

While we honor the memory of the Polish victims of Katyn at this time every year, it is especially important this year as Eastern Europe, Crimea, and Ukraine once again face the illegal aggression of their territorial sovereignty from Russia and its leader.

Let the world of nations continue to work in conjunction with the Polish government and with victims' families to uncover the complete truth of what happened at the Katyn Forest and nearby killing fields. Our world holds a moral obligation to honor the victims and to reveal the whole truth to enlighten future generations.

Madam Speaker, history must record fully these mass crimes against humanity, and it must heal the fissures of tyranny to prevent such grave atrocities into the future.

SAVE AMERICAN WORKERS ACT

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

Mr. GRIFFIN of Arkansas. Madam Speaker, at a time when our economy is sluggish and job creation is stagnant, the last thing American workers can afford are reduced hours. Yet, because of the redefined 30-hour full-time employee definition in ObamaCare, that is exactly what many Americans are facing.

In addition to higher premiums and canceled coverage, millions of Americans are at risk of losing hours. Many of them are women, young moms and dads, and those working hard to support their families and to make ends meet. Now they are paying the price for the President's broken health care law.

The Save American Workers Act will help them. It will restore the 40-hour workweek. It will help Americans bring home their paychecks, and it will provide relief to those who need it most.

SAVE AMERICAN WORKERS ACT OF 2014

The SPEAKER pro tempore (Ms. FOXX). Pursuant to clause 1(c) of rule XIX, further consideration of the bill (H.R. 2575) to amend the Internal Revenue Code of 1986 to repeal the 30-hour threshold for classification as a full-time employee for purposes of the employer mandate in the Patient Protection and Affordable Care Act and replace it with 40 hours, will now resume.

The Clerk read the title of the bill.

The SPEAKER pro tempore. When proceedings were postponed on Wednesday, April 2, 2014, 1 hour and 46 minutes of debate remained on the bill, as amended.

The gentleman from Indiana (Mr. YOUNG) has 54½ minutes remaining, and the gentleman from New York (Mr. RANGEL) has 51½ minutes remaining.

Without objection, the gentleman from Arkansas (Mr. GRIFFIN) will control the time of the gentleman from Indiana, and the gentleman from Michi-

gan (Mr. LEVIN) will control the time of the gentleman from New York.

There was no objection.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Arkansas.

Mr. GRIFFIN of Arkansas. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 2575, the Save American Workers Act. This Act would restore the traditional 40-hour definition of a full-time job.

Washington may think that it knows best, but that is simply not true. This provision in ObamaCare is a perfect example of how the law hurts the very people it was intended to help. In Arkansas, we try to apply a little common sense. We all know 30 hours isn't full time, but that is what ObamaCare says, and no one seems to know why. We had a hearing in the Ways and Means Committee, and many of those who testified were puzzled as to why 30 hours was chosen. Even in France, a full-time job is 35 hours a week. Because of ObamaCare's mandates and taxes, employers are cutting workers' hours and are replacing full-time folks with part-time folks. This is real. We have seen this in Arkansas.

Let me give you some examples:

Arkansas State University reduced some workers to a maximum of 29 hours per week. The Area Agency on Aging of Western Arkansas cut hours for hundreds of home health aides and drivers to 28 hours per week. Pulaski Technical College limited hours for adjunct faculty, directly impacting students' education choices.

□ 1230

Just yesterday, I received a letter from the Arkansas Hospitality Association. They say ObamaCare's 30-hour rule will hurt roughly 100,000 hospitality workers.

These are folks who are working hard, playing by the rules, and trying to make it. All they want is a fair shot at success. That is what they deserve, but ObamaCare has taken that away.

According to research by the Hoover Institution, this ObamaCare rule puts 2.6 million workers making under \$30,000 a year at risk. Almost 90 percent of these workers do not have college degrees. Over 60 percent of them are women. These are good, hardworking Americans, but they may lose their hours or even their jobs thanks to ObamaCare.

Wasn't this law supposed to help people get health insurance? But what are they getting? They are getting no insurance and less pay. Incredible.

I want to thank my colleague and good friend, Mr. YOUNG, for introducing this important bill, and I urge my colleagues to support this bipartisan solution that will help people keep their jobs and higher wages.

Madam Speaker, I reserve the balance of my time.

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

The gentleman who has just spoken has it backwards. What would hurt American workers is not the Affordable Care Act. Millions have signed up to be covered. What would hurt American workers is this bill.

I said yesterday—and no one has refuted it—this bill would mean that 1 million people, according to CBO, would lose their employer-based health insurance. By definition, these are people who are working. They would lose their employer-based health insurance. That is what CBO has estimated, and no one has refuted it.

It would increase the number, according to CBO, of uninsured by half a million. No one has refuted this.

CBO also says that it would add \$74 billion to the deficit—again, this is CBO—and no one on the Republican side has refuted this.

This would put five times more people at risk of adverse effects than would be true under any other circumstance.

So, essentially, you have a bill that would cost 1 million people their employer-based health insurance, would increase the number of uninsured by about half a million, and would add \$74 billion to the deficit.

Instead of talking about unemployment insurance, instead of talking about minimum wage, instead of talking about immigration legislation, we have a bill up today that would have these adverse consequences.

We would be passing a bill that will never go anywhere in the Senate, and because we aren't acting on these other measures, they are spreading out debate on this bill for 2 days. When it leaves here, it goes nowhere. It will be vetoed by the President, if it ever passed the Senate, which it never will.

So this is worse than an exercise in futility. This is an exercise in doing harm, when ACA is bringing benefits to millions and millions of people. It is deeply unfortunate.

Madam Speaker, I ask unanimous consent that the remainder of my time be controlled by the gentleman from Washington (Mr. MCDERMOTT).

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

There was no objection.

Mr. GRIFFIN of Arkansas. Madam Speaker, I yield 2 minutes to the gentleman from Oklahoma (Mr. MULLIN).

Mr. MULLIN. I would like to thank my colleague from Arkansas for bringing this to the people's attention.

Madam Speaker, it is almost funny. The President wants to take something that is the heartbeat of America—and that is our work ethic—and redefine it by saying that 30 hours is considered full time now. What are we teaching the generations that are coming behind us if we say you can work less and still be considered full time?

The backbone of this country was created by entrepreneurs and individuals that got up and worked hard, worked long hours, and they did what it took to be successful.

Now, this President has given the generation coming behind us, which is my five kids, and redefining what is called full time by saying it is okay to work 30 hours because it is convenient to a piece of legislation that is bankrupting this country called ObamaCare.

Now, what is it that we are really trying to teach this generation? Are we trying to teach this generation that staying home and working fewer hours is okay?

My colleagues on the opposite side stood up and said that it is good for people to work less hours because they can spend more time at home, but yet the people this is going to affect want to work more. They are trying to pull themselves out of the situations they are in.

My goal as a father is to teach my kids the value of work. We want to make sure our kids get a great education. I get that. But what is an education without a work ethic?

And yet this administration, the one that is trying to say they are going to protect the youth, is making excuses and excuses and excuses for them to sit home and be okay with 30 hours a week.

Being okay isn't what drove this country to be the greatest country in the world. We are better than okay. We are above being okay. We are the best, and it is because of our work ethic. This shouldn't be used as a political ploy by this President.

I urge my colleagues to support this bill.

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

Madam Speaker, on a rainy September day in 2008, a constituent of mine named Ingrid was badly injured after a terrible fall in her home. She was rushed to the emergency room, where she was cared for and her life was spared, yet Ingrid came out of that experience stuck with a \$23,000 hospital bill because she couldn't afford to have health insurance. A few months later, Ingrid was forced to sell her home to pay off that enormous hospital bill.

Today, on a rainy day in April of 2014, there is a different story to tell. It is a rainy day in Seattle, not here. It is the story of the Affordable Care Act, the story of 7.1 million mothers and sons, fathers and daughters, who have a newfound sense of health security and peace of mind.

That is 7.1 million honest, hard-working Americans, in addition to the 2 million young adults who are protected by staying on their parents' plan, in addition to the millions more who are now covered through the Children's Health Insurance Program and Medicaid expansion. One of them is Ingrid.

Ingrid's life is vastly different now from what it was in 2008. She still is one of the hardest working people her friends and neighbors have ever met. She still loves the outdoors and drives

a pickup truck, but today, she is happy, healthy, and covered because of the ACA.

So as this Chamber, for the 52nd time, considers a radical and extremist Republican bill to kill the Affordable Care Act, I stand with millions of people who have been covered because of the ACA and the millions who still need health security. I stand in opposition to the idea that this Nation is incapable of guaranteeing health security for all its citizens.

Republicans have no plan to cover the American people. Speaker BOEHNER earlier this week would not commit to releasing a Republican plan until after the election. How transparent can you be? Proof that this is political.

So the introduction of this bill is simply surrender in the face of the health care crisis in America. How else can you explain the Republicans' introduction of a bill that cancels the health insurance policies of 1 million Americans? That sounds like surrender to me.

How else can you explain a bill that raises the deficit by \$75 billion? More surrender.

How else can you explain a bill that puts five times the number of American workers at risk of losing hours at work? How else do you explain a bill that does anything but dare employers to slash work hours for workers in order to avoid the responsibility to offer health insurance coverage?

How can they say this bill solves a problem of employers cutting hours and refusing benefits when it really only makes it worse?

It is unconditional surrender by the Republicans, pure and simple, to force yet another vote on a bill that has no chance of becoming law. There isn't one chance in a million.

One thing I learned in medicine was you never say never, but this is one time I can say it. It will never, ever pass the Congress. It is a bill crafted purely to appeal to the Koch brothers and the producers of FOX News, rather than forged to protect honest Americans like Ingrid.

The latest Republican bill also denies a confirmed truth; the ACA is succeeding in its primary mission to expand access to quality health care for each and every American.

So make no mistake. I have got news for you. The ACA is not going away. It is not going away. It is here to stay.

The mission before the Congress now should be—in fact, must be—to move forward to further implement the ACA and to improve the law, where needed.

I talked to Bill Frist a year ago, former Republican leader of the Senate. He said: Don't repeal; fix.

That is what we ought to be about doing—but we are not doing that—in order to guarantee not just access for each and every American, but to lower health care costs across the board; yet this rather perverse bill raises health care costs for everyone by increasing the number of uninsured. That is surrender, pure and simple surrender.

It is surrendering to an idea that our Nation is no longer capable of accomplishing great things and surrendering to the idea that America, the richest and the most advanced country on the Earth, can't guarantee that its citizens won't lose their homes when they get sick. That is what you are admitting by this bill.

You are saying they have to choose between food on the breakfast table instead of medicine on their bedside table. That, in my view, is a situation that has no explanation, other than the fact that you have surrendered. You have given up the idea that America can take care of its own people.

It was a choice that Ingrid once had to make, but she will never have to make again. That is what is true about the ACA. She has health care coverage. That is what is right about the ACA, and this bill under consideration, H.R. 2575, has nothing to do with what is either true or right.

I urge my colleagues to vote "no," and I reserve the balance of my time.

Mr. GRIFFIN of Arkansas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I think it is instructive to think about what this bill does in the context of the ACA.

ObamaCare defines full time as 30 hours. That doesn't surprise me coming from this administration; but we all know that just because Washington says it is so, doesn't make it so.

□ 1245

Thirty hours isn't full time. When we asked some experts who testified in Ways and Means, they had no idea where the 30 hours came from. They surmised that people were sitting around at the White House and just said 30 is a good number. They could have said 20. How about 10? How about 1 hour a week is full time?

If we tried to change it, and it was 1 hour, of course people that had insurance would have their situation changed. But this is about what is full time and what isn't.

The French consider 35 hours full time. Can we not at least agree that in this country 40 hours used to be full time?

That is the issue.

Madam Speaker, I yield 2 minutes to my good friend from Illinois (Mr. RODNEY DAVIS).

Mr. RODNEY DAVIS of Illinois. Madam Speaker, we are here yet again talking about another failed aspect of ObamaCare. It is simply unacceptable that a law meant to improve our health care system has not only failed to do that, it has actually become a job killer for this country.

The need to change the 30-hour work-week is personal.

My dad started out working at a local McDonald's as an hourly employee and eventually worked his way up to become a franchise owner. Not only did my dad teach me that anyone could achieve the American Dream if

they just worked hard enough, but he also taught me that policies, policies passed right here in this Chamber, have real-life consequences.

If this provision is not fixed, workers are going to see fewer hours, which means they are going to see smaller paychecks. Studies show that there could be upwards of 2 million less full-time workers by 2017 and the potential to short workers out of \$75 billion in wages.

Supporters of ObamaCare want the American people to believe that we are just wasting our time talking about changing ObamaCare and that we should just simply move on. I want folks in the 13th District of Illinois to know I will not move on. I will not quit talking about the complete failure of ObamaCare, and I will continue to advocate for commonsense fixes to this disastrous bill which will protect hardworking Americans in my district.

I also want to point out, you are going to hear a lot of discussion from the other side of the aisle that this will take hardworking Americans off of employer-based insurance. I want to remind my colleagues that the architect of ObamaCare, Zeke Emanuel, it was reported just a few weeks ago that he expected that the private insurance-based health care system, coverage system, would be gone by the year 2025. Well, that means the employer-based health care system will be gone by the year 2025.

He also said he expects 1,000 hospitals to close. I ask my colleagues, which hospitals, especially those like in my small town of Taylorville, Illinois, which is our largest employer? Which hospitals will close?

Mr. MCDERMOTT. Madam Speaker, I yield 4 minutes to the gentleman from Maryland (Mr. VAN HOLLEN).

Mr. VAN HOLLEN. Madam Speaker, last night in the House Budget Committee, we had a big debate, and at the end of the debate, we voted on the House Republican budget.

During that debate, there was a lot of talk about how we can reduce our long-term deficits. Our Republican colleagues in their budget said they didn't want to close one special interest tax break to help reduce our long-term deficit. They would rather cut the budget that helps provide for our kids' education. They wanted to reopen, in their budget, the doughnut hole so seniors with high prescription drug costs will pay \$1,200 more per year.

So they were willing to do all that, but they wouldn't close a single tax loophole. But they said they cared about reducing the deficit. Now, lo and behold, we have a bill on the floor of the House that, in one fell swoop, if it is voted on, will increase the deficit by \$74 billion.

Republicans have a rule that they put into the rules of the House that says you can't do that. You shouldn't be increasing the deficit. There should be some offset. You should cut somewhere else. We think you should also

be able to cut some tax expenditures for very special interests. But the idea is that we shouldn't be doing things that increase the deficit. But those rules were waived for this, a little special wand in the Rules Committee: we are not going to abide by the rules, and so \$79 billion increase to the deficit.

Now, here is the really interesting thing. We had a debate last night in the Budget Committee about the Affordable Care Act. We made the point that the Republican claim that their budget is balanced in year 10 is totally inconsistent with the claim that they want to get rid of the Affordable Care Act, and here is why:

In the Republican budget—and we all hope it will come to the floor next Thursday. In the Republican budget, they get rid of all the benefits for people in the Affordable Care Act. Right? They get rid of the tax credits that help more Americans purchase insurance. They get rid of the provision that says you can keep your child on your insurance policy until age 26. They get rid of that. But you keep very important parts of the Affordable Care Act. You keep all the revenues, \$1 trillion in revenues. And you know what else you keep? You keep all the Medicare savings. In fact, you have \$2 trillion embedded in the Affordable Care Act in your budget from the Affordable Care Act.

Today is the smoking gun, because if you pass this bill, the budget that was claimed to be balanced yesterday in the Budget Committee is no longer in balance. You know why? You claimed that in year 10, under your budget, in year 10, that you would have a surplus of \$5 billion. But that's not true, because you can't at the same time claim with a straight face that you are getting rid of the Affordable Care Act because the Affordable Care Act provides, as I said, \$2 trillion in your own budget.

In that year 10, when you pass this, \$9 billion disappears from the Treasury in year 10. So today, by your own accounting, the budget that Republicans claimed to be balanced last night in the Budget Committee today will already be unbalanced, and that is just getting rid of a little piece of the Affordable Care Act. If you get rid of all of it, then you get rid of all the revenues that are in your budget, and you get rid of the savings in your budget, and your budget will not possibly balance.

So, Madam Speaker, it is a fraud to claim that the Republican budget balances and, at the same time, for Republicans to say they are in favor of getting rid of all of the Affordable Care Act. Both things cannot be true at the same time.

So either Republicans level with the American people that their budget is not in balance—and starting today, it won't be, by their own terms—or they acknowledge to the American people that they have gotten rid of all the good stuff in the Affordable Care Act,

the stuff that helps people afford health care, but they kept all the savings.

So the moment of truth is today. The smoking gun is today. We had this big debate. I hope the Budget Committee members on the Republican side will come down here and fess up.

Mr. GRIFFIN of Arkansas. Madam Speaker, I yield 2 minutes to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Madam Speaker, I thank the gentleman for yielding and, also, Mr. YOUNG for his authorship of this bill.

It changed dramatically what I had to say when I came down here when I heard that the Republican endeavor to reestablish the 40-hour workweek, which is a practical thing that is good for people, is a fraud. A fraud? People that have been the advocates for ObamaCare are using the word "fraud"?

Mr. VAN HOLLEN. Will the gentleman yield, because that is not what I said was the fraud.

Mr. KING of Iowa. No, I won't yield. I heard what the gentleman had to say.

The SPEAKER pro tempore. The gentleman from Maryland will suspend. The gentleman from Iowa will suspend.

POINT OF ORDER

Mr. VAN HOLLEN. Madam Speaker, I ask for a point of order.

The SPEAKER pro tempore. The gentleman from Maryland may state his point of order.

Mr. VAN HOLLEN. Madam Speaker, what recourse, if any, do I have when the gentleman misstated my point totally?

The SPEAKER pro tempore. The Chair will not provide an advisory opinion.

Mr. VAN HOLLEN. Well, if the gentleman would yield, we could clarify it, but apparently he won't.

The SPEAKER pro tempore. The gentleman has not yielded.

The gentleman from Iowa is recognized.

Mr. KING of Iowa. Madam Speaker, may I inquire as to how much time I might have?

The SPEAKER pro tempore. The gentleman from Iowa has 1 minute and 25 seconds remaining.

Mr. KING of Iowa. Madam Speaker, the gentleman used the term "fraud."

It is ironic that ObamaCare itself has been so misrepresented to the American people that, for the top three things that were stated by those who advocated for ObamaCare—if you like your policy, you can keep it; if you like your doctor, you can keep your doctor, and, by the way, we are going to save these families \$2,500 a year. There is not a single family in America that that promise has been kept for, and yet I hear the word "fraud" from the other side of the aisle.

It is not very far down to Mount Vernon where, at least by legend, it is alleged that George Washington was asked who chopped down the cherry tree. He said: I cannot tell a lie. I chopped down the cherry tree.

Well, calling the Affordable Care Act the “Affordable Care Act” is not true. George Washington could not utter these words. He might be able to say the “Patient Protection and Affordable Care Act,” because that is technically the name for it, but to utter those words and try to tell the American people it is affordable by anybody is not true, and I don’t think George Washington could state that.

So we are watching here as people have jobs where they get paid overtime, 56 hours a week, 45 hours a week. They are getting paid time-and-a-half over 40 hours because that is the standard workweek, and now we see ObamaCare dropped it down to 30.

Employers did the rational thing, and we are hearing that that gap between 30 and 40 cancels insurance policies. It doesn’t cancel any insurance policies. Instead, it gives people an opportunity to work, work longer, earn overtime, and for the employers and the employees to keep their contract with each other.

I strongly support this bill, H.R. 2575.

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

Mr. GRIFFIN of Arkansas. Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. SCHOCK).

Mr. SCHOCK. Madam Speaker, I rise in support of H.R. 2575, the Save American Workers Act.

Simply put, this bill just reestablishes what most Americans think is full-time work—40 hours. It is what I grew up knowing. It was what my parents and grandparents grew up knowing.

Interestingly, we have been talking a lot about jobs here in America. The President continues to call on Congress to pass more jobs legislation. Well, let’s look at jobs in his home State, where I hail from in Illinois.

The Illinois Policy Institute, since 2011, says that Illinois has lost 66,000 jobs just in retail, food, and beverage since 2011. Ironically, that is more job loss than job gains—jobs added—in every sector in the President’s home State. His unemployment in his home State in Illinois stands at 8.7 percent, a full 2 percentage points higher than the national average. And among young people and minorities, it is even worse. Among African American men, the rate of unemployment is 19.6 percent; among Hispanics, over 11 percent; and among young men and women, young people, ambitious people, a whopping 30 percent rate of unemployment.

Six years since the economy tanked, 5 years into the Obama administration, 4 years after ObamaCare has become law, this is what we are left with.

Now, I recently met with a manufacturer in Quincy, Illinois, who had me meeting with several hundred of his employers—Knapheide Manufacturing, people that they like, people who are doing a good job, people who are getting paid a fair wage, people who like their job, but people whose jobs are being cut back by 25 percent because of

the Affordable Care Act. In true dollars and cents, this is about \$330 a month that they are losing in take-home pay. Now, to put this in perspective, every time the President gets on Air Force One, it costs about 500 times that amount for every hour on Air Force One.

I would suggest the best jobs bill that Congress can pass is a jobs bill that insures people who have a job and like it can keep it, and that is what this jobs bill does.

I urge passage.

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

A little history might be helpful here. There was a time in this country where people worked 60 hours a week, 7 days a week, 6 days a week. The only reason we have a 40-hour week at all were labor unions who went out and struck and forced the process to get a 40-hour workweek.

□ 1300

They also were the ones who created the health care system in this country after the Second World War. People didn’t have health insurance prior to that. When the President said, we can’t have an increase in wages, that we can’t have an increase in benefits, that prices can’t go up, the labor unions said, well, let’s have something called a benefits package.

The benefits package that was created in the middle forties included health care and pensions. It came from the union movement. They are the ones that stood in the rain and the sleet and the snow on the picket lines to get these changes.

Now, we have a law that comes in and says, let’s deal with everybody in this country, and the judgment of this Congress was that an employer had the responsibility to provide health insurance for his or her employees if they worked 30 hours a week. That was considered full time.

It doesn’t change the other laws, the labor laws or any of the other things. It is for the purpose of this act that employers must consider their people full time if they work 30 hours.

Now, if employers don’t care, if they say, well, let me figure out how I can cheat my people out of any benefits, I am going to drop them down to 29 hours—well, you know, there are people like that. But the law says, if do you that, then you have to pay a penalty for everybody you didn’t cover.

So we tried in every way possible to make it possible to give people flexibility. But this law will not work, according to the American Enterprise Institute, without a mandate that everybody be covered.

We are not changing the labor law. We are not changing overtime rules. We are not changing any of that stuff. We are saying, for the purpose of this law, an employer must cover anybody who works 30 hours. And if they don’t care about their employees, if they run

a restaurant, and they don’t want their employees to be healthy, knock them all down to 29 hours, and let them come in sick. Then you have got a restaurant where you are going to eat lunch, and the employees haven’t been able to see a doctor. That is what you are asking for.

We are saying everybody in this country ought to have health insurance, and they ought to have the access to go to a doctor when they need it. So this business about we are somehow destroying the work ethic in this country and all that kind of nonsense is simply nonsense. That is not what this is about. This is about another way to destroy the act. And you know it. We know it. And the world should understand that this is the 52nd attempt to repeal the law, to undermine it so it will not work. I urge people to vote “no.”

I reserve the balance of my time.

Mr. GRIFFIN of Arkansas. Madam Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. DENT).

Mr. DENT. Madam Speaker, I rise in strong support of this legislation today, the Save American Workers Act.

Let’s face it. The health care law has redefined what it means to be a full-time worker in this country. Notwithstanding the comments of my colleague from Washington, I must disagree with what he has been saying about it.

This bill does not in any way repeal the health care law. What it does do, it amends the law. It does not end it. Many of my colleagues on the other side of the aisle have said, “Amend it; don’t end it.” This amends it. Let’s be very clear about that.

In my district, let me tell you who is affected by this. Cafeteria workers who work in school districts, like East Penn School District or the Southern Lehigh School District, they are getting their hours reduced below 30.

I have a major national employer who just opened a major distribution facility in my district with over 500 employees. They have over 50,000 people nationwide. More than half of their employees are part time. Many of those are being reduced below 30 hours per week as a result of this law.

This is a targeted fix. We know that these hourly workers are going to see wage reductions up to 25 percent as a direct result of the law. There are consequences to this law.

It is not about some employers wanting to cheat their employees, quite frankly. It is about many employers not being able to afford the people they have. If they don’t reduce their hours, many will be laid off. They will have no wages at all. That is the worst of all worlds. But that is a real consequence of this particular law. We are all hearing it in our districts.

And, by the way, we should point out one other thing too. The folks who are most directly impacted by this particular provision of the health care law

are the young, are women. They are the ones who are more likely to be affected by this. There is no question about that. And I think we should be clear on those who are most directly impacted.

There was a Hoover Institution study that pointed that out, that the young, women, and those without a college education are the most likely to be impacted by the loss of hours, loss of wages. That means less money in their pockets.

We are having a debate about the minimum wage over in the Senate right now. Well, why don't we talk about letting people work, letting them work more hours than what this law allows them to.

I urge my colleagues to support the Save American Workers Act.

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

Mr. GRIFFIN of Arkansas. Madam Speaker, I yield 1 minute to the gentleman from Virginia (Mr. HURT).

Mr. HURT. I thank the gentleman for yielding, and I thank him for his leadership on this important issue.

Madam Speaker, I rise today in support of the Save American Workers Act. This important bill will restore the traditional 40-hour definition of full-time employment as it relates to the President's health care law.

Under the Affordable Care Act, the 30-hour rule has resulted in fewer jobs and has reduced working hours for Virginians and for Americans, putting 2.6 million workers with a median income of under \$30,000 at risk of losing their jobs and losing their working hours.

In Virginia's Fifth District, we have heard from many constituents who have seen their hours cut due to this 30-hour rule. When hours are cut and wages are cut, the American people suffer. I urge my colleagues to support this important bill so that America can get back to work.

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

Mr. GRIFFIN of Arkansas. Madam Speaker, I yield 3 minutes to the gentlelady from Kansas (Ms. JENKINS), my friend, and I ask unanimous consent that she control the remainder of my time.

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

There was no objection.

Ms. JENKINS. I thank the gentleman for yielding.

Madam Speaker, I would like to commend the gentleman from Indiana, Congressman YOUNG, for introducing this important legislation and Chairman CAMP for making it a top priority.

We have heard from employees and employers alike about the negative consequences of the employer mandate penalty. More specifically, we have heard firsthand that defining a full-time employee as one who works no more than 30 hours per week hurts the ability of employers to hire workers and grow their businesses, and it hurts

the efforts of low-wage workers trying to enter the middle class.

Even though the President has unilaterally delayed the employer mandate twice, employers are already reacting to the employer mandate by reducing their employee hours. I spoke with one business owner in my district this week who told me that although he will not reduce the hours of current employees, he has not hired a single employee for more than 30 hours of work per week in over a year. Additionally, he told me that the number of his employees working 40 hours per week has naturally declined by 25 percent and that he will continue to replace these full-time employees with part-time employees.

It is also concerning that the employer mandate penalty is disproportionately affecting Americans who can least afford it—women, young people, and low-wage earners. A study done by the Hoover Institution concluded that Americans most at risk of having their hours reduced are the 2.6 million Americans who currently work over 30 hours but have an income slightly above poverty level. Madam Speaker, 1.64 million of these folks are women and another 1.56 million are young people.

I am proud to support this legislation to restore certainty to our employers and opportunity to employees by defining a full-time workweek as 40 hours.

Madam Speaker, I reserve the balance of my time.

SOCIETY FOR HUMAN RESOURCE
MANAGEMENT,

Alexandria, VA, April 2, 2014.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the Society for Human Resource Management (SHRM) and our 275,000 members, I urge you to support the "Save American Workers Act" (H.R. 2575) when it is brought to the House floor for a vote tomorrow, Thursday, April 3. Specifically, H.R. 2575 would amend the Internal Revenue Code to modify the definition of a full-time employee from 30 hours to 40 hours of service per week for purposes of the employer mandate, which requires employers to provide health care coverage for their employees under the Patient Protection and Affordable Care Act (PPACA).

As you may know, SHRM is the world's largest HR membership organization devoted to human resource management. SHRM members implement critical workplace policies every day. To that end, employers are encountering difficulties implementing the new PPACA requirements. Specifically, defining "full-time" as an employee working 30 hours a week is inconsistent with standard employment practices and benefits coverage requirements in the U.S. and conflicts with other federal laws. Some employers have opted to eliminate health care coverage for part-time employees, while others have re-engineered their staffing models to reduce employee work hours below the 30-hour threshold that triggers the coverage requirements. According to a recent CBO report, the U.S. economy will have the equivalent of 2.3 million fewer full-time workers by 2021 as a result of the PPACA—nearly three times previous estimates. The Save American Workers Act restores a common understanding in America, spanning over half a century, of what constitutes full-time work.

SHRM and its members believe that effective health care reform should expand access

to coverage, while not inhibiting or altering employer business models. The PPACA's definition of full-time as 30 hours of service per week severely restricts an employer's flexibility to offer a benefits package that best meets the needs of their employees.

I strongly urge you and your colleagues in the House of Representatives to vote in favor of the Save American Workers Act. If you have any additional questions about how amending the definition of a full-time employee would impact workplace operations please do not hesitate to contact me.

Sincerely,

MIKE AITKEN,

Vice President of Government Affairs.

Mr. McDERMOTT. Madam Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. I thank the gentleman for yielding.

Madam Speaker, I understand my friend and colleague from Maryland (Mr. VAN HOLLEN) was on the floor talking about the disingenuous approach here and the discontinuity between what we are talking about today and what we did yesterday in the Budget Committee.

It is an unusual approach to public policy. Where there is a claim that they are, under their budget, if they are able to enact it, going to completely eliminate the Affordable Care Act, but they are going to keep all of the taxes, and they are going to keep the adjustment to the Medicare Advantage Program that was such a focal point in their campaign attacks last year. It was bad when Democrats did it with the Affordable Care Act, but they are going to keep all of those changes.

Last week, we had, by a legislative sleight of hand, a short-term fix for the sustainable growth rate. Now, that is the adjustment that is made on an ongoing basis on physician reimbursement under Medicare that has gotten wildly out of whack. It was something that I voted against when it was first enacted. It is an annual charade that goes on here, where we force people in the medical space to come to Washington, D.C., to plead against draconian cuts.

We actually had been working in the Ways and Means Committee and the Commerce Committee on a bipartisan approach that would actually solve this problem permanently. Then last week, we had an approach that was advanced on the floor of the House by our friends from the majority side that turned its back on the carefully negotiated bipartisan solution that we were close to being able to move forward and patched together another 1-year extension that was going to continue this abuse of people in the medical space, having the threat of dramatic cuts hanging over them.

And what happened? We had a vigorous debate on the floor of the House, where it was pretty clear that this was not going to pass, where we had the medical association and a number of medical professions just opposed to the so-called "doc fix" because of the way that it was being done, because of the short-term expedience, because cherry-

picking items that were going to make a long-term solution even harder and subject them to that same treatment.

It was clear to a number of us that it was very questionable whether that would pass. It looked like there would be enough votes to defeat it on the suspension calendar, which would require two-thirds of us to vote in favor of it and is reserved for noncontroversial issues, but this certainly no longer was noncontroversial.

And what happened? The Republican leadership put somebody in the Chair. They went ahead and effectively orchestrated a voice vote that nobody knew was coming. I know that there are Republicans that were outraged about that treatment.

And now, what are we looking at today? We are looking at another effort to undermine the Affordable Care Act. We have people talking about problems with changing the definition of "part-time employment," of people having their working conditions changed for something that—excuse me—is not going to be enforced for larger firms until 2016 and for smaller firms until 2017.

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

Mr. McDERMOTT. I yield an additional 1 minute to the gentleman from Oregon.

Mr. BLUMENAUER. So they are conjuring up a problem here that—maybe people will use it as an excuse for things that they want to do. But nobody is forced to do this at this point. It is not going to take effect for years.

Their proposed solution to probably a nonexistent problem is to blow another hole in the budget of over \$70 billion. And, oh, this isn't paid for. It was a requirement to pay for the doc fix. But this little maneuver, \$70 billion worth, isn't paid for.

□ 1315

The hypocrisy and the double-dealing here really frustrates me more than I can explain. If we would be able to deal with things in a straightforward fashion, let people know what they are voting on, and try and solve real problems rather than trying to undermine the Affordable Care Act, we would all be a lot better off.

Ms. JENKINS. Madam Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACK), my friend and colleague on the House Committee on Ways and Means.

Mrs. BLACK. Madam Speaker, I would like to say thank you to my colleague from Kansas for yielding.

Madam Speaker, ObamaCare's arbitrary 30-hour, full-time workweek puts about 2.6 million American workers making under \$35,000 a year at risk of having their hours and wages cut. And 63 percent of those adversely affected by this arbitrary, 30-hour rule are female workers, according to the Hoover Institution.

It is no wonder that a majority of Americans oppose this law—and cer-

tainly no wonder that a majority of women oppose it. For all the talk about the supposed "war on women," it is ObamaCare that is waging a war against female workers. That is why I am proud to stand in support of women across this country to repeal this arbitrary, 30-hour, full-time workweek.

Mr. McDERMOTT. Madam Speaker, I yield 4 minutes to the gentleman from California (Mr. BECERRA).

Mr. BECERRA. I thank the gentleman for yielding.

Madam Speaker, first the facts—not the facts from this side of the aisle, not the facts from the other party, but the facts that we get from the nonpartisan Congressional Budget Office, which is in charge of telling all of us—Congress and the rest of the country—what does legislation that is proposed by Democrats and Republicans actually cost, and what will it actually do. They are the nonpartisan referee that we are supposed to rely on to sort of give us the facts without getting into these political battles.

What do the folks at the Congressional Budget Office say about this bill? One, it will increase the deficit by \$75 billion; two, around a million American workers will lose their health insurance coverage that they get through their employer today; and three, around five times as many workers in America will be at risk of losing hours at work as a result of this bill should it become law. Okay, so those are the facts not from Republicans, not from Democrats, but from the nonpartisan CBO.

So let's now talk a little bit about those facts a bit more, because I think a lot of folks are very confused. What the heck is going on? We are going to lose hours at work? We are going to gain? What is going on? Essentially it is this. We have got to figure out how we make sure that employers who currently offer health insurance to their employees don't say, hey, I don't want to do it anymore, so I am going to stop offering it. How can I do that? I can make sure I keep my employees employed for less hours than is required by the law.

This bill says if you have that threshold that the number of hours you have to work is 30, well, a whole bunch of employers are going to say, hey, I can game the system if I drop the number of hours my employee works at the job to less than 30. That is true.

The problem is this. The vast majority of Americans don't work 31 hours, 32 hours a week. They work 40. A lot of Americans, in fact, work 42, 44. They work overtime. So what the Affordable Care Act did was made sure that most employers who currently offer employer-covered insurance to their employees continue to do it because very few employers are going to say, I can game the system by dropping my 40-hour worker to 29 hours. That is 11 quality hours, unless you were just letting these folks just sit on a couch.

What happens if you raise the number of work hours to qualify for the af-

fordable care coverage to 40 hours? Well, that is why the CBO says about 1 million Americans will lose their insurance coverage, because if you are working a 40-hour workweek, an employer would say, gosh, it would be tough for me to drop you to 29 hours, it would be a lot easier to say, I will drop you to 39½ hours, in which case I no longer have to offer you insurance.

That is why the Congressional Budget Office said that over 1 million Americans would lose their health insurance coverage and why it would cost about \$75 billion to do this legislation, because guess what? If the employers are no longer offering you insurance and you still have to go to the doctor for your child and you can't afford it anymore because you don't have insurance, guess who gets to pay? The folks up there in the audience in the gallery and those of us here who pay taxes, because guess what? They will go to the emergency room, and now they will use the Medicaid program to help cover that bill they can no longer afford because the employer cut them back a little bit.

If we all really want to make sure Americans get to work, then let's separate the myth from the fact. Remember 4 years ago death panels? If the Affordable Care Act, this new health security law, takes effect, death panels are going to decide if your grandmother gets to live. How many death panels have you heard that have told your family member he or she will have to die? Okay, I ask anyone in this audience, do you have a doctor? Do you have insurance? Do you know your doctor? Ask yourself this question: What is the name of your government doctor? You have a doctor. Did you know your doctor works for the government? You are going to say, no, I have known my doctor for a long time. He or she doesn't work directly for the government. If you believe the myth, yes, your doctor does because, remember, this was a government takeover of health care. It was a myth.

In fact, this Affordable Care Act's law requires you to use private health insurance coverage to get your health care through private doctors and private hospitals. But what it does is it requires you to do it, and it requires employers to do it, as well. That is what the law did. It didn't say, you are going to go to a government doctor or a government hospital.

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

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

Mr. BECERRA. I thank the gentleman.

So once you separate the facts from the myth, it becomes pretty clear what we have to do. We have to make sure if you are an American we reward you for your work. If you are an American and you get health insurance through your employer, we don't want your employer to game the system and put the burden on you now. And so what we

want is to make it affordable for the employee and affordable for the employer.

This bill makes it unaffordable for the employee moving forward, and it makes it, quite honestly, for the employer, as well, because you are losing your good workers. We need to defeat this bill and try to make the Affordable Care Act work for everyone.

The SPEAKER pro tempore. Members are reminded not to refer to occupants of the gallery.

Ms. JENKINS. Madam Speaker, at this time, I yield 3 minutes to our colleague from Michigan (Mrs. MILLER).

Mrs. MILLER of Michigan. I thank the gentlelady for yielding the time.

Madam Speaker, helping those without health insurance to get coverage certainly is a very noble goal, but the method that was used to achieve it under ObamaCare has just done so much more harm than good. And a very vivid example of this is a provision that you are talking about today that requires employers to provide health insurance for any employee that works 30 hours or more a week. Their thinking must have been that more part-time workers would receive employer-sponsored care and that employers would not change their behavior and, simply, they would absorb these new costs.

Well, I guess when you think like the government, maybe you would think that you are unconcerned about costs and you are unconcerned about balancing your books, and so that thinking sort of makes sense. But in the real world, it just does not work. Employers need to live in the real world. They are in business to make money, and they have to balance their books. And these very onerous provisions of ObamaCare make it very, very difficult for them to continue with business as usual, to comply with the law and to stay in business. So employers have been forced to cut workers' hours.

We also need to look for a moment, Madam Speaker, at those who have been most negatively impacted by ObamaCare and this particular provision of it. According to a study done by the Hoover Institution, the 30-hour rule puts 2.6 million workers with a median income of under \$30,000 a year at risk of losing their job or having their hours cut. And guess what? Eighty-nine percent of the impacted workers do not have a college degree, 59 percent are between the ages of 19 and 34, and 63 percent of these workers that are so negatively impacted are women, Madam Speaker.

So this rule impacts the most vulnerable in our economy who are just starting to make their way in the world or who are working hard to support their families. And do you know I didn't need a study to actually tell me that because I am hearing it directly each and every day from those whom I am so proud to serve.

I will just give you one example—a vivid example—of many, many that we

got, especially women who have contacted my office. This is from a mother named Tracy in Macomb County, Michigan, who said:

My daughter who is a single mom and struggles to make ends meet has had her hours at work cut by over 50 hours a month so that her company doesn't have to provide her with health care. So she is now looking for a second job, which means less hours for her and less time, of course, that she is able to spend with her children.

Madam Speaker, being a single mom is tough—it is really tough, and what we do here in Washington shouldn't make it tougher. Being a small business owner and a job creator is tough. Again, what we do here in Washington shouldn't make it tougher. The 40-hour workweek has been the bedrock of our economy for decades, and workers and families have come to depend on it—that is, of course, until ObamaCare changed the rules.

It is time for us to correct this mistake and repeal this terrible provision.

Mr. McDERMOTT. Madam Speaker, I yield 5 minutes to the gentleman from California (Mr. MILLER), my good friend.

Mr. GEORGE MILLER of California. I thank the gentleman very much for yielding.

Madam Speaker, I rise to oppose H.R. 2575. The majority's obsession with attacking the Affordable Care Act is unprecedented, and they have never let the truth stand in their way. Today's bill is no exception. Let's call this bill for what it really is. It is a big favor to millionaires and billionaires at the expense of working families.

This legislation is perfect for the owners and CEOs of big, low-wage companies like Walmart and McDonald's. It says that you can have your employees work 30, 35, 39 hours a week without providing one iota of health care coverage. That is a great deal for the Walton family, which already has a net worth of nearly \$145 billion—one family, \$145 billion. And that is a great deal for the CEO of McDonald's, who makes \$9,200 an hour.

But it is a terrible deal for America's workers. It means that not a penny of the revenues from these hugely profitable companies will go toward supporting health insurance for the bulk of their workers. All the while those employees continue to make as little as \$7.25 an hour, and it means that the American taxpayers will be stuck with picking up the tab.

The Republicans have decided to bring this bill to the floor even though they have no pay-for, which means that this is a very pure form of deficit spending. You are incurring \$75 billion worth of expenses for the taxpayers, and you have no way to pay for it. But rather than have these companies provide health insurance to their workers, you are willing to add it to the deficit of the United States for the next 40 or 50 years.

I remember when that party stood for deficit reduction. Now it is deficit

creation. It is deficit creation. So let's get it straight so everyone can understand: The American people will be paying \$75 billion more so that the likes of Walmart don't have to provide their employees with health care. Walmart made \$16 billion in profits last year. Target made \$2 billion in profits. McDonald's made more than \$5 billion in profits. And they can't afford to provide hourly employees with health care? Give me a break.

And all of this to solve a problem that doesn't exist. Because let's be clear: there is nothing in the Affordable Care Act that forces an employer to cut workers' hours. In fact, the non-partisan Congressional Budget Office stated:

There is no compelling evidence that part-time employment has increased as a result of the Affordable Care Act.

So, to benefit the richest of the rich, the Republicans want to pass this bill. The very week that we learned that more than 10 million people have gained coverage under the Affordable Care Act, the Republicans want to strip a million people of their employer-based health coverage, tossing them into government programs and leaving the rest uninsured, and having the taxpayers pick up the bill.

And this is all while the Republicans continue to block a minimum-wage increase for these very same workers—a minimum-wage increase that Goldman Sachs says will give the economy “a bigger than usual” boost. But they are not going to vote for the minimum-wage increase, is what they tell us. So what are they going to do instead? They are going to continue to stand on the throat of the American economy because all over this country where we have raised the minimum wage in cities, States, and towns, small businesses are hiring. There are more customers on Main Street.

□ 1330

But they are not going to allow that to happen nationwide. Instead, they are going to provide \$75 billion of new deficits for these businesses who pay their taxes, for these workers who pay their taxes.

Then they will continue to block unemployment insurance, another boost to the economy. People with unemployment insurance that has run out—and if we extend it—they will spend that money immediately because they have to take care of their families and they have to pay their rent, these are customers on Main Street; but Republicans are not going to do that.

Economists left and right tell us one of the biggest boosts to the American economy is immigration reform, but they are not going to do that. They are not going to give our economy that boost, but they are going to add \$75 billion to the deficit, but they are not going to let somebody have food stamps for the deficit.

They are not going to let somebody have health care for the deficit, but

they are going to reward the big employers for throwing people off their health care rolls.

This is some plan you have for America. This is some plan you have for working families. Clearly, when the newspapers and the editorial boards accuse you of doing nothing in Washington, they misread you.

You are doing great harm to the budget, you are doing great harm to health care, and you are doing great harm to these low-income workers; but you are doing a great favor for the richest of the rich in this country.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair and not to others in the second person.

Ms. JENKINS. Madam Speaker, I yield 2 minutes to the gentlewoman from West Virginia (Mrs. CAPITO).

Mrs. CAPITO. Madam Speaker, I rise today in strong support of this commonsense proposal to change the Affordable Care Act definition of full-time employment back to 40 hours per week, where it belongs.

The 40-hour workweek has been recognized for decades as the standard for full-time employment. Small business owners, union leaders, and individual workers have recognized that the ACA's definition of full-time employment risks damaging the traditional 40-hour workweek and the paychecks that those 40 hours bring.

As we have heard with the Hoover Institution study, the 30-hour rule puts 2.6 million workers at risk of losing their jobs or losing their work hours, harming those who can least afford to take a pay cut.

Those workers have a median income of \$30,000. More than half of them have a high school diploma or less, and more than half of them are women. In practice, many of these workers will have to find two part-time jobs to equal what they were bringing home.

Balancing two jobs means less time with your family, not to mention the tremendous stress that folks who will have to go in this direction will feel.

Passing this bill will help create jobs. One-half of small businesses recently surveyed said they will either cut hours for full-time employees or replace them with part-time employees.

We need to make it easier for businesses to hire full-time employees, not harder, but the ACA's mandate and the administration's repeated delays have only created more uncertainty for businesses and moms throughout this country.

I urge my colleagues to join me in helping working families and working women and job-creating small businesses by voting for the Save American Workers Act.

Mr. MCDERMOTT. Madam Speaker, I reserve the balance of my time; but could you give us an accounting of our time?

The SPEAKER pro tempore. The gentleman from Washington has 19½ minutes remaining. The gentlewoman from Kansas has 30½ minutes remaining.

Ms. JENKINS. Madam Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Madam Speaker, I am so appreciative of the opportunity for us to be able to come to the floor and have this discussion today. I think our constituents are just shocked with what they see happening because of the President's health care law. They can't believe it.

They had heard the rhetoric from the minority leader that it was going to create 4 million jobs. What they have found out is that it is costing them their jobs. It is costing them wage increases. It is costing them certainty in the job market.

I have to tell you, it really is a war on jobs. It is a war on women, and we are seeing that because women—63 percent of those affected by the adverse impact of the President's health care law are women.

Let me give you one example of this. I was in the grocery store recently. I passed a lady with two children in her grocery cart, and we chatted, nodded at each other.

The next time around, the next aisle, she said: Are you MARSHA BLACKBURN? I said: Yes, I am. She asked: Can I tell you my story? I said: Absolutely.

This is her story: She worked in the office park where this grocery store was located. Her husband is self-employed. The family's benefit structure, insurance, was through her job, an employer with just over 50 people.

Her hours as an office manager and assistant were cut to 29 hours a week. Her time was cut. Every week impacts her, impacts her husband. In one day, she lost her insurance, she lost her wage increases, and she was forced to healthcare.gov.

Also, what she had to do—she is a survivor. She said: I went to the mall, and I went to a retailer and got a part-time job. She said: Thank goodness I have great in-laws. They are going to help watch the children.

Here is what is so sad: She now is working two jobs, and she is losing time to be with those children as they are playing soccer and baseball, as they are doing Girl Scouts and Boy Scouts, as they are trying to get to church to sing in the choir.

She has had to rely on her in-laws to handle those, so that she can work a second job to pay for a program that she doesn't want and pay her taxes to a government that refuses to live within its means. I support the SAW Act.

Mr. MCDERMOTT. Madam Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Madam Speaker, I thank my colleague.

Madam Speaker, throughout this debate, Republicans have been claiming that they are champions of working people, but that is not the case here. This is not the Save American Workers Act; it is the Sabotaging American Workers Act.

The Affordable Care Act is based on the premise that the large businesses

can afford to offer health coverage to their workers, and they should do the responsible thing and offer coverage. That is only fair.

Ninety-six percent of all businesses don't have to offer any of their workers coverage under the ACA, but for the 4 percent of businesses that have the means, the law says they need to do the right thing by their full-time workers and offer them health coverage.

Republicans don't think businesses owe their employees anything at all. The Family and Medical Leave Act, Republicans say: that is not important. Equal pay for equal work, Republicans say: women don't deserve that. A fair minimum wage, Republicans say: absolutely not. And quality, affordable health care, Republicans say: Who cares?

Well, I think bigger businesses should do the right thing by their workers, and that is what the ACA asks them to do.

So what does this bill that is before us today actually do? This bill says big businesses could deny health coverage to someone working 39 hours a week, 52 weeks a year. That is not a part-time worker. Their employer should provide them health coverage.

Five times more people work around 40 hours a week than work around 30 hours a week. That is why this bill will throw 1 million Americans off of their employer's health coverage. That is why it would result in millions and millions of workers seeing their hours cut below 40 hours a week.

What is it—why are Republicans claiming people are losing hours right and left because of the ACA? But the Congressional Budget Office told them flatly, "There is no compelling evidence that part-time labor has increased as a result of the Affordable Care Act."

But I doubt that means much to my Republican friends because they do not look at the facts. We have added 8.6 million private sector jobs since the law passed, but Republicans simply ignore that. There are fewer part-time workers than there were before the law passed, but that doesn't get in the way of the Republican talking points.

Madam Speaker, 7.1 million people have enrolled through the exchanges. Millions and millions more have signed up through Medicaid or directly with an insurer, but Republicans still claim people don't want health insurance coverage, or they claim the numbers are made up.

The ACA is working. Millions are getting coverage for the first time. We are adding jobs to the economy. Giving big business a green light to drop coverage for their workers is not the way to move this country forward.

Workers have the right to decent health care, and businesses should help them get it. That is the fair thing, that is the right thing, and this bill takes us in the total wrong direction.

So I urge my colleagues, vote "no." This is a very bad bill for America's

workers. Don't let the Republicans kid you otherwise.

Ms. JENKINS. Madam Speaker, I yield 2 minutes to the gentlewoman from North Carolina (Mrs. ELLMERS).

Mrs. ELLMERS. Madam Speaker, I thank my colleague who is working so hard on the Ways and Means Committee and also as vice chair of our conference.

I rise today in support of the Save American Workers Act, an important bill that I am proud to say I am a cosponsor of as well. Every day, we learn more and more of the dangers facing millions of Americans due to the Affordable Care Act, or ObamaCare.

Just last week, in North Carolina, we learned that substitute teachers will be getting their hours cut and their incomes cut because of this irresponsible mandate. North Carolina teachers are being notified of their cuts, and millions of hardworking Americans across this country will work less and suffer more in order to comply with this law.

In my own district, substitute teachers are facing the same problem. In Lee County, an official confirmed to my office:

We are cutting the hours of our part-time people, our substitute teachers.

Nationwide, 76 percent of public school teachers are women. This is a direct assault on women. This so-called law is a complete and total assault on women. More than half of the workforce today, of the 72 million women in the workforce, are the primary wage earners for their family.

Across this country, women stand to lose the most. Sixty-three percent of them are women, those who are at risk of losing their hours. The facts speak for themselves. I encourage my colleagues to vote for this bill, another changing bill, changing this very bad law known as ObamaCare.

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

Ms. JENKINS. Madam Speaker, I yield 3 minutes to the gentlewoman from Minnesota (Mrs. BACHMANN).

Mrs. BACHMANN. Madam Speaker, I thank the gentlewoman from Kansas for sponsoring this extremely important time we are taking today. It is so important because this is a law, the signature piece of the President's legislative agenda, the ObamaCare act that we are dealing with today has impacted people's lives in such a profound way.

I am reminded of the President of the United States who, five days before he assumed office, said he was planning to fundamentally transform the United States of America.

We didn't know if that was rhetorical flourish or exactly what it would mean. It has taken many forms since that time, but one thing I didn't think I would ever see in my district on the faces of beautiful, innocent people is a fundamental transformation.

But I can tell you very clearly, Madam Speaker, that I have seen a fundamental transformation in the face of a lot of women, women's faces

in my district, and it is this: I am seeing them, for the first time, not be able to look me in the eye.

There is a loss of dignity. There is a sense of shame, and there is an embarrassment because there are women, Madam Speaker, who had full-time jobs who could support their families, and now, they don't have them.

They have been lost because their employer no longer can keep the full-time jobs. I have seen women who have lost their jobs altogether. I have seen women whose hours have been backed off to the extent that they can hardly afford to pay the gas to go in the car to get to work. Life has really changed for women in my district.

This isn't made up. This is real. That is the fundamental transformation, and I am sorry to say, Madam Speaker, it is not for the better. You see, we all hoped that, perhaps once this bill passed, that maybe we would be proven wrong. Maybe this bill actually would help a lot of women in our district.

□ 1345

I am not denying that there aren't a few people who have been helped—there are some—but what is remarkable is the number of men and women who I have met who lost health insurance, who said to me: Michele, what happened? The President promised me if I liked my plan, I could keep it. Why can't I keep it? They have said to me: Michele, I relied on my doctor.

One woman who called me was scheduled for cancer surgery. She was denied. She wasn't able to go through. The hospital canceled it. Then her doctor was changed out from under her and she was depressed. She didn't know where she could go. We spent hours on the phone to try and help find someone who could take care of her.

Then I got a call, Madam Speaker, from a female physician who said: I want you to know, in my practice, I spend 90 percent of my time speaking to my patients, diagnosing them, and giving them advice, and now I spend 50 percent of my time doing that because I have to spend 50 percent of my time filling out paperwork.

Madam Speaker, let's listen to the women of this country and fundamentally transform their lives for the better. That is why I support H.R. 2575, the Save American Workers Act.

Ms. JENKINS. Madam Speaker, I yield 2 minutes to the gentlewoman from Washington State (Mrs. McMORRIS RODGERS), our honorable chair of the Republican Conference.

Mrs. McMORRIS RODGERS. Madam Speaker, I want to thank the gentlewoman from Kansas for her leadership on this important issue.

I rise to join in expressing strong support for H.R. 2575, the Save American Workers Act. This is to restore the 40-hour workweek and to save jobs. All across this country, people continue to struggle under this economy. They see it when they look at their paycheck and their take-home pay.

They see it at the doctor's office, and they see it in the workforce.

Today, too many hardworking Americans are feeling the impact of higher premiums and higher deductibles. Too many people are having their hours cut, losing their jobs, and losing their health insurance—all because of ObamaCare. In fact, CBO recently reported that 2.5 million Americans are at risk of having their hours cut because of this law. These are the very people that are often struggling to make ends meet, whether it is the young people, recent college grads, or single moms trying to provide for their families.

The President likes to suggest that his policies are helping women, but actually what is happening is that his policies are setting women back. Women are being hurt by these policies. Hundreds of them have already lost their jobs in the home health care industry. Nearly 2 million people will see their hours cut or their jobs lost in the service industries.

You know, for the first time, earlier this year with the jobs report, we actually saw where the health care sector lost jobs where women disproportionately are actually employed. Women, single moms, young people who work late nights at a McDonald's drive-through, bag groceries at the local market, or serve as teachers' aides in the classroom will be impacted because of this law.

Women, and all across America, people succeed when our economy succeeds, when jobs are created and you can take home more pay. That is the definition of good policy. That is what this bill actually achieves, and I urge my colleagues to support it.

Mr. McDERMOTT. Madam Speaker, I yield myself 30 seconds to point out to my colleagues that CBO did not say people would lose their jobs. They said because they have health care, they no longer have to stay in the job that they have, and they will be able to stay home or do something else, and that will reduce the number of hours of work. They did not say the bill cuts them out or knocks them out of work.

Madam Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY. Madam Speaker, I am listening to the stories here on the floor. I must say I am a little surprised at this newfound commitment on the other side of the aisle to women.

So how about raising the minimum wage for women? How about joining with us in extending unemployment insurance for women? How about the fact that 7.1 million Americans have enrolled in this program you don't like, that you want to call a failure? 7.1 million of our fellow Americans beg to differ, and a lot of them are women.

It is not true what you are selling today on the floor, I would say to my friends, Madam Speaker. In fact, women will be the biggest beneficiary

of ObamaCare, protecting their families, protecting their health care, protecting their reproductive rights, which you—I would say to my friends on the other side of the aisle, Madam Speaker—would deny. Other than that, yes, you are protecting women.

If we are going to be serious about this, Madam Speaker, let's recognize the truth. The truth is this ObamaCare protects the interests of women. This bill would undo it. In fact, the biggest victims of legislative action, if we pass this bill today, will in fact be the very women some of my colleagues have been talking about today.

I urge my colleagues who say they are committed to the interests of women to vote against this bad bill and to support the expansion of health care, especially for working women in America.

Ms. JENKINS. Madam Speaker, before I yield to the gentlewoman from Wyoming, I just want to highlight that, according to the Bureau of Labor Statistics, a substitute teacher earning \$11.07 an hour, if that substitute teacher's hours were cut back from 39 to 29 hours, she would lose \$125 per week, or \$6,484 per year, or nearly a 26 percent pay cut. These are the folks we are here fighting for.

With that, I yield 1 minute to the gentlewoman from Wyoming (Mrs. LUMMIS).

Mrs. LUMMIS. Madam Speaker, I come from the wild West. I come from a place of wide open opportunity. And women in the West want freedom and liberty and the ability to create their own business. Women want to expand the businesses they already have and play a bigger role in the American entrepreneurial dream.

But ObamaCare makes it more affordable for women entrepreneurs to keep their employee numbers below 50 and their employee hours below 30. This makes no one's life better—not women entrepreneurs and not for their women employees. In fact, two-thirds of those most at risk of losing work hours because of ObamaCare are women.

Let's fix this. Let's save American workers. Let's pass the Save American Workers Act.

Mr. McDERMOTT. Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. LIPINSKI).

Mr. LIPINSKI. Madam Speaker, I thank the gentleman for the courtesy of yielding, especially today as I rise in support of H.R. 2575.

I was first approached about the problem with the 30-hour full time definition by Steve Palmer, one of the owners of Palmer Place restaurant, an institution in LaGrange, Illinois. This is a family business committed to their community and their employees. They offer insurance coverage to their workers when possible. Because of the nature of the business, many of their employees are part-time and work flexible schedules. But the ACA's definition of full-time work has put the Palmer fam-

ily's one restaurant on the cusp of being classified as a large business. The family, thus, finds itself facing a hefty new expense for health insurance or a fine.

This is the scenario being faced by many family-owned businesses struggling to plan for the future. The workers at some of these businesses are about to get a far different deal than they bargained for when they accepted their jobs. As a result of the 30-hour rule, some part-time employees are seeing their hours reduced.

The CBO has confirmed that shifting to a 40-hour full time definition would lead some workers to seeing an increase in their take-home pay. In addition to lost wages, many workers could lose scheduling flexibility so that they won't cycle in and out of full-time status from week to week. These are ways that workers will lose.

The administration has already acknowledged the difficulty in implementing the employer coverage rules of the ACA through two delays in substantial administrative changes. Clearly, the administration knows there are problems with the employer coverage rules as currently contained in the law. Today, it is reported that former White House Press Secretary Robert Gibbs said: "I don't think the employer mandate will go into effect."

Madam Speaker, let's do right by America's part-time workers and by family businesses. Let's pass this bill and fix this broken part of the ACA. That is what the American people are looking for. That is what we should do.

Ms. JENKINS. Madam Speaker, I yield 1 minute to the gentlewoman from Indiana (Mrs. WALORSKI).

Mrs. WALORSKI. Madam Speaker, I rise today in support of the Save American Workers Act. ObamaCare redefines full-time employment as 30 hours per week, rather than the traditional 40 hours per week, and mandates that any business with more than 50 full-time equivalent employees must provide health insurance. If these businesses do not provide insurance, they face a tax penalty.

My district is ripe for job growth. Indiana's manufacturing industry is booming. Yet, as I travel throughout the district, I speak frequently with business owners afraid to expand due to this rule.

Other Hoosier businessowners will be forced to lay off employees if this 30 hour definition is not changed. Women are disproportionately affected. Sixty-three percent of those most at risk of lost hours in my district are female.

The Save American Workers Act will unleash job creation by repealing this 30 hour definition and replacing it with the traditional 40 hour definition.

I urge my colleagues to join me in supporting this bill.

Mr. McDERMOTT. Mr. Speaker, would you give us an accounting of the time?

The SPEAKER pro tempore (Mr. POE of Texas). The gentleman from Wash-

ington has 12 minutes remaining, and the gentlewoman from Kansas has 19 minutes remaining.

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

Ms. JENKINS. Mr. Speaker, I would like to yield 2 minutes to the gentleman from Pennsylvania (Mr. KELLY), a colleague on the House Ways and Means Committee.

Mr. KELLY of Pennsylvania. Mr. Speaker, I rise today in strong support of H.R. 2575. You know, sometimes you have to figure out, first of all, where did you come from to find out to where you got.

I was trying to understand the 40-hour workweek. Where could it possibly have started? How did we come to accept that, and for 70-some years that is full-time employment, 40 hours? I found out it was actually the product of the Depression. When they did the Fair Labor Standards Act, they said we need to have a measure, so it will be 44 hours—part of the New Deal, by the way. In 1940, they changed it to 40 hours a week was full-time employment. Then, all of a sudden, ObamaCare comes along and the New Deal has been replaced by a bad deal. We told people, no, no, no. It is not 40; it is 30 hours. That is what full-time employment is.

Now, when you go back to 1937 and 1940, what were they trying to do? They were trying to get America back to work. It was after the Great Depression, so it was about getting folks back to work. Now, you fast-forward to today, and it is not about getting people back to work. It is about getting ObamaCare to work.

This makes absolutely no sense. Who does it hurt the most? It has hurt low-income and middle-income people. 2.6 million folks have been affected by either losing a job or losing hours.

□ 1400

So you have got to scratch your head and say, Wait a minute. If we are really trying to get America back to work, why would we take their hours from them? Why would we slash their workweeks by 25 percent and think it is going to work? It has nothing to do with working people. It has to do with making ObamaCare work.

I have got to tell you that we have the New Deal that got replaced with a bad deal, and now we have H.R. 2575. Do you know what it is? It is a good deal. This is a good deal. With 435 Members, any one of us could say that this just doesn't make sense right now for the folks we represent. Why would we do this to them? Why would we take their work hours away? Why would we put in jeopardy 2.6 million people just in an effort to make ObamaCare work?

If it is about making it easier for Americans to work, then it is high time we start to turn the tide. It is time we look at what is going on and that we say to ourselves, If it worked before, why can't it work again? Why can't we go back to 40 hours? Why

can't we make it easier for American families to get through the hard times that they are going through right now?

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

Ms. JENKINS. Mr. Speaker, I would like to yield 2 minutes to the gentlelady from South Dakota (Mrs. NOEM).

Mrs. NOEM. I thank the gentlelady for yielding.

Mr. Speaker, I rise today in support of this bill to change the definition of "full time" in the IRS code to 40 hours per week on average.

