I want to give one example of the way in which research actually works out together with regulations, regulations to protect our air, regulations to protect our water—the Clean Air Act, the Clean Water Act, and other regulations. Some of them are now dealing with the issue of climate change.

I am a member of the Safe Climate Caucus, and there are many of us that belong to this caucus. We are trying to say we have got global warming. Whether the tragic typhoon in the Philippines was directly caused by global warming—I think it is no accident that we are seeing stronger storms just as predicted. Anyway, our Safe Climate Caucus is concerned that many here in Congress are trying to shut down commonsense Environmental Protection Agency guidelines that are designed to keep our air and our water clean and healthy and to reduce the disastrous consequences of climate change.

These regulations can actually drive technological development and they can strengthen our economy. When those policies are paired with the entrepreneurship, the inventiveness of the individuals and businesses out there, some really interesting things happen and jobs are created.

Last week I visited one such program in California. It is a program put together by Recology, which is a company that operates in my district and in San Francisco. They are a recycling, a composting, and a landfill company, and they have a landfill. They are involved in some very interesting and innovative ways to separate the waste, to recycle, all to the good.

But they have another project. They have teamed up with a company called G2 Energy. It has put in place a facility to take the methane gas that comes off of the landfill that at one point went up in the atmosphere—do keep in mind that methane gas is around a 20 times more potent greenhouse gas than carbon dioxide. They put in a project to capture that methane gas, take it out of the landfill, put it in a pipe with a vacuum, run it over to a Caterpillar engine manufactured in America—actually, it is a big marine engine that probably was driving some very large ship, but it now is sitting there next to the landfill, attached to a generator, and producing an extraordinary amount of electricity.

That is innovation, and that is the kind of things that can be done. That methane coming off the landfill into the Caterpillar engine and into the generator will replace more than a million gallons of diesel fuel that was once used to run that very same kind of an engine. That is the kind of innovation that can occur when coupled with research and wise public policy.

There are so many other pieces to all of this, and we will talk about it in the days ahead.

One of the things that I want to just kind wind up with is why it is important. So, do keep in mind trade policy, tax policy, energy, labor policy, education, research, and infrastructure. These are the foundational investments that any economy must make if they want to see sustained economic growth. Unfortunately, we are falling off the power curve on many of these policies.

Here is why it is important. Here is why this discussion is important. Here is why manufacturing and growth in the American economy is important. These are words that Franklin Delano Roosevelt put forward. He said:

> The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little.

We know that after the great meltdown in 2008 and 2009 that millions of Americans lost their jobs. We also know that, in the last 5 years, the economy has come back, that additional wealth has been created. We do know that the gross national product of the United States, which is its wealth, has grown. What most people don't know is where that wealth went. That wealth went to the top 10 percent. About 95 percent of the wealth generated over the last 5 years has wound up in the hands of the top 10 percent, the most wealthy people in America.

So the words of Franklin Delano Roosevelt come directly back to a manufacturing and jobs policy for the United States. If we make the critical investments to grow the economy, to provide the infrastructure, to do the research, to deal with the international trade, to think back to what George Washington had in mind as a Founding Father, then we can begin to establish policies that grow the American economy, that reestablish America as the mightiest manufacturing country in the world, and, in so doing, create those jobs for hardworking Americans that go to work every day, want to pay their bills, want to pay their house mortgage, buy the car, see that their kids get an education, see that they have an adequate health insurance program. If we do those things, then these words of Franklin Delano Roosevelt will begin to ring true, and we will begin to add enough for those who, today, have too little. That should be our challenge.

It is not our place to make sure that the superwealthy and the billionaires and others get even more. It is our place that those who struggle every day, many in poverty—and the poverty rate in California is 25 percent or more—that those who struggle every day to provide for their family, that they have a chance of a good education, an opportunity to get that job, that middle class job. If they have that, then this country will prosper and the kinds of divisions that sometimes rake us over the coals and cause us great consternation and trouble will be abated. They will never disappear—I have no illusions—but they will be abated, and they will be less. That should be our goal.

As we approach the next fiscal crisis, just 2 months away, we should think about those men and women out there that I saw—and I suspect many of my colleagues saw as they returned home and went to their districts and went to all their meetings—who said: Can you just give us certainty? Can you stop the interminable fighting and the chaos that is causing us such concern, that is causing me not to invest in my business? Just give us certainty. Give us a program that builds a foundation so that my business can grow and prosper. Give us the tax policy that has the proper incentives, not just for those who have great wealth, but for those who are trying to grow their business. Give us a trade policy that is fairer to the American worker, fairer to the American business, that doesn't just give away this great country's wealth to some other company around the world, that doesn't encourage our businesses, our American corporations to go offshore. Put those policies in place so that we can grow the American economy, so that Americans can have a decent job and fulfill their own personal vision of the American Dream. They can get on that ladder, leading wherever they want it to lead, climb as high as they can, that the impairments and the impediments are not there. That should be our goal.

We have about 2 months to avoid yet one other crisis. As we avoid it, I hope we keep in mind those things that create real wealth and real opportunity for all Americans.

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

AFFORDABLE CARE ACT

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

Mr. ROE of Tennessee. Mr. Speaker, we are here for the next hour to discuss the Affordable Care Act with my colleagues and my cochair of the Doctors Caucus, Dr. GINGREY, a fellow OB/GYN from Georgia. I thank the gentleman for being here today.

We are going to break this hour up into several segments and talk about, number one, how the Affordable Care Act was initiated, how it actually came to be. Two, the promises that were made by the President and the Democratic Party about what the Affordable Care Act would do. The failures, which I think are probably fixable of the Web site—if, in 1969, we put a man on the Moon with a slide rule and a handheld adding machine, surely we can get a Web site to work in the year 2013. If we cannot overcome that, we are in trouble. Number four, I want to discuss something very near and dear to my heart, because I participated in this for years, which is medical education. I will go into this in more detail.

We have a huge doctor shortage in America today, and it is getting worse.

A major university in my State, Vanderbilt University, this past year, that university has lowered their workforce by approximately 1,300 people—it will, by the end of this year. It is very disconcerting for those people who lost good-paying jobs.

