mandate get

struck down. "There are seven states that tried this in the mid-1990s and, in every case, it was a disaster," said M.I.T. health care economist Jonathan Gruber, who worked on both Massachusetts' reform law and the Affordable Care Act. "It became pretty clear that, if you want a market to work, you need a mandate."

Washington state began pursuing health reform in 1990, when the state legislature created a commission to study how best to provide universal coverage for its 5 million residents. The commission weighed a single-payer scheme, where state would create and run its own health plan. It ultimately settled on a "managed competition" model, where the state would play a greater role in regulating the insurance market.

"There were essentially three goals of the law: To cover everybody, to reduce the rate of health-care cost growth by managing competition better and to improve health care outcomes," says Aaron Katz, a University of Washington health policy professor who served on the commission.

Starting on July 1, 1993, health insurance companies were required to accept all state residents who applied for coverage. The new law also barred health plans from charging sick subscribers more, a practice known as underwriting. The requirement to purchase coverage, meanwhile, was not slated to take effect until five years later, in 1998.

That never came to be. After Republicans took control of the Washington state House in 1994, the state repealed its individual mandate. The guaranteed issue provision, however, remained on the books.

"The legislature was loath to repeal the insurance reforms because those were very popular," says Aaron Katz, a health policy professor at the University of Washington, who advised the legislature on the issue. "That put the insurance companies in a bind."

The bind they were in was this: The only people buying health insurance were those who foresaw having high medical costs. That drove health insurance premiums up. As premiums went up, and insurance became less affordable, enrollment decreased significantly.

As one report from the Washington state Insurance Commissioner's Office described it, the insurance market has entered a "death spiral," with customers only buying coverage "when they needed it."

Jonathan Hensley, who then served as the president of local health plan Premera Blue Cross, recalls one letter he got from a healthy woman cancelling her insurance policy.

"She wrote in her letter that she very much appreciated our excellent service [and] that she would certainly pick our plan again when she became pregnant," says Hensley, who now works for another health insurer in Washington, Cambia.

Big premium spikes indicated that many Washingtonians were making similar decisions: Premera Blue Cross, increased premiums on its most popular product by 78 percent over the course of three years.

Health insurance companies, meanwhile, were losing money—and leaving the state. Between 1993 and 1998, 17 health insurance carriers had left the state's individual market. The two remaining plans—Regence Blue Shield and Group Health, a health maintenance organization—stopped writing policies in 1999. Washington state's individual market was essentially dead.

"What effectively happened was you got to this tipping point, where we couldn't afford to do business, and individual coverage was simply not available," says Hensley.

Hensley, along with other health-care stakeholders, met with then-Gov. Gary

Locke to discuss new legislation to fix the insurance market. In 2000, the Washington state legislature significantly modified its guaranteed issue policy. Insurers would still have to cover most residents, but those with pre-existing conditions could be required to wait nine months for the policy to kick in. The very sickest applicants would, meanwhile, would be eligible for coverage in a high-risk insurance pool administered by the state.

Washington state's insurance market now has nine companies selling individual policies, compared to the 19 that participated in 1993. Thirteen percent of Washington state residents currently lack health coverage, the same number as when the health reform experiment started.

Washington state's experience does not make a perfect analogy for what would happen to the federal law, should its individual mandate get struck down. The Affordable Care Act has premium subsidies, for example, that could encourage more individuals to purchase coverage. It also allows insurance companies to charge older subscribers three times as much as young enrollees; in Washington, everyone had to receive the same rate.

Some, however, do see parallels between the role that the individual mandate played in Washington state's law—and could play in the law passed in Washington, D.C.

"Washington state's experience demonstrated that passing market reforms without requiring broad participation in the system does not work," said Karen Ignagni, President of America's Health Insurance Plans. "The linkage is essential."

Washington state, for its part, filed an amicus brief with the Supreme Court on the health reform law, that drew heavily from its own experience.

"We also know, from Washington state's own experience, that insurance coverage for pre-existing medical conditions must go hand in hand with the minimum insurance coverage requirements," Washington Gov. Christine Gregoire, a Democrat, said in a statement accompanying her filing.

Mr. PRICE of Georgia. Mr. Speaker, I'm pleased to yield 2 minutes to the gentleman from Indiana (Mr. YOUNG), the author of the bill, recognizing his wisdom and his diligence in working on this issue and recognizing that fairness was absolutely vital on this issue.

Mr. YOUNG of Indiana. Mr. Speaker, on July 2, the President announced the delay of ObamaCare's employer mandate tax. Now, we know this is great for business, for those businesses that have the resources, the lobbyists, the accountants and so on to get their message out to Congress and the administration. But it does little for hard-working American individuals and families.

A government of the people, by the people, and for the people must be a government that is fair to all of its citizens. It's simply unfair to give business a pass, but not to give such treatment to rank-and-file Americans.

So that's why I introduced H.R. 2668, the Fairness for American Families Act. The bill gives individuals the same reprieve from ObamaCare that our President gives to Big Business.

Under current law, individuals must buy insurance on January 1 or pay a tax. My bill would merely delay implementation of the individual mandate tax for 1 year as well.

It's worth noting that the individual tax is just as confusing to hardworking Americans as the employer tax is to businesses; but families don't have teams of accountants and lawyers to help them comply with ObamaCare.

It isn't getting any easier either. On July 5, an additional 145 pages of regulations were promulgated by this administration related to the individual tax. So how are ordinary Americans supposed to keep up with all of this?

That's why poll after poll shows that the individual mandate tax is so unpopular. In fact, only 12 percent of Americans like it.

The White House said they delayed the employer tax because it's too darn complex for businesses. Well, I hear from my constituents every day that the individual tax is just as confusing. They want relief.

The President only wants to give relief to some. I think all of our constituents deserve relief. And with that in mind, I ask my colleagues from both political parties, let's take off our political blinders for once. Let's do the right thing here, and let's support the Fairness for American Families Act.

Let's provide the same relief to America's families that the Obama administration has granted to Big Business. That's only fair.

Mr. McDERMOTT. Mr. Speaker, I will insert for the RECORD the report on the Ninth Indiana District and the people who will benefit from that bill when it goes into effect on the first of October.

BENEFITS OF THE HEALTH CARE REFORM LAW IN THE 9TH CONGRESSIONAL DISTRICT OF INDIANA

COMMITTEES ON ENERGY AND COMMERCE, WAYS AND MEANS, AND EDUCATION AND THE WORKFORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent, one-stop shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Young's district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

8,300 young adults in the district now have health insurance through their parents' plan.

More than 9,300 seniors in the district received prescription drug discounts worth \$13.7 million, an average discount of \$680 per person in 2011, \$720 in 2012, and \$700 thus far in 2013.

110,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

213,000 individuals in the district—including 45,000 children and 86,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

135,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 33,800 consumers in the district received approximately \$4.4 million in insurance company rebates in 2012 and 2011—an average rebate of \$157 per family in 2012 and \$99 per family in 2011.

Up to 40,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

255,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

Up to 91,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition. In addition, the 35,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

I yield 2 minutes to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. Let me thank you, Mr. McDERMOTT, for yielding time, and thank you for your leadership on this issue. I've watched you for years doing your work, and you are consistent. I thank you so very much.

Mr. Speaker, I am opposed to this bill. You know, I've kind of lost track. I think it's 38 times that the Republican-controlled House has voted to repeal the Affordable Care Act, either in whole or in part.

Why are my colleagues wasting valuable time legislating on what amounts to nothing more than a talking point and something they know has no chance, no chance of becoming law?

Why is discrediting this President at the top of their agenda?

Let me remind my colleagues that there is real work to be done here on this floor on behalf of the American people. Maybe my friends somehow forget student loan interest rates doubled on July 1. Maybe they forget that they rammed through a farm bill that, for the first time since 1973, was without a nutrition title, leaving the door open for food banks to be closed and for millions of needy Americans to go hungry.

But, no, they didn't forget. I suggest that many of them just do not care.

Today, for the 38th time, Mr. Speaker, we vote on a bill that would delay better health care, delay fixing the problem of uncompensated care from emergency room visits, and delay access to good, affordable health care for millions of good Americans.

Therefore, I come to the floor today to urge my colleagues to oppose H.R. 2668. I ask you to vote "no" on this ill-conceived legislation.

Mr. PRICE of Georgia. Mr. Speaker, I would remind my friend that it's the President who has delayed the employer mandate in this arena. All we're looking for is fairness and equality for the American people.

I'm pleased to yield 1 minute to the gentleman from Minnesota (Mr. PAUL-

SEN), a member of the Ways and Means Committee.

Mr. PAULSEN. Mr. Speaker, from the beginning, it was clear to many Americans that ObamaCare was far too burdensome, far too complex, and far too bureaucratic to be successfully implemented. And now it appears the Obama administration agrees.

Just a few weeks ago, the administration announces on a blog post a 1-year delay of the employer mandate, admitting that it is unworkable.

Now, I've advised hundreds of businesses in Minnesota and have heard loud and clear the concerns that Obama's mandates and rules mean increased costs, higher taxes, fewer hours for workers, lost jobs and layoffs. But it's not fair that the administration is choosing to let the individual mandate take effect, letting millions of average Americans be hit with a mandate and new financial penalties.

Why is the administration only concerned about protecting business, but not hardworking American taxpayers?

Today we have an opportunity to also delay the individual mandate in order to protect all Americans. This is an issue of fairness. Average Americans are struggling under this law and they need relief. They need protection, and they need real health care reform.

Mr. McDERMOTT. Mr. Speaker, I submit for the RECORD the report on the Third Congressional District of Minnesota and the people who will benefit from this act.

BENEFITS OF THE HEALTH CARE REFORM LAW IN THE 3RD CONGRESSIONAL DISTRICT OF MINNESOTA

COMMITTEES ON ENERGY AND COMMERCE, WAYS AND MEANS, AND EDUCATION AND THE WORKFORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent, one-stop-shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Paulsen's district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

3,300 young adults in the district now have health insurance through their parents' plan.

More than 8,800 seniors in the district received prescription drug discounts worth \$12.2 million, an average discount of \$620 per person in 2011, \$680 in 2012, and \$1,070 thus far in 2013.

108,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

220,000 individuals in the district—including 54,000 children and 87,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

150,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 16,600 consumers in the district received approximately \$1.4 million in insurance company rebates in 2012 and 2011—an average rebate of \$303 per family in 2012 and \$160 per family in 2011.

Up to 40,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

282,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

53,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a pre-existing health condition. In addition, the 42,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

I now yield 3 minutes to the gentleman from Michigan (Mr. DINGELL). He's been here for a number of years, always fighting for health care, and he is living proof that the price of liberty is eternal vigilance. He's here today fighting for health care, just like he did the first day he got here.

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. Mr. Speaker, I thank my good friend for the time; and I rise in strong opposition to the seriously misnamed H.R. 2668, Fairness for American Families Act. It's a lot of baloney. This is nothing more than a sorry political stunt that would undermine the critical portions of the Affordable Care Act, which is already bringing enormous benefits to the American people.

Delaying the individual mandate by 1 year will simply undercut ACA when it is the time that we must be focusing on fully implementing the law. Just today, we found that the health insurance premiums in New York are going to fall by an average of 50 percent when the exchanges are up and running. Other States can do the same thing, and that is the experience which we're finding across the country. This is happening elsewhere.

□ 1645

I would point out that repealing the individual mandate is going to cost Americans additional health care costs, not decrease them.

Let us move forward with the implementation. I ask my Republicans colleagues to cooperate with us in that goal. I ask them to work with us to better the welfare of the American people by seeing to it that this comes into law. The Congress has spoken and the American people approve. I say that it is time for us to provide real benefits to the American people rather than continue playing these sorry and tired political games.

I say shame on those of us who are wasting the time of this body. Let us

address the problems of the economy. Let us deal with jobs, employment. Let us deal with student loans, where the interest rate is doubling. Let us see to it that we implement this law which will do away with things that are so hurtful to the American people, such as having Americans unable to get insurance because they have a preexisting condition or where insurance companies can cancel a policy because people are getting sick. It is time for us to deal with the real problems.

Einstein observed that insanity is doing the same thing over and over again with the full expectation that the results are going to be different, but getting the same result. I say this country needs better leadership, better understanding, and a Congress that will work on behalf of the American people. As I look around, I do not see that on this floor today.

