39TH ANNIVERSARY OF TURKEY'S INVASION OF CYPRUS

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

Mr. BILIRAKIS. Mr. Speaker, I rise today to mark an anniversary that has pained the Cypriot and Hellenic communities for 39 years.

On July 20, 1974, in blatant violation of international law, Turkey violently invaded Cyprus and captured the northern part of the island.

Since the invasion, Turkey has established a heavily armed military occupation that continues to control nearly 40 percent of Cyprus and has forced 160,000 Greek Cypriots from their homes.

Mr. Speaker, it is not impossible to conceive a unified Cyprus that respects the human rights and fundamental freedoms of all Cypriots.

Cyprus has long been a strong and faithful ally of the United States, and we owe our support for both peace and the end of this illegal occupation.

SARATOGA RACE COURSE

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

Mr. TONKO. Mr. Speaker, ''and they're off.'' That traditional refrain as horses come out of the gate ushered in yet another Saratoga season just days ago—this time a very special season.

I recognize Saratoga Race Course as it celebrates 150 years of thoroughbred racing in Saratoga Springs, New York.

On August 3, 1863, a son of Irish immigrants, John Morrissey, who served two terms in this body, staged the first horse race at what is now known as the Oklahoma Track, giving birth to the oldest continually active sporting venue in the United States.

Notable sportswriter Red Smith once said of the Saratoga Race Course, ''From New York City you drive north for about 175 miles, turn left on Union Avenue and go back 100 years.''

Racing in Saratoga produces over 2,000 jobs, nearly $15 million in tax revenue and an economic boost of $200 million to the surrounding region each year.

I am honored to recognize 150 years of tradition and community spirit that come to life in a most unique and exciting way, that have a special place in our American story.

Let me close, Mr. Speaker, the following way: ''And down the stretch they come.'' Happy 150th, Saratoga.

BEATRIZ ARREDONDO

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

Mr. VARGAS. Mr. Speaker, I rise today in the memory of Beatriz Arredondo, an inspiring woman who embodied the spirit of love and compassion.

Beatriz, or ''Nena'' as she was called by her loved ones, passed away on June 28, 2013.

Beatriz was born on January 16, 1943, in Tamaulipas, Mexico. At a very young age, she knew that she wanted to be a loving wife and mother, and she dreamed of one day seeing her grandchildren. She accomplished these goals magnificently.

Fifty-four years ago, she met Ernesto Arredondo, Sr. and they were married for 46 years. They have four beautiful children—Ernesto, Jr., Edoardo, Everardo, and Elizabeth.

Beatriz is survived by her husband, her children, and her 10 grandchildren.

As is said in St. Paul's Second Letter to Timothy:

> She fought the good fight. She finished the race. She kept the faith.

She is now in God's arms.

Our prayers are with the Arredondo family.

GOP DOCTORS CAUCUS

The SPEAKER pro tempore (Mr. COOK). Under the Speaker's announced policy of January 3, 2013, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I am joined this evening with my colleagues in the House GOP Doctors Caucus, and other Republican Members, to talk about this most, most important subject, and that is this recent delay of the employer mandate.

The Obama administration's announcement that it will delay implementation of the employer mandate due to the enormous regulatory burden on businesses, Mr. Speaker, is proof positive that the Affordable Care Act is a job killer.

The administration's excuse for the delay was to simplify reporting requirements for small businesses. But employers haven't been against the mandate solely due to its burdensome reporting requirements.

□ 1945

While it's estimated that ObamaCare will require American job creators, families, and health care providers to spend more than 127 million hours a year on complying with the law, a far greater concern to business owners is the impact the mandate will have on job creation. The cost of the health insurance and of ObamaCare's fines will drive up the costs of labor and will continue to be a drag on this economy. This is further evidence that the administration does not get how the law will impact the economy.

The U.S. Chamber reported that 72 percent of small business executives would have a harder time hiring because of ObamaCare. The employer mandate has been cited by business owners repeatedly as a major obstacle to expansion. They simply cannot afford it. At a recent small business roundtable, one Georgia business owner said to me, I want to provide health care insurance for my employees. ObamaCare has forced me to choose between that and hiring new people.

For instance, one common deterrent to growth that is often cited by small businesses is the 50 employee threshold, at which point a business must provide insurance to its employees once the 50th full-time employee is hired. This misguided provision has repeatedly forced different hiring practices by these companies.

I heard that Heatco, a company which specializes in the design and manufacture of world-class heating solutions, which is located in my district in Bartow County, Georgia, had looked into expanding. The thing is that it currently has—you guessed it, Mr. Speaker—49 employees, and due to the added ObamaCare cost, to expand by adding an additional employee, it will cost more than automating some of their processes.

The administration cannot say with a straight face that businesses are more concerned with reporting requirements rather than with the overbearing costs that ObamaCare will add to their bottom lines.

President Obama's announcement doesn't reduce the harmful effects that the mandate will have on employers as we move forward. It could, however, provide cover. Let me repeat that: it could, however, provide cover for Democrats during an election year. This political calculation protects them from voter backlash and from the reality that ObamaCare—their law—is to blame for an economy that is literally hemorrhaging jobs.

This is yet another example of the Obama administration's replacing the rule of law with partisan, raw politics. This unilateral decision is an abuse of executive power; and in my opinion, it is a clear demonstration that President Obama will disregard for political gain the laws he has signed.

In 2010, Democrats in Congress determined that the enforcement of the egregious employer mandate would begin on January 1, 2014. As bad as the law may be, the administration does not have the power to rewrite the law. That responsibility belongs—where?—right here in Congress. Just look at your Constitution, which I keep in my pocket. It's somewhere deep inside my pocket, but I guarantee you that it's in here, because I put it in here every single day.

