

vote to trim Congress' budget, and now through this bill, this Republican majority is committed to fiscal stewardship, to having a hawkish and relentless eye towards waste and inefficiency, and a continued commitment throughout this 112th Congress to reduce spending, create private sector jobs, and challenge ourselves not just in word and rhetoric but, more importantly, in action and meaningful legislation.

Mr. Speaker, this bill, introduced by my good colleague from New York, should garner overwhelming bipartisan support. I thank him for introducing it and for his commitment to a more responsible and efficient stewardship of taxpayer dollars. I urge all of my colleagues to support this matter.

Mr. FITZPATRICK. Mr. Speaker, I rise today in support of the STOP Act.

First we reduced congressional budgets and now I stand in support of another bill that seeks to do what my constituents have asked me to do: Find ways reducing the federal deficit and saving taxpayer money. The STOP Act accomplishes this by helping the government operate more efficiently, stop wasteful spending and all the while helping the environment.

I have often heard the lament from small business owners across my district we would all be better off if government were run more like a business. Today, for businesses in Quakertown, Bensalem, and in between, many transactions are now entirely paperless. With this bill, Congress is taking a step in that direction.

Going hand-in-hand with efficiency, the STOP Act will also help end wasteful spending in government. Mr. Speaker, without the STOP Act, Congress will spend seven million dollars this year alone on printing costs. In the last Congress, there were nearly 14,000 different bills introduced. Some of those bills, like last year's healthcare law, ran thousands of pages in length. In an era when constituents in Bucks County and across Pennsylvania's eighth congressional district are being forced to find every savings in their household budget, so should Congress. The STOP Act will trim 35 million dollars from the operational budget of Congress over the next 10 years.

The STOP Act will also end needless waste that harms our environment. All across America citizens are pitching in to do their part for the environment. Shoppers in Langhorne carry their own reusable bags to Geunardi's grocery store, families in Bristol install compact fluorescent light bulbs in their homes, and countless civic groups and businesses across our nation and across the eighth district of Pennsylvania adopt highways to keep our roads clean and our environment healthy. If citizens are asked and expected to do their part, Congress must do the same.

The STOP Act is an important demonstration to Americans that this Congress is serious about ending government waste, ending government inefficiencies and ending needless overuse of environmental resources.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Mississippi (Mr. HARPER) that the House suspend the

rules and pass the bill, H.R. 292, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 2 o'clock and 30 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1500

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CONAWAY) at 3 p.m.

REPEALING THE JOB-KILLING HEALTH CARE LAW ACT

Mr. RYAN of Wisconsin. Mr. Speaker, pursuant to House Resolution 26, I call up the bill (H.R. 2) to repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act of 2010, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 26, the amendment printed in part A of House Report 112-2 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 2

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Repealing the Job-Killing Health Care Law Act".

SEC. 2. REPEAL OF THE JOB-KILLING HEALTH CARE LAW AND HEALTH CARE-RELATED PROVISIONS IN THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.

(a) JOB-KILLING HEALTH CARE LAW.—Effective as of the enactment of Public Law 111-148, such Act is repealed, and the provisions of law amended or repealed by such Act are restored or revived as if such Act had not been enacted.

(b) HEALTH CARE-RELATED PROVISIONS IN THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.—Effective as of the enactment of the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), title I and subtitle B of title II of such Act are repealed, and the provisions of law amended or repealed by such title or subtitle, respectively, are restored or revived as if such title and subtitle had not been enacted.

SEC. 3. BUDGETARY EFFECTS OF THIS ACT.

(a) The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the Committee on the Budget of the House of Representatives, as long as such statement has been submitted prior to the vote on passage of this Act.

The SPEAKER pro tempore. The resolution shall be debatable for 7 hours, with 30 minutes equally divided and controlled by the majority leader and minority leader or their designees, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means, 40 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Budget, 40 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary, and 40 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Small Business.

The gentleman from Virginia (Mr. CANTOR) and the gentlewoman from California (Ms. PELOSI) each will control 15 minutes. The gentleman from Minnesota (Mr. KLINE), the gentleman from California (Mr. GEORGE MILLER), the gentleman from Michigan (Mr. UPTON), the gentleman from California (Mr. WAXMAN), the gentleman from Michigan (Mr. CAMP), and the gentleman from Michigan (Mr. LEVIN) each will control 45 minutes. The gentleman from Wisconsin (Mr. RYAN), the gentleman from Maryland (Mr. VAN HOLLEN), the gentleman from Texas (Mr. SMITH), the gentleman from Michigan (Mr. CONYERS), the gentleman from Missouri (Mr. GRAVES), and the gentlewoman from New York (Ms. Velázquez) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. RYAN).

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2.

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

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I am going to begin by saying why we're doing this, and I want to get into the accounting of all this at a later time in this debate. But let me just simply say why we are here.

We are here because we heard the American people in the last election. We are here because we believe it's really important to do in office what you said you would do. We said we would have a straight up-or-down vote to repeal this health care law, and that's precisely what we are doing here today.

Now, Mr. Speaker, why do we believe this? Because this health care law, if left in place, will accelerate our country's path toward bankruptcy. This health care law, if left in place, will do as the President's own chief actuary says it will do: It will increase health care costs. We are already seeing premiums go up across the board. We are already hearing from thousands of employers across the country who are talking about dropping their employer-sponsored health insurance, and we are already hearing about the lack of choices that consumers will get as this new law is put into place. This new law is a fiscal house of cards, and it is a health care house of cards. It does not make our health care system better. I would argue it makes it weaker.

There are two ways to attack this problem, and I want to say in the outset to my friends on the other side of the aisle we agree that health care needs fixing. We agree that there are so many serious, legitimate problems in the health care system that need fixing. Affordable insurance, the uninsured, people with high health care costs and high health care risks, those need to be addressed. But we can fix what's not working in health care without breaking what's working in health care.

With that, Mr. Speaker, I would simply say this: We believe we can get to the moment of having affordable health care for every American, regardless of preexisting conditions, without having the government take it over, without \$1 trillion of a combination of Medicare benefit cuts and tax increases. We believe in this: Let's have health care reform put the patient in charge, not the government in charge.

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

Mr. RYAN of Wisconsin. I yield myself an additional 20 seconds to simply say we believe that health care ought to be individually based, and it ought to be patient centered.

There are two ways to go: Put the government in charge and have the government put in place rationing mechanisms to tighten the screws and ration health care; or put the consumer in charge and have providers compete for our business as patients, hospitals, doctors, and insurers. That's the system we want.

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

Mr. VAN HOLLEN. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, I hope the tenor and substance of the debate we have in this House over the next few days will be worthy of the American people and reflect well on this Congress.

Many of us believe we should focus our efforts here today on measures to help put people back to work, rather than on a bill that takes away important patient and consumer protections. And we don't think it makes a whole lot of sense to debate a bill that, thankfully, will go nowhere in the Senate and would certainly be vetoed by the President. However, the Republican majority is entitled to use its time here as it chooses. And while we believe we should be doing that focused on jobs, perhaps this debate will clear up many of the myths and misinformation about the health care law that was signed by President Obama.

I'm interested to hear my colleagues say that they can identify with all the problems in the health care system. Between the year 2000 and year 2006, premiums in this country doubled, health insurance company profits quadrupled, and this Congress did nothing. Why not put your plan on the table first so everybody can see it before you begin taking away the important patient protections in this bill taking effect just since last March? And within that 9-month period, that law has made an important and positive difference to millions of Americans.

In fact, we wish our Republican colleagues would take a few days, maybe even just a few hours, to have congressional hearings to listen to those individuals and families. The new Republican majority said it wanted to listen to the American people, but it has not invited a single American outside this Congress to a hearing to testify on the repeal bill we are debating today.

As a result, we on the other side of the aisle have had to schedule an unofficial hearing. It's going on right now, not 100 yards from where we debate, in the Capitol Visitor Center. And I encourage all of you to drop by, because if you do, you're going to hear some stories. You're going to hear the stories from moms and dads of young people who will tell you how they are relieved that their sons and daughters are no longer kicked off their insurance policies when they turn age 22 or graduate from college and cannot now stay on their parents' insurance plan until the age of 26. As a result, if their 20-year-old child gets sick or hit by an automobile or another terrible accident, they can get care without the family going bankrupt.

You will hear from moms and dads with kids who have cancer, asthma, diabetes or other preexisting conditions telling you they're relieved that finally insurance companies can't deny their children coverage because of preexisting conditions. And you will hear from senior citizens who are unable to pay for the huge prescription costs of their bills, and then as of January 1 of this year, they are getting a 50 percent discount and they can afford to pay for the medicines their doctors say they need.

You will hear from small businesses. The number of small businesses using

the tax credit has exceeded everyone's expectation. You will hear from those small businesses saying they can now afford to purchase affordable coverage for their employees and, as a result, hire more people. You would hear all that and more.

That is why it is such a mistake, it's an historic mistake, to take away these patient protections and throw these individuals back over to the whims and the many abuses of the insurance industry. There's no doubt that the insurance industry will be popping champagne bottles if the health care law was ever to be repealed. Let's put the interests of our constituents, patients and consumers first in this debate.

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

Mr. VAN HOLLEN. I yield myself an additional 30 seconds.

And let's make sure that as we do this, we tackle the deficit and the debt. I listened to my colleague talk about the debt, but we all know that the independent, nonpartisan Congressional Budget Office in a letter to Speaker BOEHNER dated January 6, 2011, indicated that repealing this bill will increase the deficit by over \$200 billion over the first 10 years and by another \$1.2 trillion over the second 10 years.

□ 1510

Our colleagues have criticized those findings, but they're the same people who they applauded when the numbers came back their way.

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

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to a new member of the committee but a senior Member of Congress, the gentleman from California (Mr. CALVERT).

Mr. CALVERT. Mr. Speaker, I rise today in support of H.R. 2, a bill that would repeal the disastrous government takeover of health care.

The more we learn about the new health care law, the more we understand how devastating it will be to our economy. Already employers across the country have suffered increases in their health premiums as a result of the health care law, yet we were told that the law would bend the health cost curve downward.

We were told that the bill would reduce the deficit by \$143 billion over 10 years. However, we now know that the figures given to the CBO did not accurately reflect the law's real costs. When you add back the \$115 billion needed to implement the law and subtract the bill's double-counting of revenue and other budgetary gimmicks, the true cost is a staggering \$700 billion over 10 years.

We were told the bill would protect the uninsured; yet all it does is roll them onto Medicaid—a low-performing program that has resulted in more people turning to the ER for their medical needs.

We were told this bill would help seniors; instead, it guts Medicare Advantage leaving 50 percent of beneficiaries on the verge of losing their current coverage. What happened to the promise that if you like your health care plan, you can keep your health care plan?

In addition to all the false promises, the health care bill will impose \$52 billion in new taxes on businesses. Our economy relies on the ability of businesses to grow, hire, invest and succeed. The new taxes will devastate our economy and turn the American Dream into a nightmare.

The bottom line is that we cannot afford this new health care law, no matter how well intentioned. We must repeal ObamaCare and replace it with legislation that decreases health care costs, increases competition in the marketplace, maintains the sanctity of the doctor-patient relationship and truly helps those without insurance.

I urge my colleagues to vote in favor of H.R. 2.

Mr. VAN HOLLEN. Mr. Speaker, I yield 2½ minutes to the gentlelady from Pennsylvania (Ms. SCHWARTZ).

Ms. SCHWARTZ. I rise to speak very forcefully, I hope, about the importance of proceeding with the health care bill, the health care law that we had in place and the critical protections that it is providing to literally millions of Americans in each and every one of our districts; and each of us, I think, have heard from them.

The new health care law reduces the deficit. We're here talking about, from the Budget Committee, it is going to reduce the deficit while promoting more efficient and higher quality care. Reducing the deficit and slowing the growth of health care costs means real savings to American families, American businesses and to the Federal Government. And yet their first major act in the majority, congressional Republicans want to repeal this law.

Repealing the protections for Americans with preexisting conditions. We just heard this morning the Washington Post reported on a study that says that one-half of all Americans under the age of 65 have a preexisting condition. So this isn't just about a few of us. Really it's about almost all of us. We all know someone and we may all love someone who has a preexisting condition. If Republicans got their way—and they will probably in the House but fortunately not in the Senate—they would repeal the protections for Americans with preexisting conditions, or for children who can now already be covered. They will repeal the new law that says annual limits for coverage if you have cancer will be repealed. They will repeal the prescription drug benefits for our seniors, and will repeal tax credits for small businesses. And in doing so, they will add to the cost for American taxpayers.

Let's be clear on what this means. Repeal increases the deficit by \$252 billion over 10 years and \$1.4 trillion over

20 years. Repeal reverses progress in getting health care costs under control, causing families and businesses and, yes, the government—which really means the taxpayers—to face higher health care costs. It repeals benefits for millions of Americans, important consumer protections and insurance reform, such as making sure that the children with preexisting conditions have coverage.

And the repeal means starting over. We're going to hear it over and over again, I think, over the next 7 hours. What starting over means is no consumer protections and months and maybe years of just talk, possibly no action, while the costs go up for American businesses, go up for our families and go up for our Nation.

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

Mr. VAN HOLLEN. I yield the gentlelady an additional 30 seconds.

Ms. SCHWARTZ. Let's be clear that the new rules allow the Republicans to do this, but it's going to cost trillions of dollars to our budget and it's going to cause greater suffering for the American people. So it's a wrong course of action. Let's not repeal this bill. It will hurt Americans, it will hurt our economic competitiveness, and it will hurt the fiscal condition of this nation.

I encourage a "no" vote.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself 3 minutes to address some of the charges we've heard.

Number one, they're saying this is a jobs bill. Half a trillion dollars in tax increases creates jobs? That mandates the taxes, that creates jobs?

Others have been saying, well, this isn't going to pass the Senate and the President's not going to sign it, so why bother doing that. If that's the logic we take on every bill we bring to the floor, then we ought to just go home. We think it's important to define ourselves with our actions, and that's why we're acting. We think this law should be totally repealed, and that's why we're doing this.

Let me speak to the fiscal house of cards as represented by this law. The minority is saying, This reduces the deficit. Just look at the letter from CBO to Speaker BOEHNER. It reduces the deficit by \$143 billion over 8 years; \$230 billion over 10 years.

It does that if you manipulate the CBO. I've heard charges of Enron accounting. The only Enron accounting that's been employed here is the previous majority gave the CBO a bill full of smoke and mirrors and made them score that.

Well, here's what the CBO says, if you take away the smoke and mirrors. If you take away the fact that there's \$70 billion in CLASS Act premiums that are being double-counted; \$53 billion in Social Security taxes that are being double-counted; \$115 billion in new appropriations required to hire the bureaucracy that wasn't counted; \$398 billion in Medicare cuts that are being

double-counted; and oh, let's not forget the fact that we're going to do the doctor fix, \$208 billion, that we just discounted and ignored.

When you take away the smoke and the mirrors, this thing has a \$701 billion deficit. If you don't believe me when I say it that way, how about this way: The CBO says this raises the debt.

Now, how is that different where they say on one hand the bill lowers the deficit but on the other hand it raises the debt? Because when the CBO looks at whether or not a measure raises the debt, they can look at everything. They look at the interplay of all fiscal policies to determine its effects on the debt. When they score a particular bill and its effects on the deficit, they look at what you put in front of them, all the smoke, all the mirrors, the double-counting, the noncounting, the discounting, and they give you that answer.

So if this bill actually lowers the deficit, how on Earth can it then increase the debt? You know why? Because you have to play a phony trick with all this double-counting to do that. What does this bill ultimately do when you really look at it all? This bill blows a hole through the deficit. When you look at the first 10 years, this bill is a \$1.4 trillion increase. That's because you have 10 years of tax increases and Medicare cuts to pay for 6 years of spending. But when you actually look at the full 10 years of implementation of this law, \$2.6 trillion in spending. \$2.6 trillion.

Mr. Speaker, let me just say this as far as jobs and the effects of this health care bill. I had a very alarming conversation with a very large employer in Wisconsin not too long ago, a privately held company with thousands of employees. She takes good care of her employees.

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

Mr. RYAN of Wisconsin. I yield myself an additional 20 seconds to say this.

She said to me, I believe it's my obligation to offer health insurance to my employees, but my two competitors, my publicly traded competitors, have already said they're dumping their employees. Instead of paying \$17,000 a year for employee health care, they're going to pay a \$2,000 fine. That's a \$15,000 difference that her competitor will have as a competitive advantage against you.

So what did she say? "I have no choice. I'm dumping my employees into this exchange." And thousands of employers are making the same decision. This should be repealed.

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

□ 1520

Mr. VAN HOLLEN. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, it is interesting to hear this attack on the CBO numbers that came out when many of my colleagues on the other side of the aisle just 9

months ago, when the CBO was reporting deficit numbers and the cost of the bill, were singing CBO's high praises. Now let's look at some of the items that were just mentioned. Let's look at the doctor fix payment. Let us look at the SGR. We know that has been an issue that has been with this House for years and years. It has nothing to do with the health insurance reform bill that was signed by the President. We are going to have to deal with that issue whether we had health insurance reform or didn't have health insurance reform. And, Mr. Speaker, they know that.