Again, I say shame. This is a terrible, terrible waste of the people's money and the people's time. It costs a lot for us to make this Congress meet and to conduct its business, and we are wasting that time now with this kind of nonsensical legislation.

Mr. DINGELL. Mr. Speaker, I rise in strong opposition to both H.R. 2667, the Authority for Mandate Delay Act, and H.R. 2668, the Fairness for American Families Act. Here we are once again taking another cheap shot at the Affordable Care Act (ACA), rather than working to continue providing its benefits to the American people. Both pieces of legislation are political stunts which will not help Americans get access to quality, affordable health care.

There is no need for passage of H.R. 2667 since the President has already acted to delay by one year the employer responsibility requirements under ACA. Given the fact that this type of change has long been sought by my friends on the other side of the aisle and their allies, you would think they would be praising the President for taking this action. Instead, they have done nothing but used this as another opportunity to score cheap political points, which is very telling.

Although I wish the employer responsibility provision would be implemented on time, the fact of the matter is that this delay will have very little practical impact. Over ninety six percent of large employers already offer health coverage to their employees. It is important that we take our time in getting these new reporting requirements right, which is exactly what the President is doing. Since the President has already acted in this manner, H.R. 2667 is duplicative and unnecessary.

H.R. 2668 also should be rejected by this body. The individual mandate is the cornerstone of the ACA, and the Supreme Court has affirmed its constitutionality. Simply put, delaying the implementation of the individual mandate is just a back door attempt to undermine the entire law. The Affordable Care Act has already brought many benefits to the American people. Thanks to the law, 206,000 people in my district have access to preventative services without a co-pay, and 8,500 young adults have health insurance through their parents' plan. Adopting this bill today would jeopardize this progress we have made in recent years.

Today we received news that health insurance premiums will fall by an average of 50

percent in New York once their exchanges are up and running in 2014. The individual mandate is a key reason for this. For years, New York had a prohibition on discriminating against individuals with a pre-existing condition. However, the State did not require all individuals to purchase insurance, which caused rates to skyrocket. The individual mandate, combined with the new health insurance marketplaces, are in large part responsible for this precipitous decline in insurance rates in New York. We should ensure that these results are replicated in my home State of Michigan and across the rest of the country. Repealing the individual mandate will increase Americans' health care costs, not decrease them.

I hope we can come together and work in a bipartisan manner to improve our health care system and provide real benefits to the American people. Until that day comes, I urge my colleagues to join me in voting against these two pieces of legislation, as they are nothing more than political stunts which do nothing to address the problems we face as a Nation.

Mr. PRICE of Georgia. I am pleased to yield 1 minute to a fellow physician colleague in the United States House, the gentleman from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. I thank the gentleman for yielding.

I rise in strong support of the Fairness for American Families Act. As chairman of the Health, Employment, Labor, and Pension Subcommittee, I've held three hearings outside the Beltway—one in North Carolina—where we talked to businesses and individuals about the effect of the Affordable Care Act on them and their businesses.

Let me just tell you about some people that I heard from. One was a divorced server in a restaurant that had her hours cut from 40 to 29 so that the company could stay in business. This woman now is missing an entire week's worth of hours every single month. She can't pay her bills unless she gets another job. The same problem for adjunct professors at the local community college.

And now, the audacity of what we've done is we've forced businesses to cut these hours, where they make less money, and then penalize you when you don't buy something. That's wrong. The right thing to do is to delay this for both individuals and businesses so they can work out the problems. That was the President's suggestion. I strongly support this bill.

Mr. McDERMOTT. Mr. Speaker, according to a report on the First Congressional District of Tennessee, 5,800 young adults have insurance on their parents' plan, 13,000 seniors receive prescription drug benefit reductions, and 168,000 seniors are now eligible for preventive care that's free. And on and on it goes.

BENEFITS OF THE HEALTH CARE REFORM LAW IN THE 1ST CONGRESSIONAL DISTRICT OF TENNESSEE

COMMITTEES ON ENERGY AND COMMERCE, WAYS AND MEANS, AND EDUCATION AND THE WORKFORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and

protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent one-stop shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Roe's district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

5,800 young adults in the district now have health insurance through their parents' plan.

More than 13,100 seniors in the district received prescription drug discounts worth \$16.9 million, an average discount of \$580 per person in 2011, \$630 in 2012, and \$680 thus far in 2013.

168,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

177,000 individuals in the district—including 34,000 children and 75,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

168,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 26,000 consumers in the district received approximately \$3.7 million in insurance company rebates in 2012 and 2011—an average rebate of \$69 per family in 2012 and \$201 per family in 2011.

Up to 36,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

190,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

Up to 103,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition. In addition, the 28,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

I yield 1 minute to the leader of the Democratic Party, the gentlewoman from California (Ms. PELOSI).

Ms. PELOSI. I thank the gentleman for yielding. I thank him also for his leadership on this health care issue. I've watched him lead this debate for nearly three decades, and I'm so pleased that you are here to defend the Affordable Care Act on the floor today, as our Republican colleagues try for the 38th time to repeal it. It is nothing more than a waste of time. This matter has been settled in Congress, at the Supreme Court, and at the ballot box. It is the law of the land.

Mr. Speaker, this bill that is on the floor today is something that the President has very clearly said he will veto. Yet Republicans still want to vote for the 38th time to repeal the Affordable Care Act while we're still waiting for the first time to vote for a jobs bill.

The American people expect and deserve this Congress to work together to grow the economy, creating jobs, and strengthening the middle class, the backbone of our democracy. It's been over 6 months since this Congress took office. It's been over 3 months since the Senate passed a budget bill. For all of that time, Democrats have proposed a budget that would reduce taxes on the middle class, strengthen the middle class, reduce the deficit, create jobs, and grow the economy. And for 6 months the Republicans have said "no." Instead, for 38 times they have wanted to waste the public's dollar repealing, once again, the Affordable Care Act.

What does a vote for this bill mean? A vote for this bill means that—just on the provisions already in place—you are voting so that children with a preexisting medical condition can now face discrimination. Because you will eliminate the end of that discrimination. Right now, children no longer face discrimination on the basis of a preexisting condition. A vote for the bill eliminates that.

Right now, young adults are gaining coverage through their parents' plans. A vote for this bill strikes that down. Right now, seniors are paying less for prescription drugs and getting better treatment at a lower cost. A vote for this bill strikes that down. Americans no longer face lifetime limits on care. A vote for this bill eliminates that. Families are receiving rebates from insurance companies because of the medical loss ratio. It's very important in this bill. Insurance companies were overly profiting at the expense of policyholders. This is a vote for the insurance companies and against policyholders. Soon, being a woman will no longer be considered a preexisting medical condition. The Republicans don't like that.

And when I say don't like, what will also be coming up in the bill is it will take away access to affordable coverage for 129 million people with a preexisting medical condition. Just think of it. Do any of you know anyone with heart disease, cancer, diabetes, or a child born prematurely? That's a preexisting condition forever—one that also has lifetime limits on it, if you have your way.

It takes away the guarantee that women pay the same premiums as men for the same coverage. Women have so much to gain in this bill because for so long we have been discriminated against on the basis of being a woman. You want to take that away from us again. It takes away the new cap on America's out-of-pocket health care costs. The list goes on and on about what is the law now that will be taken away and what will become the law in fewer than 6 months that was very helpful for America's families.

The gentleman told us a story about a small businessman. We always say the plural of anecdote is not data, but we all have our stories to tell. They are

illustrative. Ninety-six percent of America's businesses are not affected by this law.

Mr. Speaker, last year, in San Francisco, I met with Julie and Matt, parents of a little 2-year-old girl, Violet. Violet was born with a rare and life-threatening form of epilepsy. For Violet and her family, the Affordable Care Act was life-changing. Before the act, Violet had a preexisting condition. So she would be discriminated against in terms of health insurance. Violet had lifetime and annual limits on the coverage that she could get. A little child with such an early preexisting condition could possibly exhaust her lifetime limits before she was in third grade.

Imagine being in their shoes. Imagine Julie and Matt watching this debate, following the work of Congress, and what it means to them. What it means to them is the health of their child, the financial security of their family, and hope for the future. Imagine the fear, the uncertainty, the frustration they feel when they hear this debate. Imagine what it would be like to witness it 38 times and the threat that it is to your family's security.

So there are Violet and other children like her. We hear stories over and over again. Whatever we're doing, I always like to envision what it means to children and what it does for our children. This means a great deal to our children and to their families. It honors the vows of our Founders of life, liberty, and the pursuit of happiness. A healthy life, the liberty to pursue your happiness, to be whatever you want—an artist, be self-employed to start a business, to change jobs. To be able to follow your passion, not policy. And not to be confined because there's a preexisting condition in your family or to be confined because of fear of someone getting ill.

Really, what is important today is what it does or how it damages the health security of America's families. But it's also the missed opportunity. When, if ever, do the Republicans intend to bring a bill to the floor that will create jobs for our country? When are we going to have a budget that does just that?

You said you wanted the Senate to pass a bill and then we would go to conference. That's called regular order. The Senate passed a bill 3 months ago. And still, the Republicans resist. What are you afraid of? Are you afraid that the public will see the contrast between a Democratic budget, which invests in people, which builds the infrastructure of America, which has provisions to bring jobs home to America, and that strengthens the middle class instead of the exploitation of the middle class that is contained in the Republican budget?

So all this is a smokescreen. It's just make-work projects. It's just subterfuge. Let's do anything other than what the American people expect us to do here. They expect us to work together. They expect us to compromise.

They expect us to find solutions. They expect us to get results for them. They expect us to act the way we used to here and be respectful of each other's views, instead of having a Republican anti-government, ideological agenda which says nothing—nothing—is our success, to do nothing is to succeed, and never is our timetable.

So let's not waste the public's time, and the taxpayers' dollar on initiatives that are going no place. They're political stunts and an excuse for a legislative agenda that is not worthy of this House of Representatives, that is not deserving of the respect of the American people, and the form of this legislation will not have my support.

Mr. PRICE of Georgia. * * * The fact of the matter is that this bill, understanding that ObamaCare is a huge, destructive element in job destruction—Mr. BECERRA. Mr. Speaker, I ask that the gentleman's words be taken down.

The SPEAKER pro tempore. The gentleman will suspend. The gentleman will be seated.

The Clerk will report the words.

□ 1700

Mr. PRICE of Georgia. Mr. Speaker, I ask unanimous consent to withdraw my previous statement.

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

There was no objection.

Mr. PRICE of Georgia. Mr. Speaker, I'm pleased to yield 1 minute to the gentleman from Virginia (Mr. HURT).

Mr. HURT. Mr. Speaker, in response to the minority leader's statement, I would suggest that this is in fact a jobs bill. This is a bill about health care. It is about the quality of health care. It is also about preserving jobs for this country.

I rise in support of the Fairness for Families Act, a House initiative that would delay the enforcement of the individual insurance mandate, a central element of the President's health care law. This bill would provide hard-working individuals and families with the same relief that the Obama administration recently gave to American employers.

As I travel throughout our district, I consistently hear about the law's devastating effect it has on our families, our workforce, and our struggling economy. Whether it's the community college in Danville that is cutting employee hours because it simply cannot afford to comply with the law or the family in Charlottesville that is coping with skyrocketing insurance premiums, there is no question that the people of Virginia's Fifth District continue to be negatively impacted by this law.

While the administration continues to praise this legislation, the American people are left with nothing but broken promises.

At a time when too many across this country are out of work, it only makes sense that we act to reduce the burden

on individuals and families by suspending this mandate while continuing our efforts to repeal this flawed law and replace it with market-oriented policies that will lower costs for all Americans.

Mr. McDERMOTT. Mr. Speaker, I would like to insert letters from consumer groups opposing the bill—Easter Seals, American Diabetes Association, American Heart Association, and others.

I also would like to enter into the RECORD the report on the Fifth Congressional District of Virginia and those who will benefit from the Affordable Care Act.

BENEFITS OF THE HEALTH CARE REFORM LAW IN THE 5TH CONGRESSIONAL DISTRICT OF VIRGINIA

COMMITTEES ON ENERGY AND COMMERCE, WAYS AND MEANS, AND EDUCATION AND THE WORKFORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent one-stop shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Hurt's district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

5,900 young adults in the district now have health insurance through their parents' plan.