We have had hospitals close in our region. We have had layoffs in our area, in the health care industry, for the first time in my medical lifetime, which has been over 40 years as a physician now.

Also very distressing to me as a doctor and as a faculty member of the College of Medicine at East Tennessee State University, the Quillen College of Medicine and Vanderbilt University are reducing their class size by 10 percent.

□ 2000

They are also reducing the number of the M.D./Ph.D.s that they have. These are our future researchers to find the great cures for diseases in the future.

There is a pipeline out there, and we certainly know that a vast number of our senior doctors are considering, or have retired, as my own personal physician has done, due to the effects of the Affordable Care Act. So we will discuss that in more detail.

I think, also, we need to discuss and focus on the new taxes, and also, on the effects on business.

Then lastly, perhaps—hasn't been discussed much recently, the effects on Medicare, quite frankly, with $700 billion being cut from Medicare.

There is one particular part, Mr. Speaker, of this bill that Dr. Gingrey and I have worked on closely together in the Medicare portion of the Affordable Care Act that is called the Independent Payment Advisory Board. It hasn't gotten a lot of press because it hasn't affected any seniors yet.

It's a board, an independent board, independent of Congress, that will determine how Medicare dollars are spent, and we will go into that if we have time in more detail toward the end of the hour.

I think that is one of the most egregious parts of this bill when it comes to our seniors, and we are adding 10,000 new seniors per day, each and every day, over 3 million per year, with a decreasing number of physicians and less money in that very-needed program that needs reform.

Let's go back, Dr. Gingrey, approximately, 4 years when we were here on the House floor debating this bill—and the premise of the Affordable Care Act I completely agree with, which is to lower costs and increase access to care. That is a noble, noble goal to have, and I still share that goal to this day.

There were three committees of jurisdiction in the House of Representatives that looked at the Affordable Care Act: the Ways and Means Committee; Energy and Commerce; and the committee I serve on, Education and the Workforce.

Those committees had a bill brought forth by the House of Representatives. It was voted on, debated in the various committees, brought to the House floor, and was voted on in a straight party-line vote. That particular bill did not include the IPAB and some other things that are in the permanent bill, the so-called ObamaCare, or the Affordable Care Act.

The Senate then voted on Christmas Eve, I believe it was 2009, brought a bill back over here the following month. We debated it again on the House floor for a very short time and, famously, our then-Speaker said we had to read the bill to find out what was in it.

Well, guess what I did?

It is a 2,600, 2,700-page bill, but I felt that a bill that affected ever American citizen in a very personal way deserved my attention, so I read that bill, and the surprises that you are seeing now I have been talking about now for 3½ years, as have my colleagues on the Doctors Caucus and others on our side of the aisle, and many, quite frankly, recently, in a bipartisan way.

The only thing bipartisan about the Affordable Care Act was its opposition. I think some 32 Democrats voted against that bill.

So it comes as no surprise to me when the President says—and we will go over the broken promises in a minute—it comes as no surprise to me when the President says, if you like your health insurance, you can keep it. That wasn't going to happen.

Why did I know that?

Let's go over the promises that were made. Number one was universal coverage. I quote. This is the President saying this. He wasn't the President then, but this was in June of 2007.

I will sign a universal health care bill into law by the end of my first term as President that will cover every American.

Well, that is a promise that hasn't been fulfilled. It does increase access by a massive expansion of Medicaid, and we will go through the Medicaid expansion in just a minute, about why some States chose to do it and why our State of Tennessee has chosen not to. And there are very good reasons why these Governors have chosen not to.

There are a host of unintended consequences of this bill that we are dealing with today. The decreased payments to our hospitals have forced some of our rural hospitals and, certainly, where I live in rural America, has put great strain on these hospitals.

Even in the more major medical center areas, as I pointed out, at Vanderbilt University, and many others, I have talked to colleagues today in Indiana who have experienced the same scenario.

So the promises that were promised, there would be no new taxes on the middle class—here is the President's quote:

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

That was September 12, 2008.

The third promise, and this is one that anybody who has studied health insurance and has dealt with it in private business, as I have, knew was not going to be possible, was the outrageous claim that, by the end of his first term, that premiums would decrease by $2,500 a family. I mean, anybody would know better than that that has ever run a business.

This is the quote:

We will lower premiums up to $2,500 for a typical family per year. We will do it by the end of my first term as President of the United States.

That was June 5, 2008.

The next promise was there would be no increase in the deficit. No increase in the deficit. Here is the President's promise:

I will not sign a plan that adds one dime to our deficits.

That was Promise Number Four.

And the last one, Promise Number Five, is, you can keep your plan if you like it, and here is the quote:

''If you like your doctor''—which, by the way, I like my doctor a lot; I went to medical school with him—''you will be able to keep your doctor, period. If you like your health care plan, you will be able to keep your health plan, period.''

Well, let me point out at the end of that period, that people who work for me now in this congressional office have lost their plan, so that is not true:

No one will take it away, no matter what.

Well, I certainly don't see that as being true. The failure of the Web site rollout, we will get into that a little later. I think that, as I said, certainly, if we can't correct a Web site, if we can't build a Web site, I have no faith that this plan will ever be workable.

I would now like to yield some time to my good friend and colleague from Georgia. We have been joined by Dr. PAUL BROUN, also from Georgia, a family practitioner, but I would like to turn it over now to Dr. PHIL GINGREY from Georgia.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from Tennessee, Dr. ROE, for yielding time to me.

It is incredibly concerning that the Obama administration has continued full speed ahead on a rollout of a system, even after numerous warnings from vendors and from Congress.

The Web site has led to confusion in the insurance marketplace, as well as put consumers' personal information at risk to lax security protocols.

Even after the Web site is technically fixed, Mr. Speaker, as Dr. ROE mentioned, and it probably will be, consumers will still face higher premiums and the likelihood that they will be unable to see the doctors to which they have grown accustomed.