We also heard that we front-loaded the revenue in this bill and disguised the out-year costs. If that were the case, how is it possible that CBO would say that it actually reduces the deficit by more in the second 10 years than in the first 10 years?

The fact of the matter is this bill will increase Social Security revenue as employers provide more of their compensation in the form of wages that are subject to payroll taxes. Double counting is not the issue. The fact is it reduces the deficit, and CBO says that.

Now, CBO is the independent referee that we use in this body. They are like the guy on the football field, the referee, who calls the plays, calls when there are penalties and no penalties. Sometimes we like the call and sometimes we don't. But it is an unprecedented step to say that we are going to totally ignore the decisions and judgment of the independent CBO and we are going to replace that with our judgment for the purposes of deficit reduction calculations in legislation that goes to reducing our debt. That is a recipe for budget anarchy. It is a recipe for fiscal chaos. We should not go down that road.

The CBO has been very clear that the fiscally responsible thing to do is to move forward with the law in its place. We obviously can fix things as they come up that need to be addressed, specific items. But to repeal this wholesale will—the folks that we rely on as the independent, nonpartisan judges here say that repealing this bill as our colleagues are proposing to do will add \$1.4 trillion to the deficit over 20 years.

I reserve the balance of my time.

Mr. RYAN of Wisconsin. I yield myself 10 seconds simply to say that if the doc fix should be considered outside, then why did the Democrats have it in their bill in the beginning?

Secondly, either we are financing this entitlement or raiding the Social Security and Medicare funds—you can't do both. If you are going to fund the entitlement with these revenues, then you are consigning to raid Social Security and Medicare.

I yield 2 minutes to the gentleman from Michigan (Mr. AMASH), a new member of the committee.

Mr. AMASH. Mr. Speaker, the Founders were keenly aware of the threat a powerful and overbearing Federal Government poses to our liberty.

With this concern in mind, they wrote a Constitution that created a Federal Government with limited powers. Later they proposed the 10th Amendment, which reserves to the States or the people powers not delegated to the Federal Government.

The debate we are having today goes beyond health care, although there is no doubt health care coverage is an important and difficult issue. What we are discussing today goes to the core of our Constitution's design. It asks Members of Congress whether we take constitutional limits on our power seriously.

We have all witnessed everyday Americans' renewed interest in the Constitution. As they have asked tough questions about the constitutionality of this law, the law's proponents have tried to dress up their answers in constitutional language.

They say Congress's power to tax upholds this law. But when this law originally was being considered, those same proponents were the first to claim the bill included no new taxes. They try to find support in Congress's power to regulate interstate commerce. If forcing Americans to start commerce is the same as regulating existing commerce, it would have been news to the Founders.

Finally, grasping at clauses, they claim Congress can do anything that is in the general welfare of the country. If this law is constitutional, if Congress has such broad power, our limited Federal Government will become limitless, and all without changing our Constitution or the approval of the Americans whom it protects. It is not just for the courts; it is our duty as a Congress to pay attention to the Constitution and its limits on our power.

I urge we repeal this unconstitutional law.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY of Virginia. Mr. Speaker, I rise as a member of the Budget Committee to oppose this deficit-busting repeal, and I want to speak today on behalf of Suzanne from Vienna, Virginia.

Suzanne's daughter suffers from a debilitating neurological disease. Before health care reform, Suzanne and her husband could not get health insurance for their daughter because, through no fault of her own, she, like 129 million other Americans, had a preexisting condition.

While many of those Americans wait to see if their insurance company will deny them, Suzanne, unfortunately, already knew. She was willing to pay for health insurance to protect her daughter; the insurance companies said no and wouldn't insure her daughter at any price. Suzanne had no option until we created high-risk insurance pools under health care reform. Suzanne's words to me after health insurance reform passed were, Now at least we have hope for the future.

Voting for this repeal will take away that hope, throwing Suzanne's daughter off of insurance. I urge my colleagues to remember Suzanne's daughter and the other 129 million Americans like her and vote against this repeal. Do not take away their hope.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1 minute to the gentleman from South Carolina (Mr. MULVANEY), a new member of the Budget Committee.

Mr. MULVANEY. I rise in favor of this bill.

I can't tell you how excited I am to hear the language coming from the other side of the Chamber this evening. I am hearing discussions about the importance of cutting deficits and the importance of keeping spending in line. It makes me wonder, Mr. Speaker, what has been happening here for the last several years. At least when it comes to this side of the aisle, I think we have been consistent with that message over the course of this debate. I don't know where the other side was when we got the information that said this bill actually cost trillions of dollars. I don't know where this attitude about being fiscally responsible was when we got information from the chief actuary at Medicare and Medicaid who said this bill was unsustainable in its spending. I don't know where they were with this attitude when we heard from that same body that this bill actually raised the cost of health care versus not passing the bill.

But, Mr. Speaker, I am extraordinarily excited to hear this level of discussion because, as a member of the Budget Committee, I look forward to this level of debate continuing beyond this bill, beyond the health care discussion and into the upcoming discussion on the budget because my guess is if we have this level of discussion on health care, then the budget will be an easy, easy debate this year, and we will be able to make dramatic inroads to cutting our spending.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. CUELLAR).

Mr. CUELLAR. Mr. Speaker, in the long rich history of Congress, when a prior Congress passes a piece of legislation, the prudent step is to look at that legislation and agree on making the changes on what doesn't work. I think to come today and just say to repeal and not have a health plan in place is not a prudent plan to take. We have to see what works and what doesn't work, and I think that would be the prudent step to take today.

We have to focus on the deficit and focus on jobs. Deficit is important. I think we can come together and work in a bipartisan approach. Jobs, we certainly have to look at. But to just come in and say this is something that kills jobs is not the right step to take.

If you look at, for example, the FNIB Research Foundation, when they looked at this piece of legislation, they said that a number of health care profession jobs would be created by this

legislation. This is something that we need to look at. Again, the prudent step is to look at what works and what doesn't work. Mr. Speaker, that is what we need to look at.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 90 seconds to the gentleman from Oklahoma (Mr. COLE), a new member of the Budget Committee.

Mr. COLE. Mr. Speaker, I rise to support H.R. 2, the repeal of last year's so-called health bill. The American people, quite frankly, have never liked this bill, as they demonstrated last November. You can't find a poll where it cracked 50 percent in approval. And those wanting to repeal it have generally always been above that mark.

The bill itself may be unconstitutional. Over 20 States are now challenging it in Federal court. It is certainly likely to be unworkable. The creation of dozens of boards, agencies, and commissions with rulemaking authority, the fact that hundreds of companies have already asked for waivers under the legislation, suggest it is going to be a bureaucratic nightmare.

□ 1530

Finally and most importantly, the bill itself is fiscally irresponsible and unsustainable. The idea that we would take hundreds of billions of dollars out of Medicaid and Social Security and Medicare at a time when the baby boomer generation is beginning to retire is simply irresponsible. I am all for saving money in Medicare, but when we do, those savings are going to be needed to sustain Medicare.

So I urge this House to take the fiscally responsible course—repeal this bill and start over, and give the American people the health care bill they deserve and the health care bill they can afford.

Mr. VAN HOLLEN. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise to oppose the Republican majority's callous attempts to repeal the Affordable Care Act. Reform has already made a dramatically positive difference for millions of our constituents and small businesses while tackling our ballooning national debt.

We in Congress must continue doing all that we can to support American families and businesses as we emerge from this recession. Democrats have pledged to measure all legislation by a proposal's success at creating jobs, at strengthening the middle class, and at bringing down the deficit. Unfortunately, the Republican majority's attempts to repeal the Affordable Care Act fails on all such counts.

Repeal would hurt small businesses, canceling \$40 billion worth of tax credits to help employees afford coverage. Repeal would stall middle class job growth, as one-third of small business owners told the small business majority they were more likely to hire new employees as a result of reform. And of

course repeal would deepen our already exploding deficit, increasing it by \$230 billion in the next 10 years and by more than \$1 trillion in the following decade.

Many of my colleagues across the aisle have rebuffed this analysis from Congress' own budgetary referee, the Congressional Budget Office, because it doesn't fit the Republican narrative or campaign promise to tackle the deficit. However, while they may be entitled to their own opinions, they are not entitled to their own facts.

Health care repeal is the epitome of fiscal irresponsibility, and it counters our most basic American values: life, liberty, and the pursuit of happiness. We lose life when insurance companies can freely drop those who are sick from coverage. We lose liberty when our seniors have to choose between medications and groceries. And we lose the pursuit of happiness if we return to the days when only job security guaranteed health security.

Our fiscal decisions, Mr. Speaker, must be a reflection not only of our economic future but of the statement of our most central national values. By ensuring that Americans have vital coverage rather than cruelly denying it to them, we can live up to the dreams of liberty and justice for all.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1 minute to the gentleman from Kansas (Mr. HUELSKAMP), a member of the Budget Committee.

Mr. HUELSKAMP. Mr. Speaker, as a result of this law, employers across America have discovered that onerous reporting requirements will force them to file 1099 forms for every vendor with which they do \$600 worth of business. This past weekend, I visited with an accountant in my district who indicated he would have to expand his staff by 25 percent to accommodate all the extra redtape and paperwork.

Mr. Speaker, this is not the type of job creation American envisioned.

Additionally, businesses and labor unions alike have realized that ObamaCare is a bad deal, and at least 222 have sought waivers from having to comply with the law. HHS Secretary Kathleen Sebelius has approved special privilege exemptions for dozens of labor unions and the half a million union members they cover. Even more troubling is that Secretary Sebelius has been tardy in responding to a FOIA inquiry regarding the secretive details of these waiver requests.

Fortunately, rather than selective waivers for the politically connected, we have a universal remedy—repeal the law.

I urge my colleagues to heed the calls voters made last year during the debate and at the ballot box.

Mr. VAN HOLLEN. Mr. Speaker, I would remind the gentleman that this body voted on a majority basis to repeal the 1099 provision.

I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, the choice here is whether to give more

money to insurance monopolies or to leave just a little bit in the pockets of middle class Americans. But for House Republicans, always putting insurance companies first seems to be a pre-existing condition.

This bill isn't repeal and replace; it is repeal and forget—forget the health care needs of millions of Americans, forget the hundreds of billions of dollars that with this repeal they add to our Federal debt.

Within a year, Allison, a 23-year-old from Bastrop, Texas, who is completing her college degree while caring for her mother as her mother faces another round of breast cancer, would lose her health insurance.

Emily, from Wimberley, who is battling cancer herself, would now face lifetime limits on what doctor-recommended care her insurer will pay for. Of course, if her husband loses or changes his job, she won't have any insurance at all.

Charlotte, an Austin senior, would have to pay more for prescriptions and preventative health care, while Republicans reduce the solvency of the Medicare Trust Fund by more than a decade.

Family budgets would be crushed by this bill as health care costs remain the leading cause of credit card debt and bankruptcy. This same devastating Republican bill would also hike the Federal debt. That's why Republicans have rejected pay-as-you-go budgeting and instead will borrow from the Chinese to pay for this legislation.

Yes, repeal is a priority for the insurance companies and their apologists, but neither our family budgets nor our Federal budget can afford it. I believe that every American is entitled to a family doctor, not to an appointment with a bankruptcy judge because of soaring health care costs.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 90 seconds to a member of the Budget Committee, the gentleman from Oklahoma (Mr. LANKFORD).

Mr. LANKFORD. Mr. Speaker, I rise today in support of H.R. 2.

A few months ago, I visited with a small business owner in Oklahoma who has five employees but whose health care costs for 2011 will go up by 50 percent. When he asked about that, the reason he was given was: the cost of implementing the new health care law. Another business owner told me he would not hire new employees until he could figure out what the cost of health care is going to be, so he will just stop hiring.

While some in this Chamber talk about universal coverage and cost controls, many people in my district are frustrated with this so-called "solution." Every person should control his own health care option and opportunities. Every young student should have the motivation to go into medical research and the practice of medicine. As our population ages, every doctor should have greater incentives to take on Medicare patients.

We need to deal with the root causes of health care costs and not just move the costs to the States and put in price controls on doctors and hospitals. Shared pain is not what America was looking for. America was looking for solutions. The new health care law will create long-term budget issues in the days to come. From a budget perspective, you can cook the numbers all you want, but this bill will dramatically increase our Federal debt again.

We need answers, not bigger problems. This is the United States of America. I believe we can do better than this. It is time to repeal this law and start the hard work of solving the cost issues of health care delivery.

With that, sir, I urge my colleagues to support H.R. 2.

Mr. VAN HOLLEN. Mr. Speaker, if I could inquire as to how much time remains.

The SPEAKER pro tempore. The gentleman from Maryland has 3½ minutes remaining, and the gentleman from Wisconsin has 5½ minutes remaining.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. YARMUTH).

Mr. YARMUTH. Mr. Speaker, tomorrow we will vote on H.R. 2, the Republican health care bill. This bill is another example of actions speaking louder than words.

Now, many of my Republican colleagues have said they support certain health care reforms: a ban on pre-existing condition discrimination, allowing young adults to stay on their parents' health policies until age 26, closing the prescription doughnut hole, and eliminating lifetime limits on coverage.

They could have crafted this bill any way they wanted. They could have guaranteed any or all of just those important provisions—those protections—they claim to support, but they didn't. They could have ensured that, by 2016, annual health care premiums for the average American wouldn't be \$24,000 and that, over the next decade, small businesses wouldn't lose more than \$52 billion in profits.

They could have crafted the bill that way, but they didn't. They can say whatever they want, but the truth is that the Republican plan is no care—no matter how desperate or how dire your diagnosis, no matter if the alternative saves money, saves jobs and saves lives.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT. Mr. Speaker, I rise today in support of repealing this simply job-destroying health care bill.

What we want to do is replace it with a piece of legislation that addresses three main tenets: one that will grow our economy, one that will bring down costs, and one that is basically constitutional.

In the area of jobs, you know, I remember when Minority Leader PELOSI, then Speaker PELOSI at the time, said

this bill would create 4 million jobs and 400,000 of them immediately. All the same, the CBO was saying, "It is likely to reduce employment."

□ 1540

So instead of encouraging America's leading job creators, this takeover of health care hurts small businesses with more taxes, more mandates, and higher health care costs on those small businesses. We need to do this and work together in a bipartisan manner in a way that will help our small businesses.

In the area of cost, additionally, this health care bill is deficient in that it fails to address bringing down costs. As companies have begun to digest this health care bill, costs have only risen. CBO has found that this law will actually increase health care premiums by as much as 10 to 13 percent.

Now, one of the areas that I looked at—and I've heard from a lot of people in the medical community and I've asked them, What is one major thing you would have liked for us to put in this bill? And that is tort reform, but it's missing in this legislation. It is imperative that any serious reform of the health care system take a very hard look at the issue of medical liability reform. Unfortunately, this bill fails in that regard, too.

Finally, in the area of constitutionality, while the Constitution grants Congress the authority to regulate commerce among the several States and the Supreme Court has long allowed Congress the ability to regulate and prohibit all sorts of economic activity, this bill goes even further because, for the first time in the history of the U.S. Government, we are regulating inactivity. For the first time, Congress has mandated that individuals purchase a private good approved by the government as the price of citizenship.

On the first day of Congress, I introduced a bill, H.R. 21, the Reclaiming Individual Liberty Act, legislation which would take out that individual mandate, because, while I believe Congress has the ability to pass legislation which I believe is bad policy, I do believe it is wrong to pass unconstitutional legislation.

Mr. VAN HOLLEN. Mr. Speaker, I notice the gentleman mentioned CBO. What CBO said in that regard was that, because of the exchanges, there would be some people who would not seek their health care through employment. They would be liberated to be able to get it through the exchange. I'm glad the gentleman confirmed the importance of CBO numbers.

Mr. Speaker, I yield 1 minute to my colleague from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. Mr. Speaker, I was going out to dinner the other night, and as I was walking in, one of the young folks who was working there walked up to me and said, Sir, can you tell the new leaders in Congress about my story?

The story was that he is a 25-year-old kid who is working at a restaurant and

has seizures and could not get any medication, could not get any health care coverage, but because of the law that was passed here last year, this young person now can get the medication, can stay on his parents' health care, and now is a productive member of society.

I know my friends on the other side have said things like, well, this employer said their insurance was going up 50 percent. That's been going on for decades now, especially in the last decade. This is going to fix that. I know my namesake from Wisconsin also said there are some employers who are going to have to let their people go into the exchange because their competition is going to let people go into the exchange. The bottom line is people were dumping workers for a decade and there wasn't an exchange. Now there is an exchange that these people will have some remedy and ability to get health care.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. MCCLINTOCK).

Mr. MCCLINTOCK. I thank the gentleman for yielding.

Mr. Speaker, the central promises of ObamaCare were that it would bend health costs down and wouldn't threaten existing plans. We now know that both of these claims were false.

The CBO warns us that the law will increase average private premiums by \$2,100 within the next 5 years above what they would have been without ObamaCare. The administration's own actuary admits that the law bends the cost curve up—not down—by \$311 billion over the next 10 years.