More than 11,400 seniors in the district received prescription drug discounts worth \$15.6 million, an average discount of \$590 per person in 2011, \$720 in 2012, and \$800 thus far in 2013.

165,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

201,000 individuals in the district—including 37,000 children and 87,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

188,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 57,300 consumers in the district received approximately \$4.6 million in insurance company rebates in 2011 and 2012—an average rebate of \$115 per family in 2011 and \$88 per family in 2012.

Up to 37,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

235,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

Up to 91,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition. In addition, the 51,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more

secure, higher quality coverage and many will be eligible for financial assistance.

JULY 16, 2013.

Hon. JOHN BOEHNER,
Speaker of the House, U.S. House of Representatives, Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, U.S. House of Representatives, Washington, DC.

DEAR SPEAKER BOEHNER AND MINORITY LEADER PELOSI: Today, millions of Americans face barriers to health insurance coverage. Many go without insurance because it is simply unaffordable. Others have life-threatening chronic diseases such as cancer, diabetes, heart disease or stroke and are denied insurance due to pre-existing conditions. Starting in 2014, the Affordable Care Act will remove these tough barriers to health insurance.

New patient protections will require insurers to cover people with pre-existing conditions, eliminate limits on the coverage a patient can receive, and ban the practice of charging women and people with health conditions more for their coverage. In fewer than 80 days, the doors to new insurance marketplaces will be open to enroll uninsured people and the marketplaces, along with tax credit subsidies, will help more Americans afford life-saving care.

However, for these important protections to stay in place without disrupting the health care market—and driving up costs for everyone—the insurance market must include a mix of both healthy and sick people. We already know what a health care system without a minimum coverage requirement looks like: many healthy Americans opt not to buy health coverage until they are ill, and costs skyrocket as insurance pools fill with people in urgent need of treatment and care. People with pre-existing conditions are charged exorbitant rates for health coverage, putting critical care out of reach for many American families. As a result, many people with a chronic illness must resort to emergency room care, which lowers their chances of surviving their illness and drives up costs system-wide.

We are therefore opposed to H.R. 2668, legislation that would delay the minimum coverage provision that is instrumental to the effectiveness of the patient protections. By ensuring near universal coverage, the new patient protections help end cherry-picking and cost shifting in the current health care market, which drives up costs for everyone. Last year the Supreme Court upheld the constitutionality of the minimum coverage provision and our organizations support its scheduled implementation.

We also believe that H.R. 2667 is unnecessary and detracts from the more critical job we all must undertake to help more Americans gain access to high quality, affordable, health insurance.

The undersigned organizations believe that we all have a duty to spread the word about the new health insurance options that will allow people to compare prices and shop for health insurance where they live. That is why our respective organizations are opposed to votes that hamper the implementation of the law or wrongly direct attention away from the important job of informing people about new coverage options.

We look forward to working with you to help you and your constituents get information about the new options for fairer, more comprehensive, and more affordable health care coverage.

Sincerely,

AMERICAN DIABETES
ASSOCIATION.
AMERICAN HEART
ASSOCIATION.

CONSUMERS UNION.
FAMILIES USA.
NATIONAL PARTNERSHIP
FOR WOMEN & FAMILIES.
NATIONAL WOMEN'S LAW
CENTER.

AMERICAN ACADEMY OF
FAMILY PHYSICIANS,
July 15, 2013.

INSURANCE COVERAGE REQUIREMENT IS FOUNDATION OF IMPROVING ACCESS, QUALITY AND COST CONTAINMENT IN HEALTH CARE

Statement attributable to: Jeff Cain, MD, President, American Academy of Family Physicians.

The Affordable Care Act's requirement that individuals have health insurance—either through their employer, a federal or state health care program, or as an individual purchaser—is the foundation of improving access to care and vital to ensuring everyone has health care coverage. For that reason, the American Academy of Family Physicians strongly supports the health coverage requirement for individuals. We urge Congress to preserve this element of health care reform.

The cost of providing care to uninsured patients is a major driver of skyrocketing costs of health care. Health professionals struggle with economic losses that result from providing care to uninsured patients. Individuals whose usual source of care is the emergency room have no access to comprehensive, coordinated services that prevent unnecessary often-uncompensated ER use and hospitalizations. Worse, the professionals who see these patients for incident-specific health issues and do not know the patient's medical history must repeat expensive tests and procedures. The cost of these fragmented and costly interventions are passed on through rate increases to the insured, which in turn drives up the cost for employers, governments, and individuals.

One way to end this increasingly expensive cycle is to require everyone to have health insurance. The AAFP has consistently called for ensuring that everyone has access to health insurance and care provided in a patient-centered medical home. The Affordable Care Act does just that with its requirement that individuals who don't get health benefits through work buy coverage—with appropriate subsidies if necessary—or receive health care through Medicaid.

If Congress hopes to improve the quality of health care and rein in escalating costs, it must end the fragmented, duplicative system that results from lack of health insurance. Ensuring that all individuals have health care coverage is not only good health care policy, but it is also good economic policy. Without a coverage requirement, many patients will continue to have no coverage, other patients will see insurance premiums rise due to covering the cost of uninsured patients, businesses will continue to grapple with rising health care costs, and health professionals, will have to absorb significant financial losses due to providing uncompensated care.

NATIONAL WOMEN'S LAW CENTER CRITICAL OF HOUSE BILLS AIMED AT HAMPERING HEALTH CARE LAW

WASHINGTON, DC.—The House of Representatives is slated to vote today on H.R. 2667 and H.R. 2688, two bills aimed at undermining the Affordable Care Act (ACA).

The following statement is from Marcia D. Greenberger, Co-President of the National Women's Law Center:

"Thanks to the ACA, millions more American women will have access to affordable health insurance options when enrollment in

health insurance marketplaces begins in October. But rather than help the American people learn about new coverage options and their benefits, the House leadership is working relentlessly to hamper, if not totally prevent implementation of the law. Their efforts could cost uninsured and underinsured women and their families dearly, taking away the critically important health and financial security promised by the ACA's landmark reforms.

"We urge the House of Representatives to put aside any attempts to roll back the ACA and get on with the urgently-needed work of ensuring its success."

NATIONAL COMMITTEE TO PRESERVE
SOCIAL SECURITY & MEDICARE,
Washington, DC, July 16, 2013.
HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the millions of members and supporters of the National Committee to Preserve Social Security and Medicare, I urge you to vote against H.R. 2668 and any legislation that would delay the individual responsibility provision to obtain health insurance. The individual requirement is a critical component of the Affordable Care Act (ACA). Without it, the intent of the law—to offer affordable coverage to the uninsured—would be undermined.

This differs from the Administration's decision to delay for one year the requirement for large employers to offer employee health insurance or pay a penalty, made to accommodate the business community's request for additional time to prepare for the new system. Currently, the majority of employers already provide health insurance to recruit and retain employees, and the employer delay will not change this. For large employers that do not offer health coverage or plan to delay providing coverage, such as some retail and restaurant chains, their employees will be able to purchase a health plan in one of the subsidized marketplaces. Because federal subsidies will be available to those with low-to-moderate incomes to purchase insurance through the exchanges, some employees may end up with less expensive and more robust health plans from the exchanges than they would have received from their employers.

In contrast, delaying the individual requirement to purchase health insurance will undercut the ability of the ACA marketplace exchanges to offer affordable health coverage. Requiring individuals to purchase health insurance is necessary because it spreads health risks across the entire population, thus healthier and/or younger individuals would help keep overall expenditures lower. Younger enrollees benefit from risk sharing between generations as they age and require more health care.

According to a recent Kaiser Family Foundation poll, more than seven in ten young adults stated that it is very important for them to have health insurance. However, the high cost of insurance was the biggest barrier for purchasing insurance. The same poll found that about half of those under age 65 believe that they or household members have a pre-existing condition, and a quarter of them were denied health insurance or paid higher premiums because of it. In order to reverse these wrongs, the individual insurance requirement is needed to create a health system that will put affordable coverage in reach of young and old alike.

We support the Affordable Care Act, and urge you to vote against H.R. 2668 and any legislation that would delay the individual responsibility requirement. Millions of

American are counting on it and need affordable health coverage as soon possible.

Sincerely,

MAX RICHTMAN
President and CEO.

SERVICE EMPLOYEES
INTERNATIONAL UNION,
Washington, DC, July 16, 2013.

DEAR REPRESENTATIVE: On behalf of the more than 2.1 million members of the Service Employees International Union (SEIU), including more than 1 million nurses, doctors, lab technicians, nursing home workers, home care workers and others, I urge you to oppose the Authority for Mandate Delay Act (H.R. 2667) and the Fairness for American Families Act (H.R. 2668). Rather than a productive, bipartisan effort to ensure successful implementation of the Affordable Care Act, these bills are yet another misguided political effort to undermine the law and chip away at the protections the law provides.

The Affordable Care Act makes healthcare more available and affordable for millions of Americans. Right now, there are more than 100 million Americans—of all ages, occupations, incomes and political parties—who are benefiting from the Affordable Care Act. Because of this law, insurance companies are prohibited from rescinding insurance coverage based on a pre-existing condition, seniors can afford lifesaving prescriptions, young people can stay on their parents' plans until age 26, and progress is being made around the country to give Americans new options to purchase affordable health coverage.

Sadly, rather than engaging in bipartisan efforts to ensure successful implementation, some seek to score political points to undermine support for the law. These bills—like the dozens of others—serve nothing more than to distract from the core work SEIU is committed to: making sure people know about the new options available to them for more accessible, affordable coverage where they live.

Despite the delay tactics and millions of dollars spent to derail the Affordable Care Act, the law is moving forward and new healthcare markets will be ready to offer high-quality, lower-cost healthcare coverage to middle-class Americans as of January 1, 2014. SEIU will continue to work together with organizations from all walks of life—including labor, small businesses and responsible employers, healthcare providers and advocates, faith leaders and elected officials—to make sure Americans are informed when it comes to their healthcare choices under the law.

H.R. 2667 and H.R. 2668 are part of a concerted strategy to reflight political battles of the past, rather than bipartisan efforts to continue moving this law forward. We urge you to oppose these misguided bills. Votes on these bills may be added to SEIU's Congressional scorecard at www.seiu.org. If you have any questions, please contact Steph Sterling, Legislative Director.

Sincerely,

MARY KAY HENRY,
International President.

AMERICAN PUBLIC HEALTH
ASSOCIATION,
Washington, DC, July 16, 2013.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the American Public Health Association, a diverse community of public health professionals who have championed the health of all people and communities around the world for more than 140 years, I write in opposition to the Fairness for American Families Act,

legislation to delay the individual mandate under the Affordable Care Act (H.R. 2668).

Implementation of the ACA is critical to addressing the biggest challenges facing our health system including the escalating costs associated with our health care system, uneven quality and deaths due to medical errors, discriminatory practices by health insurance providers and the shrinking ranks of the nation's primary care providers. The ACA is helping to shift our health system from one that focuses on treating the sick to one that focuses on keeping people healthy. The individual mandate is central to reducing the number of uninsured Americans, controlling health care costs and ensuring the availability of affordable health insurance coverage. Delaying this key provision will only undermine our progress in creating a healthier nation.

The ACA will provide an additional 30 million uninsured individuals with affordable and comprehensive health insurance coverage. Since its enactment, the law has provided 71 million Americans with access to preventive health care services such as vaccines, disease screenings, well-child visits and tobacco cessation counseling without copays or deductibles. More than 34 million seniors have also accessed preventive services without cost through the Medicare program. More than 3 million young adults up to age 26 are able to stay on their parents' health insurance plans and nearly 18 million children with pre-existing conditions are protected from insurance coverage denials. In addition, the ACA provides critical mandatory funding through the Prevention and Public Health Fund for community-based prevention and wellness activities including efforts to control the obesity epidemic, reduce tobacco use and modernize vaccination systems.

Protecting the ACA and working to effectively implement this critical law will remain a top priority for APHA and we will consider including this vote in our 2013 annual congressional vote record.

We ask you to oppose this and future efforts to delay or repeal the full implementation of the ACA and we look forward to working with you to protect and improve the health of the American people.

Sincerely,

GEORGES C. BENJAMIN,
MD, FACP, FACEP (E),
Executive Director.