Mr. Speaker, I have heard from a number of my constituents in the past few weeks about the disastrous effects of the President's health care law. I will take a little time this evening to

share with my colleagues a few of the observations from good, solid Georgians.

Tom, a Georgia Blue Cross customer, told me his ''Blue Cross policy went up originally by about $50 due to the Affordable Care Act. About 2 weeks ago I got a note that said my old policy no longer exists, and my new policy will now cost $100 more.'' That is a quote from Tom.

Dottie, from metro Atlanta, told me that her husband's employer was forced to drop their family plan and would, instead, offer them only two more costly options. Either plan would increase their premium by at least $160 a week, Mr. Speaker.

A mother in my district told me that her young daughter's Humana plan was canceled only 2 weeks after being promised that the price of the new plan would be locked down for a full year.

Mr. Speaker, the President kept telling the American people, and this is the quote, if they ''liked their insurance they could keep it, period''—and the period is part of the quote. It should have gone on, as Dr. ROE suggested, until they can't.

This promise has surely been broken. Millions of citizens have received cancelation notices from their insurers. They are now left with uncertainty over whether this new coverage will also be affordable.

Speaking of affordability, Mr. Speaker, let me share with you a few other stories from constituents, and then I will yield back to the gentleman from Tennessee because I know there are other Members on the floor that also want to speak on this issue.

Mike told me that ObamaCare ''has been a financial disaster'' for his family. It used to cost him just under $300 a month to cover his wife and daughter on his insurance, but, under ObamaCare, even that bronze plan—you know, there are four options, and bronze is supposedly the least expensive—will cost him $700 a month.

And get this, Mr. Speaker: a $5,000 deductible. He was formerly paying $300 a month. If you like your insurance, you can keep it.

As Dr. ROE said, Mr. Speaker, everybody's premiums are going to be going down on an average of $2,500 per year. Not so. Not so.

Teresa from Cartersville, also in my 11th Congressional District of Georgia, she and her husband told me that their premium is increasing from $550 to more than $900 a month. That is almost, Mr. Speaker, a 40 percent increase.

Robert, from metropolitan Atlanta, again, a little part of my district, told me that even though they were underwritten in June, his wife's policy had increased from $387 to $557 a month. That is a 30 percent increase.

Finally, before I yield back to the gentleman from Tennessee, Robyn from Atlanta received notice that her family's premiums will increase by 15 percent without any additional benefits.

I yield back to Dr. ROE, and I look forward to continuing this discussion with my colleagues as we go through the evening.

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

Let me back up a little bit so that this is a little bit more understandable for people. Typically, in this country—and we had problems. There is no question we needed health care reform. I think everybody in this Chamber—

It is one of the reasons that the doctors that you see here tonight ran for Congress, because we wanted to be part of the health care reform debated here. Unfortunately, we were not.

There were nine of us in our Physicians Caucus on the Republican side during the health care debate. Not one of us, not one, was included in the debate on health care. Not any amendment. We offered 80 amendments, to my recollection, to this health care bill, and not one was allowed to be heard on the House floor and voted on.

This would be a better bill if the other side of the aisle had simply slowed down, taken a breath, and let us help amend this bill.

People say now, well, Phil, can't you just tweak it a little bit and help?

No, you cannot. It is so complicated and so expensive, it is very difficult to do.

Now, this bill does do some things I like. I do like the under 26-year-old being able to stay on their parents' plan. The private market would have offered that.

You also had a problem with preexisting conditions. I want to spend just a minute with that because it is not totally understood, or not understood well by the public.

We worry about us getting a preexisting condition, losing our insurance and not being able to get coverage. In America, about 160 million of us get our insurance through our employer, through ERISA-based plans. Preexisting conditions do not affect those plans. You cannot be denied coverage. My practice had an ERISA-approved plan. You had to take everybody in the plan.

Number two, if you get Medicaid, you cannot be denied coverage, and Number three, if you have Medicare. So it really left the small group market and the individual market and the uninsured.

Now, people are wondering, why did I lose my insurance coverage?

In other words, I had a policy I liked.

I want to tell you today, Mr. Speaker, one of the most arrogant things I think I have ever heard in my life I heard on TV this last week by several pundits, and those comments are this: that your insurance is no good. I heard the President say that.

Well, look, not everybody can eat at Ruth's Chris. Some people have to eat at McDonald's or have to eat at Shoney's. They can't all eat at the most expensive one, but they buy what they can afford and what meets their needs.

The reason that the costs are going up so much are the following: in this bill, there is something called essential health benefits. You don't get to decide what you buy for your family. The government decides what you buy for your family.

□ 2015

And let me read this to you, because I want you to hear this very closely to see if you need all of these services. One is ambulatory patient services; that sounds pretty good. Emergency services. Sure, you want a plan that covers you when you go to the emergency room. Hospitalization, absolutely. I think you will see most plans do that.

Maternity and newborn care. Well, I don't know about that. What does a single 30-year-old male need maternity care for? What do I need maternity care for at my age? I certainly have cold sweats thinking about that right now.

Mental health and substance abuse disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; chronic disease management; pediatric services, including oral and vision care. Well, if you are a family at an age where you don't need all of those things, probably your plan doesn't hit some of those. If you miss any of them, your plan is not an approved plan.

The second thing that made you lose your plan was—and this is where I challenge the President here tonight—one of two things occurred. I read the plan and I understood by reading that plan that if you changed anything in the bill, if you changed the prescription drugs, if you changed your copay, if you changed anything significantly in that plan, you lost your grandfathered status, or if you didn't meet the essential health benefits. No one said that.

So if the President had read his own bill, he would have known that and would not have come out and said, If you like your plan, you can keep your plan, because that clearly isn't true. Or number two, as Congressman KURT SCHRADER said today, that we were misled. I think that is the term he used. So either of those two things occurred. If the President said, You can keep your plan, or he just did it for political purposes, which I hope he didn't do because a lot of people are hurt.

Mr. Speaker, 16,000 low-income small business people in my State had a plan called Cover Tennessee. It wasn't the greatest plan in the world. It covered, I think, 12 doctor visits a year, all preventive services, an operation. It covered up to about $25,000. It didn't have lifetime limits. And 16,000 people had that. They could afford that. And many of them bought a catastrophic policy so that if they had something that cost more than $25,000, it would be covered.

So it was basic health insurance coverage. It did for them and their families what they needed. It gave them some certainty and peace of mind. That is all gone. They have lost that.

As Dr. GINGREY was pointing out just a moment ago, he was mentioning some people in Georgia—and you can find this story from the Atlantic to the Pacific Ocean. One story I heard this weekend, an employer of mine who is a building contractor, he has looked at his business. He has 110 employees. He said, Phil, I think I am just going to have to pay the $200,000 fine. I can't afford what they are going to force me to buy. I can't do it and stay in business.

I have an employee that I know personally because she works in my office whose insurance is going to go from $400 a month for her family of three with the ObamaCare plan—''if you like your plan, you can keep it''—to $800 a month. This is an employee who makes in the mid-$50,000 range. This is not somebody who is rich who can afford this. That is a car payment or a college education payment or whatever she wants to spend her money on. You can hear this story over and over again.

There are 66,000 Tennesseans who got a letter from Blue Cross explaining that their plans didn't meet the essential benefits package in the individual market. That is one insurance company, and this is going on all over.

So this business about the costs going down—I think we will be on the Key Bridge jumping in the Potomac River when we finally get the bill for this. That is how expensive it is going to be.

And, by the way, most people don't understand this. A lot of our Governors have read the fine print; and Governor Bill Haslam of Tennessee, a good friend of mine, wanted to expand coverage. He wants to expand coverage. But he wants it done through market-oriented principles. And one of the things that we have had in Tennessee with our health care coverage expansion is that we went through health care reform 20 years ago.

In 1993–94, we began a program called TennCare. In the TennCare plan, we had a problem with access and not enough people had coverage in our State. So we did this. And within 10 short years, our spending had tripled. And almost half the people—47 percent, I think—of the people who got insurance on TennCare dropped their private health insurance and got it through the TennCare program. What our Democratic Governor Phil Bredesen did in the mid-2000s was—because we have a balanced budget amendment in our State, with the approval of the legislature—he had to cut 200,000 people from the rolls.

And people say to me, Dr. ROE, don't you think this bill will just fall under its own weight? And I say, No, I don't. And the reason is because the Federal Government can deficit-spend. We can print money. If we had to have a balanced budget in this body right here that we are standing in, I can assure you, we would be having a different discussion about this bill.

One other thing I want to read about the Governors that have signed up for this great deal with Medicaid, which is a program for our low-income people—

And by the way, I want to publicly state that the group I am in and the group I was with from the time Medicaid became available until I left practice, we took those Medicaid patients; and for many of them, we didn't get paid a lot of money. But that is what physicians do, we care for people who are uninsured and people who have policies like Medicaid.

But this new policy, the insurance policies must cover these benefits in order to be certified and offered in the health insurance marketplace. States expanding their Medicaid programs must provide these benefits, these essential health benefits to people who are newly eligible for Medicaid. So that means at the end of the 3 short years, the percent that the State has, which is no guarantee, is going to be a large sum of money and much larger than I had thought of after I started seeing these premium increases.

The other thing that has been said out there—and I have heard it for the last 4 years—is that Republicans have no ideas about health care reform. Well, there is a plethora of our ideas from this side of the aisle for health care reform. And one that I happen to have right here in my pocket is a Republican Study Committee called the American Health Care Reform Act, and I chaired the Health Subcommittee which wrote this bill. Dr. TOM PRICE, Dr. BROUN of Georgia have a bill. LOUIE GOHMERT, others. There are many of them. The Republican substitute bill of 4 years ago is an excellent health care bill that is market-centered. And it does something that I think is essential for the American health care system to survive as we know it, and that is, to maintain the physician-patient relationship.

This will tear that down because what does it do? So many people are going to lose access to their doctor. And as there are fewer and fewer doctors out there to see you, the waits are going to get longer and longer and longer. I think that is the very fabric that has made us the system that we are and the envy of the world, where people come from all over the world. And I think that can cease. And when you see great universities, like Vanderbilt University, cutting down on the number of doctors they are educating because of these cost constraints and cutting down on the number of young doctors that are going into the M.D.-Ph.D. programs that go into medical research and into faculties in medical school, boy, 10, 15, 20 years ago, we are going to suffer a great price for the mistake we have made right now.

I would like to take now the opportunity to introduce one of my colleagues from Georgia, a family practice physician, Dr. PAUL BROUN.

Mr. BROUN of Georgia. Thank you, Dr. ROE.

The Federal Government is out of control. It has become too big. It is spending too much. It is taxing too much. It is regulating too much. It is borrowing too much. And it is sticking its ugly nose into our business too much. It has to stop, and ObamaCare does every one of those things.

As a medical doctor, I understand firsthand the disastrous effects of ObamaCare and have been fighting from the very beginning to stop this terrible law.

Every day, I hear from my constituents in the 10th District of Georgia on how this law is hurting them. Premiums are increasing. Cancelation letters are flying all across the State of Georgia. Business owners are being forced to lay off employees, and patients are finding that they no longer can afford their health insurance altogether.

I will share with you a few examples. One Georgia businessman, who is the owner of several fast food restaurants, currently employs over 200 full-time workers. He recently told me that he is seriously considering letting them all go and hiring only part-time employees; this due to the burden of ObamaCare.

A resident of Henry County wrote to me that as an uninsured woman with preexisting conditions, she was looking forward to enrolling in ObamaCare. Then when she went to sign up, she found that a quarter of her income would have to be paid in premiums alone. Due to the high cost, she had no other choice but to remain uninsured.

One man from Monroe, Georgia, contacted me just last week to inform me that his insurance costs have increased by 800 percent, 800 percent due to ObamaCare.

A woman from Barrow County told me that her husband's insurance that he bought through AARP has already been canceled, and to get another policy with the same coverage would cost him $150 more a month than what he is paying now. This couple currently pays more in health insurance than what they pay for their mortgage. Increasing their payments by an extra $150 a month would be a tremendous, tremendous financial burden on them.

Sadly, this is just the beginning. It is expected that more than 400,000 Georgians will lose their current health insurance due to ObamaCare. Until we are able to stop this disastrous law, we will continue to hear more and more of these stories.

As a medical doctor, I know what is best for my patients. That is why I have introduced legislation, H.R. 2900, the Patient OPTION act. It would repeal ObamaCare in full and put patients in charge of their health care decisions, where they can buy health insurance at a cheaper price than what they are currently paying. My Patient OPTION Act was endorsed by FreedomWorks in the last Congress.

My bill will make health insurance cheaper for everyone—literally cheaper for everyone. Not like the President promised us. But he lied. It will provide access to good quality health care for all Americans, and it will save Medicare from going broke.

If Americans want full control of their coverage, health insurance at a lower cost, and the freedom to make their own decisions in health care, then the Patient OPTION Act is the only true solution.

It is clear that Georgians and Americans are hurting under ObamaCare. That is why I will not stop fighting to rip ObamaCare out by the roots and to replace it with reform that will actually lower costs, deliver care, and focus on the true needs of all American families.

Through the voice of ''we the people'' demanding the repeal of ObamaCare, we can work to repeal ObamaCare and replace it with legislation that serves the best interest of patients, not government. That solution is my Patient OPTION Act, H.R. 2900.

Mr. ROE of Tennessee. I thank the gentleman.

I would like to spend a few minutes now beginning to talk a little bit about the effects on businesses and how this will affect individuals.

I serve as the chairman of the Health, Employment, Labor, and Pensions Subcommittee on the Committee on Education and the Workforce; and we have held several hearings around the country over the last 2, 3 years outside of Washington, D.C. We have held them in Concord, North Carolina; Evansville, Indiana; Butler, Pennsylvania; Lexington, Kentucky; and others. And we have actually asked small businesses to come in and testify on how this plan will affect their business.

Let me give you just a couple of examples. We were looking at a small textile owner in North Carolina, and I won't mention his name tonight. But, anyway, it is part of the public record. He has a business where he had supplied—his business, he was self-insured as many small municipalities, large municipalities are. Many businesses are self-insured. And it didn't look like their plans were going to be affected too much by the Affordable Care Act, the ObamaCare bill. However, they have to pay a $63 fee per person insured. Most people don't know this because it doesn't personally affect them. It just affects the business owner. Or in the case of my hometown of Johnson City, Tennessee, that little bill is going to come to $177,000 next year. One major corporation, which will remain unnamed, came to my office and shared with me that their bill for that this year would be $25 million.

Let me explain to you about this small businessman in North Carolina. He provided 80 percent of the health insurance. The employee paid 20. He paid all preventive services. If you needed a colonoscopy, if your wife needed a mammogram, he paid 100 percent. He had a nurse onsite and a wellness program that he paid for. It is the Cadillac of all Cadillacs.

So what does he get for that? He gets a $63 fee for every single person he has insured this year. The following year, it decreases a little bit and the following year. Guess what that money is used for. That money is used to indemnify insurance companies so that they will provide insurance on these exchanges, and it will limit as a stop-loss for them. That is how complicated this bill is.

Now, I have had numerous businesses that are in the 50 range that I have talked to. And where we are, small business is the kingpin. The majority of our people are employed by small business. What incentive is there for a business to go above 50 when this arbitrary number was picked? And I have no idea to this day why 50 was picked.

So what is magical about 50? Well, if you go above 50 employees, as my practice is, and you decide not to provide health insurance, and you are now, that costs you $2,000 per employee as a fine, tax, penalty, whatever Judge Roberts wants to call it.

□ 2030

But that is what this is—a tax, I assume, a penalty or a fee on those. Many people are willing to pay that. Businesses are. Or, if they are at 47 or 48, guess what they are doing? They are not going to 50. Or, if they need more employees, what are they doing? They are hiring part-time people.

I can assure you that I have heard this over and over and over again about how businesses are cutting back their employees' hours to under 30 hours a week, because now we define full-time employment as 30 hours per week. I assume the only place 30 hours a week is full-time employment must be France, because there isn't any place I know of on the planet that 30 hours a week is full-time employment. Certainly, in Tennessee, it is not.

I would now yield to Dr. GINGREY, again, my friend from Georgia, if he would like to have a few words to say.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman. I know there is another member of the House GOP Doctors Caucus that has just joined us, so I will just take a moment and then yield back to Dr. ROE so he can yield to Dr. HARRIS.

I wanted to take just a moment to emphasize what Dr. ROE was talking about, Mr. Speaker, in regard to these mandates.

Mr. Speaker, the Affordable Care Act, which we found out now is the ''Unaffordable Care Act,'' all of these mandates that are larded up into this essential coverage that the Federal Government is requiring is, indeed, the reason that the cost is going up. You can't include all those things that Dr. ROE was talking about without somebody paying for it.

We talk about other options and what we on the Republican side, particularly the physicians, have offered in regard to alternatives. Many States have a lot of mandates in the health insurance program, and, under current law, you can't buy health insurance in another State. And so we have been pushing for years—the 11 years that I have been here—to pass what is called an association health plan, where a group or even an individual can go on the Internet—and probably not have the trouble they are having with healthcare.gov—and find out that in Tennessee, maybe, there is a policy that fits them to perfection. If they are a 55-year-old single man who doesn't need infertility coverage—and maybe their State requires it—doesn't want to have to pay for that, so he can get a more cost-effective policy that fits his needs to perfection.

But by buying that health insurance across State lines, that is something that the other side of the aisle has completely rejected. And yet they have the mendacity, the audacity to say that we have no ideas, we have no plans, we have no alternatives. Indeed, we do.

Mr. ROE of Tennessee. I thank the gentleman.

I will introduce our next speaker tonight, my colleague from Maryland's First District, Dr. ANDY HARRIS, who is on the faculty of Johns Hopkins University and is an anesthesiologist and has been a great member of the Doctors Caucus. I hope that Dr. HARRIS will address some of my concerns in his remarks about educating future young physicians. That is a great part of my life. Certainly, I want to see that continue.