We now know that many existing plans are, indeed, jeopardized and that scores of companies that have been offering their employees basic plans have either dropped them or are continuing them only with waivers left to the whims of administration officials. But the most dangerous provision of this law is the Federal Government's assertion that it now has the power to force every American to purchase products that the government believes they should purchase whether or not they want them, need them, or can afford them. If this President prevails, the Federal Government will have usurped authority over every aspect of individual choice in the care of our families and can logically extend that power to every other commodity in the market.

The tragedy is that every day we continue down this road is a day we have lost to address the real problems in our health care system: the spiraling costs of malpractice litigation and defensive medicine, the loss of the freedom to shop across State lines, the loss of the freedom to tailor plans to the needs of individuals and families, and the absence of the tax advantages that families need to afford and choose their own health plans according to their own needs.

Churchill said all men make mistakes but wise men learn from them.

Mr. Speaker, the American people understand that ObamaCare was a huge mistake. Let us acknowledge that, learn from it, and move on to enact the reforms that will reduce health costs and increase health care choices for American families.

Mr. VAN HOLLEN. Mr. Speaker, I yield 1 minute to the gentlelady from California (Ms. LORETTA SANCHEZ).

Ms. LORETTA SANCHEZ of California. I thank my colleague from Maryland.

Mr. Speaker, this past year, around June, I was speaking to a woman who is a single mother. She has two young children. She is a real estate agent, and it has been tough in California. But through all of that, she managed to pay her premium to have health care for herself and for her two children.

In June, her daughter, for the first time, had an epileptic attack, and she didn't know what to do. She was scared to death. So she took her to the hospital and her daughter got better, but of course her daughter will have more of these. One month later, she found out that her daughter would not be covered any longer by that health care plan, and so she has been paying about \$1,700 out of her pocket for her daughter and her medications and all.

She came to me and I said, well, this is what the reform is about. This is what health care reform is about. It's about taking care of our children and our families. And I told her that her daughter would now be covered. If this was your daughter, you would not repeal this health care reform.

Mr. VAN HOLLEN. May I inquire, Mr. Speaker, how much time remains?

The SPEAKER pro tempore. The gentleman from Maryland has 15 seconds remaining.

Mr. VAN HOLLEN. Mr. Speaker, all the charts in the world can't wish away the CBO letter of January 6 of this year which says that the premiums will go down in the employer market, that people, on average, will pay less in the individual market, and that this legislation will reduce the deficit and the debt over the next 20 years. Again, that is the call from the nonpartisan experts we have. We shouldn't be substituting our judgment for theirs.

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

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I think we have already fairly well established the fact that when you strip out all the budget gimmicks and all the double accounting, ObamaCare is a budget buster. But let's take a look at where we are as a country.

We have a debt crisis coming in America, Mr. Speaker, and the primary reason why we have this mountain of debt is because of our already existing health care entitlements which have a massive unfunded liability. So what did the previous majority do? They just put two new unfunded, open-ended entitlements on top.

Now, a lot of people on the other side of the aisle said health care is a right and we are giving it to the people. Well, if we declare such things as a right to be given to us by government, then it's government's right to ration these things; it's government's right to regulate these things; it's government's right to pick and choose winners and losers. Health care is too important for that. I want to be in control of my and my family's health care. I want individuals to be in control of their health care and their destiny.

We have to ask ourselves when we create these new programs how much of our children's future and our grandchildren's future are we willing to sacrifice to give them this mountain of debt that is getting worse by the passage and creation of this law. This, of all reasons, is why we should vote to repeal.

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

The SPEAKER pro tempore. The gentleman from Texas (Mr. SMITH) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

□ 1550

Mr. SMITH of Texas. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I support this legislation that repeals the Democrats' job-stifling, cost-increasing, freedom-limiting health care law.

This bill would repeal a requirement that every individual buy a certain kind of health insurance. The Congressional Research Service confirms that the Federal Government has never forced all Americans to buy any good or service—until now.

This mandate violates Congress' powers under the commerce clause if our Constitution of limited Federal powers means anything. It's a major reason to repeal the health care bill.

One particularly costly part of our health care system is the practice of so-called defensive medicine, which occurs when doctors must conduct tests and prescribe drugs that are not medically required because of the threat of lawsuits. Taxpayers pay for this wasteful defensive medicine, which adds to health care costs.

The Democrats' health care law goes exactly the wrong direction. Incredibly, it contains a provision that prohibits any new limits on litigation from being enforced because it allows lawyers to opt out of any system that limits their ability to sue. This is contrary to the best interests of all Americans—except trial lawyers. The health care bill can only be read as an invitation to trial lawyers to sue medical personnel. That's another reason to repeal this health care bill.

The Democrats' health care law will produce more litigation and more costly health care. Those are two good reasons we should repeal it.

I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself 3 minutes.

Ladies and gentlemen of the House, I am very pleased to defend what has been not intended as a compliment, but to defend the so-called ObamaCare bill. President Obama is going to go down in history for having taken 54 million people, according to the CBO, off the rolls of the uninsured and given them insurance.

I've been looking over my congressional district over the King holiday and talking to a lot of people about health care. I haven't found one parent in the 14th Congressional District that didn't like the idea of having their children remain on their health care policy until age 26. Have you found anybody that would like not to have their children extended until 26? Please see me after this debate, because we've got so much to be proud of.

And what are we talking about? Pre-existing illnesses not being a basis for being denied insurance or a reason to kick one out of a health insurance policy. These are good things.

I am amazed by the fact that people say this bill is going to cost jobs. Well, the CBO says it's going to cost us \$230 billion to repeal the bill. Please, could we be a little more fiscally conservative in this body as we rush to repeal this bill?

The question of constitutionality is a very interesting one for the Judiciary Committee, a matter we are going to go into further. But we've found a very good set of arguments about the ability of this bill to be totally within the framework of our Constitution. Come on. We already have Medicare. Who do you think runs that? We already have Medicaid. What about Social Security?

Mr. Speaker, the issues here are simple.

The health care bill that Republicans attack today ensures that millions of Americans have access to essential medical care.

It enables businesses to provide health care to their employees—which protects and creates the jobs we so desperately need.

It protects Americans from notorious insurance company practices like denying coverage to those with pre-existing conditions and children with birth defects.

It stops insurance companies from dropping your coverage when you get sick.

And it takes critical first steps towards getting health care costs under control, cutting hundreds of billions of dollars from the deficit. Everyone in America who gets health insurance through their work has seen premiums and co-pays skyrocket year after year. Those increases afflict our entire health care economy. Before we passed the Affordable Care Act, they threatened to engulf the entire federal budget. Those who would repeal this law are simply not serious about our debt.

COSTS OF REPEAL

Repealing this bill would undo all these profound public policy achievements. And towards what end?

Repeal would add 54 million people to the rolls of the uninsured. Is that what the new majority wants as their first legislative act?

Repeal would permit health insurers to resume discriminating against those with pre-existing conditions. Does the new majority want

to tell women who have survived breast cancer or children with birth defects that they are not allowed to buy health care?

Repeal would lead to millions of young people being dropped from their parents' insurance coverage. In this economy, with work and the health insurance that comes with it so hard to find, does the new majority really want to kick these children off the insurance rolls?

And finally, repeal would add more than \$230 billion to the near term federal deficit. Is that what the new majority has in store for the American taxpayer?

The majority apparently feels that all these costs are acceptable, because they will "replace" the health care bill with something else. But that is simply not credible.

After all we went through to pass this bill, it obviously would be no simple thing to draft a replacement. So if the majority is serious about wanting to improve our health care system, at the least they should hold off on repealing the current law until their replacement actually exists. Voting now suggests the true motive here is the politics of health care, not the policy.

During the health care debate last year, we saw the Republican approach—and it simply does not improve our health care system. Indeed, in November of 2009, the Republicans put forward their own plan which the non-partisan Congressional Budget Office found would cover only 3 million people. That meant that for the 54 million people left without the ability to afford insurance, the Republicans' "No Care" plan provided exactly that—no care; no hope; no security.

CONCLUSION

There may be no issue that comes before the Congress that more clearly demonstrates the different priorities of the parties.

Based on today's proceedings, it is clear that the new Republican majority stands for protecting insurance companies, exploding the national debt, and playing to the extremes of their base.

The Democratic minority, on the other hand, stands for affordable health care for all, holding insurance companies accountable, and responsibly addressing our long term financial challenges.

I urge all Members to vote against repeal of the landmark health care reform law.

I reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER), who is the chairman of the Crime Subcommittee of the Judiciary Committee and also a former chairman of the Judiciary Committee itself.

Mr. SENSENBRENNER. I thank the gentleman from Texas.

Mr. Speaker, as each of us have traveled back to our districts over the past several months, we've heard from our constituents—from seniors to families to small businesses—speaking out convincingly. They demanded that this new Congress focus on legislation that encourages job growth, cuts spending, and shrinks the size of government. What better way to start than by repealing the President's trillion-dollar health care law, a massive new government intrusion into Americans' health care which promises to skyrocket costs even further. Our immediate action

today demonstrates that we are listening.

This is not to say that reforms aren't necessary. We must improve our health care system. We must enact sensible reforms that address the core problem—the rising cost of health care—without increasing the size of government. We must enact real medical liability reform, allow Americans to purchase health coverage across State lines, empower small businesses with greater purchasing power, ensure access for those with preexisting conditions, and create new incentives to save for the future health needs. Republicans want health care reform; however, we must reform it the right way.

Today, we take a much-needed first step. America deserves legislation that addresses our health care problems and helps our economy prosper. This bill is the first step to do that, and I urge my colleagues to vote in favor of it.

Mr. CONYERS. Mr. Speaker, I am pleased to yield 1½ minutes to a senior member of the Judiciary Committee, Ms. SHEILA JACKSON LEE of Texas.

Ms. JACKSON LEE of Texas. There is nothing that one can do when you're debating this bill than to be civil and to respect the American people, who, many of them, are in the jaws of terrible disease, rehabilitation, or maybe some have already lost their lives. And the repeal of this health bill, just a couple of pages, would sentence people possibly to dying. H.R. 2 talks about jobs when we're talking about lives.

So I think it is important that we follow what the repeal of this patient protection and health care bill does—end consumer protection, patient protection. And I think it is important for us to be able to hold this Constitution and prove that the Affordable Care Act is constitutional.

Well, I could say that there are 1.1 million jobs already created, that the deficit will blow up \$143 billion, a trillion over 20 years. But I really want to refer to the 14th Amendment that allows and guarantees you equal protection under the law.

If this bill is repealed, Ed Burke, a hemophiliac, will probably have serious health issues because he would have lifetime caps. Or Mr. Land, who was on my health care teleconference—where 18,000 people in Harris County were contacted—maybe he, who is from a family of schizophrenics and people who have children that have schizophrenia, maybe he would not be guaranteed the equal protection under the law.

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

Mr. CONYERS. I yield the gentleman 15 seconds.

Ms. JACKSON LEE of Texas. Thank you so very much.

Maybe they would not be able to withstand this onslaught on their rights because the Constitution guarantees them equal protection. And some who have insurance and some

who do not would not be treated equally.

And finally, let me say that in Texas, the Department of Insurance has said that this bill helps Texans.

I hope my colleague from Texas will vote not to repeal this bill. I will vote "no" on the repeal.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all Members to not traffic the well when another is under recognition.

□ 1600

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Iowa (Mr. KING), who is a senior member of Judiciary Committee.

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman from Texas, the chairman of the Judiciary Committee.

It is a pleasure to serve on this committee and come here and speak in support of the repeal of ObamaCare. It's something that I have worked on every day since it passed last March. It's legislation that I introduced, actually asked for the draft the same day that it passed. People thought that we couldn't get to this point. We are.

But this is Judiciary Committee subject matter. And the bill didn't go through the Judiciary Committee. We didn't address the tort reform that's so essential if we're going to do something to put health care back on track here in this country. And when I look at this, and serving on the committee, I believe it was in 2005 we passed legislation in the House that addressed the lawsuit abuse that drives up the costs of our health care. It didn't get taken up in the Senate. And here we are with a huge ObamaCare bill, ready to vote to repeal it, and part of the discussion needs to be why didn't it have tort reform in it. We are prepared to take a look at this as we go forward.

When I look at the numbers that are produced in part by the health insurance underwriters, they and others will tell me that somewhere between 3.5 and 8.5 percent of the overall cost of our health care goes because of lawsuit abuse and the defensive medicine that's associated with it.

I have a friend who is an orthopedic surgeon who tells me that 95 percent of the MRIs that he orders, he knows exactly what he is going to see when he gets inside to do the surgery, but he has to order them anyway to protect himself from that 5 percent that might end up being in litigation. And he said that in his little practice that's an additional million dollars a year in unnecessary tests. That's just one small piece of the lawsuit abuse that drives up the costs of health care that we must address if we're going to have managed costs.

And then the other component that is a Judiciary Committee component of this ObamaCare legislation that is about to have a vote on repeal here that we are debating is the components that are unconstitutional. The individual mandate is the most egregious

component of ObamaCare that compels Americans to buy a policy produced or approved by the Federal Government.

Mr. CONYERS. Mr. Speaker, I am pleased to yield 1½ minutes to a former subcommittee chairman of Judiciary, the gentleman from Georgia, HANK JOHNSON, to defend the ObamaCare legislation.

Mr. JOHNSON of Georgia. Thank you, Mr. Ranking Member.

I rise in opposition to the repeal of health reform. Repeal of health care reform would strip 32 million Americans of health insurance, including 139,000 residents of my district. Repeal will allow insurers to discriminate against people with preexisting conditions and reopen the doughnut hole, which would devastate Joseph Williams, a former corrections officer in my district who relies on Medicare for his prescription drugs. I will be voting against repeal, and I urge my colleagues to do the same.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. COBLE), who is also the chairman of the Courts, Commercial and Administrative Law Subcommittee of the Judiciary Committee.

Mr. COBLE. I thank the gentleman from Texas (Mr. SMITH).

Mr. Speaker, when we debated health care reform during the 111th Congress, I made the statement that we need to fine-tune the engine, not overhaul it. I reiterate that theory today.

President Obama, in my opinion, elevated health care to the number one issue facing America, mistakenly so, in my opinion. I think the number one issue facing America then and now involves jobs, or more precisely lack of jobs, and reckless spending. There is agreement from both sides of the aisle that we need to improve our health care system. I believe these improvements must enhance the quality and accessibility of care in a fiscally responsible manner. The law implemented last year failed to meet these criteria, particularly in the onerous 1099 tax increase on small businesses. That is just one glaring example.

By repealing ObamaCare, we will have the opportunity to take the more prudent approach of fine-tuning our health care law to ensure that it encompasses sound principles.

Mr. Speaker, this will likely be an obvious partisan vote, but it also serves a purpose. It sends a message to the American people that we are serious about fixing our broken health care system. Physicians do this daily. They make a diagnosis and fix the problem. I support the passage of H.R. 2 because Congress should take the same approach: fix the problem. Much energy and attention was directed to this matter, when it probably should have been directed to jobs and reckless spending. Too late for that now. But we need to address it. And I look forward to the vote that I guess will be tomorrow.

Mr. CONYERS. Mr. Speaker, I yield 1 minute to Dr. JUDY CHU of California, a

very valuable member of Judiciary Committee.

Ms. CHU. The health care repeal act will hurt many people, but especially seniors. It raises cost for prescriptions and preventive care. It weakens Medicare. And it takes away your freedom to make your own decisions, returning your health back to the hands of insurance companies. At the start of this year, seniors began receiving free preventive services such as mammograms and an annual exam, while, if repeal succeeds, good-bye free check-ups and free life-saving tests.

Today, seniors in the Medicare doughnut hole are getting half off many brand-name drugs; but if repeal passes, your prescription drugs are going to double. And those who get a \$250 check to help cover high drug costs might even have to pay it back. The original health reform bill extended Medicare's life until 2029; but if we repeal it, the Medicare Trust Fund becomes insolvent in 6 short years. The Patients Rights Repeal Act hurts seniors. It's dangerous for America's health.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. POE), who is actually a member of three subcommittees of the Judiciary Committee.

Mr. POE of Texas. Mr. Speaker, never before in the history of our great country has a tax been levied on individual Americans by the Federal Government with the purpose of forcing citizens to do something the government wants them to do. And never before has the government self-righteously ordered Americans to buy a product or pay a punitive fine.

In my opinion, the Constitution does not give the Federal Government, even well-intentioned government, the authority to make citizens buy any product, whether it's a car, whether it's health insurance, or even whether it's a box of chocolates.

The individual mandate provision of the health care bill is unconstitutional. The author of the Constitution, James Madison, said: "The powers delegated by the Constitution to the Federal Government are few and defined. Those that remain to State governments are numerous and indefinite." The health care bill is a theft of the individual freedom to control one's health to have it now controlled by omnipotent government.

Big government doesn't mean better solutions. In fact, as someone has said, "If you think the problems government creates are bad, just wait until you see government solutions." Government is partially to blame for the health care crisis, and the nationalized health care bill's government solution is unworkable and unconstitutional.

And if you like the efficiency of the post office, the competence of FEMA, and the compassion of the IRS, we will love the nationalized health care bill. Certainly, what we do here in Congress should be constitutional. And we

should repeal the health care bill and come up with constitutional solutions for health problems.

And that's just the way it is.

Mr. CONYERS. Mr. Speaker, I want to take this opportunity to congratulate LAMAR SMITH on becoming the chairman of the House Judiciary Committee during the 112th session of Congress.