EASTER SEALS,
OFFICE OF PUBLIC AFFAIRS,
Washington, DC, July 16, 2013.

DEAR MEMBER OF CONGRESS: Easter Seals is asking you to oppose the Authority for Mandate Delay Act (H.R. 2667), legislation to codify the recent administration-issued delay in the implementation of the employer mandate included in the Affordable Care Act, and the Fairness for American Families Act (H.R. 2668), legislation to delay the implementation date of the individual mandate, also part of the Affordable Care Act. The structure of this law allows access to appropriate and high quality health care services which are essential for people with disabilities to live, learn and work and play in their communities.

The goal of the health care reform law is to assure that all people have access to quality, affordable health care that meets their individual needs. It is through the types of changes included in the Affordable Care Act that we can hope to enable all Americans, including people with disabilities and chronic conditions, to be healthy, functional, live as independently as possible and participate in their communities.

The circumstances facing people without insurance, or those that are under-insured,

have not changed since passage of this law in March of 2010, even if some might say the political landscape has become more complex. We strongly urge you to reject steps to dismantle this tightly-crafted process before it has had a chance to be put into place. The law, if given the time and tools to be successful, can make great strides to provide affordable, quality health care to those who have difficulty attaining or retaining insurance coverage.

Easter Seals looks forward to working with you as the effort to ensure quality health care is available to more Americans moves forward.

Sincerely,

KATHERINE BEH NEAS,
Vice President, Government Relations.

Mr. McDERMOTT. I now yield 5 minutes to the minority whip, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank the gentleman for yielding.

Mr. Speaker, I rise to speak the truth. This bill and the other bill are not real; they are purely partisan politics. They have nothing to do with reality. My friends and Mr. Speaker, the American people ought to know that is the truth.

These bills take time, with no effect. And everybody in this House—the majority leader and 434 of the rest of us—know these bills are going nowhere. They are, in fact, the 38th and 39th effort to repeal the Affordable Care Act, an attempt which has been made some 37 times already with no substantive alternative to assure quality, affordable health care for all Americans. My friends, that is the truth.

This is a game. This is political messaging, nothing more, nothing less. It is a “gotcha” game.

The President has already taken action to make sure that businesses—some 4 percent of the businesses in America, by the way, are affected by what the President did and your purported bill—to make sure that they can do the paperwork properly. The administration took the right action.

Your first bill is not necessary and you know it. It is a setup so that your second bill, which takes away the individual mandate—which America ought to know, Mr. Speaker, would undermine the very benefits that are today being enjoyed by seniors, by young people, by children with preexisting conditions, and by so many millions of Americans enjoying the benefits today. But without the individual mandate, as the Heritage Foundation pointed out so many years ago—a position they have now changed, of course—was absolutely essential to make sure that we could bring costs down. The New York Times of course, today, ironically, said on its front page that there is a possibility that premiums are going to be reduced 50 percent.

So, Mr. Speaker, I would tell my friends in the press, in the media, don't take any of these votes for real. They're “gotcha” votes so that maybe some people will vote “yes” to confirm the President's opinion and then say, But we don't want to undermine the Affordable Care Act—as all of you who

have voted so often have expressed your willingness and intent to do. But then they will vote “no” on the individual mandate, and you will say, of course, My, my, my; they were for businesses but against all you individuals. That RNC ad I'm sure is written already. That's what this is about, “gotcha” politics.

Isn't it a shame. Isn't it a shame, when millions of Americans have no health care, when millions of Americans have no jobs, when people are being furloughed in the defense sector, undermining the security of our country—in Virginia and in Maryland—undermining our national security, that we spend our time here on this floor with “gotcha” politics, with no expectation whatsoever that either of these bills will ever become law.

This is simply messaging. This is simply saying for the people who have been, for the last 4 years, trying to repeal the Affordable Care Act. And so many people were absolutely positive that President Obama was going to go down to defeat on the horns of the dilemma of the Affordable Health Care Act. It didn't happen. The American people said, No, we don't buy that argument. We believe providing Americans with health care is an important objective. We believe in making sure that kids and individuals with pre-existing conditions can get health care, making sure that seniors won't be driven into poverty by paying for expensive drugs to keep them alive, making sure that people get preventive health care and are not disincentivized in doing that by additional costs.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. McDERMOTT. I yield the gentleman an additional 30 seconds.

Mr. HOYER. I thank my friend.

Ladies and gentlemen, we really need to come together and talk about how we reasonably move forward.

Speaker BOEHNER said, when the President was reelected, well, the Affordable Care Act is here. But you continue, you continue this very day, to pretend you're going to repeal the Affordable Care Act. That's maybe what your constituents want. That's maybe good politics for you, but it's lousy substance. That's the truth.

This is a “gotcha” vote. The press ought to disregard and constituents ought to disregard anything other than this is a vote to end the Affordable Care Act. Reject it. Reject it. Reject this politics as usual.

Mr. Speaker, today's votes are a sad and unnecessary gimmick.

What Republicans are focusing on with these bills is not real—it's part of a political game that comes at the cost of spending time on the actual challenges we face, like creating jobs and replacing the sequester.

I'm not surprised that Republicans continue to force votes to repeal the Affordable Care Act, because that's been their position all along.

Today's votes are more of the same—efforts to undermine a law that has

been enacted by Congress, upheld by the Supreme Court and reaffirmed with the reelection of President Obama.

The Administration has already announced they are delaying employer penalties by one year, while they continue to work with America's businesses to simplify reporting requirements.

They have already taken the needed steps to give the four percent of employers impacted by this policy more time to adapt their health coverage to new requirements—making today's legislation both redundant and irrelevant.

With respect to the individual responsibility requirement—no delay is needed.

Consumers will soon be able to use new insurance marketplaces to purchase insurance products that cover pre-existing conditions, do not impose arbitrary limits on your coverage, and do not charge women higher premiums than men for the exact same policy.

Many will be eligible for tax credits to help them cover the cost of insurance as well.

Today's legislation will only serve to increase both premiums and the number of uninsured.

It's time Republicans stop playing games with America's health care and focus the People's House on the issues the people care about: replacing the sequester and creating jobs.

The SPEAKER pro tempore. The Chair would remind all Members to direct their remarks to the Chair.

Mr. PRICE of Georgia. Mr. Speaker, I'm pleased to yield 1 minute to the majority leader of the United States House of Representatives, the gentleman from Virginia (Mr. CANTOR).

Mr. CANTOR. I thank the gentleman from Georgia for his leadership.

Mr. Speaker, I rise today to support the Fairness for American Families Act.

You know, Mr. Speaker, it's interesting here on the floor to hear the leadership of the minority continue their cries of objection based on claims of politics and process. Now we're talking about substance here. Instead, what we hear are objections about our position, somehow insinuating that we don't care about people's health care. Well, Mr. Speaker, I would say it is exactly the opposite. We're talking about substance and we're talking about ways that we can improve the prospects for quality health care for Americans.

For several years, Republicans have been warning the American people about the devastating impact ObamaCare will have on both jobs and health care, and it now appears that Democrats—and even the President himself—are beginning to agree. The decision by the administration earlier this month to delay the employer mandate to 2015 is a clear signal that even the administration doesn't believe the country is ready to sustain the painful impact this law will have. Fortunately, others, including some of the law's most ardent supporters, are starting to realize the same.

Just this week, Democratic leaders of the House and Senate were sent a letter from the presidents of three major

unions warning that if changes were not made to the Affordable Care Act, it would "destroy the foundation of the 40-hour workweek that is the backbone of the American middle class."

Now, Mr. Speaker, to me, that's real. That's not just games. That's real.

Now, continuing, these union leaders claim that if the Affordable Care Act was enacted without being modified, it would "destroy the very health and well-being of our members, along with millions of other hardworking Americans."

These consequences resulting from employees having their hours cut and their health benefits jeopardized represent what these leaders described as "nightmare scenarios."

Mr. Speaker, I'd submit again, that's real. That's not just games.

It is now explicitly clear to people across political lines that promises were made and now broken, and ObamaCare is not working. Now, this is the direction we need to take. This is the common ground. If we have bipartisan agreement that things just aren't working under ObamaCare, let's work to improve the situation for Americans.

Why is it that working Americans have to suffer the financial burdens of an overreaching, government-run health care system while the same consequences for big business are delayed a year? The White House won't offer an answer to that because, I believe, they've run out of excuses. They've run out of ideas, and now they're starting to backpedal.

□ 1715

The Fairness for American Families Act will extend the delay of these mandates to all Americans. No family's health, well-being, or employment should suffer while businesses get a break. I sincerely hope that my colleagues on the other side of the aisle would join us in this effort to bring basic fairness to everyone.

I would like to thank Congressman TODD YOUNG from Indiana for his hard work on this issue, and I urge my colleagues in the House to support this legislation.

Mr. MCDERMOTT. Mr. Speaker, I yield myself 30 seconds to report on the Seventh Congressional District of Virginia, where the promises have been kept:

4,500 young adults have health insurance on their parents' plan;

10,000 seniors have received help with their drug costs;

112,000 seniors are now eligible for preventive care at no cost;

288,000 people in the Seventh District now have insurance that does not have lifetime limits.

The promises have been kept in the Seventh District.

BENEFITS OF THE HEALTH CARE REFORM LAW IN THE 7TH CONGRESSIONAL DISTRICT OF VIRGINIA

COMMITTEES ON ENERGY AND COMMERCE, WAYS AND MEANS, AND EDUCATION AND THE WORKFORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent one-stop shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Cantor's district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

4,500 young adults in the district now have health insurance through their parents' plan.

More than 10,000 seniors in the district received prescription drug discounts worth \$13.6 million, an average discount of \$580 per person in 2011, \$730 in 2012, and \$800 thus far in 2013.

112,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

236,000 individuals in the district—including 56,000 children and 95,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

222,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 67,300 consumers in the district received approximately \$5.4 million in insurance company rebates in 2011 and 2012—an average rebate of \$115 per family in 2011 and \$88 per family in 2012.

Up to 43,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

288,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

Up to 74,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition. In addition, the 42,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

Mr. Speaker, I now yield 3 minutes to the gentleman from California (Mr. BECERRA).

Mr. BECERRA. Mr. Speaker, "The Least Productive Congress Ever," that's the title of an article in today's Washington Post. Here is how the article begins:

Congress, in case you have been living on another planet for the last few years, doesn't do all that much these days.

So we are, debating again—for the 38th time—a bill to repeal all or part of our Nation's health security law. We've heard this broken record 37 times before and it sounds the same and it goes nowhere.

But there is more consequence to this partisan agenda than just wasting the American people's time and adding to the record of the least productive Congress ever. Wasting the American people's time 38 times wastes the American taxpayers' money. According to CBS News reports, this obsession to vote over and over and over 38 times on these partisan bills has cost the American taxpayers more than \$50 million. That's an expensive ticket for political theater.

So what are the facts on this legislation? The Congressional Budget Office, our country's fiscal watchdog, says this about H.R. 2668: "Health insurance premiums"—under this legislation—"for individually purchased coverage would be higher under H.R. 2668. In addition, the number of people with health insurance coverage would be reduced."

Translated, the cost for health insurance and health care for Americans will go up and the number of Americans with insurance coverage will go down under this legislation.

Here is today's New York Times—and it says it all on the front page: "Many New Yorkers Will See Big Savings on Health Plans Under the Current Law." How does it start? The article says:

Individuals buying health insurance on their own will see their premiums tumble next year in New York State as changes under the Federal health care law take effect.

The facts: health care insurance costs are going down. But this bill will repeal all or part of the health care security law.

This Congress is the least productive Congress ever, because instead of voting on a jobs agenda and growing our economy, this House is voting for the 38th time to do nothing. This House is out of touch with the American people. It is time this House caught up with the American people and work in bipartisanship to get Americans back to work and provide them more health security, not less.

Mr. PRICE of Georgia. Mr. Speaker, I would now like to insert into the RECORD a letter of today from the National Federation of Independent Business.

NFIB,
THE VOICE OF SMALL BUSINESS,
Washington, DC, July 17, 2013.

DEAR REPRESENTATIVE: On behalf of the National Federation of Independent Business (NFIB), the nation's leading small business advocacy organization, I am writing in strong support of H.R. 2668, the Fairness for American Families Act. A vote in favor of H.R. 2668 will be considered an NFIB Key Vote for the 113th Congress.