I think one of the things that also struck me was how it affects our colleges. We didn't think it would affect universities much, but in our community colleges. I have talked to a lot of them. One of them was over in North Carolina. Many of them now are limiting their adjunct faculties. And what an adjunct faculty member is is someone who is not there full time, but they may need a specialty let's say in accounting or physics or math or whatever it may be, and then they teach several classes. They now have limited those hours, those classes, to simply three per semester. The reason is because they will have to provide all these benefits if they go above that. Because our good friend, the IRS, has determined for every hour you spend in class, there are 2 or 3 hours that is counted for preparation for that class. That is counted as work. So now community colleges are cutting back the number of hours students can be taught by this particular faculty member. The reason that is important is because a student may need a certain subject that is out there that this faculty member teaches and can't get it, and it delays their graduation.

I have had community college presidents tell me this can be the case in their community. The State of Virginia has cut back to many part-time

workers. I think Secretary Sebelius was in front of our committee and stated that this is just basically people just talking about it, a supposition. And I said that is not true because people are making those decisions in lieu of what is going to happen. That is what businesses do.

I now, Mr. Speaker, would yield to my good friend, Dr. ANDY HARRIS from Maryland.

Mr. HARRIS. I want to thank the gentleman from Tennessee for yielding.

The gentleman from Tennessee is absolutely right. In fact, in Maryland, in a front-page article 2 weeks ago, in our leading newspaper on the front page above the fold, there was a story about how Maryland's community colleges are cutting back their adjunct faculty to make sure none of them teach more than 30 hours a week. And it is just like the doctor from Tennessee says—some of these faculty are important. You have got to have them to fill in niches in your curriculum, and now they are constrained by a 30-hour-a-week definition of full-time work.

Mr. Speaker, the fact is that, remember, it is not just that when you hit 30 hours you have to offer insurance. You have to offer the insurance the government says you have to offer.

As I am going to mention, from literally dozens of communications I get now on a weekly basis from people in my district, the insurance under the Affordable Care Act is anything but affordable.

William in Cecil County writes to me—and I am going to read these verbatim:

My wife and me are currently insured with the Maryland Health Insurance Plan.

Mr. Speaker, the Maryland Health Insurance Plan was our version of covering everyone with a preexisting condition in Maryland. So, Mr. Speaker, in Maryland, every citizen had coverage, whether they had a preexisting condition or not, because they could get it through the Maryland Health Insurance Plan. And, in fact, William writes that he and his wife were currently insured with the Maryland Health Insurance Plan.

We just received a letter stating we can keep our insurance; however, when I questioned them for how long, they said, Until the end of your current policy. So June 30, 2014, we'll be sent to ObamaCare. My wife has multiple serious health issues that our current insurance has kept her alive and able to function pretty normally.

Now, Mr. Speaker, William is worried, and he is justifiably worried because every day we pick up the newspaper and we read about another State where you can't get to your doctor. Your doctor is not going to be on that insurance plan because the only way they can make those premiums less expensive than they already are is to limit who you can go and see when you are sick. Yes, Mr. Speaker, the government telling you who you can go and see when you are sick. And that is what William and his wife were worried about in Cecil County.

But Carl in Queen Anne's County writes to me:

I have to put in my two cents. When ObamaCare first started a couple of years back, my health care started to go up. When we called Blue Cross, they told us, You can thank Mr. Obama. It went up to $1,600 per month. Now my wife does have stage IV cancer. I am a truck driver. I have to pay for our health care. So much for the care cost dropping.

Mr. Speaker, I don't know if you remember, but our President said 19 times that the price of a policy for a family was going to go down $2,500 a year. Mr. Speaker, Carl is going to pay $1,600 a month now. It didn't go down $2,500. It went up thousands of dollars a year.

Tim from Queen Anne's, I guess, writing in tongue-in-cheek:

Thanking you for the new health cares rules that have resulted in our family losing coverage from Giant Food. I'm a general contractor. After 22 years of coverage with my wife, and now faced with a $1,000 a month bill to cover my family.

That is $1,000 a month. Not $2,500 less, like was promised us 19 times, period.

He goes on to say:

I bet you still have your insurance.

Well, Tim, we not only have our insurance, but the President gave Congress, actually, a special deal that you don't get; because you see, Tim, if you got the same deal, your employer could be able to subsidize you on an exchange. That is the deal the President gave Members of Congress and their staff. Sorry, Tim, you didn't get that.

Fran from Worcester County writes:

My CareFirst BlueCross policy has been canceled. I chose my policy. My policy was great. President Obama promised more than two dozen times that, If you like your health care plan, you can keep your health care plan.

Now this is Fran's opinion and not necessarily mine.

I believe that he knowingly lied. What are you going to do about this?

Fran, I have got to tell you, I think it might be too late to do anything about it. This horse has left the barn. Millions of Americans have gotten their cancelation notices. Millions of more Americans have gone on the exchanges to find out that their plan is not going down $2,500 a year. It is going up an average of, Mr. Speaker, $5,000 a year for the average family—a 41 percent increase on an average premium this year of $12,000.

Andrea from Harford County writes:

I just thought you might like to add my family to the statistics of the government's intervention in my perfectly fine 20-year-old CareFirst BlueCross BlueShield insurance plan. I'm self-insured and, hence, the first to be——

Mr. Speaker, I am not going to say the word here because of decorum on the House floor.

When I am forced to accept the new, not-as-good, higher deductible, limited doctor choices, I will be paying an increase of 197.5 percent.

This is what Andrea writes me.

Mr. Speaker, Andrea is not getting a $2,500 a year cut in her family insurance plan. She is getting a 197.5 percent increase.

Mr. ROE of Tennessee. Will the gentleman yield?

Mr. HARRIS. Yes, I will.

Mr. ROE of Tennessee. Then how do you answer to her that the pundits that we heard all last week and some of our colleagues here on the House floor, including the President, who said these were substandard plans that these individuals' plans were? And I have just heard you say, Dr. HARRIS, three or four times that people were perfectly satisfied; they met their needs.