I turn now to the former chairman of the Constitutional Subcommittee, JERRY NADLER of New York, and I yield him 2 minutes.

□ 1610

Mr. NADLER. I thank the gentleman for yielding.

Mr. Speaker, I rise in opposition to the Republican effort to deny 32 million Americans health care, to deny millions of middle class Americans the ability to get health care insurance if they have preexisting conditions and to drive up our national debt by an additional \$1.4 trillion over the next 20 years.

The Affordable Care Act will stave off the 55 percent of personal bankruptcies caused by health care emergencies. By banning rescissions, banning the preexisting conditions insurance bar, banning annual and lifetime coverage caps and capping annual out-of-pocket expenses, this law ensures that nobody will go broke because they get sick.

The bill will save the lives of the approximately 45,000 Americans who now die every year because they lack health insurance. For America's seniors, the Affordable Care Act strengthens the Medicare program. Seniors will no longer pay out of pocket for preventive services; and the cruel doughnut hole, which forces seniors to choose between taking their drugs or going without, will be closed.

And owners of small businesses will get billions of dollars in tax credits to help them provide health coverage to their employees—unless, of course, the Republicans are successful in enacting a tax increase on small businesses by repealing the law.

We did all this and more while reducing the deficit by what CBO now estimates will be \$230 billion in the first 10 years and \$1.2 trillion in the next 10 years.

The Republicans say the bill is an unprecedented or unconstitutional expansion of constitutional power. They are wrong. There is nothing radical, dangerous, or unconstitutional about the act. We have the power to enact this comprehensive plan, including its minimum coverage requirement under the commerce, necessary and proper, and general welfare clauses of article 1, section 8 of the Constitution. Similar attacks were levied against the Social Security Act of 1935, saying it was unconstitutional for the same reasons. Those arguments were unsound and rejected then and will fare no better today.

Indeed, leading Republican lawmakers championed individual mandates as part of their Health Equity

and Access Reform Today Act of 1993 introduced by Senator Dole and Senator Chafee. The requirement of individual participation was valid then, and it is valid now.

For all of these reasons, I strongly encourage my colleagues to vote “no” on this misguided repeal bill.

Mr. Speaker, following is my statement in its entirety:

I rise in opposition to the Republican effort to deny 32 million Americans health care, to deny millions of middle-class Americans the ability to get health care insurance if they have pre-existing conditions, and to drive up our national debt by an additional \$1.4 trillion over the next 20 years.

Last March, I had the distinct pleasure and honor of voting for the Affordable Care Act, which achieves many of the goals I have been fighting for my entire adult life.

The Affordable Care Act will stave off the 55 percent of personal bankruptcies caused by health care emergencies. By banning rescissions, banning the “pre-existing conditions” insurance bar, banning annual and lifetime coverage caps, and capping annual out-of-pocket expenses, this law ensures that nobody will go broke because they get sick.

When fully implemented more than 32 million additional Americans will have access to health care coverage. This translates into saving the lives of the 45,000 Americans, who now die every year because they lack health insurance.

In addition, the Affordable Care Act extends greater rights and benefits to women. No longer can insurance companies discriminate against women by charging women higher rates than men for the same coverage. No longer will women be denied coverage because insurance companies consider pregnancy, C-sections, and being the victim of domestic violence to be pre-existing conditions. No longer will women go without critical maternity care coverage, access to mammograms, and other key preventive care services—services that will be available without co-pays and deductibles. Ending these routine, disgraceful, and patently unfair practices are a tremendous victory for women and children.

For America’s seniors, the Affordable Care Act strengthens the Medicare program. Seniors will no longer pay out of pocket for preventive services, and the cruel donut hole, which forces seniors to choose between taking their drugs or going without, will be closed. And by cracking down on fraud and waste, the Act ensures that those who seek to take advantage of our seniors and steal from the Medicare program will no longer have a free ride.

The Affordable Care Act also benefits America’s young people. Often without the option of employer-based health insurance, young people now can stay on their parents’ health plans until their 26th birthday.

And owners of small businesses will get billions of dollars in tax credits to help them provide health coverage to their employees—unless, of course, the Republicans are successful in enacting a massive tax increase on small businesses by repealing this law.

We did all this and more while reducing the deficit by what CBO now estimates will be \$230 billion in the first ten years, and \$1.2 trillion in the next ten years.

Mr. Speaker, when our predecessors passed similarly historic laws such as Social

Security in 1935 and Medicare and Medicaid in 1965, they knew the measures would require further consideration. In the years since those crucially important programs were signed into law, Congress has made, and will continue to make, improvements to those programs. And that is the key—to make improvements to the law. Instead of spending our time looking for ways to build on and perfect the health care reform law, Republicans want to take a sledgehammer to it, to throw out everything, without any consideration at all. No matter that our economy still needs our attention. No matter that millions of Americans remain out of work.

The Republicans say the bill is an unprecedented or unconstitutional expansion of Congressional power. They are wrong. There is nothing radical, dangerous, or unconstitutional about the Act, through which Congress is regulating the vast interstate health and insurance markets in a number of ways that protect the American people. We have the power to enact this comprehensive plan, including its minimum coverage requirement, under the Commerce, Necessary and Proper, and General Welfare clauses of Article I, Section 8 of the Constitution. Similar attacks were levied against the Social Security Act of 1935. They were unsound and rejected then and will fare no better today.

We require citizens to participate in programs—like Medicare and Social Security—when necessary to accomplish an objective wholly within Congressional powers, and there simply is nothing so surprising or severe in requiring similar participation—by requiring that those who can obtain insurance do so or pay a tax penalty—in our comprehensive framework for health care reform. Indeed, leading Republican lawmakers championed individual mandates as part of their Health Equity and Access Reform Today Act of 1993. The requirement of individual participation was valid then, and it is valid now.

For all of these reasons, I strongly encourage my colleagues to vote NO on this misguided repeal bill, and instead, to say “yes” to guaranteeing health care for 32 million more Americans. To say yes to enabling millions of Americans with pre-existing conditions to obtain health insurance. To say yes to ending gender rating and rescissions. To say yes to allowing parents to cover their adult children on their health care plans. To say yes to strengthening Medicare for our seniors. To say yes to growing our economy by supporting small businesses. To say yes to reducing our deficit.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the chairman of the House Administration Committee, the gentleman from California (Mr. DANIEL E. LUNGREN).

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, in the scope of the American constitutional system of governance, the Congress is the body whose power is defined within the context of enumerated powers, and this is more than a matter of structural mechanics because it goes to the heart of the issue of governmental power, or if one prefers the flip side of the coin, personal freedom and responsibility.

If government has the power to require that you buy item A, it means that you are less able to buy item B, C, D or anything else.

Now, economists would call this the opportunity cost of foregone goods or services, but the fundamental question is the question of freedom to choose how we as individuals will spend the fruits of our labor.

Certainly the commerce clause lacks the elasticity that would accommodate a requirement that every American buy health insurance which conforms to the dictates of the Federal Government, as the Federal Government would change it on a yearly basis. Such an interpretation would render the notion articulated by James Madison and Federalist 45, that is, one of limited government, a nullity.

Now, I know we have smart people here. I know we have those in the administration who believe that this is totally constitutional; but, frankly, Mr. Speaker, my bet goes with James Madison.

He did say that the powers delegated by the proposed Constitution of the Federal Government are few and defined. He did say that the Federal Government will be exercising their responsibilities principally on external objects as war, peace, negotiations, and foreign commerce and the States would do much else.

Then, of course, we have the 10th Amendment, later adopted, which said, again, that this is a government of limited enumerated powers. Now, either the 10th Amendment means something, or it means nothing; and either James Madison knew what he was talking about, or he does not.

Mr. CONYERS. Mr. Speaker, I am pleased to yield 1 minute, and I congratulate the ranking member of Government Reform, to the gentleman from Maryland, ELIJAH CUMMINGS.

Mr. CUMMINGS. Mr. Speaker, I rise before you in fervent opposition to the bill we are considering today. I have heard from many of my constituents and small business owners who are grateful for the benefits of this law.

Children with preexisting conditions are no longer being denied access to private health insurance. Maryland small businesses offering health insurance to their employees are eligible for a 35 percent tax credit.

Further, as ranking member of the Committee on Oversight and Government Reform, I note that repealing this law would also eliminate the new private health plan currently providing coverage for many uninsured Americans with preexisting conditions.

I find it repugnant that Republicans want to strip Americans of this law’s protections that will save the lives of our fellow citizens.

I urge a “no” vote on this bill.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GOHMERT).

Mr. GOHMERT. Mr. Speaker, lest we forget, this is the disaster that we are told would be repugnant to repeal.

It started out as an act to amend the Internal Revenue Code of 1986 to modify first-time homebuyers’ credit in the

case of members of the Armed Forces. We took a bill that was designed to help veterans and the Senate stripped it all out and stuck in this disaster of a health care bill.

Just as we heard in the late 1990s that you can't pass welfare reform, you will leave women without anything, you heartless, mean people, it was because people here had hearts and wanted to see single women with children doing better that welfare reform had to be done. It was sent to the President; he wouldn't sign it. It was re-sent to the President; he wouldn't sign it. He finally signed it, and for the first time since the Great Society legislation came about, after 30 years of flat line, when adjusted for inflation single women with children, after welfare reform, began to have increases in income.

We heard all the naysayers then; we are hearing them now. It's because we want people to have the best health care. It's because we don't want what the President said when he told the Democratic Caucus, before it passed. Gee, you go to the doctor now and have five tests, after this bill you will go and get one test. My mother had to have six days of tests to find her tumor.

I don't want rationed care. I want health care to be legislated the way the President promised it would be. And once we get this disaster out of the way, no matter how many times we have to send it, it will be time to pass a bill that gets real health care reform.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentlewoman from Birmingham, Alabama, TERRI SEWELL.

Ms. SEWELL. Madam Speaker, I rise in opposition to this bill that seeks to repeal the Affordable Care Act, legislation that has helped so many constituents of mine and Americans all across this Nation.

Nearly 2 weeks ago, I was honored by being sworn in as a Representative of the Seventh Congressional District of Alabama. On day one I received numerous calls from my constituents urging me to oppose this repeal, and this weekend I heard from countless voices that the health care bill that's currently enacted has begun to help them.

Let me tell the story about Mr. and Mrs. Cheatem in Greene County from my district. Both are on Medicare. Mr. Cheatem suffered several heart attacks, and Mrs. Cheatem has a chronic back condition. Prescription medication alleviates her pain and keeps him alive.

Several provisions in the Affordable Care Act have helped Mr. and Mrs. Cheatem to get their prescriptions. Now they don't have to choose between putting food on the table, gas in their cars, or paying for their medication.

The Affordable Care Act is a first step towards strengthening our health care system and is already helping to save the lives of many in my district.

I urge my colleagues to vote "no" on this bill.

Mr. SMITH of Texas. Madam Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. GOODLATTE), who is also chairman of the Intellectual Property, Competition, and Internet Subcommittee of the Judiciary Committee.

Mr. GOODLATTE. I thank the chairman for yielding.

Madam Speaker, I rise in strong support of this legislation, which repeals the sweeping health care reform law rammed through Congress last year. This new law amounts to a Big Government takeover of our health care system, one that will lead to fewer choices, higher prices, and rationed care.

□ 1620

It creates more than 150 new government agencies and programs at a cost of well over \$1.2 trillion. It includes over \$560 billion in devastating new tax increases and cuts Medicare by over \$500 billion.

Americans are frustrated by rising health care costs. We must repeal the new health care law that kills jobs, raises taxes, threatens seniors' access to care, will cause millions of people to lose the coverage they have and like, and increases the cost of health care coverage. Then we must replace it with commonsense reforms that lower health care costs and empower patients.

For those who argue that somehow this is going to save the taxpayers money, think of the mandates that are not covered by the Federal Government. Think of the fact that it is not credible that at a time when senior citizens, baby boomers, are going to retire in unprecedented numbers to take over \$500 billion out of a Medicare program. And think of the jobs that are already being lost because the taxes on this are already being put into place, yet the benefits don't occur for 4 years. That legislation was smoke and mirrors. This legislation repeals it. We should support it and then start anew on commonsense reforms.

Mr. CONYERS. Madam Speaker, I'm pleased to yield 1 minute to the distinguished gentleman from Iowa (Mr. BRALEY).

Mr. BRALEY of Iowa. I thank the gentleman for yielding.

Madam Speaker, I want to show the face of the repeal of health care. This is Tucker Wright from Malcom, Iowa. He is 4 years old. And 2 years ago, before the Affordable Care Act was passed, Tucker was diagnosed with liver cancer and had two-thirds of his liver removed. He faces a long and uncertain medical future. But on January 2 of this year, because we passed the Affordable Care Act, Tucker's father, Brett, was able to change jobs because he no longer had to worry about the stigma of preexisting conditions.

Now, when you talk about repealing this bill, I'll tell you why it is not a good deal for Tucker Wright. Because even though our friends talk about

wanting to fix some of the problems that they now think are important, the first thing that's going to happen to Tucker Wright and his family as soon as this bill is repealed is his family will get a rescission letter from their insurance company because they will no longer be required to provide insurance for this young boy because he has pre-existing conditions. That's why this bill is a bad idea, and that's why I urge you to vote "no" and think about Tucker Wright.

Mr. SMITH of Texas. Madam Speaker, may I ask how much time remains on each side?

The SPEAKER pro tempore (Mrs. CAPITO). The gentleman from Texas has 5½ minutes remaining. The gentleman from Michigan has 8½ minutes remaining.

Mr. SMITH of Texas. I reserve the balance of my time.

Mr. CONYERS. I yield 1 minute to the gentleman from Minnesota (Mr. WALZ).

Mr. WALZ of Minnesota. I thank the gentleman for yielding.

Madam Speaker, I rise today to state my strong opposition to the repealing of the Affordable Care Act. Repealing this law will eliminate consumer protections, raise taxes on small business, explode the deficit, and put insurance company CEOs directly between Americans and their doctor.

I'm very proud to represent the Mayo Clinic in Rochester, Minnesota. They're a symbol of what we can achieve when we deliver the world's highest quality care at the most efficient and effective costs. When we passed this law last year, they said it was a good first step. And I agree.

Now is not the time to step backwards. Folks in my district are already seeing the benefits of this new law. Seniors have received help paying for their expensive prescription drugs and have better access to preventative care saving money. And just a few weeks ago, I received a letter from a dad in my district named Paul. Paul's son Joe is 21, works part-time and has diabetes. Joe couldn't get the insurance he needed to pay for the expensive equipment and treatment he needs to stay healthy and alive. Paul wrote to say thank you for passing the Affordable Care Act. Because of the new law, Joe got back on his parents' insurance, and a new insurance card came in the mail on January 3. A vote to repeal this legislation pulls that card away.

Mr. SMITH of Texas. Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. REED), former mayor of Corning and a new member of the Judiciary Committee.

Mr. REED. Madam Speaker, I rise today in support of the repeal of the job-killing ObamaCare legislation.

This bill is a whopping 2,500 pages, a monstrosity of new spending and government bureaucracy, rushed to approval after only 48 hours of arm-twisting and deal-making. Unfortunately,

just as Republicans predicted, this legislation did absolutely nothing to address the real problem of health care—its cost.

Republicans have long advocated for tort reform to be included in any legislation to lower the costs of health care. For just as long, those who have written this legislation have continually ignored the need for tort reform. As even as the nonpartisan Congressional Budget Office estimates, tort reform initiatives could save approximately \$54 billion. I will say that the other side attempted to address tort reform by providing \$50 million to States to consider the concept of tort reform. Here we go again. Another example of what's wrong with Washington, spending \$50 million to figure out how to save money. The American people recognize Republicans have a better plan, one which reduces health care costs.

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

Mr. SMITH of Texas. Madam Speaker, I yield the gentleman an additional 30 seconds.

Mr. REED. The American people recognize Republicans have a better plan, one which reduces health care costs and gets lawyers and bureaucrats out of our doctors' and nurses' offices.

Let's repeal this bill, focus on bipartisan initiatives we all agree on like fixing the doughnut hole, and pass tort reform legislation once and for all without spending an additional \$50 million. Until we do so, jobs will continue to be lost.

Mr. CONYERS. I yield 1 minute to the gentleman from Missouri, RUSS CARNAHAN.

Mr. CARNAHAN. Madam Speaker, I rise in strong opposition to this bill that would hurt small businesses in Missouri who are finally gaining access to affordable coverage for their employees. Since 2010, the health care coverage among small firms has increased by more than 12 percent. If this bill passes, those small business owners will lose the tax credits that are providing up to 50 percent of their health care costs. Many of them will have to drop the very health insurance they have just now been able to provide their employees and their families.

These are real people, people like Michelle Barron, who owns an independent book store in Rock Hill, Missouri. She used to be able to afford coverage for her employees, but over the years couldn't keep up. She had to drop her employees and finally drop her own coverage because of preexisting conditions. Last year when the health care bill was signed into law, new options opened up for Michelle and countless small business owners like her.

But if we repeal health care, it will turn back the clock for small business owners like Michelle. Insurers would be able to go back to denying coverage for preexisting medical conditions, and small business owners would lose the tax credits that are helping make health care coverage affordable. We

cannot go back to the bad old days of insurance company control. This is not the time to step backwards.