H.R. 2668 would delay the requirement that nearly all Americans purchase minimum essential health insurance coverage or pay a tax penalty until 2015. The delay of the individual mandate is needed due to the administrative delay of the employer mandate. The delay would alleviate confusion for small business owners, self-employed individuals and small-business employees. Delaying problematic provisions provides temporary relief for individuals and small businesses, while also validating the underlying prob-

lems inherent in the law and its implementation. Perhaps most importantly, delay provides Congress additional time to correct problematic provisions in the law.

In *NFIB v. Sabelius* NFIB opposed the individual mandate because we believe the Commerce Clause of the U.S. Constitution does not give Congress the authority to require Americans to purchase a product. Unfortunately, the Supreme Court determined the mandate was proper as a "tax" under Congress' taxing power. Whether a "mandate" or a "tax" penalty, this provision requires small-business owners to spend money—buy health insurance or pay a tax penalty. This is money they could have used to grow their business and hire more workers.

Without significant changes, this law will continue to cause problems for the small-business economy. Small-business owners support continued efforts to remedy the most harmful provisions in the law that are already impacting their businesses and their employees. Some fundamental reforms include:

H.R. 2575, the Save American Workers Act, which would change the definition of full-time employee from 30 hours per week to 40 hours per week;

H.R. 903, the American Job Protection Act, which would repeal the employer mandate that is already preventing business expansion and job creation;

H.R. 763, the Jobs and Premium Protection Act, which would repeal the small business health insurance tax (HIT) that will increase premiums for the health insurance plans that self-employed individuals and small businesses purchase.

NFIB is dedicated to working with lawmakers to find solutions that work for small business and will consider a vote in favor of H.R. 2668 an NFIB Key Vote for the 113th Congress.

Sincerely,

SUSAN ECKERLY,
Senior Vice President, Public Policy.

Mr. Speaker, I am pleased to yield 1½ minutes to the chairwoman of the Republican Conference, the gentlelady from Washington State (Mrs. McMORRIS RODGERS).

Mrs. McMORRIS RODGERS. Mr. Speaker, I rise in strong support of the Fairness for American Families Act, to protect families and individuals from a health care law that is unworkable and is making it harder and worse on our health care system.

I support this bill delaying the individual mandate because it protects everyday hardworking American families—like my family at home and yours all across this country—from higher premiums, fewer choices of doctors, and lower quality of health care.

We see time and time again this President at work picking winners and losers and ignoring his constitutional duty to uphold the law—even his signature law. Each time, individuals lose, families lose—America loses.

The administration's decision to delay the employer mandate is no different. How is it fair to delay an unworkable law for big businesses but not for individuals and families—the very people that are going to have to pay the price because of this unworkable health care law?

The fact is this law is making it worse; worse for health care, worse for the economy, worse for America.

I urge my colleagues, Republicans and Democrats, support this bill, do what is fair for the American people and their families.

Mr. McDERMOTT. Mr. Speaker, I yield myself 30 seconds so that I can inform the body of the effect on the Fifth Congressional District of the State of Washington:

7,000 adults, young adults, are on their parents' plan;

5,600 seniors have had benefits around their drug costs;

89,000 who have lacked health insurance now have it.

All of this is because of the Affordable Care Act.

BENEFITS OF THE HEALTH CARE REFORM LAW
IN THE 5TH CONGRESSIONAL DISTRICT OF
WASHINGTON

COMMITTEES ON ENERGY AND COMMERCE, WAYS
AND MEANS, AND EDUCATION AND THE WORK-
FORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent one-stop shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. McMorris Rodgers's district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

7,900 young adults in the district now have health insurance through their parents' plan.

More than 5,600 seniors in the district received prescription drug discounts worth \$7.5 million, an average discount of \$620 per person in 2011, \$660 in 2012, and \$1,070 thus far in 2013.

113,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

180,000 individuals in the district—including 36,000 children and 75,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

167,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 700 consumers in the district received approximately \$100,000 in insurance company rebates in 2012 and 2011—an average rebate of \$512 per family in 2012 and \$185 per family in 2011.

Up to 36,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

203,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

89,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a pre-existing health condition. In addition, the 45,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more

secure, higher quality coverage and many will be eligible for financial assistance.

Mr. Speaker, I now yield 2 minutes to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Mr. Speaker and Members, I rise in strong opposition to the further Republican attempts to undermine the Affordable Care Act.

The administration recently announced that due to logistical issues they were delaying the employer mandate for a year. I do not support this measure, but it is within their authority to do it.

However, the decision of the Department of Treasury does not justify delaying the implementation of other portions of the law. Implementing this law is too important for America's well-being and their economic security to delay it. Low-cost, high-quality health care is right around the corner. If we delay the individual mandate, the risk pools will be skewed so that the coverage is less affordable for those who choose to purchase it.

Delaying the employer mandate will have a higher impact on States like mine that are refusing to expand Medicaid. If an employee makes between 100 percent and 133 percent of the Federal poverty level, they will receive no Medicaid, no subsidies, and now employers won't have to cover them for another year.

I am told that this is a small number, but in a district like ours, which has the highest rate of working uninsured in the country, this is a big problem. Up to 260,000 individuals in our district who lack health insurance will have access to quality, affordable care without fear of discrimination or higher rates because of a preexisting condition.

Our country has waited too long for real health care reform—coverage that our industrial competitors and partners provide. I oppose both these bills.

Mr. PRICE of Georgia. Mr. Speaker, I would like to enter into the RECORD a letter dated July 15, 2013, from Matt Kibbe, the president and CEO of FreedomWorks in support of H.R. 2668.

FREEDOMWORKS,

Washington, DC, July 15, 2013.

KEY VOTE YES ON DELAYING OBAMACARE'S
INDIVIDUAL MANDATE

As one of our millions of FreedomWorks members nationwide, I urge you to contact your Representative and urge him or her to vote YES on H.R. 2668, the Fairness for American Families Act. Sponsored by Rep. TODD YOUNG (R-IN), this bill—which the House is expected to take up this week—would delay ObamaCare's "individual mandate."

Beginning on January 1, 2014, ObamaCare will require most U.S. citizens to purchase government-controlled health insurance. This "individual mandate" is, by the Administration's own admission, the "linchpin" of the Washington takeover of health care. If the mandate were to go away, the whole costly and intrusive scheme would unravel.

The individual mandate is a latter-day "intolerable act." Despite the Supreme Court's erroneous 2012 ruling, Congress lacks authority under the Constitution to impose such a

mandate on U.S. citizens. And even if it were constitutional, the mandate is immoral because it violates individual liberty, is not necessary to "help the uninsured" (there are less coercive and less costly ways to do so), and is terribly unfair, both in its effects and how it is being implemented.

The unfairness of the mandate is this: its costly burden falls most heavily on just one segment of the population: young adults in their twenties and thirties. They are the group most likely to be uninsured. Indeed, two-thirds of the uninsured are in their twenties and thirties. ObamaCare causes their insurance premiums to rise exponentially, in some cases doubling or even tripling. These Americans are uninsured because health insurance costs too much. ObamaCare's mandate is unfair to them, because it forces them to buy a product that is already too expensive, relative to their needs.

But the law is also unfair to everyone, not just millennials, in terms of how it is being implemented. The Obama Administration recently made a unilateral (and illegal) decision to cancel the "employer mandate" (which requires employers with more than 50 employees to offer and heavily subsidize health insurance to their workers). But it left the individual mandate in place for the rest of us. The Administration had already displayed rank unfairness by granting more than 1,200 waivers from ObamaCare provisions to its labor union allies and corporate cronies. It has now given Big Business the ultimate waiver, a complete exemption from the mandate, while making sure that Big Insurance gets its own "ultimate gift" from Big Government: a compulsory customer base. No wonder more than 70 percent of Americans oppose the individual mandate, and just 12 percent support it.

The only cure for the manifold ailments of ObamaCare is to immediately defund or repeal it entirely, and to replace it with patient-centered health care that will actually lower costs and improve quality and access for all. Until then, basic fairness demands that individuals be granted the same favor as the Administration has given to businesses. The individual mandate must be delayed for as long as possible. H.R. 2668 would delay the mandate for the same length of time that the Administration claims to be "delaying" the employer mandate: one year. That's a start.

I urge you to call your Representative and ask him or her to vote YES on H.R. 2668, to delay ObamaCare's individual mandate. We may count their vote as a KEY VOTE when calculating the FreedomWorks Economic Freedom Scorecard for 2013. The Scorecard is used to determine eligibility for the FreedomFighter Award, which recognizes members of Congress with voting records that support economic freedom.

Sincerely,

MATT KIBBE,

President and CEO.

Mr. Speaker, I am pleased now to yield 2 minutes to the chairwoman of the House Administration Committee, the gentlelady from the great State of Michigan, CANDICE MILLER.

Mrs. MILLER of Michigan. Mr. Speaker, it appears that the Obama administration has finally come to the conclusion that the employer mandate in ObamaCare is a job killer.

Many have speculated that the Obama administration's decision to delay the employer mandate until after the 2014 election was due to fears that job cuts and hour reductions that would result from the mandate's imple-

mentation would negatively impact the President's party at the polls.

It does seem that those fears are justified. Recently, the Teamsters and other labor groups wrote to Senate Majority Leader HARRY REID and House Democrat Leader NANCY PELOSI stating that the implementation of ObamaCare put at risk the 40-hour workweek, the health care, and the take-home pay of their members.

Mr. Speaker, I agree with the Teamsters that the employer mandate is a job killer. Eliminating the employer mandate would not stop the individual mandate which requires every American to purchase government-approved insurance that they may not want, that they can't afford, and may not be provided by their employers or otherwise they have to pay a penalty. Is that fair to American families?

The legislation, Mr. Speaker, that we are considering today would give every American—every American—the same 1-year reprieve from ObamaCare that the President has offered to businesses. Because we extend this help to all of the American people, the President has threatened to veto this bill.

Mr. Speaker, the President is not a king. He is the President. He does not have the authority to change the law and to delay the employer mandate on his own. Congress must give him that authority.

I would say to the President that we will delay the job-killing employer mandate, as he has asked, and we will also extend the same relief to all of the American people.

The President and Members of Congress who vote against this bill will have to explain to the American people why they heard the concerns of business but not those of the people. We have heard the people, we share their concerns, we stand with them, and I would urge all of my colleagues to stand with them as well and to support this very vital legislation.

The SPEAKER pro tempore. The Chair would remind all Members to direct their remarks to the Chair and also to refrain from improper references toward the President.

Mr. MCDERMOTT. Mr. Speaker, I would like to enter into the RECORD a report on the effects of the Affordable Care Act on the Tenth District of Michigan.

BENEFITS OF THE HEALTH CARE REFORM LAW
IN THE 10TH CONGRESSIONAL DISTRICT OF
MICHIGAN

COMMITTEES ON ENERGY AND COMMERCE, WAYS
AND MEANS, AND EDUCATION AND THE WORK-
FORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent, one-stop shop to compare health insurance policies, receive financial

assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Miller's district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

4,900 young adults in the district now have health insurance through their parents' plan.

More than 8,900 seniors in the district received prescription drug discounts worth \$11.8 million, an average discount of \$610 per person in 2011, \$780 in 2012, and \$630 thus far in 2013.

130,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

210,000 individuals in the district—including 47,000 children and 86,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

177,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 17,100 consumers in the district received approximately \$2.5 million in insurance company rebates in 2012 and 2011—an average rebate of \$138 per family in 2012 and \$214 per family in 2011.

Up to 41,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

243,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

Up to 73,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition. In addition, the 39,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

Mr. McDERMOTT. Mr. Speaker, I now yield 2 minutes to the gentleman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, there's a word in Yiddish, "chutzpah," that generally translates to "nerve." It has been described as that quality enshrined in a man who, having killed his mother and father, throws himself on the mercy of the court because he's an orphan.

But "chutzpah" is also a pretty accurate description of the antics of the Republican Party today that—after throwing up roadblock after roadblock, obstruction after obstruction to ObamaCare, is now trying to delay access to care for millions of Americans on the grounds that we're not ready.