The 30-hour workweek instituted in ObamaCare is limiting economic opportunity across the country. It is especially harmful for women when 63 percent of those who are most at risk are women. South Dakota has one of the highest rates in the country of working women, and I have had them come up to me time and time again, talking about how this regulation has impacted them. They no longer are getting the hours that they need to pay their bills as their hours have been cut. Where they are working, they may be forced to take on another part-time job. If you want to talk about putting challenges in their way when they are trying to fulfill all the requirements of work, of paying their bills, of being with their children, of having successful family lives, this regulation is one of the worst.

ObamaCare pressures employers to restrict their full-time ranks in order to avoid the employer mandate, putting millions of workers at risk of having their hours cut. Now we have two definitions—the Department of Labor definition and then the new IRS definition defined by ObamaCare. Only here in Washington, D.C., do things like that happen. There are two different and exclusive definitions for the very same thing. Thus, many workers have had their workweeks cut down to a maximum of 29 hours. In many instances, the possibility of their being promoted to full time no longer rests on their dedication or on their achievements but now on their bosses' abilities to weed through the regulatory environment here in Washington, D.C.

Mr. Speaker, I used to run a small family business, so let me close by saying that women-owned businesses have surged over the past 20 years. We should not be putting obstacles in their way, making it more difficult for them to own those businesses, to undermine their growth and their ability to create jobs. I urge my colleagues to support this bill. Let's take a step towards restoring economic freedom in this country.

Mr. McDERMOTT. Mr. Speaker, I now yield 3 minutes to the gentlewoman from Chicago, Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, there has actually been a debate on this floor by all of my colleagues, women, coming down from the Republican side, talking about how wonderful this bill is for women and how bad ObamaCare is for women.

I want to make this point, which is that, before the Affordable Care Act was passed, there was gender discrimination against women. The standard body was clearly the male body because women were paying about 48 percent more for health care before this law went into effect, a law that said there would be no more gender discrimination, that women could not be charged more because things like pregnancy might take place. Women became among the biggest winners under the new Affordable Care Act.

In talking about protecting women, it is interesting to me that the Republicans, including my women colleagues, oppose the raising of the minimum wage. Two-thirds of minimum wage workers are women. They oppose the Paycheck Fairness Act. Isn't it time in 2014 that women get paid equal pay for equal work? They oppose the funding of preschool. They support a budget that would cut Pell Grants for colleges. They oppose making sure that the Affordable Care Act will provide contraceptives as a preventative service to women.

I am also hearing about the economics of freedom. Under the Affordable Care Act, now you don't have to be locked into a job because you need the health insurance. That is what I call freedom. Suddenly, entrepreneurialism is unleashed because women, and men are able to say, I am going to take a risk, but I am going to still be able to find health insurance.

The other thing I hear is that it is a job killer. Actually, H.R. 2575 would force 1 million people to lose their employer-provided coverage, and it would increase the number of uninsured up to 500,000. This is not a number that has come out of some Democratic think tank. This is a number that comes from the nonpartisan Congressional Budget Office.

Ask the workers themselves, and this is what they will tell you. The National Education Association says, We oppose this bill because we believe it would create a disincentive for employers to provide health coverage.

They act like we are changing what full-time employment is, from 30 to 40 hours.

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

Mr. McDERMOTT. I yield the gentlelady an additional 1 minute.

Ms. SCHAKOWSKY. Here is what we are changing. We are saying, if you work 30 hours, your employer should provide you with health insurance.

What this bill says is, now, if you work 39 hours, your employer can deny you health care coverage. So it actually raises the bar and says that workers can no longer get coverage between the 30 and 39 hours that they work. This is not a good thing.

The American Federation of Labor represents millions of workers. This bill not only fails to address the problem it was intended to solve, but it makes the problem worse. Raising the

threshold of how many hours will only move the cliff and will actually increase employers' incentives to reduce workers' hours. The Communications Workers of America say the threshold from 30 to 40 hours per week doesn't help. It would actually encourage employers to lower the number of hours.

There has been some implication, I think, that the Teamsters Union is supporting this bill. That is not true. The Teamsters are not supporting this legislation. I would urge my colleagues to oppose it as well, and I encourage my women colleagues to stand up for women.

Ms. JENKINS. Mr. Speaker, I ask unanimous consent that the gentleman from Pennsylvania (Mr. KELLY), my colleague on the Committee of Ways and Means, control the remainder of the time.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Kansas?

There was no objection.

Mr. KELLY of Pennsylvania. Mr. Speaker, at this time, I yield 2 minutes to the gentleman from Illinois (Mr. ROSKAM), my friend and colleague.

Mr. ROSKAM. I thank the gentleman for yielding.

Mr. Speaker, the Obama administration has done a clever thing over these past years, and that is to redefine things.

They redefined the word "balance," not to mean the traditional understanding of "balance," but they said, No, no, no. That really means long-term fiscal sustainability. That is the new definition of "balance."

They did the same thing on tax reform. The common understanding of "tax reform" is that you lower rates; you use loopholes to bring rates down; and you simplify the Code. Instead, they said, No. "Tax reform," for us, means, yes, let's close loopholes, but let's use those closures to fuel more spending.

The richest one I have heard so far is to hear a White House spokesman make the claim, basically, that a job is now a burden and that now, with ObamaCare, there are going to be over 2 million Americans who are shed from that burden, Mr. Speaker, and that they don't have to worry about working anymore because they have got this new health care plan.

It is now finding itself coming true in this bill as well, and what the Obama administration has said is, We are just going to create a new definition of "full-time work." Full-time work has meant 9 to 5. Full-time work has meant 40 hours a week. Not with ObamaCare. ObamaCare has now redefined it. It is a long pattern of redefinitions, and these redefinitions have led to failure.

So here is the thing. We have got an opportunity to remedy this. We have got an opportunity to make it right. We have got an opportunity to recalibrate full-time work to what it has historically meant, and here is what the

bottom line is: if we recalibrate it, we will get more work to the very people whom our opponents on the other side claim to speak for, and the irony is that their remedies mean less work for the very groups that they speak to advocate for.

Mr. Speaker, we have got a chance today, and that is to support this bill, to do it quickly and to get us back to the normal definition of “full-time work,” which is 40 hours a week.

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

Mr. KELLY of Pennsylvania. Mr. Speaker, at this time, I would like to yield 2 minutes to the gentleman from Louisiana (Mr. SCALISE), another colleague and good friend of mine.

Mr. SCALISE. I want to thank my friend from Pennsylvania for yielding.

Mr. Speaker, I rise in strong support of this legislation.

Of course, President Obama’s own health care law has now resulted in the direct loss of work for millions of people across this country. One of the perverse incentives in ObamaCare actually forces employers through incentives in the law to drop the number of hours that their employees work. This isn’t something employees want, and it is not something employers want; yet it is directly there in the law where you get penalized—you actually get fined by the IRS—if you are not doing this. When you talk about these impacts of the law, it is having devastating impacts on families across this country. The President was talking about the minimum wage. The President has literally forced a 25 percent pay cut for millions of Americans through his incentive in the law that is encouraging employers to drop their workforce hours below 40 hours a week to 30 hours and 28 hours a week.

I represent parts of the city of New Orleans. Some of the best restaurants in the world are in the city of New Orleans. We love going to those restaurants, and so many people from all over the world love going to those restaurants, but many of those restaurant owners tell me that they love their workforces, that they love the employees who work for them. They are like family businesses. Yet they are being forced because of this law to drop the hours of those workers below 30 hours.

There is no reason for this, Mr. Speaker. This bill fixes this problem.

President Obama and the White House said, Hey, look. This is a burden for poor workers. This is freeing them up to do things that they really want to do—as if people don’t want to be working. One of the things they said is that you could go sit in a park and write poetry. These people don’t want to be sitting in a park, writing poetry, at 2 o’clock on a Thursday afternoon. They want to be at their jobs, working, and the law doesn’t let them do that.

Let’s fix this. We can get this economy moving again. These are crazy policies, like this component of ObamaCare that literally forces people

to be dropped below 30 hours to address some new definition of “part-time worker” and “full-time worker.”

These are the kinds of policies that are devastating American families. This is what we are here to fix. We need to pass this bill, fix this problem and get people back to work so they don’t have to sit on a park bench on a Thursday afternoon, and they can actually be at their jobs, working.

The SPEAKER pro tempore. The gentleman from Pennsylvania has 11 minutes remaining, and the gentleman from Washington has 8 minutes remaining.

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

My colleagues out here today have really had a good time telling personal stories, so I have got a few of them for them.

Last week, the distinguished Senator from Texas, Senator CRUZ, put a poll up on his Facebook, asking if people are better off under the law. The responses were not what he expected. The overwhelming number of responses—he got nearly 56,000 responses—were in support of the ACA. If you look at it online, of the most recent 100 comments, there are just two that appear more negative than positive, so that is 2 percent that are against it.

One of them said:

Not only am I better off now, but I have friends who are better off, too.

The second one said:

Yes. I have MS, and I lost my job, and I wasn’t able to get any other insurance because of my preexisting condition. Thank you, President Obama.

Another one said:

This Nation is better off for helping people avoid the devastation that poor health can bring. Thank you, ACA.

I reserve the balance of my time.

Senator Ted Cruz

Quick poll: Obamacare was signed into law four years ago yesterday. Are you better off now than you were then?

Comment with YES or NO!

Like—Comment—March 24 at 5:45am—

Martha Hall Hansen, Pat White Garcia, Linda Hidy and Top Comments 10,204 others like this.

5,120 shares

Carol Rietz Gates: Not only am I better off, but I have friends that are better off. Furthermore, this nation is better off for helping folks avoid the devastation that poor health can bring. Thank you, ACA!

1,359—March 25 at 6:46pm

13 Replies—1 hr

Kris Williams: I and a few million other people are a lot better off. I hope you are enjoying your Cadillac plan given to you by your wife’s employer, Goldman Sachs. Stop trying to deny the rest of us the peace of mind that quality, affordable health insurance provides us.

1,342—March 24 at 10:13pm

16 Replies—11 mins

Benjamin Corey Feinblum: Yes. Costs stopped climbing. I’m a small business guy and I don’t have to worry because insurance companies can’t drop us anymore.

2,901—March 24 at 3:14pm

52 Replies—10 mins

Lili Ann Fuller: YES, best law ever! And way overdue! I spent all my retirement sav-

ings on overpriced insurance in order to save my life when I got cancer in 2005. I had no income and now have no savings. If it had been in place back then, I wouldn’t be looking at a poor retirement, but at least I am not worried about having care anymore.

2,300—March 24 at 2:04pm—Edited

25 Replies—7 hrs

Lashawn Bell: Yes I have MS and I lost my job I wouldn’t be able to get any other insurance because of my pre existing condition thank you President Obama. If people get sick they will realize how this is good.

1,288—March 24 at 2:00pm

16 Replies—1 hr

Anne Wittig Pryor: I don’t have Obamacare, but someone I know who had bad mouthed it for the past for years, recently had to get coverage after her husband recently passed away. The first words out of her mouth, “Thank God for Obamacare.” She is a staunch Republican and believes everything she hears on Fox News. And those who are saying they won’t comply are cutting off their noses to spite their faces. Wake up!

2,798—March 24 at 1:49pm

52 Replies—2 hrs

Paige Brennan: Impeach Ted Cruz! He caused the shutdown that hurt this country badly!

3,188—March 24 at 1:18pm

73 Replies—1 hr

Joe Caparco: Isn’t it funny that the government “makes” you buy car insurance and home owners insurance and no one says a word. For those of you who say you can’t afford health insurance what will you do when you need your health insurance. No need to answer I alre . . . see more

1,984—March 24 at 1:11pm

68 Replies

Larry E White: Absolutely better off, now lets push for universal healthcare for everyone.

2,705—March 24 at 1:08pm

26 Replies—1 hr

Sherry Scott Stewart: Absolutely Yes! I have pre-existing condition that I was born with but didn’t appear until later in life and could not get health insurance at all. I finally have decent affordable insurance.

What a huge relief!

1,134—March 24 at 1:05pm

4 Replies

Dave Ninehouser: Yes, my wife’s little niece who is very sick would have hit her lifetime limit by now if not for the ACA. The nation is better off.

1,684—March 24 at 11:44am

10 Replies

Kris Williams: What is really sad is how the American people have been kept in the dark as to what the ACA really is. The whole purpose and driving force behind the ACA was to improve care and lower costs. The majority of the law deals with Medicare. The medical cost . . . See More

1,047—March 25 at 1:08am—Edited

32 Replies

Robin Conrad: Yes, my son has Healthcare for the first time and I know many friends it is helping. The ACA is awesome.

1,101—March 24 at 7:16pm

18 Replies

Shelley Laysi Peterson: hummm something tells me this isn’t quite the response Mr Cruz was hoping for ROFLMAO

1,828—March 24 at 5:58pm

36 Replies—4 hrs

Shelley Laysi Peterson: YES, YES & YES!! Hands Off My Obamacare!!

1,076—March 24 at 5:52pm

16 Replies—14 mins

Felicia Willems: Yes! Everyone in my family has a pre-existing condition that range from minor to serious. We were uninsurable on the individual market Now we’ve got

great coverage through healthcare.gov. We did NOT get a subsidy but it still fits our budget!

2,711—March 24 at 3:19pm

69 Replies

Meredith Stark: Oh Senator Cruz, four years ago we didn't have health insurance, and now we do. It's helping my husband and I.

914—March 24 at 2:26pm

11 Replies—1 hr

Laura Eakes: Only in America would people be cursing other people for finally being able to get health insurance, and calling them mooches and socialists. I'd rather be a socialist than a selfish psychopath like many right wingers on here

1,081—March 24 at 2:09pm

27 Replies—9 hrs

Jeffrey Albuna: Well Mr. Cruz, firstly I want to say, I think your actions putting our country hostage for your 21 hour publicity stunt were awful and despicable. You stood up there for 21 hours railing against Obamacare, to show the Tea Party you "care" about their v . . . See More

1,444—March 24 at 1:53pm

18 Replies

Brenda Myrick Yasulevicz: For those of you who think that anyone who answered yes "is a part of the problem", I have worked hard my entire life and done fairly well. I always had jobs with insurance. Then I became self employed and found out I couldn't get insured because of pre-existing conditions. (None are serious or life threatening, or even require much care) I am very grateful for this insurance!

997—March 24 at 1:26pm

16 Replies—2 hrs

David C. Brown: Yes Ted. In spite of your empty pandering rhetoric I am better off now that I was four years ago. I now have an insurance plan, purchased from a private company, that must insure me rather than suck profit from me. Before, I was dumped from insurance f . . . See More

2,071—March 24 at 11:47am

47 Replies—2 hrs

Art Zimmerman: Damn straight I am . . . we all are after the Bush/Cheney near destruction of our country and the bullshit trickle-down Republican garbage!!

576—March 24 at 6:34pm—Edited

Joy Williams: Of course we are better off. We will now have consistent care without it destroying our finances.

491—March 24 at 4:32pm

2 Replies

Chuck Provonchee: Yes, Cruz, you pitiful waste of space, we are all much better off under the ACA. The only ones who would not agree with that are the mindless people who blindly follow the GOP and vote against their own best interests. You should enjoy your time as senator because I don't think you will ever win another election.

548—March 24 at 2:45pm

11 Replies—2 hrs

Russ Campbell: Thank God for Obama Care. I now have health care and they discovered I have cancer. I'm going to have surgery in one week and I might live. Without Obamacare I would just die.

576—March 24 at 1:10pm

34 Replies—2 hrs

Terry Kelley-King: YES . . . I have insurance and am very happy to have it . . . of course it could be better by making it single payer . . . but this is a republican health plan so it can't be perfect

1,699—March 24 at 1:05pm—Edited

47 Replies

Dave Posmontier: Definitely YES!. We now have drug coverage and do pay a little bit more in co-pays but get this—My wife and I are saving \$550 a month in premiums. Thanks you President Obama . . .

609—March 24 at 1:04pm

4 Replies

Kevin Lawton: Much better off. We'd be even better off if people like you weren't in the US Senate.

1,736—March 24 at 12:15pm

32 Replies

Barbara J Cobuzzi: Yes, much better off.

1,042—March 24 at 12:06pm

11 Replies—1 hr

LN Winchester: YES, It's great! Not only for myself and my kids, but for the other five million people who can now get the medical care they need! I'm actually paying a bit more, but I don't mind because so many families are getting the medical services they need, in some cases desperately. That makes it all worthwhile.

1,169—March 24 at 11:56am

28 Replies

Amanda Rosales: YES . . . I was denied health insurance because of having MS as a pre-existing condition and would soon be going medically bankrupt or stop getting treatment. I now have excellent coverage and have a brighter future!

1,205—March 24 at 11:52am

33 Replies—6 hrs

Bruce Lindner: I just left my insurance agent's office. He walked me through my options with the ACA, and to put it mildly, I'm one happy customer! As a self-employed cancer survivor and a heart attack survivor—factoring in the outrageous prices they've been gouging . . . See More

397—March 28 at 3:56pm

11 Replies

Alisha Clark: Obamacare does not regulate health care, it regulates health insurance companies. Who in their right mind wouldn't want health insurance companies to be regulated?

472—March 26 at 12:26pm

15 Replies—1 hr

Alisha Clark: This morning I received a private message from one of my many fb friends This person would like me to share her story. I can only imagine what this person is going through and I want her to know that we are now in this fight together.

Hi Alisha: I am n . . . See More

434—March 26 at 5:48am

23 Replies—4 hrs

Cathy Paganelli Kaelin: YES! Saving \$350 per month, preventative care plus dental & vision. And now my 2 adult children have health insurance which they went without for 2 years. Yes, this family is grateful for the ACA. Thank you, President Obama, for taking this country into the direction of health care for all!

434—March 25 at 5:17am

13 Replies

Bonnie Flournoy: Yes. Previously, I had your plan whereby the ER was my primary physician. Having a strategy alone to seek medical help has lifted a burden. The burden was making me just as sick as my condition. In fact, I think the stress caused the illness.

874—March 24 at 2:08pm

15 Replies

Kathe Mendelsohn-White: YES! Without the ACA, my 21 year old autistic son would not have any insurance. Thank you President Obama.

1,778—March 24 at 1:12pm

66 Replies

Paulina Trefault: At the same time, costs are coming down. The Congressional Budget Office found the health care law is making significant contributions to fiscal responsibility. The CBO's most recent estimates show that repealing the law would actually increase deficit . . . See More

435—March 24 at 12:15pm

8 Replies

Tricia Barsamian-Wise: Yes . . . I no longer work 2 jobs and have the security of

not being denied, my insurance going up or being canceled. I clearly understand Ted Cruz's POV on this, his financial backers only hired him to do their dirty work. But what I find so hard to comprehend is average Americans being so cruel and hateful.

950—March 24 at 11:52am

28 Replies—6 hrs

Vik Verma: Yes

404—March 24 at 11:34am

Charles Reff: Yes, it allowed me to get better insurance then my job was offering and for less.

1,368—March 24 at 6:38am

28 Replies

Chuck Myers: What I'd REALLY like to know, Senator Cruz, is are you a big enough man to READ the tens of thousands of comments below and admit that just MAYBE, you were WRONG!!!! If you were truly a representative OF THE PEOPLE you would instantly see how desperat . . . See More

351—March 29 at 10:51pm

13 Replies—4 hrs

Ilene Leftwing: Yes, but would be even better off if my Republican Governor, Nathan Deal, saw fit to help the citizens of Georgia by implementing the medicaid expansion. Anyone who stands against the ACA does not get MY vote.

316—March 25 at 9:26am

11 Replies—33 miss

Sandie Cohen: Please do not take away our health coverage.

357—March 24 at 3:43pm

11 Replies—32 mins

Scotty-Miguel Sandoe: YES! Access to Obamacare saves me money, and as former cancer patient, it means I can no longer be denied health insurance because of a pre-existing condition. This is the best government program since Medicare—thank heavens we have a President who cares about American citizens for a change!

1,404—March 24 at 11:38am

54 Replies

Jeanne Carver: Yes I am. I had a junky plan, which paid nothing until after 7500 per year. I now have affordable healthcare, which costs much less.

780—March 24 at 1:12pm

14 Replies

David Davis: No. I couldn't afford healthcare before and I still can't and now will also have to pay a fine. Wish I could fine the government for making my life hell everyday.

1,458—March 24 at 5:47am

322 Replies—4 hrs

Rick LaCrosse: The politicians that rule should live by their rules & laws!!!

253—March 24 at 5:52am

13 Replies—1 hr

Elizabeth Dubrulle: What an incredibly stupid and badly written question! Were you actually trying to start a discussion about healthcare, in which case your question should have been: is your health care better today than it was four years ago? (my answer would have been . . . See More

406—March 24 at 8:05am

23 Replies—2 hrs

Chris Marko: As a concerned Canadian, I apologize for both Ted Cruz and Justin Beiber, that being said, you can keep both of them, we have a no return policy for defective merchandise.

135—March 29 at 8:28pm

Breana Corea: LMAO!!! Nice!

14—March 29 at 9:40pm

Something Liberal: please take them back . . . you can imprison them or torture them . . . we don't care.

15—March 29 at 10:22pm

View more replies

Lamar Birdsey: In 1995 I had my first heart attack. At that point I was insured. However, my coverage was immediately terminated by my insurance company. Six months

later I had my second heart attack and had no insurance. Subsequently I have had two more attacks and was not covered. I have spent my life savings attempting to stay alive. In 2014, I purchased a wonderful Florida Blue policy. My premium is \$88.73 per month. My deductible is \$600.00 annually and any co-payments are extremely low. EVERYTHING IS COVERED! The most out of pocket expense I will have to pay in a given year is \$2250.00. I am much better off now that the ACA has become law. Senator Cruz, I suggest you pack your bags and go back to where you came from, Canada. You are a scourge on this great nation. We do not need or want your ilk here. If you want to screw up a health care program, by all means return to Canada and mess with that one. DO NOT TREAD ON MY OBAMACARE!

129—March 24 at 8:26pm

View more replies

Smooth Stone: No I'm not better off—only because my Koch bought governor nikki haley refused to expand medicaid in my state. Otherwise I would have subsidies to help me live a longer, better life. As a woman who was able to work wonderful jobs with health insurance for 36 years until I had my son. Then I relied on my husband's job to supply me with benefits as I raised our child and only worked 'part time' as a school teacher substitute. But what happens when that husband is mutilated by a stoned driver and can no longer work. Goes on social security and medicaid and his family is left to flounder because the now 58 year old mother can no longer get a decent job, no matter her experience but the age matters. So go F**K YOURSELF Ted Cruz.

128—March 24 at 2:17pm

Deb Larsen: I am so sorry to hear about your situation.

11—March 30 at 3:42pm

Elizabeth Fisher Jeffery Wood: Red states that have chosen not to expand medicaid are not really better off, but that is not the fault of the ACA. (btw, I live in one of those states . . .) What we need to do is grassroots it here until all of the red states accept all of what the ACA has to offer.

24—March 30 at 6:57pm

View more replies

George Rivas: The ACA would've been better with a public option. It's a shame the GOP didn't try to make it more effective instead of grandstanding and wasting everyone's time and money on futile efforts to stop it.

123—March 24 at 1:30pm

Ambrosia Rose: Like the half billion dollars Obama spent on a website . . . that money could have gone for actual health care.

2—March 30 at 3:05am

Teresa Gottier: Yeah because nobody uses a website today except Obama . . .

16—March 30 at 12:47pm

View more replies

Terri K Mattingly Puryear: YES, ABSOLUTELY!!! although I am really ashamed of being on your website.

122—March 24 at 3:18pm

Mary Duff Henry: It's for a good cause.

32—March 30 at 8:54am

View more replies

Bobby Joe Lyle: Yes! I have been unable to have health insurance for 2 decades because of a preexisting condition. Last week I was finally able to have a colonoscopy thanks to the Affordable Care Act. Today I was informed by the gastroenterologist that the polyps he removed were cancerous. The Affordable Care Act may well have saved me from dying of colon cancer.

118—March 24 at 1:10pm—Edited

Sarah A. McCloud:

11—March 26 at 10:39am

Lisa Brayer:

13—March 27 at 2:22am

View more replies

Malina Lobel-karimi: Yes, yes and HELL Yes. I had been without insurance for years when we were systematically rejected by ALL carriers due to . . . PREEXISTING CONDITIONS. My son had to have his gallbladder removed WITHOUT insurance. It cost us \$80,000.00 Can you imagine eighty thousand dollars for a gallbladder and a weeks stay in a hospital? That's inhuman!

109—March 26 at 8:33pm

Wrenn Simms: I can. I was lucky. After i was laid off in 09, I ended up in the hospital with emergency gall bladder surgery that turned into an emergency on the operating table. They kept me a week, with two other procedures needing to be done.. I was lucky, that I was still covered by my former employers insurance (it was within the 60 day separation window). The bill was \$101,000. I paid less than \$200.

9—March 31 at 5:36pm

Laura Woller Bishin: Holy crap! 80k???

3—Yesterday at 12:59am

View more replies

Julie Pippert: YES! My pregnancy caused me to be excluded from health care—the VERY worst time!—because Texas allowed that. Then I caught an infection in the hospital that left me with a "preexisting condition" because I had no insurance at the time. I am SO GLAD I have protection now! THANK GOODNESS! Thanks for the ACA.

114—March 25 at 5:45am

Dani Golightly: Holy crap, that's HORRIBLE!!!!

6—March 30 at 8:51am

Laura Harper: Women in Texas are an endangered species if Mr. Cruz and his merry band of misogynists have their way.

45—March 30 at 10:00am

View more replies

Caleb Caraway: My healthcare is better, but I live in Texas so lots of other things suck. If we could get Ted Cruz out of office it would be a whole lot better.

114—March 24 at 2:45pm

Cody Edge: THIS! But we have to all work to get people like him out of office! Lets get Wendy Davis INTO office too!

6—6 hrs

Samantha Scott: I'm an American expat living in Canada. We pay a monthly premium and all the basics are covered; no charge for low income folks. Drawbacks? Sometimes I wait over an hour to see a doctor during walk-in clinic peak hours.

waves tiny maple leaf flag

feels bad for anyone who thinks Obamacare is a step backward

109—March 24 at 2:06pm

Candace Marley: I think waiting and waiting at any doctor even in the US is becoming the norm.

15—March 25 at 12:42pm

Brilliant Chicky: My daughter waited 4 hours in a us er and was told at that point could be 4 more. She left untreated.

9—March 29 at 8:46pm

View more replies

Jeff Sanderson: YES! "Obamacare" saved my grandson's life. He was born with multiple birth defects, and their insurance specifically stated that a birth defect was considered a pre-existing condition. Obamacare eliminated pre-existing conditions, so the family insurance covered the multiple surgeries he needed to stay alive. Today he is a happy, bright little boy. In addition, when his mom had to quit work to take care of him, Obamacare made sure that they would still be insured. Thank you President Obama.

114—March 24 at 1:29pm

Jane Foster: Your story touched my heart Jeff. So happy your grandson got the care he needs.

19—March 29 at 11:37pm

Kevin Young: And all this happened in 6 months. Sounds like BS]

March 30 at 8:44am

View more replies

Chris Stout: Yes. Being self-employed with a pre-existing condition, the premiums always ended up being extremely high and wouldn't cover what I needed the most.

I now have a Gold plan with a premium I can afford and all my conditions are covered, so yes, yes, YES!

107—March 24 at 12:26pm

Alvin Bates: Yes. Business owner from Oklahoma!

108—March 24 at 10:03am

Brandy Mohar:

2—March 31 at 10:20am

Rhonda Savage: Oh yes! Saved me 4k out of my pocket in Premiums. AND, I have a better plan. And, I do not qualify for tax credits and am still saving!! Thank you Dems and Mr. President! Your willingness to assure our right to pursue happiness has been much appreciated by millions! As for you Mr. Cruz—I remain very, very ashamed that I used to belong to your party!

106—March 24 at 8:12pm

Drew Denega: You lie.

March 25 at 12:11am

Lisa Brayer: She doesn't lie. Same for me!

41—March 27 at 2:33am

View more replies

Pearson Klein: YES! I'm better off because those who previously couldn't get it now can. HOW YOU CAN SLEEP AT NIGHT WANTING TO SCREW OVER THE LESS FORTUNATE IS BEYOND ME.

106—March 24 at 4:13pm

Greg Zagel: I'm MUCH better-off with Obamacare. This is a fact! The U.S. Senate was better-off without Ted Cruz.

105—March 24 at 1:24pm

Barbara Dobriansky: The ACA is a LAW that requires you you to obtain insurance—it is not insurance itself. So all of you saying your doctor won't take Obamacare are inaccurate in that perception. You DO know the mandate is a conservative idea? To make EVERYONE pay into the system so that no one is subsidizing anyone else? The level of ignorance is striking.

This isn't a real poll, it's a Facebook comment screed to get us all to fight one another and look stupid to the world—most of which has universal health care. By a Communist-raised, now Fascistic, religious fanatic naturalized citizen who wants us to change our Constitution so he can run for president. You can't make this stuff up.

105—March 24 at 11:56am

Michael Jennings: The fact that this is a Republican (Newt Gingrich, Heritage Foundation) idea that is now being called Socialism just blows my mind! These people will believe anything that they are told.

56—March 29 at 8:06pm

Bobbie Scott: Thank you! Someone has some sense!

16—March 29 at 9:02pm

View more replies

Christina Zadorozny: Seeing you deleted my other comment, LET ME REPEAT, MR CRUZ! The ONLY people who would say NO would be your top 1% friends who because of the ridiculous tax cuts they got, can afford to buy any sort of medical care they want, and it's us in the LOWER AND MIDDLE CLASSES who are giving welfare for the RICH because they are UNAMERICAN, and who refuse to pay their fair share in taxes! Shame on you all, if Eisenhower was here, he would be taxing the rich at 91% like he did in the 50s, because after WWII, there was a huge deficit, and he knew he couldn't have a deficit like that hanging over America, so he did what he thought was RIGHT (A NOVEL IDEA, DOING WHAT'S RIGHT, AND NOT

JUST WHAT IS GOOD FOR YOUR BASE), and taxed the rich heavily, which guaranteed that there was enough money flowing throughout the economy, so average people were able to create jobs, and they then hired people; everyone had a job if they wanted one, and the 50s women were able to stay home and take care of the kids, and the men were the ones who went to work, and with only one salary, a whole family was supported, houses were bought, cars were bought, the economy boomed! I have NEVER heard anyone complain about the 50s, everyone remembers it as a wonderful time, it's the first time a middle class was invented! We sure do know NOW trickle down doesn't work, look at all the rich with the lowest taxes ever, what jobs were created by them? NONE! It's been proven that the people who create jobs are small business owners! NOT the rich, and NOT the big established companies! I wish Eisenhower could come back and tell you republicans off! I'm sure he would have a few choice words for you and your rich friends! Mr Cruz, you and your rich friends disgust me, and go ahead, delete my statement, since you hate the truth so much!

100—March 29 at 8:03pm

Lisa Carpenter: There are plenty of us who say NO, that are not in the 1%. But then it looks like this post was hijacked by obama ops.

4—March 31 at 4:23pm

Christina Zadorozny: Why no? I want to know why you would deprive people who need insurance this very necessary law! If you don't need it, great for you! How about the millions who now have it, and for the first time in years are getting the diagnosis and treatments they needed? I can give you plenty of stories of people i know personally who couldn't get insurance any other way, like specifically my brother, who was born with a congenital heart condition that didn't show up til he was an adult; the first attack almost killed him, the 2nd attack, recently, (a couple decades after the first) he just got the ACA, had the attack, they did what needed to be done, which was to laser the part in the heart that was causing the problem, and now he'll have a normal life span without having to worry about possibly dying from that condition! After his first attack, his insurance dropped him immediately, and no other insurance would cover him; about time Americans now have a way of getting treated and being able to work and contribute to society!

20—March 31 at 4:30pm

View more replies

Forrest Erickson: My company has 6 part time employees. Prior to Obama care and when we were 5 employees, the cost for health insurance for us as part time meant that two of us had to remain on our spouses coverage and one went uninsured as the cost was nearly twice what it would be if we were full time. My employees would have been working for insurance and had no take home pay at that rate. Now that employee has coverage on the individual market and so we are all covered one way or another. I will be watching for 2015 to see if it makes sense for us to do the coverage through the exchange with a cafeteria plan so that everyone can get a plan optimum for them. Yeaaa Obamacare! Yes I and my small company are better off.

100—March 28 at 6:03pm—Edited

Michael Jennings: Wonder why Fox has not reported your story?

25—March 29 at 8:13pm

Forrest Erickson: I have gotten some letters to the editor published locally prior to this year. Thanks for reading and caring enough to leave the comment.

24—March 29 at 9:52pm

View more replies

Alisha Clark: When you spend all your time telling me what you are against, rather than what you are FOR, that tells me more about you than your ideology.

100—March 26 at 5:45am

Jodelle Bumatay: But what does it tell us about Ted Cruz when he spent all of time one a Congressional mike reading Doctor Seus? LOL

1—12 hours ago

Samuel Shropshire: Yes. My wonderful daughter who is disabled can now come back to America because her "pre-existing" condition is now covered!

95—March 24 at 9:23pm

Liz Huls: Beautiful!!

5—March 31 at 6:40pm

Jeffrey Albuna: Doesn't it make you shake your head at just how much of a heartless person these R can be?

6—Yesterday at 12:00am

Carl Birk: I suffer from Hemochromatosis, diabetes and two minor strokes. I could never get insurance due to pre conditions. This year my insurance coverage increased while my insurance cost was lower by 20%. Stop trying to fight this law. It is in the best interest of the American people. Set aside your beliefs and hatred for the commander in chief and help people better their lives.

95—March 24 at 8:20pm

Erma Couey: my daughter has diabetes and was not able to get insurance until the ACA now she payes 500.00 a month with real good insurance that is for husband and herself

40—March 25 at 4:48am

Candace Marley: the hatred will stay in the way for most of the pubs. most of them won't even take the time to apply for coverage with the ACA to see what they would get through it.

18—March 25 at 12:47pm

View more replies

Christopher Hausen: I am part of a self-insured group, by virtue of my membership in a Building Trades Union. As of this moment, my hourly contribution hasn't changed, my monthly premium cost hasn't changed, my co-pay, & deductible amounts haven't changed, my "choice" of in-network providers hasn't changed, and my coverage has improved. I would have to answer the Senator with a resounding "Yes!". More importantly, by any metric, more American citizens have access to health care than prior to 2008. Not only has the PPACA Improved my health care service, it has Improved health care accessibility for the Country, as well.

100—March 24 at 2:33pm

James Rowland: Same here. We are looking at a possible small increase next year but our contributions haven't gone up since 2011 and even that was only a small increase.

1—3 hrs

Patty Kennedy: Most definitely YES! America is the only Western Industrialized country without nationalized healthcare for all. America is the only industrialized country that allows corporations to earn a profit on the suffering and dying of it's people. Which is why until the ACA passed we were paying DOUBLE what Canadians pay for their better rated Healthcare system that covers everyone. Our "for profit" healthcare system was chewing up an incredible 17.6% of our entire GDP when Obama took office.

It is not "free enterprise" when a group of corporations set an artificially high price for something everyone needs, it is an Oligopoly; something Adam Smith warned against in "The Wealth of Nations" as always being bad for the consumer.

The insurance exchanges of the ACA mark the first time in American history the Health Insurance Oligopoly has ever competed one with another for business in a genuine Free Market.

99—March 24 at 12:00pm

Ellen Hunt: I'd like to add that we didn't try to force our jackedup system on the countries we invaded—even Iraqis have nationalized health care. Nobody's stupid enough to try to adopt our atrociously horrible health care insurance system.

32—March 30 at 6:28am

Deb Lindstrom: Good point. We support Israel by sending them the equivalent of about \$8.5 Million Dollars per DAY. They have nationalized health care for all citizens, and just this past February created a new law (the most liberal on the planet) that allows their female citizens to get on demand abortions, fully paid for by the Israeli government So now, Republicans, how do you like knowing that your tax dollars are going to subsidize both health care coverage and free abortions in the nation of Israel?

36—March 30 at 2:03pm

View more replies

Eric Koenig: Yes: my Blue Cross/Blue Shield insurance lapsed in the Fall of 1985 because I was late in paying a quarterly premium and, as I have epilepsy, they were all too happy to cite "pre-existing conditions" as grounds for refusing to re-enroll me. The Affordable Care Act enabled me, in early 2010, to once again acquire Blue Cross/Blue Shield insurance and it has been of great benefit to me. Without the Affordable Care Act, I'd still be subsisting on County health care, meaning at taxpayer expense. Which do you think sounds better?

91—March 25 at 9:36pm

Sandie Cohen: Yes . . . much better off. Go ACA. Now we have coverage. !!

93—March 24 at 3:42pm

Pamela John: FANTASTIC!

29—March 24 at 4:51pm

Elvira Ramirez: Obamacare is working and yes we are better off today than then!

94—March 24 at 3:02pm

Deb Lindstrom: Economies in most all red states suck. Take it from me. I grew up and lived for three decades in a blue state where the quality of life was excellent. Then my post-graduate career took me first to one red state, then to two more. In all cases, the quality of life stunk, the wages for almost all people were much lower, the public schools systems far more inferior, everybody hated unions but didn't know why (unions help the common citizen enjoy the fruits of capitalism—which means the ability to acquire more capital just like corporations do), and to top it off . . . I had never heard of state sales taxes on food and clothing. Worse still, it is fact that the blue states give some of their state income tax revenue to the federal government who redistributes it to the red states to help prop them up. So there you have it. It is not the Democrats who are the welfare freeloaders . . .

45—March 30 at 1:57pm

Lorie DeBehnke: Yes I am better off. I was injured by a drunk driver while crossing the street. That injury gave me a pre existing condition. After I was laid off of my last corporate job I lost any coverage I had. Because of that pre existing condition I was quoted between 1000-1500 a month for coverage just for myself. More than my rent and utilities.

Thanks to Obamacare I now have insurance for the first time in 7 years . . .

Thanks obamacare.

21—March 31 at 10:09am—Edited

Dorothy Sasscer: I'm not impacted by this but so many of my friends are AND IT'S BEEN A MIRACLE FOR THEM! They have healthcare now—affordable healthcare—with better coverage. And they don't have to worry about GETTING healthcare because of a pre-existing condition!

ACA IS WORKING FOR WORKING AMERICANS!

92—March 24 at 1:56pm

Boutwell: YES! We were going t lose our insurance because my late spouse had MS, thanks to Obamacare they could not drop us, made his last months better knowing we couldkeep our home and not be totally broken by medical bills. Thank God every day for Obamacare. It made me a democrat

93—March 24 at 11:33am
LN Winchester: PETITION TO REPUBLICANS TO ALLOW MEDICAID EXPANSIONS! CLICK ON LINK: https://www.facebook.com/dailykos?v=app_335652843138116 . . .
22—March 30 at 7:20pm—Edited

View more replies
Kent Hill: . . . Yes, and with the obstructive anti-American stances of most republicans in congress, I will find it hard to vote with anyone with an (R) behind their name.
85—March 27 at 7:51pm

Mr. KELLY of Pennsylvania. Mr. Speaker, at this time, I would like to enter into the RECORD two letters—one from the Chamber of Commerce of the United States of America, which is in strong support of H.R. 2575, and then another letter from the National Federation of Independent Business—and I yield 3 minutes to the gentleman from Washington (Mr. REICHERT), my good friend and a member of the Committee on Ways and Means.

CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA, Washington, DC, April 2, 2014.

TO THE MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES: The U.S. Chamber of Commerce, the world's largest business federation representing the interests of more than three million businesses of all sizes, sectors, and regions, as well as state and local chambers and industry associations, and dedicated to promoting, protecting, and defending America's free enterprise system, strongly supports H.R. 2575, the "Save American Workers Act of 2014," which would redefine a "full-time employee" for purposes of the employer mandate provision in the Patient Protection and Affordable Care Act (PPACA) to reflect the traditional 40-hour work week constituting full-time employment. This bill would be a critical step in helping protect employees and employers against what would amount to a significant redefinition of workforce status.

Under the employer mandate provision of the PPACA, businesses with 50 or more full-time equivalent employees (FTEs) are required to provide affordable, minimum value, health care coverage to all full-time employees as well as coverage to their dependents, or potentially pay significant penalties. For the first time in history, the PPACA defines a full-time employee as an individual working 30 hours per week or more averaged over the course of a month. In an attempt to mitigate the anticipated high costs of providing coverage to all employees now considered full time, businesses are restructuring their workforces. Despite the one-year delay of the employer mandate, a recent report by the Chamber and the International Franchise Association confirmed that businesses are already experiencing increased costs causing them to reduce employee hours, limit full-time jobs, and drop health coverage. While the Chamber welcomes and appreciates the administration's "transition relief" announced in February, it fails to adequately mitigate the harmful impacts of the PPACA's 30 hour workweek definition.

Returning to the widely-accepted 40-hour definition of a full-time employee would allow businesses to focus on generating jobs, rather than making them choose between reducing growth and unfortunate personnel changes or going bankrupt from employer mandate penalties. By reverting back to the traditional definition, employees and employers would both be protected. Particularly during this time when our economic recovery remains fragile, it is crucial we provide an atmosphere where employers can focus on strengthening their businesses, employing workers in traditional full-time positions, and revitalizing the economy.

The Chamber continues to champion health care reform that builds on and reinforces the employer-sponsored system while improving access to affordable, quality coverage. The Chamber urges you and your colleagues to support H.R. 2575, and may consider including votes on, or in relation to,

this bill in our annual How They Voted scorecard.

Sincerely,

R. BRUCE JOSTEN, Executive Vice President, Government Affairs.

NATIONAL FEDERATION OF INDEPENDENT BUSINESS, Washington, DC, April 3, 2014.

DEAR REPRESENTATIVE: On behalf of the National Federation of Independent Business (NFIB), the nation's leading small business advocacy organization, I am writing in support of H.R. 2575, the Save American Workers Act of 2013. H.R. 2575 will be considered an NFIB Key Vote for the 113th Congress.

This legislation would replace the new 30-hour per week full-time or full-time equivalent (FTE) employee definition in the Patient Protection and Affordable Care Act (PPACA) with a 40-hour per week definition. PPACA defines full-time employee for the purpose of the employer mandate as an employee who works an average of 30-hours per week (130-hours per month). The employer mandate is a requirement that businesses with 100 or more full-time or FTE employees offer qualified, "affordable" health insurance to 70 percent of full-time employees or pay costly penalties beginning in 2015. In 2016, businesses with 50 or more full-time or FTE employees must offer qualified, "affordable" health insurance to full-time employees and their dependents or pay costly penalties.

Last year, NFIB testified before the House Committee on Small Business that the new definition is "one of the most dangerous parts in the law." PPACA marks the first time that "full-time" is expressly defined in law. Prior to PPACA's enactment, the determination was left up to the employer. Similarly, the Fair Labor Standards Act has long dictated that overtime pay starts after 40-hours per week. Thus, employers and employees have long understood "full-time" to be equivalent to 40-hours per week.

The 30-hour full-time definition is already resulting in less opportunities, fewer hours and lower incomes for employees. Small businesses are already being forced to shrink their workforce below and restricting workforce growth above the 50 employee threshold in preparation for the costly mandate.

H.R. 2575 would provide some immediate relief for small-business owners and employees. According to the Congressional Budget Office (CBO), H.R. 2575 would reduce taxes on employers by \$63.4 billion over the next ten years. For employees, the bill would prevent decreases in take home pay.

NFIB supports H.R. 2575 and will consider it an NFIB Key Vote for the 113th Congress. We look forward to working with you to protect small business as the 113th Congress moves forward.

Sincerely,

DAN DANNER, President and CEO, NFIB.

□ 1415

Mr. REICHERT. I thank the gentleman for yielding.

Mr. Speaker, there are a few things going on here.

One, you have American families working hard every day to juggle their lives to provide for their children and their families. They are trying to make ends meet and put food on the table and clothes on their backs. What happens is this ObamaCare 30-hour rule could seriously jeopardize all of those efforts, 30 hours instead of 40 hours.

Secondly, under ObamaCare, employers are already cutting workers' hours

just to avoid the employer mandate, so there is another burden that is placed on our employees and our employers.

Third, the law is changing the standard definition of a full-time employee to someone who works 30 or more hours rather than 40 or more hours. Workers are taking home less pay each month as a result of that. Instead of having 38 hours of pay, they might have only 15 or 28 hours of pay, or maybe they just lose their jobs, Mr. Speaker.

Much of that impacted workforce would be restaurants, retailers, and hospitality businesses. Eighty-nine percent of those who would be impacted do not have college degrees. Talk about helping those that need help. ObamaCare's reduction from 40 hours to 30 hours doesn't help those people.

People that don't have college degrees are going to be hurt the worst. Over 50 percent do not even have high school diplomas. If they lose their job, there may not be somewhere else for them to turn.

The Save American Workers Act would prevent this from happening. It would save jobs, and it would provide relief for everyday Americans from the enormous tax burden of ObamaCare, repealing \$63.4 billion of tax increases.

I know this is right for my constituents in Washington State, and I urge my colleagues to support this legislation today.

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

Mr. KELLY of Pennsylvania. Mr. Speaker, I will include letters from the Employers for Flexibility in Health Care Coalition and the NRF. We have a lot of these letters. I think I will read more of them as we go on.

I am fascinated by the results of Senator CRUZ's request online to hear from people. We will see if we can get some other accurate numbers.

At this time, I yield 2 minutes to the gentleman from New York (Mr. REED), my good friend and another member of the Ways and Means Committee.

EMPLOYERS FOR FLEXIBILITY IN HEALTH CARE COALITION, February 4, 2014.

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

Hon. SANDER LEVIN, Ranking Member, Committee on Ways and Means, House of Representatives, Washington, DC.

DEAR CHAIRMAN CAMP AND RANKING MEMBER LEVIN. The Employers for Flexibility in Health Care (E-FLEX) is a coalition of leading trade associations and businesses in the retail, restaurant, hospitality, supermarket, construction, temporary staffing, agriculture, and other service-related industries, as well as employer-sponsored health plans insuring millions of American workers. The E-FLEX Coalition represents employers who create millions of jobs each year, employ a significant workforce in the U.S., offer flexible working environments for employees, and are a leading contributor to the nation's economic job recovery.

The common thread among Coalition members is that our workforces are of a variable nature, and not traditional 9-5

workforces. Maintaining the ability to offer affordable coverage options to our unique workforces under the new requirements of the law is of special concern to us. The Affordable Care Act's (ACA) definition of full-time employee is of particular importance to the E-FLEX Coalition because of our industries' unique reliance on large numbers of part-time, temporary, and seasonal workers with fluctuating and unpredictable work hours, as well as unpredictable lengths of service.

While transition relief for 2014 and flexibility in the proposed rules are greatly appreciated, the E-FLEX Coalition and many in the employer community remain concerned that the ACA employer requirements are fundamentally unworkable and require legislative changes, especially the 30 hours per week definition of full-time employee status. It is critically important to change the law's definition of full-time as 30 hours of service to a definition more in line with employment practices. The law's definition of full-time as 30 hours of service per week does not reflect employers' workforce needs or employees' desire for flexible hours. A change is needed to avoid disruptions in the workforce and maintain flexible work options for employees.

Better aligning the ACA's definition of full-time employee status with current employment practices would help avoid unnecessary disruptions to employees' wages and hours, and would provide critical relief to employers. Increasing the ACA's rigid 30-hour per week definition for full-time status would:

Make it easier for employers to provide more hours to all employees, thereby increasing their take-home pay;

Help employers offer more generous health coverage to full-time employees without making employers' share of premiums cost prohibitive;

Help ensure that lower-income employees have access to more affordable coverage options.

Using a definition of full-time that better reflects current employment practices would not cause employees to lose coverage. In fact, setting the definition of full-time employee status at a higher level would help eliminate a coverage gap for lower income employees in some states and make it easier for employees to increase their income by requesting work schedules according to their particular needs.

Although sharp differences in opinion about the ACA remain, well-intentioned people on both sides of the debate can agree that using a higher threshold for defining full-time would be better for American workers and businesses than the ACA's lower full-time definition. Committee consideration of H.R. 2575—Save American Workers Act of 2013—is a first step in the process of realigning this threshold.

The E-FLEX Coalition looks forward to continuing to work with the Committee and your colleagues in Congress on a bipartisan basis to strengthen and preserve employer-sponsored coverage.

Sincerely,

EMPLOYERS FOR FLEXIBILITY IN HEALTH CARE (E-FLEX) COALITION.

NATIONAL RETAIL FEDERATION,
Washington, DC, April 2, 2014.

Hon. JOHN BOEHNER,
Speaker, House of Representatives, Washington, DC.

Hon. NANCY PELOSI,
Democratic Leader, House of Representatives, Washington, DC.

DEAR SPEAKER BOEHNER AND DEMOCRATIC LEADER PELOSI: I write to share the strong support of the National Retail Federation

(NRF) for H.R. 2575, the Save American Workers Act. Please note that NRF will consider votes on H.R. 2575 and related procedural motions as Key Retail Votes for our annual voting scorecard.

NRF is the world's largest retail trade association, representing discount and department stores, home goods and specialty stores, Main Street merchants, grocers, wholesalers, chain restaurants and Internet retailers from the United States and more than 45 countries. Retail is the nation's largest private sector employer, supporting one in four U.S. jobs—42 million working Americans. Contributing \$2.5 trillion to annual GDP, retail is a daily barometer for the nation's economy. NRF's This is Retail campaign highlights the industry's opportunities for life-long careers, how retailers strengthen communities, and the critical role that retail plays in driving innovation. www.nrf.com

NRF greatly appreciates the bipartisan support for changes to the Affordable Care Act's definition of full-time work for benefit eligibility. It is, after all, a common sense approach: if asked, most Americans would identify full-time work to be 40 hours per week. Most employers have also long assumed the full-time mark to be 40 hours, consistent with federal overtime rules. In an effort to attract desired employees, many employers have set eligibility for benefits at lower points, but still higher than the ACA's arbitrary 30-hour definition.

The 30-hour definition will force retailers to manage to a new standard: whether or not an employee is above or below the 30-hour level on average. For part-time employees—who will now likely work 30 or fewer hours per week—it will mean lost income. The 40-hour full-time definition proposed in H.R. 2575 will return flexibility to employers to set benefit eligibility at lower levels. We strongly support this necessary and common sense change.

By any measure, the ACA is bringing profound changes to the labor market—both positive and negative. We hope to continue to work with you to help mitigate the negative effects on the retail industry and retail employees. NRF strongly urges you to vote in favor of H.R. 2575.

Sincerely,

DAVID FRENCH,
Senior Vice President,
Government Relations.

Mr. REED. Mr. Speaker, I rise today to urge support for the bill, the Save American Workers Act, introduced by my good friend, Mr. YOUNG of Indiana.

Mr. Speaker, this is a fundamental question about what is fair, what is fair for the American worker.

We have had a long history in America of protecting the 40-hour workweek. This mandate—this requirement under the Affordable Care Act to go to 30 hours as the definition of full-time work is going to hurt. It is not fair to the American worker.

I would just offer comments that I just received from a constituent in the 23rd Congressional District, which I have the honor to represent.

Carol Tyler, the owner of Hager's Flowers and Gifts in Gowanda, New York, writes:

As a business owner, I encourage you to vote in favor of legislation that better reflects my business' workforce needs while maintaining wages and flexible health benefits options for my employees.

The ACA's definition of full-time employee status must align with a standard that bet-

ter reflects current employment practices within our industry. Increasing the ACA's 30-hour per week definition would make it easier for employers to provide additional hours to all employees.

That means more money in hard-working taxpayers' pockets across America.

I urge my colleagues to join with Ms. Tyler's plea to support this legislation, to stand with the American worker, and protect the 40-hour workweek, which means more money in American workers' pockets as they go forward.

I have to say, Mr. Speaker, there is a contrast between our side and the other side. When I hear the other side argue that what this will allow people to do is to not have to work, what I hear is they are not championing the concept of work.

I believe in the American work ethic, Mr. Speaker. I believe in the strong work ethic that allows people to work a 40-hour workweek has made this Nation strong for generations.

I ask my colleagues on the other side of the aisle to please stand with us to protect that which has made America great, and this is the 40-hour workweek in the American workplace and environment.

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

Mr. KELLY of Pennsylvania. Mr. Speaker, I also have a letter from the Small Business Coalition for Affordable Healthcare. There are 43 members signed onto this one.

I reserve the balance of my time.

SMALL BUSINESS COALITION FOR AFFORDABLE HEALTHCARE,
April 2, 2014.

Hon. JOHN BOEHNER,
Speaker, House of Representatives,
Washington, DC.

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

DEAR SPEAKER BOEHNER AND MINORITY LEADER PELOSI, Representing the country's largest, oldest and most respected small business associations, which have spent more than a decade working to improve access to and affordability of private health insurance, the Small Business Coalition for Affordable Healthcare (the Coalition) is writing in support of H.R. 2575, Save American Workers Act of 2013. This legislation would repeal the Patient Protection and Affordable Care Act's (PPACA) 30-hour per week full-time employee definition and replace it with a 40-hour per week full-time employee definition.

Beginning in 2015, PPACA requires businesses with 100 or more full-time equivalent (FTE) employees to offer affordable health insurance to full-time employees or potentially pay significant penalties. Businesses with 50 or more FTEs must offer affordable health insurance to full-time employees and their dependents or potentially pay penalties beginning in 2016. PPACA defines a full-time employee as an employee who averages 30-hours of service per week, or 130-hours of service per month. PPACA's definition of full-time is counter to the traditional 40-hours of service threshold that most American businesses use to define full-time for benefits and other purposes. Implementing this new definition will require most businesses to change both their policies and their practices.

Despite the one year delay of the employer mandate requirement for 2014 and more recent transition relief for midsize businesses in 2015, employers have been preparing to closely track employee hours and make these complicated administrative calculations this year, as business size calculations are based on an employer's workforce during the preceding calendar year. Without H.R. 2575, employers will face higher employer mandate penalty taxes, and employees will see reduced hours and take home pay.

The Coalition urges all Members of the U.S. House of Representatives to support H.R. 2575.

Sincerely,

Aeronautical Repair Station Association; American Apparel & Footwear Association; American Bakers Association; American Farm Bureau Federation; American Foundry Society; American Hotel & Lodging Association; American Staffing Association; American Supply Association; Asian American Hotel Owners Association; Associated Builders and Contractors, Inc.; Associated Equipment Distributors; Associated General Contractors; Association for Manufacturing Technology; Automotive Aftermarket Industry Association; International Housewares Association; Metals Service Center Institute; National Association of Convenience Stores; National Association of Home Builders; National Association of RV Parks and Campgrounds; National Association of Theatre Owners; National Association of Wholesaler-Distributors; National Club Association.

National Federation of Independent Business; National Restaurant Association; National Retail Federation; National Roofing Contractors Association; National Small Business Association; National Systems Contractors Association; National Tooling and Machining Association; North American Die Casting Association; North American Equipment Dealers Association; Precision Machined Products Association; Precision Metalforming Association; Professional Golfers Association of America; Service Station Dealers of America and Allied Trades; Small Business and Entrepreneurship Council; Small Business Council of America; Society of American Florists; Specialty Equipment Market Association; Textile Rental Services Association; Tire Industry Association; U.S. Chamber of Commerce; WMDA Service Station and Automotive Repair Association.

Mr. McDERMOTT. Mr. Speaker, can you tell us how much time remains?

The SPEAKER pro tempore. The gentleman from Washington has 7 minutes remaining, and the gentleman from Pennsylvania has 7 minutes remaining.

Mr. McDERMOTT. Is the gentleman ready to close?

Mr. KELLY of Pennsylvania. We are prepared to close.

Mr. McDERMOTT. Mr. Speaker, I yield 2 minutes to the gentleman from Massachusetts (Mr. CAPUANO).

Mr. CAPUANO. I thank the gentleman for yielding.

Mr. Speaker, I was sitting back in my office trying to get some desk work done and watching this debate. I had no intention of speaking, but I have just heard these arguments so many times, and they are tiring, to be perfectly honest.

So I did a little bit of work and came up with a couple of quotes I wanted to read.

This is relating to the Fair Labor Standards Act of 1938, which I have

heard referenced on the other side, that talked about a 44-hour workweek and minimum wage at the time.

Here are a couple of quotes.

The act will destroy small industry . . . these ideas are the product of those whose thinking is rooted in an alien philosophy and who are bent upon the destruction of our whole constitutional system and the setting up of a red-labor communist despotism upon the ruins of our Christian civilization.

That is a quote from Representative Cox of Georgia.

The Fair Labor Standards Acts constitutes a step in the direction of communism, bolshevism, fascism, and nazism.

That is a quote from the National Association of Manufacturers.

The Fair Labor Standards Act would create chaos in business never yet known to us . . . no decent American citizen can take exception to this attitude. What I do take exception to is any approach to a solution of this problem which is utterly impractical and in operation would be much more destructive than constructive to the very purposes which it is designed to serve.

That was from Representative Lamneck of Ohio.

These arguments are not new. When are you going to get tired of being behind history? When are you going to get tired of holding the American people back?

Please find an opportunity at any case—health care, housing, education, minimum wage, anything—to move us forward. We have 80 years-plus of the same arguments against the typical legislation that simply tries to move America forward and take care of our people.

It is the same old argument, the same old rhetoric. It was wrong then, and it is wrong now.

Mr. KELLY of Pennsylvania. Mr. Speaker, I continue to reserve the balance of my time.

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

It is an old political tactic to use confusion. We have watched for almost 4 years the Republican Party try to confuse the American people about the Affordable Care Act. It was the worst thing that was ever going to happen on the face of the Earth. We would have storms, hurricanes, unemployment, wars, and famines, all because of the Affordable Care Act.

Well, we are up here today with yet another attempt to confuse people about the 40-hour workweek and whether or not we are going to cause people to lose their jobs.

On page 125 of the CBO report on the budget outlook for 2004 to 2024, it says:

In CBO's judgment, there is no compelling evidence that part-time employment has increased as a result of the ACA.

Everything you have learned out here about losing jobs is not true. There is nothing in the law that says people have to shorten the workweek.

I don't know if anybody on the other side understands the free enterprise system. Businesses are run by entrepreneurs who decide what kind of prod-

uct they are going to produce. They hire people to do that. They decide the hours. They decide the pay. They decide everything.

You keep saying that ObamaCare came in and it is forcing these entrepreneurs in America to cut their employees' wages and hours. There is no such thing in the law. That is not true.

In fact, my colleague from Washington State (Mr. REICHERT) just said, Mr. Speaker, that people's hours were already being cut before ObamaCare.

It is not ObamaCare that decides how much somebody works. It is the person who runs the company. If he doesn't care about his employees and doesn't want to give them health care, that is one thing. There are people like that, but there are a lot of people who would like to give health insurance to their people, and we are trying to help them do that with the subsidies in this bill.

Let me come to one other issue, and that is this whole question of women.

I have flown back and forth across the country every week, 35 flights a year, for 25 years, and I know most of the flight attendants on United Airlines between Seattle and Washington, D.C.

I can't tell you how many of those women are working because they get health care benefits. Their husband has a job, but has no benefits, and if they don't have their job, they simply won't have health care in their family.

United Airlines has been through two bankruptcies. They have lost pay increases. They have lost their pension rights. The only thing they have left is that health care benefit, and that is what is holding the family together.

I am sort of interested to watch what happens to the older flight attendants I know, to see whether they leave flying, because they would like to. Their husband has a job, but before, he couldn't get health insurance, and now, he can under the Affordable Care Act, and they can quit working.

When the CBO talks about people working less, it is because the job lock is gone. People are not locked into their jobs because of the fact that they can't get health insurance anyplace else. It makes it available for any American.

The fact is that the cuts you are seeing—if you see employers that are going to take people down from 40 hours a week to 39 so that they can avoid giving benefits, take a look at the morals. I wonder if that person goes to church and talks about how they take care of the poor and the weak and the sick and all the rest.

No, no. You can't have it both ways. You cannot cut your people down 1 hour just to get out of giving them benefits, and that is what you are suggesting is going to go on in this country.

□ 1430

I don't think that badly of owners of businesses myself. Now, there may be some people out there looking for a

way to get around the law, but this law doesn't make anybody do anything, and this law is going to create more problems.

You hear 1 million people are going to lose their health care benefits, and that is not good. This whole idea of continuing to undermine this law by confusing the American people, and making them think it bad isn't working. 1.7 million joined.

LABOR MARKET EFFECTS OF THE AFFORDABLE CARE ACT: UPDATED ESTIMATES
OVERVIEW

The baseline economic projections developed by the Congressional Budget Office (CBO) incorporate the agency's estimates of the future effects of federal policies under current law. The agency updates those projections regularly to account for new information and analysis regarding federal fiscal policies and many other influences on the economy. In preparing economic projections for the February 2014 baseline, CBO has updated its estimates of the effects of the Affordable Care Act (ACA) on labor markets.

The ACA includes a range of provisions that will take full effect over the next several years and that will influence the supply of and demand for labor through various channels. For example, some provisions will raise effective tax rates on earnings from labor and thus will reduce the amount of labor that some workers choose to supply. In particular, the health insurance subsidies that the act provides to some people will be phased out as their income rises—creating an implicit tax on additional earnings—whereas for other people, the act imposes higher taxes on labor income directly. The ACA also will exert conflicting pressures on the quantity of labor that employers demand, primarily during the next few years.

HOW MUCH WILL THE ACA REDUCE EMPLOYMENT IN THE LONGER TERM?

The ACA's largest impact on labor markets will probably occur after 2016, once its major provisions have taken full effect and overall economic output nears its maximum sustainable level. CBO estimates that the ACA will reduce the total number of hours worked, on net, by about 1.5 percent to 2.0 percent during the period from 2017 to 2024, almost entirely because workers will choose to supply less labor—given the new taxes and other incentives they will face and the financial benefits some will receive. Because the largest declines in labor supply will probably occur among lower-wage workers, the reduction in aggregate compensation (wages, salaries, and fringe benefits) and the impact on the overall economy will be proportionally smaller than the reduction in hours worked. Specifically, CBO estimates that the ACA will cause a reduction of roughly 1 percent in aggregate labor compensation over the 2017–2024 period, compared with what it would have been otherwise. Although such effects are likely to continue after 2024 (the end of the current 10-year budget window), CBO has not estimated their magnitude or duration over a longer period.

The reduction in CBO's projections of hours worked represents a decline in the number of full-time-equivalent workers of about 2.0 million in 2017, rising to about 2.5 million in 2024. Although CBO projects that total employment (and compensation) will increase over the coming decade, that increase will be smaller than it would have been in the absence of the ACA. The decline in full-time-equivalent employment stemming from the ACA will consist of some people not being employed at all and other people working fewer hours; however, CBO has

not tried to quantify those two components of the overall effect. The estimated reduction stems almost entirely from a net decline in the amount of labor that workers choose to supply, rather than from a net drop in businesses' demand for labor, so it will appear almost entirely as a reduction in labor force participation and in hours worked relative to what would have occurred otherwise rather than as an increase in unemployment (that is, more workers seeking but not finding jobs) or underemployment (such as part-time workers who would prefer to work more hours per week).

CBO's estimate that the ACA will reduce employment reflects some of the inherent trade-offs involved in designing such legislation. Subsidies that help lower-income people purchase an expensive product like health insurance must be relatively large to encourage a significant proportion of eligible people to enroll. If those subsidies are phased out with rising income in order to limit their total costs, the phaseout effectively raises people's marginal tax rates (the tax rates applying to their last dollar of income), thus discouraging work. In addition, if the subsidies are financed at least in part by higher taxes, those taxes will further discourage work or create other economic distortions, depending on how the taxes are designed. Alternatively, if subsidies are not phased out or eliminated with rising income, then the increase in taxes required to finance the subsidies would be much larger.

CBO's estimate of the ACA's impact on labor markets is subject to substantial uncertainty, which arises in part because many of the ACA's provisions have never been implemented on such a broad scale and in part because available estimates of many key responses vary considerably. CBO seeks to provide estimates that lie in the middle of the distribution of potential outcomes, but the actual effects could differ notably from those estimates. For example, if fewer people obtain subsidized insurance coverage through exchanges than CBO expects, then the effects of the ACA on employment would be smaller than CBO estimates in this report. Alternatively, if more people obtain subsidized coverage through exchanges, then the impact on the labor market would be larger.

WHY WILL THOSE REDUCTIONS BE SMALLER IN THE SHORT TERM?

CBO estimates that the ACA will cause smaller declines in employment over the 2014–2016 period than in later years, for three reasons. First, fewer people will receive subsidies through health insurance exchanges in that period, so fewer people will face the implicit tax that results when higher earnings reduce those subsidies. Second, CBO expects the unemployment rate to remain higher than normal over the next few years, so more people will be applying for each available job—meaning that if some people seek to work less, other applicants will be readily available to fill those positions and the overall effect on employment will be muted. Third, the ACA's subsidies for health insurance will both stimulate demand for health care services and allow low-income households to redirect some of the funds that they would have spent on that care toward the purchase of other goods and services—thereby increasing overall demand. That increase in overall demand while the economy remains somewhat weak will induce some employers to hire more workers or to increase the hours of current employees during that period.

WHY DOES CBO ESTIMATE LARGER REDUCTIONS THAN IT DID IN 2010?

In 2010, CBO estimated that the ACA, on net, would reduce the amount of labor used in the economy by roughly half a percent—

primarily by reducing the amount of labor that workers choose to supply. That measure of labor use was calculated in dollar terms, representing the approximate change in aggregate labor compensation that would result. Hence, that estimate can be compared with the roughly 1 percent reduction in aggregate compensation that CBO now estimates to result from the act. There are several reasons for that difference: CBO has now incorporated into its analysis additional channels through which the ACA will affect labor supply, reviewed new research about those effects, and revised upward its estimates of the responsiveness of labor supply to changes in tax rates.

EFFECTS ON RETIREMENT DECISIONS AND DISABLED WORKERS

Changes to the health insurance market under the ACA, including provisions that prohibit insurers from denying coverage to people with preexisting conditions and those that restrict variability in premiums on the basis of age or health status, will lower the cost of health insurance plans offered to older workers outside the workplace. As a result, some will choose to retire earlier than they otherwise would—another channel through which the ACA will reduce the supply of labor.

The new insurance rules and wider availability of subsidies also could affect the employment decisions of people with disabilities, but the net impact on their labor supply is not clear. In the absence of the ACA, some workers with disabilities would leave the workforce to enroll in such programs as Disability Insurance (DI) or Supplemental Security Income (SSI) and receive subsidized health insurance. (SSI enrollees also receive Medicaid; DI enrollees become eligible for Medicare after a two-year waiting period.) Under the ACA, however, they could be eligible for subsidized health insurance offered through the exchanges, and they cannot be denied coverage or charged higher premiums because of health problems. As a result, some disabled workers who would otherwise have been out of the workforce might stay employed or seek employment. At the same time, those subsidies and new insurance rules might lead other disabled workers to leave the workforce earlier than they otherwise would. Unlike DI applicants who are ineligible for SSI, they would not have to wait two years before they received the ACA's Medicaid benefits or exchange subsidies—making it more attractive to leave the labor force and apply for DI.

POSSIBLE EFFECTS ON LABOR SUPPLY THROUGH PRODUCTIVITY

In addition to the effects discussed above, the ACA could shape the labor market or the operations of the health sector in ways that affect labor productivity. For example, to the extent that increases in insurance coverage lead to improved health among workers, labor productivity could be enhanced. In addition, the ACA could influence labor productivity indirectly by making it easier for some employees to obtain health insurance outside the workplace and thereby prompting those workers to take jobs that better match their skills, regardless of whether those jobs offered employment-based insurance.

Some employers, however, might invest less in their workers—by reducing training, for example—if the turnover of employees increased because their health insurance was no longer tied so closely to their jobs. Furthermore, productivity could be reduced if

businesses shifted toward hiring more part-time employees to avoid paying the employer penalty and if part-time workers operated less efficiently than full-time workers did. (If the dollar loss in productivity exceeded the cost of the employer penalty, however, businesses might not shift toward hiring more part-time employees.)

Whether any of those changes would have a noticeable influence on overall economic productivity, however, is not clear. Moreover, those changes are difficult to quantify and they influence labor productivity in opposing directions. As a result, their effects are not incorporated into CBO's estimates of the effects of the ACA on the labor market.

Some recent analyses also have suggested that the ACA will lead to higher productivity in the health care sector—in particular, by avoiding costs for low-value health care services—and thus to slower growth in health care costs under employment-based health plans. Slower growth in those costs would effectively increase workers' compensation, making work more attractive. Those effects could increase the supply of labor (and could increase the demand for labor in the near term, if some of the savings were not immediately passed on to workers).

Whether the ACA already has or will reduce health care costs in the private sector, however, is hard to determine. The ACA's reductions in payment rates to hospitals and other providers have slowed the growth of Medicare spending (compared with projections under prior law) and thus contributed to the slow rate of overall cost growth in health care since the law's enactment. Private health care costs (as well as national health expenditures) have grown more slowly in recent years as well, but analysts differ about the shares of that slowdown that can be attributed to the deep recession and weak recovery, to provisions of the ACA, and to other changes within the health sector. Moreover, the overall influence of the ACA on the cost of employment-based coverage is difficult to predict—in part because some provisions could either increase or decrease private-sector spending on health care and in part because many provisions have not yet been fully implemented or evaluated. Consequently, CBO has not attributed to the ACA any employment effects stemming from slower growth of premiums in the private sector.

EFFECTS OF THE ACA ON THE DEMAND FOR LABOR

The ACA also will affect employers' demand for workers, mostly over the next few years, both by increasing labor costs through the employer penalty (which will reduce labor demand) and by boosting overall demand for goods and services (which will increase labor demand).

EFFECTS OF THE EMPLOYER PENALTY ON THE DEMAND FOR LABOR

Beginning in 2015, employers of 50 or more full-time equivalent workers that do not offer health insurance (or that offer health insurance that does not meet certain criteria) will generally pay a penalty. That penalty will initially reduce employers' demand for labor and thereby tend to lower employment. Over time, CBO expects, the penalty will be borne primarily by workers in the form of reduced wages or other compensation, at which point the penalty will have little effect on labor demand but will reduce labor supply and will lower employment slightly through that channel.

Businesses face two constraints, however, in seeking to shift the costs of the penalty to workers. First, there is considerable evidence that employers refrain from cutting their employees' wages, even when unem-

ployment is high (a phenomenon sometimes referred to as sticky wages). For that reason, some employers might leave wages unchanged and instead employ a smaller workforce. That effect will probably dissipate entirely over several years for most workers because companies that face the penalty can restrain wage growth until workers have absorbed the cost of the penalty—thus gradually eliminating the negative effect on labor demand that comes from sticky wages.

A second and more durable constraint is that businesses generally cannot reduce workers' wages below the statutory minimum wage. As a result, some employers will respond to the penalty by hiring fewer people at or just above the minimum wage—an effect that would be similar to the impact of raising the minimum wage for those companies' employees. Over time, as worker productivity rises and inflation erodes the value of the minimum wage, that effect is projected to decline because wages for fewer jobs will be constrained by the minimum wage. The effect will not disappear completely over the next 10 years, however, because some wages are still projected to be constrained (that is, wages for some jobs will be at or just above the minimum wage).

Businesses also may respond to the employer penalty by seeking to reduce or limit their full-time staffing and to hire more part-time employees. Those responses might occur because the employer penalty will apply only to businesses with 50 or more full-time-equivalent employees, and employers will be charged only for each full-time employee (not counting the first 30 employees). People are generally considered full time under the ACA if they work 30 hours or more per week, on average, so employers have an incentive, for example, to shift from hiring a single 40-hour, full-time employee to hiring two, 20-hour part-time employees to avoid bearing the costs of the penalty.

Such a change might or might not, on its own, reduce the total number of hours worked. In the example just offered, the total amount of work is unaffected by the changes. Moreover, adjustments of that sort can take time and be quite costly—in particular, because of the time and costs that arise in dismissing full-time workers (which may involve the loss of workers with valuable job-specific skills); the time and costs associated with hiring new part-time workers (including the effort spent on interviewing and training); and, perhaps most important, the time and costs of changing work processes to accommodate a larger number of employees working shorter and different schedules. The extent to which people would be willing to work at more than one part-time job instead of a single full-time job is unclear as well; although hourly wages for full-time jobs might be lower than those for part-time jobs (once wages adjust to the penalty), workers also would incur additional costs associated with holding more than one job at a time.

In CBO's judgment, there is no compelling evidence that part-time employment has increased as a result of the ACA. On the one hand, there have been anecdotal reports of firms responding to the employer penalty by limiting workers' hours, and the share of workers in part-time jobs has declined relatively slowly since the end of the recent recession. On the other hand, the share of workers in part-time jobs generally declines slowly after recessions, so whether that share would have declined more quickly during the past few years in the absence of the ACA is difficult to determine. In any event, because the employer penalty will not take effect until 2015, the current lack of direct evidence may not be very informative about the ultimate effects of the ACA.

More generally, some employers have expressed doubts about whether and how the provisions of the ACA will unfold. Uncertainty in several areas—including the timing and sequence of policy changes and implementation procedures and their effects on health insurance premiums and workers' demand for health insurance—probably has encouraged some employers to delay hiring. However, those effects are difficult to quantify separately from other developments in the labor market, and possible effects on the demand for labor through such channels have not been incorporated into CBO's estimates of the ACA's impact.

EFFECTS OF CHANGES IN THE DEMAND FOR GOODS AND SERVICES ON THE DEMAND FOR LABOR

CBO estimates that, over the next few years, the various provisions of the ACA that affect federal revenues and outlays will increase demand for goods and services, on net. Most important, the expansion of Medicaid coverage and the provision of exchange subsidies (and the resulting rise in health insurance coverage) will not only stimulate greater demand for health care services but also allow lower-income households that gain subsidized coverage to increase their spending on other goods and services—thereby raising overall demand in the economy. A partial offset will come from the increased taxes and reductions in Medicare's payments to health care providers that are included in the ACA to offset the costs of the coverage expansion.

On balance, CBO estimates that the ACA will boost overall demand for goods and services over the next few years because the people who will benefit from the expansion of Medicaid and from access to the exchange subsidies are predominantly in lower-income households and thus are likely to spend a considerable fraction of their additional resources on goods and services—whereas people who will pay the higher taxes are predominantly in higher-income households and are likely to change their spending to a lesser degree. Similarly, reduced payments under Medicare to hospitals and other providers will lessen their income or profits, but those changes are likely to decrease demand by a relatively small amount.

The net increase in demand for goods and services will in turn boost demand for labor over the next few years, CBO estimates. Those effects on labor demand tend to be especially strong under conditions such as those now prevailing in the United States, where output is so far below its maximum sustainable level that the Federal Reserve has kept short-term interest rates near zero for several years and probably would not adjust those rates to offset the effects of changes in federal spending and taxes. Over time, however, those effects are expected to dissipate as overall economic output moves back toward its maximum sustainable level.

WHY SHORT-TERM EFFECTS WILL BE SMALLER THAN LONGER-TERM EFFECTS

CBO estimates that the reduction in the use of labor that is attributable to the ACA will be smaller between 2014 and 2016 than it will be between 2017 and 2024. That difference is a result of three factors in particular—two that reflect smaller negative effects on the supply of labor and one that reflects a more positive effect on the demand for labor:

The number of people who will receive exchange subsidies—and who thus will face an implicit tax from the phaseout of those subsidies that discourages them from working—will be smaller initially than it will be in later years. The number of enrollees (workers and their dependents) purchasing their own coverage through the exchanges is projected to rise from about 6 million in 2014 to

about 25 million in 2017 and later years, and most of those enrollees will receive subsidies. Although the number of people who will be eligible for exchange subsidies is similar from year to year, workers who are eligible but do not enroll may either be unaware of their eligibility or be unaffected by it and thus are unlikely to change their supply of labor in response to the availability of those subsidies.

CBO anticipates that the unemployment rate will remain high for the next few years. If changes in incentives lead some workers to reduce the amount of hours they want to work or to leave the labor force altogether, many unemployed workers will be available to take those jobs—so the effect on overall employment of reductions in labor supply will be greatly dampened.

The expanded federal subsidies for health insurance will stimulate demand for goods and services, and that effect will mostly occur over the next few years. That increase in demand will induce some employers to hire more workers or to increase their employees' hours during that period.

CBO anticipates that output will return nearly to its maximum sustainable level in 2017 (see Chapter 2). Once that occurs, the net decline in the amount of labor that workers choose to supply because of the ACA will be fully reflected in a decline in total employment and hours worked relative to what would otherwise occur.

DIFFERENCES FROM CBO'S PREVIOUS ESTIMATES OF THE ACA'S EFFECTS ON LABOR MARKETS

CBO's estimate that the ACA will reduce aggregate labor compensation in the economy by about 1 percent over the 2017-2024 period—compared with what would have occurred in the absence of the act—is substantially larger than the estimate the agency issued in August 2010. At that time, CBO estimated that, once it was fully implemented, the ACA would reduce the use of labor by about one-half of a percent. That measure of labor use was calculated in dollar terms, representing the change in aggregate labor compensation that would result. Thus it can be compared with the reduction in aggregate compensation that CBO now estimates to result from the act (rather than with the projected decline in the number of hours worked).

The increase in that estimate primarily reflects three factors:

The revised estimate is based on a more detailed analysis of the ACA that incorporates additional channels through which that law will affect labor supply. In particular, CBO's 2010 estimate did not include an effect on labor supply from the employer penalty and the resulting reduction in wages (as the costs of that penalty are passed on to workers), and it did not include an effect from encouraging part-year workers to delay returning to work in order to retain their insurance subsidies.

CBO has analyzed the findings of several studies published since 2010 concerning the impact of provisions of the ACA (or similar policy initiatives) on labor markets. In particular, studies of past expansions or contractions in Medicaid eligibility for childless adults have pointed to a larger effect on labor supply than CBO had estimated previously.

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

Mr. KELLY of Pennsylvania. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, we have had an interesting conversation today. We have talked about the 40-hour workweek and what was established back in the 1930s

under the New Deal, how it switched then under ObamaCare to a bad deal. Thirty hours is considered now full-time employment.

Now we talk about Mr. YOUNG's bill, H.R. 2575, that will be a good deal for American workers; actually gives them back those 25 percent of the hours that they were going to lose each week.

Now, we can play ring around the rosy with this and talk about who doesn't like whom and how these terrible, terrible businessowners don't go to church, they don't have a heart, they don't seem to worship anywhere, but they want to make sure that they take advantage of their very associates with whom they have a close relationship.

I can just tell you, after being in business my entire life—I am the son of a parts picker from a General Motors warehouse, a guy who worked his fingers to the bone to have something. I have got to tell you, it is really important, though, sometimes to step out of this room and go out into the marketplace and sit down with people who actually sit across the desk from somebody and hire them. There is no greater thrill for an employer than to be able to tell somebody: You know what? We are going to bring you on our team. You are going to be able to work with us. You are going to have wages that can support your family, plan for the future, do things that you never thought you were going to do, and you can do that because of a job.

Then, suddenly, because the numbers just weren't working for ObamaCare—and as the President says all too often, it is just the arithmetic—we are going to do something that makes it work for us, not for you, but for us. We are going to make full-time employment 30 hours. We are going to take 25 percent of your workweek away from you, and we are going to say it is 30 hours now. And now we say to these people who have a great association and a great relationship with the people they work with every day, because the success of the business is also the success of the employee, we are dividing these people and making them enemies in the marketplace. You don't need to do that.

But only in this great House and only in this great town and only in the place that is so out of touch with everyday America can we stand up and make these statements and think that they stick.

2.6 million people are affected by this in a very negative, negative way. They are going to lose jobs and they are going to lose hours. It is not the fault of the employer because he is trying to make his model work. It is the fault of the government who works at such great deficits that people can't even begin to understand what it is.

My little 9-year-old grandson says to me all the time when he looks at these things: Grandpa, it just doesn't make sense. A child can get it, but we can't get it. And in a time when we need to be more united than ever as a country,

as we make our way back through a very tough time, we need to stand together on these things.

What I have heard since I got here is: You guys just don't like this Affordable Care Act. Help us make it work.

So we said: Why don't we give people full-time employment, 40 hours again?

That is not the kind of help we want. That doesn't fit our narrative. Don't you get it?

So we stand here today and we have this debate. I told you how the New Deal got replaced by the bad deal, and I also told you how this bad deal is going to get replaced by a good deal by Mr. YOUNG. H.R. 2575, that is going to help America get back to work.

Honestly, if that is not why we are here today, if that is not what our main purpose is, why are we here? What are we doing? Why do we continue to spin this so much?

Hardly any American can walk straight anymore because they get spun every day by a message from Washington. We continue to do it, and we continue to thump our chest and say we did good, we did really good.

The lowest labor rate participation in 35 years in a country that has been so blessed by our Creator that the rest of the world looks at us and says: What in the world are you doing? What is holding you back? You have every asset you could possibly want. You have great workers. You have great energy sources.

We have sources of energy that would last for several decades, several centuries. Great, great abundance and affordable and accessible energy, but we hold back on it. We have assets that make sense to everybody in the world but us. We have one-fifth of the world's freshwater sitting right in our Great Lakes, and our production per acre exceeds anybody's wildest dreams. We can have energy independence. We can feed ourselves, and we have drinking water. Everybody else in the world wants to have it.

Let me just ask the gentleman and the rest of the Congress—listen, there are 435 of us—if it is really about getting people back to work, let's do things that make sense. Let's not beat around the bush about some type of an ideological debate over what we are trying to do to each other.

Forty hours a week was always considered full-time employment. It is just that simple. It is not hard to figure out.

I can tell you, as an employer, having to let somebody go is the worst feeling you can ever have, and I do go to Mass every day, and I do pray about it every night, and I do pray about the future of this country. To suggest that anybody, any of the great employers we have and the job creators we have around this country are all somehow godless, heartless people who don't have feelings is absolutely absurd.

And it is what continues to make it hard to come to this House every day and say: You know what? We are going

to fix this for America. We are going to get America back to work. We are going to do the right thing every day, in every way.

No, that just doesn't fly here.

Well, we could go on with this for hours, Mr. Speaker. But I would just tell you this. Returning America to a 40-hour workweek just makes sense. This is not a hard thing to figure out. If a 9-year-old child can understand it, why can't the Congress of the United States? If we are truly going to turn this economy around, if we are truly going to get people back to work again, let's make sure that we renew that great sense of dependency that we have on each other, not divide ourselves between those who don't like you and those who do like you.

By the way, Senator CRUZ's poll, I know that the gentleman referred to several replies that had gone to that poll. There were 57,444 people that actually answered that poll, so I am sure there was probably some good stuff on there, too.

But that is not my point. My point is we have an opportunity here in this House like no other place in the world. When something is wrong, we can fix it.

I have heard from the time I came here the problem with a lot of these laws that are passed are the unintended consequences. Well, let me tell you there may be unintended consequences, but there are not uninsured people. There are not people out there that are not feeling the pain. There is a lot of pain out there right now. So the unintended consequences have certainly not been unpainful.

You know the other thing? They are also not unfixable. Do you know we can fix this today? Do you know we can fix this and send it over to the Senate? Do you know we can make people go back to work, make their futures look brighter? Do you know we can do that in this House of Representatives?

So forget about whether you are wearing a blue tie or a red tie. Forget about whether you have an R on your back or a D on your back, and start thinking about who you really represent, because each of us in our districts represent not just Republicans, not just Democrats, but every single American.

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

The SPEAKER pro tempore. Pursuant to House Resolution 530, the previous question is ordered on the bill, as amended.

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

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

MOTION TO RECOMMIT

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

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

Mr. TAKANO. I am opposed in its current form.

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

The Clerk read as follows:

Mr. Takano moves to recommit the bill, H.R. 2575, to the Committee on Ways and Means with instructions to report the same back to the House forthwith with the following amendment:

At the end of the bill add the following:

SEC. 3. ADDITIONAL CONDITIONS.

(a) IN GENERAL.—The amendments made by section 2 shall not take effect if it results in any of the following:

(1) PROHIBITION ON LOSS OF WORK HOURS OR WAGES.—A reduction in hours worked, and subsequent loss of wages, in order to skirt requirements to help pay for employee health care costs.

(2) ENSURING FISCAL RESPONSIBILITY AND A LOWER DEFICIT.—Any increase in the Federal deficit.

(b) PROTECTING HEALTH INSURANCE FOR VETERANS AND WOUNDED WARRIORS.—The amendments made by section 2 shall not apply to veterans or their families.

(c) BEING A WOMAN MUST NOT BE A PRE-EXISTING CONDITION.—Nothing in this Act shall be construed to authorize an employer to—

- (1) eliminate, weaken, or reduce health coverage benefits for current employees;
- (2) increase premiums or out-of-pocket costs;
- (3) deny coverage based on pre-existing conditions; or
- (4) discriminate against women in health insurance coverage, including by—

(A) charging women more for their health care than men;

(B) limiting coverage for pregnancy and post-natal care; or

(C) restricting coverage of preventive health services, such as mammograms and contraception.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California is recognized for 5 minutes in support of his motion.

Mr. TAKANO. Mr. Speaker, the Republicans need to get with the program. It is over. Their sorry attempts to dismantle the Affordable Care Act must come to an end. My Republican colleagues have become so desperate to repeal the Affordable Care Act that they are willing to pass legislation that would increase the deficit by \$74 billion.

I am not sure if they are aware, but this is a bill that violates their own budget rules and what they claim to be the foundation of their political philosophy. But it is okay. I realize they may be caught up in their obsession to repeal the ACA. I am here to help my friends on the other side of the aisle.

My final amendment prohibits their bill from taking effect if it results in an increase in the deficit or if employers begin to reduce hours or wages for workers. My final amendment would also protect veterans from the harmful impact of this legislation, and would prohibit employers from raising premiums or denying coverage to women.

No longer is being a woman a pre-existing condition. Before the Affordable Care Act, women paid 48 percent more for health insurance than men. Those days are over and done with. We should not go back to them.

Earlier this week, it was announced that more than 7 million Americans

have signed up for private health coverage. That is in addition to the 3 million who are able to stay on their parents' plans until they are age 26 and the millions more who are receiving Medicaid for the first time.

But according to the nonpartisan Congressional Budget Office, the bill before us today would cause 1 million workers to lose their employer-sponsored health coverage. A great number of Americans finally have access to affordable coverage. Now is not the time to take a step back. Here is proof. A resident in my district named Karrie Brooks wrote to me, saying:

The individual coverage that I could afford as a healthy 54-year-old woman has been \$418 a month, with a \$5,000 deductible. Yes, this would keep me from going under in an emergency, but I avoided going to the doctor, mostly for the fear that if I used the insurance my policy might be canceled. I found myself skipping annual physicals and mammograms, labs, et cetera, because of the \$1,200 tab. I was on a continual quest for something better and more secure.

She goes on to say:

Recently, Anthem let me know that I would have to change to a compliant plan. The plan they suggested to me is similar to what I had, but it will cost me \$53 less a month. Yes, less. Most important, I know I cannot be canceled.

I might mention that the annual physical exams, mammograms and other preventative services that Ms. Brooks once avoided are now provided at no cost to patients under all health plans.

The Affordable Care Act is a law that millions of Americans like Ms. Brooks have embraced and benefited from. Why would anyone want to take that away? Do we really want to go back to the days when insurance companies had free rein to do as they pleased? Do we really want to go back to the days when one illness or one accident could completely bankrupt your family? Do we really want to go back to the days when premiums skyrocketed year after year with no end in sight?

My Republican friends, this addiction to repealing the ACA is not doing anyone any good. We need an intervention here. This is a safe place. Stop standing on the wrong side of history. Let's move on. Let's accept that the Affordable Care Act is the law of the land and get back to being a productive legislative body.

I urge my colleagues to support this motion to recommit, and I yield back the balance of my time.

□ 1445

Mr. CAMP. Mr. Speaker, I rise in opposition to the motion.

The SPEAKER pro tempore. The gentleman from Michigan is recognized for 5 minutes.

Mr. CAMP. Mr. Speaker, let me just make one thing really clear. The legislation before the House is really to address the problems of ObamaCare, which have reduced hours and reduced wages for workers in America.

If you really cared about the loss of work hours, which this motion purports to do, you vote for this bill because it is ObamaCare that is causing workers to go from 40 to 30 hours. If you really cared about the deficit—and we know what ObamaCare does in the long term; it increases the deficit hugely—you would support this bill so that you can get a job, a job that you can work 40 hours, so that you can increase your income. And then you can pay taxes on that income, and then our economy and our country will be better off, and the American Dream won't be in jeopardy. Vote "no" on this motion to recommit.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. TAKANO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage of the bill.

The vote was taken by electronic device, and there were—yeas 191, nays 232, not voting 8, as follows:

[Roll No. 155]

YEAS—191

Barber	Doggett	Kirkpatrick
Bass	Doyle	Kuster
Beatty	Duckworth	Langevin
Becerra	Edwards	Larsen (WA)
Bera (CA)	Ellison	Larson (CT)
Bishop (GA)	Engel	Lee (CA)
Bishop (NY)	Enyart	Levin
Blumenauer	Eshoo	Lewis
Bonamici	Esty	Lipinski
Brady (PA)	Farr	Loehsack
Bralley (IA)	Fattah	Lofgren
Brown (FL)	Foster	Lowenthal
Brownley (CA)	Frankel (FL)	Lowey
Bustos	Fudge	Lujan Grisham
Butterfield	Gabbard	(NM)
Capps	Gallego	Lujan, Ben Ray
Capuano	Garamendi	(NM)
Cárdenas	García	Maffei
Carney	Grayson	Maloney,
Carson (IN)	Green, Al	Carolyn
Cartwright	Green, Gene	Maloney, Sean
Castro (TX)	Grijalva	Matsui
Chu	Gutiérrez	McCarthy (NY)
Cicilline	Hahn	McCollum
Clark (MA)	Hanabusa	McDermott
Clarke (NY)	Hastings (FL)	McGovern
Clay	Heck (WA)	McNerney
Cleaver	Higgins	Meeks
Clyburn	Himes	Meng
Cohen	Hinojosa	Michaud
Connolly	Holt	Miller, George
Conyers	Honda	Moore
Cooper	Horsford	Moran
Costa	Hoyer	Murphy (FL)
Courtney	Huffman	Nadler
Crowley	Israel	Napolitano
Cuellar	Jackson Lee	Neal
Cummings	Jeffries	Negrete McLeod
Davis (CA)	Johnson (GA)	Nolan
Davis, Danny	Johnson, E. B.	O'Rourke
DeFazio	Kaptur	Owens
DeGette	Keating	Pallone
Delaney	Kelly (IL)	Pascarell
DeLauro	Kennedy	Pastor (AZ)
DelBene	Kildee	Pelosi
Deutch	Kilmer	Perlmutter
Dingell	Kind	Peters (CA)

Peters (MI)	Schiff
Pingree (ME)	Schneider
Pocan	Schrader
Polis	Schwartz
Price (NC)	Scott (VA)
Quigley	Scott, David
Rahall	Serrano
Rangel	Sewell (AL)
Richmond	Shea-Porter
Royal-Allard	Sherman
Ruiz	Sinema
Ruppersberger	Sires
Rush	Slaughter
Ryan (OH)	Smith (WA)
Sanchez, Linda T.	Speier
Sanchez, Loretta	Swalwell (CA)
Sarbanes	Takano
Schakowsky	Thompson (CA)
	Thompson (MS)

NAYS—232

Aderholt	Granger	Paulsen
Amash	Graves (GA)	Pearce
Amodei	Graves (MO)	Perry
Bachmann	Griffin (AR)	Peterson
Bachus	Griffith (VA)	Petri
Barletta	Grimm	Pittenger
Barr	Guthrie	Pitts
Barrow (GA)	Hall	Poe (TX)
Barton	Hanna	Pompeo
Benishek	Harper	Posey
Bentivolio	Harris	Price (GA)
Bilirakis	Hartzler	Reed
Bishop (UT)	Hastings (WA)	Reichert
Black	Heck (NV)	Renacci
Blackburn	Hensarling	Ribble
Boustany	Herrera Beutler	Rice (SC)
Brady (TX)	Holding	Rigell
Bridenstine	Hudson	Roby
Brooks (AL)	Huelskamp	Roe (TN)
Brooks (IN)	Huizenga (MI)	Rogers (AL)
Broun (GA)	Hultgren	Rogers (KY)
Buchanan	Hunter	Rogers (MD)
Bucshon	Hurt	Rohrabacher
Burgess	Issa	Rokita
Byrne	Jenkins	Rooney
Calvert	Johnson (OH)	Ros-Lehtinen
Camp	Johnson, Sam	Roskam
Campbell	Jolly	Ross
Cantor	Jones	Rothfus
Capito	Jordan	Royce
Carter	Joyce	Runyan
Cassidy	Kelly (PA)	Ryan (WI)
Chabot	King (IA)	Sanford
Chaffetz	King (NY)	Scalise
Coble	Kingston	Schock
Coffman	Kinzinger (IL)	Schweikert
Cole	Kline	Scott, Austin
Collins (GA)	Labrador	Sensenbrenner
Collins (NY)	LaMalfa	Sessions
Conaway	Lamborn	Shimkus
Cook	Lance	Shuster
Cotton	Latham	Simpson
Cramer	Latta	Smith (MO)
Crawford	LoBiondo	Smith (NE)
Crenshaw	Long	Smith (NJ)
Culberson	Lucas	Smith (TX)
Daines	Luetkemeyer	Southerland
Davis, Rodney	Lummis	Stewart
Denham	Marchant	Stivers
Dent	Marino	Stockman
DeSantis	Massie	Stutzman
DesJarlais	Matheson	Terry
Diaz-Balart	McAllister	Thompson (PA)
Duffy	McCarthy (CA)	Thornberry
Duncan (SC)	McCaul	Tiberi
Duncan (TN)	McClintock	Tipton
Ellmers	McHenry	Turner
Farenthold	McIntyre	Upton
Fincher	McKeon	Valadao
Fitzpatrick	McKinley	Wagner
Fleischmann	McMorris	Walberg
Fleming	Rodgers	Walden
Flores	Meadows	Walorski
Meehan	Meehan	Weber (TX)
Messer	Messer	Webster (FL)
Fox	Mica	Wenstrup
Franks (AZ)	Miller (FL)	Westmoreland
Frelinghuysen	Miller (MI)	Whitfield
Gardner	Miller, Gary	Williams
Garrett	Mullin	Wilson (SC)
Gerlach	Mulvaney	Wittman
Gibbs	Neugebauer	Wolf
Gibson	Noem	Womack
Gingrey (GA)	Nugent	Woodall
Gohmert	Nunes	Yoder
Goodlatte	Nunnelee	Yoho
Gosar	Olson	Young (IN)
Govdy	Palazzo	

NOT VOTING—8

Castor (FL)	Murphy (PA)	Waxman
Lankford	Payne	Young (AK)
Lynch	Salmon	

□ 1510

Messrs. BROOKS of Alabama, CHABOT, GINGREY of Georgia, and Mrs. HARTZLER changed their vote from "yea" to "nay."

Mr. DANNY K. DAVIS of Illinois, Mr. MEEKS, Mrs. BUSTOS, Mr. SMITH of Washington, and Ms. SCHAKOWSKY changed their vote from "nay" to "yea."

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

(By unanimous consent, Mr. CARTER was allowed to speak out of order.)

MOMENT OF SILENCE AND PRAYER FOR THE FORT HOOD SHOOTING VICTIMS, THEIR FAMILIES, AND THE COMMUNITY

Mr. CARTER. Mr. Speaker, yesterday afternoon, tragedy struck the heart of Texas at Fort Hood, which we know as "The Great Place." A gunman whose motives we do not understand took the lives of three American soldiers and wounded 16 more before taking his own life.

Unfortunately, Mr. Speaker, this is not the first time Fort Hood has had to endure a tragedy like this.

Our thoughts and prayers are with the victims, their families, and the Fort Hood community. We pray for a speedy recovery to the wounded and extend our deepest condolences to the friends and families of those soldiers who lost their lives.

We stand ready to provide any and all assistance we can to support Fort Hood, the soldiers serving there, and the surrounding community.

Now I yield to my good friend and colleague and ally in supporting this incredible community which we both have the honor to represent, Congressman WILLIAMS.

Mr. WILLIAMS. Mr. Speaker, it is said that all give some, and some give their all. Once again, we have seen tragedy at Fort Hood, "The Great Place," and already we are witnessing the strength and resilience of a community of brave men and women who not only serve our country overseas in enemy territory, but right here at home on military posts around the Nation.

Our prayers are with the fallen troops, those who were injured and are still in recovery, and the families of all those involved. Our thoughts are with the entire Fort Hood community and great leadership team under General Milley as they stand together and push through this tough time. We will continue praying for the excellent medical team assisting the injured.

And perhaps most importantly, we will not forget the troops whose lives were lost yesterday. The best and the brightest is what we offer at Fort Hood. Their service and sacrifice are an

inspiration reminding us that America doesn't give because it is rich, America is rich because it gives, and it has given us all of those we honor today.

May God bless all of the Fort Hood community during this time, and may God bless America.

Mr. CARTER. Mr. Speaker, at this time, I would like to ask the House to join me in a moment of silence and hopefully prayer for the Fort Hood community and all those families of the injured and dead at Fort Hood today.

The SPEAKER pro tempore. All present rise for a moment of silence.

Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. LEVIN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 248, noes 179, not voting 4, as follows:

[Roll No. 156]

AYES—248

Aderholt	Delaney	Hunter
Amash	Denham	Hurt
Amodei	Dent	Issa
Bachmann	DeSantis	Jenkins
Bachus	DesJarlais	Johnson (OH)
Barber	Diaz-Balart	Johnson, Sam
Barletta	Duffy	Jolly
Barr	Duncan (SC)	Jones
Barrow (GA)	Duncan (TN)	Jordan
Barton	Ellmers	Joyce
Benishek	Farenthold	Kelly (PA)
Bentivolio	Fincher	King (IA)
Bera (CA)	Fitzpatrick	King (NY)
Bilirakis	Fleischmann	Kingston
Bishop (GA)	Fleming	Kinzinger (IL)
Bishop (UT)	Flores	Kline
Black	Forbes	Labrador
Blackburn	Fortenberry	LaMalfa
Boustany	Fox	Lamborn
Brady (TX)	Franks (AZ)	Lance
Bridenstine	Frelinghuysen	Latham
Brooks (AL)	Gallego	Latta
Brooks (IN)	Gardner	Lipinski
Broun (GA)	Garrett	LoBiondo
Buchanan	Gerlach	Long
Bucshon	Gibbs	Lucas
Burgess	Gibson	Luetkemeyer
Byrne	Gingrey (GA)	Lummis
Calvert	Gohmert	Marchant
Camp	Goodlatte	Marino
Campbell	Gosar	Masse
Cantor	Gowdy	Matheson
Capito	Granger	McAllister
Carter	Graves (GA)	McCarthy (CA)
Cassidy	Graves (MO)	McCaul
Chabot	Griffin (AR)	McClintock
Chaffetz	Griffith (VA)	McHenry
Coble	Grimm	McIntyre
Coffman	Guthrie	McKeon
Cole	Hall	McKinley
Collins (GA)	Hanna	McMorris
Collins (NY)	Harper	Rodgers
Conaway	Harris	Meadows
Cook	Hartzler	Meehan
Costa	Hastings (WA)	Messer
Cotton	Heck (NV)	Mica
Cramer	Hensarling	Miller (FL)
Crawford	Herrera Beutler	Miller (MI)
Crenshaw	Holding	Miller, Gary
Cuellar	Hudson	Mullin
Culberson	Huelskamp	Mulvaney
Daines	Huizenga (MI)	Murphy (FL)
Davis, Rodney	Hultgren	Murphy (PA)

Neugebauer	Rogers (MI)
Noem	Rohrabacher
Nugent	Rokita
Nunes	Rooney
Nunnelee	Ros-Lehtinen
Olson	Roskam
Palazzo	Ross
Paulsen	Rothfus
Pearce	Royce
Perry	Runyan
Peters (CA)	Ryan (WI)
Peterson	Sanford
Petri	Scalise
Pittenger	Schneider
Pitts	Schock
Poe (TX)	Schrader
Pompeo	Schweikert
Posey	Scott, Austin
Price (GA)	Sensenbrenner
Rahall	Sessions
Reed	Shimkus
Reichert	Shuster
Renacci	Simpson
Ribble	Sinema
Rice (SC)	Smith (MO)
Rigell	Smith (NE)
Roby	Smith (NJ)
Roe (TN)	Smith (TX)
Rogers (AL)	Southerland
Rogers (KY)	Stewart

NOES—179

Bass	Gutiérrez
Beatty	Hahn
Becerra	Hanabusa
Bishop (NY)	Hastings (FL)
Blumenauer	Heck (WA)
Bonamici	Higgins
Brady (PA)	Himes
Braley (IA)	Hinojosa
Brown (FL)	Holt
Brownley (CA)	Honda
Bustos	Horsford
Butterfield	Hoyer
Capps	Huffman
Capuano	Israel
Cárdenas	Jackson Lee
Carney	Jeffries
Carson (IN)	Johnson (GA)
Cartwright	Johnson, E. B.
Castro (TX)	Kaptur
Chu	Keating
Cicilline	Kelly (IL)
Clark (MA)	Kennedy
Clarke (NY)	Kildee
Clay	Kilmer
Cleaver	Kind
Clyburn	Kirkpatrick
Cohen	Kuster
Connolly	Langevin
Conyers	Larsen (WA)
Cooper	Larson (CT)
Courtney	Lee (CA)
Crowley	Levin
Cummings	Lewis
Davis (CA)	Loeb
Davis, Danny	Loeb
DeFazio	Lofgren
DeGette	Lowenthal
DeLauro	Lowe
DeBene	Lujan Grisham
Deutch	(NM)
Dingell	Lujan, Ben Ray
Doggett	(NM)
Doyle	Maffei
Duckworth	Maloney,
Edwards	Carolyn
Ellison	Maloney, Sean
Engel	Matsui
Enyart	McCarthy (NY)
Eshoo	McCollum
Esty	McDermott
Farr	McGovern
Fattah	McNerney
Foster	Meeks
Frankel (FL)	Meng
Fudge	Michaud
Gabbard	Miller, George
Garamendi	Moore
Garcia	Moran
Grayson	Nadler
Green, Al	Napolitano
Green, Gene	Neal
Grijalva	Negrete McLeod
	Nolan

Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IN)

□ 1521

So the bill was passed.
The result of the vote was announced as above recorded.
A motion to reconsider was laid on the table.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 217

Mr. REED. Mr. Speaker, I ask unanimous consent to remove my name as a cosponsor of H.R. 217.

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

There was no objection.

RESIGNATION AS MEMBER OF COMMITTEE ON HOMELAND SECURITY

The SPEAKER pro tempore laid before the House the following resignation as a member of the Committee on Homeland Security:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, April 1, 2014.

Speaker JOHN BOEHNER,
The Capitol,
Washington, DC.

DEAR SPEAKER BOEHNER: I wanted to inform you that today I am resigning from the Homeland Security Committee. I appreciate your attention to this matter.

Sincerely,

TULSI GABBARD,
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted.
There was no objection.

RESIGNATIONS AS MEMBER OF COMMITTEE ON NATURAL RESOURCES AND COMMITTEE ON HOMELAND SECURITY

The SPEAKER pro tempore laid before the House the following resignations as a member of the Committee on Natural Resources and the Committee on Homeland Security:

CONGRESS OF THE UNITED STATES,
4th District, Nevada, April 1, 2014.

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

DEAR SPEAKER BOEHNER, I am writing to step down from my current assignments on the House Natural Resources Committee and the House Homeland Security Committee, allowing me to fill the current vacancy on the House Financial Services Committee.

It has been an honor to serve on both of these committees, and I look forward to continuing my work on behalf of the people of Nevada's 4th Congressional District.

Sincerely,

STEVEN A. HORSFORD,
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignations are accepted.

There was no objection.

ELECTING MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. BECERRA. Mr. Speaker, by direction of the Democratic Caucus, I

NOT VOTING—4

Castor (FL)	Lynch
Lankford	Salmon