Mr. SMITH of Texas. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. QUAYLE), who is a member of the Judiciary Committee.

Mr. QUAYLE. I thank the chairman for yielding.

Madam Speaker, I rise today in support of H.R. 2.

Last year, behind closed doors and against the will of the American people, the Democratic majority of the 111th Congress passed a bill that fundamentally changes the doctor-patient relationship. They passed a bill that will increase the cost of health care and explode our national debt. They passed a bill that expands the scope of government well beyond the parameters set forth in the Constitution.

The genius of our Constitution is that this document didn't set forth what the government must do for us, but rather what the government can't do to us. Requiring every individual to enter into a commercial contract certainly falls within the realm of what the government can't do to us.

The people in my district understand this, just as they understand that our health care system needs sensible, patient-centered reforms that will reduce costs and increase access. Unfortunately, the health care bill that was passed will increase costs and increase our national debt. Yes, those who drafted the bill tried to conceal the true costs from the American people. But if you look beyond the accounting gimmicks, that bill increases our debt by \$701 billion over the next 10 years.

It is time to get our country back on the right track, and H.R. 2 is a necessary step to fulfilling that mission.

Mr. CONYERS. Madam Speaker, I yield 2 minutes to the distinguished gentlewoman from Florida, DEBBIE WASSERMAN SCHULTZ.

Ms. WASSERMAN SCHULTZ. Madam Speaker, I think it is important to address the notion of job killing versus job creating. We've heard a lot of talk about the title of this bill and the jobs that it supposedly kills. But let's look at the facts here though. Of the 1.1 million private-sector jobs—documented—that were created last year, fully 200,000 of those were in the health care sector, or one-fifth. We've actually had an average of 20,000 jobs per month created in the health care sector alone over the course of the last 2 years.

□ 1630

There have been no job losses in the health care sector. None. And I challenge our colleagues on the other side of the aisle, on the Republican side of the aisle, who are vociferously advocating the repeal of health care reform on the premise that it is a job killer to name one area of health care, one, where there have been job losses. I would suspect that we would hear crickets chirping, because there are

none. There isn't a single area of health care that there have been job losses; not before health care reform passed and not since.

Also, I think it is important to address the comments from my colleague the gentleman from Texas (Mr. GOHMERT) who stated that President Obama told the Democratic Caucus that health care reform would supposedly allow us to shrink five tests performed on a patient to one. That is simply not true. That never happened. He never said that. And at the end of the day we need to make sure that we are entitled to our opinions but not to our own facts.

I suspect that our colleagues on the other side of the aisle are making up their own facts because their arguments don't stand on the strength of their ideas and aren't strong enough to stand on their own. I thought it was important to clear that up, Madam Speaker.

Mr. SMITH of Texas. Madam Speaker, I yield 1 minute to the gentleman from Arkansas (Mr. GRIFFIN), who is a member of the Judiciary Committee.

Mr. GRIFFIN of Arkansas. I thank the gentleman from Texas for his leadership on this issue and for yielding me this time.

Madam Speaker, I believe we need health care reform badly, but the law we got isn't what we need. That is why I rise today in support of H.R. 2 to repeal the current health care law. The health care law provides for an increased government role and will ultimately lead to decisions made by the government instead of doctors and patients.

It ignores the issue of cost. It was loaded with gimmicks to make it seem deficit neutral. But once those are accounted for, we find that it adds over \$700 billion to the deficit in the next 10 years.

The health care law, and especially the unconstitutional mandate, handicaps our ability to grow jobs. Small businesses will be hit hardest because they operate on the tightest margins and will have the toughest time complying with the onerous regulations, many of which are still not written, creating uncertainty for employers.

We must repeal the law and replace it with one that lowers costs, preserves the doctor-patient relationship, lets Americans keep the coverage they have, allows the private sector to create jobs and follows the Constitution.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentleman from New Jersey, Mr. ROB ANDREWS.

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

Mr. ANDREWS. Madam Speaker, as we meet this afternoon, there are 15 million unemployed Americans. And no matter where you go in this country, you hear that the number one concern of our constituents is creating an environment where businesses and entrepreneurs can put people back to work.

So what is the House doing this week? Re-litigating, regurgitating, re-arguing a political debate about health care again. I believe the people of this country want us to work together to get jobs back in the American economy.

The Republicans offer us a slogan, a job killing health care bill. What kills jobs is paralysis in Congress. What kills jobs is ignoring the economic problems of this country. "No" is not simply the right vote on the merits, it's the right vote because this is the wrong bill at the wrong time.

Mr. SMITH of Texas. Madam Speaker, I only have one more speaker on this side and I am prepared to close.

Mr. CONYERS. How much time have we remaining, Madam Speaker?

The SPEAKER pro tempore. The gentleman from Michigan has 3½ minutes remaining, and the gentleman from Texas has 1¾ minutes remaining.

Mr. CONYERS. Madam Speaker, I yield myself 1 minute.

Because this is the Judiciary Committee and so little has been said about the constitutionality, I am pleased to quote from the dean of the law school of the University of California, Erwin Chemerinsky, who said that opposing health care reform and relying on an argument that it is unconstitutional is an inadequate way to proceed.

Somebody here must remember that there is Medicare, Medicaid, Social Security. Please, this is not new that the government would be intervening in this way. Maybe we need to revise and revisit the questions of constitutionality.

[From POLITICO, Oct. 23, 2009]

HEALTH CARE REFORM IS CONSTITUTIONAL
(By Erwin Chemerinsky)

Those opposing health care reform are increasingly relying on an argument that has no legal merit: that the health care reform legislation would be unconstitutional. There is, of course, much to debate about how to best reform America's health care system. But there is no doubt that bills passed by House and Senate committees are constitutional.

Some who object to the health care proposals claim that they are beyond the scope of congressional powers. Specifically, they argue that Congress lacks the authority to compel people to purchase health insurance or pay a tax or a fine.

Congress clearly could do this under its power pursuant to Article I, Section 8 of the Constitution to regulate commerce among the states. The Supreme Court has held that this includes authority to regulate activities that have a substantial effect on interstate commerce. In the area of economic activities, "substantial effect" can be found based on the cumulative impact of the activity across the country. For example, a few years ago, the Supreme Court held that Congress could use its commerce clause authority to prohibit individuals from cultivating and possessing small amounts of marijuana for personal medicinal use because marijuana is bought and sold in interstate commerce.

The relationship between health care coverage and the national economy is even stronger and more readily apparent. In 2007, health care expenditures amounted to \$2.2 trillion, or \$7,421 per person, and accounted

for 16.2 percent of the gross domestic product.

Ken Klukowski, writing in POLITICO, argued that "people who declined to purchase government-mandated insurance would not be engaging in commercial activity, so there's no interstate commerce." Klukowski's argument is flawed because the Supreme Court never has said that the commerce power is limited to regulating those who are engaged in commercial activity.

Quite the contrary: The court has said that Congress can use its commerce power to forbid hotels and restaurants from discriminating based on race, even though their conduct was refusing to engage in commercial activity. Likewise, the court has said that Congress can regulate the growing of marijuana for personal medicinal use, even if the person being punished never engaged in any commercial activity.

Under an unbroken line of precedents stretching back 70 years, Congress has the power to regulate activities that, taken cumulatively, have a substantial effect on interstate commerce. People not purchasing health insurance unquestionably has this effect.

There is a substantial likelihood that everyone will need medical care at some point. A person with a communicable disease will be treated whether or not he or she is insured. A person in an automobile accident will be rushed to the hospital for treatment, whether or not he or she is insured. Congress would simply be requiring everyone to be insured to cover their potential costs to the system.

Congress also could justify this as an exercise of its taxing and spending power. Congress can require the purchase of health insurance and then tax those who do not do so in order to pay their costs to the system. This is similar to Social Security taxes, which everyone pays to cover the costs of the Social Security system. Since the 1930s, the Supreme Court has accorded Congress broad powers to tax and spend for the general welfare and has left it to Congress to determine this.

Nor is there any basis for arguing that an insurance requirement violates individual liberties. No constitutionally protected freedom is infringed. There is no right to not have insurance. Most states now require automobile insurance as a condition for driving.

Since the 19th century, the Supreme Court has consistently held that a tax cannot be challenged as an impermissible take of private property for public use without just compensation. All taxes are a taking of private property for public use, but no tax has ever been invalidated on that basis.

Since the late 1930s, the Supreme Court has ruled that government economic regulations, including taxes, are to be upheld as long as they are reasonable. Virtually all economic regulations and taxes have been found to meet this standard for more than 70 years. There is thus no realistic chance that the mandate for health insurance would be invalidated for denying due process or equal protection.

Those who object to the health care proposals on constitutional grounds are making an argument that has no basis in the law. They are invoking the rhetorical power of the Constitution to support their opposition to health care reform, but the law is clear that Congress constitutionally has the power to do so. There is much to argue about in the debate over health care reform, but constitutionality is not among the hard questions to consider.

I yield the balance of my time to the gentlewoman from Texas, Ms. SHEILA

JACKSON LEE, a senior member of the committee.

The SPEAKER pro tempore. The gentlewoman from Texas is recognized for 2½ minutes.

Ms. JACKSON LEE of Texas. Mr. Chairman, you are absolutely right. This is a constitutional question that has been raised, and as I came to the floor earlier, I mentioned my predecessor, Congresswoman Jordan, who believed in this Constitution without question. I mentioned the 14th Amendment. I now mention the Fifth Amendment.

First of all the commerce clause covers this bill, but the Fifth Amendment speaks specifically to denying someone their life and liberty without due process. That is what H.R. 2 does, and I rise in opposition to it. And I rise in opposition because it is important that we preserve lives and we recognize that 40 million plus are uninsured.

In my own county, Harris County, this bill will allow some 800,000 uninsured members of Harris County, citizens of Harris County, to be insured in Texas. In addition, the Texas Department of Insurance, as many other States, have already begun implementing this bill, the patient protection bill, gladly so, and saying it will help save lives and provide for the families of their States.

Can you tell me what is more unconstitutional than taking away from the people of America their Fifth Amendment rights, their 14th Amendment rights, and the right to equal protection under the law? I know that Mr. Land, who suffers from schizophrenia with his family; Ms. Betty, who had to go to the ER room in Texas because of no insurance; Mrs. Smith who was on dialysis; or Mrs. Fields whose mother couldn't get dental care, I know they would question why we're taking away their rights.

Today we stand before this body, we beg of them to ask themselves whether this is all about politics or about the American people. I am prepared to extend a hand of friendship, standing on the Constitution, to enable us to provide for all of the citizens of this country.

This bill has been vetted, this bill is constitutional, and it protects the constitutional rights of those who ask the question: Must I die, must my child die because I am now disallowed from getting insurance? To our seniors, there are no death panels. This is about your primary care doctor. This is about closing the doughnut hole that will allow you to be able to get discounts on your prescription drugs that some of you have avoided because you have to pay your rent and you have to buy your food.

Texas, a big State, has already said through a governmental agency, we need this bill. And we hope that those who come from our State and many other States will not vote against the protection of patients. Vote against H.R. 2 and provide yourself with the protection of the Constitution.

Madam Speaker, I stand in strong opposition to the Patient's Rights Repeal Act. As a Member of Congress I take seriously my responsibility and sworn oath to serve my constituents and improve the lives of all citizens of this country for the better.

The Fourteenth Amendment of the U.S. Constitution states that, "No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws."

The last portion of this amendment, commonly called the Equal Protection Clause, is one of the most important portions of the Constitution, which was added after the Civil War and was the basis for most of the civil rights decisions that transformed this country. Furthermore, many of the legal arguments for demanding medical treatment have also rested on this clause, which the U.S. Supreme Court relied on in its *Roe v. Wade* decision. Repealing the healthcare reform we enacted last year would be a violation of the Equal Protection Clause of the 14th Amendment of the U.S. Constitution since it would be abridging the fundamental right of U.S. citizens to have health care and would be denying them the equal protection under the law guaranteed to them by the 14th Amendment.

Furthermore, even the Founding Fathers more than two centuries ago emphasized the fundamental importance of good health. Thomas Jefferson stated that, "Without health there is no happiness. And attention to health, then, should take the place of every other object . . . The most uninformed mind, with a healthy body, is happier than the wisest valudinarian."

I urge President Obama that should any repeal of any beneficial portion of the Patient Protection and Affordable Care Act come to his desk, he should utilize his presidential prerogative to veto this legislation which would harm the fundamental rights of Americans.

As health care reform takes a particularly partisan tone, this Nation, as of January 2011, still has more than 20 million Americans according to the U.S. Census Bureau who live without health insurance.

To my colleagues across the aisle, have you truly considered what this repeal would mean and who this would affect? Sadly to say, in my district, the 18th Congressional District of Houston, Texas, the repeal would be devastating. To highlight a few major effects of the repeal for my district, please listen as I explain several devastating changes to health care coverage that a number of populations throughout the 18th Congressional District of Houston, Texas, will face.

The repeal would increase drug costs for seniors. There are 5,300 Medicare beneficiaries in my district who are expected to benefit from these provisions. Repeal would increase the average cost of prescription drugs for these Medicare beneficiaries by over \$500 in 2011 and by over \$3,000 in 2020.

The repeal would deny seniors new preventive and wellness care improving primary and coordinated care, and enhancing nursing home care.

The repeal would eliminate these benefits for 70,000 Medicare beneficiaries in the district and cause the Medicare trust fund to become insolvent in just six years.

The repeal would eliminate tax credits for small businesses. The health reform law provides tax credits to small businesses worth up to 35 percent of the cost of providing health insurance. There are up to 14,600 small businesses in my district, small businesses that are eligible for this tax credit. This repeal would force these small businesses to drop coverage or bear the full costs of coverage themselves.

The repeal would increase retiree health care costs for employers. The health reform law provides funding to encourage employers to continue to provide health insurance for their retirees. As many as 5,500 district residents who have retired but are not yet eligible for Medicare could ultimately benefit from this early retiree assistance.

The repeal would increase costs for employers and jeopardize the coverage their retirees are receiving. The repeal would increase the cost of uncompensated care born by hospitals. The Health Reform Law benefits hospitals by covering more Americans and thereby reducing the cost of providing care to the uninsured.

The repeal would undo this benefit, increasing the cost of uncompensated care by \$27 million annually for hospitals in my district.

As evidenced in the recent elections, the public has indicated they want less spending and a balanced budget. The Congressional Budget Office estimates the budget will be negatively impacted to the tune of \$230 billion dollars over a 10 year period if healthcare reform is repealed. Additionally, more than four million small businesses would lose health insurance tax credits as a result of repeal, and the cost of offering employer-based health insurance could increase by more than \$3,000 annually, according to the U.S. Public Interest Research Group.

As a Congress we have continued to debate this issue for decades without resolve. The uninsured, the underserved, vulnerable and minority communities are particularly at risk. Lest we forget—in 1999 we asked the Institute of Medicine—the independent organization whose reports are considered the gold standard for health care policymakers—to investigate disparities in health and health care among racial and ethnic minorities. The results were damning: the ensuing study, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, found that minorities had poorer health and were consistently receiving lower-quality health care even when factors such as insurance status and income weren't involved.

As stated by Newsweek, minorities and the underserved were less likely to get lifesaving heart medications, bypass surgery, dialysis, or kidney transplants. They were more likely to get their feet and legs amputated as a treatment for late-stage diabetes.—Mary Carmichael, *The Great Divide*, Newsweek, February 15, 2010.

In our current system, most people do not choose to be uninsured but are priced out of insurance. These people cannot, as free market proponents often argue, "pull themselves up by their bootstraps." Instead, they and their families are too often cyclically and systemically trapped in their economic situation. As a result, minority communities suffer grave health disparities that would otherwise be limited but for lack of access to affordable and quality care. What is the price for improving the life expectancy of millions of Americans of all ages?

In 2007, only 49 percent of African-Americans in comparison to 66 percent of non-Hispanic whites used employer-sponsored health insurance, according to the Department of Health and Human Services. During the same year, 19.5 percent of African-Americans in comparison to 10.4 percent of non-Hispanic whites were uninsured.

Hispanics have the highest uninsured rates of any racial or ethnic group within the United States. In 2004, the Centers for Disease Control and Prevention reported that private insurance coverage among Hispanic subgroups varied as follows: 39.1 percent of Mexicans, 47.3 percent of Puerto Ricans, 57.9 percent of Cubans, and 45.1 percent of other Hispanic and Latino groups.

Health care reform also is critical to ensure that women have access to affordable health care coverage. An estimated 64 million women do not have adequate health insurance coverage. About 1.7 million women have lost their health insurance coverage since the beginning of the economic downturn. Nearly two-thirds lost coverage because of their spouse's job loss. And nearly 39 percent of all low-income women lack health insurance coverage. Women also are more likely to deplete their savings accounts paying medical bills than men because they are more likely to be poor. This bill gives women access to the health care that they need and deserve.

Health care reform is a critical step in helping to reduce such health disparities. Are we now telling the American public we will not?

Lower costs for minority families and all Americans should forget about preventive care for better health.

Racial and ethnic minorities are often less likely to receive preventive care. Vietnamese women, for example, are half as likely to receive a pap smear, and twice as likely to die from cervical cancer as are whites. Obesity rates are also high among certain minority groups. By ensuring all Americans have access to preventive care and by investing in public health, health insurance reform will work to create a system that prevents illness and disease instead of just treating it when it's too late and costs more. Are we telling the citizens of this country that we will not?

Make health care accessible to everyone.

African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population. By providing health insurance choices to all Americans and providing premium assistance to make it affordable, health insurance reform significantly reduces disparities in accessing the best quality for health. We will you tell your constituents that you will not:

Control chronic disease and promote primary care.

Nearly half of African Americans suffer from a chronic disease, compared with 40 percent of the general population. Chronic illness is growing in other minority communities as well. Health insurance reform is slated to include a number of programs to prevent and control chronic disease, including incentives to provide medical homes and chronic disease management pilots in Medicare. By investing in the primary care workforce (including scholarships and grants to increase diversity in health professions), health reform will make sure that all Americans have access to a primary care doctor and strengthen the system of safety-net hospitals and community health centers to ensure accessible care.

The people of my home State of Texas, in particular, with 6 million uninsured persons, and 26 percent uninsured in my district, have been hit especially hard when it comes to lack of access to quality, affordable care. Many Americans continue to be forced from their health care plans due to decisions by insurance companies that consider profit over people.

So how do the million plus Houston residents without an insurance company get health care—the emergency room, ER! Emergency rooms have become the health care providers of last resort for well over 100 million Americans annually.

Will we allow this trend to continue? Over a 10 year period from 1994 to 2004, ER visits on a national level saw an 18 percent jump, according to the Centers for Disease Control and Prevention. Emergency rooms in Houston hospitals are routinely overcrowded as overused as throngs flock seeking care for ailments that may range from a heart attack or gunshot wound to an ear infection or toothache. ER overcrowding is so bad in the Houston area, that patients have called 911 from one ER to get to another, according to one report. When the President signed the health care bill into law, he ensured that Americans who have been flocking to emergency rooms for primary care will have another option—affordable and accessible health care.

Repealing the health act is not in the best interest of Americans. Health is not partisan and we should not treat it as such. Will we tell the citizens of this great Nation, we will not?

Bar insurance companies from discriminating based on pre-existing conditions, health status, and gender; create health insurance exchanges—competitive marketplaces where individuals and small business can buy affordable health care coverage in a manner similar to that of big businesses today; offer premium tax credits and cost-sharing assistance to low and middle income Americans, providing families and small businesses with the largest tax cut for health care in history; insure access to immediate relief for uninsured Americans with pre-existing conditions on the brink of medical bankruptcy; invest substantially in community health centers to expand access to health care in communities where it is needed most; empower the Department of Health and Human Services and State insurance commissioners to conduct annual reviews of new plans demanding unjustified, egregious premium increases; expand eligibility for Medicaid to include all non-elderly Americans with income below 133 percent of the federal poverty level (FPL); replace the so-called “cornhusker” deal with fair assistance for all States to help cover the costs of these new Medicaid populations; maintain current funding levels for the Children’s Health Insurance Program (CHIP) for an additional two years, through fiscal year 2015; and increase payments to primary care doctors in Medicaid.

Increased costs for families and business in the current economy cannot be best for the Nation. Before we rush headlong toward repeal, we must consider the consequences and look for solutions that hold down costs, not increase them. In opposition to H.R. 2, I offered several amendments to protect the millions of Americans who are at risk of the legislation that is before the body of Congress today. Specifically, my amendments would amend the legislation to make no further reduction in

Medicare and Medicaid fraud and would prevent the abuse of activities below the level that would be provided under Title VI and Subtitle F of Title X of the Patient Protection and Affordable Care Act and Sections 1106 and Subtitle D of Title I of the Health Care and Education Reconciliation Act of 2010, Public Law 111–152.

My amendment stated that this repeal shall not take effect unless and until the Director of Office of Management and Budget in collaboration with the Director of the Congressional Budget Office certifies to Congress that this repeal will not result in any decrease in Medicare and Medicaid fraud and abuse prevention activities below the level provided in the Patient Protection and Affordable Care Act.

Health care fraud and abuse has been a national problem, prevalent in Federal, State and private insurance programs, costing this Nation billions of dollars each year. Fraud can result in improper payments, but it is not the only cause of wasteful spending in Federal health care programs. Payments for unnecessary medical services, for claims with insufficient documentation, for ineligible patients and to ineligible providers, are examples of improper expenditures that waste taxpayer dollars and drive up health care costs. Fraud and abuse account for one-fifth, an estimated \$125 to \$175 billion of that waste. This is staggering.

Continuing to uncover fraud and abuse will assist in covering the costs of health reform, allowing us to keep the services so many Americans rely upon, while reducing the deficit. The Congressional Budget Office estimates that every \$1 invested to fight fraud yields approximately \$1.75 in savings. Through FY 2009, the Department of Justice’s civil division and U.S. Attorneys’ Offices have recovered nearly \$16 billion in matters alleging fraud against government health care programs.

As we look to make non-partisan decisions that will benefit the American people and guarantee fair and equitable health care coverage, the Obama administration has taken steps to significantly improve oversight of the Medicare Part C and Part D programs. These steps have sought to tailor interventions towards the areas where fraud and abuse are the greatest. Efforts have been implemented to invest in critical data infrastructure, enhanced field operations at Centers for Medicaid and Medicare Services, the Office of Inspector General, and Department of Justice, and initiated new efforts to reduce improper payments.

On July 2010, U.S. Health and Human Services Secretary, Kathleen Sebelius and U.S. Attorney General, Eric Holder launched a series of regional health care fraud prevention summits. These summits brought together a range of Federal, State and local partners, beneficiaries, providers, and other interested parties to discuss innovative ways to eliminate fraud within our U.S. health care system. Tools contained in the Affordable Care Act serve to safeguard taxpayer dollars and ensure health care coverage for seniors, families and children are secure.

The Nation’s health care system has been victimized by health care fraud perpetrators whose objective is to line their pockets at the expense of the American taxpayer, patients, and private insurers. This not only drives up costs for everyone in the health care system, it cripples the long term solvency of Medicare

and Medicaid, two programs upon which millions of Americans depend.

This particular amendment was essential to hold State and local partners, beneficiaries, providers, and others accountable to their patients and communities and ensure these new policies are used in an effective manner to yield the best possible outcome.

Regarding community health centers, I offered an amendment that would prevent Section 2 of House Bill H.R. 2 from taking effect unless and until the Director of the Office of Management and Budget, in consultation with the Director of the Congressional Budget Office, certifies to Congress that the repeal of the Patient Protection and Affordable Care Act (Public Law 111–148) will not result in an elimination of any increased funding to community health centers provided under the Patient Protection and Affordable Care Act or the Health Care and Education Reconciliation Act of 2010 and will not result in any decrease in the number of community health centers, and will not otherwise disallow further expansions of community healthcare centers.

It is important to protect the historic healthcare legislation which we fought so hard to enact in order to provide the accessible, affordable and quality healthcare that all Americans deserve and so many Americans receive through community healthcare centers.

Community health centers are poised to play a vital role in the implementation of the Affordable Care Act and emphasize coordinated primary and preventive services. These centers also provide preventive services. Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Offer a medical home to the most vulnerable and medically underserved—low-income individuals, racial and ethnic minorities, rural communities and other underserved populations to address and reduce health disparities.

Community health centers continue to show their ability to manage patients with multiple health care needs, and implement key quality improvement practices, including health information technology.

For more than forty years, health centers have delivered quality, comprehensive preventive and primary care to patients regardless of their ability to pay. With a proven track record of success, and the advent of 350 new community health care centers being established in fiscal year 2011, a repeal of the Affordable Care Act will threaten the very fabric of this Nation’s health care system. Currently, more than 1,100 community health centers operate 7,900 service delivery sites and provide care to nearly 19 million patients in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

The Affordable Healthcare Act included enhanced funding for operations and start-ups of federally qualified health centers in the Harris County Hospital district, which is in the 18th Congressional District of Texas, my home district, thereby increasing the availability of primary health care and preventive health care services. The Affordable Healthcare Act also provided funding for and policy direction to increase the number of primary care providers in the Harris County Hospital district and the state of Texas, inclusive of physicians and physician extenders (advanced nurse practitioners).

The Affordable Healthcare Act also directed states to increase provider payment rates to physicians in the Medicaid program. This is significant in that rates are so low in Texas many physicians are unwilling to take Medicaid patients.

According to the Texas Health and Human Services Commission Study, there are currently 1.1 million uninsured in Harris County, Texas. Full implementation of health care reform would reduce that number to a little over 390,000. That represents a 65 percent reduction in the number of uninsured residents. Diminished access to primary and preventive health care services that in turn will lead to a moreover use of acute care hospital inpatient services and emergency center encounters at much higher costs to county taxpayers and higher Medicaid per capita expenditures for the state and Federal government. Without reform, cuts to the Medicare and Medicaid program will put a greater strain on existing safety net providers and local tax payers. Without expanded care and insurance reforms, people will not have access to affordable, lower cost health care services.

Specifically, in my Congressional district, the South Central Houston Community Health Center has been serving the Houston community since 1994 and has locations in the Sunnyside and Third Wards areas of Houston. By being the oldest, Federally qualified health center in the city of Houston, the community health center has grown to receive over 1.2 million in annual Federal funds, which is instrumental in providing quality health care to the medically underserved, uninsured, and underinsured people of the greater Houston area. The South Central Houston Community Health Center has made tremendous progress towards eliminating healthcare disparities and increasing access to healthcare services to the Houston community.

The Legacy Community Health Center in my Congressional district has also benefitted greatly from the Affordable Healthcare Act. The Legacy Community Health Center is a full-service, community health center that provides comprehensive, primary healthcare services to all Houstonians in a culturally sensitive, judgment-free and confidential environment. Legacy has specialized in HIV/AIDS testing, education, treatment and social services since the early 1980's. They also provide care for other chronic health conditions like diabetes and high blood pressure disparately impacting minorities. Generous financial support from individuals, businesses and charitable foundations allows Legacy to provide no-cost or low-cost healthcare services to over 30,000 men, women and children each year.

The Good Neighbor Healthcare Center also in my Congressional district offers a wide array of services to families living in the greater Houston area. Services include primary health care, dental care, optometry, and behavioral health services. Good Neighbor Healthcare Center has a special mission to the community that goes right to the heart of providing quality, accessible primary health care and dental care to those in need. Good Neighbor Healthcare Center serves patients from virtually every zip code in Harris County, and the diverse staff is ready to assist patients with all of their health care needs. Good Neighbor Healthcare Center assists patients in Spanish or English as needed as well.

Community health centers are an integral part of our communities providing a source of

local employment and economic growth in many underserved and low-income communities. In 2009, community health centers across the Nation provided more than \$11 billion in operating expenditures directly into their local economies. Community health centers employ more than 9,100 physicians and more than 5,700 nurse practitioners, physician assistants, and certified nurse midwives to treat patients through culturally competent, quality and integrated care.

And lastly, I offered an amendment that would be essential to an unprecedented opportunity to serve more patients, retain existing and support new jobs, meet the significant increase in demand for primary health care services among the nation's uninsured and underserved populations and address essential construction, renovation, and equipment and health information technology systems needs in community health centers. I cannot turn my back and shut the door on the constituents I represent in securing accessible, affordable and quality healthcare services in my Congressional district.

If the Healthcare Repeal Bill were to pass, this amendment would ensure that insurance rates do not increase from those rates that would have applied if the law is left intact.

Health care reform is something that people have fought for fervently for years, and it would be a great disservice to the American people if the health care law were repealed as a result of politics. The Patient Protection and Affordable Care Act insure access to quality, affordable healthcare for all Americans. It also makes necessary changes that will make our system of health care more efficient. Children are allowed to stay on their parents' health insurance until the age of twenty-six. Patients cannot be refused health insurance coverage because of pre-existing conditions. Insurance premiums were lowered and mechanisms are in place to avoid them getting any higher. Repealing health care reform would reverse all of this good that has been done.

However, if the Patient Protection and Affordable Care Act is repealed, it is important that certain provisions of the law remain intact. For aforementioned reasons, I urge my colleagues to reason with the American people and provide an opportunity for every American in every state to receive affordable and quality healthcare. If the Healthcare Law is repealed without the inclusion of my amendment, that would ensure that insurance rates do not increase from those rates that would have applied if the law is left intact, we are left great potential for health insurance rates to rise, much like they did in the past, to levels which make coverage inaccessible and unaffordable for many Americans.

Before the Healthcare Reform Bill was signed into law, increasing healthcare costs were crushing the budgets of families and American businesses, making us less competitive in the ever growing global market, placing Medicare and Medicaid in serious danger, damaging our long-term fiscal stability, and worse of all, causing Americans to continue to go without basic health care coverage. This broken health care system was driving up health care costs and weakening our economy. Minorities in general were more in danger of being uninsured and falling victim to frequent emergency visits, increasing debt that leads to bankruptcy, and premature death.

Without healthcare reform, a devastating number of citizens would have had to continue

to live without healthcare. No American citizen should have to face a decision of whether to buy food or pay healthcare premiums. Putting a face to healthcare is recognizing Iris Williams from Houston, Texas.

For many mothers, finding a good doctor for their children can be quite difficult, especially if they don't have health insurance. When the child has fears of going to the doctor, the difficulty only worsens.

Iris Williams first brought her son, Simon, to Legacy Community Health Services in 2007. As a resident in the surrounding area, Iris liked the convenience of Legacy's Community Health Center on Lyons Avenue in the heart of her neighborhood. When she found out Legacy offered school physicals, even to those without health insurance, she was thrilled.

"My son had a bad experience with a doctor when he was younger and did not like going to the doctor," Iris sighed. "But Legacy was able to schedule a physical for Simon within the week, and I was told it would only cost \$45."

Now that Iris had an appointment for her son at an affordable cost, she only had to worry about whether Simon would like the doctor.

"I just love Dr. Levine, he is so kind and wonderful," Iris continued, "he not only made my son feel at ease but he also treated him like a young man. That made us both feel really good."

This past summer Simon hurt his finger at a summer program. Iris had to take him to the emergency room to get his fingernail removed. For his follow-up care Iris sought out Legacy to clean the wound and make sure it was healing properly.

"Again the staff at Legacy was great and the finger is healing nicely," Iris glowed. "I am so glad Legacy had a doctor to care for him after the visit to the ER."

When people in Iris's neighborhood ask her where to go for quality and affordable healthcare, Iris doesn't hesitate to refer them to Legacy. She knows they will get great care. Iris stated, "it gives me great satisfaction knowing that Legacy is here for all of us and will take care of our health care needs." Madam Speaker, what do you expect I say to constituents similar to Iris Williams?

Madam Speaker, before the Healthcare Reform Bill passed, the need for more efficient healthcare was dire, especially within my home State of Texas. One in four Texans, about 5.7 million people, or 24.5 percent of the State's population, had no health insurance coverage. An estimated 1,339,550 Texas children—20.2 percent of Texas children—were uninsured. According to the U.S. Census Bureau, Texas had the Nation's highest percentage of uninsured residents. This posed consequences for every person, business, and local government in the State who were forced to bear extra costs to pay for uncompensated care. If the Patient Protection and Affordable Care Act is repealed, Texas, like many other States, runs the risk of a reoccurrence of statistics such as these.

Over the years, I have had the opportunity to meet with health care providers who have been on the front lines of health care debates from day one. It is no surprise that they enthusiastically endorsed healthcare reform, and many are still holding out hope for progressive changes to the current healthcare laws as we move forward in this new Congress. These

health professionals have seen the pain and frustration of hardworking Americans who faced financial collapse, physical suffering, and sometimes the loss of their life simply because they did not have decent health care coverage. The repeal of healthcare reform could lead our Nation back down a similar path, and I am confident that no health care professionals, nor I, or any of my colleagues would want to see situations like that reoccur.

The late Congresswoman Barbara Jordan, who once held the seat that I so proudly and humbly hold today said, "What the people want is very simple. They want an America as good as its promise." These words resonate in our time and the American people only ask for simple things. Therefore, I and my fellow colleagues are striving to maintain something we fought for tirelessly for years and were finally able to secure in the last Congress—the ability to provide all Americans with affordable and accessible healthcare.

For these reasons, I urge my colleagues to allow their consciences to recognize the greater need to work across the aisles with one another and strengthen our healthcare system to one day provide universal healthcare for all Americans. Again, I am in opposition of H.R. 2.

Mr. SMITH of Texas. I yield myself the balance of my time.

Madam Speaker, the Democrats' health care bill squanders health care resources and taxpayer money by encouraging wasteful defensive medicine. It explicitly prevents States from making any effective legal reforms under its provisions, and expands opportunities for lawyers to sue doctors who did absolutely nothing wrong. And it limits the supply of doctors when patients need them most.

In fact, one particularly costly part of our health care system is the practice of so-called "defensive medicine," which occurs when doctors are forced by the threat of lawsuits to conduct tests and prescribe drugs that are not medically required. A survey released last year found defensive medicine is practiced by virtually all physicians.

Lawsuit abuse does more than make medical care much more expensive. It drives doctors out of business. Doctors who specialize in inherently high-risk fields are leaving their practices and hospitals are shutting down because their high exposure to liability makes lawsuit insurance unaffordable.