Despite Republican obstructionism we are going to be ready, we are ready—and not a day too soon—for those who have been locked out of coverage, hit by annual benefit limits, or faced preexisting condition exclusions. Imagine the worry that is lifted off of the shoulders of Americans that have preexisting conditions that won't exist once we pass this.

This is just another Republican attempted roadblock to progress, another obstructionism. It is "chutzpah."

Mr. Speaker, it is time for the Republicans to stop efforts that will prevent Americans from getting the health care they need.

Mr. PRICE of Georgia. Mr. Speaker, how much time remains on each side?

The SPEAKER pro tempore. The gentleman from Georgia has 18½ minutes remaining. The gentleman from Washington has 9 minutes remaining.

Mr. PRICE of Georgia. Mr. Speaker, I am pleased to yield 1 minute to the chairman of the Judiciary Committee, the gentleman from Virginia (Mr. GOODLATTE).

Mr. GOODLATTE. Mr. Speaker, it is with great pleasure that I acknowledge the great work of the gentleman from Georgia on this issue and thank him.

Mr. Speaker, all across the country, Americans are asking one question: Why wasn't the mandate on them delayed? If the systems aren't in place for businesses to abide by this law by the deadline, why does the administration think that the systems will be in place for the individual mandate? If a delay is good for businesses, why isn't it good for the families in the 6th District of Virginia and across the Nation?

When Members refer to ObamaCare as a train wreck, they only quote one of its chief architects. This announcement proves even the administration knows ObamaCare is headed towards devastation. Let's get businesses, as well as American families, off this train headed towards disaster. We need to delay the employer mandate, we also need to delay the individual mandate, but most importantly, the American people need a full repeal of this train wreck legislation.

Mr. McDERMOTT. Mr. Speaker, I yield 3 minutes to the gentleman who helped write this bill 4 years ago and is here today to defend it, the gentleman from California (Mr. MILLER).

□ 1730

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Speaker, I rise in opposition to this latest Republican attempt to sabotage our Nation's health reform law.

If these bills pass today, fortunately, they will not become law. It is just another waste of this body's time, and Americans are sick of it. The 38th time will not be the charm—the 38th time that we've redundantly voted to try to repeal the Affordable Care Act. Rather, these votes underscore the lengths the Republicans and other opponents will go to take away the basic health insurance protections of the American people.

For 3 years, many of the opponents of ObamaCare have invested heavily in its failure. They've tried to deny funding to agencies to do their jobs as instructed by Congress. They've spread outright lies and misinformation to purposely confuse the American people. They've obstructed education efforts to make sure that their constitu-

ents don't understand the new rights and benefits under the law. But investing in failure is dangerous. It's dangerous for America's families; it's dangerous for the Nation's businesses; it's dangerous for the Nation's economy.

The Affordable Care Act is the law of the land, and it is here to stay. Early evidence suggests that the health care law is already having a positive impact on the lives of millions of Americans.

Millions of young adults are getting health insurance through their parents' policies when, before, they were kicked off arbitrarily by insurance companies; and now, with the individual mandate, millions of individual Americans will be able to afford the health insurance that they can't afford today without this legislation—without the law of the land, the Affordable Care Act.

Children with preexisting conditions can no longer be denied health coverage or lifesaving treatment.

Billions more of taxpayer dollars are being recovered through Medicare fraud.

National health costs have dramatically slowed over the last several years.

Health premiums as part of the State insurance exchanges are coming in lower than anyone predicted—most recently reported in New York State—for individuals, who will get their insurance because of the individual mandate; and for the first time, it will be affordable to those individuals since they've been required to have it.

And, in January, the preexisting conditions that determine health coverage or costs will be banned. No longer will you be able to rule people out because of their preexisting health conditions.

This is all good news, and it stands in stark contrast to the claims that we've been hearing from the other side for 3 years.

Why on Earth would any responsible elected official try to hide the rights and benefits from the American people?

My friends on the other side of the aisle are preoccupied with dismantling government when it protects the vulnerable or the average American, but they will move heaven and Earth to protect the most powerful or to try to score some fleeting political point. It's wrong and it's irresponsible.

Mr. Speaker, playing politics with the Affordable Care Act has become something of an Olympic sport for the majority. These votes are nothing new. They are about sabotaging the law of the land in order to satisfy a narrow, radical element of the majority's party.

Now is not the time to reverse course. Now is not the time to go back to the days when insurance companies were in charge—when people were thrown off their policies, when policies were taken away in the middle of treatment, when their children were not allowed to participate, and when individuals could not afford the policies at that time. Today, they will be able to.

Mr. PRICE of Georgia. Mr. Speaker, I insert in the RECORD a notice from the National Taxpayers Union, dated July 15, 2013, in support of both H.R. 2667 and H.R. 2668.

NATIONAL TAXPAYERS UNION,
Alexandria, VA, July 15, 2013.

NATIONAL TAXPAYERS UNION VOTE ALERT

NTU urges all Representatives to vote "YES" on H.R. 2667, the "Authority for Mandate Delay Act" and H.R. 2668, the "Fairness for American Families Act." These bills would delay for one year the Affordable Care Act's health insurance mandates for employers and individuals, respectively. While the primary goal of Congress ought to be full repeal of the Affordable Care Act (a.k.a. "Obamacare"), in the meantime it is imperative for legislators to recognize and address the numerous problems associated with the law.

The Obama Administration acknowledged the detrimental effects that the employer mandate will have on businesses, workers, and the economy at large when it unilaterally elected to delay this provision for one year. With the legality of this move very much in question, the House of Representatives is wisely moving to codify the change by passing H.R. 2667. This would greatly assist—albeit only in the short-term—the many businesses that are already cutting employee hours or jobs as a result of the law.

At the same time that businesses are making difficult staffing decisions, individuals are poised to be hit by Obamacare's requirement to purchase health insurance. In 2014, the penalty for failing to do so is \$285 per family or 1 percent of household income, whichever is greater. By 2016, the penalty jumps to \$2,085 per family or 2.5 percent of household income, whichever is greater. As the Supreme Court ruled last year, this penalty is a tax. For many families continuing to struggle due to the weak economy, the burdens from the individual mandate will become increasingly difficult to bear. H.R. 2668 would delay the provision for a year, which would provide much-needed, temporary relief to these families.

Passage of H.R. 2667 and H.R. 2668 would help alleviate some of the harmful effects that the Affordable Care Act will impose on businesses and individuals. Enactment of these bills would be an important step toward more significant legislative goals, such as permanent repeal of both mandates and the Affordable Care Act in its entirety.

Rollcall votes on H.R. 2667 and H.R. 2668 will be included in our annual rating of Congress and "yes" votes will be considered the pro-taxpayer position.

If you have any questions, please contact NTU Federal Affairs Manager Nan Swift.

Mr. PRICE of Georgia. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Illinois (Mr. SCHOCK), another member of the Ways and Means Committee.

Mr. SCHOCK. Mr. Speaker, I thank the gentleman from Georgia.

Wow, I'm sure our listening audience at home wonders who to believe. We are hearing charges of politics. We are hearing claims of chutzpah.

My friends on the other side of the aisle, this isn't politics—this is lawmaking.

Has our Republic stooped so low that you would go out and raise millions of dollars and waste thousands of hours of your volunteer time to be elected to a body only to see that power which is given by the Constitution to do that

which you were elected to do instead given to the executive branch—to the President?

If you believe as the President believes, which is that this law is not ready to be implemented—which is that, for various reasons, HHS and other agencies are not able to certify that the businesses are able to comply—then join us in doing what the President wants to do legally. Join us in giving the power to the President that which he is already claiming unilaterally, and do what your constituents have elected you to do, which is to actually do lawmaking.

Mr. Speaker, we heard claims earlier today that women were being discriminated against, that women's premiums were rising at a faster rate than men's. Let me tell you what this bill does to young people, who are really discriminated against because of ObamaCare.

Young people's premiums are going up over 400 percent because of a community rating provision in this bill. Young people are paying a disproportionate, growing cost of health care in this country because of a discrimination factor in this bill called "community rating." Young people who have gone to college, who have busted their tails to get a degree, don't want to stay on their mom and dad's insurance until they're 26. That's not why I went to college. I don't think that's why you went to college. They go to college to get a job, and this ObamaCare legislation and so many others of the President's policies are killing jobs in America. It's why half of the people who graduated from college last May are still unemployed or underemployed.

For so many reasons, this bill needs to be postponed, which is what this legislation does. I urge its passage and a "yes" vote.

Mr. McDERMOTT. I reserve the balance of my time.

Mr. PRICE of Georgia. Mr. Speaker, how much time remains?

The SPEAKER pro tempore. The gentleman from Georgia has 15½ minutes remaining, and the gentleman from Washington has 6 minutes remaining.

Mr. PRICE of Georgia. Mr. Speaker, I am pleased to yield 1 minute to a member of the Energy and Commerce Committee, a fellow physician from the State of Georgia (Mr. GINGREY).

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding.

I have in my hand a pocket Constitution, which says here in Article I, Section 1:

All legislative powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives.

It doesn't say anything in there about the President.

Mr. Speaker, if you've noticed a lot of times, the weaker one's argument, the louder the volume, and I'm hearing a lot of volume from the other side of the aisle, including from their leadership. They have a weak argument, Mr. Speaker—there is no question about

it—in saying that the bill has already passed.

If the bill has already passed, what right does the President have to change the law without coming back to the Congress?

We are giving them the opportunity to do that. Of course, we are also giving the young people in this country the opportunity to get the same break that these large Fortune 500 companies may be getting in regard to delaying the employer mandate for 1 year. Let's do the same thing for these young people who are no longer 26. They're 26½; they're not living in the basement anymore; they have a job. Let's give them the same 12-month break that we're giving to employers.

Pass this bill. It's a good bill. We have the authority to do it, not the President.

Mr. McDERMOTT. I yield myself 30 seconds.

There are 8,300 young adults who are still getting insurance on their parents' plans; more than 8,500 seniors are receiving prescription drug discounts; 86,000 seniors are now receiving preventative care without having to pay for it under the Medicare program; 195,000 now have health insurance that covers preventative care with no co-pays and insurance; and on and on and on it goes.

I enter into the RECORD the health care reform law as it affects the 11th Congressional District of Georgia.

BENEFITS OF THE HEALTH CARE REFORM LAW
IN THE 11TH CONGRESSIONAL DISTRICT OF
GEORGIA

COMMITTEES ON ENERGY AND COMMERCE, WAYS
AND MEANS, AND EDUCATION AND THE WORK-
FORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent one-stop shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Gingrey's district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

8,300 young adults in the district now have health insurance through their parents' plan.

More than 8,800 seniors in the district received prescription drug discounts worth \$12.6 million, an average discount of \$620 per person in 2011, \$760 in 2012, and \$900 thus far in 2013.

86,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

195,000 individuals in the district—including 47,000 children and 78,000 women—now have health insurance that covers preventative services without any co-pays, coinsurance, or deductible.

169,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending

more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 19,900 consumers in the district received approximately \$2.8 million in insurance company rebates in 2012 and 2011—an average rebate of \$82 per family in 2012 and \$134 per family in 2011.

Up to 43,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

248,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

Up to 129,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition. In addition, the 45,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

Mr. Speaker, I reserve the balance of my time.

Mr. PRICE of Georgia. Mr. Speaker, I am pleased to yield 2 minutes to a gentlelady who, prior to coming to Congress, worked as a nurse and who is a pivotal member of the Ways and Means Committee, the gentlelady from Tennessee, DIANE BLACK.

Mrs. BLACK. I thank the gentleman for yielding.

Mr. Speaker, the President has previously described his health care law as “a new set of rules that treats everybody honestly and treats everybody fairly.”

Now, according to President Obama, if you're a big financial institution or a government contractor, you don't have to comply with ObamaCare's mandate next year; but if you're a Tennessee family who is trying to make ends meet, you do or you will get taxed. To add insult to injury, this President now has the audacity to say that he will veto the House legislation delaying the employer mandate and the individual mandate that we are considering today.

First of all, the employer mandate delay was proposed by him, so why would he veto his own idea? Secondly, why would he turn his back on the American families, who are merely asking for the same relief that he said he is going to give to Big Business?

President Obama's veto threat is a pathetic excuse for leadership, and I suggest that we call his bluff and pass this legislation to protect the American people and their livelihoods from ObamaCare. It is simply not fair of President Obama to give business an exemption from his costly health care law without making the same allowances for individuals and families.