Mr. HARRIS. Thank you very much. Reclaiming the time, I will tell you about more.

I am more than happy to share these with the President. If he wants to call up Andrea and explain how a 197.5 percent increase fulfills his promise, more than happy to have him do it.

Andrea goes on to say:

I'm not feeling the love. I believe the Congress and the President should have to live under the same laws, rules, and regulations that they insist I do.

Andrea, I couldn't agree more. I don't know why the President carved out a special exception for Members of Congress and their staff that they actually can get their employer to subsidize their plan on the exchange when no other employer in the United States that employs 15,000 people—because, Mr. Speaker, that is what the Congress employs—get that kind of deal.

Andrea, you are absolutely right. I think they should live under the same rules.

That is why, Mr. Speaker, on September 29 we sent a bill over to the Senate that said no special deals for Congress. The Senate rejected it. The President said he would veto the bill. He wants to keep that special deal—not for Andrea, but for Members of Congress and their staff. He wants to keep that special deal.

Matthew in Queen Anne's County, tongue-in-cheek, writes:

I would appreciate if you could pass on my appreciation to the President for the ObamaCare legislation. Thanks to the new law, my employee-sponsored health plan has increased my premiums by 100 percent for my family plan. So much for looking out for the middle class.

Mr. Speaker, Matthew hit the nail on the head. The President promised if you like your plan, you can keep it, period. You can keep your doctor if you like him, and your family's plan is going to be $2,500 a year less.

□ 2045

Mr. Speaker, Matthew's plan is going up 100 percent. How in the world can someone in the middle class afford that? How in the world can we ask our hardworking middle class men and women, with families, to pay 100 percent more for their health care? We can't. We shouldn't.

It gets worse.

Linda from Cecil County writes:

I have a genetic disorder called Lynch syndrome that predisposes me to a number of cancers.

Yes, Linda was born with a syndrome so that she is actually susceptible to getting cancers:

I have had cancer twice in the past 7 years, and was fortunate enough to be covered by MHIF.

Remember, Mr. Speaker, that that is the plan we already had in Maryland, like over 30 other States, which covered their people who had preexisting conditions. She was fortunate enough to have been covered since she was first diagnosed:

This program was truly a godsend, and I can tell you how grateful I was for it as I did not then, nor do I now, have employer coverage. I was not eligible for Medicaid at the time because my unemployment benefits disqualified me.

She received the cancelation of her policy effective December 31, and was advised that she should purchase insurance through the new exchange, but, Mr. Speaker, she says:

I began trying to obtain insurance as soon as the exchange opened. Although I was able to establish an account and an application, I was informed that I am not eligible for a tax subsidy because I am eligible for Medicaid. While many people might be happy to receive free Medicaid, it creates a nightmare for me.

That is what Linda in Cecil County writes. The President's Affordable Care Act is creating a nightmare for her.

She goes on to say:

There are very few specialists in Cecil County—by the way, that is a rural county in Maryland—so nearly all of my doctors are in Delaware. Since they don't take Maryland Medicaid, I can no longer receive treatment from them.

That is a real benefit that Linda got:

I will have to travel twice the distance to obtain all new doctors if I am forced on to Medicaid.

Mr. Speaker, that is what the Affordable Care Act is doing to Linda. Thank God that there, but for the grace of God, go I that I don't have Lynch syndrome. She does. She worries every day about going to a doctor and being told she has cancer. What the President's Affordable Care Act told her is: You can't go to the doctors you are used to going to who have guided you through those cancers and who have saved your life. We are going to throw you into a whole new plan—Medicaid—and, oh, by the way, you can't go see your doctors anymore.

Mr. Speaker, that is heartless. That is just heartless.

She goes on to say:

MHIF saved my life, and I have had excellent coverage and care for 7 years.

Mr. Speaker, Linda liked her plan, and she doesn't get to keep it. She doesn't get to keep her doctors. She gets to wake up every morning now, worrying about her cancer and whether she is going to find a doctor who can take care of her. She had those doctors. She doesn't have them now. She had doctors close by. Yes, she had to cross State lines, but her health insurance covered it. Her new health insurance doesn't cover it.

That is what this plan is doing. This plan affects each and every American in ways we are only beginning to understand.

As was famously said, you have got to pass this bill before you know what is in it. Mr. Speaker, we are finding out what is in it. America is finding out what is in it. Five million people found out this month what was in it. It is a cancelation notice for the plans they liked. These people had plans they liked. They weren't throw-away plans. They saved Linda from cancer twice. Every single American is going to be affected by this in ways we are just discovering, and America doesn't like it.

Mr. Speaker, very simply, America deserves better.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair and not to a perceived viewing audience.

Members are reminded not to engage in personalities towards the President.

Mr. ROE of Tennessee. Mr. Speaker, I would like now to mention a couple of things and to talk about this a little bit. We don't have a lot of time left, but it is extremely important. I know that both of my colleagues on the House floor tonight have taught in medical schools and that we have a huge problem in this country with graduating enough doctors and educating them. Let me give you an example.

When you graduate from medical school, you are not then prepared to go out and practice. You need to go and either do your specialty training or surgery—or whatever it may be—or a family practice residency or a primary care residency. In my small town of Johnson City, Tennessee, we have lost about 50 primary care residency slots. Those are 50 primary care doctors per year who are going to have to look elsewhere for residencies. Last year, for the first time in my lifetime, we had over 1,000 young students graduate from medical school—with huge debt—who could not find residency programs. Those are 1,000 students who are doing something this year before they can get into the residencies they need in order to be able to train to take care of us as patients.

The American Medical Association and others have said, in the next 10 years, we will have 90,000 too few doctors to see us. We all know what that means. That means that we wait longer and longer to see the doctor. I think it is a tragedy that is out there that we have young doctors—and I can't imagine graduating from medical school when I did, Mr. Speaker, and not being able to find a slot.

The reason that has happened is that Medicare pays a certain amount—a cap that they put on—for residencies to train young doctors. Then hospitals and universities, through their endowments and other income, put more money in to help train these doctors. What has happened is, because of the Affordable Care Act, the hospitals are getting less money, and they are having to look to cut. That is why they are cutting their staffs, and that is why they are cutting residency programs and are delaying training.

Folks, let me tell you that, downstream, Mr. Speaker, this is a very, very bad thing for us and for the health care of this Nation.

I now would like to yield to Dr. GINGREY from Georgia.

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

I did want to speak about the young people, and I am talking about those who have had their 27th birthdays. They are aged 27, so they are not eligible any longer to be on their parents' health insurance plans. I have concerns over the effects of this law on these young people.

I have warned for some time, and I have even introduced legislation to insulate the young from rate hikes, which are the direct result of these age-band provisions in the Affordable Care Act. Health insurance companies know, and their actuarians know, as they are educated, as they have studied, as they have gone to college and have gotten master's—advanced degrees—in figuring out what the premiums need to be at different age bands. The Federal Government has come along in this law and has said, well, it doesn't matter; that you can't charge any more than three times the premium for, let's say, a 62-year-old versus a 28-year-old.

What that is doing, of course, is making the insurance companies just simply raise the premiums for everybody so they can possibly make a profit.

I just want to conclude with one thing, Mr. Speaker, and then I will yield back to Dr. ROE for some closing comments.

When this bill was marked up in 2009 in my committee—the Energy and Commerce Committee—as it was in Dr. ROE's as well, I submitted an amendment that said very simply: if you—the Democratic majority party and President Obama—are going to cram this down the throats of the American people, who don't want it and who have said they don't want it—60 percent of them said they don't want it—and if you are going to make them accept this, then, Mr. President, you, the First Lady, your two beautiful daughters, all of your Cabinet members, and all Members of Congress should also have to abide by what we, the people, have to abide by.

That amendment—my amendment—was rejected strictly, straightforwardly by a party-line vote. All of the Republicans on the committee voted for it as a fairness issue, and all of the Democrats voted against it.

So what happens?

A Republican Senator put it in its version, which gets in the bill, but

there is, all of a sudden, no subsidy. So, therefore, the President, by executive order, is saying that, oh, okay, these Members are now in ObamaCare, but because of their income, they are not eligible for any subsidy, so we are going to let them keep what the Office of Personnel Management gives them—our tax dollars—and 70 percent to 75 percent of the premium is paid by we, the people, to Members of Congress.

That is grossly unfair. I just want to make sure that all of my colleagues, Mr. Speaker, understand that, and I think they do.

Mr. ROE of Tennessee. I thank the gentleman.

In conclusion, let's go back and look at why we needed health care reform in this country. We needed it because costs were rising and because we had a problem with access for many of our people. That clearly was true. There was no question about it. There were also problems with preexisting conditions. We know that.

The Republican Study Committee has a plan out there called the American Health Care Reform Act. It addresses all of these issues. It truly does lower costs, and it does one important thing that I mentioned earlier in my remarks. I think the patient-doctor relationship—medical decisions—should be made between a patient, a doctor and the family. That is who should be making them, not the insurance company and not the Federal Government. You should be deciding what you purchase.

We have talked about a lot of complicated issues here tonight because this is a very complicated bill, but it is important for everyone to understand it as best one can because it affects every American citizen. That is why we in the Doctors Caucus on the Republican side of the aisle read that bill and tried to understand it, because it was going to affect every citizen in a very personal way.

We want to continue this discussion on the House floor, and I have certainly enjoyed this 1 hour with you this evening.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. JONES (at the request of Mr. CANTOR) for today and the balance of the week on account of medical reasons.

Mr. RUSH (at the request of Ms. PELOSI) for today and the balance of the week on account of attending to family acute medical care and hospitalization.

SENATE BILLS REFERRED

Bills of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 287. An act to amend title 38, United States Code, to improve assistance to homeless veterans, and for other purposes, the Committee on Veterans' Affairs.

S. 815. An act to prohibit employment discrimination on the basis of sexual orientation or gender identity, to the Committee on Education and the Workforce.

In addition to the Committee on House Administration; the Committee on Oversight and Government Reform; and the Committee on the Judiciary for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

S. 1561. An act to amend the Public Health Service Act to improve provisions relating to the sanctuary system for surplus chimpanzees, the Committee on Energy and Commerce.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by Speaker pro tempore, Mr. Thornberry.

H.R. 3190. An act to provide for the continued performance of the functions of the United States Parole Commission, and for other purposes.

ADJOURNMENT

Mr. ROE of Tennessee. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 56 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, November 13, 2013, at 10 a.m. for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Official Foreign Travel during the third quarter of 2013 pursuant to Public Law 95–384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON AGRICULTURE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND SEPT. 30, 2013

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Daniel Benishek	9/1	9/2	China		519.39		(3)				519.39
	9/2	9/3	Japan		221.93		(3)				221.93
	9/3	9/5	Korea		560.55		(3)				560.55
	9/5	9/6	China		341.55		(3)				341.55
Committee total				1,643.42						1,643.42	

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.

HON. FRANK D. LUCAS, Chairman, Oct. 21, 2013.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON APPROPRIATIONS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND SEPT. 30, 2013

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Kay Granger	8/4	8/6	Singapore		1,173.00						1,173.00
	8/7	8/10	Australia		1,542.00						1,542.00
Commercial airfare							27,365.00				27,365.00
Misc. delegation costs									0.00		0.00
Hon. John Carter	8/4	8/6	Singapore		1,173.00						1,173.00
	8/7	8/10	Australia		1,542.00						1,542.00
Commercial airfare							26,193.80				26,193.80
Misc. delegation costs									0.00		0.00
Hon. Rodney Frelinghuysen	8/3	8/8	Israel		1,952.00						1,952.00
Return of unused per diem					−100.00						−100.00
Commercial airfare							11,122.77				11,122.77
Misc. delegation costs									4,102.21		4,102.21
Anne Marie Chatvacs	8/14	8/18	Jordon		1,421.65						1,421.65