□ 1640

It can have deadly consequences. Hundreds and even thousands of patients may die annually for lack of doctors.

Madam Speaker, the Democrats' health care law will produce more litigation and less effective health care. That is why it should be repealed.

I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from Missouri (Mr. GRAVES) and the gentlewoman from New York (Ms. VELÁZQUEZ) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

Mr. GRAVES of Missouri. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 2, legislation to repeal the job-destroying health care law that was rushed through Congress last year. The American people have repeatedly voiced their frustration over the way the health care law put the government between patients and their doctors. They have protested this law's outrageous Federal mandates and high taxes. They have demanded that reform of our Nation's health care system focus not on bigger government, not on more bureaucrats, but on targeted, common-sense changes that encourage competition and better choices.

But instead of listening to the people, Washington gave them a law that piles more than \$500 billion in tax increases on families and small businesses. This law will force as much as 80 percent of all small businesses to give up their current coverage and could cost our economy 1.6 million jobs, 1 million of which could come from small businesses.

All of these new regulations and restrictions included in the law will make it more difficult for small businesses to hire new workers, expand their operations, and offer competitive wages. With unemployment still hovering above 9 percent, families and businesses simply cannot afford more regulations and red tape from Washington. It is going to make jobs more scarce and further slow our economic recovery.

My Republican colleagues and I repeatedly tried to reach across the aisle to craft a better bill when this was pushed through. I was disappointed that rather than listen to their counterparts, the American people, those in charge when this was pushed through chose to put a completely partisan, widely unpopular bill through the people's House.

We now have an opportunity to give the people what they want by repealing this law and replacing it with meaningful reforms that will cut costs and increase access without creating big problems for businesses or piling more unsustainable debt on future generations.

I urge my friends and Members to vote in favor of repeal of this legislation, and join me in implementing better solutions for improving our Nation's health care system.

I reserve the balance of my time.

Ms. VELÁZQUEZ. Madam Speaker, I yield myself such time as I may consume.

(Ms. VELÁZQUEZ asked and was given permission to revise and extend her remarks.)

Ms. VELÁZQUEZ. Madam Speaker, I rise in opposition to the bill before us today.

As we begin the 112th Congress, it is unfortunate that one of the first bills before this body is more about politics than policy. This bill will not help a single small business secure a loan, open a new market for its products, or invest back in its operations. By their

own admission, the other side acknowledges this legislation is going nowhere.

It is ironic this grandstanding occurs when health insurance continues to be a top challenge facing small businesses. Over the last decade, small employers have seen their premiums rise by over 114 percent with no sign of relief. It is hard to imagine how repeal will help small businesses. In fact, it could do significant harm. The bill before us today imposes a \$40 billion tax increase by eliminating critical small business tax credits. These have already helped reduce costs and increased coverage rates by nearly 12 percent in the past year.

Repeal would also eliminate choices for entrepreneurs. Currently, in the majority of States, the two largest insurers had a combined market share of 70 percent or more. By doing away with reforms that establish new health insurance markets, it will limit small businesses' ability to secure coverage.

Small businesses already pay 20 percent more than their corporate counterparts, and the loss of new safeguards will compound this problem. Because of health reform, insurers are no longer able to raise rates arbitrarily without explaining why. They cannot deny coverage based on a preexisting condition or because an employee gets sick. Passage of this bill would also strip new protections that provide small businesses bargaining power.

We have heard how important reforms were excluded from the original legislation. They say that for this reason, the House will start from scratch and enact a new health care law. However, when Republicans were in control of both Chambers and held the Oval Office, they talked about these solutions for nearly a decade, and yet nothing happened. In the meantime, small businesses saw their employees' premiums rise by an average of \$700 every single year. These small businesses now pay nearly \$14,000 for a policy that cost \$6,500 in 2000. Why should small businesses believe they can deliver on a promise this time?

While our economy has added nearly 400,000 jobs over the past 3 months, more must be done. We must continue to confront the problem of health coverage for small businesses, but voting for today's bill will not do that.

I urge Members to oppose the bill, and I urge the new leadership to focus on meaningful ways to address this Nation's economic challenges.

I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from South Carolina (Mr. MULVANEY).

Mr. MULVANEY. Madam Speaker, I rise in favor of H.R. 2.

It is hard to know where to begin when you are talking about how bad the current health care legislation is for small businesses. The current health care bill that this Congress passed last year has an incentive for businesses to go from 50 employees to

49. It has an incentive for businesses to go from 25 employees down to fewer, and it has a disincentive then for small businesses to grow. There is a financial incentive to pay your employees less because the tax credit that we talked so much about last year goes away as you pay your folks more.

In fact, it is almost as if the folks who wrote this piece of legislation last year either have no idea how small business works or they don't care how small business works. Either way, the current health care legislation is a complete disaster for small business, and the number one priority for small business this year should be repealing of the existing health care and passing of H.R. 2.

Ms. VELÁZQUEZ. Madam Speaker, in the State of South Carolina as a result of this repeal legislation, small businesses in the State of South Carolina will see a tax increase of \$540 million.

I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. I thank the gentleman for yielding.

Madam Speaker, I rise today in strong opposition to H.R. 2.

We know that if we repeal this law, we know the following things will happen: Children with preexisting conditions will be denied coverage; adult children under the age of 26 will be denied coverage under their parents' policy; seniors will pay more for their prescription drugs; and small businesses will once again go back to paying nearly 20 percent more than their corporate counterparts for providing the same health care coverage; small businesses would lose the incentive for providing coverage to their employees and an up to 50 percent tax credit which has already increased coverage at small firms by more than 10 percent. They would lose the ability to grow their businesses and create jobs by using that tax credit to hire additional employees.

This law establishes consumer protections, incentivizes wellness programs, and establishes cost controls and cost-cutting exchanges. For small businesses, that means driving down the cost of providing health insurance and providing assistance for small businesses that are struggling with skyrocketing premiums.

Currently, small businesses pay, on average, 18 percent more than large businesses for the same coverage, and health insurance premiums have gone up three times faster than wages in the past 10 years.

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

Ms. VELÁZQUEZ. I yield the gentleman an additional 15 seconds.

□ 1650

Mr. CICILLINE. Small business tax credits are critical to providing small businesses the opportunity to provide insurance to their employees. We made a promise to those small businesses to

do everything we can to make it easier for them to thrive in this economy, and this is a good first step.

I urge my colleagues to vote against this repeal.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Tennessee (Mr. FLEISCHMANN).

Mr. FLEISCHMANN. Madam Speaker, tonight I rise in support of the repeal of ObamaCare.

This is my first speech on the floor as a Member of Congress, and I thought it only appropriate that it be on this topic—a topic I campaigned hard on and a topic I believe strongly in.

We must repeal this health care legislation. As a small business owner for the past 24 years, I know firsthand the kind of damage this legislation would do to American small business if it is allowed to be put in place.

The National Federation of Independent Research Foundation conducted a study that showed the employer mandate found in ObamaCare could lead to a loss of 1.6 million jobs throughout the country, and 66 percent of those lost jobs would come from the small business workforce. That same study showed “small businesses would lose, roughly, \$113 billion in real output and account for 56 percent of all real output lost.”

As a member of the Small Business Committee, I promise to use my personal experience to fight every day for small business owners everywhere. Starting tonight, we must repeal ObamaCare.

Ms. VELÁZQUEZ. Madam Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. MILLER).

Mr. MILLER of North Carolina. Madam Speaker, I rise today to speak against this bill.

Even before the recession, my State of North Carolina was losing one wave of jobs after another in our traditional industries, and we have needed the energy and the job creation that comes from small business—from people leaving jobs, whether they jump or are pushed, and starting their own businesses. Half the American economy, our gross domestic product, is generated by small business. Even more importantly, small businesses create 75 percent of new jobs.

By providing access to State high-risk pools and an insurance market for individuals, the health care reform bill passed last year will make it possible for American workers to start their own businesses without worrying they are going to lose health care for themselves or for their families.

I do know firsthand what it is like as a small business owner to buy health insurance for employees. It is one of the greatest frustrations—trying to find something affordable and trying to figure out what you really bought, and you're not going to know until one of your employees gets sick or gets hurt.

This bill, the bill passed last year—this legislation—will make it afford-

able. It will provide tax credits of 35 percent for small businesses to provide health insurance, and that is going to go up to 50 percent. That will increase health care coverage by more than 12 percent amongst small business owners. Even more importantly, they're going to know what they've got. It is going to be insurance that really covers what it ought to cover. It is not going to be filled with small-print exceptions of one kind of care after another, one condition after another. Employees are going to get the care they need.

Reform has freed people who want to start a business to do it without worrying about what kind of shape it's going to leave them in and their family members in.

I urge my colleagues to vote against this bill, which will put those small businesses back into uncertain land.

Mr. GRAVES of Missouri. Madam Speaker, at this time, I yield 1 minute to another member of the Small Business Committee, the gentlewoman from Washington (Ms. HERRERA BEUTLER).

Ms. HERRERA BEUTLER. Madam Speaker, I rise in support of this bill, and I hope this is only a first step in the pursuit of making quality, affordable health care available to all Americans.

This year we have the chance to correct mistakes made by both parties. The ObamaCare bill passed by the other party last year was the wrong approach. It increases the debt and the deficit for future generations while doing nothing to decrease the inflationary curve of health care. It was the wrong approach.

No party is perfect. The last time our party had the majority, while there were many on our side of the aisle who worked diligently to reform health care, the job was left undone. Getting this right is one of the reasons the people of southwest Washington sent me to Congress. Now, the good news is that solutions exist that can fix our health care system and bring costs down for middle-income families. Today, we hit “reset” on health care reform.

I invite my Democratic colleagues to join me in advancing solutions that help small businesses and middle-income families—solutions like small business health plans, ending junk lawsuits that drive up the cost of everyone's care, the expanded use of health savings accounts, and the ability to purchase health care across State lines.

These are patient-centered solutions that won't grow government, but are solutions that will make health care more affordable and more accessible to all Americans. I sincerely hope we vote today to seize this chance.

Ms. VELÁZQUEZ. Madam Speaker, I would like to inquire as to how much time remains on both sides.

The SPEAKER pro tempore. The gentlewoman from New York has 12¼ minutes remaining. The gentleman from Missouri has 15 minutes remaining.

Ms. VELÁZQUEZ. Madam Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Colorado (Mr. TIPTON).

Mr. TIPTON. Madam Speaker, the question before us is: Will we accept what is, or are we willing to commit to build what could be?

America has always been a land of self-determination. Our constitutionally guaranteed rights as individuals, as a people, as a Nation have made us flourish. Innovation, creativity, and freedom are American hallmarks.

I rise in support of H.R. 2. It does not indite intent, but it does address outcome. In fact, the deeper we dig into the health care act, the more we discover that it is stopping job creation, building more government, and placing tax burdens on American families who are already struggling. We can and must do better.

Let us commit ourselves to addressing the basic concerns we hold in common concerning health care—affordability and accessibility. Let us strive to empower our people to make their own choices about the care they receive, empower private sector solutions that will lower costs and increase the quality of care, and eliminate governmental stumbling blocks and not build bigger government.

Ms. VELÁZQUEZ. Madam Speaker, I yield 2½ minutes to the gentlewoman from California (Ms. ROYBAL-ALLARD).

Ms. ROYBAL-ALLARD. Madam Speaker, today, millions of Americans have more freedom to choose and control their health care as a result of the Affordable Care Act.

In my congressional district, nearly 40 percent of my constituents were uninsured. Thousands more were underinsured and living on the brink of financial disaster when facing a serious illness or accident. With health care reform, positive change is taking place for them and for individuals, families, and small businesses throughout the country.

Young adults are grateful they can remain on their parents' insurance until age 26; seniors living in fear of not being able to afford their medications are thankful for discounts on brand-name drugs when reaching the doughnut hole; families with pre-existing conditions are comforted by the new high-risk insurance pool; and those facing serious illness are relieved their insurers can no longer drop them when they need coverage the most.

Small businesses, which abound in my district and which are a mainstay in our Latino and minority communities, can take advantage of tax credits to offer health insurance to their employees.

A 2009 study by MIT economist Jonathan Gruber found that, without reform, over the next decade employers will pay trillions of dollars in employee health costs; will potentially cut 170,000 small business jobs; and will

lose \$51.2 billion in profits. That is why John Arensmeyer, founder and CEO of the Small Business Majority, supports health care reform.

Madam Speaker, H.R. 2 will hurt small business. It will repeal the freedoms and protections Americans now have, and it will return control of their health care to the insurance companies.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. LANDRY).

Mr. LANDRY. Madam Speaker, it is with great enthusiasm that I rise to encourage my colleagues to stand with the American people—the hardworking families and the small business owners across our country—and vote for repealing the job-killing health care law.

In March, Members of Congress passed a massive government-run health care law that will kill jobs, raise taxes, and increase the size of our Federal Government.

□ 1700

The bill called for tax increases on American families, wasteful spending of taxpayer dollars, and new mandates on small businesses. This is wrong. Voters made it clear in November that “business as usual” must end.

I submitted the necessary paperwork to decline the health care plan offered to Members of Congress. I rejected this benefit because Washington must work just like the American people must work. We are not above them. I hope my actions will energize the efforts to repeal the government-run health care law.

I encourage my colleagues to vote “yes” on this bill and to promote commonsense solutions of purchasing health insurance across State lines and pooling small businesses together to leverage purchasing power.

Ms. VELÁZQUEZ. Madam Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. WALSH).

Mr. WALSH of Illinois. Madam Speaker, I rise today in support of H.R. 2, Repealing the Job-Killing Health Care Act.

I commend the Republican leadership for simplifying this process by drafting a two-page, stand-alone bill for repeal. It will be very clear, Madam Speaker, to the American people where we stand on repeal.

During this past campaign, I, like a lot of candidates, spoke to small businesses every single day. There is a reason why 90 percent of small business men and women in this country support repeal. From the billions in taxes, to the needless paperwork, to the burdensome regulations, to the 1.6 million estimated job loss, small business men and women are adamant that we need to repeal.

Finally, Madam Speaker, our opposition last year said that if you like your plan, you can keep it. To date, there are 222 organizations, including some

of ObamaCare's biggest union supporters, who have received waivers. Why? Why, Madam Speaker, if the law was so worthy, would there be a need for waivers?

Ms. VELÁZQUEZ. Madam Speaker, as a result of this repeal legislation, small businesses in the State of Illinois will see a tax increase of \$1.7 billion.

Madam Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. MURPHY).

Mr. MURPHY of Connecticut. Madam Speaker, when I testified against this repeal before the Rules Committee, I told a story about a family in my district. The husband lost his job and, therefore, his insurance because of a debilitating injury. This family faced a choice: They either had to dip into their savings account, their high school son's college fund, or they had to sell their house. They chose to first spend down the college account so that they could keep a roof over their head.

When I told that story, one Republican on the committee basically said, Wait, I don't get it. They had money, they had a house, why should somebody else pay for their health care if they had assets?

Well, that Member was right about one thing: She didn't get it. And Republicans don't get it. Because in a nation as compassionate as this, no family should be forced out on the street just because one of their family members gets sick. There is a moral imperative behind making sure that we live up to our duty to be our brother's keeper.

But it's more than that. There is a fiscal imperative here. What she also didn't get was that once that family's savings is gone, once they're out on the street, we all pick up the cost. Small businesses pick up the cost. That's why small businesses are paying 18 percent more than big businesses. That's why about \$1,100 of every single premium for a small business employee goes to cover the uninsured.

There are thousands of small businesses in Connecticut organized under the auspices of a group called Small Businesses for Health Care Reform that are crying out for this repeal to be defeated because they see the \$260 billion price tag attached to this bill that is going to land on their head, as well as the continuation of discriminatory practices that ask small businesses to pay for the uninsured like that family that I talked about.

This bill isn't anything more than a political statement, but families in my district, small businesses in my district need more than politics. They need answers.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. I thank the chairman for yielding time.

I listened to this delivery ahead of me. I spent 28½ years in business. I met payroll for over 1,400 consecutive weeks. I never saw a regulation that

made my job easier or allowed me to make more money. This is 2,400 pages of legislation. It's thousands more pages of regulation. It's oppressive to small business. It should be called the "Entrepreneurial Extinction Act," not this health care plan.

This is ObamaCare. It must be pulled out completely by the roots. The American people know this. That's why there are 87 freshman Republicans on this side and nine freshman Democrats on this side. The American people have spoken resoundingly. It is our obligation to go down this path. It's not symbolic. It's very important. Because without this vote on this floor, we can't move forward with the rest of the scenario to eliminate ObamaCare.

The language in the bill is pretty simple, and it concludes with this language, "act is repealed, and the provisions of law amended or repealed by such act are restored or revived as if such act had never been enacted."

Ms. VELAZQUEZ. Madam Speaker, I yield 2 minutes to the gentleman from New Mexico (Mr. LUJÁN).

Mr. LUJÁN. Madam Speaker, during these difficult economic times that we're facing, it's critical that we make job creation a top priority. That is why I'm concerned about the impact H.R. 2 will have on small businesses.

The Republican plan will repeal a 35 percent tax credit for small businesses that offer health insurance to their employees. It would allow insurers to deny a business coverage if their employees had preexisting conditions.