I call on President Obama and congressional Democrats to do the right thing by supporting the Authority for Mandate Delay Act and the Fairness for American Families Act in order to protect the American people and to ensure fairness for all.

Mr. McDERMOTT. Mr. Speaker, I enter into the RECORD the effect of the Affordable Care Act on the Sixth Congressional District of Tennessee.

BENEFITS OF THE HEALTH CARE REFORM LAW
IN THE 6TH CONGRESSIONAL DISTRICT OF
TENNESSEE

COMMITTEES ON ENERGY AND COMMERCE, WAYS AND MEANS, AND EDUCATION AND THE WORKFORCE, DEMOCRATIC STAFF REPORT, JULY 2013

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when health insurance marketplaces open in all 50 states. These marketplaces will offer individuals, families, and small businesses an efficient, transparent one-stop shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Black's district. It also provides the first picture of the impacts of the law in districts redrawn or newly created following the 2010 Census. As a result of the law:

5,600 young adults in the district now have health insurance through their parents' plan.

More than 9,800 seniors in the district received prescription drug discounts worth \$12.7 million, an average discount of \$590 per person in 2011, \$640 in 2012, and \$690 thus far in 2013.

134,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

184,000 individuals in the district—including 40,000 children and 74,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

188,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over 26,900 consumers in the district received approximately \$3.9 million in insurance company rebates in 2012 and 2011—an average rebate of \$69 per family in 2012 and \$201 per family in 2011.

Up to 40,000 children in the district with preexisting health conditions can no longer be denied coverage by health insurers.

217,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.

Up to 101,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition. In addition, the 37,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

I now yield 1½ minutes to the gentlelady from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Thank you to the manager—Dr. McDERMOTT, I like to call him—who has been a mainstay of good health care in this Congress for a very long time. He is managing as well with the gentleman from Georgia, who has practiced medicine.

But we can have a disagreement. The vigorous disagreement that we have, I must say, Mr. Speaker, is with the weight of truth that falls on what we have done on behalf of ObamaCare, the Affordable Care Act.

I enjoy sledding. I enjoy the snow. When you get on a sled, it rolls down and you're happy, and you come to a successful end. We've rolled down, and we keep on rolling because the Affordable Care Act is allowing young people to have insurance. It's reducing the cost of prescription drugs for our seniors. It's allowing a State like Texas, which has the highest number of uninsured—some 121,000-plus in my district—to now have insurance. It allows about 10 community health facilities to be able to begin enrollment this coming September and to be able to outreach to those families, who will now have coverage for them and their children.

Let me be very clear. How many times do I have to say, no, you cannot have your way?

The Supreme Court has ruled. This is the law of the land, and there is no reason whatsoever to go back on a plan that has allowed the New York insurance rates to go down on health care. There is nothing wrong with the President engaging business. These are large companies that have said we just need to look at it so we can streamline it. That's to make it better. If they undermine the individual mandate, 13 million Americans will not have insurance.

How many times do I have to say “no”?

The Affordable Care Act is going well. People are insured and Americans are healthier. Let's keep the Affordable Care Act. Vote “no” on the underlying bills.

When will you ever understand that it's over? It's over.

Mr. PRICE of Georgia. Mr. Speaker, I am pleased to yield 1½ minutes to the gentleman from Pennsylvania (Mr. ROTHFUS).

(Mr. ROTHFUS asked and was given permission to revise and extend his remarks.)

Mr. ROTHFUS. I thank Dr. PRICE for his work on the Fairness for American Families Act, and I rise in support of the legislation.

Mr. Speaker, President Obama made many promises when promoting his health care law. He promised that, if you liked your coverage, you could keep it; he promised that it would lower the cost of premiums; he promised that it would create new jobs and promote economic growth.

Unfortunately, western Pennsylvania workers and families are experiencing just the opposite.

A mom who works at a food service company in Beaver County, Pennsylvania, called my office last week to talk for an hour about how the law is impacting her family. She just had her hours cut by almost half thanks to the employer mandate. Her husband's job security is also now at risk. The lost hours, income, and job security have made it difficult for them to afford the necessities of life, and it will make it almost impossible to send their daughter to college next year.

President Obama recently postponed the employer mandate. In so doing, he has conceded that the law is unworkable for businesses. If businesses deserve a break from ObamaCare, then why don't the rest of the American people?

We need workable, commonsense, and patient-centered reforms that increase access to care and reduce costs. Today's legislation is a necessary first step in achieving the kind of health care reform that the American people deserve.

□ 1745

Mr. McDERMOTT. Mr. Speaker, I reserve the balance of my time.

Mr. PRICE of Georgia. Mr. Speaker, I'm pleased to yield 1 minute to the gentleman from Ohio (Mr. WENSTRUP), a gentleman who is engaged in the health profession.

Mr. WENSTRUP. Mr. Speaker, the unilateral decision by this administration to delay certain provisions of Federal legislation undermines the very rule of law. If President Obama can pick and choose what he wants to enforce within ObamaCare, what prevents him from doing the same with other legislation? That is my concern.

And while this administration is determined that their signature piece of legislation is too complicated for businesses, the individual mandate still stands. Businesses get a break, but individuals get no relief from the burdens of this law.

Why do hardworking individuals not deserve relief from the hardships of the Affordable Care Act? If the President and his allies in Congress stand by their decision to delay one mandate, is it not fair to delay the other?

Realistically, a permanent delay through the full repeal of ObamaCare and its mandates is the only workable solution.

Don't Americans deserve equality under the law and fairness for all?

Mr. McDERMOTT. Mr. Speaker, I inquire as to whether the gentleman from Georgia is prepared to close.

Mr. PRICE of Georgia. As we have no more speakers, I am prepared to close.

Mr. McDERMOTT. Mr. Speaker, I yield myself such time as I may consume.

I have in my hand here a letter signed by 30 economists from Harvard, Yale, MIT, Stanford, Rice, the University of Chicago, and everybody else, all of whom say we need a mandate. If this mandate were taken out of the law, the Affordable Care Act would be dead. What they say is that the individual mandate does not specify what care people receive; it simply requires people to pay a reasonable amount for any care that they may ultimately receive.

No less a conservative than Mitt Romney, the Republican nominee for President, noted when signing the Massachusetts equivalent of the individual mandate:

Some of my Libertarian friends balk at what looks like an individual mandate. But

remember, someone has to pay for the health care that must, by law, be provided: either the individual pays or the taxpayers pay.

Everyone in this body spends \$1,000 a year beyond their own health care costs paying for the uninsured in this country. People walk into the emergency room and they get taken care of because the hospital cannot refuse them and the doctor cannot refuse them, and so they're taken care of and then it's passed on to you and me.

The individual mandate says everybody should pay according to their ability.

Going on, Mr. Romney said:

A free ride on the government is not libertarianism.

Everywhere they've tried this without subsidies and mandates, it has failed. They say in the five States that have tried comprehensive insurance market reform without an individual mandate, healthy people choose to stay out of insurance, sick people took it up, and the premiums go up. That's exactly what the CBO says.

So what you are saying, by repealing the individual mandate, is you want to drive up the costs on the people who now have insurance. That's a very strange political position to be taking.

I must say, I listened to all these people who don't like the individual mandate and all this stuff. If you spend 2 years ranting about the Affordable Care Act and you run a campaign and spend hundreds of millions of dollars and rant against the Affordable Care Act, it's not surprising that people may be a little confused.

When I was in medical school in 1963, the American Medical Association spent 3 or 4 years ranting against Medicare; and when the people went out to enroll people for Medicare, they got the door slammed in their face. Old people said, I'm not going to have that kind of government health care in my house. Well, let me tell you something. If you tried to take Medicare out now, you would find you have taken on a really ugly junkyard dog. You're not going to take out Medicare in this country now.

You can confuse people for a while, but as they see and as I reported on everybody's district, it is already affecting kids who didn't have insurance because of a preexisting condition; it's affecting kids who didn't have insurance from their job and are now on their parents' insurance; it took away lifetime limits on care; it took away all the things that people worry about when they want health care security. They now have it, and you're saying let's take the individual mandate out and have the whole house come down, because that's what these economists have said.

I enter this letter into the RECORD, and I yield back the balance of my time.

WHY WE NEED THE INDIVIDUAL MANDATE

The Patient Protection and Affordable Care Act (ACA) requires people to buy health insurance when they can afford to do so. This

"individual mandate" is essential to address two features of current health insurance markets: the fact that millions of people cannot afford health insurance coverage, and the fact that insurance companies frequently charge high or unaffordable premiums to people who need insurance most—those suffering from costly illness or injury.

This mandate is one of three pillars that together support ACA's private market approach. The first pillar is insurance market reform—ending the ability of insurance companies to discriminate against sick or injured people with high medical costs. Subsidies to help Americans of modest means gain access to affordable health coverage provide the second pillar. The individual mandate provides the third pillar. It requires people to obtain insurance so long as that coverage is affordable. The mandate expresses a basic obligation of citizenship as well as an economic reality. Without the mandate, some people will choose to gamble or to free-ride, undermining the fairness and financial stability of the health insurance system.

Few of the uninsured could personally finance medical treatment for a serious illness or injury. Moreover, this country embraces the fundamental principle that everyone should have to minimally decent medical treatment when needed, without regard to ability to pay. Federal legislation and the custom and practice of health care providers embody this principle. A healthy individual's decision to forego affordable insurance coverage thus imposes real costs on others, while raising premiums on many people with serious medical needs who require the most help.

The individual mandate does not specify what care people receive. It simply requires people to pay a reasonable amount for any care they may ultimately receive. No less a conservative than Mitt Romney noted, when signing Massachusetts' equivalent of the individual mandate: "Some of my libertarian friends balk at what looks like an individual mandate. But remember, someone has to pay for the health care that must, by law, be provided: Either the individual pays or the taxpayers pay. A free ride on the government is not libertarian."

The ACA's individual mandate is based on Massachusetts' successful 2006 reforms. That landmark effort covered about two-thirds of the formerly uninsured, while reducing premiums for individual purchasers by about 50% relative to national trends—with strong public support.

In contrast, insurance reform without subsidies and mandates has consistently failed. In the five states that have tried comprehensive insurance market reform without an individual mandate, healthy people chose to stay out of insurance, sick people took it up, and premiums increased. Only broad participation in insurance markets can end the cycle of insecure coverage and high costs.

The Obama Administration's recent decision to delay ACA's requirement that large- and medium-sized employers sponsor coverage for their employees or pay a penalty is independent of the individual mandate. The employer assessment is designed to bolster the ACA's financing and to ensure equity between large firms who do and do not provide insurance. This assessment will have only a very small impact on employers, since 97% of firms with more than 50 employees already offer insurance. The individual mandate stands in stark contrast, as nearly one in five non-elderly Americans is currently uninsured.

Delaying the employer assessment has almost no effect on the implementation of the ACA. The only important effect will be to raise one fewer year of revenue from this

component of the law. In contrast, delaying the individual mandate would cut at the core of the vision of private-market based insurance market reform.

Requests to delay the individual mandate are really requests to gut the Affordable Care Act. Millions of Americans face immediate health care needs and financial challenges addressed by health reform. They cannot wait.