Legalities aside, postponing the mandate for 1 year is not enough. It simply delays the inevitable. When it's eventually enacted, Mr. Speaker, hours will still be cut, and pay will still be reduced. Businesses hovering just under the 50 employee threshold will still have to weigh the costs of expansion; and because of the requirement, many will be unable to grow. It is just further proof that the administration does not understand how business works.

The lack of response from this administration is also increasingly frustrating. House Republicans have held numerous hearings, asking for more information as to how this decision was reached. We have sent letters to the Secretary of the Treasury, and we have sent letters to the Secretary of Health and Human Services. We have asked witnesses in order for us to gain a better insight into this ruling, but have continuously been rebuffed, in other words, no response to our requests. It's offensive to the American people that the administration cannot offer clear guidance on a central piece of its ObamaCare fiasco.

This delay will also affect the verification of individuals in this insurance exchange. It's amazing that the administration is suggesting that we will rely on the honor system to determine Federal payments. This is truly outrageous. According to the law, you aren't eligible for ObamaCare subsidies if your employer has offered you what the government considers to be affordable coverage. This is spelled out clearly in the law. With the delay of the employer mandate, however, the government won't be able to verify whether the individual has been offered coverage, and this will open the door—wide open—for enormous fraud and abuse, and the costs will skyrocket.

We've seen the same thing in other entitlement programs that rely on this so-called honor system. It's clear that what we are seeing is a tactic of ''subsidize first, ask questions later.''

Remember the old phrase ''pay and chase'' on Medicare claims? It is the administration's goal to enroll as many people in the ObamaCare exchanges as they can and as soon as they can, i.e., in this year of delay, so that we will never be able to repeal this bill. The Federal takeover of one-sixth of the economy raises taxes on small business owners and on middle class families. It guts Medicare, seniors—it guts Medicare—and it will irreparably harm the doctor-patient relationship.

Instead, we need State-based reforms that will lower costs, give patients more control of their own health insurance policies, increase access, and ensure a higher standard of care.

With that, Mr. Speaker, I yield to my colleague, the gentleman from Maryland, Dr. HARRIS, who was an anesthesiologist by profession before coming to Congress.

Mr. HARRIS. I thank the gentleman from Georgia for yielding.

Mr. Speaker, the doctor is absolutely right. That employer mandate will increase the costs for employers, which means we're going to get less job creation and less job growth in an economy that can't do with any less job creation. In fact, as the doctor probably knows, since January, virtually all of the jobs created in this country because of this mandate have been part-time jobs. We are rapidly converting to a part-time economy. That's not what Americans expect—that's not what Americans deserve—and that problem won't be solved until that mandate goes away, not just delayed but goes away.

The doctor talked about the costs per employee when the employee pays. What the doctor hadn't mentioned is the cost if you go on the individual market, because that's the other market created under the President's Affordable Care Act, or ObamaCare. You've also heard much in the past week because the President has gone around, pointing to New York and saying, Do you see, premiums are going to go down 50 percent—the wonders of ObamaCare.

Mr. Speaker, the truth is that the President can only talk about New York because, in virtually every other State, there will be huge increases. So we have to examine why the decrease in New York is 50 percent. It's because they start with such a high premium that, even at half the cost, they're still multiples of the premiums of those in the other States.

For instance, let's take a look at what the average premium in New York right now is for a healthy 30-year-old nonsmoker who is buying a policy, because the President and the Secretary of HHS and everyone who has screened this plan has said, unless you get healthy young people to buy insurance, the whole plan falls apart. So let's look at what it will cost for that 30-year-old nonsmoking male—the people who are among the highest of the uninsured, the highest in number. This is the average plan. The median-priced plan in New York is $5,750 a year, or about $500 a month right now.

Now, that median-priced plan in the President's home State of Illinois is $1,450, or about $1,300 a month—about one-fourth the price of the New York policies, because New York has ObamaCare-type regulations in place. That's why their costs are so high right now. In fact, ObamaCare is not quite as regulated as is the New York market, so the prices can come down a little bit, but do you know, if it comes down from $500 to $250, it's still twice the cost of that policy in Illinois right now.

Maybe we should look at the Vice President's State of Delaware where the average 30-year-old male's policy price is about $1,380, or let's round to $1,200 a month. That's about one-fourth the price of the current policy in New York, and even with those tremendous ObamaCare savings, it will be half the price of the policy in New York, the ObamaCare policy.

Let's look at what has happened in some other States other than New York. I'll talk about my home State of Maryland, which is the largest nonprofit insurer. Yes, Mr. Speaker. I said the ''nonprofit'' insurer, because you can't blame profit as the reason for a high cost. The largest nonprofit insurer said that the average price increase is 25 percent; and for a young healthy person, exactly the ones who have to be signed up for the ObamaCare scheme to work, it's as high as a 150 percent increase.

Mr. Speaker, if we can't get healthy young people to buy insurance now, how in the world are we going to convince them to buy insurance in Maryland when it costs almost twice as much?

We can run all the taxpayer-financed ads, because that's what it's going to be. All of the people watching who have televisions will see what happens this fall as we spend millions and millions of taxpayer dollars to try to convince healthy young people to buy a plan that's way too overpriced.

Let's look at California. Maybe the big States are different. New York is expensive. Maybe California is different. In California, the average cost of that plan for a healthy young person is $2,200, or about $200 a month. Why, it's less than half of the cost in New York. Sure enough, in figures released last month in California, the costs of the ObamaCare individual plan will increase by 64 to 146 percent. So that $200-a-month premium is now going to be $400 a month.

Mr. Speaker, young people who are entering the job market are entering at relatively low levels of pay. Where in the world are they going to find $400 to pay for an overpriced plan that they've seen advertised on their local NBA game—and, of course, with the ads paid for with taxpayer dollars?

This is why this house of cards will collapse. We are in for a rough time this fall. People in America who depend on their health care insurance are in for a really rough time. The costs are going to go up, and the confusion will be immense. Mr. Speaker, Americans deserve better, so that's why we have called on the President. Forget the 1-year delay of the mandate on employers only. We need a permanent delay on the entire plan, and the time for it is now. The President today made a big deal on his pivot to jobs.

Mr. President, I would suggest stopping the $100 million trips to Africa and go talk to some of our small business employers and ask them what are their concerns. How will they create jobs? This is what they would tell the President, Mr. Speaker. They would tell the President to get rid of that ObamaCare. That's a weight hanging over my business's head that I can't afford, that I can't predict, and that is stopping me from hiring people; and for the people I have now, it's making me shift them to part-time jobs.

□ 2000

So we've come full circle, Mr. Speaker. If what we want is a part-time economy, let's barrel ahead with ObamaCare. America deserves much better than part-time jobs. We deserve to create full-time, good paying jobs by the small businesses and large businesses in this country that are just waiting to show economic growth. We have got to remove this lead weight from around their neck.

I thank the doctor from Georgia for yielding the time.

Mr. GINGREY of Georgia. I thank the gentleman.

Before I yield time to the gentleman from Kentucky, colleagues, I want you to look at this first poster because a lot of what the gentleman from Maryland, Mr. Speaker, was talking about in regard to costs shows it pretty simply here. The change in the cost per employee, because of the health care law, if you have 49 employees, as we've talked about, there is no increase in the cost of health care because you don't have to provide the government-mandated expensive coverage. So there is no increase. That's why, of course, they keep the employee rate at 49 and don't hire those extra employees.

If you're at 50, though, and you are under the mandate, the increase is $800 per employee; if you are at 75 employees, the increase is $1,200 per employee; 100 employees, a $1,400 increase; and 150, a $1,600 per year increase per employee. That's why so many of these small businesses are right there, my colleagues, at 49, with no increase because no job growth or employees that are hired at 29 hours a week. Try to support yourself, much less a family, on 29 hours a week.

I now yield to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. I thank my friend from Georgia for yielding. I appreciate him letting me be a part of the Doctors Caucus for tonight.

I don't want to pretend that I am a doctor. I certainly am not, but I appreciate the opportunity to be here, Mr. Speaker, to talk about the health care bill. It's nice that this has been organized so we can be here tonight to talk about a topic that is critical to the American people, and that's the crushing mandates in ObamaCare.

As we know, last week, Mr. Speaker, the House considered two bills to relieve the American people of these mandates: the Authority for Mandate Delay Act would give large employers a reprieve from compliance with ObamaCare's employer mandate until 2015, and the Fairness for American Families Act would grant individuals until 2015 to comply with the law's individual mandate.

This one-size-fits-all health care law is a train wreck. It's been quoted as a train wreck by members of the other party who voted for it in the other body. The administration has clearly realized its employer mandate will hinder businesses in their ability to grow and, just a few weeks ago, announced their decision to delay the implementation of this bill.

I appreciate being here tonight because I come from a small business manufacturing background that provides health care at a low cost to our employees. I believe I understand the complexities that an employer faces in providing health insurance for their workers. This law encourages employers to cut workers' hours, pare back their numbers of workers, and move workers from existing health insurance plans onto the exchange.

Well, I'm glad to see the administration is finally paying attention to the disastrous consequences of this law. It is disappointing that they expect families and small business owners to comply with the crushing mandates while they give big businesses a break. Improving access to health care and making it more affordable should be the goal and the outcome. I will continue to fight for full repeal of this law, but in the interim, I'm glad the House moved last week to delay the implementation of the crushing mandates.

Mr. Speaker, I thank the gentleman from Georgia for yielding.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from Kentucky. Although he is not a member of the House GOP Doctors Caucus, I think that we might take a vote here on the House floor. The cochair of the House GOP Doctors Caucus is here with me, and I'm going to recognize him in just a second. So he and I are cochairs; so, Mr. GUTHRIE, we may indeed make you an honorary member. Thank you very much. We appreciate your input.

Clearly, Mr. Speaker, the issue is not just about the doctor-patient relationship. The reason we're giving this presentation tonight and the leadership has asked us to talk about this issue, the members of the House GOP Doctors Caucus—and it includes medical doctors, I think about 16 of us. It includes dentists. It includes a clinical psychologist. It includes a hospital administrator—formerly, before becoming a Members of Congress—advanced practice nurses, bachelor of science nurses, people in the health care space that know of what they speak. And in that regard, I can't think of anybody, Mr. Speaker, who knows this issue better than my cochairman of the House GOP Doctors Caucus and fellow OB/GYN physician, Dr. PHIL ROE from Tennessee.

Mr. ROE of Tennessee. Mr. Speaker, I thank the gentleman for yielding, as I want to talk about what Dr. HARRIS just spoke about a minute ago. I want to do that before I actually explain how we got where we are to our viewers.

What Dr. HARRIS didn't say is that in the small group market in New York in 1992, there were 1.2 million people who got their insurance through the small group market. At that point in time, Governor Cuomo initiated no preexisting conditions in the small group market community rating. And ''community rating,'' for those who don't know what that means, it means that your sickest patient or your sickest customer can't be charged more than three times what a well person is. So they're not actually paying the cost of their care; someone else is paying that cost. So that's community rating. And ''guaranteed issue'' means you can't be turned down, exactly what we're doing here.

What happened to that market? Within 10 years, that market all but evaporated in New York. There were 120,000. It dropped by 90 percent. Today, in a State with almost 20 million people, there are 31,000 people—that's .0016 or so percent of the people—who are in that State that get their insurance through that market.

What is it? Not only did they basically ruin that market, it's now one of the most expensive in the United States, and the only way it's going to come down is for those premiums to be subsidized by young, healthy people. As Dr. HARRIS said, young people like my three children, who just got out of college and are starting their families, cannot afford something that basically they're not paying for. I wanted to point that out. I thought it was very important to understand how we got there and to why we think this won't happen again.

Let's go back, Dr. GINGREY and Mr. Speaker, to how we got here. Basically, the health care debate started because health care needed reform in this country. The reason it needed reform is we had costs going up more than inflation—no question that was occurring—and we had a group of our people in this country who work every day who were uninsured. We needed to do that. We had people with preexisting conditions that couldn't get health insurance. You and I saw them. It was maybe a woman who had developed breast cancer, dropped out of the job market, and on the way back in couldn't find it. So there's no argument from us that we needed to have health care reform.

So what did we have? We had a Doctors Caucus at that time that had nine physicians, and not one of us was asked one thing about this health care bill. I brought 31 years of experience to the House floor and experience with health care reform in Tennessee where we tried to reform our Medicaid program, called TennCare.

How is this supposed to work? The idea was we're going to expand coverage and make it more affordable.

What was the President's promise, Mr. Speaker? The promise was, if you like your doctor, you can keep your doctor. If you like your health insurance coverage, you can keep your health insurance coverage, and we're going to make the costs go down.

What is the reality? People are losing their doctors for a variety of reasons, the cost has gone up dramatically, as Dr. HARRIS pointed out. Let me also point out about what sectors are involved and who in health insurance. It is complicated.

In ERISA-approved plans, if you work for a company that provides health insurance coverage, that covers about 60 percent of the people in this country. About 160 million people work under that. Let's say in my practice we have 400-plus employees in my medical practice that get their health insurance through their job. That covers about 60 percent of the people in this country. Sadly, in the last 4 or 5 years, because of the change in the percent of people who are employed in the workforce, that number has actually gone down 2 percent to 58 percent, instead of going up as it usually does in most recoveries. Number two, Medicare, and number three, Medicaid.

So all of this entire debate about—remember, preexisting conditions are not an issue in that group of people, and we're looking at over 80 percent. So this 2,700-page bill really had to do with less than 20 percent of the population. I think we could have done something much simpler, much less expensive, and certainly much easier to explain.

We're going to spend an hour here tonight, Mr. Speaker, in trying to break this down to where the average person can understand it, understand how it affects me and my family. I'm going to hopefully share some of those things with you.

I chair the Subcommittee on Health, Employment, Labor, and Pensions in the Education and the Workforce Committee. I've held three hearings around the country. I held one in Evansville, Indiana, one in Butler, Pennsylvania, and recently in Concord, North Carolina. What happened is we had businesses come in. Remember, the market that wasn't functioning was a small group market and the individual market. And let me explain how the individual market works.

When I left my practice 5 years ago to run for Congress, after 31 years of practice, I left the practice, I had group insurance covered under ERISA, that 160 million people in my family. I left that, and I then am on the individual market. Because I'm treated differently tax-wise, the day before, I had a tax-deductible health plan. The next day, I could buy that plan, but guess what? It was much more expensive because it was not tax deductible. That's how individuals find themselves. So those are the people we were trying to help.

What's happened to them? Well, I'll give you an example. In our State of Tennessee—Dr. HARRIS spoke about several States. I spoke to our State insurance commissioner just recently, and in the individual market, someone out there who is a young person going out to get insurance, they've just finished college or whatever—we'll talk about the under 26-year-olds in a little bit, about what the bill actually did. Those rates are going up between 45 percent and 75 percent in my State; in the small group market—that's where small businesses go out and select their insurance—50 percent to 55 percent. Does that sound like rates are going down? And this story is all over the country. State after State after State you see this in.

I wanted this plan to work because, as I said, we did need health care reform, but we needed patient-centered, market-driven health care reform that would help hold those costs down and put the decision making not in bureaucrats' hands, not in insurance companies' hands, but in doctors' and patients' and families' hands. That's who it needs to be in.

I think the ObamaCare plan started this way: How do we fund this plan? Well, they knew it was going to be expensive because of all the tax subsidies that were going to go out.

Where did the money come from? The money came from about a $700 billion grab from Medicare, a plan that's already underfunded, Mr. Speaker. Mr. Speaker, we have a plan now in Medicare where for every dollar placed in that plan—and I'm on Medicare, as Dr. GINGREY is. Every dollar we spend, the recipient gets $3 out. We know that's not sustainable. We have as many as 10,000 people a day entering Medicare age, which means that every year we're going to have 3 million people who turn 65 years of age as the baby boomers hit. We have an already underfunded Medicare plan adding in the next 10 years 30 to 36 million people onto a plan that we're taking $700 billion out of.

How do we control that cost, Mr. Speaker? We pass a part of that bill called the Independent Payment Advisory Board. Wow.

What is that? Well, I think that's one of the most egregious parts of this entire health care plan, and it's an interesting little thing.

You have 15 unelected bureaucrats proposed by the President, approved by the Senate, paid $164,000 or $165,000 a year to a 6-year term accountable to no one. The courts can't do anything about it. We have to have 60 votes in the Senate to overturn what they do or agree with what they do, and you couldn't get 60 people in the Senate to agree that the sun was coming up in the east tomorrow. So don't worry about them worrying about your health care.

What can they do? Basically what they can do, they start out—and this board is now supposed to be appointed this year, and they have a budget, which we've tried to cut the funding for because, as I said, I think it's the most egregious part of this plan.

□ 2015

What can they do? Well, they can withhold and cut providers. And when you cut providers enough, and that's doctors and hospitals and medical providers, they will refuse to see those patients. I've had it pointed out a thousand times. Oh, it says in the bill, you cannot ration care.

Well, there is a very good article—and I still read my medical journals—in the New England Journal of the Medicine, one of the most prestigious journals in this country, that reviewed the Independent Payment Advisory Board and looked back over the past 25 years.

Mr. Speaker, 21—and this analysis of the Independent Payment Advisory Board wasn't for it or against it; it was just analyzing the effects of it. And in looking back over the past 25 years, in 21 of those 25 years, cuts would have occurred. We all know, Dr. GINGREY and I know, and we know that our colleagues out there have been prevented from cuts by the action of this body right here and the sustainable growth rate in Medicare.

Mr. GINGREY of Georgia. Reclaiming my time just for a second, Mr. Speaker, the gentleman is bringing up a subject that is so important that our colleagues understand on both sides of the aisle, this IPAB, the Independent Payment Advisory Board that Dr. ROE is talking about, it's 15 bureaucrats. Well, none of them have been appointed yet. Not one. Nada. And the law says that if the Secretary doesn't appoint, or these 15 are not appointed—and, yes, they are going to make about $175,000 a year—then she, and it's a ''she'' right now, the Secretary of Health and Human Services, or whomever in the future, they don't have to have that board; one individual bureaucrat can make these cuts, these, really, rationing cuts is what it is.

I yield back to my colleague.

Mr. ROE of Tennessee. I thank the gentleman for pointing that out. It will put the power in one person and take the power away from this body right here, which is why we have a bipartisan bill to overturn this and reclaim the power which the people gave us. We are accountable to the people, and right now when you make those cuts, we would have almost no way to fix it.

I think that is a great point, and I appreciate, Mr. Speaker, Dr. GINGREY pointing that out.

So we have that board, the money grabbed from Medicare.

Number two, 21 new taxes to pay for this bill. One of them is a medical device tax. Let me assure, you as a physician, I have been the recipient, as many of my patients have been, from all of the incredible improvements in laparoscopic surgery. I watched it start from its infancy, learned my first laparoscopic procedure when I was a captain at Fort Eustis, Virginia, in 1974 in the military after having returned from Korea. I learned how to use a laparoscope, and I watched all of this wonderful new equipment occur to where we are doing absolutely marvelous things, minimally invasive to patients, and it has improved patient care dramatically.

There will be taxes on that new innovation. What I'm fearful of, in my State, the single biggest export we have is medical devices, that this will be pushed offshore, and the thing we have been the shining star in the world is medical innovation. There's no question about it, and we do not want to lose that.

So we have 21 new taxes. And there are taxes on health care plans; the mandates are taxes. So we have the taxes.

ObamaCare works because of a three-legged stool, Mr. Speaker. This is how it works:

It works because of Medicaid expansion. That is over half of the new people there, a plan that already is under siege in most States in the Union;

Number two, the individual mandate—that's what I'm getting around to—the mandates that occur because we have to have young, healthy people subsidizing others to make the individual market work; and

Number three, the mandate on business.

And last week in a blog from the Treasury, not in an announcement from the White House, just a blog came out and said, hey, we are not going to have the business mandate for a year. And I applaud the President for that. It is not something that I disagree with. The disagreement is it's the law of the land. I don't see how you can unilaterally decide I'm going to enforce this part of the law because I can't make it work right now, or the individual mandate, and we voted last week, as the Speaker knows and I believe the Speaker supported, both of the bills that Mr. GUTHRIE talked about.

Mr. GINGREY of Georgia. Reclaiming my time just for a second, Sunday it was, on the Sunday morning ''Meet the Press,'' and that's what this next poster shows, yesterday, on NBC's ''Meet the Press,'' Senate Majority Leader HARRY REID, the Democrat majority leader from Nevada, proclaimed that:

> ObamaCare has been wonderful for America.

Well, let's just take a look at some of the headlines from this past week on just how wonderful it has been.

Investors Business Daily says:

> ObamaCare mandate delay, employers keep job cuts. For many workers, the 1-year delay in ObamaCare's employer mandate was too little too late.

Reuters says analysis:

> ObamaCare struggles to meet make-or-break deadline. With time running out, United States officials are struggling to cope with the task of launching the new online health insurance exchanges at the heart of President Barack Obama's signature health reforms by an October 1 deadline.

Time magazine:

> ObamaCare increases cost and complications. The Obama administration's recent announcement that the Affordable Care Act's employer mandate will kick in a year late could ripple beyond the brief extension, increasing costs and complicating implementation of other vital parts of the law.

Think the exchanges as an example.

And then CNN Money says this:

> Delay in the ObamaCare employer mandate has simply put off rules businesses had already started to adjust to.

That's the reality here, Mr. Speaker. My colleague from Tennessee knows it. I think my colleagues on the Democratic side of the aisle know it, and that's why, in my opening remarks, Mr. Speaker, I mentioned that, hey, is it really the employers, the small business men and women that were knocking on the White House door saying, We can't meet these reporting requirements, please help us do something; or was it some of my Democratic friends, whether in this Chamber or the other body, saying, 2014 is going to be kind of a tough year for us having to defend this train wreck? I think that's what the Senator from Montana said. Of course, he's going to retire rather than face the music. I can't say that I blame him.

That's what's going on here. People are not dumb. I think they can read between the lines. I hope my colleague can stay awhile longer. I'd like to yield to him at this point.

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

You always hear, Mr. Speaker, that Republicans have no ideas for health care. Well, we had plenty of ideas; they just weren't heard. We had 80 amendments to this bill. None—and I want the people who hear this, to show you how frustrating this process has been, now that we're looking at this almost incomprehensible bill, is that we had 80 amendments to the Affordable Care Act taken to the Rules Committee. I think I had 10. Not one—not one—amendment was ruled in order. Not one.

Dr. HARRIS was here a moment ago and talked about the price of an individual insurance policy in the State of New York, and then he talked about the price of an insurance policy in Delaware and Illinois. Think about if a person in New York, an employer, a person in a small business, an individual there, hey, I'd like to buy my plan in Illinois. If I could buy it across State lines, I could save myself a lot of money, and I can guarantee you the price in New York State would come down or people would buy those plans somewhere else. That's why empowering the free market system will help and work in health care.

Let me go to the real world, Mr. Speaker. Let me go to Concord, North Carolina, and I held a field hearing there. I want to introduce you to a business owner there, Mr. Horne, who has a textile manufacturing business. He has 350 employees. If you are in the textile business, you're a pretty good businessman if you're in business today, as difficult as that is. He provided 80 percent of all the health care costs for his employees. They covered 20. He covers all preventive services, everything. If you need a colonoscopy, if you need a mammogram, he covers all of that. In addition to that, he has a health nurse at his business to help if you have issues there. So he has a prevention and wellness program. He's done everything right.

So what exactly does he get for this? What he gets for this, when the fiscal cliff bill was passed, because of the way his company was set up, he got an increase in his personal tax rate. He got that. Number two, he got a $62 per person, not per policy but per person, which will cost him tens of thousands of dollars. And guess what that money goes to do? It goes to indemnify insurance companies so that they'll be induced to provide this insurance on the exchange and they won't lose money. Mr. Horne gets absolutely nothing.

So what will he have to do? He'll either have to cut his salaries, he'll have to cut the benefits, or he won't hire someone or he won't be able to make needed investments.

Let's go to my hometown of Johnson City, Tennessee, where I was mayor before I came here. My political job there was being mayor of our local community. I just talked to our city manager not long ago, and we're going to get a bill in our community of 60,000 for $177,000, of which we get absolutely nothing because it is on the self-insured market. And anybody who is self-insured, and a lot of major businesses, and I talked to one who's going to get a $25 million—and I won't mention who it is. It's a major company. Everyone in this room will know who it is. They write a $25 million check. That could be to hire new employees. It could be for new plant and equipment. It could be to grow their business. It's a globally competitive company that has to compete around the world.

Let me introduce another person here, Sonny's Real Pit Bar-B-Q. That's a famous restaurant in the Charlotte area. We had the field hearing over there, and we sampled Sonny's barbecue the night before we had the field hearing. It was great. What that company is doing is that they found out that 70 percent—since the recession, 70 percent of people changed their eating-out habits by reducing or even eliminating dining out. And increasing menu prices, which is what they'll tell you to do, people quit coming to your restaurant and you go out of business. What they are finding out is they have had to cut, as Dr. GINGREY clearly pointed out, they're looking at cutting their employees' hours to 29 or under so that many full-time employees will now be part-time employees so they'll go under that threshold of 49.

The community college where we held the hearing made a very eloquent statement that they were going to have to not allow adjunct faculty. What most community colleges do, about 65 percent of their faculty are full-time, but the others are people in the community, Mr. Speaker, maybe like Dr. GINGREY, who would teach a health class or a class on whatever issue would be in his specialty.

Well, now, because of what the IRS has said, you can only teach three classes or you hit the 29-hour threshold. How does that happen? Well, for every hour you're in the classroom, they count 2 hours outside the classroom. I think it's called the Cambridge hour. So you can only teach three classes. It will mean in their community college that they won't be able to offer certain classes on time. It'll delay students getting out. The State of Virginia has 7,000 part-time workers, and they're going to be sure they stay under those 29 hours. And they make it a little more individual.

Someone that I know in my district works for a chain restaurant, Mr. Speaker, divorced woman who works full-time. She relies on tips and relies on her 40 hours a week. She has a health insurance policy. She's going to lose her health insurance policy, and they are going to cut her hours to 29, which means that for every month, she loses an entire week of wages.

□ 2030

So she now has got to go find a second job to pay her bills, Mr. Speaker. And I can go on and on with examples like this that I've heard in testimony.

Just yesterday, we had testimony on the mandate. Certain of the businesses appreciate the year of reprieve. We voted here on the House floor in a bipartisan manner, Mr. Speaker, I might add, to also take individuals. My goodness, here's a person out here that just graduated from college, got their first job, and we're taxing them if they don't buy this insurance. And let me point out how quickly the young people will figure this out.

I did something rather unique, as Dr. GINGREY did. I heard here on the House floor we should pass the bill and then read it and find out what's in it. Well, guess what? I did just the opposite. I read the bill and found out some things. I went back and checked to be sure I was correct on this.

But here's what happens if you don't pay the penalty. Let's say you're a young individual out there and you say, I just can't afford $400 or $300 a month out of my paycheck. I've got student loans and other things to pay for. I'm trying to get into my first apartment. The penalty is this: it's $95 for the first year.

So what can the IRS do to collect that money? They can't garnish your wages. They can't do that. There's no civil or criminal penalty so there's nothing they have to come after you. The only thing they can do is if you have overpaid your taxes or if you have a refundable credit coming in like an earned income tax credit or child tax credit, they can withhold your refund. That's the only recourse they have.

Young people will figure it out. And why will they figure it out and not buy it? Why is this going to collapse? It's going to collapse because these young people are going to pay the $95, not the $300 a month or $200 a month that they're going to pay. They'll pay the one-time penalty, if the IRS can ever figure out how to collect it. That's what they're going to do. And if you don't have all these young, healthy people paying in, it doesn't work.

Mr. GINGREY of Georgia. I've got one last poster that I wanted to point out, Mr. Speaker, to my colleagues. It's a little complicated. I'll try to make it as simple as I can.

Basically, let's start right here with the employer. Under that, in this diagram, fewer than 50 full-time employees, including full-time equivalents, then no employer penalty for offering a health insurance benefit. But in the most egregious situation, the employer has 50 or more full-time employees, including full-time equivalents, and the employer decides not to offer coverage. If a tax credit is obtained by at least one of those full-time employees in an exchange, then the annual penalty to that employer is $2,000 for the year—not just for that one, but for every single employee that he or she employs. It could be hundreds; it could be thousands.

Mr. ROE of Tennessee. Above 30.

Mr. GINGREY of Georgia. They get a break for 30, yes.

Again, we just have maybe a little bit of time left, and I wanted to point out some things to our colleagues.

I want to call this ''ObamaCare Shot and Chaser.'' Bear with me a little bit because I think this is interesting and cute at the same time.

ObamaCare has been a train wreck since its inception. March 23, 2010, almost 3½ years ago, the Democrats passed it to see what's in it. And now families, taxpayers, and job creators are paying one steep price. Between its skyrocketing cost, unsustainable and wasteful programs, and job-strangling policies, a majority of Americans disapprove of this law—and they disapprove of it today.

On top of that, implementation of ObamaCare has become a full-fledged disaster, as we've pointed out this evening. Some of its biggest supporters agree with us—and not news media publications that are considered particularly conservative.

As for the President, he just can't seem to make up his mind on the employer mandate. He was against it in 2009 before he was for it in 2010. After signing the mandate into law, the administration announced earlier this month it would delay the employer requirement for 1 year. When the House of Representatives acted last week to really make it constitutional—because he didn't have the right to do that—but when we voted to allow him to do that, the same White House issued a veto threat on the bill. The thing that he had done and that we made it legal for him to do, he's going to veto that.

So the shot:

> We have heard concerns about the complexity of the employer mandate requirement and the need for more time to implement them effectively. We have listened to your feedback and we are taking action. The administration is announcing that it will provide an additional year before the Affordable Care Act mandatory employer mandate and insurer reporting requirements begin.

The chaser. That was the bill that we passed, H.R. 2667. Employer mandate delay is unnecessary. These are the words of the administration:

> Enacting this legislation would undermine key elements of the health law.

That was stated July 17 by the White House veto threat. President Obama's repeated flip-flops on the individual mandate are well-documented. He pledged support for it in 2007 on the campaign trail to a group of union workers. When his health care plan was released months later, the individual mandate was noticeably absent. He went on to attack his Presidential primary opponents—think HC—for supporting the requirement, only to change his mind once again shortly thereafter.

I could go on and on. I think we've made our point here tonight, and maybe we can yield back a little time. I will yield to my colleague, and he can yield back to me for closing.

Mr. Speaker, colleagues on both sides of the aisle, we're here to get it right. I've always said this—and I truly believe it—the politics will take care of itself. The people will decide. We don't need term limits. They term-limit us. Let's quit worrying about the politics, and let's do the policy. Let's get the policy right.

A 2,700-page bill crammed down the throats of the American people will never work. It never has worked. It never will work. And that's why we're here tonight, taking pains to explain and make sure that anybody within earshot understands that we're sincere about this. It's not partisan. We need to get rid of this law, and we need to replace it with something that truly will effect those changes that Dr. ROE was talking about in regard to the cost of health care and the accessibility. We didn't even talk about accessibility and about whether or not there will be any doctors there to see these patients.

So I yield to my friend from Tennessee.

Mr. ROE of Tennessee. People ask me if there are things in the bill I like. Absolutely. You can't write a 2,700-page bill and not put some things in there that are positive. There are positive things in the bill. We should have worked together in a bipartisan way to look at those positive things we agreed to and then things we didn't agree to.

I think the approval rating now for the Affordable Care Act is at 35 percent. Is this objection just Republicans? Are just Republicans out there?

Well, let me read to you just a little bit here. This came up in testimony yesterday in my subcommittee hearing. The letter was from James P. Hoffa, general president of the International Brotherhood of Teamsters; Joseph Hansen, international president of the United Food and Commercial Workers Union; and Donald D. Taylor, president of UNITE-HERE, a union representing hotel, airport, food service, gaming and textile workers. This is to then-Speaker PELOSI, now minority leader:

> When you and the President sought our support for the Affordable Care Act, you pledged that if we liked the health plans, we could keep them. Sadly, that promise is under threat. Perverse incentives are causing nightmare scenarios. First, the law creates an incentive for employers to keep employees' work hours below 30 hours a week.

Numerous employers have begun to cut workers' hours to avoid this obligation, and many of them are doing so openly. The impact is two-fold: fewer hours means less pay while also losing our current health benefits.

These are the presidents of three major unions.

So it's not just Republicans, Mr. Speaker. It's the public beginning to focus on this now, because this bill is becoming the law of the land January 1. I wish it had worked as smooth as it could. It has not. And it has not because it's not doing what it promised, which was the single most important thing, which is cut the cost of care so more of us out there could afford to have it.

Mr. GINGREY of Georgia. Mr. Speaker, in closing, I want to thank all of the members of the House GOP Doctors Caucus who participated tonight. If I tried to add up the number of years of clinical experience in our group of about 21 members on the Republican side of the aisle in this caucus, it would probably be 600-plus years. So we really do know of what we speak. We don't have every answer, but we know of what we speak; and we want to get it right. That's what this is all about.

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

PROTECTING THE RIGHT TO VOTE

The SPEAKER pro tempore (Mr. LAMALFA). Under the Speaker's announced policy of January 3, 2013, the gentleman from Wisconsin (Mr. POCAN) is recognized for 60 minutes as the designee of the minority leader.

Mr. POCAN. Mr. Speaker, I am proud to rise on behalf of the Congressional Progressive Caucus. Tonight, the Congressional Progressive Caucus would like to talk about voting rights and how important that is to this country and to every single person in our country.

Last week, both the Senate and House Judiciary Committees held hearings on the Voting Rights Act and what steps we need to take forward to protect the right to vote in this country. There's potentially no right that is more important, no issue that is more important to this country that we should consider than our right to vote. It should be our most fundamental right. It's the right that preserves all other liberties that Americans hold dear.

When aspiring Americans take the citizenship test, they're asked, What is the most important right granted to U.S. citizens? And the correct answer: the right to vote. Protecting this right should be the primary concern of our democracy. So you would think that when that question is asked, What are our most important rights, and the answer is, The right to vote, it would be something that's enshrined in our U.S. Constitution and you would think there is explicitly a right to vote. I certainly thought that. But you would be wrong. It's startling to think, at first. It seems against everything you think you've been taught and against the principles that our country has been built on. But within our Constitution there is no explicit right to vote.

We have to remember that when our Constitution was originally ratified, the right to vote was specifically not guaranteed. In fact, it was an incredibly restrictive law. Only white male property owners above the age of 21 could vote. That was less than 20 percent of the country's population at the time. Many of our Founders specifically did not want to expand the franchise of voting, believing most in society were unqualified for the privilege. In fact, John Adams famously wrote:

> It is dangerous to open so fruitful a source of controversy and altercation as would be opened by attempting to alter the qualifications of voters. There will be no end of it.

Mr. Speaker, since that time, our Nation's attitudes towards voting have changed slowly but very progressively. But the fact that we have needed constitutional amendments prohibiting discrimination based on race, gender, and age demonstrates that we possess no guaranteed right to vote in our Constitution.

Meanwhile, these accomplishments have oftentimes been accompanied by a myriad of tactics, laws, and strategies meant to suppress the vote: literacy tests, poll taxes, grandfather clauses, voter intimidation.

□ 2045

These targets of discriminatory efforts have changed as well. Our first literacy tests were adopted to keep Irish-Catholic immigrants from voting. Then we saw a wide array of efforts to stop African Americans from going to the polls.

Now, today, the bills introduced to restrict the right to vote may be a little less obvious and voters lawmakers wish to suppress are a little harder to define, but these efforts are nonetheless discriminatory.

We have seen burdensome registration requirements and reduced early voting opportunities, which are often critical for low-income Americans who cannot take off work on Election Day. African Americans and Latinos, in particular, have utilized early voting days in very high numbers.

College students have been the targets of a number of efforts to decrease their participation, from disallowing student IDs as an acceptable form of voter identification, to stricter residency requirements, to limited polling locations on campuses.

Voter ID and burdensome registration requirements often make it harder for senior citizens also to be able to vote. In Wisconsin, we've had this issue before us. Many senior citizens no longer carry their driver's license because they no longer drive, and yet that's one of the very things that they may need to go vote with a photo ID.

I myself didn't realize the full extent of the attack on our right to vote until voter ID laws were actually introduced in my home State of Wisconsin. As is often the case with voter ID laws, Republicans justified the photo ID requirement as a way to counter voter fraud in our State.

Well, Mr. Speaker, the fact of the matter is this crisis of voter fraud is a fraud in and of itself. As the Brennan Center for Justice points out, you are more likely to be killed by lightning than you are to commit voter fraud in your lifetime. To be killed by lightning is more common than voter fraud in this country.

Now, in Wisconsin, we're very proud that we're one of the top three States for voter participation—Maine, Minnesota, and Wisconsin—and we're known for our clean and effective elections. Our chief elections officer found that since the year 2000 in statewide elections the State has seen about 20 instances of voter fraud out of more than 6 million votes cast. Most of those instances of voter fraud involved felons who were ineligible to vote but voted—a problem that doesn't get fixed with a photo ID.

So why did the Wisconsin Legislature believe we needed to combat against voter fraud? What does it mean when you have a cure in search of a disease? Well, in my experience, there's usually an ulterior motive. And in the case of restrictive voting laws, the design is to suppress the vote, to encourage lower voter turnout in the hopes of influencing elections. In other words, it's about elected officials trying to pick their voters rather than the voters picking their elected officials.

Now, in Wisconsin, we're very fortunate because our State constitution specifically guarantees the right to vote. Because of this provision, the suppressive voting laws that have been introduced in our State have largely been blocked by the courts.

But what I did realize is that, while Wisconsin had a strong amendment that protected our right to vote, our U.S. Constitution does not. Unfortunately, without a guaranteed Federal right to vote, we will continue to see the types of disenfranchising efforts that have become a plague on our modern society.

Mr. Speaker, that takes us to today and last month's Supreme Court decision that struck down section 4 of the Voting Rights Act. Section 4 was the act's preclearance formula, the formula that determined which States and counties needed to get Federal approval before they make voting law changes. The Court ruled that the formula was outdated and, thus, unconstitutional.

Now, I think the Court may have forgotten that when we reauthorized the Voting Rights Act, overwhelmingly, just from 2006, we had 390 supporters in the House of Representatives and a unanimous 98–0 vote in the Senate. Clearly, there was strong support in the legislative body for the Voting Rights Act that was now turned aside by the Supreme Court.