As a result of health insurance reform, New Mexicans no longer face this discrimination. If this protection is repealed, having cancer or diabetes or even being a victim of domestic violence could lead to a denial of insurance. Discrimination for preexisting conditions will be alive and well. All of that would be dangerous for New Mexicans.

People like Yvonne from Santa Fe would once again have to worry about losing their health care. Yvonne lost her job when the company she worked for was shipped overseas. Yvonne was diabetic, and because of the high cost of COBRA, she was forced to ration her medicine. As a result, she became gravely ill and had to visit the emergency room. There, doctors noticed another problem that required further examination. Yet because Yvonne could not afford COBRA and because private insurance companies would not insure her because she had diabetes, the hospital released her. The only option Yvonne had left was to wait 2 months to be seen at the University of New Mexico Hospital. After that visit, she was diagnosed with a form of lung cancer that would have been caught earlier if she had not been kicked out. Yvonne passed away from complications resulting from the cancer, having resulted through a system that discriminated against her.

We simply cannot return to the days when people like Yvonne are forced to

suffer because of insurance companies' bad practices. Please, let's not turn a blind eye on people like Yvonne.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentlelady from North Carolina, a nurse and the new chairwoman of the Subcommittee on Health Care and Technology, Mrs. ELLMERS.

(Mrs. ELLMERS asked and was given permission to revise and extend her remarks.)

Mrs. ELLMERS. Madam Speaker, when I ran for Congress, I vowed to repeal ObamaCare, and with one of my first votes in the 112th Congress, I will do so.

As a nurse for 20 years, co-owner of a wound care clinic, and in practice with my husband in his general surgery practice, we know the problems that exist for Americans in health care. Instead of being a remedy to these problems, ObamaCare has already done more harm than good to both the quality of health care in our country as well as our economy. As a nurse, I look for pathways to solutions; this is a problematic pathway undoubtedly.

In the face of rising unemployment, unsustainable Federal deficits, and overwhelming public opposition, it took more than a year to cobble together an unpopular government takeover of health care so riddled with provisions that violate right-to-life principles and support government rationing of care that it cannot simply be patched.

ObamaCare is bad for workers. It's bad for employers and bad for America.

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

Mr. GRAVES of Missouri. Madam Speaker, I yield the gentlelady 30 additional seconds.

Mrs. ELLMERS. Repealing it allows us to start with a clean slate and look at market-based reforms that will actually lower health care costs, increase accessibility, let Americans keep the plans they have and like, and forestall impending drastic changes that have created uncertainty in the lives of so many Americans and businesses.

To this Congress, I will work with my colleagues on both sides of the aisle to repeal and replace the law's job-killing regulations and State-bankrupting mandates. The bill to repeal the so-called "Affordable Care Act" is very simple, and my vote will be to overturn this job-killing law.

□ 1710

To this Congress, I will work with my colleagues on both sides of the aisle to repeal and replace the law's job-killing regulations and State bankrupt mandates.

Ms. VELÁZQUEZ. Madam Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentlelady from New York (Ms. HAYWORTH).

Ms. HAYWORTH. I rise today in strong support of this legislation to repeal the Affordable Care Act.

As a physician with 16 years of practice experience, I can assure you that the Affordable Care Act will, paradoxically, deprive Americans of care. It enshrines a third-party payment system that adds to costs; then, in the name of controlling costs, transfers power from consumers to the government to make crucial decisions that belong in the hands of patients and their doctors. It neglects to deal effectively with reforms in medical liability that are desperately needed to reduce the unconscionable cost of defensive medicine.

Our vote to repeal is not merely symbolic. It represents the true will of the American public, and it will pave the way to reform our health care in a way that will allow our citizens to have the good, cost-effective health care and affordable, portable health insurance they need, while maintaining the quality, choice, and innovation that represents the best of American medicine.

Ms. VELAZQUEZ. Madam Speaker, I continue to reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. GOSAR).

Mr. GOSAR. Madam Speaker, America is hurting, but the health care law passed last year did not fix any problems. It will only make things worse. Small businesses can barely make ends meet. And now the Federal Government is imposing more mandates, more taxes, and more red tape? Enough is enough.

As a health care provider, a small business owner, and a father, I know that the way to provide health care to more individuals and create more jobs is not through government bureaucracies, deficit spending, and higher taxes. Rather, we need to empower businesses—big and small—to band together to purchase health insurance. We need to open markets with free competition. We also need to implement real health care reform that will lower the cost of care and open up access.

Tort reform, red tape reform, pre-existing conditions reform: these are reforms that will work—reforms the current law fails to adequately address or ignores altogether.

If we are serious about putting our Nation back to work, then we can start by repealing this onerous health care law and work hand-in-hand with the American people to implement true health care reform.

Ms. VELAZQUEZ. Madam Speaker, I continue to reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. FITZPATRICK).

Mr. FITZPATRICK. I rise today in support of the repeal and replacement of the so-called Affordable Care Act of 2010 because the Affordable Care Act is in fact unaffordable for small businesses and individuals who purchase their health insurance.

Since the implementation of the act, businesses and individuals across my home county of Bucks County have seen double-digit premium increases. The act is unaffordable for States, already billions in the red, that will be required to shoulder untold millions more in Medicaid costs. The act is unaffordable for America's seniors who will see a half-trillion-dollar reduction in Medicare spending over the next 10 years. And, finally, the act is unaffordable for the American taxpayer who will see a \$700 billion increase in the Federal deficit.

We must enact real health care reform, tort reform for doctors to stop the wasteful practice of defensive medicine, permitting individuals real competition of purchase across State lines, and enacting and enhancing health saving accounts.

These are the cornerstones of real health care reform and affordability and will make health care affordable and accessible for patients, for seniors, States, and for generations of taxpayers to come.

Ms. VELAZQUEZ. Madam Speaker, I would like to inquire as to how much time each side has remaining.

The SPEAKER pro tempore. The gentlewoman from New York has 6 minutes remaining. The gentleman from Missouri has 6½ minutes remaining.

Ms. VELAZQUEZ. At this time, I yield 2 minutes to the gentlelady from California (Ms. RICHARDSON).

Ms. RICHARDSON. Madam Speaker, I rise today in strong opposition to H.R. 2, the Patient Rights to Appeal of 2010, and I would urge my colleagues, let's keep true to the tone of civility. This isn't ObamaCare; it's actually called the Affordable Care Act.

So, Madam Speaker, at a time when Americans finally have a chance to see a regular doctor, to prevent sitting in hospital rooms in emergency waiting for desperate care, we finally have a chance.

What does this mean to small businesses? In California and in my own hometown, 15,100 small businesses have seen a 50 percent tax credit to provide health care for the first time for their employees. Over 16,000 additional small businesses will now be eligible for health care exchanges that will make insurance affordable. In my district, these are real people, like Betty Claire in my district.

Now you're talking about considering something that would prevent Medicare for 63,000 beneficiaries, extending coverage to 88,000 residents in my district. That's what we're talking about, and also when you look at guaranteeing 17,000 residents who previously had preexisting conditions.

My colleagues, I will vote "no" on H.R. 2. And I also urge my colleagues to consider not reversing. It's not time to go back. It's time to step forward.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Ohio (Mr. STIVERS).

Mr. STIVERS. I would like to thank the gentleman from Missouri for yielding time.

I rise in support of the health care repeal bill because doing otherwise would be supporting the job-killing status quo, and that's unacceptable. Whether we start over or we work to fix the current law, we must act.

Moving forward, I'm committed to working with my colleagues in a bipartisan manner to support reforms that we agree on, such as helping people with preexisting conditions get access and allowing young adults to stay on their parents' plan.

But I'm equally committed to eliminating the job-killing portions of the current law, such as the burdensome mandate and the 1099 requirement in the legislation.

A small business owner from my district, Cathy, called us the other day and wanted to talk to me about the burdens of the 1099 provision. She called it a nightmare. It will increase her burden by 12 times.

The bottom line is we need to work to lower health care costs for families and allow a more patient-centered approach while not placing unnecessary burdens on the backs of small business and job creators.

Ms. VELAZQUEZ. I continue to reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 1 minute to the gentleman from Arkansas (Mr. WOMACK).

Mr. WOMACK. I thank the gentleman from Missouri for the time.

Throughout this debate there's been a lot of talk about jobs. And there should be. There is little doubt that this law impacts American workers. Take, for example, Baldor Electric in Fort Smith, Arkansas. Madam Speaker, this is a company that has 6,000 employees across America, and the impact of the health care law in the first year alone is \$2.9 million. How does a company like Baldor absorb that cost? By further automating its processes and through attrition, allowing 50 jobs to disappear.

Eliminating 50 jobs in the first year of this law for a company like Baldor—not to mention thousands of companies across America similarly situated—is not my idea of restoring economic prosperity for America.

I urge my colleagues to support H.R. 2 and begin the process of crafting a meaningful, affordable, and workable solution. That's the way forward.

Ms. VELAZQUEZ. Madam Speaker, I yield 1½ minutes to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I'm curious. Any of the Members who have spoken about the impact on small business, are any of them in favor of the tax incentive that is provided on small businesses to provide health care? Of course they are.

Now, they might not know it's in the bill because to listen to the rhetoric—and a lot of them can be forgiven; they just came off the campaign trail. They were used to saying glib things like "government takeover," "job killing." But I would urge you to read the bill. Small businesses get a 30 to 50 percent

tax incentive to provide health care for their workers. Small businesses do.

□ 1720

And do you know what requirements they have to go along with that? None. No gaudy regulation, no government takeover. And just a word on this whole government takeover thing. I mean I love you guys, and I know you are caught up in the rhetoric of the campaign, this is tax breaks that are going to go to citizens to buy, wait for it, private insurance policies. Where is the government takeover in that?

Now, some of us believe that Medicare, which of course you refer to as a government takeover of health care, and I am sure you are opposed to that as well, some of us believe that, frankly, the insurance companies aren't providing a lot of value-added here. But they are the beneficiaries of this plan.

Small businesses today, if the Republicans are successful, will lose that tax incentive. Think that will create a lot of jobs, guys? It's not going to. And you think small businesses benefit when they don't provide health insurance and then people go to hospital emergency rooms to get their care? Who do you think pays that bill? The bill fairy? Your taxpayers. Your taxpayers in your States.

Now, what's your solution? Well, they don't have a solution. We know what they are against. They are against health reform. We don't know what they are for. Welcome to the Republican majority.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. GRAVES of Missouri. Madam Speaker, I yield 2 minutes to the gentleman from New York (Mr. GIBSON).

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

Mr. GIBSON. I thank the gentleman from Missouri for yielding.

I rise today to express the sentiments of my district in upstate New York. With health care costs continuing to rise at several times the rate of inflation year after year, clearly we need reform. Health care costs were 4.7 percent of the GDP in 1960. They are over 17 percent today. We must drive down costs. But the bill passed last year is not the answer. We're going to end up with higher costs, higher premiums, higher taxes, and more burdensome regulation, and more big government at a time we should be consolidating.

We need to start over again and arrive at a patient-centered bill, not the government-centered plan we got last year. I believe we can find solutions that drive down costs and expand access without hurting small businesses and without stepping on our freedoms.

This bill passed last year dramatically expands the government's involvement in the delivery of health care, which is already significantly increasing premiums in my district and

stifling job creation. I believe that both sides of the aisle believe that we should be focusing on job creation. This is not the way forward. Indeed, the new taxes and regulations will hurt our small businesses, including the medical device industry, a sector of the economy where our region leads the Nation.

Ultimately, the new law, if not repealed, will hurt families across my district and across America. Moreover, the changes to the Medicaid program will put additional burdens on States already facing very difficult challenges.

I plan to vote for repeal. And then later this week, I plan to vote for House Resolution 9, so that we can instruct committees to report a replacement bill that includes insurance reform for wider access to options and choices, and medical liability reform to rein in defensive medicine practices. I think we should engage in a civil, bipartisan discussion with our colleagues across the aisle. Our replacement bill should include coverage for preexisting conditions and ensure that coverage can't be dropped when you are sick.

Ultimately, I believe the fate of this repeal effort will hinge on the content and quality of the replacement bill. If we bring forward in this House a new plan that drives down costs, increases access, while protecting choices and the patient-doctor relationship, I believe the American people, evaluating the two respective plans side by side, will pressure the Senate and the President to repeal and replace, because we need reform, but the bill last year is not the answer. It's time to start over.

Ms. VELÁZQUEZ. Madam Speaker, may I inquire of the time remaining?

The SPEAKER pro tempore. The gentlewoman from New York has 3 minutes remaining. The gentleman from Missouri has 2½ minutes remaining.

Ms. VELÁZQUEZ. I would like to inquire through the Chair how many speakers the gentleman has remaining.

Mr. GRAVES of Missouri. I don't have any more speakers, and I am prepared to close.

Ms. VELÁZQUEZ. I yield 2 minutes to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. Madam Speaker, this is the most remarkable of all Chambers where discussions take place, because in this Chamber if you say something that is not true, often enough somebody will believe that it's actually true. What I have heard today on the floor I am just going, well, that's a marvelous thing, when in fact our colleagues on the Republican side want to enact reforms that are already in place. Already in place is the Patients' Bill of Rights. No rescissions. No preexisting conditions. Children being able to stay, or young adults being able to stay on their parents' policies until the age of 26. They say they want it—it's already the law of America. Wow. What are we going to repeal? You are going to repeal that?

You want small businesses to be well taken care of? Well, so do we. That's why, if you employ less than 50 people as a small business you don't have any requirements at all. But if you want to provide health insurance to your employees, wow, the government's going to give you a subsidy, 35 percent now, building to 50 percent in the years ahead. What's wrong with that? Where's the harm to small business? What in the world are our colleagues talking about here? I don't get it. It's in the law already.

Everything I have heard here in the last half hour is the law of America. So why are you repealing it? So you can have the insurance companies get another shot at taking over the care of patients, which is exactly what they do, and exactly what I know because I was the insurance commissioner for 8 years in California, and I know what the insurance companies do. They are the ones that make the decisions. We don't want that to happen. That's why the Patients' Bill of Rights is the law in America today. The Patients' Bill of Rights would be repealed by this H.R. 2. Not good for Americans. Not good. Some 30 million people would lose their opportunity for insurance.

Ms. VELÁZQUEZ. Madam Speaker, what will small businesses lose if health care reform is repealed? The small business tax credit of up to 50 percent will be lost. Insurers will be able to continue price gouging. Insurers will be able to deny small businesses coverage without any justification. New health insurance options for small businesses will be eliminated. Small businesses will be unable to pool resources to purchase coverage. Insurers will be able to delay small businesses' access to health insurance. New health options for the self-employed will be abolished.

I urge a "no" vote. And I hope that we spend the remainder of this Congress on measures that truly get small businesses hiring and creating jobs. What we need is to get this economy back on track. By repealing health care reform, we will not achieve that.

I yield back the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, some of my colleagues on the other side of the aisle continue to claim that the health care law is actually going to benefit small businesses despite the mountain of facts that are out there. Specifically, and what was argued earlier, is that the health care tax credit's going to make it easier for employers to offset the costs that are being required to provide health insurance. Unfortunately, this is far from the truth. Any potential assistance from this tax credit is far outweighed by the tax increases and paperwork burdens that this law is going to pile on small businesses.

Madam Speaker, the American people spoke loudly in November. And we need to make sure that we move away from the health care law that penalizes our Nation's entrepreneurs and place a

renewed focus on enacting targeted, commonsense reforms that increase access and lowers costs.

Madam Speaker, with that I would urge my colleagues to vote for H.R. 2, and let's get back on track.

Ms. WATERS. Madam Speaker, I'm proud to join my Democratic colleagues on the floor this afternoon to state our unequivocal stance against health care reform repeal.

The landmark health reform law takes a stand against the health care disparities that exist for low-income Americans, people of color, and people with pre-existing conditions.

Twenty percent of African-Americans were uninsured in the United States, and 32 percent of the Hispanic population was uninsured.

Though African-American women are 10 percent less likely to get breast cancer than white women, we are 34 percent more likely to die from it. And Hispanic women are twice as likely to die from cervical cancer as White women.

Both African-American and Mexican-American men are 30 percent more likely to die from heart disease than White Americans.

Hispanic men were one-and-a-half times as likely to die from diabetes as White Americans, and African-Americans were 2.2 times as likely to die from diabetes as compared to White Americans.

Finally, though they comprise 15 percent of the U.S. population, Hispanics make up 17 percent of new HIV infections. And more shockingly, though we make up only 12 percent of the U.S. population, African Americans are 45 percent of new HIV infections.

Many Americans are suffering from a lack of access to health care because health insurance is simply unaffordable. This problem has existed for far too long in the most prosperous nation in the world. Meaningful health care must be available for all Americans regardless of race, level of income, gender, or the existence of a pre-existing condition. That's why the health care reform law specifically addresses these disparities and other pre-existing conditions and makes it illegal to be denied health care insurance because of them.

So I implore my Republican colleagues to work with us to strengthen the law, make it better, and provide health care and jobs to millions of Americans.

Mr. GRAVES of Missouri. I yield back the balance of my time.

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

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 29 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. CAPITO) at 6 o'clock and 30 minutes p.m.