Signers

Henry Aaron, Senior Fellow and Bruce and Virginia MacLaury Chair in Economic Studies, Brookings Institution; Kenneth J. Arrow, Professor Emeritus, Stanford University; Susan Athey, Professor of Economics, Stanford Graduate School of Business; Linda J. Blumberg, Senior Fellow, Health Policy Center, The Urban Institute; Len Burman, Director, Tax Policy Center, Urban Institute; Amitabh Chandra, Professor of Public Policy, Harvard University; Philip J. Cook, ITT/Terry Sanford Professor of Public Policy, Duke University; David Cutler, Otto Eckstein Professor of Applied Economics, Harvard University; Claudia Goldin, Henry Lee Professor of Economics, Harvard University; Jonathan Gruber, Professor of Economics, Massachusetts Institute of Technology; Vivian Ho, Baker Institute Chair in Health Economics, Rice University; John Holahan, Institute Fellow, Urban Institute; Jill Horwitz, Professor of Law, University of California at Los Angeles; Genevieve M. Kenney Co-Director and Senior Fellow Health Policy Center, Urban Institute, Frank Levy, Lecturer, Department of Health Care Policy, Harvard Medical School; Peter H. Lindert, Distinguished Research Professor of Economics, University of California at Davis; Eric S. Maskin, Adams University Professor, Harvard University; Alan C. Monheit, Ph.D., Professor of Health Economics, Rutgers University School of Public Health; Richard Murnane, Juliana W. and William Foss Thompson Professor of Education and Society, Harvard Graduate School of Education; Joseph Newhouse, John D. MacArthur Professor of Health Policy and Management, Harvard Medical School; Harold Pollack, Helen Ross Professor of Social Service Administration, University of Chicago; Matthew Rabin, Edward G. and Nancy S. Jordan Professor of Economics, University of California at Berkeley; James B. Rebitzer, Professor of Management, Economics, and Public Policy and Everett V. Lord Distinguished Faculty Scholar, Boston University School of Management; Meredith Rosenthal, Professor of Health Economics and Policy, Harvard School of Public Health; Christopher Ruhm, Professor of Public Policy and Economics, University of Virginia; Jonathan Skinner, James O. Freedman Presidential Professor of Economics, Professor of Community and Family Medicine, Dartmouth College; Katherine Swartz, Professor, Harvard School of Public Health; Paul N. Van de Water, Senior Fellow, Center on Budget and Policy Priorities; Kenneth E. Warner, Avedis Donabedian Distinguished University Professor of Public Health, Dept. of Health Management & Policy, University of Michigan School of Public Health; Stephen Zuckerman, Co-Director and Senior Fellow, Health Policy Center, The Urban Institute;

Mr. PRICE of Georgia. Mr. Speaker, I yield myself such time as I may consume.

There are a lot of folks who've come to the floor on the other side of the aisle to speak about this piece of legislation. Curiously, there aren't any individuals who came from those States that have actually passed legislation to implore Congress not to continue with the individual mandate—Alabama, Arizona, Missouri, Ohio, individuals from the other side of the aisle who didn't come down to the floor.

We get asked by folks on the other side about where's the jobs bill? Well, in addition to all the remarkable pieces of legislation on jobs that we have indeed passed and sent over to the Senate and it then gains dust over there, this is a jobs bill. I don't know if our friends on the other side haven't talked to their employers back home. Employers large and small, all of them say, Look, this is damaging job creation. We had one before the committee on Ways and Means that my friend from Washington and I sit on just last week who said he wasn't going to be able to expand his business. He couldn't, because of this bill. So this is a piece of jobs legislation.

We have a number of folks on the other side who say, Look, this is just about politics. Mr. Speaker, you talk about politics. You've got the President saying that he's going to delay the reporting requirements for the employer mandate for a year. And, by the way, that just happens to be after the 2014 election. You talk about politics.

Then you talk about delay. Some of my friends on the other side, they act as if this is something that we have indeed supported in the past. This is delay. This isn't repeal. In fact, we appreciate that the administration has awakened to the challenge of this piece of legislation.

They've recognized that it doesn't work for businesses and job creators because of the uncertainty and fewer jobs being created, so they have promoted a delay of 1 year for the employer mandate. But that uncertainty remains for those employers, and they're not going to be able to hire significant individuals.

And that uncertainty and that oppression of government-run health care isn't just for business. It's also true for individuals.

Finally, Mr. Speaker, I would say that I just encourage my friends to read the bill. This is the bill, H.R. 2668. It's very short and easily read. It simply changes the year requirements for the individual mandate from 1 year, 2014, to a year's delay in 2015. That's all it does. It simply equalizes the treatment for individuals as for businesses.

I know that many of them haven't read the bill. If they did, they would recognize that this bill has no change in it for preexisting illnesses or injuries and the rules thereon. It has no change for 26-year-olds being covered on their parents' health insurance. It has no change for lifetime limits. It has no change for the medical loss ratio provision. It has no change for

gender equity. It has no change for out-of-pocket limits, and it has no change for anybody's insurance being taken away.

All this bill does, Mr. Speaker, is simply say that individuals ought to be treated fairly and equally, just like businesses, that we ought to delay the individual mandate for a year.

I call on my colleagues to support and vote for H.R. 2668, and I yield back the balance of my time.

Mr. TURNER. Mr. Speaker, the administration recently announced that the Obamacare employer mandate, requiring businesses to provide their workers with health insurance, will be delayed until 2015. This decision is proof that even this administration acknowledges that the Obamacare law has adverse effects on American families and small businesses.

At a time when the economy is still struggling to recover, we should be focused on reducing taxes on hardworking Americans and providing incentives for businesses to grow and create jobs. The Congressional Budget Office (CBO) estimates that the employer mandate will raise taxes on American businesses by \$117 billion. In addition, the National Federation of Independent Business (NFIB) estimates that the employer mandate will result in 125,000 to 249,000 lost jobs as a result of higher insurance costs.

Unfortunately, the administration is still moving forward with the implementation of the individual mandate in 2014, which will have negative effects on the American people. The average individual premium is expected to increase somewhere between 20 and 30 percent in 2014. CBO also estimates that the individual mandate will increase taxes on American families by \$55 billion.

Mr. Speaker, I support passage of H.R. 2667, the Authority for Mandate Delay Act, and H.R. 2668, the Fairness for American Families Act. At the same time, we must permanently repeal these burdensome mandates. That is why I authored H.R. 582, the Healthcare Tax Relief and Mandate Repeal Act, with 97 of my colleagues, to repeal the Obamacare individual and employer mandates, providing relief for American families and businesses.

Mr. Speaker, now is not the time to impose extra burdens on American families and businesses when our economy is struggling to get back on track. I strongly support repeal of the individual and employer mandates and I am committed to working with my colleagues to carefully and thoughtfully implement real healthcare reform.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in opposition to H.R. 2667 and H.R. 2668, two cynical Republican bills that play politics with Americans' lives. Instead of spending our time voting on the 38th and 39th Republican attempts to delay, undermine, or repeal the Affordable Care Act, we should be focused on implementing the law of the land and supporting real solutions to getting Americans the health care we all need.

The requirement that individuals have health insurance is the foundation of the Affordable Care Act's ability to improve access to quality, affordable health insurance. H.R. 2668 would delay this requirement, threatening access to affordable health insurance for an estimated 129 million Americans with pre-existing health conditions.

The Affordable Care Act has already begun to improve Americans' access to health care. Insurance companies are now required to cover children with pre-existing conditions, and in 2014 insurers will be prohibited from discriminating against adults with pre-existing conditions as well. An estimated 3.1 million young adults now have health insurance through their parents' plans because of the Affordable Care Act, and 6.3 million seniors have saved \$6.1 billion on their prescription drugs.

The patient protections and health system reforms that will go into effect in 2014 rely on the individual responsibility provision of the Affordable Care Act. This provision does not apply to those who cannot access affordable coverage, and it protects all Americans from sharp increases in health insurance premiums in the health insurance marketplaces.

H.R. 2667, which would delay the employer health insurance mandate, is unnecessary and detracts from the important work of ensuring that more Americans gain access to affordable, quality health insurance.

I urge my colleagues to oppose H.R. 2667 and H.R. 2668 to defend the advances already made under the Affordable Care Act and the benefits yet to come. These bills are not intended to help Americans access affordable health care. They are merely the most recent Republican efforts to undermine the Affordable Care Act.

The Affordable Care Act is the law of the land, and it is already helping Americans improve their health. We must come together to implement the law effectively and ensure that more Americans have the opportunity to access affordable health insurance and improve their health.

The SPEAKER pro tempore. All time for debate on H.R. 2668 has expired.

Pursuant to House Resolution 300, the previous question is ordered.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of H.R. 2668 is postponed.

AUTHORITY FOR MANDATE DELAY ACT

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of H.R. 2667 will now resume.

The Clerk read the title of the bill.

MOTION TO RECOMMIT

Mr. ANDREWS. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. ANDREWS. I most certainly am.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. ANDREWS moves to recommit the bill H.R. 2667 to the Committee on Ways and Means with instructions to report the same back to the House forthwith with the following amendment:

Add at the end the following new section:

SEC. 3. PROTECTING EMPLOYEES AND FAMILIES FROM LOSING THEIR EXISTING HEALTH INSURANCE COVERAGE.

Nothing in this Act shall be construed to allow employers to reduce insurance coverage for individuals and families who currently receive job-based health benefits.

Mr. CAMP. Mr. Speaker, I reserve a point of order against the motion to recommit.

The SPEAKER pro tempore. A point of order is reserved.

The gentleman from New Jersey is recognized for 5 minutes.

Mr. ANDREWS. Mr. Speaker, the purpose of this final amendment, which would not delay consideration of the bill, if passed, is to be sure that no one who's covered by their employer today suffers as a result of this bill. But make no mistake about it, the purpose of the underlying bill is to unravel the Affordable Care Act thread by thread and make sure that it collapses under its own weight. Make no mistake about it further, our purpose is forgotten around here if that's what this Congress does.

We are not a debating society. We are not a perpetual political campaign. We are a legislative body that makes decisions that affect the real lives of real people in very significant ways. It is very important that all Members understand the consequences of what is being done here today.

There are a lot of Americans whose lives are not being impacted here today:

Among the 11 million unemployed in this country, they are hoping that next week might be the first week they get a paycheck in a long time. This House, consistent with its practice, is doing nothing.

For the members of families with student loans, there are over 5 million of them who have seen their student loan rates double on the 1st of July. This House, consistent with its practice, is doing nothing for them today.

For the millions of Americans who are waiting for our economy to be lifted and their lives to be lifted out of the doldrums and the shadows of an antiquated immigration law, where the other body, with 68 percent voting in favor of a change in that law, consistent with its practice, this House is doing nothing, once again, for those Americans today.

But if this bill and its unraveling attempt passes, this House is doing a lot to affect a lot of other Americans:

If everyone doesn't participate in paying for the health care system, the woman who has breast cancer or the little boy who has asthma, they can be denied a health insurance policy because of their preexisting condition, or it will become so expensive they can't afford it. This bill affects them.

The person who overpaid for their health insurance policy, if they're one of the millions of Americans who've gotten a rebate since the Affordable Care Act went into effect to stop insurance companies from overcharging Americans, if these folks have their

way and that's repealed, this bill will certainly affect them because they'll lose that rebate.

If they are among the millions of senior citizens who have been able to go for an annual checkup for a cancer screening, an annual checkup for their general health and not pay anything for it and find dreaded diseases before they take control of their lives and recover from those diseases, this bill most certainly will affect those Americans because it will repeal those benefits.

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For those seniors who have been caught in the so-called doughnut hole created by—the Medicare program created by the then-majority a few years ago—who've seen their drug coverage costs drop because of rebates that help them offset that coverage, they will most certainly be affected by this bill because those rebates will disappear, and their coverage will go back up and cost them more again.

If they're one of the thousands or even millions of young people who are able to stay on their parents' health insurance policies until they're 26 years of age, their lives will be affected by this bill because they'll lose that benefit and it will evaporate.

This Congress has a real responsibility to Americans who want to see us move beyond this endless debate, this 38th attempted repeal of this law, who want to see us move beyond this and get to work on the real problems that confront the country. Let's put Americans back to work. Let's drop the cost of a college education. Let's fix our broken immigration system. Let's get to work on repairing the Voting Rights Act that was vandalized by the United States Supreme Court just a few weeks ago.

These are problems to which we should turn our attention, but here we are again, the 38th consecutive attempt to repeal the Affordable Care Act. The first 37 failed, and so will the 38th. The right vote for our constituents and the American people is to vote "yes" on this motion to recommit and "no" on this underlying bill.

I yield back the balance of my time. Mr. CAMP. Mr. Speaker, I withdraw my point of order, and seek time in opposition to the motion to recommit.

The SPEAKER pro tempore. The point of order is withdrawn.

The gentleman from Michigan is recognized for 5 minutes.

Mr. CAMP. Mr. Speaker, ObamaCare is already forcing workers to lose coverage. CBO has said that employers will drop health care coverage. CBO has said that employers will lay off workers and reduce coverage. That is already happening, and workers in this country are suffering.

Even the Teamsters union has said so in a letter to Leader REID and Leader PELOSI, and let me just read from one paragraph of this letter from the Teamsters union and other unions: